

## **51048.6 Request for a Full Evidentiary Hearing**

### **(a)**

A request for a full evidentiary hearing shall be made in writing and signed by the provider or authorized representative of the skilled nursing facility or intermediate care facility concerned. The request shall be filed: (1) With the Director, Department of Health Services, or the designee authorized to accept such requests. (2) Within 15 days after the date the notice of the determination or reconsidered determination is received by the provider.

#### **(1)**

With the Director, Department of Health Services, or the designee authorized to accept such requests.

#### **(2)**

Within 15 days after the date the notice of the determination or reconsidered determination is received by the provider.

### **(b)**

A request for hearing shall contain: (1) A statement as to the specific issues in the preceding determination with which the provider disagrees. (2) The basis for provider's contention that the determination is incorrect.

#### **(1)**

A statement as to the specific issues in the preceding determination with which the provider disagrees.

**(2)**

The basis for provider's contention that the determination is incorrect.

**(c)**

The provider or authorized representative of the skilled nursing facility or intermediate care facility shall bear sole responsibility for filing the request for full evidentiary hearing.