

CAO RETURN ADDRESS

OFFICE OF INCOME MAINTENANCE

COMPASS

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NOTICE

Notice ID:
Record Number:
District: Case Load:
Worker:
Phone: 1-
Mailing Date:
Reason: Option: Type:
Category: PSC: TT:

IMPORTANT INFORMATION ABOUT YOUR MEDICAL ASSISTANCE (MA)

You continue to qualify for Medical Assistance while in a Youth Detention Center, however your Medical Assistance coverage has changed. While you are in a Youth Detention Center, you are eligible for Medical Assistance, but Medical Assistance will not pay for health care services while you are in a Youth Detention Center. You will be eligible for Medical Assistance only to cover your cost of care if you are an inpatient in a hospital or other medical institution.

This is the law we used to make this decision: 62 P.S. § 441.1; 42 CFR §§ 435.1009, 435.1010

APPEAL AND FAIR HEARING

If you disagree with our decision, you have the right to appeal. [See attached form for a complete explanation of your right to appeal and to a fair hearing.](#)

If you are currently receiving benefits and your oral request for a hearing is received in the county assistance office (CAO) or your written request is postmarked or received on or before _____ your assistance will continue pending the hearing decision, except when the change is due to state or federal law.

LEGAL HELP IS AVAILABLE AT**APPLICANT NAME AND ADDRESS****CAO ADDRESS****CO RECORD DIST CAT PSC TT**

Notice ID:

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IF YOU WISH TO APPEAL, SEE THE ATTACHED FORM FOR APPEAL INSTRUCTIONS.

Your Right to Appeal and to a Fair Hearing

You can contact us if you have any questions about this notice...

You can call us:

- You can call the Statewide Customer Service Center at 1-877-395-8930.
In Philadelphia, call 1-215-560-7226.
 - ▶ The call is free. Call Monday through Friday between 8 a.m. and 5 p.m.
- Or call the county assistance office (CAO) using the contact information listed in the CAO section of this notice.

You can talk to us before the hearing.

You will get a letter from the CAO asking if you want to meet before the fair hearing takes place. This meeting can be in person or on the telephone. A meeting before the hearing is called a pre-hearing conference. This meeting will not delay or replace your fair hearing. You can use this meeting to tell us if you have information that you think might change our decision. You can have someone speak on your behalf if you want to.

You can get a copy of any information we used to make our decision.

You can ask for a copy of all the documents that will be used at the hearing.

You can bring anyone to the hearing.

You can bring witnesses who might have information. You can speak for yourself or bring someone to speak for you who knows more about the rules of the program.

You can get help if you speak another language, are deaf, or have another disability.

You can ask for an interpreter to be at the fair hearing, or other assistance, on the attached Fair Hearing Form. This is a free service. You may bring a friend or relative to help you at the hearing but the department will provide the official interpreter.

Your rights...

You have a right to appeal.

This means that you have the right to ask us to review our decision if you think we made a mistake. You can ask a judge to review the CAO's decision at a fair hearing.

You have a right to a fair hearing.

A fair hearing is a formal meeting where you, the CAO, and a judge can talk about your appeal. The judge will follow the law and the department's policies in making a decision. You should be prepared for the meeting. If you want to present any evidence that supports your claim that the decision was not correct, bring that evidence with you.

You have a right to appeal and to have an expedited Fair Hearing for Medical Assistance.

An expedited Fair Hearing may be granted when it's determined that the normal time for review of an appeal would jeopardize your life, health, or ability to attain, maintain, or regain maximum function.

You have a right to free legal help.

If you need free legal help, visit _____
_____ or call _____.

Your choices...

You can ask for a fair hearing by:

- Calling the CAO to ask for a fair hearing, and
- Mailing or hand delivering the completed, attached Fair Hearing Form to the CAO.

Note: You do not have to complete the Fair Hearing Form if the decision is for Supplemental Nutrition Assistance Program (SNAP) benefits, but it's easier for us to track your appeal if you do.

You can choose the kind of fair hearing you want:

- A **telephone hearing** at a place you choose. Tell us which phone number to use, such as your own, or a friend or relative's phone number. If you choose this kind of hearing, make sure we can reach you at this phone number.
 - ▶ The judge will call you, your witnesses, anyone helping you, and the CAO.
- A **telephone hearing** at the CAO. You will go to the CAO for your hearing.
 - ▶ The judge will call you there in the office, and call your witnesses and anyone helping you.
- A **face-to-face hearing** with you and the people you bring in the hearing room with a judge and CAO staff on the phone.
 - ▶ Your witnesses and anyone helping you will be in the hearing room with a judge. The CAO staff will be on the phone.
 - ▶ You must travel to the assigned Bureau of Hearings and Appeals office for a face-to-face hearing. The location will be assigned to you based on where you live.
- A **face-to-face hearing** with you and the people you bring in the hearing room with a judge and the CAO staff in the hearing room.
 - ▶ The judge, you, CAO staff, witnesses, and anyone helping you will be in the room.
 - ▶ You must travel to the assigned Bureau of Hearings and Appeals office for a face-to-face hearing. The location will be assigned to you based on where you live.

