



Date Issued	10/1/2006	Owner	Dana James
Last Approved Date	8/31/2022	Policy Area	Wraparound (Wrap, REACH, youth CCS)-Prov. Netwk.
Effective	9/1/2022		
Last Revised Date	8/31/2022		
Next Review	12/31/2024		

#058- Notice of Action to Enrollees (Adverse Benefit Determination)

I. POLICY

It is the policy of Children's Community Mental Health Services and Wraparound Milwaukee (hereby referenced as Wraparound Milwaukee) that if Wraparound Milwaukee or its subcontractors (*Care Coordination Agencies*), denies, terminates, suspends, unable to provide services within a timely manner, 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 in Wraparound Milwaukee HMO**, Wraparound Milwaukee shall notify the affected enrollee(s) of such action in writing.

II. NOTICE OF ACTION DEFINITION OF TERMS

Identified Enrollee – the youth that has been enrolled into a Wraparound Milwaukee HMO program (Wraparound or REACH). This does NOT include siblings, caregivers, etc.

Medicaid-Related – see listing of applicable services below.

Deny – to refuse services.

Terminate – to end or to finish services.

Suspend – to stop services temporarily, and then start services again.

Timely Manner – to provide services within the established time-frame guidelines.

Limit – to limit the length or quantity of services.

Reduce – to lower or diminish in length, (time) quantity, (units) services.

Wraparound Medicaid-Related Services include:

Code 5001 – AODA Assessment
Code 5121 – AODA Group Counseling
Code 5101 – AODA Individual/Family Counseling
Code 5103 – AODA Lab and Medical Services
Code 5000A – Assessment – M.D.
Code 5533 – Certified Parent Peer Specialist
Code 5530 – Certified Peer Specialist
Code 5303-5303J – Crisis Stabilization/Supervision Services
Code 5172 – Day Treatment – Medicaid
Code 5120 – Group Counseling and Therapy
Code 5120A – Group Counseling and Therapy - QTT
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 5167 – In-Home AODA/Substance Abuse Counseling
Code 5135 – Occupational Therapy
Code 5221 – Professional Consultation - Mental Health Service
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 5104 – Therapy Services
Code 5104PhD – Therapy Services- PhD
Code 5104QTT – Therapy Services- QTT

III. PROCEDURE

- A. Notice of Adverse Benefit Determinations (**For Wraparound Milwaukee Administrative/Quality Assurance Initiated Service Changes ONLY.)**
 1. Members must be given timely and adequate notice of an adverse benefit determination in writing (see Attachment 1- Notice of Action Letter). This includes adverse benefit determinations made by the Health Plan, its gatekeepers, providers, or subcontractors.
 - a. This notice requirement does not apply if the Health Plan, its gatekeepers, providers, or subcontractors triages a member to a proper health care provider or when an individual health care provider determines that a service is medically unnecessary.
 2. The initial notice to the member must explain:

- a. The adverse benefit determination the Health Plan has made or intends to make.
- b. The reasons for the adverse benefit determination and the right of the member to be provided reasonable access to and copies of all documents, records, and other information relevant to the member's adverse benefit determination free of charge. Such information includes medical necessity criteria, and any processes, strategies, or evidentiary standards used in setting coverage limits.
- c. The member's right to request an appeal of the Health Plan's adverse benefit determination, including information on exhausting the Health Plan's one level of appeal and the right to request a State Fair Hearing.
- d. The circumstances under which an appeal process can be expedited and how to request it, including the fact that an expedited time-frame requires a medical provider or the Health Plan to verify that delay can be a health risk.
- e. The member's right to have benefits continue while the appeal resolution is pending, how to request that benefits be continued, and the circumstances under which the member may be required to pay the costs of these services.
- f. The right of the member to have a representative assist them at any point in the grievance or appeal process including reviews or hearings, and how to request that assistance.
- g. The right of the member to present "new" information before or during the grievance and appeal process including reviews or hearings.
- h. The fact that punitive action will not be taken against a member who appeals the Health Plan's decision.
- i. The fact that the member can receive help filing a grievance or appeal by calling the Client Rights Specialist, the Ombudsmen, or the SSI External Advocate at a toll free number.
- j. The address and telephone number of the Client Rights Specialist, the Ombudsmen, and the External Advocate. (The External Advocate is for Medicaid SSI only.)

