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Clark County Regional Support Network Policy Statement

Policy No.: CM03
Policy Title: Notice of Determination
(formerly Notice of Action)
Effective Date: November 1, 2004

Policy: Clark County Regional Support Network (CCRSN) shall provide written notice to Medicaid eligible and other CCRSN-funded individuals about authorization decisions as defined in this policy. Notices shall be issued in a timely manner and written in clear language easily understood by the recipient. Notices shall inform recipients of their rights to appeal, request a second opinion, or to request an administrative hearing with the Department of Social and Health Services.

Reference: WAC 388-865, Washington Mental Health Division RSN Interlocal Agreements, CMS Waiver, 42 CFR 438 Subpart F: Grievance System, 42 CFR 431 Subpart E: Fair Hearings, 45 CFR: Health Insurance Portability and Accountability Act (HIPAA), Medical Assistance Administration Memorandum #01-03MAA, CCRSN Policy and Procedures: CR03 Consumer Complaints and Grievances, CR05 Consumer Rights to an Administrative Hearing, CR06 Consumer Rights to Appeal, CR07 Request for Second Opinion, QM05 Level/Element of Care Clinical Guidelines, QM09 Access Standards, CM03-A Notice of Action Form, CM03_B Notice of Determination, CM04 Authorization For Outpatient Services, CM07-A Access to Care Standards-Adult, and CM08-A Access to Care Standards-Child/Youth, CM19 Inpatient Services Authorization, CM21 Inpatient Services- Appeal of Denial.

Definitions:

Action

1. The denial or limited authorization of a requested service, including the type or level of service including an intake service;
2. The reduction, suspension, or termination of a previously authorized service;
3. The denial, in whole or in part, of payment for a service including an intake service);
4. The failure to provide services in a timely manner;
5. The failure of CCRSN to dispose of and resolve grievances within 30 days from receipt of the grievance, unless extended by mutual agreement with the consumer;
6. The failure of CCRSN to dispose of and resolve an appeal within 45 days from the receipt of the appeal, unless extended by mutual agreement (for Medicaid consumers).

Denial

The decision by CCRSN not to authorize a covered Medicaid mental health service that has been requested by a Community Mental Health Agency(CMHA) on behalf of an eligible Medicaid Enrollee. It is also a denial if an intake is not provided upon request by a Medicaid Enrollee.

Grievance

An expression of dissatisfaction about any matter other than an action, as “action” is defined above. The term is also used to refer to the overall system that includes grievances and appeals handled by CCRSN and access to the State administrative hearing process. (Possible subjects for grievances include, but are not limited to, the quality-of-care or services provided, and aspects of interpersonal relationships such as rudeness.)

Reduction

The decision by CCRSN to decrease an individual’s previously authorized covered Medicaid mental health services described in the CCRSN Level/Element of Care Clinical Guidelines. The decision by a CCRSN contracted CMHA to decrease or change a covered service in the Individualized Service Plan is not a reduction.

Suspension

The decision by CCRSN to temporarily stop an individual’s previously authorized covered Medicaid mental health services described in the CCRSN Level/Element of Care Clinical Guidelines. The decision by a CCRSN contracted CMHA to temporarily stop or change a covered service in the Individualized Service Plan is not a suspension.

Termination

The decision by CCRSN to stop an individual’s previously authorized covered Medicaid mental health services described in the CCRSN Level/Element of Care Clinical Guidelines. The decision by a CCRSN contracted CMHA to stop or change a covered service for an individual during the treatment planning process is not a termination. The discontinuation of a service to multiple individuals who meet clinical and financial eligibility criteria and do not agree with the discontinuation does constitute a termination and CCRSN CMHAs are subject as such to the provisions of this policy and procedures.

Procedure:

1. CCRSN shall provide notice of its authorization decisions regarding payment of covered mental health services to individuals requesting services from a CCRSN contracted Community Mental Health Agency (CMHA) within fourteen (14) days of the decision. Notice of authorization shall include
 - a. The CMHA, level of care, and authorization timeframe for approved authorizations and information about the availability of other services under EPSDT for Medicaid enrollees under 21 and their legal representative.
 - b. Explanation of the right to a second opinion and how to access the second opinion if services have not been determined by CCRSN to be Medically Necessary, or available through current CCRSN resources.
2. All notices must be in writing and must be written in language easily understood by the individual in his or her primary language or in a format that is understandable when the individual has a hearing or visual impairment or developmental disability.
3. All notices shall be mailed to the mental health consumer or parent or legal guardian when the individual is under 13 years of age.


