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**Owner:** Pamela Erdman:  
 12008005-Placement  
 Resources Manager  
**Policy Area:** Wraparound (REACH,  
 O'YEAH)-Prov. Netwk.

References:

## #058- Notice of Action to Enrollees

### POLICY

It is the policy of Wraparound Milwaukee that if Wraparound Milwaukee or its subcontractors (*Care Coordination Agencies*), denies, terminates, suspends, limits or reduces a **Medicaid-Related** service (including services authorized by the County that the enrollee was previously enrolled in or services received by the enrollee on a Medicaid Fee-for-Service basis), **affecting the identified enrollee**, Wraparound Milwaukee shall notify the affected enrollee(s) of such action in writing.

### NOTICE OF ACTION DEFINITION OF TERMS

1. **Identified Enrollee** – the youth that has been enrolled into a Wraparound Milwaukee program. This does NOT include siblings, caregivers, etc.
2. **Medicaid-Related** – see listing of applicable services below.
3. **Deny** – to refuse services.
4. **Reduce** – to lower or diminish in length, (time) quantity, (units) services.
5. **Terminate** – to end or to finish services.
6. **Suspend** – to stop services temporarily, and then start services again.
7. **Limit** – to limit the length or quantity of services.

**Wraparound Medicaid-Related Services include:**

- Code 5001 – AODA Assessment
- Code 5100QT – Individual/Family Therapy - Office - QTT
- Code 5120A – Group Counseling and Therapy - QTT
- Code 5121 – AODA Group Counseling
- Code 5101 – AODA Individual/Family Counseling
- Code 5103 – AODA Lab and Medical Services
- Code 5135 – Occupational Therapy
- Code 5182A – Assessment Services – Nursing
- Code 5000A – Assessment – M.D.
- Code 5303/5303B – Crisis Stabilization/Supervision Services
- Code 5303C/5303D – Crisis Services, Specialized (girls)
- Code 5172 – Day Treatment – Medicaid

Code 5120 – Group Counseling and Therapy  
Code 5132 – High Risk Counseling and Therapy  
Code 5163 – Home-Based Behavioral Management – Lead  
Code 5163PH – Home-Based Behavioral Management –Ph.D.  
Code 5164 – Home-Based Behavioral Management - Technician  
Code 5161 – In-Home Case Aide  
Code 5160 – In-Home Lead – Medicaid  
Code 5160A – In-Home Lead (Parent/Caregiver)  
Code 5100 – Individual/Family Therapy – Office Based  
Code 5111A – Individual/Family Therapy – Ph.D. – Office Based  
Code 5355 – Psychiatric Hospital – ER Visit  
Code 5350 – Psychiatric Hospital  
Code 5050 – Psychiatric Reviews/Meds.  
Code 5051 – Psychiatric Reviews/Meds – with Therapy  
Code 5180A – Psychological Evaluation Services – Ph.D.  
Code 5180B – Psychological Evaluation – Extended – Ph.D.  
Code 5221 Professional Consultation - Mental Health Service  
Code 5530 – Certified Peer Specialist

## PROCEDURE

### A. For Wraparound Milwaukee Administrative/Quality Assurance Initiated Service Changes ONLY.

When Wraparound Milwaukee denies, terminates, suspends, limits or reduces services for an identified enrollee, **Wraparound Milwaukee shall notify the affected enrollee(s) of this action in writing at least 10 days before the date of the action.**

The period of advance notice is shortened to 5 days, if probable enrollee fraud has been verified or by the date of the action of the following:

1. In the death of an enrollee (when the County is made aware of the death).
2. A signed, written enrollee statement requesting service termination or giving information requiring termination or reduction of services (where the enrollee understands that he/she must be the result of supplying that information).
3. The enrollee's admission to an institution where he/she is ineligible for further services.
4. The enrollee's address is unknown and mail directed to him/her has no forwarding address.
5. The enrollee has been accepted for Medicaid services by another local jurisdiction.
6. The enrollee's physician prescribes the change in the level of mental health/medical care.

***NOTE: In the circumstances referenced above, notification will often be referenced in the disenrollment documentation, as several of the situations lend themselves to the enrollee being disenrolled from the program.***

The "Notice of Action" form (see *Attachment*) will be the means in which the enrollee will be informed.

The enrollee has the right to Appeal the service change within 45 days of the date of the Notice of Action

and may request a Fair Hearing. They may Appeal to the Wraparound Milwaukee Quality Assurance Department, the State of Wisconsin Medicaid/Badger Care Plus Ombuds (1-800-760-0001) or in writing to:

State of Wisconsin  
Department of Administration  
Division of Hearings & Appeals  
5005 University Ave. Suite 201  
Madison, WI 53705-5400  
FAX: 608-264-9885

This notice requirement does not apply when the County, Wraparound Milwaukee or its subcontractors, triages an enrollee to a proper health care provider or when an individual health care provider determines that a service is medically unnecessary.

**B. For Child & Family Team (includes Care Coordinator from Respective Care Coordination Agency), Enrollee or Caregiver Initiated Service Changes ONLY.**

When a change in service occurs as a result of a Child & Family Team, enrollee or caregiver decision, this change will be noted in the appropriate area of the applicable Plan of Care (POC). The POC Signature Sheet that the enrollee and caregiver signs will serve as acknowledgment of the service change. The Signature Sheet references the enrollee's or caregiver's right to Appeal the decision, if they disagree with the service changes within the Plan.

**Attachments:**

[Notice of Action](#)

**Approval Signatures**

Step Description	Approver	Date
	Michael Lappen: 11008000-BHD Administrator	1/31/2018
	Brian McBride: 12010012-Mngr-Int Srvs CCS, Interim WRAP Director	1/30/2018
	Pamela Erdman: 12008005-Placement Resources Manager	1/29/2018
	Pamela Erdman: 12008005-Placement Resources Manager	1/29/2018