



Appeals

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TIHCA
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Appeals by Applicant or Previously eligible resident

Chapter 61 Indigent Health Care and Treatment Act

Sec. 61.024. COUNTY APPLICATION PROCEDURE.

(i) The county shall provide a procedure for reviewing applications and for allowing an applicant to appeal a denial of assistance.

(j) The county shall provide an applicant written notification of the county's decision. Sec. 61.043. PREVENTION AND DETECTION OF FRAUD. notification shall include the reason for the denial and an explanation of the procedure for appealing the denial.

Sec. 61.043. PREVENTION AND DETECTION OF FRAUD.

(b) Procedures established by a county for administrative hearings conducted under this section shall provide for appropriate due process, including procedures for appeals.

Denton County Indigent Health Care (CIHC)
Ineligibility / Administrative Disqualification Appeal Process



1. Notice of Ineligibility (Form 117) shall be used to notify an applicant/household of a decision or denial and shall include the reason for the denial, the effective date of the denial, if applicable, and an explanation and notification of the right of appeal.

Notice of Ineligibility



Denton County Form 117

NOTICE OF INELIGIBILITY

On the basis of Chapter 61 Health & Safety Code and program policies the following action has been taken:

Your application for County Indigent Health Care Program benefits for medical services has been denied for the following reason:

- Requested information to be used in determining eligibility was not received by deadline.
- Household calculated income received including anticipated \$__ exceeds program resource limit of \$__ for a household size of #
- Combined resources____, exceed program resource limit of \$2,000/\$3,000.

If you were previously eligible for services you will not be eligible for County Indigent Health Care Program after _____.

If you have any questions, please contact our office. If you believe this decision is not correct, please contact our office to discuss the matter. If after discussing you still believe the decision is incorrect, you may request a fair hearing to appeal the decision. You have 90 days from the date of this notice to request an appeal. The appeal committee will review the facts and see if the requirements were applied correctly. The appeal committee does not have the authority to change the program eligibility process, requirements or benefit limitation or exempt an applicant from such.

Purpose of Notice of Ineligibility

Notify the household that they are not eligible for assistance,

State the reason for denial, and

Notify the household regarding the right to appeal.

Indigent Care Handbook

SECTION THREE
CASE PROCESSING
Page 5

Denial Decision Disputes

Responses
Regarding a
Denial
Decision

- If a denial decision is disputed by the household, the following may occur:
- The household may submit another application to have their eligibility re-determined,
 - The household may appeal the denial, or
 - The county may choose to re-open a denied application.


2. If an applicant/household or previous eligible resident wishes to appeal a decision after discussing their case with the Program Coordinator, the applicant/household or previously eligible resident must file a Petition for Appeal Hearing (Form 400) with the CIHC office within **90** days of the decision date.

Appeals

Step 3



3. Within ten days of receipt of completed Petition for Appeal Hearing form, the CIHC Coordinator will furnish the Petition for Appeal and any applicable documentation found in the application, applicable policy and rules found in Chapter 61 and or the program handbook to the County Hearing Authority and to the appellant. County Hearing Authority consists of appointed representatives from each county commissioner.

 Denton County Indigent Health Care Program
Petition of Appeal Hearing
Petición para Una Audiencia de Apelación

I file this petition for an appeal hearing because I disagree with the decision to deny my application or eligibility for benefits from the Indigent Health Care Program.
Presento esta petición para una audiencia de apelación porque no estoy de acuerdo con la decisión de negar mi solicitud o mi elegibilidad para beneficios del Programa de Atención Médica Para Indigentes.

I will represent myself at the hearing. (check one) Yes No
Yo mismo presentare mi caso en la audiencia. (marque una)

If you checked "No", complete the following. Si marca "No", llene lo siguiente:

Name of Representative or Legal Counsel Nombre del Representativo/a o Consejo Legal	
I am representing me in this appeal. I authorize the release of copies of any factual data furnished to me before, during or after the appeal hearing. Me representara en esta apelacion. Yo autorizo a que le entreguen copias de cualesquier datos que me den antes, durante o despues de la audiencia de apelacion.	
Representative's Address/ Dirección del Representante:	

Signature-Appellant-Firma Apelante _____ Date/Fecha _____
Signature - Witness _____ Date/Fecha _____
(if appellant signed with "X")
(si firma de apelante con un "X")

For Office Use Only/ Solo Para Uso De la Agencia		
Case Name	Case No.	County
Reason For Petition: <input type="checkbox"/> Application Denied <input type="checkbox"/> Discontinuation of Assistance		
Eligibility Determiner		
Telephone No.		
Office Address (Street, City, State, ZIP)		County

Form 400

Appeals

Steps 4 - 10



4. A hearing for an appeal will be scheduled by the County Auditor and all parties (County Hearing Authority, appellant including representative and CIHCP coordinator), will be notified by mail to appear for a scheduled hearing.
5. The County Hearing Authority must reach and send a written decision. The written decisions must include point of issue, applicable policy or rule, finding of facts, conclusion and an order.
6. The CIHC Coordinator will follow the County Hearing Authority's instructions within 14 days.
7. If the County Hearing Authority determines that a household was eligible while the appeal was pending, the County must pay for hospital services the household received during the pending period, if the hospital followed appropriate notification procedures.
8. A previously eligible client may choose whether or not to continue his County Indigent Health Care benefits while the appeal is pending. However, if he/ she chooses to continue the benefits and the appeal is denied, he/ she must pay the county and providers for all services received pending the appeal.
9. Once filed, only the appellant or representative may withdraw the request for appeal.
10. Applicants/household has the right to be represented by legal counsel and if requested, CIHC representatives will make every effort to provide a list of legal services in the community for applicant/household to seek representation if requested.