3. Wraparound Milwaukee must mail the notice for termination, suspension, or reduction of previously authorized Medicaid-Covered services within the following timeframes:

- a. Must send a notice at least 10 days before the date of action, except as identified in III.A.3.b-c.
- b. Must send a notice not later than the date of the action if any of the following occur:
 - i. Factual information confirming the death of the member
 - ii. Receipt of clear written statement signed by a member that he or she no longer wishes services, or gives information that

requires termination or reduction of services and indicates that he or she understands that this must be the result of supplying that information.

- iii. Member has been admitted to an institution where he or she is ineligible under the plan for further services.
- iv. Member's whereabouts are unknown and the post office returns agency mail indicating no forwarding address.
- v. Established facts that the member has been accepted for Medicaid services by another location jurisdiction, State, territory, or commonwealth.
- vi. A change in level of medical care is prescribed by the member's physician.

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.

- c. The period of advanced notice may be shortened to 5 days before the date of action if both of the following conditions are met:
 - i. There are facts indicating that action should be taken because of probable fraud by the member.
 - ii. The facts have been verified, if possible, through secondary sources.
- 4. For denial of payment, notification would occur at the time of any action affecting the claim.
- 5. For standard and expedited service authorization decisions (Medicaid-related services) that deny or limit services, see Policy #030- Service Authorization Request (SAR). Standard and expedited service authorization decisions that deny or limit services, that are not reached within the timeframes outlined in Policy #030- Service Authorization Request (SAR), are considered an adverse benefit determination. In these situations, a Notice must be mailed no later than the date that the timeframes expire.
- 6. Service authorization decisions that are not reached within the timeframes (as outlined in Policy #030- Service Authorization Request (SAR)) are considered an adverse benefit determination. In these situations, notice must be mailed no later than the date that the timeframes expire.

B. Member Rights To Appeal

- 1. The member has the right to Appeal the service change within 60 days of the date of the Notice of Action. Process for Appeals can be found in Wraparound Milwaukee Policy #008- Grievance and Appeals Process.

C. For Child & Family Team (includes Care Coordinator from Respective Care Coordination

Agency), Enrollee or Caregiver Initiated Service Changes ONLY

1. 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

[1: Notice of Action Letter](#)

Approval Signatures

Step Description	Approver	Date
	Michael Lappen: BHD Administrator	8/31/2022
	Brian McBride: ExDir2 – Program Administrator	8/31/2022
	Dana James: Integrated Services Manager- Quality Assurance	8/30/2022
	Dana James: Integrated Services Manager- Quality Assurance	8/30/2022



**MILWAUKEE COUNTY BEHAVIORAL HEALTH SERVICES
CHILDREN'S COMMUNITY MENTAL HEALTH SERVICES AND
WRAPAROUND MILWAUKEE**

FAX: (414) 257-7575

[Mailing Date]

[Enrollee Name]

[Member MA Number]

[Member/Authorized Representative Address]

Dear [Mr/Ms/Mrs] [Last Name]

We have important information about [insert service or benefit in question]. Based on our guidelines we have decided to **include one per notice**.

(1) Deny your request for this service.

Date of request:

(2) Limit your request for this service.

Date of request:

Description of requested level of service:

Approved level of service:

(3) End this service.

Effective date of intended action:

(4) Reduce this service.

Effective date of intended action:

Description of current level of service:

New level of service:

(5) Suspend this service.

Effective date of intended action:

Expected date service will resume:

(6) Deny payment for this service.

Date of request:

Date(s) service provided:

Provider/Supplier:

Payment amount being denied:

(7) Deny payment for this service (provider claim).

Service or support:

Date(s) of denial(s):

Provider/Supplier:

Payment amount being denied:

(8) Deny your request to dispute a financial liability.

Date of request:

(9) Deny your request to obtain a service outside of our provider network.

Date of request:



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(10) Tell you about a failure to provide services in a timely manner.

Date of service request: Date

(11) Tell you about our failure to follow grievance and appeal timeframes.

Date grievance or appeal received: Date

The reason for our decision is: **Explanation of decision for the member. HMO/PIHP must include specific rationale used to make the decision and any recommended alternatives.**

This decision is based on: **Cite specific contract language, federal provisions, state laws, FH topics, clinical guidelines, etc.**

sincerely Name and Title of Staff

How To Appeal This Decision

If you disagree with this decision, you have the right to file an appeal. An appeal is a chance for Children's Community Mental Health Services and Wraparound Milwaukee to take a second look at the decision, and you are an important part of that process. If you file an appeal, your health care benefits will not be affected, and you will not be treated differently than other members. To file an appeal, you can call 414-254-6000, option 1 to start the process immediately or write to the following address by **Appeal filing deadline – 60 calendar days from mailing date**.

