

MEDICAID TREATMENT FOR CHILDREN



What Does Medicaid Cover for Children?

Children under age 21 have the right to any medically necessary care covered under the federal Medicaid program.

To make sure children get the right treatment, Medicaid plans must:

- Decide the medical necessity of a request for treatment on a case-by-case basis. This includes the length of time before a request to continue a service must be submitted
- Cover treatment that maintains a child's health or prevents them from getting worse
- Arrange for treatment a child needs. If an innetwork provider cannot provide care within a reasonable time, the plan must use an outof-network provider, even if it means paying more for the treatment.
- Mail a letter explaining the reason for any decision and the right to appeal.
- Send people who ask a copy of the medical necessity criteria used to make a decision.

This information is based on current laws that are subject to change, and is not legal advice. Please reach out to us if:

- If Medicaid denies, stops, or limits something you and the treating provider think is medically necessary
- Your appeal is denied

How do I Appeal?



If you and your doctor disagree with your health plan's decision about your treatment, you have the right to appeal.

For Medicaid Managed Care Plans, you must appeal within 60 days of date on the decision letter.

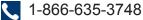


To keep getting treatment during the appeals process, you must appeal within **15** days of the notice date.

If the result is the same, you have 90 days to ask for a state hearing with the Bureau of State Hearings in one of these ways:



To keep getting treatment during the appeals process, you must appeal within 15 days of the notice date.







https:/hearings.jfs.ohio.gov



ODJFS Bureau of State Hearings P.O. Box 182825 Columbus, Ohio 43218

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