

 WRAPAROUND MILWAUKEE POLICY & PROCEDURE	Date Issued: 10/1/06	Date Revised: 8/15/08	Section: ADMINISTRATION	Policy No: 058	Pages: 1 of 2 (1 Attachment)
	<input checked="" type="checkbox"/> Wraparound <input checked="" type="checkbox"/> Wraparound/REACH <input type="checkbox"/> FISS	Effective Date: 1/1/09	Subject: NOTICE OF ACTION TO ENROLLEES		

I. POLICY

It is the policy of Wraparound Milwaukee or its subcontractors (Care Coordination Agencies), denies, terminates, suspends, 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**, Wraparound Milwaukee shall notify the affected enrollee(s) of such action in writing.

II. NOTICE OF ACTION DEFINITION OF TERMS

1. **Identified Enrollee** – the youth that has been enrolled into the Wraparound Milwaukee program. This does NOT include siblings, caregivers, etc.
2. **Medicaid-Related** – see listing of applicable services below.
3. **Deny** – to refuse services.
4. **Reduce** – to lower or diminish in length, (time) quantity, (units) services.
5. **Terminate** – to end or to finish services.
6. **Suspend** – to stop services temporarily, and then start services again.
7. **Limit** – to limit the length or quantity of services.

Wraparound Medicaid-Related Services include:

Code 5001A – AODA Assessment
 Code 5173 – AODA Day Services
 Code 5121 – AODA Group Counseling
 Code 5101 – AODA Individual/Family Counseling
 Code 5103 – AODA Lab and Medical Services
 Code 5182A – Assessment Services – Nursing
 Code 5000A – Assessment – M.D.
 Code 5303 – Crisis Stabilization/Supervision Services
 Code 5172 – Day Treatment – Medicaid
 Code 5120 – Group Counseling and Therapy
 Code 5132 – High Risk Counseling and Therapy
 Code 5163 – Home-Based Behavioral Management – Lead
 Code 5165 – Home-Based Behavioral Management - Aide
 Code 5164 – Home-Based Behavioral Management - Technician
 Code 5161 – In-Home Case Aide
 Code 5160 – In-Home Lead – Medicaid
 Code 5100 – Individual/Family Therapy – Office Based
 Code 5111A – Individual/Family Therapy – Ph.D. – Office Based
 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 5130 – Special Therapy (*Occupational Therapy ONLY*)
 Code 5131 – Special Therapy – Group (*Occupational Therapy ONLY*)
 Code 5577 – Transportation (*Medicaid-Reimbursable transports ONLY*)

III. PROCEDURE

A. For Wraparound Milwaukee Administrative/Quality Assurance Initiated Service Changes ONLY.

When Wraparound Milwaukee denies, terminates, suspends, limits or reduces services for an identified enrollee, **Wraparound Milwaukee shall notify the affected enrollee(s) of this action in writing at least 10 days before the date of the action.**

The "Notice of Action" form (*see Attachment*) will be the means in which the enrollee will be informed.

The enrollee has the right to Appeal the service change within 45 days of the date of the Notice of Action. They may Appeal to the Wraparound Milwaukee Quality Assurance Department, the State of Wisconsin Department of Health & Family Services (DHFS) or the State of Wisconsin Division of Hearings & Appeals (DHA).

This notice requirement does not apply when the County, Wraparound Milwaukee or its subcontractors, triages an enrollee to a proper health care provider or when an individual health care provider determines that a service is medically unnecessary.

B. For Child & Family Team (includes Care Coordinator from Respective Care Coordination Agency), Enrollee or Caregiver Initiated Service Changes ONLY.

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.

Reviewed & Approved by: 
Bruce Kamradt, Director



WRAPAROUND MILWAUKEE

Phone: (414) 257-7611 9501 Watertown Plank Rd., Milw., WI 53226 Fax: (414) 257-7575

Notice of Action

Purpose:

To notify Wraparound enrollees if a service is denied, reduced, terminated, discontinued, suspended or limited.

Enrollee Name:

Date:

Sent to:

Relationship:

Address:

RE: _____

Dear

Denied Reduced Terminated Suspended Limited

If you do not agree with this decision you have the right to:

1. Look at the information Wraparound used to make its decision.
2. File a grievance with Wraparound **within 45 days** of the date of this letter if you disagree with the decision.
 - a. If you were not receiving the service before this decision Wraparound Milwaukee does not have to provide or pay for the service while you grieve. If Wraparound Milwaukee's denial, reduction, limitation, termination or suspension of services is overturned or reversed by the County, department or DHA, Wraparound must authorize or provide the disputed services promptly and as expeditiously as the enrollee's mental health condition requires.
 - b. If Wraparound Milwaukee authorized and paid for the service before this decision, Wraparound Milwaukee must continue to provide the same level of service while you grieve, but if our decision does not change you may have to pay for the services you received while you were grieving.
3. Request that your grievance be handled in an urgent manner, i.e. – within 2 working days, if the decision could result in illness or injury or if the delay in services could effect the enrollees health.
4. Meet in person with Wraparound Administration to present more information about your grievance.
5. Bring a friend, family member or representative with you to the meeting.
6. Have an interpreter at the meeting if needed, free of charge.
7. Have the right to appeal to the State of Wisconsin Department of Health and Family Services (DHFS) if you do not agree with our decision.

 To file a grievance with Wraparound Milwaukee, call the Wraparound Quality Assurance Dept. at **(414) 257-7608**



If you want to appeal to DHFS you can call the Medicaid Ombudsman at 1-800 760-0001.

8. You also have the right to appeal to the State of Wisconsin Division of Hearings and Appeals (DHA) for a Fair Hearing. You must send an appeal within 45 days of the date of this letter if you disagree with the decision. If you appeal this action to DHA before the effective date, the service may continue. You may need to pay for the cost of services if the hearing decision is not in your favor.

☰ If you want a Fair Hearing, send a written request to:

Department of Administration
Division of Hearings and Appeals
P.O. Box 7875
Madison, WI 53707-7875

If you need help writing a request for a Fair Hearing, please call the:

Medicaid Ombudsman at (800) 760-0001
OR
Wraparound Milwaukee Quality Assurance
Department at (414) 257-7608

If you have any questions call the Wraparound Quality Assurance Department at (414) 257-7608.

Sincerely,

Pamela Erdman MS, OTR
Wraparound Quality Assurance Director

cc: Bruce Kamradt – Wraparound Director
Pamela Erdman – Wraparound Quality Assurance Director
Care Coordinator
Provider