

### A.2.1 Appeals Process

**Responsible Office:** Office of Community Programs, Support Coordination, and Office of Waiver Appeals

**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:** December 11, 2023

**Purpose/Intent:** Appeals function both as a process of clarifying and interpreting the criteria and standards by which the original decision was rendered as well as a process for error correction, when applicable regarding decisions made specific to the HCBS Waiver Programs for individual with Intellectual Disabilities.

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 ADMH-DDD 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 ADMH-DDD 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 selected ADMH-DDD staff who did not have a role in the original denial, 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 (Notification of Action to an applicant). This notice will specify the reason for the adverse action and provide instruction for requesting an appeal of the decision if desired.

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](mailto: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

**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.
3. The request for appeal must be received by ADMH-DDD within 15 calendar days of the effective date printed on the NOA.
  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 defined time limit.
  5. Following the timely receipt of a request of appeal for denials of waiver eligibility, a panel of ADMH-DDD clinical professionals will be selected to provide a thorough review of the documents submitted in the original application and those submitted as part of the appeal request. The requestor of appeal may be contacted for more information and further supporting documentation. A decision will be rendered to uphold or reverse the original denial after review is completed.
  6. Following the timely receipt of a request of appeal for the denial, termination, reduction or suspension of waiver services, the Appeals Coordinator will:
    - a. Assemble a review panel, and
    - b. Provide each member of the review panel with an appeal packet.
  7. The members of the review panel will individually review the appeal packet and submit to the Appeals Coordinator an Initial Review of Denial form.
  8. 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.
  9. The Informal Conference will consist of either a thorough review of documents and discussion by the panel members or a teleconference which includes the individual and requestor of the appeal if different from the individual. The applicant will be able to choose which option best suits their needs for the Informal Conference by notifying the Appeals Coordinator. The requestor of the appeal will notify the Appeals Coordinator with their decision on the type of Informal Conference via email or by mail.

**INFORMAL CONFERENCE:**

The applicant is entitled to a review which may involve a teleconference, or a thorough review of documents.

1. Review:
  - a. A review will be scheduled with the 1) individual and as appropriate, the individual's representative (ex., family, guardian, authorized representative), if they are the requestor of the appeal. The individual for whom an Informal Conference was requested can attend, if possible (for the teleconference option) if he/she is capable. In the event that the individual nor their representative is not present for their initially scheduled Informal Conference teleconference, they may request that it be rescheduled for a later date/time. If the individual and/or their representative does not attend the rescheduled Informal Conference teleconference, an appeal decision will be determined based on the review of

documents and discussion completed by the panel members 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 responsible for denying the RFA (Regional CSD, Wait List Coordinator, or CWP Director or a designee), 4) Individual's Support coordinator.

- b. The teleconference option 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. The ADMH-DDD Appeals Coordinator and selected panel members will meet after the teleconference (if this option is selected) or at a scheduled date and time 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 no more than 15 calendar days to provide the additional informational that was requested to the Office of Waiver Appeals. If the requestor of the appeal is unable to provide the additional information, they must notify the Appeals Coordinator who will relay that information to the panel members.
  - iii. Once the additional information has been received, the Appeal Coordinator will distribute the additional information to the appeals review panel members to review individually.
  - iv. After the additional information has been distributed, the 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 Appeals Coordinator.
- d. The 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 Appeals Coordinator will notify the individual and if applicable, the individual's representative (person requesting the appeal) in writing within 15 calendar days.
  - i. If the Associate Commissioner upholds the decision of denial, the 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, Regional 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 ADMH Associate Commissioner's decision, he/she 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 ADMH Associate Commissioner's response letter.

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



Division of Developmental Disabilities

NOTICE OF ADVERSE ACTION

Effective Date of Adverse Action: Click or tap to enter a date.

Participant's Name:

Participant's Address:

Medicaid #:

Adverse Action:

Denial of Waiver Eligibility Denial of Waiver Services Termination of Service

Suspension of Services Reduction in Services

Reason for Adverse Action: [lines]

CC: Participant's Support Coordinator: Support Coordinator contact information:

PARTICIPANT'S appeal for adverse action(s) RIGHTS

If an individual/guardian chooses to appeal the adverse action(s), they may appeal to ADMH-DDD for an Informal Conference.

To appeal, the requester must complete and submit the attached Appeal Request Form (ARF) or provide a written request (i.e., handwritten or typed statement, letter and/or email) via email to ddoaca.dmh@mh.alabama.gov or by mail to:

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

The request must be received in the Office of DD Appeals no later than 15 calendar days after the effective date printed on this Notice of Adverse Action.

NOTE: If submitting a written request, instead of this Appeal Request Form, it must include: (a) full name of the applicant, (b) contact information of applicant (mailing address and/or email), (c) full name of requestor of the appeal (if applicable), (d) contact information of requester, if different from the applicant, (e) adverse action taken, and (f) reason for requesting the appeal.