

North Carolina Department of Health and Human Services

Hearings and Appeals Section

2418 Mail Service Center • Raleigh, North Carolina 27699-2418 Tel:919-855-3260 • Fax:919-715-1910 • ZixMail:Medicaid.DSS.State.Appeals@dhhs.nc.gov

REQUEST FOR STATE APPEAL

1473A-Addendum for Program Integrity

(To be completed by County DSS PI & submitted with DSS-1473 by ZixMail within 5 days of Appeal Request Date to

Medicaid.DSS.State.Appeals@dhhs.nc.gov)

County:_____ DSS Address: ______ (If multiple county offices, be sure to indicate the correct office location)

Appellant:____

Check Yes or No

SSN: _____

State Disgualification Hearing

Administrative Disqualification Hearing held?	Date:
Administrative Disqualification Hearing decision received?	Date:
ADH Hearing decision letter & Notice (ex. DSS-8558) sent certified m	ail? Date:
Did the 15 calendar day appeal period (plus mailing days) expire?	Date:
Did Appellant have good cause (determined by local Hearing Officer)?	Date:
Was the disqualification established in EPICS?	Date:

Provide a brief description as to why this Appellant was disqualified:

Fair Hearing

Check	Yes	or	No
		•••	

Letter of Overissuance (ex. DSS-8554) was mailed out?	Date:
Did Appellant have good cause for appealing ADH decision outside	the 15 day appeal
timeframe? (determined by the local Hearings Officer)	

NOTE: If good cause was not provided by the Appellant and the 15-day appeal time limit has expired from the ADH decision, then this hearing request can only be for a Fair Hearing. The disgualification cannot be adjudicated at this Fair Hearing and cannot be listed as part of the reason for the Fair Hearing on the DSS-1473. If the Appellant DOES have good cause for the ADH, then a separate DSS-1473 must be completed and sent to Hearings & Appeals Section.

Check Yes or No

Are there any other debtors on this claim?

List:

Did any of the other	debtors request a Fair Hearing	g? (<u>Separate</u> DSS-147	3 <u>needed for each</u>)
Name(s)			

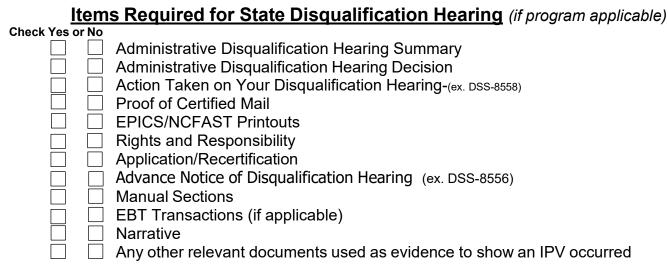
Hearing Date(s) for other debtors:

Was a local conference held or scheduled?

Date:

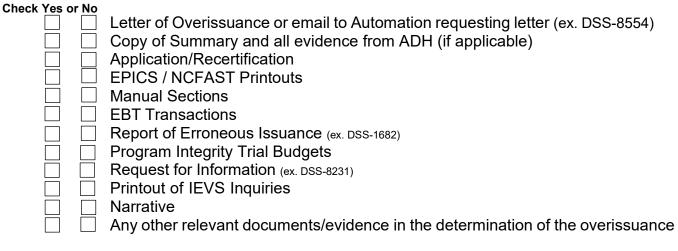
Provide a brief description as to why there was an overissuance:

ATTACH A COPY OF THE FOLLOWING TO THIS REQUEST FOR STATE APPEAL



Provide a brief description as to why this Appellant has requested a State Disqualification Hearing to dispute the decision from the local county Administrative Disqualification Hearing:

Items Required for Fair Hearing (if program applicable)



Provide a brief description as to why this Appellant has requested a Fair Hearing to dispute the claim amount, recoupment amount, or that the claim has been paid off:

I understand that the record of evidence must be sent with this DSS-1473A and that I will provide my State Hearing Summary within 10 days from the date the DSS-1473 and DSS-1473A was sent to the Hearings & Appeals Section.