



Notice of Adverse Benefit Determination MI Choice Waiver Program - UPCAP

Important: This notice tells you about your Internal Appeal rights. Read this notice carefully. If you need help with this notice or in asking for an Internal Appeal, you can call one of the numbers listed on the last page under “**Get Help & More Information.**”

Mailing Date: _____ **Member/ Beneficiary ID:** _____

Participant Name: _____ **Care Manager:** _____

This is to tell you that the following action (has been/will be) taken:

This action will take place effective (full date): _____

The legal basis for this decision is 42 CFR440.230(d), which means *(Care Manager lists the specific actions and reasons)* :

You can share a copy of this letter with your doctor or service providers so you can talk about your next steps.

Review instructions on the next page regarding other options available to you. ➡

If you don't agree with our action, you have the right to an Internal Appeal

You have to ask UPCAP, the Administrative Agency for the MI Choice Waiver Program, for an Internal Appeal within **60 calendar days** of the date of this notice. The request can be made verbally but must be followed up in writing. You, your representative, or your doctor can send in the attached Request for Internal Appeal form and attachments that must include:

- Your Name
- Your Address
- Your Signature
- Signature Date
- Your Member and/or Beneficiary ID number (Medicaid ID Number)
- Your Reason for asking for the Internal Appeal
- If you want a standard or fast appeal (for a fast appeal, tell us why you need one)
- Anything you want us to look at, such as medical records, doctors' letters or other information that tells us why you need the item or service. If you are asking for a fast appeal you will need a doctor's letter that supports why you need this. Call your doctor if you need this information.
- Whether or not you want your services to continue during the appeal process

Keep a copy of everything you send us for your records.

If you call in and ask for an Internal Appeal, you will need to follow up that oral request in writing with your signature at the address or fax number below. If you do not send in your signed request, your Internal Appeal may be dismissed. If you wish for your services to continue during the Internal Appeal Process, the written request must be received by UPCAP within 12 calendar days of the date of this Notice.

There are 2 kinds of Internal Appeals:

Standard Appeal – We will give you a written decision on a standard appeal within **30 calendar days** after we get your signed appeal. Our decision might take longer if you ask for an extension, or if we need more information about your case. We will tell you if we are taking extra time and will tell you why more time is needed.

Fast Appeal – We will give you a decision on a fast appeal within **72 hours** after we get your Internal Appeal. You can ask for a Fast Appeal if you or your doctor think your health could be seriously harmed by waiting up to 30 calendar days for a decision. **We will automatically give you a Fast Appeal if a doctor asks for one for you or if your doctor supports your request in writing.** If you ask for a Fast Appeal without support from a doctor, we will decide if your request needs to be a Fast Appeal. If we do not give you a Fast Appeal, we will change it to a standard appeal and will give you a decision within 30 calendar days from the date you first asked for it. You can also ask for a Fast Grievance if you do not agree with the decision to change your Fast Appeal to a Standard Appeal.

If you want to ask for an Internal Appeal, either call or send in a written request to:

**UPCAP Appeals Section
PO Box 606, Escanaba, MI 49829
1-800-305-8137 / 906-786-4701 / TTY Number: 7-1-1
Fax: 906-786-5853**

Continuation of Services During an Internal Appeal

If you are already getting a Medicaid service that is going to be reduced or stopped and you file your Internal Appeal within 12 calendar days of this Notice of Adverse Benefit Determination, you will continue to get your same level of services while your Internal Appeal is pending.

Please note that if you request your services to continue and you are unsuccessful in either your internal or external appeal process, you may be required to pay for the cost of those services in line with state policy.

If You Want Someone Else to Act for You

You can have a relative, friend, lawyer, doctor, or someone else to act as your representative. If you want someone else to act for you, call us toll-free at: 1-800-305-8137 to learn how to name your representative. TTY users can call toll-free at 7-1-1. Both you and the person you want to act for you must sign and date a statement saying this is what you want. You will need to mail or fax this statement to us. If you or your authorized hearing representative do not send in the information that is needed, such as your signed request or guardianship papers, your Internal Appeal may be dismissed. Keep a copy for your records.

Getting Your Case File

You and/or your authorized representative can ask to see the medical records and other documents we looked at to make our decision. You can also ask for a copy of the guidelines we used to make our decision. You and/or your authorized representative have the right to reasonable access to and to get a free copy of all documents related to your Internal Appeal any time before, during or after the Internal Appeal. You must send in the request in writing.

What Happens Next?

