

A Appeal – Request Requirements

REVISION 48
(01/01/20 - 12/31/20)

When a participant disagrees with a decision or action taken by DES, they have a right to ask for a legal review of their case. This review is called an Appeal. They may ask for an Appeal on any decisions, actions or inaction, which may or may not affect the participation of the budgetary unit in any program.

A hearing may be requested for any eligibility decision that includes, but is not limited to, the following:

- An application is denied.
- An application is not acted on in a timely manner.
- A request for supplemental or replacement benefits is denied or is not acted on in a timely manner.
- Benefits have been reduced or stopped.
- An overpayment determination or amount of an overpayment is disputed.
- A change is not acted on.

WARNING

When the participant receives a notice of discontinuance and files an appeal before the effective date of closure, they are eligible for continued benefits.

When the Administrative Law Judge remands the issue back to the local office for a new determination, the participant has the option to file an appeal on the new decision. When the participant files an appeal on the new decision, the participant is entitled to request continued benefits under the new timeframe.

Any of the following may be used to request a hearing:

- Hearing form in Health-e-Arizona PLUS (HEAplus).
- Hearing Request (FAA-0098A) form.
- Hearing form printed on the reverse side of any decision notice.
- Written statement from the appellant or representative.

The PI, authorized representative, or any responsible adult in the budgetary unit can also request a hearing verbally.

When a verbal hearing request is received, complete the Verbal Appeal Hearing Request (FAA-0098B) form, indicating the following:

- Programs the appellant is requesting a hearing on.
- Reason for requesting a hearing.
- Notice(s) date they are appealing.
- Whether the appellant wants to attend the hearing by telephone or in person.
- Whether the appellant needs a language interpreter or an accommodation for a disability.
- Whether the appellant is requesting or declining to continue benefits.
- Date of the verbal request.

NOTE When none of the options for continued benefits are selected, benefits may continue automatically. The appellant may be required to pay back any benefits for which they are not eligible.

When HEAplus is unavailable, fax the hearing request form to both of the following within two work days:

- [Appeals Processing Unit](#)
- [Appellate Services Administration-Office of Appeals](#)

CA EXCEPTION

Do not enter fair hearing requests for Hopi Tribal TANF and Pascua Yaqui Tribal TANF into HEAplus. Fax the appeal request (FAA-0098A form, FAA-0098B form or the claimant's written request) directly to the appropriate Tribal TANF Program.