Milwaukee County- DHH
Attn: Wraparound Milwaukee Quality Assurance
1220 1st Street, 3rd Floor
Milwaukee, WI 53205

Your authorized representative can also file an appeal for you if you have given them written consent to do so.

Once your appeal is filed, Children's Community Mental Health Services and Wraparound Milwaukee will have 30 calendar days to give you a decision. If you or your doctor think that waiting 30 days could seriously harm your health or ability to perform your daily activities, you can request a fast appeal. You can find more information on fast appeals below.

Your Appeal Rights

When you file an appeal, you have a right to request a meeting with Children's Community Mental Health Services and Wraparound Milwaukee's Senior Management Team. You may call the Quality Assurance Manager at 414-254-6000, option 9. You may call in to this meeting, but you have the right to appear in person if you choose. You have the right to be represented at the hearing, and you can bring a friend or family member. You may also bring new evidence and witnesses to this meeting.

You have the right to a free copy of all documents, records, and other information related to this decision. This includes medical information needed, and any processes, policies, or standards



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used in making the decision. You have a right to this information whether or not you file an appeal. If you do file an appeal you also have the right to a free copy of any new or additional information Children's Community Mental Health Services and Wraparound Milwaukee gathers during your appeal.

If Children's Community Mental Health Services and Wraparound Milwaukee's Senior Management Team decides against your appeal OR if we do not come to a decision within 30 days of receiving your appeal you will have the option to file for a state fair hearing with the Wisconsin Division of Hearing and Appeals. If Children's Community Mental Health Services and Wraparound Milwaukee's Senior Management Team decides against your appeal you will receive a decision letter with more information on how to file for a state fair hearing. **You must finish your appeal with Children's Community Mental Health Services and Wraparound Milwaukee before filing for a state fair hearing.**

Continuing Your Services During An Appeal (ONLY INCLUDE THIS IF THIS A TERMINATION/SUSPENSION/OR REDUCTION OF PREVIOUSLY AUTHORIZED SERVICE)

You have the right to request that [insert service or benefit in question] continue until a decision on your appeal has been made. If you want to keep your benefits during your appeal you can call 414-254-6000 option 1 or send in a written request at the mailing address above. **To continue this service, this request must be made on or before [insert appropriate date – the later of 10 days from the mailing date or the effective date of the action].**

If Children's Community Mental Health Services and Wraparound Milwaukee's Senior Management Team decides against your appeal you may need to repay the cost of the services you received while your appeal was being processed.

Getting Help With Your Appeal

We can help you complete forms and take other steps to process your appeal. If you have any questions about the process or need help submitting an appeal or obtaining records you can contact the Children's Community Mental Health Services and Wraparound Milwaukee Client Rights Specialist at 414-254-6000 option 1.

If you want to talk to someone outside of Children's Community Mental Health Services and Wraparound Milwaukee you can call the BadgerCare Plus and Medicaid Ombuds at 1-800-60-0001 or the HMO Enrollment Specialist at 1-800-291-2002. If you are enrolled in a Medicaid Program you can also call the Managed Care External Advocacy Project at 1-800-928-8118 for help with your appeal.

Asking For A Fast Appeal

You can ask for a faster decision on your appeal if you or your doctor think that waiting 30 days could seriously harm your health or ability to perform your daily activities. This is called an "expedited" or fast appeal. If Children's Community Mental Health Services and Wraparound Milwaukee agrees that you need a fast appeal you will get a decision within 2 hours. If Children's Community Mental Health Services and Wraparound Milwaukee decides you do not



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need a fast appeal□you will get a letter letting you know why the re□uest was denied□and your appeal will be decided within 30 days.

Asking For More Time

Children's Community Mental Health Services and Wraparound Milwaukee will always try to decide your appeal within 30 days of receiving it. However□it may take more time to complete the appeal. □f you need more time to resolve the appeal□you can ask Children's Community Mental Health □rvices and □raparound Milwaukee for a 14-day e□tension. □f Children's Community Mental Health □rvices and □raparound Milwaukee needs more time□they will call you and send you a letter to let you know the decision deadline has been e□tended. □he appeal decision deadline can only be e□tended for up to 14 days.