

NOTICE OF HEARING RIGHTS

If you do not agree with a decision made on your request for OHP/Medicaid services, you have the right to ask for a hearing. You may ask for a hearing through any local DHS branch office. If you do not have a caseworker/case manager, contact OHP Central office at 800-699-9075, or TTY 503-373-7800.

The hearing will be held before an impartial person called an Administrative Law Judge (ORS Chapter 183). At the hearing, you can explain why you do not agree with the decision made in your case. You can have a lawyer or someone else assist you with the hearing. We cannot pay for the cost of a lawyer; however, you may try the following options:

- Call the Public Benefits Hotline (a program of Legal Aid Services of Oregon and the Oregon Law Center) at 800-520-5292 for advice and possible representation.
- You also may be able to get free or reduced-cost legal services through your local Bar Association.

If you are enrolled in a managed care health plan or dental plan you may request a hearing after receiving a Notice of Action or Notice of Appeal Resolution by completing an Administrative Hearing Request form (DHS 443) and returning it to DMAP or any DHS branch office **WITHIN 45 DAYS** from the date of the decision notice. Please include a copy of the decision notice when submitting your request for hearing.

If you are an open card (fee-for-service) client, you may request a hearing by completing an Administrative Hearing Request form (DHS 443) and returning it to DMAP or any local DHS branch office **WITHIN 45 DAYS** from the date of the decision notice. Please include a copy of the decision notice when submitting your request for hearing.

If you have an urgent medical problem that cannot wait for a regular hearing, you can ask for an Expedited Fair Hearing. The DMAP Medical Director will review your medical records and decide if your medical problem cannot wait for the regular hearing process.

If you want your benefits to remain the same while waiting for the outcome of the hearing, you must submit the completed DHS 443 form by the date of action or **WITHIN 10 DAYS** of the date of the decision notice. You may have to repay the cost of the service if the hearing decision is in favor of the agency.

If you ask for a hearing, DMAP will let you know the time and place of the hearing. Before the hearing date, you will also receive information about hearing procedures, your right to representation, and other rights related to the hearing.

If you do not ask for a hearing on time, or if you withdraw your hearing request or miss your hearing, without having a good reason, you may lose your right to have a hearing. This notice and decision will be your final order by default. The case file, along with any materials you submitted in this matter, is the record. The record is used for proving a prima facie case upon default. No separate order by default will be issued. You may appeal the final order by default under ORS 183.482 if you file a petition in the Oregon Court of Appeals.

Hearing Request forms may be sent to:

Division of Medical Assistance Programs
Attention: Hearings Unit
500 Summer St. NE, E49
Salem, OR 97301-1079

The following statutes and rules may apply to your case:

<i>Oregon Administrative Rules:</i>	<i>410-120-1210 – Medical Assistance Benefit Packages</i>
	<i>410-141-0480 – Covered Services</i>
	<i>410-141-0500 – Excluded Services</i>
	<i>410-141-0520 – Prioritized List of Health Services</i>
	<i>410-120-1200 – Excluded Services</i>
	<i>410-120-1860 – Client Appeals</i>
	<i>410-141-0264 – Administrative Hearings</i>

<i>Oregon Revised Statutes:</i>	<i>183.415(2)(b) – Notice of Right to Hearing</i>
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