

REQUEST FOR STATE APPEAL OF CB REVIEW

If you do not agree with the CB's compliance review findings, you have a right to appeal any deficiencies listed or a plan of compliance developed by the CB. An appeal allows you or your authorized agent to state the reasons you disagree with the CB's decision.

If you want a hearing, the Ohio Department of MRDD must receive your request within seven calendar days of receipt of the CB's report. If someone else makes a written request for you, it must include a written statement, signed by you, telling us the person is your representative. Telephone requests will not be accepted.

If you want to request an appeal, sign and date below and include a written statement as the reason(s) of the dispute. The department shall initiate a review and may request input from the provider and/or the CB during the course of its review.

The department shall make a determination **within** fourteen days. The department shall notify the CB and the certified provider, in writing, of its determination of the appeal. If the appeal is in regard to a finding of a deficiency or violation of applicable standards as a result of a review conducted by the CB, the department shall indicate what is required of the provider.

Yes, I would like to request an appeal. Please identify the areas of dispute. Incomplete appeal requests will be returned.

Provider Name:
Signature:
Print Name and Title:

Contract Number:	County:
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Date of Review:	Type of Review:
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