

Changes to 921 KAR 3:070 Fair Hearings for SNAP (proposed changes in bold)

Time to file appeal – 90 days

Benefits continue unless appellant requests discontinuance

60 days for agency to issue final order

Fair hearing may be consolidated with administrative disqualification hearing

Admin Disqual - 90 days to hearing, 30 days advance notice to client may be waived

Agency conference has to be offered

HO has authority to order independent medical evaluation :

Doctor not associated with original action, agreeable to both parties and **HO considers it necessary**

RO to be issued within 60 days 13B.110

Exceptions to be filed with Appeal Board within 15 days of RO - must be in writing

Client may submit written argument, request to submit new evidence

Request oral argument –**may be done telephonically**

Deletes – parties to have 7 days to object to introduction of new evidence

Appeal Board issues final order (within 90 days of RO)

Changes to 921 KAR 2:055 Fair Hearings for TANF, LIHEAP, SSP (proposed changes in bold)

Time to appeal – 40 days after notice of adverse action, 30 days after notice of denial, decrease or discontinuance

Continuation of benefits must be requested – within 10 days of adverse action notice, 20 days if good cause for delay

Client has right to medical assessment **or professional evaluation by source** not associated with original action and **agreeable to both client and cabinet**

Telephonic hearing may be conducted if consent is obtained from each party required to testify under oath

RO within 60 days - **Sent to client, DCBS and to Appeal Board**

Exceptions to be filed with Appeal Board within 15 days of RO – must be in writing

Client may submit written argument, request to submit new evidence

Request oral argument –**may be done telephonically**

Appeal Board issues final order -within 90 days of RO

Appeal Board can reverse itself if issue is disability and award letter is presented to AB within 20 days of decision

907 KAR 1:560 Medicaid hearings and appeals regarding eligibility (No changes yet BUT may be replaced by regulation not yet filed – 907 KAR 20:065)

Time for appeal – 30 days of notice of denial, discontinuance or increase in patient liability

Continuation of services if requested within 10 days of notice

Hearing officer to issue RO (under 13B with 15 days to file exceptions) but according to reg the HO decision is final unless appealed to appeal board

Hearing and HO decision within 90 days

Appeal within 20 days to appeal board

Appeal board decision is final decision of agency

907 KAR 1:563 Medicaid covered services appeals and hearings unrelated to managed care (Amended effective 1/3/14)

Applies to PASSAR, nursing facility/ICF/HCBS waiver level of care or discontinuance, patient liability, waiver services, etc.

Notice of hearing postmarked within 30 days of notice

Continuation of services if requested within 10 days of notice

Hearing within 30 days of request, RO within 30 days of hearing (15 for level of care or waiver service)

Exceptions within 15 days - **client can request de novo review**

Final Order by Cabinet secretary within 90 days of request for hearing

907 KAR 17:005 Medicaid MCO internal appeal process (eff 9/30/13)

Enrollee has right to state fair hearing only after exhausting MCO's internal appeal process

30 days to file grievance orally or in writing with MCO

Investigation and final resolution of grievance within 30 days

MCO to have internal appeal process to challenge denial of coverage or payment for services

30 days from notice of adverse action to file appeal

30 days for MCO to issue resolution

Services to continue until outcome of state fair hearing if requested

Expedited review process – to be resolved within 3 days

MCO to issue adverse action notice at end of grievance or appeal

45 days to request fair hearing after adverse notice

MCO to submit documentation supporting its actions to DMS within 5 days of request for hearing

921 KAR 3:060 Intentional Program Violation Administrative Disqualification Hearings (no change)

FS-80, Notice of SNAP Suspected IPV – amount of suspected violation, **right to disqualification hearing**, includes FS-80 (waiver of hearing)

If Form FS-80 not returned, disqualification hearing scheduled

Hearing and decision within 90 days; court appeal

FS-111 – Deferred adjudication consent agreement

Disqualification penalties: 1st violation – 12 months; 2nd violation – 24 months; 3rd violation – permanent

921 KAR 3:050 Claims (unchanged)

Types of claims – Inadvertent household error (IHE), agency error (AE) or intentional program violation (IPV)

KCD-1 notification of appointment to discuss and determine suspected claim

KCD-1 to initiate collection of claim once established – hh may return form within 10 days to initiate payment agreement or **request a hearing on the claim**

Benefit reduction – 10% for IHE or AE, 20% for IPV

Administrative disqualification hearings and fair hearings (on whether there is an overpayment and amount) can be combined