

Ohio Department of Medicaid

**Decision on Your Request for a Hardship Exemption**

Case Number	Mailing Date	
Institutionalized Individual's Name	Authorized Representative's Name	
Nursing Facility	Authorized Representative's Street Address	
County	Authorized Representative's City, State, Zip Code	
<p>You requested a hardship exemption due to:</p> <p><input type="checkbox"/> An improper transfer of assets resulting in a restricted Medicaid coverage period during which Medicaid will not make payments for long term care services in a nursing facility, enrollment in a home and community based services (HCBS) waiver or enrollment in the Program of All-Inclusive Care for the Elderly (PACE).</p> <p><input type="checkbox"/> Home equity in excess of \$500,000 resulting in no eligibility for Medicaid payment for long term care services in a nursing facility, enrollment in a home and community based services (HCBS) waiver or enrollment in the Program of All-Inclusive Care for the Elderly (PACE).</p> <p>Your request has been: <input type="checkbox"/> Approved <input type="checkbox"/> Denied</p> <p>Reason for decision:</p>  <p>Ohio Administrative Code rules supporting this decision:</p> <p><input type="checkbox"/> 5101:1-39-07 Medicaid: transfer of resources.</p> <p><input type="checkbox"/> 5101:1-39-31 Medicaid: treatment of the home.</p> <p><input type="checkbox"/> Other</p>		
Eligibility Worker	District/ID	Telephone Number

## 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](http://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 already 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](mailto: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.