



Current Status: Active

PolicyStat ID: 8520054



Date Issued: 9/1/1998
Effective: 9/1/2020
Last Approved Date: 9/1/2020
Last Revised Date: 9/1/2020
Next Review: 6/30/2023
Owner: Dana James: Consultant
Policy Area: Wraparound (Wrap, REACH, youth CCS)-Administration

References:

#008 - Grievance and Appeals Process

I. POLICY

It is the policy of Children's Community Mental Health Services and Wraparound Milwaukee that any party or enrollee or his/her authorized representative (Provider or Estate Representative who has documented consent by the enrollee) who is dissatisfied with a policy, procedure, benefit, care or service has a right to seek resolution through the Children's Community Mental Health Services and Wraparound Milwaukee Grievance and Appeals Process. This policy follows guidelines established by the Forward Health 2020 HMO & PIHP Member Grievance and Appeals Guide and the Department of Health Services (DHS) Chapter 94 Patient Rights and Resolution of Patient Grievances.

The purpose of this Grievance and Appeals Policy and Procedure is to provide a timely means to resolve grievances and appeals, to educate enrollees or representatives about appropriate use of the Children's Community Mental Health Services and Wraparound Milwaukee program and to use enrollee and provider suggestions to improve Children's Community Mental Health Services and Wraparound Milwaukee.

Note: An enrollee, family, advocate or staff person assisting an enrollee/family will not face any negative reproach if they initiate an informal or formal grievance or appeal.

II. DEFINITIONS

Adverse benefit determination- means any of the following:

- i. The denial or limited authorization of a requested service, including determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting, or effectiveness of a covered benefit.
- ii. The reduction, suspension, or termination of a previously authorized service, unless the service was only authorized for a limited amount or duration and that amount or duration has been completed.
- iii. The denial, in whole or in part, of a payment for a service.
- iv. The failure to provide services in a timely fashion.
- v. The failure of the Health Plan to act within the timeframes established within this policy (Section III: C.3; D.3; E.1-2; F.2).
- vi. For a resident of a rural area with only one Health Plan, the denial of a member's request to exercise his or her right, under 42 CFR § 438.52 (b)(2)(ii), to obtain services outside the

network.

- vii. The denial of a member's request to dispute a financial liability, including cost sharing, copayments, premiums, deductibles, coinsurance, and other member financial liabilities.

Note: See Children's Community Mental Health Services and Wraparound Milwaukee Policy #058- Notice of Action to Enrollees for more information on actions to be taken for adverse benefit determinations.

Appeal- a review by the Health Plan of an adverse benefit determination.

Authorized Representative- an individual appointed by the member, including a provider or estate representative, who may serve as an authorized representative with documented consent of the member.

Department- The Wisconsin Department of Health Services (DHS).

Expedited Appeal- an appeal which is requested by a member or a provider (on behalf of a member or supporting a member's request) to accelerate the appeal process due to concerns that taking the time for a standard appeal resolution could seriously jeopardize the member's life, physical or mental health, or ability to attain, maintain, or regain maximum function. The Health Plan must make reasonable efforts to provide oral notice and issue a written disposition of an expedited hearing decision within 72 hours of receiving the verbal or written expedited appeal request.

Grievance- an expression of dissatisfaction about any matter other than an adverse benefit determination. Grievances may include, but are not limited to, the quality of care of services provided, and aspects of interpersonal relationships such as rudeness of a provider or employee, or failure to respect the member's rights regardless of whether remedial action is requested. Grievance includes a member's right to dispute an extension of time proposed by the Health Plan to make an authorization decision. The member or authorized representative may file a grievance either orally or in writing.

Grievance and Appeal System- the processes the Health Plan implements to handle appeals of an adverse benefit determination and grievances, as well as the processes to collect and track information about them.

Health Plan- Refers to Wraparound Milwaukee HMO.

Member- a BadgerCare Plus and/or Medicaid SSI member who has been certified by the State as eligible to enroll under the relevant Contract (Wraparound Milwaukee), and whose name appears on the Health Plan enrollment Rosters that the Department transmits to the Health Plan according to an established notification schedule. Also, for the purpose of this Policy, Children's Community Mental Health Services will utilize member to identify enrollee's in CCS Programming.

State Fair Hearing- the process used by the Wisconsin Division of Hearing and Appeals to adjudicate member appeals of Health Plan adverse benefit determination.

III. PROCEDURE

Enrollees are provided with a Children's Community Mental Health Services and Wraparound Milwaukee Enrollee/Family Handbook and the Client Rights and Appeal/Grievance Procedure handout that outlines Children's Community Mental Health Services and Wraparound Milwaukee's appeal/grievance process.

A. Timeframes and Procedure for Members

1. **Grievance-** a member may file a grievance with the Health Plan at any time. The member may file a grievance either orally or in writing (*see Attachment 1- Grievance and Appeal Form*) and may either

file with Children's Community Mental Health Services and Wraparound Milwaukee or the Department.

