

STATE OF ALASKA DEPARTMENT OF HEALTH & SOCIAL SERVICES SENIOR AND DISABILITIES SERVICES POLICY & PROCEDURE MANUAL	SECTION: 2	Number:	Page:
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	SUBJECT: Hearings and Appeals Data Management		
	APPROVED: <i>/s/ Rebecca J. Hilgendorf</i> Rebecca J. Hilgendorf, Director	DATE: 12/14/09	

Purpose

To delineate responsibilities for database entry of scheduling information and hearing outcomes.

To establish a management process for identifying quality improvement opportunities

Policy

Individuals who apply for or receive Medicaid services have a right to be heard regarding agency actions adverse to their interests. Senior and Disabilities Services (SDS) administers a number of programs to which the right to be heard is applicable, including Home and Community-Based Waiver Services, Personal Care Assistance, General Relief for Assisted Living Care, and Long Term Care Authorization (nursing facility admission).

When an applicant/recipient requests a hearing based on a notice of adverse action regarding one of these programs, SDS, the Medicaid fiscal agent, and the Office of Fair Hearings and Appeals participate in the hearing process. An applicant/recipient dissatisfied with the decision of the Fair Hearing Officer may appeal to the SDS Director for an additional level of administrative review.

SDS maintains an internal tracking system to manage Fair Hearing scheduling, to record hearing and appeal decisions, and to monitor its own activities for quality improvement purposes. Key elements of this monitoring process include issuance of a monthly report containing a summary of hearing activities and trend analysis of findings.

Authority

42 CFR §431 Subpart E, Fair Hearings for Applicants and Recipients. 7 AAC Chapter 49, Hearings.

Definitions

“Fair Hearing” means the administrative hearing available to applicants and recipients by regulation, 7 AAC Chapter 49.

“Fair Hearing Officer” means the Office of Hearings and Appeals official who presides over the Fair Hearing.

“Home and Community-Based Waiver Services” means the Medicaid program that includes the Adults with Physical Disabilities program, the Children with Complex Medical Conditions program, the Mental Retardation and Developmental Disabilities program, and the Older Alaskans program.

“Medicaid fiscal agent” means the entity that pays Medicaid claims, and performs certain administrative functions related to the hearing process.

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“Representative” means a parent, guardian, or other individual with legal authority to act on behalf of an applicant or recipient.

“SDS Representative” means the SDS staff responsible for making the decision which forms the basis for a hearing request or the staff designated to represent SDS in the hearing process.

Responsibilities

1. The **applicant/recipient** is responsible for
 - a. requesting and participating in the Fair Hearing, and
 - b. if dissatisfied with the decision, submitting a written appeal to the SDS Director.
2. The **Medicaid Fiscal Agent** is responsible for
 - a. screening hearing requests,
 - b. scheduling and notifying all parties of hearing dates, and
 - c. notifying all parties of the outcome of the Fair Hearing proceedings.
3. The **SDS Representative** is responsible for
 - a. participating in Fair Hearings, and
 - b. entering hearing and appeals results in the applicant/recipient database file.
4. The **Fair Hearing Officer** is responsible for providing a written notice of his/her decision.
5. The **SDS Director** is responsible for
 - a. reviewing appeals of Fair Hearing Officer decisions, and
 - b. sending a notice of his/her decision to all parties involved in the Fair Hearing.
6. The **SDS Hearings Coordinator** is responsible for
 - a. entering hearings and appeals information in the SDS database, and
 - b. preparing a monthly Hearings Summary Report.
7. The **SDS Quality Improvement Workgroup** is responsible for
 - a. reviewing the monthly Hearings Summary Report,
 - b. analyzing trends brought to light by the report, and
 - c. recommending changes, training, and technical assistance based on such trends.

