

.02 Local Office Hearing Request Procedures - Notifying the Office of Appeals

REVISION 26
(10/01/13. – 12/31/13)

[For MA after 2013](#)
[See the EPM](#)

Send the FAA Fair Hearing Request Outlook E-Form to the [Office of Appeals](#) within two [workdays\(g\)](#) from receipt of the hearing request. (See [Outlook E-Forms](#))

CA EXCEPTION

Do NOT send an FAA Fair Hearing Request E-form for Tribal TANF. Immediately forward the request for hearing directly to the appropriate Tribal TANF Program.

Include the following information on the Fair Hearing Request Notification Outlook E-Form:

- Appellant's name (Last, First)
- Appellant's current address
- Appellant's Social Security Number
- Appellant's case number
- Representative's name (when applicable)
- Representative's current address
- Local office site code which completed the e-form
- [PCN\(g\)](#) of the EI that completed the e-form
- Application date
- Date of decision notice on which the request is filed
- Date the hearing request was filed
- Date FAA received the hearing request
- Effective date of [adverse action](#)
- Programs for which the hearing is requested
- ~~Medical Assistance, as follows:~~

~~Indicate the MA category from the CAT field on CLPR.~~

~~Indicate a Hospital Code when the participant was a hospitalized participant.~~

- Reason for the request that includes, but is not limited to, the following:
Denial (indicate specific program or ALL) or Closure Reason Code used to deny the application
Overpayment of benefits
Months
Amount
Withholding
FAA inaction
Replacement of benefits
Benefits stopped (indicate specific program or ALL)
- Special requirements, such as whether an interpreter is needed, the language spoken, and whether an alternative form of communication is needed. The Office of Appeals is responsible for obtaining interpreters when needed.
- Comments, including, but not limited to, the following:
Any pertinent information not already keyed
Explanation of multiple request reasons by program

MA EXCEPTION

~~For MA fair hearings, include the following:~~

- ~~• Multiple MA categories in one case.~~
- ~~• When the appeal is from a participant that was treated and released.~~

When the request involves an overpayment issue, send the following to [OARC site code](#) within two workdays of receipt:

- Copy of the hearing request.
- The envelope in which it was mailed.
- The Fair Hearing Request Notification Outlook E-Form.

Immediately upload the Fair Hearing Request form into Onbase

The Office of Appeals schedules the hearing and notifies all interested parties of the date, time, and location of the hearing.