

WASHINGTON STATE
OFFICE OF ADMINISTRATIVE HEARINGS

OAH docket
number

In the matter of:

Docket No. 00-2016-HCA-99999

John Smith,

Type of
hearing

NOTICE OF HEARING

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

HCA client ID
(agency number)

On April 15, 2016, John Smith requested a hearing under RCW 74.09.741 re Washington Apple Health. The Office of Administrative Hearings (OAH) has scheduled a Hearing with an administrative law judge as follows:

DATE: Tuesday, June 28, 2016
TIME: 9:00 AM Pacific Time
LOCATION: Telephone Conference Call (see instructions below)
JUDGE: [Judge's Name Here]

Date and time
of hearing

If you or a witness needs an INTERPRETER, we will provide one at no cost. Please call OAH at (253) 476-6888 to request an interpreter.

If you no longer need or want this hearing, please let us know in writing, by fax, or e-mail to hcamagi@oah.wa.gov.

HCA contact
information

If you have questions about your Medicaid/Washington Apple Health eligibility, you may contact HCA Administrative Hearing Coordinator [Name Here] at (360) 999-9999.

How to participate in the Hearing:

1. At the time of the Hearing, call **1-877-668-4493**.
2. When prompted, enter XXX XXX XXX **followed by the # key**.
3. You will now be in the conference and may hear other participants on the call. Please announce yourself as you join the conference.
4. Make sure your phone has reception and is charged to last at least an hour.
5. Make sure you are in a quiet place where you can hear and be heard clearly.
6. If you have problems joining the telephone conference, or if the judge does not join within ten minutes after the Hearing start time, immediately call OAH at (253) 476-6888.
7. If you get disconnected, call back in using the same code.

Call in
instructions

8. If you have trouble getting reconnected to the telephone conference, call (253) 476-6888 immediately for help.

If you do not join the conference within 15 minutes after the scheduled start time, the administrative law judge may hold you in default and dismiss your appeal, which means **you may lose your right to a hearing**. RCW 34.05.440(2).

If you are not able to attend the hearing at the scheduled time, please call the Health Care Authority Representative [name here] at (360) 999-9999. WAC 182-526-0280. You must attend the hearing unless OAH notifies you that it has been continued (postponed).

You may be represented by an attorney or other representative at your own expense. RCW 34.05.428 and WAC 182-526-0155.

You may request to attend your hearing in person or by telephone by calling OAH at (253) 476-6888.

The hearing will be conducted under RCW 74.09.741 and WAC 182-526-0025. A hearing is a formal proceeding conducted on the record by an independent administrative law judge to address issues raised in the request for hearing.

Tell the Office of Administrative Hearings immediately if your address or phone number changes. We mail you important information about the case and also need to be able to reach you by phone for your hearing. We may dismiss your appeal if we cannot reach you for the hearing.

If you have a disability or sensory impairment and need accommodation when using our facilities or services, we may be able to help. Please contact us at (253) 476-6888.

Please read the enclosed "Your Hearing Rights" brochure to learn your rights, how to prepare, and how hearings work. You can find general information about the hearing process at **www.oah.wa.gov**. You can reach OAH and the administrative law judge using the following contact information:

Office of Administrative Hearings
949 Market Street Suite 500
Tacoma, WA 98402
Phone: (253) 476-6888
Fax: (253) 593-2200



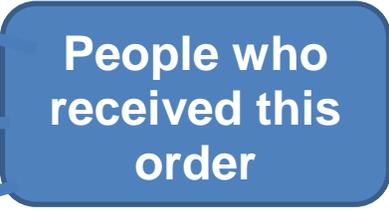
Firearms and other dangerous weapons are prohibited at hearings and in all Office of Administrative Hearings offices. WAC 10-20-010. If you have a safety concern about the hearing, please call us at (253) 476-6888.

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



**People who
received this
order**

John Smith
12456 Apple Lane
Tacoma, WA 98402

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

Program Administrator

Dated June 2, 2016 at Tacoma, Washington.
(DATE OF MAILING)

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