



MSHN Adverse Benefit Determination (ABD) Notice 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	12	13
		Is the ABD notice easily understood? - Length, language, grammar, 6.9 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?	Taglines included with Notice(s)?	Is the MDHHS approved standardized template being used?	Was the MSHN REMI system used to prepare and send the ABD Notice?
TIPS:		Yes/No	Yes/No	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:														
Reviewer:														
Staff Member (Optional):														
1	2	3	4	5	6	7	8	9	10	11	12	13	14	
	Medicaid ID #	Local 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	Taglines included with Notice(s)?	Resolution notice easily understood? - Length, language, grammar, 6.9 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	Yes/No
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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	16	17	18
	Medicaid ID #	Local Case ID #	Date appeal received?	Who filed appeal?	If appeal not filed by member, was member's consent obtained?	Date receipt of appeal acknowledged?	Denied Expedited Appeal Request			Extended Appeal			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	Taglines included with Notice(s)?	Resolution notice easily understood? -Length, language, grammar, 6.9 reading level				
TIPS:			Date	(member, provider, other)	Yes/No	Date	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Date	Count of days	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No					
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Mid-State Health Network

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

Review Period:	
Date of Review:	
Reviewer:	
Staff Member (Optional):	

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Medicaid ID #	Local Case ID #	Date appeal received?	Who filed appeal?	If appeal not filed by member, was member's consent obtained?	Date receipt of appeal acknowledged?	Date written resolution notice sent.	Number of hours from request to resolution notice.	Oral notice of resolution provided?	Time frame requirement met? (72 hours)	Decision Made by Noninvolved Staff (staff not involved in original decision)	Decision Made by Staff with Appropriate Credentials	Taglines included with Notice(s)?	Resolution notice easily understood? -Length, language, grammar, 6.9 reading level
TIPS:		Date	(member, provider, other)	Yes/No	Date	Date	Count of hours	Yes/No	Yes/No	Yes/No	Yes/No		Yes/No
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