

A.2.1 Appeals Process

Responsible Office: Office of Waiver Appeals; Support Coordination; Community Programs

Reference: 42-CFR 431.210 (Subpart E); ID and LAH Waivers and Community Waiver Program (CWP); Rule No. 560-X-35-.17; Rule No. 560-X-43-.16; Rule No. 560-X-52.15

Effective: Historical Practice

Revised: August 7, 2023

Purpose/Intent: Appeals function both as a process for error correction as well as a process of clarifying and interpreting the criteria and standards by which the original decision was rendered. The procedures below clearly outline the steps in the appeals process which include: notification of adverse action, requesting an appeal for an Informal Conference or Fair Hearing, and decision making and resolution for individuals: (a) who are denied service(s), choice of provider(s), or whose services are (b) suspended, reduced, terminated or delayed.

HCBS Waivers: ID, LAH, CWP

Definitions: Adverse Action – a decision that negatively impacts the applicant; Notice of Action (NOA) – a formal notice that explains the reason for the adverse action (denial, termination, suspension or reduction in services) and rights available to the applicant; Appeal – a formal request to review a determination of adverse action; Informal Conference – is the process for review of an adverse action, conducted by waiver appeals panel, to obtain further understanding of the action taken and determine whether the action should be upheld or reversed; Fair Hearing – a hearing conducted by AMA to review the decision rendered in the Informal Conference and determine whether the decision should be upheld or reversed; CWP (Community Waiver Program), SRC (Special Review Committee), AMA (Alabama Medicaid Agency); CSD (Community Services Director); OWA (Office of Waiver Appeals); ARF (Appeal Request Form); Review Panel (combination of ADMH-DD staff who did not have a role in the original denial and an AMA Waiver Program Manager); Appeal Packet (NOA, ARF or written request, all information related to the decision rendered, and an Initial Review of Denial form)

Procedures:

The appeals process begins with a NOA. This notice will specify the reason for the adverse action and provide instruction for requesting an appeal of the decision. If the decision relates to services that are denied, suspended, reduced or terminated, ADMH must issue a written notice at least 10 days prior to the action to the individual, and/or representative.

1. When an adverse action is determined, the determining office will send a NOA along with the Appeal Request Form (ARF) to the applicant.
2. If the applicant feels the decision was made in error, they may appeal the decision by submitting the ARF or a written request (i.e. handwritten or typed statement, letter and/or email requesting an appeal) for an Informal Conference via email to ddoaca.dmh@mh.alabama.gov or by mail to:

Alabama Department of Mental Health
Office of Waiver Appeals
P.O. Box 301410
Montgomery, AL 36130-1410

3. The request must be received by the OWA within 15 calendar days of the effective date printed on the NOA. **NOTE:** If the applicant chooses to submit a written request instead of the ARF form, the

following information must be included:

- a. the full name of the applicant,
 - b. contact information of applicant (mailing address and/or email),
 - c. the full name of requestor of the appeal (if applicable),
 - d. contact information of requester, if different from the applicant (mailing address and/or email),
 - e. adverse action taken (denial, termination, suspension or reduction in services), and
 - f. reason for requesting an appeal.
4. Upon receiving the NOA or written request of appeal, the Appeals Coordinator will:
 - a. send a letter of receipt to the requestor of the appeal, or
 - b. if received after 15 calendar days, send a letter to the requestor of the appeal noting that the appeal for an Informal Conference to ADMH is unable to be reviewed due to being received beyond the 15 calendar day time limit.
 5. Following the timely receipt of the request of appeal, the Appeals Coordinator will:
 - a. assemble a review panel, and
 - b. provide each member of the review panel with an appeal packet.
 6. The members of the review panel will individually review the appeal packet and submit to the Appeals Coordinator an Initial Review of Denial form.
 7. Appeals Coordinator will compile panel member's responses on the Initial Review of Denial form and send the official form to all panel members prior to the informal conference.
 8. The applicant will be entitled to a review, which may involve an in-person interview, a teleconference, or simply a review of documents, depending on the nature of the appeal and the information that needs to be considered.

INFORMAL CONFERENCE:

The applicant is entitled to a review which may involve an in-person interview, a teleconference, or simply a review of documents, depending on the nature of the appeal and the information to be considered.

1. Review:
 - a. A review will be scheduled with the 1) individual and as appropriate, the individual's representative (ex., family, guardian, authorized representative), 2) selected panel members, which will consist of a combination of staff from another Regional office, staff within the DD Division employed at the Central Office who did not have a role in the original denial, and an AMA Waiver Program Manager, 3) Staff (CSD or CWP Director or designee) responsible for denying the RFA, 4) Individual's Support coordinator.
 - b. The review will provide the individual and their representative the opportunity to offer additional supporting information. The panel will also utilize the time to ask any specific questions to the staff, individual and/or their representative.
2. Decision Making and Notification:
 - a. Immediately following the review, the Waiver Appeals Coordinator and selected panel members will meet to discuss and reach a decision to either reverse, uphold, or pend the decision. If the appeal is pending the review of additional information, the below steps should be followed:
 - i. The individual/family/representative will be notified via email and/or mail of the panel members request for additional information, along with the individual's support coordinator.

- ii. The individual/family/representative will have 10 calendar days to provide the additional informational that was requested to the Office of Waiver Appeals.
 - iii. Once the additional information has been received, the Waiver Appeals Coordinator will distribute the additional information to the appeals review panel members to review individually.
 - iv. After the additional information has been distributed, the Waiver Appeals Coordinator will set a time and date for the appeals review panel to meet again within 7 calendar days to discuss and decide on whether to uphold or reverse the original decision.
- b. Once a decision has been reached, the panel will complete the Review of Denial Form indicating reasons for their decision.
- c. The panel will select a panel participant to submit in writing the final informal conference decision made by the panel and all supporting information to the Waiver Appeals Coordinator.
- d. The Waiver Appeals Coordinator will submit a letter to the Associate Commissioner for review and approval that includes the following:
 - i. Description of initial request that warranted a denial.
 - ii. Action(s) taken to review the appeal.
 - iii. Final informal conference decision (denial upheld or reversed) and supporting reason (resource or other information to support decision)
 - iv. Effective date of decision (if appropriate)
 - v. Process for the option to request an AMA Fair Hearing should the denial be upheld by the Associate commissioner and the individual and/or their representative remain in disagreement with the decision.
- e. Upon obtaining the Associate Commissioner's review and decision, the Waiver Appeals Coordinator will notify the individual and if applicable, the individual's representative (person requesting the appeal) in writing.
 - i. If the Associate Commissioner upholds the decision of denial, the Waiver Appeals Coordinator will include in the notification to the individual the process for requesting a Fair Hearing with AMA.
- f. The Appeals Coordinator will upload the letter into ADIDIS, adding as a note to the recipient's record, and tag the individual's Support Coordinator, Director of Community Programs, CSD, the ID/LAH/CWP Waiver Director, the Regional Office Fiscal Manager and others as appropriate. The Appeals Coordinator will send a copy of the letter to AMA program manager via email.

FAIR HEARING:

If the individual/guardian disagrees with the DMH Associate Commissioner's decision, they can submit a request for a Fair Hearing to the Alabama Medicaid Agency (Medicaid). A written hearing request must be received by Medicaid no later than 15 calendar days from the date of the DMH Associate Commissioner's response letter.

Alabama Medicaid Agency
LTC Healthcare Reform Division
P.O. Box 5624, 501 Dexter Avenue Montgomery, AL 36103-5624