

Notice of Non-Discrimination

The Ohio Department of Medicaid complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Ohio Department of Medicaid does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The Ohio Department of Medicaid:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the Ohio Medicaid Consumer Hotline at 800-324-8680.

If you believe that Ohio Medicaid has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

Ohio Department of Medicaid
P.O. Box 182709
Columbus, Ohio 43218-2709
614-466-4693

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW.
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, (TDD: 1-800-537-7697).
Complaint forms are available at www.hhs.gov/ocr/office/file/index.html