

Decision Guide for Notices & Adverse Benefit Determinations

<u>Action taken by Waiver Agency</u> <i>Applicant = NOT enrolled in MI CHOICE</i> <i>Participant = Enrolled in MI CHOICE</i>	<u>Adverse Benefit Determination</u> Sent <u>12 Days Before</u> Date of Action	<u>Adverse Benefit Determination</u> Sent <u>By The Date</u> of Action	<u>Adequate Notice to StFair Hearing</u>	<u>Advanced Notice</u> <i>No longer used</i>
			↑ w/ DCH-0092 Req for Admin Hearing	
Applicant:				
does not meet NFLOC			X	
placed on the MI Choice waiting list			X	
not enrolled in MI Choice after an assessment (<i>regardless of reason</i>)			X	
Services Terminated (Participant):				
per Participant's verbal request	X			
per Participant request and participant signs a written statement requesting termination		X		
because Participant does not meet criteria for receiving them	X			
because Participant does not meet criteria for receiving them and the participant signs a written statement indicating they understand the reason for terminating the services.		X		
because of NF placement		X		
because no longer eligible for Medicaid		X		
because no longer meets NFLOC	X			
because Participant died		X		
because the Participant's address is unknown based upon returned mail with no forwarding address.		X		
for any other reason	X			

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Services Suspended (Participant):				
because Participant is hospitalized		X		
because waiver agency could not find a provider and last provider quit	X			
because Participant is temporarily leaving service area - <u>verbal</u> req.	X			
because Participant is temporarily leaving the service area and signs a <u>written</u> statement that they understand services must be suspended		X		
<u>verbal</u> request to hold on meals or nutrition suppl. due to overstock	X			
<u>written</u> request to hold on meals or nutrition suppl. due to overstock		X		
Services Reduced (Participant):				
after an assessment because no longer medically necessary	X			
per Participant's <u>verbal</u> request	X			
per Participant request and participant signs a <u>written</u> statement requesting the reduction.		X		
for any other reason	X			
Services Denied (Participant):				
to receive services outside of the provider network when no in network provider is available to deliver or furnish the service	X			
deny request for additional services (<i>either type or quantity</i>) due to not eligible or CMgr unable to arrange for the service, item, or transportation		X		

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- Adverse Benefit Determinations allow 60 days for the individual to file an internal appeal.
- Services must continue until the waiver agency makes a hearing decision when **ALL of the following occur:**
 - The participant files a request for an internal hearing before the date of action, **AND**
 - The appeal involves the termination, reduction, or suspension of services that are in place, **AND**
 - The period covered by the original authorization has not expired, **AND**
 - The participant requests that services do not change until after a decision is rendered.
- The waiver agency has 30 days from the date the appeal was filed in writing to make a hearing decision.
- If the waiver agency does not make a hearing decision within 30 days, the appellant may request a State Fair Hearing.
- The waiver agency must send the appellant a Notice of Resolution upon making a hearing decision.
- The Participant will have 120 days from the date of the Notice of Resolution to file a Request for a State Fair Hearing.
- The Participant can request that services continue while awaiting the State Fair Hearing.
- The Appellant may request an expedited internal appeal. Waiver agency must have hearing within 72 hours.
- The waiver agency may request an extension on hearing decision. This must be in the Appellant's best interest. Must get approval from MDHHS.
- The waiver agency must keep the following for each grievance or appeal filed:
 - A general description of the reason for the appeal or grievance
 - The date received
 - The date of each review or, if applicable, review meeting
 - Resolution at each level of the appeal or grievance, if applicable
 - Date of resolution at each level, if applicable
 - Name of the Participant for whom the appeal or grievance was filed.
 - The records must be accessible to MDHHS or CMS upon request.