

Fair and Fraud Hearings

December 5, 2022





- These programs include the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), all Medicaid-funded services, and other agency programs that are required by state and/or federal law, or rules, to provide the right to a fair hearing.
- Hearings Officers conduct fair hearings and administrative disqualification hearings statewide for 169 eligibility programs within HHS.





The Hearings Officer is impartial and does not work for or with any of the agencies for which they conduct hearings.

The hearing is informal, and the rules of evidence are not strictly applied. Parties are placed under oath, and the hearing is recorded in order to maintain an official record of the hearing.

The Hearings Officer's role is to decide whether the Agency followed the correct regulations, policies and procedures in determining the Appellant's case. The Hearings Officer does not have the authority to change or make exceptions to any regulations, policies or procedures.





- An agency makes a decision to reduce, suspend or deny benefits or services for a client/applicant.
- The client/applicant requests an internal appeal.
- Once the internal appeal is completed, the client/applicant can request a Fair Hearing and/or an EMR.
- The Agency that took the action will enter the appeal request into the Texas Integrated Eligibility Redesign System (TIERS).





Scheduling

- Upon assignment of the appeal, the Hearings Officer schedules the hearing.
- A Notice of Hearing is mailed to the Appellant and the Appellant's representative, if applicable, at least 14 calendar days prior to the hearing.



Scheduling (cont.)

The Notice of Hearing contains all information pertinent to the hearing process. The Notice of Hearing provides the following information in English and Spanish:

- The date, place and time of the hearing
- The toll-free telephone number for the Appellant to call in to the hearing, and a specific statement that the Appellant must call the toll-free number provided
- The meeting code to be used when calling in to the hearing

Form H4803-Conference/Feb 2019



TEXAS Health and Human	Date	Appeal ID
	Hearings Officer	
Services	Office Address, Telephone, a	and Fax
ellant's Name ellant's Address ellant's City State Zin	Tel: Fax: Email:	

Notice of Hearing

Your hearing will be conducted by CONFERENCE CALL. <u>You must call the toll-free</u> number and use the code on the day and time scheduled to join the hearing.

Day: Date: Time

Toll Free Number: 1-888-225-6859 Code:

Please notify the Hearings Office <u>before the hearing date</u> if you wish to reschedule the hearing or withdraw your appeal request.

If you do not call into the hearing on the scheduled date at the designated time, your appeal will be dismissed. If your appeal is dismissed, you may submit a **written** request that the appeal be reopened. Your request must include the reason you missed your hearing. A hearings officer will determine if circumstances beyond your control prevented you from participating in the hearing.

You may request an expedited Fair Hearing by writing or calling the Hearings Office. The Hearings Office will contact you regarding your request.

You may wish to have documents considered as evidence in the hearing. Mail or fax the documents to the Hearings Office as early as possible. Federal tax information about you may be a basis for the action that will be reviewed. By participating in the hearing, you are agreeing that this information can be shared with the other persons participating in the hearing.

If you need to contact the Hearings Office before the hearing or need special accommodations to participate in the hearing, contact the Hearings Office at (713) 696-3618.

For free legal assistance, contact:

Cc:

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Appeal ID:

Form H4803-Conference/Feb 2019

Texas Health and Human Services Commission

Health and Human

Services

Fair Hearing Procedures

Your hearing has been set for a reasonable time and date, either by conference call, telephone, or at a specific location. If your hearing is scheduled by conference call, you are responsible for calling the toll-free number on the Notice of Hearing. If there is a reason beyond your control why you cannot participate on the scheduled day and time, you must submit a written request, in advance, that the hearing be rescheduled.

Enclosed is Form H4806, Request for Another Appointment/Request to Withdraw. Use this form to ask for a different appointment or to withdraw your appeal request. If you need to reschedule the hearing appointment, you must explain the reason. (Example: personal or family illness). If the hearings officer grants your request to reschedule, you will be sent a new Notice of Hearing. Unless you receive notice of a new appointment, you are expected to participate as scheduled.

Your rights are the same for both telephone and face-to-face hearings. If you fail to keep the appointment for either type of hearing without contacting the hearings officer, your appeal will be dismissed. Your appeal will not be reopened unless you submit a written statement showing you failed to keep the appointment due to circumstances beyond your control.

If you need an interpreter for a language other than English, one will be provided. For the hearing impaired or for special accommodations, such as wheel chair access, please contact the Hearings Office at least five (5) days before your scheduled hearing. If you need a face-to-face hearing, call the Hearings Office as soon as possible.

You may present your own case, or you may bring a friend, relative or lawyer to present your case for you. If you bring a lawyer, the Health and Human Services Commission (HHSC) does not pay the fees.