2. Appeal- a member has 60 calendar days from the date on the Adverse Benefit Determination Notice to file a request for an appeal to the Health Plan. The member may request an appeal either orally or in writing, however, an oral appeal must be followed by a written, signed appeal, unless the member has requested an expedited resolution. The date of the oral appeal is the date that will be recognized as the appeal received date.
3. A member may file a grievance and request an appeal with the Health Plan. A member may request a State Fair Hearing only after receiving notice that the adverse benefit determination has been upheld by Children's Community Mental Health Services and Wraparound Milwaukee or Children's Community Mental Health Services and Wraparound Milwaukee fails to adhere to the notice and timing requirements outlined in Section III: C.3; D.3; E.1-2; F.2 of this policy (the member is then deemed to have exhausted the Health Plan's appeal process, and the member may initiate a State Fair Hearing).

B. Informal Resolution for Grievance and Appeals

1. All parties are encouraged to initially attempt to resolve conflicts or concerns in an "informal" manner. This means initiating a discussion with the individual(s) with whom the conflict or concern has arisen. A Child & Family Team meeting should be held if necessary and appropriate. Efforts should be taken to come to a resolution prior to the formal grievance and appeal process being initiated.
2. Members are also able to get issues resolved with the assistance of Children's Community Mental Health Services and Wraparound Milwaukee Administrative Staff or the Client Rights Specialist (CRS) without going through the formal grievance and appeal process. The Administrative Staff or the CRS must attempt to resolve the issue or concern through internal review, negotiation, or mediation, if possible.
3. Informal Resolutions will be documented with Synthesis (Children's Community Mental Health Services and Wraparound Milwaukee IT's System) Vendor Note section under the relevant Vendor/ Provider Agency.

Note: The grievant has the right to file a formal grievance or appeal at any time if he/she believes resolution cannot be achieved through the "informal" process.

C. Formal Process for Grievances

1. If resolution cannot be achieved at the informal level, the Administrative Staff involved will connect the grievant to the CRS or the grievant may contact the CRS at (414)257-5127 to make an inquiry or file a Grievance, or they may complete a Grievance and Appeal Form and submit it to the Children's Community Mental Health Services and Wraparound Milwaukee Quality Assurance Department. If assistance is needed in completing the Form the CRS is available to assist. Language assistance services are available to the grievant free of charge. The grievant may call their Care Coordinator directly or call 1-833-912-2468 (TTY: 711) for assistance.
2. Upon receiving the Grievance, the Quality Assurance Manager (or designee) will review the information, speak with all/any necessary parties and complete the investigation, or forward the Grievance to another identified investigator for follow up.
3. An initial response and acknowledgement letter (*see Attachment 2- Grievance Received Letter*) will be sent within ten (10) business days of receipt, with a final response or report determining the outcome (i.e.: substantiation or unsubstantiation) to be completed within thirty (30) days from the

date the Grievance was received.

4. All Grievances (initial acknowledgement and outcome results) are sent internally to the Director, Associate Director, Provider Network Manager, and the Quality Assurance Manager (if the review was not completed by them) so all are aware. All positions listed above have the authority to implement a corrective action plan as needed and appropriate.

D. Formal Process for Appeals

1. If resolution cannot be achieved at the informal level, the Administrative Staff involved will connect the grievant to the CRS or the grievant may contact the CRS at (414)257-5127 to make an inquiry or file a Grievance, or they may complete a Grievance and Appeal Form and submit it to the Children's Community Mental Health Services and Wraparound Milwaukee Quality Assurance Department. If assistance is needed in completing the Form the CRS is available to assist. Language assistance services are available to the grievant free of charge. The grievant may call their Care Coordinator directly or call 1-833-912-2468 (TTY: 711) for assistance.
2. Upon receiving the request for appeal, the Quality Assurance Manager (or designee) will review the information and bring to the Senior Management Team for review.

Note: The Quality Assurance Manager and the Senior Management Team have authority to implement a corrective action plan as needed and appropriate.

3. An initial response and acknowledgement letter (*see Attachment 3- Appeal Received Letter*) will be sent within ten (10) business days of receipt, with a final response or report determining the outcome to be completed within thirty (30) days from the date the Appeal was received (*see Attachment 4- Appeal Decision Letter*).
4. As necessary, additional medical or other pertinent information will be sought by Children's Community Mental Health Services and Wraparound Milwaukee staff. Staff will seek appropriate clinical expertise if:
 - a. An appeal of a denial that is based on lack of medical necessity.
 - b. A grievance regarding denial of expedited resolution of an appeal.
 - c. A grievance or appeal that involves clinical issues.
5. The member will be given a reasonable opportunity, in writing or in person if requested by the member, to present evidence and testimony. If presenting in person, the member will be provided in writing, the date and time of the meeting at least seven (7) days before the meeting. In expedited appeals (see III. F), the member will also be notified orally.
6. The member and/or their representative may be provided the member's case file, within the constraints of the law, which can include the Plan of Care, Progress Notes, Provider documentation, etc. in connection with the appeal that Children's Community Mental Health Services and Wraparound Milwaukee utilized to make a determination. This will be provided free of charge.
7. If a formal appeal is received by Children's Community Mental Health Services and Wraparound Milwaukee the following provisions will apply:
 - a. If the enrollee was not receiving the service prior to the reduction or denial, Children's Community Mental Health Services and Wraparound Milwaukee does not have to provide the benefit while the decision is being appealed. If the decision is overturned, Children's Community Mental Health Services and Wraparound Milwaukee must authorize or provide the disputed service promptly and as expeditiously as the enrollee's health condition requires, but

no later than 72 hours from the date it receives notice of the determination reversal.

