



## **PENINSULA RSN**

### **COMPLAINT, GRIEVANCES AND APPEALS POLICIES AND PROCEDURES**

**Policy Name:** NOTICE OF ACTION REQUIREMENTS

**Policy Number:** 6.05

**Reference:** 42 CFR 438.210, 438.404, 438.10;  
WAC 388-865-0255

**Effective Date:** 8/2004

**Revision Date(s):** 5/2011

**Approved by:** PRSN Executive Board

#### **CROSS REFERENCES**

- Policy: Appeal Process
- Policy: Complaint, Grievance, Appeal, and Fair Hearing General Requirements
- Policy: Complaint and Grievance
- Policy: Corrective Action Plan
- Policy: Fair Hearing
- Policy: Grievance Oversight and Recordkeeping

#### **PURPOSE**

It is the policy of the Peninsula Regional Support Network (PRSN) to establish a process for Medicaid enrollees to be notified of denials, intended actions, adverse actions and how to pursue appeals in a manner that gives timely, clear, and easily understood information to persons seeking and receiving publically funded mental health services.

This policy is intended to outline the definitions, PRSN procedures and responsibilities as they relate to the federal Notice of Action (NOA) regulations. The PRSN subcontracted Administrative Service Organization (ASO) is responsible for sending the PRSN NOA letter and conducting the standard and expedited NOA Appeal process.

The PRSN is responsible for overseeing, is accountable for, and monitors the functions and determinations resulting from the ASO appeal process.

The ASO may adopt more expansive definitions and procedures to ensure Medicaid recipients/enrollees receive more information and notification than required in this policy. The ASO procedure shall adhere to URAC/NCQA standards.

## **DEFINITIONS**

Appeal is a request for review of an action. The Action definition applies to PRSN Administrative Actions.

Action is a decision by the PRSN (or their formal designee,) to:

- Deny or limit authorization of a requested service, including the type or level of service requested, to a Medicaid recipient.
- Reduce, suspend, or terminate a previously authorized service.
- Deny, in whole or in part, of payment for a service.
- Fail to provide services in a timely manner.
- Fail to resolve an appeal within thirty (30) days from receipt, unless extended by mutual agreement.

Denial is a decision to not offer an intake assessment or a decision by the PRSN (or their formal designee) to:

- Not authorize covered Medicaid mental health services to enrollee's that meet medical necessity.
- Not authorize a service within the timeframes (i.e. 14 days admission authorization), without a network provider extension request.
- Not authorize a request for inpatient services

Reduction is a decision by the PRSN (or their formal designee,) to:

- Decrease an enrollee's previously authorized covered Medicaid mental health services described in their Level of Care Guidelines.
- Decrease or change an authorized service documented in the ISP/Treatment Plan is not a reduction.

Suspension is a decision by the PRSN (or their formal designee,) to:

- Temporarily stop an enrollee's previously authorized covered Medicaid mental health services described in their Level of Care Guidelines.
- Temporarily stop or change an authorized service documented in the ISP/Treatment Plan is not a suspension.

Termination is a decision by the PRSN (or their formal designee,) to:

- Stop an enrollee's previously authorized covered Medicaid mental health services described in their Level of Care Guidelines.
- Stop or change an authorized service in the ISP/Treatment Plan is not a termination.

Continuation of Services means to continue to provide services with no changes in type of frequency, where applicable, throughout the duration of the appeal process.

## **PROCEDURE**

The PRSN community mental health network provider agencies are responsible for assessing, establishing, and documenting medical necessity based on statewide Access to Care criteria.

The PRSN subcontracted Administrative Service Organization (ASO) is responsible for authorizing care for using the PRSN Levels of Care standards and clinical assessment documentation provided by the network agency.

### Notice of Action Information Requirements

1. All notices and forms discussed in this policy are available in English, Spanish, and all other prevalent non-English language spoken in PRSN regional services area as defined by the DSHS. The template letter will be made available and translated into an individual's primary language, when requested, to meet language requirements, per CFR 438.10 (c & d).
2. PRSN and the network providers shall explain the authorization and appeal process to all persons requesting and receiving services (or their custodial caretaker) at the time of assessment and when requesting continued services in a manner that is understandable to the individual.
  - This may include the use of qualified sign-language interpreters for those persons with hearing impairments, oral explanations for individuals with visual impairments, persons with limited ability to read English or are developmentally disabled, and explanations in languages other than English.
  - Copies of all notices and forms provided persons requesting or receiving services be placed in that person's clinical record (or scanned into the electronic medical record), thereby documenting the provision. Forms, that are mailed, will be mailed in a manner that documents date sent.
3. The notice must provide all required information. Explanations provided by the PRSN and/or network provider regarding the reasons for the decision must be complete, written in commonly understood language and specific to the person receiving the services. Generic statements are not adequate.
4. All notices required by this policy are sent to :
  - The individual seeking mental health services (or their legal caretaker).

