

Ohio Department of Medicaid
OUTCOME OF PRIVATE DUTY NURSING ASSESSMENT

Name	Date of Assessment & Notice
Street Address	Medicaid #
City, State, Zip	Assessor Name

You have been assessed to determine your eligibility for Private Duty Nursing Services in compliance with OAC rule 5101:3-12-02.3.

After completing your assessment it has been determined:

- You are eligible to receive to Private Duty Nursing Services.
 You are authorized to receive _____ of service for _____.
 The nurse will perform the following duties: _____

- You do not meet the eligibility requirements to receive the Private Duty Nursing Service.
 Reason: _____

The outcome of my assessment has been explained to me and I have received information regarding my hearing rights.

Applicant Signature	Date
---------------------	------

Your Right to a State Hearing

If you do not agree with this action, you have the right to a state hearing. A state hearing lets you or your representative (lawyer, welfare rights worker, friend or relative) give your reasons against the action. We will also attend or be represented at the hearing to present 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 date of this assessment. You do not need to return this form if you agree with the action.

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.

If you want information on free legal services, but don't know the number of your legal aide office, you can call the Ohio State Legal Services Association, toll free, at 1-800-589-5888, for the local number.

If you want a hearing, sign your name, and send this form to the Ohio Department of Job and Family Services, Bureau of State Hearings, P.O. Box 182825, Columbus, Ohio 43218-2825 or you can fax this form to (614) 728-9574. You may also call the Bureau of State Hearings, toll-free at 1-866-635-3748 to request a hearing or e-mail your request to bsh@odjfs.state.oh.us.

I want a hearing:

Signature	Date	Telephone Number
-----------	------	------------------