- b. If Children's Community Mental Health Services and Wraparound Milwaukee authorized and paid for the service prior to the reduction or denial, the service must continue to provide the same level of service while the appeal decision is being determined. However, Children's Community Mental Health Services and Wraparound Milwaukee may require the enrollee to receive the service from within the Provider Network, if medically necessary and appropriate care can be provided within the Network.

E. Extension of Decision Timeframe for Grievance and Appeals

1. Children's Community Mental Health Services and Wraparound Milwaukee may extend the timeframe on determining the outcome by up to 14 calendar days, but may not exceed 45 days from the date of receipt, if any of the following occur:
 - a. The member requests the extension
 - b. Children's Community Mental Health Services and Wraparound Milwaukee shows that there is need for additional information and how the delay is in the enrollee's interest. Documentation regarding this determination must be made available to the Department upon request.
2. If the extension of timeframe is not made at the members request, Children's Community Mental Health Services and Wraparound Milwaukee must do the following:
 - a. Make reasonable efforts to give the member prompt oral notice of the delay.
 - b. Within 2 calendar days give the member written notice (*see Attachment 5- Extension Request Letter*) of the reason for the decision to extend the timeframe and inform the member of the right to file a grievance if he or she disagrees with that decision.
 - c. Resolve the appeal as expeditiously as the member's health condition requires and no later than the date the extension expires.
3. If Children's Community Mental Health Services and Wraparound Milwaukee fails to adhere to the notice and timing requirements in this section, the member is deemed to have exhausted the appeals process and the member may initiate a State Fair Hearing.

F. Expedited Resolution of Appeals

1. Expedited Resolution of Appeals are defined as situations where taking the time for a standard resolution could seriously jeopardize the enrollee's life, physical or mental health, or ability to attain, maintain, or regain maximum function.
2. Children's Community Mental Health Services and Wraparound Milwaukee must make reasonable effort to provide oral notice and issue a written disposition of an expedited hearing decision within 72 hours of receiving the verbal or written request for an expedited resolution. The timeframe may be extended as outline in Section III.E.1-2 of this Policy.
3. If a request for an Expedited Resolution is denied by Children's Community Mental Health Services and Wraparound Milwaukee, then the following will occur:
 - a. The request will be transferred to the standard time frame of no longer than thirty (30) days from the date of receipt, with a possible fourteen (14) day extension.
 - b. Reasonable efforts must be made to orally inform the grievant immediately of the denial and a written denial notice must occur within two (2) calendar days.
4. If necessary, immediate additional information to resolve the matter will be sought.

5. Within two (2) business days of the written or verbal expedited appeal, the Children's Community Mental Health Services and Wraparound Milwaukee Program Director (or designee) will meet with Children's Community Mental Health Services and Wraparound Milwaukee relevant staff to review the available information and render a decision.

Note: The member will be given a reasonable opportunity, in writing or in person if requested by the member, to present evidence and testimony and review the case file (within the constraints of the law). If presenting in person, the member will be notified orally of the date and time of the meeting. The member will be orally informed that these rights may delay the resolution of the expedited process.

6. This decision will be immediately communicated, first verbally, then in writing, to the grievant.

G. Member Rights to Appeal an Adverse Outcome of a Grievance

1. If the decision achieved through the grievance and appeals process identified above is adverse to the grievant, then he/she may appeal the decision in writing to Children's Community Mental Health Services and Wraparound Milwaukee Senior Management Team within fourteen (14) days. The appeal to the Senior Management Team should be addressed to:
Children's Community Mental Health Services and Wraparound Milwaukee
Attn: Quality Assurance Manager
9455 Watertown Plank Rd
Milwaukee, WI 53226
or via the email listed on the outcome letter
2. If the decision achieved through the Children's Community Mental Health Services and Wraparound Milwaukee Senior Management Team is adverse to the member, then he/she may appeal the decision in writing to the Milwaukee County Behavioral Health Division (BHD) Administrator, and/or may proceed to any other State Level of grievance or appeal that he/she desires. The appeal to the BHD Administrator is to be made within fourteen (14) days of the date that the Children's Community Mental Health Services and Wraparound Milwaukee Senior Management Team decision was received. County Review appeals should be addressed to:
Milwaukee County DHHS, Behavioral Health Division
Attn: BHD Administrator
9455 Watertown Plank Rd.
Milwaukee, WI 53226
3. If the BHD Administrator's decision is adverse to the grievant, or if the grievant wishes to proceed directly to the State level, he/she may appeal directly to the State of WI DHS. An appeal for a State Fair Hearing must be filed within 90 days of receiving the outcome of the appeal.
4. For assistance with filing a grievance to DHS, the member (or representative) can contact Medicaid / BadgerCare Plus Ombuds at 1-800-760-0001. Ombuds will answer your questions, look into your grievance and help you file a grievance with DHS.
5. The member (or representative) may also bypass all previous routes outlined and file a grievance directly with the State of WI DHS at:
BadgerCare Plus and Medicaid SSI
Managed Care Ombuds
P.O. Box 6470
Madison, WI 53716-0470

H. Member Rights to Appeal an Adverse Outcome of an Appeal (Adverse Benefit Determinations)

1. For Appeals due to an adverse benefit determination, a State Fair Hearing may only be requested after receiving notice that Children's Community Mental Health Services and Wraparound Milwaukee is upholding the adverse benefit determination. The request for a State Fair Hearing must be filed within 90 days of receiving the outcome from Children's Community Mental Health Services and Wraparound Milwaukee.
2. If a State Fair Hearing is requested, this must be in writing to
Department of Administration
Division of Hearing and Appeals
P.O. Box 7875
Madison, WI 53707-7875

I. Interpreter Services

1. If needed, Interpreter Services (for non-English speaking persons and persons with hearing impairments) will be made available through the Children's Community Mental Health Services and Wraparound Milwaukee during the grievance and appeals process.