Notice of Action to Medicaid Enrollees

1. CCRSN CMHAs shall notify the CCRSN Administrator in writing whenever they make a decision to terminate a service to multiple individuals without their agreement through an individual treatment planning process.
 - a. The CCRSN Administrator shall review the decision to ensure the proposed action(s) meet contract requirements.
 - b. If RSN Administrator approves the terminations of care, CCRSN shall issue Notices of Action to the affected service recipients, notifying them of their rights, as described in this policy and procedure.
2. CCRSN shall notify CMHAs of any action taken regarding individuals who request or are receiving mental health services at their agency. A copy of the Notice shall be provided to Health Plans that manage care for individuals who are members of the Healthy Options managed care plan.
3. If the Enrollee is in the legal custody of the State of Washington such as in state foster care or group home placement, CCRSN will provide a copy of any Notice of Action or Notice of Determination to MHD when either an intake is denied or services beyond the intake have not been authorized. This must be mailed at the same time it is provided to the Enrollee. In these cases the legal representative which must receive the notices is the Children's Administration Regional office.
4. The Notice must explain the following:
 - a. The action CCRSN or its contracted CMHA has taken or intends to take;
 - b. The reasons for the action or intended action;
 - c. The individual's or the CCRSN contracted CMHA's right to file an appeal with CCRSN;
 - d. The individual's right to request a second opinion;
 - e. The individual's right to request an appeal;
 - f. The individual's right to request a state administrative hearing:
 - i. within 20 days of receiving the CCRSN decision (Notice of Action letter),
 - ii. if CCRSN did not provide a written response within the allowed timeframes,
 - iii. any time the individual receiving CCRSN funded services believes a Washington Administrative Code has been violated;
 - g. The procedures for requesting an appeal or a state administrative hearing.
5. CCRSN must provide Notice within the following timeframes:
 - a. For termination, suspension, or reduction of previously authorized Medicaid-covered services, at least ten days before the effective date of the action or CCRSN may mail a Notice not later than the date of action if:
 - i. CCRSN has factual information confirming the death of an individual;
 - ii. CCRSN receives a clear written statement signed by the individual requesting services be discontinued or providing information that requires termination or reduction of services;
 - iii. The individual has been admitted to an institution and is ineligible for further services;
 - iv. The individual has no forwarding address and whereabouts are unknown;
 - v. CCRSN establishes the fact that the individual has been accepted for Medicaid services by another jurisdiction;
 - b. For denial of payment, at the time of any action affecting the payment;

- c. For standard service authorization decisions that deny or limit services, as expeditiously as the individual's mental health condition requires and no longer than fourteen (14) days from CCRSN's authorization decision. If CCRSN extends the timeframe, it shall:
 - i. Give the individual written notice of the reason and inform them of the right to file a grievance if he or she disagrees with the decision;
 - ii. Issue and carry out the determination as expeditiously as the individual's health condition requires and no later than the expiration date of the extension;
 - d. CCRSN may shorten the period of advance notice to 5 days before the action if:
 - i. CCRSN has facts verified, if possible, through secondary sources indicating probable fraud by the individual;
 - e. For expedited authorizations, CCRSN shall provide notice as expeditiously as the individual's health condition requires, no later than 3 business days after receipt of the request for services. (CCRSN may extend this time by up to 14 days if the individual requests an extension, or if CCRSN needs additional information and the extension benefits the individual.);
 - f. For service authorization decisions not reached in accordance within the timeframes established in CCRSN Policy and Procedures on authorization (which constitute a denial and thus an adverse action subject to appeal), CCRSN shall provide Notice on the date that the authorization timeframes expire.
6. CCRSN requires its sub-contracted CMHAs to provide individuals who are verified as enrolled in Medicaid with an intake upon request and thus this service request is not denied by CCRSN.

Record-keeping and Reporting Requirements

1. CCRSN shall maintain records of actions as described in the Definitions section of this policy, including denials of requests for mental health services. Information about actions shall be tracked for reporting purposes and shall include the following data:
 - a. The number and type of actions;
 - b. The timeframes within which Notices were issued;
 - c. The nature of the decisions;
 - d. A summary and analysis of the implications of the data, including what measures may be taken to address undesirable patterns.
2. CCRSN shall report the number of denials of service and appeals for individuals to the Washington Mental Health Division twice annually, using the reporting form provided in the Pre-paid Inpatient Health Plan contract.
3. CCRSN shall monitor quality of the processes related to actions through:
 - a. Oversight that actions occur in compliance with state and federal rules and within required timelines and retaliation does not occur;
 - b. Coordination of data collection with the Management Information System;
 - c. Review of network CMHA service request logs through the CCRSN on-site CMHA monitoring visits to ensure that all individuals enrolled in Medicaid requesting an intake receive one;
 - d. Aggregation of data and trends reported to the CCRSN Quality Management Committee for the purposes of quality monitoring and service improvement on a quarterly basis.

Approved By: 

**Vanessa Gaston, Director
Clark County
Department of Community Services**

Date: 2/7/09