Before and during the hearing, you and your representative have the right to examine your case file and the documents, records and evidence that HHSC will use. If you want to see the case file, please write to the hearings officer. You may request a pre hearing conference. You may call witnesses to the hearing and present facts and details about your case, and you have the right to question or disagree with any testimony or evidence against you.

During the hearing, the laws and policies that apply to your case and the reason for HHSC's action will be reviewed. You have the right to the same information the hearings officer will consider in making a decision about your appeal. If you want more information about the hearing proceedings or your rights, contact the Hearings Office. If medical eligibility is the issue in your case, you may ask for another medical opinion. If the hearings officer determines that more medical examinations are necessary, HHSC will pay for them.

If you receive continued benefits while waiting for the hearing decision, you may have to repay the benefits, depending on the outcome of your appeal. Federal tax information about you may be a basis for the issue on appeal. By requesting an appeal, you are agreeing that this information can be shared with the other

Commission

Texas Health and

Human Services

participants in the hearing.

After receipt of the fair hearing decision, if you have new information that was not considered by the hearings officer, you may request to have your appeal reopened within 12 months of the decision date.

You may request an administrative review if you are not satisfied with the hearing decision. A request for an administrative review must be submitted in writing to the following address and postmarked within 30 days of the decision date.

Hearings Director HHSC Appeals Division, Mail Code W-613 P.O. Box 149030 Austin, TX 78714-9030

If you are not satisfied with the outcome of the administrative review decision, you may file for judicial review in the district court of Travis County within 30 days from the date of the administrative review decision.

Form H4805/Dec 2019

Page

Appeal ID

Form H4806/December 2019

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Health and Human	Date	Ap	peal ID
Services	Hearings Officer		
	Office Address, Telep	hone, and Fax	
Appellant's Name	Tel:		
Appellant's Address	Fax:		
Appellant's City, State Zip			
Request for Another	Appointment/Request	to Withdraw	
Complete and sign this letter if you ca hearing.	annot or do not want to a	ttend the sche	duled
I, Appellant's Name will not be able scheduled for:	to attend the hearing		
☐ I want to reschedule my heari	ng for the following reas	son:	
Reason:			
☐ I want to withdraw my request	t for a hearing for the fo	llowing reason	:
	t for a hearing for the fo	llowing reason	i:
Reason:	t for a hearing for the fo	llowing reason	:
	t for a hearing for the fo	llowing reason	:
Reason: Signature of Appellant			i:
Reason: Signature of		Date	
Reason: Signature of Appellant	ble) right to request and be ir d Human Services Commi and review the informati information that is dete , 552.023, 559.004). To correction, please contac	Date Phone Informed about to ission (HHSC) of ion upon reque ion upon reque mined to be in- find out about	the obtains st. You also correct your
Reason: Signature of Appellant Number (Representative if applical With a few exceptions, you have the rinformation that the Texas Health and about you. You are entitled to receive have the right to ask HHSC to correct (Government Code, Sections 552.021 information and your right to request	ble) right to request and be ir d Human Services Commi and review the informati information that is dete , 552.023, 559.004). To correction, please contac	Date Phone Informed about to ission (HHSC) of ion upon reque ion upon reque mined to be in- find out about	the obtains st. You also correct your



- Included with the Notice of Hearing are Form H4805, Fair Hearing Procedures, and Form H4806, Request for Another Appointment/Request to Withdraw.
- Form H4805 provides detailed information regarding fair hearing procedures, including the Appellant's right to have a representative or an attorney at the hearing to present their case, the right to call witnesses, and the availability of an interpreter, if needed. Form H4805 explains the Appellant's right to request that the hearing be rescheduled in the event they are unable to attend on the scheduled date, as well as the process for doing so.
- The Appellant can use Form H4806 to request a different hearing date or to withdraw the appeal.



General Appeal Information

- From January 1, 2022, through November 25, 2022:
 - Received 27,351 appeals
 - Issued 26,208 decisions
 - 8,417 Dismissed
 - 1,472 Reversed
 - 2,164 Sustained
 - 14,155 Withdrawn



STAR Kids Appeals

- From January 1, 2022, through November 25, 2022
 - Received 415 STAR Kids appeals
 - Top 3 appeal requests:
 - 142 PCS Hours
 - 109 Medical Necessity
 - 56 Durable Medical Equipment



STAR Kids Decisions

- From January 1, 2022, through November 25, 2022
 - Fair and Fraud Hearings has issued 422 STAR Kids decisions:

109 - Dismissed

33 – Reversed

172 – Sustained

108 - Withdrawn





Questions/Comments

Your contact information here



Thank you

Wendy Proctor

Wendy.Proctor@hhs.Texas.gov

OCC Appeals FairandFraudHearings@hhsc.state.tx.us