Office of Administrative Hearings (OAH) Procedures Transmittal	Transmittal Number: 97-29 Date: August 15, 1997 Page: 1 of 3
Distribution: ALB OAH Staff [x] UPS ALJs/ [ ] Upstate LDSS [x] SUP ALJs [ ] NYC OAH Staff [x] NYC ALJs/ [ ] NYC Agencies [x] SUP ALJs [ ]	Subject: Medicaid Copayment Hearings Pursuant to 1993 Notice (SP29)

In an effort to process pending cases related to the 1993 MA copayment notices, designated staff have been entering the fair hearing requests into the Fair Hearing Information System (FHIS). These requests can be identified by the issue code 957 and subcategory SP29. Upon entry into FHIS, a DSS-4420, Notice of Fair Hearing and Aid Status, will be forwarded to the appellant and any representative of the appellant.

In addition, a scripted letter (see attached) will be sent to all appellants who have a hearing pending with the subcategory SP29. The letter will include a form to be completed by the appellant and will provided an opportunity for the appellant to withdraw from the hearing or verify information to enable proper scheduling of the hearing. Since in many cases the appellants may no longer be seeking review of this issue, appellants who receive the DSS-4420 before the explanatory letter may be confused as to why they have been scheduled to attend a hearing. We anticipate increased telephone inquiries based upon these DSS 4420 forms and scripted letters. For those appellants who do not complete and return the form from the scripted letter by the date provided, the hearing request will be considered withdrawn. If an appellant subsequently contacts this office to have the matter reviewed, the status should be changed from Appellant Withdrawal and a hearing should be scheduled.

The hearings will be scheduled as single-issue only and no supplemental issues should be added to the original request. These hearing requests are readily identifiable in FHIS by the following:

1. Since FHIS will not accept the original request date, the date in the Request Date field of PFREQ1 will be the date the request was entered. The original Correspondence Unit date stamp indicating the date the request was actually received will be entered into the Post/Fax field on PFREQ1.

2. Subcategory SP29 will appear in the Subcategory field of PFREQ1.

3. The Comment Information Screen (PFREQ3) will reflect this language: "Client contesting MA copayment effec. 11/1/93. Orig. Req. date is __/_/__ (original date-stamp date on correspondence)."

Questions regarding this transmittal should be directed to Sue Fiehl at (518) 473-4779 or via e-mail 90j029. &f0s554y3x1S

Mark Lacivita, Director of Administration
Office of Administrative Hearings

Attachment

August 15, 1997

ajskld;flkfjkld;
a;sldkfjfjgkfldl
a;sldkfjfjgkgldf

Dear Sir/Madam: FH #_____

Our records indicate that you requested a fair hearing to review the statutory requirement that you pay a copayment when you receive medical care through the Medical Assistance Program. This requirement became effective November 1, 1993. We are contacting you at this time to deterimine if you still want a fair hearing on this matter. Enclosed with this letter is a form on which you can tell us if you still want a fair hearing on the copayment issue or if you wish to withdraw your prior request for a fair hearing.

If you wish to withdraw your hearing request, please check Box #1, sign the form, and return it to the address printed at the bottom of the form. If we receive a signed form from you stating that you want to withdraw your hearing request, we will take no further action concerning the copayment issue and no fair hearing will be scheduled for you.

If you believe that the issue of the 1993 MA copayment notice remains unresolved, a hearing will be scheduled for you. To have a hearing scheduled, please check Box #2, complete the information requested as to your current address, phone number, case number, social security number, and center/agency, and return the form to the address printed at the bottom of the form. If you don't return the form by _____, we will assume that you no longer want a fair hearing on the 1993 copayment notice and we will take no further action to schedule your fair hearing. If you have any questions regarding this matter, you may call this office at (518) 474-8781 (Upstate) or (212) 417-6550 (NYC).

Sincerely,
&f0s554y3x1S

Mark Lacivita
Director of Administration
Office of Administrative Hearings

Attachment

Fair Hearing Request
Pursuant to MA Copayment-Related Notice Effective November 1, 1993

Name:_____F.H. #:_____

(1) [ ] I no longer require a hearing and wish to withdraw my request. (You may sign the form and return it to the address printed at the bottom of the page).

Signature:_____ Date_____

-- or --

(2) [ ] I wish to have the hearing scheduled because the issue remains unresolved. (Please complete the information below to ensure the proper scheduling of your hearing, sign, and return the form to the address printed at the bottom of the page).

Current Address:_____

_____

Case Number:_____Center # or Agency:_____

Soc. Sec. Number:_____Telephone Number:_____

[ ] I was receiving PA (Public Assistance) at the time of my original request.

-- or --

[ ] I was receiving MA (Medical Assistance) Only at the time of my original request.

Signature:_____ Date_____

THIS FORM SHOULD NOT BE USED FOR ANY MATTERS OTHER THAN MA COPAYMENT-RELATED ISSUES PURSUANT TO A NOTICE EFFECTIVE NOVEMBER 1, 1993.

Return form to: Office of Administrative Hearings/Copayment
New York State Department of Social Services
P.O. Box 1930
Albany, New York 12201