

You found out that equipment or services you requested or currently use have been denied, reduced or stopped. Who made the decision?

A managed care plan

Any other agency that is NOT a managed care plan, including the Ohio Department of Medicaid, the Ohio Department of Developmental Disabilities, a waiver case management agency, etc.

Did they send you written notice ahead of time?

No

Yes

If you are sure that they didn't send you written notice, you can skip the managed care appeal process and request a state hearing instead. You can always go through the managed care process first.

Request a State Hearing
The ODJFS Bureau of State Hearings must receive your request within 15 days from the date your notice or decision was issued if you want your benefits to continue during your appeal.
Otherwise, the appeal must be received by the Bureau within:
90 days for any action by an agency that IS NOT a managed care plan
120 days for a managed care decision.

File a Managed Care Plan Appeal
File within **15 days** from the date your notice was issued if you want your benefits to continue during your appeal. You must also file before the authorization period expires, even if it's less than 15 days.
Otherwise, you have **60 days** to appeal.

Was the appeal decided in your favor?

No

Yes

Congratulations!

Need more help?
At any point in this process, you can call Disability Rights Ohio at 800-282-9181 and select option 2 for intake.