*As subrecipients of federal financial assistance, Eligibility Sites must ensure that all programs, services, and activities meet the requirements of applicable federal and state laws, rules and regulations. As required by 10 CCR 2505-5 1.020.4.4 and* [*HCPF OM 23-054*](https://hcpf.colorado.gov/sites/hcpf/files/HCPF%20OM%2023-054%20Eligibility%20Dispute%20Resolution%20Tracking%20.pdf)*, Eligibility Sites are responsible for establishing an adequate internal control process to ensure compliance with State rules and regulations pertaining to Medical Assistance (MA) state fair hearings and dispute resolution conferences. HCPF is providing this sample template for Eligibility Sites to meet the requirements for documented internal controls for* [*10 CCR 2505-10 8.057.3 - 8.057.13*](https://www.sos.state.co.us/CCR/DisplayRule.do?action=ruleinfo&ruleId=2917&deptID=7&agencyID=69&deptName=Department%20of%20Health%20Care%20Policy%20and%20Financing&agencyName=Medical%20Services%20Board%20(Volume%208;%20Medical%20Assistance,%20Children%27s%20Health%20Plan)&seriesNum=10%20CCR%202505-10%208.000) *and* [*HCPF OM 23-054*](https://hcpf.colorado.gov/sites/hcpf/files/HCPF%20OM%2023-054%20Eligibility%20Dispute%20Resolution%20Tracking%20.pdf) *.*

*While Eligibility Sites are required to have internal controls to ensure* [*10 CCR 2505-10 8.057.3 - 8.057.13*](https://www.sos.state.co.us/CCR/DisplayRule.do?action=ruleinfo&ruleId=2917&deptID=7&agencyID=69&deptName=Department%20of%20Health%20Care%20Policy%20and%20Financing&agencyName=Medical%20Services%20Board%20(Volume%208;%20Medical%20Assistance,%20Children%27s%20Health%20Plan)&seriesNum=10%20CCR%202505-10%208.000) *and* [*HCPF OM 23-054*](https://hcpf.colorado.gov/sites/hcpf/files/HCPF%20OM%2023-054%20Eligibility%20Dispute%20Resolution%20Tracking%20.pdf) *are followed, Eligibility Sites are not required to use this sample template. This template may not be an exact fit for your county size, staffing structure and operations. All Eligibility Sites should develop their internal controls for* [*HCPF OM 23-054*](https://hcpf.colorado.gov/sites/hcpf/files/HCPF%20OM%2023-054%20Eligibility%20Dispute%20Resolution%20Tracking%20.pdf) *in consultation with their appropriate leadership authorities. Eligibility Sites do not need to submit their internal controls to HCPF unless requested to do so during a Management Evaluation (ME) Review, Desk Review, or other request.*

*To use this template, please update agency specific information in the areas that are [Bold and in Brackets] and remove these top italicized paragraphs. This plan should be on the county’s letterhead once updated and issued.*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**[Site letterhead, including Eligibility Site Name, Address, etc.]**

**Policy Title**: State Fair Hearings and Dispute Resolution

**Reference**: [10 CCR 2505-10 8.057.3 - 8.057.14](https://www.sos.state.co.us/CCR/DisplayRule.do?action=ruleinfo&ruleId=2917&deptID=7&agencyID=69&deptName=Department%20of%20Health%20Care%20Policy%20and%20Financing&agencyName=Medical%20Services%20Board%20(Volume%208;%20Medical%20Assistance,%20Children%27s%20Health%20Plan)&seriesNum=10%20CCR%202505-10%208.000), [HCPF OM 23-054](https://hcpf.colorado.gov/sites/hcpf/files/HCPF%20OM%2023-054%20Eligibility%20Dispute%20Resolution%20Tracking%20.pdf)

**Effective Date**: **[Month Day, Year]**

**Director’s Approval**: **[Name, Title, signature if possible]**

**Revision Date**: **[Month Day, Year]**

**REASON FOR POLICY**

To meet the requirements of [10 CCR 2505-10 8.057.3 - 8.057.13](https://www.sos.state.co.us/CCR/DisplayRule.do?action=ruleinfo&ruleId=2917&deptID=7&agencyID=69&deptName=Department%20of%20Health%20Care%20Policy%20and%20Financing&agencyName=Medical%20Services%20Board%20(Volume%208;%20Medical%20Assistance,%20Children%27s%20Health%20Plan)&seriesNum=10%20CCR%202505-10%208.000) and [HCPF OM 23-054](https://hcpf.colorado.gov/sites/hcpf/files/HCPF%20OM%2023-054%20Eligibility%20Dispute%20Resolution%20Tracking%20.pdf) for a written procedure for state fair hearings and dispute resolution conferences.

**DEFINITIONS [Site: add any other definitions you feel would be helpful]**

Corrective action (8.057.12.A): adjustments to the member/applicant eligibility determination to ensure the determination is aligned with the Final Agency Decision. Required to be entered into CBMS within 3 business days after the effective date of decision. Also referred to as “corrective changes.” Corrective action must be made retroactive to the date the incorrect action was taken.

