



North Carolina Department of Health and Human Services  
Hearings and Appeals Section

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**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: \_\_\_\_\_ SSN: \_\_\_\_\_

**State Disqualification Hearing**

Check Yes or No

- Administrative Disqualification Hearing held? Date: \_\_\_\_\_
- Administrative Disqualification Hearing decision received? Date: \_\_\_\_\_
- ADH Hearing decision letter & Notice (ex. DSS-8558) sent certified mail? 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 disqualification 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? (Separate DSS-1473 needed for each)  
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**

**Items Required for State Disqualification Hearing (if program applicable)**

Check Yes or No

- Administrative Disqualification Hearing Summary
- Administrative Disqualification Hearing Decision
- Action Taken on Your Disqualification Hearing-(ex. DSS-8558)
- Proof of Certified Mail
- EPICS/NCFAST Printouts
- Rights and Responsibility
- Application/Recertification
- Advance Notice of Disqualification Hearing (ex. DSS-8556)
- Manual Sections
- EBT Transactions (if applicable)
- Narrative
- Any other relevant documents used as evidence to show an IPV occurred

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)**

Check Yes or No

- Letter of Overissuance or email to Automation requesting letter (ex. DSS-8554)
- Copy of Summary and all evidence from ADH (if applicable)
- Application/Recertification
- EPICS / NCFAST Printouts
- Manual Sections
- EBT Transactions
- Report of Erroneous Issuance (ex. DSS-1682)
- Program Integrity Trial Budgets
- Request for Information (ex. DSS-8231)
- Printout of IEVS Inquiries
- Narrative
- Any other relevant documents/evidence in the determination of the overissuance

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.