- A legal guardian or parent who is the legal custodian of a person under the age of consent.
- Notices on behalf of inpatient services are copied to the requesting network provider agency, inpatient facility, and PRSN office.

5. The PRSN NOA letter is:

- a. In writing.
- b. In the enrollee's primary language and to be easily understood.
- c. Explain the action the PRSN or the ASO has taken or intends to take.
- d. Explain the reason of the action.
- e. Provide definitions for reduction, termination, suspension, and denial.
- f. Reference to the service provision, clinical criteria, guideline, protocol, and/or statute.
- g. Provide information that the specific criteria referenced is available, upon request and free of charge.
- h. Explain the enrollee's, or the community mental health agency's right to act as an advocate, in filing an Appeal of Action.
- i. Explain the procedures for exercising the enrollee's rights.
- j. Explain the circumstances under which the expedited resolution is available.
- k. Explain the enrollee's right to have services continue pending resolution of an appeal, how to request that services be continued, and the circumstances under which the enrollee may be required to pay the costs of these services; and be mailed as expeditiously as the enrollee's mental health condition requires.

Notification Timeframes

1. For utilization management decisions regarding a denial or limit of a request for standard authorization of services:
  - The PRSN ASO will mail notice as expeditiously as the individual's health condition requires, not exceeding fourteen (14) days following receipt of the request for services, with a possible extension of up to fourteen (14) additional calendar days if:
    - a. The individual requesting the services requests an extension, or
    - b. The network provider or ASO justifies a need for an extension and how the extension is in the person's best interest. PRSN will provide a written notice of the reason to extend the timeframe and will inform the person of their grievance and appeal rights if they do not agree with the decision.

For extensions, the determination will be provided as expeditiously as the individual's health condition requires and no later than the date the extension expires.

- c. Service authorization decisions not reached in accordance with the timeframes established per contract constitutes a denial and an Action, which is subject to Appeal.

- The PRSN ASO will mail the written notice by priority mail.
- The PRSN ASO may determine that following the standard timeframes could seriously jeopardize the life, health, or ability to attain, maintain, or regain maximum functioning of the person making the request. A PRSN ASO must make an authorization decision within three (3) business days after the receipt for request of service.

The PRSN ASO may extend the three (3) day time period by up to fourteen (14) calendar days if the request is made by the person requesting the services, or if the authorization decision and extension is in the person's interest.

2. For utilization management decisions regarding termination, suspension, or reduction of previously authorized Medicaid covered services:
  - The PRSN ASO will mail notice at least ten (10) days prior to the effective date of action.
3. For utilization management decisions regarding cases of probable fraud:
  - The notice may shorten the period of advance notice to 5 days before the date of the action if there are facts indicating that action should be taken because of probable fraud by the client and the facts have been verified, if possible, through secondary sources.
4. For utilization management decisions regarding denial of payment, the notice shall be provided at the time of any action effecting the payment.
5. The ASO will send the PRSN NOA to enrollees and effected parties with a copy mailed to the PRSN office for 100% review.
6. Notice may be provided on the date of the change/intended action in the following circumstances:
  - Confirmation of the individual's death.
  - The individual has been admitted to a public institution precluding the eligibility for the service.
  - The individual has moved out of the catchment/service area.

### Requesting an Appeal

An enrollee, or their designated advocate, must request a PRSN NOA Appeal within twenty (20) days of the date on the PRSN NOA letter. Appeals must be initiated within ten (10) calendar days of the receipt of the PRSN notice to enrollees to request that their previously authorized services continue or be reinstated during the appeals process.

- If the initial request to file an Appeal was made orally in order to establish the earliest possible filling date, a PRSN Appeal request form will be sent to the enrollee. The form must be returned and signed as a follow-up to oral filings within seven (7) days.

### **MONITORING**

1. This policy is a federal and contract mandate. This policy will be monitored through use of PRSN:
  - Annual PRSN Provider and Subcontractor Administrative Review
  - PRSN Trainings
  - Exhibit N Grievance Report and Tracking
  - 100% PRSN review of all service denial and NOA letters
  - The Division conducts the Mental Health Statistical Improvement Project (MHSIP) every year, one year for adults and the alternating the next year for children/ youth. The MHSIP measures general consumer satisfaction with the existing service delivery system, appropriateness and quality of services, participation in treatment goals, access to services, and perceived outcomes of services they received. The PRSN requests over sampling of the region to gather specific catchment area data and analyze for trends.
2. If a provider/contractor performs below expected standards during any of the reviews listed above a Corrective Action will be required for PRSN approval. Reference PRSN Corrective Action Plan Policy.