

***IF A PERSON IS DISSATISFIED WITH THE DECISION  
WHAT CAN BE DONE ABOUT IT?***

**1. REQUEST A CONFERENCE OR REVIEW OF CASE**

You or an authorized representative may notify the Medicaid Eligibility Division District Office and/or the Alabama Medicaid Agency Central Office giving the reason for the dissatisfaction and ask for either a conference with the agency staff or a review of the case. At a conference, you may present the information or may be represented by a friend, relative, attorney, or other person who is authorized to represent you as explained below.

**2. REQUEST A FAIR HEARING**

Instead of requesting a conference or review, or if after the conference or review you are still dissatisfied, you or an authorized representative may request a fair hearing.

Whether or not you request a conference/review, your request for a hearing must be received by Medicaid within sixty (60) days following the effective date of the original agency action with which you are dissatisfied. Although any timely request will protect your right to a hearing, a hearing request by someone on your behalf will not be considered complete for scheduling and other purposes until written authorization for that person to represent you is filed with the Agency. Such authorization includes a power of attorney or letters of conservatorship/guardianship. An acceptable Appointment of Representative form is also available from the Central and District Offices of the Medicaid Agency.

Once your hearing request is complete, you will receive a letter from a hearing officer providing information about hearing procedures and setting the time and place for the hearing. If you are satisfied before the hearing and want to withdraw your request, you or your representative should give written notice to the Medicaid Agency. The Agency need not grant a request for a hearing if the sole issue is a federal or state law or policy which requires an automatic change adversely affecting some or all recipients.

If the hearing request is received within ten (10) days following the effective date of termination or within ten (10) days of a notice to increase liability, benefits can be continued, or the liability remain unchanged, upon receipt of your request. If benefits are continued or a liability is unchanged pending the outcome of the hearing and the hearing decision supports the termination or liability increase, you will be responsible for repayment to the Alabama Medicaid Agency the costs of all erroneous benefits paid after the initial effective date of the termination or change in liability.

**MEDICAID ELIGIBILITY DIVISION POLICIES AND PROCEDURES ARE IN COMPLIANCE WITH THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, AND THE AMERICANS WITH DISABILITIES ACT OF 1990.**

Your request for a conference or fair hearing may be sent to either the district office handling your case or the Medicaid central office at the following address:

MEDICAID AGENCY-CENTRAL OFFICE  
ALABAMA MEDICAID AGENCY  
501 DEXTER AVENUE  
P.O. BOX 5624  
MONTGOMERY, ALABAMA 36103-5624