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North Sound Mental Health Administration

Section 1000 – Administrative: Notice Requirements

Authorizing Sources: See references in NSMHA Policy 1001

Cancels:

See Also:

Providers must “comply with” this policy

Responsible Staff: Quality Manager

Approved by: Executive Director

Date: 7/28/2009

Signature:

POLICY# 1005.00

SUBJECT: NOTICE REQUIREMENTS

PURPOSE

To ensure that notices regarding consumers’ services are provided in a manner that gives timely, clear and easily understood information to persons seeking and receiving mental health services.

POLICY

Notice of Determination

North Sound Mental Health Administration (NSMHA) ensures that Medicaid enrollees and state-funded consumers receive a Notice of Determination regarding service authorization determinations. The Notice of Determination will include a description of authorized services and timeframes and, for Medicaid enrollees, information about the availability of other services under Early and Periodic Screening, Diagnosis and Treatment (EPSDT) for consumers under 21 and their legal representative.

A Notice of Determination shall be provided to all consumers (Medicaid and state-funded) when they are authorized for routine services by NSMHA or its formal designee.

Notice of Adverse Determination

NSMHA ensures that Medicaid enrollees and state-funded consumers receive a Notice of Adverse Determination when services are not authorized by NSMHA in the circumstances identified below. Notices of Adverse Determination will include a statement of the determination NSMHA or its formal designee intends to make; the reasons for the determination; explanation of the individual’s right to a second opinion, grievance and/or fair hearing and how to access these processes; and, for Medicaid enrollees, information about the availability of other services under EPSDT for consumers under 21 and their legal representative.

A Notice of Adverse Determination shall be provided to Medicaid enrollees when routine services beyond the intake or previously authorized benefit have not been determined by the provider to be medically necessary and no services are authorized by NSMHA.

A Notice of Adverse Determination shall be provided to state-funded consumers when:

- 1) Routine services beyond an intake or previously authorized benefit have not been determined by the provider to be medically necessary or are beyond available resources and no services are authorized by NSMHA; or
- 2) NSMHA, or its formal designee, does not authorize a mental health service that has been requested by a provider (outpatient or inpatient) on behalf of the consumer; or
- 3) NSMHA reduces, suspends or terminates previously authorized routine services. NSMHA or its designee will not reduce, suspend or terminate previously authorized inpatient services.

Any decision to deny a service authorization request or to authorize a service in an amount, duration, or scope that is less than requested must be determined by a Mental Health Professional (MHP) with the appropriate clinical expertise to make that decision. A decision to deny inpatient care can only be made by a psychiatrist.

Notice of Action

NSMHA also ensures that Medicaid enrollees will receive a Notice of Action when NSMHA takes one of the actions identified below. The Notice of Action will include a statement of the action NSMHA or its formal designee intends to take (see NSMHA Policy 1001 for a complete list of actions and definitions); the reasons for the action; an explanation of the enrollee's right to request an appeal or expedited appeal; and, the circumstances when an enrollee can request a fair hearing. Notices of Action will also include the timeframes and processes to file an appeal; the rights and processes to have benefits continue pending resolution of the appeal; the circumstances under which the enrollee may be required to pay the costs of these services; and, the definitions of reduction, termination, suspension and denial.

A Notice of Action shall be provided to Medicaid enrollees when:

- 1) NSMHA or its designee denies access to an intake assessment appointment requested by an enrollee;
- 2) NSMHA, or its designee, does not authorize a covered Medicaid mental health service that has been requested (outpatient or inpatient) on behalf of an enrollee;
- 3) NSMHA reduces, suspends or terminates previously authorized covered Medicaid outpatient services. NSMHA or its designee will not reduce, suspend or terminate previously authorized inpatient services; or
- 4) Other actions are taken.

Any decision to deny a service authorization request or to authorize a service in an amount, duration, or scope that is less than requested must be determined by an MHP with the appropriate clinical expertise to make that decision. A decision to deny inpatient care can only be made by a psychiatrist.

Language and Format of Notices

Notices will be provided in languages and format as outlined in NSMHA Policies 1515 Interpreter and Translation Services and 1001 Complaint, Grievance, Appeal and Fair Hearing Policy: General Policy Requirements. Written Notices will use easily understood language and format, and will be available in alternative formats and in an appropriate manner that takes into consideration the special needs of those who, for example, are visually limited or have limited reading proficiency.

PROCEDURE

Notices outlined in this policy are sent or provided to:

- 1) The consumer/enrollee or legal representative;
- 2) A legal guardian or parent who is the legal custodian of a person under the age of 18 years as allowed by state and federal privacy regulations; or
- 3) A representative of a state or governmental agency that has legal custody or control of a person under the age of 18 years as allowed by state and federal privacy regulations. If the consumer is in the legal custody of the State of Washington such as in state foster care or group home placement, NSMHA or its designee must provide a copy of any notice to the Mental Health Division (MHD) and the regional Children's Administration office when either an intake is denied or services beyond the intake have not been authorized.

