

Please note: If your application for long-term care services, enrollment in a home and community-based services (HCBS) waiver, or enrollment in the Program of All-Inclusive Care for the Elderly (PACE) has been denied because of an improper transfer of resources, or the equity value of your home is more than the home equity value limit, the law permits you to request an undue hardship exemption. An individual may request an exemption when a period of restricted Medicaid coverage or ineligibility for payment for these services would cause an undue hardship for the institutionalized individual. An undue hardship exists when applying a period of restricted Medicaid coverage or ineligibility for payment would deprive the individual of medical care such that the individual's health or life would be endangered, or the individual would be deprived of food, clothing, shelter, or other necessities of life.

If you request a state hearing, you must provide proof to support your reason that an undue hardship exists. With your written consent, the nursing home where you reside can request a state hearing for you. The nursing facility must state the reason for requesting the exemption and provide proof that an undue hardship exists.

Ask For a State Hearing If You Want to Appeal

Ask for a state hearing if you disagree with what we are doing or think we are making 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 decide who is right.

If you want a hearing, we must receive your hearing request within 90 days of the mailing date on this notice.

Someone else may help you (a lawyer, social worker, friend, relative, etc). Someone else may request a hearing for you and come to the hearing with you.

You can ask your local Legal Aid program for free help with your case. Call the Ohio State Legal Services Association at 1-800-589-5888 (a free call) if you need the local phone number.

Federal law requires us to keep your health information private. This includes all of the information we have about your health, the health care you get, payments Ohio Medicaid makes for your health care, etc. Our "HIPAA Privacy Notice" tells you more about your privacy rights under the law. You may get a copy of the notice by calling the Ohio Medicaid Consumer Hotline toll-free at (800) 324-8680 or by visiting our web site at www.jfs.ohio.gov/hipaa/privacy.pdf. The law is the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

If you want to request a state hearing, following the directions below. If someone else makes a written hearing request for you, it must include a written statement, signed by you, telling us that person is your representative. Only you can make a request by telephone.

State Hearing Request

Sign and fill in the blanks.

I think this policy is being incorrectly applied to me. I want a state hearing.

Sign Here: _____ Date: ___/___/____ Phone: _____

Complete this if someone else has agreed to represent you (a lawyer, social worker, friend, relative, etc). If someone later agrees to represent you, tell us then.

Name: _____ Phone: _____

Address: _____ Fax: _____

_____ E-Mail: _____

Choose one of these ways to send this request to us:

- Mail a copy of this page to Ohio Department of Job and Family Services, Bureau of State Hearings, P.O. Box 182825, Columbus, Ohio 43218-2825; **or**
- Fax only this side of this page to (614) 728-9574 (ODJFS, Bureau of State Hearings); **or**
- E-mail to "bsh@odjfs.state.oh.us". Please include your name, address, case number, and tell us why you are requesting a hearing; **or**
- Phone the ODJFS Customer Access Line at 1-866-635-3748 (1-866-ODJFS-4-U) and follow instructions for state hearings. Only you may phone.