



MSHN Adverse Benefit Determination (ABD)  
Notice Review Tool  
For CMHSP/SUD Provider Name

Review Period:													
Date of Review:													
Reviewer:													
Staff Member (Optional):													
P6.3.1.1 (IV)(A)(1-10) reference		1	2	3	4	4	5	6	7	8	9	10	
	Case ID #	Is the ABD notice easily understood? - Length, language, grammar, reading level	Is 42 CFR 440.230(d) basic legal authority included?	Is a description provided? - action taken and effective date	Reason(s) for the ABD issuance provided?	Are references for the policy/authority relied upon in making the decision provided?	Is the right to receive free access to ABD documents provided?	Is the right to request an Appeal provided? - includes information on exhausting the appeal process and the right to request a State Fair Hearing	Description of the circumstances to request an expedited Appeal and how to request one?	Description of how to continue benefits? - how to request and a statement of possible repayment for continued services	Description of the process to follow to exercise appeal rights?	Includes an explanation that the individual may represent him/herself or have an alternate representative?	Is the MDHHS approved standardized template being used?
TIP:	Local Case ID #	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
1													
Comments													
2													
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# MSHN Grievance Record Review Tool

## For CMHSP/SUD Provider Name

Review Period:												
Date of Review:												
Reviewer:												
Staff Member (Optional):												
1	2	3	4	5	6	7	8	9	10	11	12	13
	Case ID #	Date grievance received?	Who filed the grievance?	If grievance not filed by member, was member's consent obtained?	Date receipt of the grievance acknowledged letter sent?	Was there any internal coordination?	Date written resolution notice sent?	Number of days from request to resolution notice.	Notice time frame requirement met (90 calendar days)?	Decision Made by Noninvolved Staff (staff not involved in original decision)	Decision Made by Staff with Appropriate Credentials	Resolution notice easily understood? - Length, language, grammar, reading level
TIP:	Local Case ID #	Date	(member, provider, other)	Yes/No	Date	Fair Hearing Officers or Office of Recipient Rights	Date	Count of days	Yes/No	Yes/No	Yes/No	Yes/No
1								0				
Comments												
2								0				
Comments												
3								0				
Comments												
4								0				
Comments												
5								0				
Comments												
6								0				
Comments												
7								0				
Comments												



MSHN Appeals Record Review Tool  
For CMHSP/SUD Provider Name

Review Period:														
Date of Review:														
Reviewer:														
Staff Member (Optional):														
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	Case ID #	Date appeal received?	Who filed appeal?	If appeal not filed by member, was member's consent obtained?	If oral request, did member or representative follow up with a writing request?	Date receipt of appeal acknowledged?	If time frame extended—prompt oral notice? (N/A if no extention)	If time frame extended—written notice provided in 2 calendar days and member informed of right to file grievance?	Date written resolution notice sent?	Number of days from request to resolution notice.	Time frame requirement met (30 days for standard, addition of 14 days if extended)?	Decision Made by Noninvolved Staff (staff not involved in original decision)	Decision Made by Staff with Appropriate Credentials	Resolution notice easily understood? - Length, language, grammar, reading level
TIP:	Local Case ID #	Date	(member, provider, other)	Yes/No	Yes/No	Date	Yes/No	Yes/No	Date	Count of days	Yes/No	Yes/No	Yes/No	Yes/No
1										0				
Comments														
2										0				
Comments														
3										0				
Comments														
4										0				
Comments														
5										0				
Comments														
6										0				
Comments														
7										0				
Comments														
8										0				
Comments														
** Resolution notice must contain the following (if not resolved in favor of consumer): a) Right to request a state fair hearing, and how to do so; b) Right to request to receive benefits while the state fair hearing is pending, and how to make the request; and c) Potential liability for the cost of those benefits if the hearing decision upholds the PIHP's Adverse Benefit Determination														

**MSHN Expedited Appeals Record Review Tool**  
**For CMHSP/SUD Provider Name**

Review Period:														
Date of Review:														
Reviewer:														
Staff Member (Optional):														
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	Case ID #	Date appeal received?	Who filed appeal?	If appeal not filed by member, was member's consent obtained?	Date receipt of appeal acknowledged?	If expedited request denied—prompt oral notice?	If expedited request denied—written notice provided in 2 calendar days and member informed of right to file grievance (n/a for expedited appeals)?	Date written resolution notice sent.	Number of days from request to resolution notice.	Effort to provide oral notice of resolution?	Time frame requirement met? (72 hours for expedited)	Decision Made by Noninvolved Staff (staff not involved in original decision)	Decision Made by Staff with Appropriate Credentials	Resolution notice easily understood? - Length, language, grammar, reading level
TIP:	Local ID #	Date	(member, provider, other)	Yes/No	Date	Yes/No	Yes/No	Date	Count of days	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
1									0					
Comments														
2									0					
Comments														
3									0					
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4									0					
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5									0					
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6									0					
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7									0					
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