IV. GRIEVANCE AND APPEALS REVIEW GUIDELINES

- A. Any individual assigned to conduct a Grievance and/or Appeals investigation shall not have had any involvement in the conditions or activities forming the basis of the enrollee or family's grievance or appeal, or have any other substantial interest in those matters arising from his/her relationship to the program or client, other than employment.
- B. Members of Senior Management Team may not have been involved in any prior decision-making capacity regarding the basis of the grievance or appeal. If they are, they must inform the Team and they will be excused in review of the grievance or appeal.

V. RECORDKEEPING OF GRIEVANCE AND APPEALS

- A. Each formal grievance and appeal that is received will be entered into Synthesis under the relevant Vendor/Provider Agency.
- B. The entry of the grievance and/or appeal will include a copy of the original grievance or appeal, the response, and the resolution.
- C. The record of each grievance and/or appeal will contain the following information:
 1. A general description of the reason for the grievance or appeal.
 2. The date received.
 3. The date of each review, or, if applicable, review meeting.
 4. Resolution at each level of the grievance or appeal, if applicable.
 5. Date of resolution at each level, if applicable.
 6. Name of the covered person for whom the grievance or appeal was filed.
- D. All grievance and appeal records will be accurately maintained and accessible to the Department and the

VI. GRIEVANCES AND APPEALS MADE TO PROVIDERS AND ADMINISTRATIVE STAFF

- A. When a new Provider Agency enters Children's Community Mental Health Services and Wraparound Milwaukee Provider Network, they will be provided a copy of the Ombudsmen Brochure and the link to the Appeals and Grievance Guide (both are also located on the website, under Provider Frequently Used Forms). In addition, every contracting cycle, Provider Agencies sign off on policies that they are held to and responsible for knowing. This policy is apart of that sign off for all agencies within the Provider Network, in which the Ombudsmen Brochure and the Appeals and Grievance Guide are linked. Provider Agencies are responsible for following the Grievance and Appeal Guide, in addition to this policy.
- B. Each Provider Agency must have written policy and procedure regarding notification of member's appeal and grievance rights and how members are notified of the grievance and appeal process. Upon request, Children's Community Mental Health Services and Wraparound Milwaukee has the right to request copies of the Provider Agencies grievance and appeals policy for review and/or for review by the State of Wisconsin- Department of Health Services.
- C. Any grievance or appeal that is sent to a Children's Community Mental Health Services and Wraparound Milwaukee Provider or Administrative Staff will be forwarded immediately to the Wraparound Milwaukee Quality Assurance Manager (or designee). This provision will be included in any contract or agreement entered into with Children's Community Mental Health Services and Wraparound Milwaukee.
- D. When a grievance or appeal is forwarded by a Provider or Administrative Staff to Children's Community Mental Health Services and Wraparound Milwaukee, the grievance/appeal process as described in Section III- B-D will be followed.

VII. PROVIDER AGENCY APPEALS TO ADVERSE OUTCOMES

- A. Level 1- If the Provider Agency does not agree with the outcome of the grievance or appeal, the Provider Agency has the ability to appeal the outcome to the Children's Community Mental Health Services and Wraparound Milwaukee Quality Assurance Manager (unless investigation was completed by the Quality Assurance Manager, in which the Associate Director or designee will be listed) within 10 calendar days. The Provider Agency can provide further/new information to be considered in the review. The review will be completed and a determination will be sent within 15 business days.
- B. Level 2- If the Provider Agency does not agree with the outcome of the Level 1 review, the Provider Agency has the ability to appeal the outcome to the Children's Community Mental Health Services and Wraparound Milwaukee Director within 10 calendar days. The Provider Agency can provide further/new information to be considered in the review. The review will be completed and a determination will be sent within 15 business days.
- C. Level 3- If the Provider Agency does not agree with the outcome of the Level 2 review, the Provider Agency has the ability to appeal the outcome to the Milwaukee County Behavioral Health Division Administrator within 10 calendar days. The Provider Agency can provide further/new information to be considered in the review. The review will be completed and a determination will be sent within 15 business days. The Administrator may at his/her discretion reject the request and inform the requester, in writing, outlining the final outcome.

