

Office of Administrative Hearings (OAH) Procedures Transmittal			Transmittal Number: 05-09 (Amended)
Distribution:			Date: May 11, 2005
			Page: 1 of 2 plus Attach.
ALB OAH Staff <input checked="" type="checkbox"/>	UPS ALJs <input checked="" type="checkbox"/>	Upstate LDSS <input type="checkbox"/>	Subject: Managed Care Waivers of Appearance Instructions for Managed Care Organizations (MCOs)
	SUP ALJs <input checked="" type="checkbox"/>	All MCOs	
NYC OAH Staff <input checked="" type="checkbox"/>	NYC ALJs <input checked="" type="checkbox"/>	NYC Agencies <input type="checkbox"/>	
	SUP ALJs <input checked="" type="checkbox"/>		

Please note, this OAH transmittal is being re-released with some changes in the original instructions and supersedes any prior transmittal with respect to Managed Care Waivers of Appearance.

The Office of Administrative Hearings has responsibility for scheduling and holding fair hearings on Managed Care issues. Pursuant to 18 NYCRR 358-4.3(c) (1), the Managed Care Organization (MCO) can request a waiver of personal appearance and submit to this office, prior to the hearing date, a waiver request and evidentiary packet. Waiver requests will be reviewed and granted on a case-by-case basis. At this time, "blanket" waivers of appearance will not be granted; however, if the MCO does not receive a telephone call from this office prior to the hearing date indicating otherwise, it will be presumed that a waiver has been granted.

It should be noted that even in situations where a waiver of appearance has been granted, the Administrative Law Judge may require the testimony of an MCO representative at the time of the hearing. It will, therefore, be necessary that a primary contact person be available (and a back-up contact be designated to be available) during the course of the hearing to accept a telephone call from the Administrative Law Judge. The primary and back-up contact persons' name and telephone number should be included on the request for waiver. The waiver request should also contain the fair hearing number, date of hearing, and a summary of the specific facts relevant to the issue under review at the hearing. A proposed format for requesting a waiver of appearance is attached as an example.

For proper inclusion in the fair hearing record, the waiver request and evidentiary packet should be submitted immediately upon notification of the hearing date, as follows:

For all Upstate and NYC Requests:

The original waiver request and summary must be mailed or faxed to the Albany Central Office address or fax number listed below. It is essential that the packets are received in the Albany Central Office to allow sufficient time for forwarding to the hearing site-- allow at least two business days prior to the hearing date.

Mail via regular mail to:

Ms. Louise Finkell
Office of Administrative Hearings
NYS Office of Temporary and Disability Assistance (OTDA)
P.O. Box 1930
Albany, New York 12201-1930

-or-

Mail via Express Mail to:

Ms. Louise Finkell
Office of Administrative Hearings
NYS Office of Temporary and Disability Assistance (OTDA)
1 Commerce Plaza, 12th Floor, Suite 1200
Albany, New York 12260

-or-

Fax to the attention of Louise Finkell at:

Fax Number: (518) 473-6735

When faxing Upstate and NYC requests, please include on the fax transmittal the name of the appellant, the fair hearing number, the date of the hearing, and the number of pages contained in each package to assist in matching the submission to the appropriate fair hearing file.

Please note, it is the responsibility of the MCO to provide a copy of the waiver request and evidentiary packet to the appellant and/or representative, in addition to that required above, if requested. Also, when the MCO's representative appears in person, it is essential that two copies of the evidence packet are brought to the hearing, one for the Administrative Law Judge and one for the client.

It is anticipated that waivers will only be requested by MCOs on matters concerning clinical issues, since enrollment issues are handled by the local district, whose representative should expect to appear at the scheduled hearing.

If you have any questions regarding this transmittal, please contact Louise Finkell at (518) 473-4969 or via e-mail at Louise.finkell@otda.state.ny.us.

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Mark Lacivita, Director of Administration
Office of Administrative Hearings

SAMPLE WAIVER REQUEST

Ms. Louise Finkell
Office of Administrative Hearings
NYS Office of Temporary & Disability Assistance
P.O. Box 1930
Albany, New York 12201-1930

Re: Managed Care
Appellant's Name _____
Fair Hearing Number: _____
Hearing Date: _____

Dear Ms. Finkell:

This information is submitted with respect to the above-mentioned fair hearing and is submitted in lieu of appearance at the hearing. A personal appearance is not necessary because _____

_____.

In accordance with the requirements contained in 18 NYCRR 358-4.3(c) (1), please consider this as this agency's request to present evidence in the form of written documentation in lieu of appearing at the hearing. Should the content of this document raise issues requiring further elaboration or cross-examination during the course of the hearing, please contact:

_____ (name) at _____ (telephone number)

-or-

_____ (name) at _____ (telephone number).

The following should be noted for the record:

(In this section, summarize the Managed Care Organization's position relative to the issue under review at the hearing. Attach all appropriate documentation and submit within the timeframe required for information to be available on the scheduled date of the hearing.)

These facts, as presented, should be of assistance in your review of this case.

Sincerely,