- 4) The requesting inpatient or outpatient provider will also be notified by NSMHA.

Providers will submit any necessary documentation to NSMHA so that the determination and corresponding Notice may be issued per the following timelines:

1) Notice of Determination

- a) For standard service authorization decisions, as expeditiously as the consumer's mental health condition requires, not exceeding 14 calendar days following receipt of the request for service. An extension of up to 14 calendar days is possible if the consumer or the provider requests it, or NSMHA justifies, to the MHD upon request, a need for additional information and how the extension is in the consumer's interest.
- b) If NSMHA extends the timeframes for standard authorization decisions it must give the enrollee written notice of the reason for the decision to extend the timeframe and inform the enrollee of the right to file a grievance if he or she disagrees with that decision. NSMHA must issue and carry out its determination as expeditiously as the enrollee's health condition requires and no later than the date the extension expires.
- c) For expedited service authorization decisions, as expeditiously as the consumer's mental health condition requires, no later than 3 working days after receipt of the request for service. An extension of up to 14 calendar days is possible if the consumer requests an extension or NSMHA justifies, to the MHD upon request, a need for additional information and how the extension is in the consumer's interest.

2) Notice of Action and Notice of Adverse Determination

- a) For denial of payment, on the date of any action or, as applicable, adverse determination affecting the claim/payment.
- b) For standard service authorization decisions, as expeditiously as the consumer's mental health condition requires, not exceeding 14 calendar days following receipt of the request for service. An extension of up to 14 calendar days is possible if the consumer or the provider requests it, or NSMHA justifies, to the MHD upon request, a need for additional information and how the extension is in the consumer's interest.
- c) If NSMHA extends the timeframes for standard authorization decisions it must give the enrollee written notice of the reason for the decision to extend the timeframe and inform the enrollee of the right to file a grievance if he or she disagrees with that decision. NSMHA must issue and carry out its determination as expeditiously as the enrollee's health condition requires and no later than the date the extension expires.
- d) For expedited service authorization decisions, as expeditiously as the consumer's mental health condition requires, no later than 3 working days after receipt of the request for service. An extension of up to 14 calendar days is possible if the consumer requests an extension or NSMHA justifies, to the MHD upon request, a need for additional information and how the extension is in the consumer's interest.
- e) For termination, suspension, or reduction of previously authorized services, at least ten (10) calendar days before the effective date of the action or, as applicable, adverse determination except if the criteria noted in 42 CFR 431.213 or 431.214 are met:
 - i) NSMHA or designee has factual information confirming the death of a recipient.
 - ii) NSMHA or designee receives a clear written statement signed by a recipient that they no longer wish services or gives information that requires termination or reduction of services and indicates that they understand that this must be the result of supplying that information.

- iii) The recipient has been admitted to an institution where he or she is ineligible under the plan for further services.
- iv) The recipient's whereabouts are unknown and the post office returns NSMHA or designee's mail directed to the recipient indicating no forwarding address.
- v) NSMHA establishes the fact that the recipient has been accepted for Medicaid services by another local jurisdiction, state, territory or commonwealth.
- vi) The recipient's physician prescribes a change in the level of medical care.
- vii) The notice involves an adverse determination made with regard to the pre-admission screening requirements (for Nursing Facilities admissions) from section 1919(e) (7) of the Act.
- viii) The date of action will occur in less than ten (10) calendar days, in accordance with Code of Federal Regulations (CFR) 42 Section 483.12 (a) (5) (ii), which provides exceptions to the 30-day notice requirements of Section 483.12 (a) (5) (i), (Long Term Care Requirements), or
- ix) NSMHA has facts indicating that the action should be taken because of probable fraud by the recipient and the facts have been verified, if possible, through secondary services.

For exceptions (i) through (viii) above NSMHA may mail the Notice of Action or Adverse Determination no later than the date of action or adverse determination. In the case of fraud (ix), NSMHA may mail the Notice of Action five (5) calendar days in advance of the action.

f) For denial of inpatient services:

- i) Initial requests within 12 hours of the request from the inpatient provider.
- ii) Extension requests within 24 hours of the request from the inpatient provider.
- iii) Retrospective requests prior to discharge (current day and days forward) within 12 hours of the request.
- iv) Retrospective requests prior to discharge (for the days prior to the current day) and retrospective requests after discharge within 30 calendar days receipt of the required clinical documentation from the inpatient provider.

ATTACHMENTS

None