

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

Local Case   In   In   In   In   In   In   In   In									T TO VIGCT TO					
Review		Review Per	riod:											
No.   1.     1.       1.		Date of Rev	view:											
Post	Reviewer:													
Is the ABD notice acily understood; Adv. 23(c)   Secretary and part of the ABD institute and provided; and plant of the ABD institute and provided; and plant of the ABD institute and provided; and plant institute and provided; and	St	taff Member (C	Optional):											
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III		Case ID #	easily understood? - Length, language,	440.230(d) basic legal authority	description provided? - action taken and	the ABD issuance	the policy/authority relied upon in making the decision	receive free access to ABD documents	request an Appeal provided? - includes information on exhausting the appeal process and the right to request a State Fair	circumstances to request an expedited Appeal and how to request	continue benefits? - how to request and a statement of possible repayment for continued	the process to follow to exercise appeal	explanation that the individual may represent him/herself or have an alternate	standardized template being
Comments  2	TIP:		Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
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## MSHN Grievance Record Review Tool For CMHSP/SUD Provider Name

Review Period:												
	Date of Review	v:										
	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?	from request to	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
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## MSHN Appeals Record Review Tool For CMHSP/SUD Provider Name

Review Period:													
Date of Review:													
Reviewer:													
Member (Option	onal):												
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?			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
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
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	Reviewer:  Member (Option 2  Case ID #	Reviewer:  Member (Optional):  2 3  Case ID # Date appeal received?	Case ID # Date appeal received? Who filed appeal?  Local Case ID # Date provider,	Case ID # Date appeal received?  Date of Reviewer:  Member (Optional):  2	Case ID # Date appeal received?  Who filed appeal?  Who filed appeal?  Who filed appeal received appear	Date of Reviewer:  Member (Optional):  2 3 4 5 6 7  Case ID # Date appeal received? Who filed appeal? Who filed appeal? Who filed by member, was member's consent obtained? If oral request, did member or representative follow up with a writing request?  Local Case ID # Date (member, provider, provider, Pes/No Yes/No Date)	Date of Reviewer:    Member (Optional):	Reviewer:  Member (Optional):  2 3 4 5 6 7 8 9  If appeal not filed by member, was member's consent obtained?  Local Case ID # Date  Date appeal  Reviewer:  Member (Optional):  2 3 4 5 6 7 8 9  If time frame extended—written notice provided in 2 calendar days and member informed of right to file grievance?  Local Case ID # Date  Date appeal  Reviewer:  Member (Optional):  If oral request, did member or representative follow up with a writing request?  Ves/No  Date  Yes/No  Yes/No  Date  Yes/No  Yes/No  Yes/No	Reviewer:  Member (Optional):  2 3 4 5 6 7 8 9 10  Case ID # Date appeal received? Who filed appeal? Who filed appeal? Who filed by member, was member's consent obtained? If one in the consent obtained? Date appeal writing request?  Local Case ID # Date Date Pool Case ID # Date Date Pool Case ID # Date Po	Reviewer:    Member (Optional):   2	Reviewer:  Member (Optional):  2 3 4 5 6 7 8 9 10 11 12  Case ID # Papeal Private (Private (P	Reviewer:   Revi	Reviewer:    Reviewer:   Revie

<sup>\*\*</sup> 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 I	Member (Option	onal):												
1	2 3		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)?	resolution notice	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)		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
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