Dispute Resolution Conference (DRC): an informal conference between the member/applicant and the county or service delivery agency. Also referred to as a “county conference.” A DRC is available to members/applicants in addition to a state fair hearing. All county and service delivery agency duties and responsibilities are found in 8.057.3.F.

Service delivery agency: a HCPF-designated, certified medical assistance site contracted with HCPF to accept and process medical assistance applications approved by the federal Centers for Medicare and Medicaid Services, as authorized by C.R.S. § 25.5-4-205.

Site: county or service delivery agency

State Fair Hearing (referred to as “Hearing” in 8.057.3): a formal hearing with the Office of Administrative Courts. See 8.057.3.A.1-4 for permissible reasons to request a hearing. While the county or service delivery agency is not responsible to conduct the hearing, there are several duties the county or service delivery agency must fulfill, found in [10 CCR 2505-10 8.057.3 - 8.057.13](https://www.sos.state.co.us/CCR/DisplayRule.do?action=ruleinfo&ruleId=2917&deptID=7&agencyID=69&deptName=Department%20of%20Health%20Care%20Policy%20and%20Financing&agencyName=Medical%20Services%20Board%20(Volume%208;%20Medical%20Assistance,%20Children%27s%20Health%20Plan)&seriesNum=10%20CCR%202505-10%208.000).

**POLICY STATEMENT**

This policy is necessary to be compliant with State rules and regulations pertaining to Medical Assistance (MA) state fair hearings and dispute resolution conferences.

Responsible staff include: **[Identify the position or positions responsible for activities and duties related to state fair hearings and dispute resolution conferences. Use job titles instead of individuals’ names, e.g. “Eligibility Supervisor”]**

**DISPUTE RESOLUTION CONFERENCES PROCEDURE**

A member/applicant may request a Dispute Resolution Conference (DRC) verbally or in writing, no later than 60 calendar days after the date of the Notice of Action. If available through the County or service delivery agencies, applicants and members may use email to make the request.

When a request for a DRC is received, it is forwarded to **[identified responsible staff or department]. [Identified responsible staff or department]** are responsible for reviewing the request for a Dispute Resolution Conference.

The **[identified responsible staff (e.g. Caseworker)]** will pull all case documentation and review it. The **[identified responsible staff (e.g. Caseworker)]** will present the information to the **[identified responsible staff (e.g. Supervisor)]**  as needed on a case-by-case basis when additional information is needed.

The **[identified responsible staff is/are]** required to review the case for accuracy and completeness. **[site name]** best practice is to have a second party review and confirm the accuracy of the outcome of the review.

Within 10 calendar days after receipt of the request for the DRC, **[identified responsible staff] is/are** required to notify the member/applicant of the date, time, and location of the DRC. The notification must also include the member/applicant’s right to a state fair hearing and the date deadline to request a state fair hearing. This notification must be in writing and sent via US Mail to the member/applicant address on file.

The **[identified responsible staff]** will review the case and all pertaining documents with the **[identified responsible staff]** and **[identified responsible staff]**. The **[identified responsible staff]** will create facts of the dispute for the conference with the member/applicant.

The DRC must be held no more than 25 calendar days from the date the request was received, unless both parties agree to extend the deadline. This agreement must be in writing. The applicant/member must be provided a choice to have the DRC held in-person, virtually, or by phone.

Language Services:

* Interpretation Services: **[site name]** shall provide qualified interpretation services, free of charge, to individuals with limited English proficiency who require language assistance to access services. Interpretation services will be provided in-person, telephonically, or through video conferencing, as appropriate.
* Translation Services: Written materials essential to accessing County programs and services must be translated into language of member by **[language service provider]**

ADA Accommodations:

* Request Process: Individuals with disabilities shall have the right to request reasonable accommodations to ensure equal access to County programs and services. Requests for ADA accommodations may be made verbally or in writing and shall be promptly addressed.
* Provision of Accommodations: **[site name]** shall provide reasonable accommodations, including but not limited to auxiliary aids and services, modifications to policies, procedures, and practices, and accessible facilities, as necessary to facilitate meaningful participation by individuals with disabilities.

After the conference, the **[identified responsible staff]** will present the outcome to the Director for final approval.

The **[identified responsible staff]** will notify the member/applicant of the finding from the DRC within 3 business days of the conference. This notification must be in writing and sent via US Mail to the member/applicant address on file. The **[identified responsible staff]** will also enter Corrective Action (if any) into CBMS within 3 business days of the conference.

If the finding is that the dispute has been resolved and the member has already filed an appeal, the **[identified responsible staff]** shall inform the applicant or recipient of the process for dismissing the appeal.

Dispute Resolution Tracking:

**[Identified responsible staff]** will track each dispute resolution conference held by completing and submitting the dispute resolution tracking Excel spreadsheet to HCPF monthly. The report is to be completed and sent in via email to hcpf\_eligibilityappeals@state.co.us no later than the 5th calendar day of each month, with the submission reflecting data from the prior month. If the site does not have any dispute resolution conferences for the month, **[identified responsible staff]** will indicate this on the spreadsheet.

