



January 6, 2026

## Dear OPRA Members,

Over the past several weeks, OPRA has been hearing from providers across the state about individuals experiencing **reductions or eliminations of authorized services**. These changes have been attributed to a range of circumstances, including updated assessments, county funding considerations, or anticipation of new or redesigned services.

Providers are often the first to learn that services may be changing. We want to share a reminder about **people's rights when services are reduced or discontinued** and clarify the processes that apply in these situations. While providers do not make service authorization decisions, understanding and communicating the appeal process can help ensure individuals and families know where to go and what options are available.

### Reductions and Eliminations of Services Are “Adverse Actions”

Under Medicaid rules, **any reduction, suspension, or elimination of an authorized service is considered an adverse action**, regardless of the reason for the change. This includes situations where:

- Services are reduced based on assessed need
- Services are reduced or eliminated due to county budget constraints
- A current service is not authorized because a different or future service is anticipated

In all of these situations, individuals have **due process rights**, including the right to notice and the right to appeal the decision.

### Medicaid Appeals and County Complaints: Which Applies?

Understanding which process applies can be helpful:

**Medicaid Appeals** are used when an individual disagrees with a decision about Medicaid-funded services, including:

- A service being reduced or eliminated
- A service being denied
- A change in the amount, scope, or duration of a service

**County Complaints** address concerns related to:

- County board policies or administrative practices
- How services are delivered
- Interactions with county board staff

When a service is reduced or eliminated, the appropriate process is a **Medicaid appeal**.

### **Due Process Rights When Services Are Reduced or Eliminated**

When an adverse action is proposed or initiated, individuals have the right to:

- Receive written notice of the decision
- Request a state hearing to appeal the decision
- Have the decision reviewed by an impartial hearing officer
- Request continuation of services during the appeal, when appeals are filed within required timelines

Additional levels of review are available if an individual disagrees with the outcome of a state hearing.

If you are seeing recurring service reductions or patterns in your area, please feel free to share that information with OPRA. Understanding what is happening across the state helps inform our work and support members.

Sincerely,  
The OPRA Team

## **Information for Individuals and Families**

### **If Your Services Are Being Reduced or Stopped**

If you are told that your services will be reduced, stopped, or not authorized, you have rights.

- A reduction or loss of services is called an **adverse action**
- You have the right to **appeal** the decision through Medicaid
- You can request a **state hearing** to have the decision reviewed
- You may ask your **SSA or another support person** to help you understand the process and submit an appeal

Appeals are used when you disagree with decisions about services.

Complaints are used for concerns about policies, processes, or how services are delivered.

### **Additional Resources**

The Ohio Department of Developmental Disabilities provides [information and forms related to Medicaid appeals, state hearings, and county complaints](#), including:

- [Complaint or Appeal of Adverse Action Explanation Form](#)
- [DODD Rule 5123-4-04: Resolution of complaints involving county boards of developmental disabilities and appeals of adverse action proposed or initiated by county boards of developmental disabilities](#)

Providers may wish to review these materials or share them with individuals and families as appropriate.