

## Completing an Adverse Benefit Determination:

Adverse Benefit Determinations must be written in a clearly and use understandable language. DO NOT USE ABBREVIATIONS OF ANY KIND when completing the form!

### Mailing Date:

- The date that the Adverse Benefit Determination is being completed and mailed to the Participant.

### Member/Beneficiary ID:

- The Participant's Medicaid Beneficiary Number/ID

### Participant Name:

- Participant's First and Last Name

### Supports Coordinator:

- The First name, Last name and professional credentials of the Supports Coordinator completing the document and issuing the Adverse Benefit Determination

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

- List all adverse action(s) that is being taken.
- All services being affected by the adverse action must be listed in this section, including the frequency, amount, and provider of each service.
- Do not forget that Supports Coordination is a MI Choice Waiver service and must be listed, if applicable.
- If services are being stopped and the Mi Choice Waiver case is being closed, both actions must be listed in this section.

### The action will take place effective:

- The date that the adverse action will take effect. Depending upon the type of notice you are providing, this might be the day of the mailing or a future date.

### The legal basis for this decision is 42 CFR440.230(d), which means:

- 42 CFR 440.230(d) is found in the Code of Federal Regulations and specifically reads *"The agency may place appropriate limits on a service based on such criteria as medical necessity or on utilization control procedures"*
- This is where you include the reason why the specific action is being taken.
- Make sure to provide all information used to make the determination, including MI Choice contract language if necessary. If the participant elects to appeal the decision, this information and reasoning will be reviewed by UPCAP's Grievance and Appeals Committee.

### **\*\*IMPORTANT**

- If a participant is transferred from a hospital to a long-term care facility, another Adverse Benefit Determination MUST be sent notifying them of services being stopped and Mi Choice Waiver disenrollment.