Ohio Department of Medicaid

NOTICE OF DENIAL OF MEDICAL SERVICES BY YOUR MANAGED CARE PLAN

Assistance Group Name	Assistance Group #	Date Mailed
Member Name	Street Address	
MMIS Billing #	City, State, Zip	

*[MCP Name]*_____ has denied the request for *[list service requested]*_____ for the above member.

The reason for this action is:

The rule(s) that supports this action is: _____

Contact *[MCP Name]* _____ if you do not understand this notice. We can explain it. It is possible that we will change our decision or that you will agree with it.

MCP Staff Name	Telephone Number
Name and Address of Managed Care Plan	

Ask for a State Hearing if you want to appeal

You can ask for a State Hearing if you disagree with our action or think we have made a mistake. At the State Hearing, you can explain your reasons. We will explain our reasons. A hearing officer from the Ohio Department of Job and Family Services will make a decision after the hearing.

If you want a hearing, we must receive your request by this deadline: _____

(Note: The deadline is 90 days after the Date Mailed at the top of this page. If a deadline falls on a Saturday, Sunday, or state or federal legal holiday, then the deadline is extended to the next workday.)

Follow the instructions on page 2 of this notice if you want to ask for a State Hearing. If you do not want a State Hearing, do not return the form.

Someone else may help you (a lawyer, social worker, friend, relative, etc.). They may ask for a hearing and go to the hearing if they send us your signed authorization.

If you need legal assistance, you can contact your local bar association. If you want information on free legal services, you can contact your local legal aid office or call the Ohio State Legal Services Association, toll free at 1-800-589-5888 (a free call). You can also contact the Ohio Legal Rights Service at 1-800-282-9181 (a free call), whose goal is "to protect and advocate the rights of mentally ill persons, mentally retarded persons, developmentally disabled persons, and other disabled persons…"

Distribution: Original to Client; One copy to MCP file; One copy to the Bureau of Managed Care, ODM

Assistance Group Name	Assistance Group #	Date Mailed

State Hearing Request

If you want to ask for a State Hearing, we must **receive** your request by the deadline shown on Page 1 of this notice. If you do **not** want a state hearing, do not return this form.

Step 1: Read, sign, date and fill in your telephone number. Another person may sign this for you if they send us your signed authorization.

I want a State Hearing because I disagree with your action or think you are making a mistake.

Sign Here	Date	Telephone Number

Step 2: **Optional** – You may check boxes and fill in blanks to help us schedule your State Hearing.

☐ I need an interpreter, a signer, or other assistance at my State Hearing *(explain)*: _____

_____

☐ The days/times I cannot come to a State Hearing are: _____

☐ This person has agreed to help me with my State Hearing (my "authorized representative"):

Name	Telephone Number
Address	Fax
City, State, Zip	E-mail

Step 3: You must choose **one** of the following ways to send this State Hearing request to us. We must **receive** this request by the deadline shown on Page 1 of this notice. You should keep proof of when and how you sent this hearing request to us.

Mail - Mail both pages of this notice to ODJFS Bureau of State Hearings, P.O. Box 182825, Columbus, Ohio 43218-2825.

Fax - Fax both pages of this notice to ODJFS Bureau of State Hearings at (614) 728-9574.

E-Mail - E-mail the ODJFS Bureau of State Hearings at < bsh@jfs.ohio.gov >. In the subject, put "State Hearing Request." In the message, put all of the information from the boxes at the top of this page and from Steps 1 and 2.

Phone - Phone the ODJFS Consumer Access Line at 1-866-635-3748. Follow the instructions for State Hearings. Mention this notice.

Contact your caseworker - It is better to send your request using one of the other methods above. But, you may give this page (completed and signed) to your caseworker. Or, you may phone your caseworker. Mention this notice.

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