


The Appeals Procedures

For Processing Appeals to Waiver Decisions

2 10/01/2011

Right to Appeal



- Individuals have the right to appeal any agency action or decision

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3

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Statute

- La. R.S. 46:107 Allows for appeals on services which have been
 - denied
 - not acted upon with reasonable promptness
 - suspended
 - terminated
 - reduced
 - discontinued



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4

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Appeals Agency

- Division of Administrative Law (DAL) hears appeals and issues determinations for all OAAS programs.



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5

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To File an Appeal

- **Written appeal is preferred**
 - Must include individual's name & SSN and
Name of Waiver: Communities Choices Waiver (CCW)
 - Must be faxed or mailed to:
 - Division of Administrative Law – Health and Hospitals
Section
 - P.O. Box 4183
 - Baton Rouge, LA 70821-4183
 - Fax #: 225-219-9823
- Phone number 225-342-5800 may be used to request an appeal, if mailing or faxing is not possible.

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6

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Withdrawing an Appeal

- Individual may withdraw an appeal any time prior to the hearing by contacting DAL directly.

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7

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Required Notices -- Content

All notices of proposed adverse actions must include:

- instructions for requesting a fair hearing; &
- time frame required to request an appeal

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8

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Notice Responsibilities and Time Frames Summary

Event	Who sends the Notice?	Individual's Time Frame to File Appeal
Initial Denial	OAAS Regional Office	Must file within 30 calendar days from date of notice

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Event	Who sends the Notice?	When is the Notice sent out?	Individual's Time Frame to File Appeal
Involuntary Reduction	SC Agency	14 calendar days prior to date of proposed reduction	Must file within 30 calendar days from date of notice.
		To continue receiving services at current level, appeal request must be filed within 14 calendar days from date of notice.	
Discharge or Termination	OAAS Regional Office	14 calendar days prior to date of proposed discharge.	Must file within 30 calendar days from date of notice.
		To continue receiving services until appeal hearing, must file within 14 calendar days from date of notice.	

Procedures: Initial Denial, Discharge/Termination

If SC Supervisor determines denial/discharge/termination is appropriate, packet is sent to OAAS RO.

RO reviews packet. If denial/discharge/termination is confirmed, Denial Notice is sent by RO to individual and a copy to the SC Agency.

Procedures: Initial Denial, Discharge/Termination & Involuntary Reduction

- If DAL determines appeal is timely (30 days), docket notice is sent to RO
- RO prepares SOE packet, submits to DAL within 7 working days
- DAL notifies appellant and RO of hearing date
- RO notifies SC Agency of hearing date
- Hearing is conducted by DAL Judge
- DAL notifies RO and appellant of decision
- RO notifies SC Agency

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Appeal Decision

- In favor of appellant:
 - **Initial Denial & Discharge/Termination** - RO will instruct SC Agency to continue processing waiver case.
 - **Discharge Termination** – SC will also notify the provider of the decision
- In favor of OAAS: **Initial Denial – RO will complete 142.**
- In favor of OAAS: **Discharge/Termination**
 - RO will request a 148-W discharge from the SC.
 - SC completes the 148-W (indicating reason for denial/discharge)
 - Indicate the Discharge Effective Date which will be the day after the date the decision was received from DAL.

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13

10/01/2011

Appeal Decision – cont'd

- **For Initials:** RO forwards 142 to Data Management Contractor, local Medicaid office and SC Agency.
- **For Discharge/Terminations:**
 - RO signs the 148-W, forwards to Data Management Contractor, local Medicaid office and SC Agency.
 - SC completes CMIS Closure form
 - SC will also close the case in CMIS
 - SC will notify the provider by speaking to a representative and by faxing.

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14

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Appeal Decision for Involuntary Reduction

In favor of appellant:

RO will contact SC Agency to continue waiver services as per instructions from DAL

SC notifies provider of appeal decision.

In favor of OAAS:

RO will contact SC Agency to proceed with new proposed POC that indicates reduction in services effective the day after the notice is received from DAL.

SC Agency notifies the provider by speaking to a provider representative and ensures that the correct POC is in place.

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15

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No Appeal Filed or No Timely Appeal Filed for Initial Denials

- If the individual does NOT appeal or does not appeal on or before the date on notice:
- RO forwards 142 to Data Management Contractor, local Medicaid office and SC Agency.
- SC completes CMIS Closure form.
- SC will close the case in CMIS.

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16

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No Appeal Filed or No Timely Appeal Filed for Discharge/Termination

If the individual does NOT appeal or does not appeal on or before the date on notice:

- RO will request a 148-W discharge from the SC.
 - SC completes the 148-W (indicating reason for denial/discharge)
 - Indicate the Discharge Effective Date which will be the day after the date the decision was received from DAL.
 - RO signs the 148-W, forwards to Data Management Contractor, local Medicaid office and SC Agency.
 - SC completes CMIS Closure form
 - SC will also close the case in CMIS
 - The SC will notify the provider(s) by speaking to a representative and by faxing.

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17

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Appeal Not Filed in 14 Calendar days for Discharge/Termination

- Services will be terminated effective the 15th day.
- RO will wait the 30 calendar days from date of notice to see if participant will file an appeal.

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18

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Involuntary Reduction: No Appeal or Appeal Not Filed in 14 Calendar Days

- New POC (with reduction in services) will begin on date indicated on "POC Begin Date".
- RO will wait the 30 calendar days from date of notice to see if participant will file an appeal.

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If The Individual Appeals Timely for Involuntary Reductions

- If individual appeals on or before the proposed date of discharge, RO sends a POC Extension request to the Data Management Contractor and copy to the SC Agency.
- SC notifies provider of appeal and extension
- This will allow the participant to continue to receive services throughout the appeal process.

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QUESTIONS



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