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<b>Series:</b>	<b>Operating Procedures</b>	<b>COA: NET 2.03, 2.04, 7.0</b>
<b>Procedure Name:</b>	<b>Child Welfare Pre Paid Mental Health Plan (CWPMHP) Appeal and Grievance</b>	<b>CFOP: N/A</b>
<b>Procedure Number:</b>	<b>OP-1112</b>	
<b>Revision #/Date:</b>	<b>(3) 08/10/10</b>	
<b>Effective Date:</b>	<b>01/14/08</b>	
<b>Applicable to:</b>	<b>BFP staff and its subcontracted agencies</b>	

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**PURPOSE:** To outline the process of Appeals and Grievances as they relate to Brevard Family Partnership Magellan Child Welfare Pre Paid Mental Health Plan (CWPMHP) policies and procedures for all BFP child welfare involved

**PROCEDURE:**

**Appeal and Grievance of Decisions Made by the Clinical Review Team**

Clinical Reviews/MDT involve the review of children in licensed out of home care to determine the need for both an increased or decreased level of care. Recommendations are based upon medical necessity criteria and are intended to provide guidance for other services options in the event that Specialized Therapeutic Foster Care (STFC) and Specialized Therapeutic Group Home (TGC) Care are not recommended. These children must be under the jurisdiction of Brevard County and be a part of the District 7B child welfare system. The team members that participate in the Clinical Review/MDT Process include the BFP Utilization Program Manager, BFP Intake Specialist, Substance Abuse and Mental Health (SAMH) Representative, Independent Living Specialist, School Board Representative, DJJ, ACHA, BFP Consulting Psychologist and corresponding Targeted Case Manager, Therapist and Child Welfare Care Manager.

All decisions made by the Clinical Review/MDT Team are made by a majority consensus vote. All persons in attendance to the staffing are required to provide written signature of their attendance as well as acknowledgement of the decision made by the team. Should a team member be in disagreement with the recommended level of care there is a section provided on the sign in sheet to document this. If a team member is in disagreement a staffing will be scheduled within 30 days to re-review the case and attempt to come to resolution. All decisions made by the BFP Clinical Review/MDT Team are recommendations only. Final approval for placement and funding are made by the Magellan Clinical Care Manager.

**Appeal of Magellan Decisions Process**

Final approval for placement and funding are made by the Magellan Clinical Care Manager. Should a member of the child's treatment team be in disagreement with the decision made by the Magellan Clinical Care Manager they would be advise to follow the Magellan Right To Appeal Process outlined in the Magellan Behavioral Health of Florida

Provider Handbook (Section 3: Clinical Operations Standards Right To Appeal and Appeal Process Pages 25-29).

The enrollee or provider may file an appeal orally by calling the Magellan of Florida at 1-800-327-5542 or in writing to:

Magellan of Florida  
7400 NW 19<sup>th</sup> Street Suite C  
Miami, FL 33126

An Appeal must be filed with Magellan within 30 days when Magellan send a written notice of action. The Appeal will be immediately forwarded to the Magellan of Florida Grievance & Appeals Coordinator for investigation and resolution. Clinical issues will be referred to the Medical Director, Physician Advisor not previously involved in the case. The Appeal process can be expedited for urgent appeals with resolution no more than 72 hours after receipt of the expedited request. This may be extended up to 14 calendar days if the enrollee requests and extension or Magellan documents that there is a need for additional information and that the delay is in the enrollee's interest.

BY DIRECTION OF THE CHIEF EXECUTIVE  
OFFICER:



DR. PATRICIA NELLIUS-GUTHRIE  
Chief Executive Officer  
Brevard Family Partnership

APPROVAL DATE: 8/18/10