

**Nebraska Department of Health and Human Services  
 NOTICE OF LOCK- IN FINDING**



This is your notice of an action by the Utilization Review Committee to restrict your medical services.

1. Recipient ID Number	2. Date
3. Case Name	5. Local Office Name
4. Address	6. IM Worker
	7. Managed Care Plan

**SECTION I: Lock-In Category**

You will be limited to category \_\_\_\_\_  
 You have freedom of choice to choose the provider(s).  
 These restrictions will not apply to emergency services  
 furnished to you.

Code	Category
1	One Pharmacy
2	One Primary Physician and One Pharmacy
3	One Primary Physician, One Pharmacy and One Hospital
4	One Prescribing Physician and One Pharmacy
9	All Medical Services

**SECTION II Lock-In Requirements**

Within 10 days from the date this notice was mailed, you are required to complete and return Form MC-66, **Recipient Choice of Lock-in Provider Agreement**. Your local office and/or managed care plan have been notified of this restriction. You may contact your local office or managed care plan to help complete form MC-66. Failure to choose the provider(s) will result in Department designating the provider(s) for you or restricting your eligibility to emergency services only. **PLEASE READ THE BACK OF THIS NOTICE FOR YOUR RIGHTS, INCLUDING YOUR RIGHT TO APPEAL THIS DECISION.**

**SECTION III Review of Lock-In Status**

The Utilization Review Committee will review your lock-in status on a biennial basis to determine its continued appropriateness and notify you of the outcome of that review.

**SECTION IV Explanation of Policy/Restriction**

- A. All policy and regulation concerning the lock-in restriction can be found in 471 NAC 2-004. You may request a copy from your local office or managed care plan.
- B. The Utilization Review Committee has determined that a lock-in is indicated based on the following:

## YOUR RIGHTS

### CIVIL RIGHTS

No person may be subjected to discrimination in any Department of Health and Human Services program or activity based on his/her race, color, sex, age, national origin, religious creed, political beliefs or handicap. Any person who believes s/he has been subjected to discrimination may file a complaint with the Nebraska Department of Health and Human Services or with the U.S. Department of Health and Human Services.

### RIGHT TO A CONFERENCE

You have the right to request a conference with your worker to discuss the reason(s) for the action(s) indicated on this form. To request a conference, you can call or write, or visit the local office. If you have questions about your application, payment or medical assistance, your worker will be glad to discuss your case with you.

### RIGHT TO NOTICE OF ACTION

Adequate notice must be sent notifying you of any action(s) affecting your medical assistance case. Adequate means the notice must include a statement of what action(s) the Department intends to take, the reason(s) for the intended action(s), and the specific manual reference(s) that supports or the change in federal or state law that requires the action(s).

In case of action intended to limit your medical assistance services you must receive adequate and timely notice. Timely means that the notice is mailed at least ten calendar days before the date the action would become effective. In certain situations, the Department may dispense with timely notice but shall send you adequate notice no later than the effective date of action. Your worker can explain these situations to you.

### RIGHT TO APPEAL

You have the **right to appeal** for a hearing on any action or inaction of any state employee or official with regard to application for or receipt of financial or medical assistance.

**You (or your representative) have 90 days following the date of notice of lock-in finding is mailed to request a fair hearing.**

**In cases of intended adverse action where the Department is required to send you timely and adequate notice, if you request an appeal hearing within ten days following the date the notice of finding is mailed, the Department shall not carry out the adverse action until a fair hearing decision is rendered. This regulation does not apply to those situations where the Department may dispense with timely notice and is only required to send you adequate notice.**

This regulation in no way restricts your worker from continuing normal case activities and implementing changes to your assistance case that are not directly related to the appeal issue.

To file an appeal, you must contact your local Nebraska Department of Health and Human Services office. Your worker will explain the appeal procedure and assist you in completing the appeal form. The appeal request must be in writing.

Once you've filed the appeal, arrangements for a hearing will be made and you will be notified of the time and place. You may represent yourself at the hearing or be represented by another person.