VIII. REFERENCES

1. Forward Health WI 2020 HMO & PIHP Member Grievances and Appeals Guide (April 2020):
<https://www.forwardhealth.wi.gov/WIPortal/content/Managed%20Care%20Organization/Contracts/Home.htm.spage>
2. [DHS 94](#) – PATIENT RIGHTS AND RESOLUTION OF PATIENT GRIEVANCES
(http://docs.legis.wisconsin.gov/code/admin_code/dhs/030/94.pdf)
3. Ombudsmen Brochure: <https://www.dhs.wisconsin.gov/publications/p1/p12002.pdf>

Attachments

- 1: Grievance and Appeal Form
- 2: Grievance Received Letter
- 3: Appeal Received Letter
- 4: Appeal Decision Letter
- 5: Extension Request Letter

Approval Signatures

Step Description	Approver	Date
	Michael Lappen: BHD Administrator	9/1/2020
	Brian McBride: ExDir2 – Program Administrator	8/31/2020
	Dana James: Consultant	8/31/2020
	Dana James: Consultant	8/31/2020

B. If this is a grievance, what have you done in an attempt to resolve the issue (i.e. discuss with the Provider, Care Coordinator, Supervisor, and/or Child & Family Team, etc.). Please explain.

C. What would you like to see happen about this grievance/appeal? How would you like the issue resolved?

D. Additional Information?

Signature of Person Filing the Grievance/Appeal _____ Date _____

Following the completion of this form, please submit to:

Mail: Children's Community Mental Health Services and Wraparound Milwaukee Attn: Quality Assurance Department 9455 Watertown Plank Road Milwaukee, WI 53226	Fax: 414-257-7575 Attn: QA Department
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ATTENTION: If you speak English, language assistance services are available to you free of charge. Call your Care Coordinator directly or call 1-833-912-2468 (TTY: 711)

Español (Spanish) - ATENCIÓN: Si habla español, tenemos servicios de asistencia lingüística disponibles de forma gratuita. Llame a su coordinador de atención directamente o bien llame al 1-833-912-2468 (TTY: 711)

Hmoob (Hmong) - CEEB TOOM: Yog koj hais lus Hmoob, muaj cov kev pab txhais lus pub dawb rau koj. Hu xov tooj ncaj nraim rau koj tus Neeg Khiav Hauj Lwm Muab Kev Kho Mob los yog hu rau 1-833-912-2468 (TTY: 711)

မြန်မာ (Myanmar)(Burmese) - အထူးသတိပြုရန် - အကယ့်၍
မြန်မာဘာသာစကားကို သင်္ချေပာဆိုနိုးငြိက ဘာသာစကားဆိုလှ
ဝန်ဆောင်မှုများကို အခမဲ့ သင့် ရရှိနိုင်ပါသည်။ သင့် စောင့်ရှောက်မှု
ဆက်ပူးဆောင်ရွက်ပေးသည့်သို့၊ တိုက်ရိုက် ဖုန်းခေါ်ဆိုပါ သို့မဟုတ်လည်း
1-833-912-2468 (TTY: 711) သို့မဟုတ် ခေါ်ဆိုပါ



MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION
CHILDREN'S COMMUNITY MENTAL HEALTH
WRAPAROUND MILWAUKEE

Wraparound Milwaukee
Grievance and Appeal Policy
Attachment 2

PHONE: (414) 257-7610

9455 WATERTOWN PLANK ROAD, MILWAUKEE, WI 53226

FAX: (414) 257-7575

[Mailing Date]

[Enrollee Name]

[Member MA Number]

[Member/Authorized Representative Address]

Dear [Mr/Ms/Mrs] [Last Name]

Children's Community Mental Health Services and Wraparound Milwaukee received your grievance on [date]. A grievance is any complaint about your health plan or health care provider that is not related to a denial, change, or delay in your benefits. We have up to 30 days to make a decision on your grievance, and we will send you our decision by [date the health plan received the grievance + 30 calendar days]. If we need more than 30 days to make a decision, we will notify you in writing.

Submitting a grievance to ForwardHealth

You can also send your grievance to ForwardHealth. To do this you can call the BadgerCare Plus and Medicaid SSI Ombuds at 1-800-760-0001 or you can send a letter to the following address:

BadgerCare Plus and Medicaid SSI
Managed Care Ombuds
P.O. Box 6470
Madison, WI 53716-0470

Getting Assistance With Your Grievance

You can get help or ask questions about the grievance process by contacting the Children's Community Mental Health Services and Wraparound Milwaukee Client Rights Specialist at 414-257-5127 or one of the organizations listed below:

- The BadgerCare Plus and Medicaid SSI Ombuds at 1-800-760-0001
- The HMO Enrollment Specialist at 1-800-291-2002.
- If you are enrolled in a Medicaid SSI Program, you can also call the SSI Managed Care External Advocacy Project at 1-800-708-3034 for help with submitting a grievance.

Please let me know if you have any questions. I can be reached at [Phone Number].

Sincerely,

[Name of Investigator]

[Position Title]



MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION
CHILDREN'S COMMUNITY MENTAL HEALTH
WRAPAROUND MILWAUKEE

Wraparound Milwaukee
Grievance and Appeal Policy
Attachment 3

PHONE: (414) 257-7610

9455 WATERTOWN PLANK ROAD, MILWAUKEE, WI 53226

FAX: (414) 257-7575

[Mailing Date]

[Enrollee Name]

[Member MA Number]

[Member/Authorized Representative Address]

Dear [Mr/Ms/Mrs] [Last Name]

(Option 1. For an appeal received verbally)

Children's Community Mental Health Services and Wraparound Milwaukee got your oral request for an appeal on **[date – use date of oral request]**.

We will begin working on your appeal immediately, but we still need you to send in a written and signed appeal. If you need help with this process, you can contact the Children's Community Mental Health Services and Wraparound Milwaukee Client Rights Specialist at 414-257-5127 or any of the organizations listed in the "Getting Assistance With Your Appeal" section.

