
Series:	Operating Procedures	COA: N/A CFOP: NA
Procedure Name:	CWPMHP Notification of Change	
Procedure Number:	OP-1153	
Revision #/Date:	N/A	
Effective Date:	08/06/10	
Applicable to:	BFP staff and its subcontracted agencies	

PURPOSE: To outline the process for notification of change for enrollees and/or guardian within the Child Welfare Pre-Paid Mental Health Plan CWPMHP services

PROCEDURE:

Brevard Family Partnership's (BFP) Clinical Review/MDT Team will make recommendations on a child's level of care treatment based upon information provided at the meeting and in conjunction with Medical Necessity Criteria and the Florida Medicaid Community Behavioral Health Services Coverage and Limitations Handbook. In the event the Clinical Review/MDT members recommend a change in level of care (more or less restrictive), discharges, or acute setting admissions (Baker Acts), this information will be shared with the Care Manager by the designated Point of Contact. Ten (10) days before the date of the change in level of care and within 48 hours of a decision made by the Partnership (Care Manager), the BFP UM Program Manager (Point of Contact) will send an official Notification of Status Change Form utilizing the quickest method possible (email, fax, or mail) to the following:

- Parent (if not TPR'd)/caregiver
- Child Welfare Case Manager
- Guardian ad Litem
- Attorney ad Litem (if applicable)
- AHCA Area Representative
- AHCA Contract Manager

The Notification of Status Change Form shall include information about the level of care change that has taken place for a specific child as well as justification for the change and tasks/assignments, person(s) responsible, (See attached Notification of Status Change Form).

The period of advanced notice is shortened from 10 calendar days to 5 calendar days if probable enrollee fraud has been verified by the date of the action for the following:

- Death of enrollee
- Signed written enrollee and/or parent caregiver statement requesting service termination
- The enrollee's admission to an institution where is ineligible for further services

- The enrollee's physician prescribes the change in the level of care

APPEAL PROCESS

The client, parent, caregiver and/or provider has the right to file an appeal and/or request a Medicaid Fair Hearing in the decision in regards to the change in level of care. The process for filing an appeal or to request a Medicaid Fair Hearing is listed below:

The Appeal process can be initiated for any of the following actions:

- Denial or limited authorization of a requested services including type or level of service.
- Denial, or partial payment of a claim

The enrollee, parent/caregiver or provider may file an appeal on behalf of the enrollee verbally or in writing to:

Magellan Behavioral Health of Florida
7400 NW 19th Street
Suite C
Miami, FL 33126

An appeal must be filed with Magellan within 30 days of Magellan's written notice of action. The provider may present information related to the appeal in person or in writing and may review Magellan documents related to the appeal.

The enrollee, parent/caregiver or provider may accelerate the appeals process by calling 1-800-327-5542 and asking for the Magellan Appeals Coordinator within seventy-two hours of receipt of the verbal or written notification if the person filing the appeal believes the change in level of care will negatively impact the enrollee's well-being. The CBC Partnership shall provide notice of a decision of an expedited appeal within three (3) business days after receipt of the appeal. The CBC Partnership may extend the three (3) business day time frame up to fourteen (14) calendar days if the enrollee requests an extension or if the CBC Partnership has justification for the need of additional information and how the extension is in the enrollee's interest.

The enrollee, parent/caregiver, or provider (with the enrollee's written consent) may also request a Medicaid Fair Hearing and may contact the local AHCA Area Office for assistance. The enrollee, parent/caregiver, or provider may also contact the Department of Children and Families (DCF) at:

Office of Public Assistance Appeals Hearing
1317 Winwood Boulevard, Building 5, Room 203
Tallahassee, FL 32399-0700

The enrollee, parent/caregiver, or provider may request a Medicaid Fair Hearing within 90 calendar days of receipt of the notice of the change in level of care.

During the request for Medicaid Fair Hearing process, the current level of care/benefits shall continue so long as:

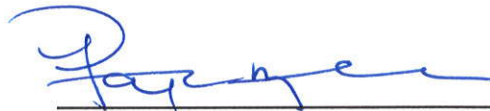
- The Medicaid Fair Hearing request was submitted in writing within ten (10) days (15 days if the notice was sent by U.S. Mail) of the Notice of Status Change;
- The hearing involves the termination, suspension, or reduction of a previously authorized level of care/treatment;
- The services were ordered by an authorized provider;
- The authorization period has not expired; and
- The enrollee requests an extension of benefits/services

In the event the above criteria are not met, the enrollee, parent/caregiver, or provider may be required to pay for benefits/services.

No retaliation shall occur against an enrollee or anyone requesting or supporting a Medicaid Fair Hearing. If the enrollee's benefits/services are maintained during the Medicaid Fair Hearing process, the benefits/services shall continue until:

- The request is withdrawn
- The time frame of 10/15 days has expired
- A Medicaid Fair Hearing decision adverse to the enrollee is made
- The authorization expires or authorized limits are met.

BY DIRECTION OF THE CHIEF EXECUTIVE
OFFICER:



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

APPROVAL DATE: 8/18/10