



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

**IBHP FAIR HEARING REQUEST FORM**

You have the right to request a Fair Hearing with IDHW if you are not satisfied with an Optum Idaho decision for outpatient behavioral health services available in the Idaho Behavioral Health Plan (IBHP), **and** if you have already exhausted the Optum Idaho appeal process and received an appeal resolution letter. 42 CFR § 438.408

**FAIR HEARING CHECK-LIST:**

- Requests for State Fair Hearings can only be submitted within 120 calendar days of the date on the Optum appeal resolution letter (denial)
- A complete copy of the appeal resolution letter (denial) received from Optum
- If you are not the member, you must be the guardian or have authorized consent via signature from the participant or guardian

<b>PARTICIPANT INFORMATION:</b>			
Participant Name:	Date of Birth:	Medicaid ID #:	Participant Phone #:
Participant Street Address:	City:	State:	ZIP Code:

<b>PARENT/GUARDIAN INFORMATION: (IF APPLICABLE)</b>			
Parent/Guardian Name:	Relationship to Participant:	Phone #:	
Parent/Guardian Street Address:	City:	State:	ZIP Code:

<b>AUTHORIZED REPRESENTATIVE INFORMATION: (IF APPLICABLE)</b>			
Representative Name:	Representative Phone #:	Relationship to Participant:	
Representative Street Address:	City:	State:	ZIP Code:
Participant /Parent/Guardian signature authorizing the above representative authority to represent the participant:			Date:

<b>FAIR HEARING INFORMATION:</b>		
Service(s) Being Appealed:	Dates of Service Denied:	Date Optum Denial was Generated:
Reason for Appeal: <i>(Attach additional documentation if needed)</i>		

<b>CONTINUATION OF SERVICES:</b>
The following two conditions must be met in order for the member to receive the requested services until the hearing.
1. The request to extend services was received by Optum prior to the participant's current authorization expiration date
2. The Fair Hearing Request is received by the Department of Health and Welfare within ten (10) calendar days of the appeal resolution letter from Optum
Would the participant like to request to continue receiving benefits until the Fair Hearing? YES <input type="checkbox"/> NO <input type="checkbox"/>
If the member elects to continue to receive benefits until the fair hearing and the Hearing Officer affirms Optum's decision, Optum may take action to collect the cost of those benefits provided from the date of the action forward to the date of the hearing decision. 42 CFR § 438.420

<b>ADMINISTRATIVE PROCEDURES SECTION – HEARING COORDINATOR, IDAHO DEPARTMENT OF HEALTH AND WELFARE:</b>			
<b>Mail To:</b> PO Box 83720, Boise, ID 83720-0036	<b>Fax:</b> (208) 334-6558 <b>Phone:</b> (208) 334-5747	<b>Deliver To:</b> 450 West State St. 10 <sup>th</sup> Floor, Boise, ID 83720-0036	<b>Email To:</b> <a href="mailto:APS@dhw.idaho.gov">APS@dhw.idaho.gov</a>