We have up to 30 calendar days to make a decision on your appeal, and we will send you our decision by **[date the HMO received the appeal + 30 calendar days]**. If we need more than 30 days to make a decision, we will inform you in writing. If we did not give you a decision by **[date the HMO received the appeal + 30 calendar days]**, or if you did not get a notice from us telling you we need more time, you can request a State Fair Hearing. Instructions about how to ask for a State Fair Hearing are at the end of this letter.

(Option 2. For a written, signed appeal)

Children's Community Mental Health Services and Wraparound Milwaukee received your written request for an appeal on **[date – use date of receipt of mailed or faxed request]**. We have up to 30 calendar days to make a decision on your appeal, and we will send you our decision by **[date the MCO received the appeal + 30 calendar days]**. If we need more than 30 days to make a decision, we will inform you in writing. If we did not give you a decision by **[date the HMO received the appeal + 30 calendar days]**, or if you did not get a notice from us telling you we need more time, you can request a State Fair Hearing. Instructions about how to ask for a State Fair Hearing are at the end of this letter.

Sincerely, [Name and Title of Staff]



MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION
**CHILDREN'S COMMUNITY MENTAL HEALTH SERVICES AND
WRAPAROUND MILWAUKEE**

PHONE: (414) 257-7610

9455 WATERTOWN PLANK ROAD, MILWAUKEE, WI 53226

FAX: (414) 257-7575

Getting Assistance With Your Appeal

We can help you complete forms and take other steps needed to process your appeal. If you have any questions about the process or need help submitting an appeal or getting records, you can contact the Children's Community Mental Health Services and Wraparound Milwaukee Client Rights Specialist at 414-257-5127.

If you want to talk to someone outside of Children's Community Mental Health Services and Wraparound Milwaukee you can call the BadgerCare Plus and Medicaid SSI Ombuds at 1-800-760-0001, or the HMO Enrollment Specialist at 1-800-291-2002. If you are enrolled in a Medicaid SSI Program, you can also call the SSI External Advocate at 1-800-708-3034 for help with filing your fair hearing.

Your Appeal Rights

When you file an appeal, you may request a meeting with the Children's Community Mental Health Services and Wraparound Milwaukee's Senior Management Team by calling the Quality Assurance Manager at 414-257-7595. You may call in to this meeting, but you have the right to appear in person if you choose. You have the right to be represented at the meeting, and you can bring a friend or family member. You may also bring new evidence and witnesses to this meeting. You will have the ability to provide any new evidence in writing.

You have the right to a free copy of all documents, records, and other information related to this decision. This includes medical information needed, and any processes, policies, or standards used in making the decision. You have a right to this information whether or not you file an appeal. If you do file an appeal, you also have the right to a free copy of any new or additional information. Children's Community Mental Health Services and Wraparound Milwaukee gathers during your appeal.

If Children's Community Mental Health Services and Wraparound Milwaukee's Senior Management Team decides against your appeal **OR** if we do not come to a decision within 30 days of getting your appeal, you will have the option to file for a State Fair Hearing with the Wisconsin Division of Hearing and Appeals. If Children's Community Mental Health Services and Wraparound Milwaukee's Senior Management Team decides against your appeal, you will get a decision letter with more information on how to file for a State Fair Hearing. **You must finish your appeal with Children's Community Mental Health Services and Wraparound Milwaukee before filing for a State Fair Hearing.**

Asking For More Time

Children's Community Mental Health Services and Wraparound Milwaukee will always try to make a decision on your appeal within 30 days of getting it. However, it may take more time to complete the appeal. If you need more time to complete the appeal, you can ask Children's Community Mental Health Services and Wraparound Milwaukee for a 14 day extension. If Children's Community Mental Health Services and Wraparound Milwaukee needs more time, they will call you and send you a letter to let you know the decision deadline has been extended. The appeal decision deadline can only be extended for up to 14 days.



MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION
CHILDREN'S COMMUNITY MENTAL HEALTH SERVICES AND
WRAPAROUND MILWAUKEE

PHONE: (414) 257-7610

9455 WATERTOWN PLANK ROAD, MILWAUKEE, WI 53226

FAX: (414) 257-7575

Asking For A State Fair Hearing

If we do not give you a written decision on your appeal or a notice telling you we need more time by **[date the HMO received the appeal + 30 calendar days]**, you can ask for a State Fair Hearing starting on **[date the HMO received the appeal + 31 calendar days]**. Your health care benefits will not be affected, and you will not be treated differently than other members if you ask for a State Fair Hearing. **To ask for a State Fair Hearing, use the form included with this letter or send a written request to the address or fax below by [date – 90 days from Mailing Date]. Include a copy of this letter with your request.**

Department of Administration
Division of Hearings and Appeals
P.O. Box 7875
Madison, WI 53707-7875
Fax: 608-264-9885

If you need a special arrangement for a disability or for language translation, please call 1-608-266-3096 (voice) or 1-608-264-9853 (hearing impaired).

Once you have asked for a State Fair Hearing, the Division of Hearings and Appeals will have 90 calendar days to hold your hearing and issue a written decision, unless you requested an expedited appeal from Children's Community Mental Health Services and Wraparound Milwaukee.



MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION
CHILDREN'S COMMUNITY MENTAL HEALTH
WRAPAROUND MILWAUKEE

Wraparound Milwaukee
Grievance and Appeal Policy
Attachment 4

PHONE: (414) 257-7610

9455 WATERTOWN PLANK ROAD, MILWAUKEE, WI 53226

FAX: (414) 257-7575

[Mailing Date]

[Enrollee Name]

[Member MA Number]

[Member/Authorized Representative Address]

Dear [Mr/Ms/Mrs] [Last Name]

The Children's Community Mental Health Services and Wraparound Milwaukee's Senior Management Team has made a decision on your appeal about **[insert service or benefit in question]**. Our meeting was held on **[date]**, where you **[you participated/you and your representative participated/your representative participated/you chose not to participate/sent in information]**. After reviewing your case, the Children's Community Mental Health Services and Wraparound Milwaukee's Grievance and Appeal Committee has decided to **[description of the decision]**.

The reason for this decision is **[Must include specific explanation for why the original decision was upheld]**.

If you disagree with this decision, you can ask for a State Fair Hearing with the Wisconsin Division of Hearings and Appeals. You can find more information on how to ask for a State Fair Hearing below.

[CHOOSE ONE]

(Option 1. Standard continued benefits)

At your request, we continued your **[describe continued services]** during the appeal process. Based on the Children's Community Mental Health Services and Wraparound Milwaukee's Senior Management Team's decision, we will **[reduce/terminate/etc.]** your **[describe continued services]** on **[effective date of intended action – no earlier than 10 calendar days after the mailing date of this letter]**. If you choose to ask for a State Fair Hearing, you can ask to have your benefits continue during the process. You can find more information on how to ask for your benefits continue below.

(Option 2. Benefits were not continued)

Your services were not continued during the Children's Community Mental Health Services and Wraparound Milwaukee appeal; therefore, they cannot be provided if you choose to ask for a State Fair Hearing.

Thank you for using Children's Community Mental Health Services and Wraparound Milwaukee's grievance and appeals process. If you have any questions or would like help to ask for a State Fair Hearing, contact the Children's Community Mental Health Services and Wraparound Milwaukee Client Rights Specialist at 414-257-5127 or one of the organizations listed on the following page.

Sincerely, [Name and Title of Staff]



MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION
**CHILDREN'S COMMUNITY MENTAL HEALTH SERVICES AND
WRAPAROUND MILWAUKEE**

PHONE: (414) 257-7610

9455 WATERTOWN PLANK ROAD, MILWAUKEE, WI 53226

FAX: (414) 257-7575

Asking For A State Fair Hearing

If you disagree with this decision, you have the right to ask for a State Fair Hearing with the Wisconsin Division of Hearings and Appeals. Your health care benefits will not be affected, and you will not be treated differently than other members if you ask for a State Fair Hearing. **To ask for a State Fair Hearing, use the form included with this letter or send a written request to the address or fax below by [date – 90 days from Mailing Date]. Include a copy of this letter with your request.**

Department of Administration
Division of Hearings and Appeals
P.O. Box 7875
Madison, WI 53707-7875
Fax: 608-264-9885

If you need a special arrangement for a disability or for language translation, please call 1-608-266-3096 (voice) or 1-608-264-9853 (hearing impaired).

Once you have asked for a State Fair Hearing, the Division of Hearings and Appeals will have 90 calendar days to hold your hearing and issue a written decision, unless you asked for an expedited appeal from Children's Community Mental Health Services and Wraparound Milwaukee.

Your Fair Hearing Rights

The hearing will be held by an independent administrative law judge. These hearings are usually done by telephone. You have the right to be represented at the hearing, and you can bring a friend or family member. You can also ask the judge to include witnesses and send new evidence for the judge to consider when reviewing your case.

You have the right to a free copy of all documents, records, and other information related to this decision. This includes medical information needed, and any processes, policies, or standards used in making the decision. You have a right to this information whether or not you filed an appeal. If you did file an appeal, you also have the right to a free copy of any new or additional information Children's Community Mental Health Services and Wraparound Milwaukee gathered during your appeal.

Continuing Your Services During A State Fair Hearing

You have the right to request that [insert service or benefit in question] continue until a decision has been made on the State Fair Hearing. **To continue this service while you submit a State Fair Hearing, you must send a request for a State Fair Hearing and continuation of your benefits to the Division of Hearings and Appeals by [insert appropriate date – 10 calendar days from the mailing date or the intended effective date, whichever is later].**

If the administrative law judge decides that the Children's Community Mental Health Services and Wraparound Milwaukee's Senior Management Team is correct, you may need to repay the cost of the services you received while your appeal was being processed.



MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION
**CHILDREN'S COMMUNITY MENTAL HEALTH SERVICES AND
WRAPAROUND MILWAUKEE**

PHONE: (414) 257-7610

9455 WATERTOWN PLANK ROAD, MILWAUKEE, WI 53226

FAX: (414) 257-7575

Getting Help With Your State Fair Hearing

We will help you complete forms and take other steps needed to process your appeal. If you have any questions about the process or need help asking for a State Fair Hearing or getting records, you can contact the Children's Community Mental Health Services and Wraparound Milwaukee Client Rights Specialist at 414-257-5127.

