

WASHINGTON STATE  
OFFICE OF ADMINISTRATIVE HEARINGS

OAH docket  
number

In the matter of:

Docket No. 00-2016-HCA-99999

Jane Smith,

**PREHEARING CONFERENCE ORDER**

Type of order

Agency: Health Care Authority  
Program: Washington Apple Health/MAGI  
Agency No. 99999999

HCA client ID  
(agency number)

**I. PREHEARING CONFERENCE**

- 1.1 **Administrative Law Judge:** [Judge's Name]
- 1.2 **Prehearing Conference Date:** May 25, 2016
- Respondent Representative:** Jane Smith
- Respondent Representative:** John Smith
- Respondent Representative:** Health Care Authority (HCA)
- Respondent Representative:** [HCA Representative Name]

When things  
are due

**II. CASE SCHEDULE**

<u>Dates and Times</u>	<u>Events</u>
June 6, 2016 @ 5:00 p.m.	HCA will have filed its witness list, exhibit list and the marked copies of its exhibits.
June 13, 2016 @ 5:00 p.m.	Jane Smith will have filed the witness list, exhibit list and marked copies of its exhibits.
<b>June 16, 2016 @ 11:00 a.m.</b>	The telephonic hearing will convene.

**III. AGREEMENTS**

- 3.1 **NO ADDITIONAL PREHEARING CONFERENCE:** No other legal matters are pending that might delay, interfere or prejudice a hearing on the merits. No further prehearing conference is required.
- 3.2 **TELEPHONE HEARING:** The hearing in this matter will begin on June 16, 2016 at 11:00 a.m. Pacific time. It will be held by telephone conference call. Please use the call-in instructions provided on the Notice of Hearing that accompany this order.

If any party fails to join the call at the time of the prehearing conference, that party will be defaulted under RCW 34.05.440(2).

- 3.3 **CONTINUANCES:** Any party may request a delay ("continuance") of the hearing date; however, a continuance will not be granted except for good cause.

**What the hearing will cover**

2-526-0280. Do not assume that your continuance request has been granted unless OAH notifies you the hearing has been continued.

- 3.4 **ISSUES:** Whether the Jane Smith household is over-income and therefore ineligible for the Washington Apple Health program. The hearing in this matter will be limited to this issue unless the issue is modified at a later prehearing conference.
- 3.5 **FILING DOCUMENTS:** A document is not filed until OAH receives it during business hours. WAC 388-526-0070. Filing requires mailing, hand delivery, commercial delivery or fax followed by mailing to both OAH and the other parties. WAC 388-526-0075. To ensure that documents are placed with the proper file, the parties should include the docket number on any documents sent to the OAH. Documents sent to the OAH should be addressed to the following:
- Office of Administrative Hearings  
Attn: Presiding ALJ  
949 Market Street Suite 500  
Tacoma, WA 98402
- 3.6 **CONTACT INFORMATION:** The parties must promptly update OAH with any changes to their addresses or telephone numbers.

**IV. ORDER**

IT IS ORDERED:

- 4.1 The above agreements shall control this proceeding unless modified by the assigned administrative law judge.
- 4.2 Because I have not made a discretionary ruling in this matter, it may be assigned to any administrative law judge of OAH.

Dated: May 25, 2016.

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[Judge's Name]  
Administrative Law Judge  
Office of Administrative Hearings

DECLARATION OF SERVICE

I declare under penalty of perjury under the laws of the State of Washington that today I served a copy of this document, by placing it in the mail with postage prepaid, addressed to the following parties of record:

[HCA Representative Name]  
P.O. Box 45531  
Olympia, WA 98504

Agency Representative

Jane Smith  
123456 Apple Lane  
Tacoma, WA 98402



**People who  
received this  
notice**

John Smith  
123456 Apple Lane  
Tacoma, WA 98402

Appellant Representative

HCA Appeals Administrator  
P.O. Box 45504  
Olympia, WA 98504-5504

Program Administrator

Dated May 26, 2016, at Tacoma, Washington.  
(DATE OF MAILING)

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OAH Representative  
Office of Administrative Hearings  
949 Market Street Suite 500  
Tacoma, WA 98402



**WITNESS LIST**

Case Name:           In the Matter of Jane Smith          

Party Proposing Exhibits: \_\_\_\_\_

Witness Name	Relationship To Case (Example: Dept. Investigator)	Telephone Number	Contact Address	Method of Appearance (In- Person or by Telephone)

Brief Description of Testimony:



Witness Name	Relationship To Case (Example: Dept. Investigator)	Telephone Number	Contact Address	Appearance (In- Person or by Telephone)

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