- Your Internal Appeal will be looked at by UPCAP's Grievance and Appeals Committee. Members of this Committee were not involved in the original decision. The Committee will schedule a hearing within two (2) weeks of receiving your request. At the hearing you will be given the opportunity to present your case and evidence as to why the decision by UPCAP was inappropriate. UPCAP Care Managers will present the reasons for taking the action. The Committee will develop a decision based on the evidence provided by both sides. You will get a written notice of the decision made on your Internal Appeal within 30 calendar days of your request for hearing.
- If your request is approved, we will send you a written **Notice of Internal Appeal Decision-Approval**. This notice will give you information on the approval and on the services you will get or continue to get.
- If any part of your request is denied, we will send you a written **Notice of Internal Appeal Decision-Denial**. This notice will give you information on why the request was denied and what you can do if you do not agree with the decision. If the service is covered by Michigan Medicaid, you can then ask for a Medicaid State Fair Hearing. You must use up your Internal Appeal rights through UPCAP before you can ask for a State Fair Hearing .
- The Notice of Appeal Denial will give you more information about the State Fair Hearings process and how to file the request.
- If you do not get a notice or decision about your Internal Appeal within the timeframes listed above, you may also seek a State Fair Hearing with the Michigan Administrative Hearing System.

NOTE: You do not have to physically attend the internal hearing. You and/or your representative may participate in the hearing by telephone. You must indicate whether or not you will attend by phone and provide a phone number for this purpose.

Get Help & More Information

- Call UPCAP and ask for the Appeals Committee if you need help or more information about our decision and the Internal Appeal Process at toll-free at: 1-800-305-8137 (TTY toll-free at: 7-1-1), Monday through Friday from 8:00 am to 4:00 pm Eastern Standard Time. You can also visit our website at www.UPCAP.org.
- Call Michigan Department of Health and Human Services (MDHHS) Beneficiary Help Line: 1-800-642-3195, TTY users call 1-866-501-5656.

Nondiscrimination

Section 1557 is the nondiscrimination provision of the Affordable Care Act (ACA). The law prohibits discrimination on the basis of race, color, national origin, sex, age, or disability in certain health programs and activities. Complaints of discrimination can be sent to:

- Mail: Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F HHH Bldg.
Washington, D.C. 20201
- Email: OCRComplaint@hhs.gov



Request for Internal Appeal

PO Box 606, Escanaba, MI 49829

1-(800) 305-8137 / (906)786-4701 / TTY: 7-1-1 / Fax: (906)786-5853

This form is for UPCAP MI Choice Waiver Participants and Applicants wishing to challenge an Adverse Benefit Determination.

Section 1 - To be completed by **Person Requesting an UPCAP Internal Hearing**

Name	Ph#	SS#
Address	City, State, Zip	
Signature	Medicaid ID#	Date

I am asking for an UPCAP Internal Hearing because: (use additional paper if needed)

Do you have physical or other conditions requiring special arrangements for you to attend or participate in a hearing?

No, Yes → Explain _____

Section 2 - Have you chosen someone to represent you at the hearing? No, Yes → Complete below:

Name of Representative (print)	Rep's Ph#	Relationship to Appellant
Address	City, State, Zip	
Representative Signature	Signature Date	

UPCAP Request for Internal Appeal

This form is for enrollees of the MI Choice Waiver Program to request an Internal Appeals Hearing as a result receiving a **Notice of Adverse Benefit Determination**. This form may be used as a follow-up to a verbal request for hearing or as your formal request for a hearing.

Instructions

The UPCAP Internal Appeal Hearing is an impartial review of a decision made by an UPCAP Care Manager related to your participation in the MI Choice Waiver Program that you believe is wrong. By State policy, you **MUST** complete UPCAP's Internal Appeal Process before you can ask for a State Fair Hearing. To ensure that your case is heard, you must complete the information on the front of this form and send it to UPCAP's Appeal Section within 60 calendar days from the date you received the **Notice of Adverse Benefit Determination**.

If you wish for your services or participation in the MI Choice Program to continue during the appeal process, this form must be completed and returned to UPCAP Appeals Section within 12 calendar days of the date you received the Notice of Adverse Benefit Determination. If the form is not received within 12 calendar days, services and/or participation will be reduced or terminated as indicated in the Notice.

All areas in Section 1 on the front of this page must be completed. If you wish to have someone represent you during the hearing, Section 2 must also be completed. As indicated in the instructions with the **Notice of Adverse Benefit Determination**, there are two types of internal appeals. For most situations associated with the MI Choice Waiver Program, a **Standard Appeal** will apply. However, if you feel that your health could be seriously harmed by waiting up to 30 calendar days for a decision in your appeal, you may request a **Fast Appeal**. If you request a Fast Appeal, you must provide evidence that supports your claim that your health will be seriously harmed by going through the Standard Appeal. The burden of proof is your responsibility.

To request a **Fast Appeal**, please indicate this on the very first line. Based on the evidence you provide, the Appeals Committee will determine whether or not to grant your request.

Once your written request for appeal is received, a hearing will be scheduled and you will be asked to submit additional information to support your case. You will also receive a copy of the documents used by UPCAP's Care Managers in making their decision regarding your services and/or continued participation.

When completed, return this document to UPCAP Appeals Section at the address on the front page.