 WRAPAROUND MILWAUKEE POLICY & PROCEDURE	Date Issued: 10/1/06	Reviewed: 12/31/14 By: PE Last Revision: 12/31/14	Section: Supervisory, Care Coordinator, Provider Network	Policy No: 058	Pages: 1 of 2 (1 Attachment)
	<input checked="" type="checkbox"/> Wraparound <input checked="" type="checkbox"/> Wraparound-REACH <input type="checkbox"/> FISS <input checked="" type="checkbox"/> Project O-Yeah	Effective Date: 1/1/15	Subject: NOTICE OF ACTION TO ENROLLEES		

I. 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.

II. 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

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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 5130 – Special Therapy
Code 5131 – Special Therapy – Group
[Code 5221 Professional Consultation - Mental Health Service](#)
[Code 5530 – Certified Peer Specialist](#)

III. 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.

Reviewed & Approved by: Bruce Kamradt
Bruce Kamradt, Director



WRAPAROUND MILWAUKEE

Phone: (414) 257-7610 9201 Watertown Plank Rd., Milw., WI 53226 Fax: (414) 257-7575

Notice of Action

Purpose:

To notify Wraparound enrollees if a service is denied, reduced, terminated, discontinued, suspended or limited.

Enrollee Name:

Date

Relationship:

RE:

Dear ,

Please be advised that the request to authorize [ENTER SERVICE] services provided to [ENTER YOUTH NAME] at [ENTER AGENCY] has been [ENTER ACTION]. [INSERT REASON].

Please work with your Care Coordinator to obtain another provider for the requested services for [ENTER YOUTH NAME].

Action Taken:

Denied Reduced Terminated Discontinued Suspended Limited

If you have any questions call Pamela Erdman, Wraparound Quality Assurance Director at (414) 257-7608.

If you do not agree with this decision, please see the attached process to appeal.

Interpreter Services:

English – For help to translate or understand this, please call your Care Coordinator.

Spanish – Si necesita ayuda para traducir o entender este texto, por favor llame al teléfono Su Coordinador de Cuidado.

Hmong – Yog xav tau kev pab txhais cov ntaub ntauv no kom koj totaub, hu rau Koj saib xyaus Kevpab


Russian – Если вам не всё понятно в этом документе, позвоните по телефону
Ваш координатор заботы!

Sincerely,

Wes Albinger
Provider Network Coordinator

cc: Pamela Erdman – Wraparound Quality Assurance Director
Kenyatta Bryant – Wraparound Finance Coordinator
Care Coordinator Name/Agency

If you do not agree with this action, you have the right to:

 To file a grievance with Wraparound Milwaukee, call the Wraparound Quality Assurance Dept. at **414-257-6024**

1. Look at the information Wraparound used to make its decision.
2. File a grievance with Wraparound **within 45 days** of the date of this letter if you disagree with the action.
 - a. If you were not receiving the service before this action Wraparound Milwaukee does not have to provide or pay for the service while you grieve.
 - b. If Wraparound Milwaukee authorized and paid for the service before this action, Wraparound Milwaukee must continue to provide the same level of service while you grieve, but if our decision does not change you may have to pay for the services you received while you were grieving.
3. Request that your grievance be handled in an urgent manner, i.e. – within 2 working days, if the action could result in illness or injury or if the delay in services could affect the enrollees health as determined by a medical provider.
4. Meet in person with Wraparound Administration to present more information about your grievance.
5. Bring a friend, family member or representative with you to the meeting.
6. Have an interpreter at the meeting if needed, free of charge.
7. Have the right to appeal to the State of Wisconsin Department of Health Services (DHS) if you do not agree with our action.



If you want to appeal to DHS you can call the Badger Care Plus Ombuds at 1-800 760-0001.

8. You also have the right to appeal to the State of Wisconsin Division of Hearings and Appeals (DHA) for a Fair Hearing. You must send an appeal **within 45 days** of the date of this letter if you disagree with the action. If you appeal this action to DHA before the effective date, the service may continue. You may need to pay for the cost of services if the hearing decision is not in your favor.



If you want a Fair Hearing, send a written request to:

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

If you need help writing a request for a Fair Hearing, please call the:

Badger Care Plus Ombuds at (800) 760-0001
OR
Wraparound Milwaukee Quality Assurance
Department at (414) 257-6024