**STATE FAIR HEARINGS PROCEDURE**

When a request for a State Fair Hearing is received, it is forwarded to the **[Identified responsible staff or department],** who will pull the case and all supporting documents to create the hearing packet. The Eligibility Technician that took the appealed action on the case may be asked to attend on a case-by-case basis or as deemed necessary by the **[identified staff].** Notification of the Decision is pursuant to 10 CCR 2505-10 8.057.11.

1. Members or applicants may request a State Level Hearing in writing no later than sixty (60) calendar days after the date of the Notice of Action.
	1. If the member/applicant sends the request for a State Fair Hearing to **[site name]**, the request will be forwarded to the Office of Administrative Courts (OAC) within one (1) business day from receipt.
	2. If the member or applicant makes a verbal request for a hearing, **[identified staff]** shall prepare a written request for the individual’s signature or have the individual prepare a written request.
		1. The request should include:
			1. The member or applicant's name, address and State ID (if applicable).
			2. The action, denial, or failure to act promptly that the request for an appeal is based on
			3. The reason for the appeal of the action.
2. Members or applicants will have the opportunity to examine the complete case file and documents to be used at the hearing at a reasonable time prior to or during the hearing. Documents and information that are confidential are exempt from this unless they are used as evidence during the hearing.
	1. **[Site: identify staff responsible for assisting a member with access to the full case file, as well as the process by which the site will allow access (e.g. computer in a private space, encrypted data stick, etc.)]**
3. Members or applicants may request an Expedited Hearing. The process for requesting an Expedited Hearing is the same as above.
4. Upon notice of the scheduled hearing, **[Identified staff]** will secure a private hearing room that will accommodate all persons, including witnesses, expected to attend.
	1. **[Identified staff]** will arrange for language and/or auxiliary services for members or applicants who require them.
	2. **[Site name]** shall provide reasonable accommodations, including but not limited to auxiliary aids and services, as necessary to facilitate meaningful participation by individuals with disabilities, in the same manner as described in the DRC section of this procedure.
5. The hearing will be attended by **[identified staff]** who will present evidence and testify to factual issues of the case when called upon.
6. When the Initial Decision is issued by the OAC, it will be served to all parties by first class mail.
	1. Upon receipt of the Initial Decision, **[Identified Staff]** will review and determine whether exceptions will be filed.
		1. Exceptions must be filed with the HCPF Office of Appeals within fifteen (15) calendar days, plus three (3) calendar days for mailing, from the date the Initial Decision was mailed.
		2. The request for exceptions must be in writing and include the specific grounds for the request for reversal, modification, or remand of the Initial Decision.
			1. Specific grounds for the request must be based on the evidentiary findings in the Initial Decision. New evidence or oral arguments may not be presented.
			2. If asserting that the findings of evidentiary fact in the Initial Decision are not supported by the weight of the evidence, a written transcript of the hearing is required.
		3. A copy of the written transcript may be requested from the OAC but should be requested prior to filing an exception.
			1. If the written transcript is not filed with the exceptions, if applicable, the exceptions shall state that a written transcript has been requested.
		4. An extension of time to file exceptions, or the transcript, may be requested in writing with the HCPF Office of Appeals prior to the due date for filing exceptions.
		5. A copy of any exceptions filed will be served on all parties by first class mail.
		6. Each party may file a response to an exception within ten (10) calendar days from when the exceptions were mailed.
7. The HCPF Office of Appeals will issue a Final Agency Decision in writing to all parties within ninety (90) calendar days unless there has been an extension granted to the member or applicant.
8. If the Final decision is favorable to the member or applicant, **[identified staff]** will take corrective action within three (3) business days after the effective date of the Final Agency Decision, retroactive to the date the incorrect action was taken. The effective date of the Final Agency Decision must be the third day after the date the decision is mailed to the parties, even if the third day falls on Saturday, Sunday or a legal holiday.
	1. A motion for reconsideration for the Final Decision may be filed with the HCPF Office of Appeals within fifteen (15) calendar days of the date the Final Decision was mailed.
		1. The motion for reconsideration must state the specific grounds for reconsideration.
		2. A copy of the motion for reconsideration will be served to all parties by first class mail. Parties have ten (10) calendar days from when the motion was mailed to file a written response.
		3. A copy of the decision on the motion will be mailed to all parties by first class mail.

**MONITORING [Site: identify responsible staff for compliance, how it will be monitored, and how results may be used]**

The **[identified staff]** is responsible for monitoring requests for Dispute Resolution Conferences. Requests for State Fair Hearing are received by **[identified staff]** and forwarded to the **[Identified Staff or department]**

When the process is complete, **[identified staff]**  then signs off with the **[identified staff]**

**TRAINING**

**[Site: identify responsible staff, who have been trained, and when they were trained (annually, at hire, when the Department releases updated memo, rule, etc.). Be certain to include how you are documenting and tracking training.]**