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Procedures

A. Fair Hearing proceedings.

1. Request.
 - a. The applicant/recipient contacts the Medicaid fiscal agent to request a hearing.
 - b. The Medicaid fiscal agent sets a date for the Fair Hearing.
2. Scheduling.
 - a. The Medicaid fiscal agent sends a copy of the *Notice of Fair Hearing* to all parties.
 - b. Postponement.
 - i. The applicant/recipient notifies the Medicaid fiscal agent if unable to participate at the scheduled time.
 - ii. The Medicaid fiscal agent notifies the parties of rescheduled hearing dates.
3. Denial or dismissal.
 - a. The Fair Hearing Officer may deny or dismiss a hearing request when
 - i. the issues presented by the applicant/recipient are not covered by the hearing process;
 - ii. the applicant/recipient withdraws orally or fails to appear at the time scheduled; or
 - iii. SDS concedes on the issues in the dispute.
 - b. The Medicaid fiscal agent sends a notice appropriate to the action taken to all parties.
4. Notice of Decision.
The Fair Hearing Officer distributes a written notice of his/her decision to all parties.

B. Appeals to the SDS Director.

1. Request.
The applicant/recipient submits a written appeal to the SDS Director.
2. Notice of decision.
The SDS Director sends notice of the decision to all parties involved in the Fair Hearing.

C. SDS monitoring of hearing proceedings.

1. Timeframes.
 - a. Within 2 business days of receipt of scheduling information, the SDS Hearings Coordinator enters the following information in the applicant/recipient record in the SDS database:
 - i. for a Fair Hearing,
 - (A) the date scheduled,
 - (B) the name of the SDS representative, and
 - (C) the applicant/recipient basis for the hearing request; and
 - ii. for postponement, the date of a rescheduled Fair Hearing.

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- b. Within 2 business days of a Fair Hearing decision, the SDS Representative enters in the applicant/recipient database file a summary of the proceedings, including
 - i. whether the issues were or were not resolved before the Fair Hearing
 - ii. the names of those in attendance,
 - iii. an explanation of any postponement or rescheduling,
 - iv. the decision or resolution reached, and
 - v. SDS action required by the Fair Hearing decision.
 - c. Within 2 business days of a decision on an appeal to the SDS Director, the SDS Representative enters in the applicant/recipient database file
 - i. the decision reached, and
 - ii. SDS action required by the decision.
 - d. By the third work day of each month, the SDS Hearings Coordinator submits the Hearing Summary Report to the manager of the quality assurance unit.
 - e. The manager of the quality assurance unit distributes copies of the Hearing Summary Report to all members of the Quality Improvement Workgroup by Wednesday of the week prior to the week in which a meeting has been scheduled.
2. Quality review.
- a. Hearing Summary Report content.
 - i. Disposition of cases.
 - (A) By program, hearings currently scheduled and the basis for the hearing request.
 - (B) By program, hearing resolutions including the basis for the hearing request and the outcome of the hearing.
 - ii. Report analysis.
 - (A) Graphic representation indicating growth/decline in numbers of hearing requests and appeals to the SDS Director.
 - (B) Trends in applicant/recipient stated basis for hearing requests.
 - (C) Identification of hearing requests and resolutions by program, SDS Representative, care coordinator, and provider agency.
 - (D) Assessment of reversals of SDS determinations by the Fair Hearing Officer.
 - (E) Status of SDS action required by the Fair Hearing Officer.

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- b. Quality Improvement Workgroup.
 - i. Members.
 - a. SDS Director,
 - b. SDS Deputy Director,
 - c. SDS Chief of Programs,
 - d. SDS unit managers, and
 - e. SDS Hearings Coordinator, when requested
 - ii. Report review.
 - a. The workgroup considers issues raised by its members as well as those identified by the SDS Hearings Coordinator.
 - b. Any member can request a workgroup meeting to address issues needing immediate attention or time-sensitive issues.
 - iii. Report findings. The workgroup
 - a. develops a plan to address identified issues,
 - b. recommends administrative or operational changes if indicated, and
 - c. identifies training and technical assistance needs.