The Appeal Process

Guidelines and Resources for Getting the Life You Want

907 KAR 1:563
This administrative regulation establishes provisions relating to the Medicaid covered services hearing and appeal process for applicants and recipients.

Application for services can trigger the right to a hearing or appeal.

Inaction by the Cabinet to a claim or request can trigger the right to a hearing or appeal.

Actions that affect a recipient's claim can trigger the right to a hearing and appeal.

Notice: When adverse action is taken, an applicant, recipient, or guardian must be informed of his right to an administrative hearing and the method of obtaining such a hearing. The information must also include the nature and reason for the adverse action.

Time limit: The individual must request a hearing within **30 calendar days** of receiving the notice of patient liability or of discontinuance of services. The request must be in writing and it must specify the reason for the request, and identify the date of service or type of service denied.

Continuing services: Previous level of some services must continue until the date of the final cabinet level hearing decision if the request for hearing is filed within **10 days** of receiving advance notice of adverse action.

All parties must be given **notice** of the date, time, and place of the hearing. The notice must also contain a statement that the Department of social insurance has information regarding free representation by legal aid or a welfare rights organization.

Final order is issued. After the hearing, a written decision must be mailed to the applicant or recipient and his representative.

No more Than **90 days** between these two events.

If the applicant or recipient is dissatisfied with the hearing officer's decision then he may petition that the board's decision be **Judicially Reviewed**. Such a request must be made within **30 days** from the time the board's decision was mailed. The petition must be filed in the Circuit Court of venue, which should be named in the agency's enabling statutes, or the Franklin Circuit Court or the Circuit Court where the appealing individual resides or operates a business.