

Title of Manual: Mid-South Substance Abuse Commission Policy and Procedures			Page 1 of 2	
			History	
Policy Number: Q003	Subject/Title: Medicaid Administrative Hearing		Replaces:	9/2007
			Last Reviewed:	3/2009
Issued By: Executive Director	Approved By: Board of Directors Date: 3/23/2009	Scope: Medicaid Treatment Providers and Clients	Effective:	3/23/2009

1. **POLICY**

Consistent with Medicaid Program requirements, Mid-South shall provide to Medicaid clients and the relevant treatment provider written notification of all decisions or changes to decisions pertaining to requests for authorization of services. The written Notice of Hearing Rights letter or Notice of Action is designed to notify and inform the client of actions taken that they may believe adversely impact their substance use disorder care. Mid-South shall identify and communicate to providers and interested parties the name and contact information for the Mid-South Administrative Hearings Officer.

2. **PROCESS AND PROCEDURES**

Notice of Action (suspension, reduction, termination, or denial) is delivered to the Medicaid client as follows:

2.1. Initial authorization for services (adequate notice)

2.1.1. When the Care Coordination Center (CCC) responds to an initial authorization request by the provider, an adequate Notice of Hearing Rights letter identifying the beginning and ending dates of approved authorization and the number of authorized units, or a denial of treatment services, is hand delivered or mailed to the Medicaid client. Accompanying the client's letter is the Request for Administrative Hearing form and a self-addressed, stamped envelope to the Administrative Tribunal. If the adequate Notice of Action is provided to the Medicaid client in person, the Medicaid client's signature shall be obtained on the appropriate Notice of Action form and this form is maintained in the client's file. If the Notice of Action is mailed to the Medicaid client, the CCC will indicate the date of mailing on the copy of the notice that is maintained in the client's file.

2.2. Re-authorization notice (adequate notice)

2.2.1. A Notice of Hearing Rights letter providing re-authorization service(s), beginning and ending dates of approved authorization, and the number of authorized units, or a denial of treatment services, is hand delivered or mailed to the Medicaid client by the CCC.

2.2.2. If the Notice of Action is provided to the Medicaid client in person, the Medicaid client's signature is obtained on the appropriate notice form and this form is maintained in the client's file. If the Notice of Action is mailed to the Medicaid client, the CCC will indicate the date of mailing on the copy of the notice which is maintained in the client's file.

2.3. Reduction, suspension, or termination of services (adequate and advanced notice)

2.3.1. Advance notice is required when an action is taken to reduce, suspend, or terminate a service that a Medicaid client is currently receiving.

2.3.2. The advance Notice of Action, accompanied by the Request for Administrative Hearing form and self-addressed, stamped envelope to the Administrative Tribunal, is mailed at least twelve (12) days before the intended action is to occur.

2.3.3. If the Medicaid client requests a hearing before the date of action, the provider will not reduce, suspend, or terminate benefits until a decision and order is issued by the administrative law judge, the Medicaid client withdraws his/her hearing request, or the Medicaid client does not appear at a scheduled hearing.

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2.3.4. If the Notice of Action is provided to the Medicaid client in person, the Medicaid client's signature is obtained on the appropriate notice form, and this form is maintained in the client's file. If the Notice of Action is mailed to the Medicaid client, the provider will indicate the date of mailing on the copy of the notice which is maintained in the client's file.

2.4. Non-compliant behavior (adequate notice)

2.4.1. If the client is non-compliant to agency policy or a threat to self or to others, an adequate Notice of Action shall be mailed/given to the client. If the Notice of Action is provided to the Medicaid client in person, the Medicaid client's signature is obtained on the appropriate notice form, and this form is maintained in the client's file. If the Notice of Action is mailed to the Medicaid client, the provider will indicate the date of mailing on the copy of the notice which is maintained in the client's file.

2.5. Providers are to have available the Hearing Request Withdrawal form for the Medicaid client to withdraw the request for an administrative hearing. Clients are to receive an envelope addressed to the Administrative Tribunal, along with the withdrawal form.

2.6. Providers are responsible for maintaining a sufficient number of forms and envelopes using the Administrative Tribunal Forms Requisition form.

2.7. For further explanation of the policy and procedure for the administrative hearing process, please refer to the Michigan Department of Community Health Administrative Manual.

References:

Administrative Hearings Flowchart Change in Level of Care/Reduction of Number of Sessions

Administrative Hearing Flowchart Termination

Notice of Hearing Rights

Notice of Action Suspension, Reduction, or Termination of Services

Notice of Action Denial of Services

Form DCH-0092: Request for Administrative Hearing form

Form DCH-0368: Envelope addressed to Administrative Tribunal

Form DCH-0646: Administrative Tribunal Forms Requisition

Form DCH-0093: Hearing Request Withdrawal