If you want to talk to someone outside of Children's Community Mental Health Services and Wraparound Milwaukee, you can call the BadgerCare Plus and Medicaid SSI Ombuds at 1-800-760-0001 or the HMO Enrollment Specialist at 1-800-291-2002. If you are enrolled in a Medicaid SSI Program, you can also call the SSI Managed Care External Advocate at 1-800-708-3034 for help with asking for your State Fair Hearing.

How Did We Make Our Decision?

The decision outlined in this letter is based on the following: **[Cite specific contract language, federal provisions, state laws, FH topics, clinical guidelines, etc.]**.



MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION
CHILDREN'S COMMUNITY MENTAL HEALTH SERVICES
WRAPAROUND MILWAUKEE

Wraparound Milwaukee
Grievance and Appeal Policy
Attachment 5

PHONE: (414) 257-7610

9455 WATERTOWN PLANK ROAD, MILWAUKEE, WI 53226

FAX: (414) 257-7575

[Mailing Date]

[Enrollee Name]

[Member MA Number]

[Member/Authorized Representative Address]

Dear [Mr/Ms/Mrs] [Last Name]

(Option 1. Health plan requests additional time)

On [date], we contacted you because we need additional time to make a decision on your appeal of our decision to [adverse benefit determination].

(Option 2. Member requests additional time)

On [date], you contacted Children's Community Mental Health Services or Wraparound Milwaukee to ask for more time before we make a decision on your appeal of [adverse benefit determination]. We have extended the deadline for a decision on this appeal by [XX days – no more than 14 days].

If you do not get our decision by [date the health plan received the appeal + 30 calendar days + up to 14 extension days], you can ask for a State Fair Hearing. Instructions about how to ask for a State Fair Hearing are at the end of this letter.

If we do not provide you with a written decision on your appeal on or before [date the HMO received the appeal + 30 calendar days + number of additional extension days], you can request a State Fair Hearing starting on [date the HMO received the appeal + 30 calendar days + number of additional extension days + 1 calendar day]. Your request for a State Fair Hearing must be mailed or faxed to DHA on or before [date the health plan received the appeal + 30 calendar days + number of additional extension days + 90 calendar days].

Sincerely,

[Name of Investigator]

[Role of Investigator]



MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION
**CHILDREN'S COMMUNITY MENTAL HEALTH SERVICES AND
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9455 WATERTOWN PLANK ROAD, MILWAUKEE, WI 53226

FAX: (414) 257-7575

Asking For A State Fair Hearing

If we do not provide you with a decision by the deadline and you want to ask for a State Fair Hearing, you must send your request to the Wisconsin Division of Hearings and Appeals. Your health care benefits will not be affected, and you will not be treated differently than other members if you request a State Fair Hearing. **To ask for a State Fair Hearing, you must send a written request to the address or fax below by [date the health plan received the appeal + 30 calendar days + number of additional extension days + 90 calendar days]. Include a copy of this letter with your request.**

Department of Administration
Division of Hearings and Appeals
P.O. Box 7875
Madison, WI 53707-7875
Fax: 608-264-9885

If you need a special arrangement for a disability or for language translation, please call 1-608-266-3096 (voice) or 1-608-264-9853 (hearing impaired).

Once you have asked for a State Fair Hearing, the Division of Hearings and Appeals will have 90 calendar days to hold your hearing and issue a written decision, unless you asked for a faster appeal from Children's Community Mental Health Services and Wraparound Milwaukee.

Your Fair Hearing Rights

The hearing will be held by an independent administrative law judge. These hearings are usually done by telephone. You have the right to be represented at the hearing, and you can bring a friend or family member. You can also ask the judge to include witnesses and send new evidence for the judge to consider when reviewing your case.

You have the right to a free copy of all documents, records, and other information related to this decision. This includes medical information needed, and any processes, policies, or standards used in making the decision. You have a right to this information whether or not you file an appeal. If you do file an appeal, you also have the right to a free copy of any new or additional information Children's Community Mental Health Services and Wraparound Milwaukee gathered during your appeal.

Continuing Your Services During State Fair Hearing

If you asked for a service to continue while waiting for a decision from us, you can also ask for it to continue until the State Fair Hearing is resolved. **To continue this service while you appeal, you must send a request for a State Fair Hearing and continuation of your benefits to the Division of Hearings and Appeals by [date the MCO received the appeal + 30 calendar days + number of additional extension days + 90 calendar days].**

If the administrative law judge decides that the Children's Community Mental Health Services and Wraparound Milwaukee Senior Management Team is correct, you may need to repay the cost of the services you received while your appeal was being processed.



MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION
**CHILDREN'S COMMUNITY MENTAL HEALTH SERVICES AND
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Getting Help With Your State Fair Hearing

We can help you complete forms and take other steps to process your appeal. If you have any questions about the process or need help asking for a State Fair Hearing or getting records, you can contact the Children's Community Mental Health Services Client Rights Specialist at 414-257-5127.

If you want to talk to someone outside of Children's Community Mental Health Services and Wraparound Milwaukee, you can call the BadgerCare Plus and Medicaid SSI Ombuds at 1-800-760-0001 or the HMO Enrollment Specialist at 1-800-291-2002. If you are enrolled in a Medicaid SSI Program, you can also call the SSI Managed Care External Advocate at 1-800-708-3034 for help with asking for your State Fair Hearing.