



Reasonable Accommodation Request Form

Question 1. Please tell us the name of the TennCare member or applicant.

Answer:

Question 2. If you are a helper for the member or applicant, tell us your name, phone number, email address, and relationship to the person.

Answer:

Question 3. What is the member's or applicant's date of birth or TennCare ID number?

Answer:

Question 4. What is the member's or applicant's phone number, email address, and mailing address?

Answer:

Question 5. Tell us the name of the member's or applicant's TennCare health plan.

Answer:

Question 6. What is the best time to contact the member or applicant?

Answer:

Question 7. What accommodation is the member or applicant requesting?

Answer:

Question 8. Why does the member or applicant need this accommodation?

Answer:

Question 9. When does the member or applicant need this accommodation?

Answer:

Question 10. Is the member or applicant making this request to help with a need connected to their disability? If yes, what is the need?

Answer:

Question 11. Does the member or applicant have more information or documentation like medical records that they can give us about this request? If yes, tell us more about this information. And OCRC will contact you about getting this information.

Answer:

Question 12. Is there anything else that you would like to tell us about this request?

Answer:

We cannot take a request for a reasonable accommodation that is not signed. Please sign your name and the date on the line located below. Declaration: I agree that the information in this request is true and correct.

Name and Date

If you are the person's Authorized Representative or Conservator making this request, please sign your name and the date on the line located below. As the Authorized Representative/Conservator, you must send us proof that you can act for this person. If the patient is less than 18 years old, a parent or guardian should sign for the minor. Declaration: I agree that the information in this request is true and correct.

Authorized Representative Name and Date

If you are not the Authorized Representative and are helping the person in good faith make this request, please sign your name and the date on the line located below.

Helper Name and Date

It is okay to make a request for a reasonable accommodation. Information in this request is treated privately. Names and other information used to decide the outcome of this request are shared only when needed. Please mail a signed Agreement to Release Information form with your request. This form is located on the next page. If you are helping to make this request for someone else, the person you are helping must sign the Agreement to Release Information form. Keep a copy of everything you send to us. If you completed the PDF version of the form and not the real-time online request form, please mail or email the completed, signed Request for a Reasonable Accommodation form and the signed Agreement to Release Information form to us at:

TennCare, Office of Civil Rights Compliance
310 Great Circle Road; Floor 3W
Nashville, TN 37243
HCFA.fairtreatment@tn.gov

TennCare Agreement to Release Information

For your request for a reasonable accommodation, TennCare may need to tell other persons or organizations important to this request your name or other information about you.

- I understand that during the review for my request for a reasonable accommodation TennCare may need to share my name, date of birth, claims information, health information, or other information about me to other persons or organizations. And TennCare may need to gather this information about me from persons or organizations. For example, if I report that my doctor wants to treat me with a certain medication TennCare may need to talk to my doctor and gather my medical records.
- You do not have to agree to release your name or other information. If you do not sign the release, we will still try to review your request for a reasonable accommodation. If you don't agree to let us use your name or other details, it may limit or stop the review for your request for a reasonable accommodation. We may have to close your case. Before we close your case because you did not sign the release, we may contact you to find out if you want to sign the release so the review can continue.

If you are making a request for a reasonable accommodation for a TennCare member or applicant, we need the member/applicant to sign the Agreement to Release Information. Are you signing this as an Authorized Representative or Conservator? Then you must send us a copy of the documents appointing you as the Authorized Representative or Conservator.

By signing this Agreement to Release Information, I agree that I have read and understand my rights written above. I agree to TennCare sharing my name or other information about me to other persons or organizations important to this request for a reasonable accommodation.

This Agreement to Release Information is in place until the final outcome of your request. You may cancel your agreement at any time by calling or writing to TennCare without canceling your request. If you cancel your agreement, information already shared cannot be made unknown.

Name and Date

Question 13. Please tell us your name, phone number, email address, address, and TennCare I.D. number or date of birth.

Answer:

If you completed the PDF version of this form and not the real-time online request form, please mail or email the completed, signed Request for a Reasonable Accommodation form and the signed Agreement to Release Information form to us at:

TennCare, Office of Civil Rights Compliance

310 Great Circle Road; Floor 3W; Nashville, TN 37243 or HCFA.fairtreatment@tn.gov