

# How to Ask For a Hearing

You have the right to apply for a hearing if:

- You were denied a service by Kentucky Medicaid
- You have been placed in Lock-In

A hearing gives you a chance to explain your situation to a hearing officer. The hearing officer decides if Kentucky Medicaid has made the right decision.

## ***Denied Services***

If you did not get a Kentucky Medicaid service you think you should have, call Kentucky Medicaid at 1-800-635-2570. We will look at your record and help you understand why you did not get the service. We must provide written notice to you whenever Kentucky Medicaid stops, reduces or suspends Medicaid eligibility or covered services.

If you still think that you should get a service after you talk to Kentucky Medicaid, you can ask for a hearing. To ask for a hearing, you need to write a letter to Kentucky Medicaid. (A sample of a letter is included at the end).

If you are being denied a service that you are getting now, **you must mail your written request within 10 days of getting your denial notice to keep getting the Medicaid service.** If you do not need to keep your service, you have up to 30 days of getting your denial letter to mail in a written request for a hearing. Kentucky Medicaid will only take written requests. If you ask for a hearing on time, you will keep your benefits (except for EPSDT Special Services) through the hearing process.

If you are being denied a new service you will not be able to get the service until the hearing is completed.

You will get a written notice of the hearing date. The notice will tell you what time the hearing is and where to go. The hearing will be close to your house. If you want to have the hearing on the phone, you can ask for that. The hearing date should be no more than 30 days from the date of your letter asking for a hearing. Before the hearing, you have the right to examine your case file and any documents or records that will be used at the hearing by Kentucky Medicaid. Go to g, you need to write a letter to Kentucky Medicaid. (A sample of a letter is included at the end of this section).

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Go to the hearing. If you don't go, your case will be dismissed. At the hearing you will explain your problem to the hearing officer and you can say why you should get that service. You can bring a friend or a lawyer with you and any witnesses you believe may be helpful. Medicaid may have a lawyer at the hearing also.

The hearing officer will mail you his recommended decision within 90 days of the date of your signature on the letter asking for a hearing. You can file written notice to Medicaid within 15 days of the decision. Medicaid will make a final decision within 90 days of the hearing officer's recommended decision. If you still feel that the decision is wrong, you can appeal to the Circuit Court. You have 30 days from the date of the final order to make that appeal.

# Sample Hearing Request Letter

(Date)

Cabinet for Health and Family Services  
Department for Medicaid Services  
Division of Administration and Financial Management  
275 East Main Street, 6W-C  
Frankfort, Kentucky 40621-0001

Attn: Hearing Request

Dear Sir or Madame:

I am writing to ask for a hearing.

My Medicaid ID Number is \_\_\_\_\_

My address is \_\_\_\_\_ .

My telephone number is \_\_\_\_\_

My Social Security Number is \_\_\_\_\_

(Below write the reason you are requesting a hearing.)

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Thank you.

Sincerely,

(Sign your name) \_\_\_\_\_