You may continue to receive your benefits while you wait for your fair hearing if:

1. This letter tells you that your benefits will stop or be reduced **and**:
 - ▶ This letter provides you a date to request an appeal and continue your benefits while you wait for the Fair Hearing Decision, **and**
 - ▶ Your request for appeal is received or postmarked by that date and you do not waive continuation of benefits; **OR**
2. This letter tells you that your benefits will stop or be reduced, **and**:
 - ▶ The reason for this change is because of information you provided on a semiannual reporting form, **and**
 - ▶ Your request for appeal is received or postmarked within 10 days of the mailing date on this letter and you do not waive continuation of benefits.

The judge will send you the decision within 90 days (within 60 days for SNAP) of the day you asked for the hearing. If the judge decides that the CAO made the right decision, your benefits will change or stop. You may have to pay back some or all of the benefits you got while waiting for your hearing.

During the hearing...

You will have time to tell the judge your side of the case at the hearing.

Someone can speak for you (if you want), and your witnesses can speak. You may show documents to the judge.

You can appeal again if you do not agree with the judge's decision.

The judge's decision letter will tell you how to appeal.

Fair Hearing Form

1. Name:

Record ID:

Phone number:

Address:

2. Tell us which program you want to appeal:

- ☐ **Medical Assistance (MA)** – You must mail or give the form to the CAO **before mm/dd/yyyy**.
- ☐ **MA (Expedited Appeal)**: Check one of the following reasons for requesting an expedited Fair Hearing and provide details in the line next to the box you check below. An expedited Fair Hearing may be granted when it's determined that the normal time for review of an appeal would jeopardize your:
- ☐ Life: _____ ,
- ☐ Health: _____ , or
- ☐ Ability to attain, maintain, or regain maximum function: _____ .

If you have medical documentation of your urgent health needs, please submit them with this fair hearing request.

- ☐ **LIHEAP** – You must mail or give the form to the CAO **before mm/dd/yyyy**.
- ☐ **Cash Assistance** – You must mail or give the form to the CAO **before mm/dd/yyyy**.
- ☐ **SNAP** – You must mail, call, or give the form to the CAO **before mm/dd/yyyy** (for those applying for SNAP).
- ☐ **SNAP** – You must mail, call, or give the form to the CAO **within 90 days** of the first day of the month that your benefits change (for those already receiving SNAP).
- ☐ **State Supplementary Payment (SSP)** – You must mail or give the form to the CAO **before mm/dd/yyyy**.
- ☐ **LTC** – You must mail or give the form to the CAO **before mm/dd/yyyy**.
- ☐ **HCBS** – You must mail or give the form to the CAO **before mm/dd/yyyy**.
- ☐ **Other** – _____

3. Tell us why you disagree with this decision (use back of page if necessary):

4. Do you want your SNAP benefits to continue at the same amount pending the hearing decision?

- ☐ Yes ☐ No

5. Choose the way you want your hearing:

- ☐ **By telephone, at the phone number you write on this form.** Make sure we can reach you at this phone number. The judge will call you, your witnesses, anyone helping you, and the CAO.
- ☐ **By telephone, at the CAO.** You will go to the CAO for your hearing. The judge will call you there in the office, and call anyone helping you.
- ☐ **Face-to-face, with you and the people you bring in the hearing room with a judge and CAO staff on the phone.** You must travel to the assigned Bureau of Hearings and Appeals office for a face-to-face hearing. The location will be assigned to you based on where you live.
- ☐ **Face-to-face, with you and the people you bring in the hearing room with a judge and CAO staff in the hearing room.** You must travel to the assigned Bureau of Hearings and Appeals office for a face-to-face hearing. The location will be assigned to you based on where you live.

You can ask for an interpreter to be at the fair hearing, or other assistance because of an impairment or other disability. This is a free service.

6a. Do you need a free interpreter? You may bring a friend or relative to help you at the hearing but the department will provide the official interpreter.

- ☐ Yes ☐ No If yes, what language: _____

6b. If you will need help at the appeal because of a hearing impairment or other disability, please tell us how we can help you: _____

7. Signature: _____ 8. Date: _____

9. Phone number (where you wish to be contacted): _____

9a. Representative Name: _____

9c. Representative Address: _____

The Bureau of Hearings and Appeals will send you a letter to tell you when and where your hearing will be.

Additional Information: _____

[illegible]