

NC Innovations Waiver Processes Subject to Appeal

January 5, 2013 – Updated March 17, 2015

Reason		C.F.R or other regulatory reference	Appealable	Grievance	Comments	Appeals Notice Letter
1	Denial of placement on the Registry of Unmet Needs- Not potentially ICF-MR eligible	42 C.F.R. 438.50(e)	x	N/A	If an individual requests placement on the registry and is denied, their ability to access the waiver is denied; therefore, appeals rights must be given. Individuals requesting placement on the registry should be placed on the registry. If an individual is appropriate for other services, these services should be obtained for the individual while they are on the registry	Notice of Decision
2	Failure to sign Freedom of Choice between the waiver and ICF-MR facility options	42 C.F.R. 431.220(a)(7)	N/A	x	This document is required to be signed for waiver participation	Grievance Notice
3	Professional assessment that individual does not meet ICF-MR Level of Care	Clinical policy 8E 42 C.F.R. 441.302(c)	N/A	x	If licensed assessor determines the individual does not meet LOC, then individual is offered a second opinion by a different licensed assessor. If second licensed assessor determines that LOC is not met, then Grievance Notice issued.	Grievance Notice
4	MCO's denial of ICF-MR Level of Care	Clinical policy 8E 42 C.F.R. 441.302(c)	x	N/A	If licensed assessor determines LOC meet and MCO questions LOC then denial decision must be made by the MCO's Medical Director	Notice of Decision

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5	Denial of the ISP by the MCO -lacks one billable service per month - Freedom of Choice -No valid signature -Individual not ICF-MR eligible	42 C.F.R. 441.301(b)(1)(i)	x	N/A	Individuals must have an approved ISP to participate in the NC Innovations waiver	Notice of Decision
6	Failure to submit an ISP for approval prior to the expiration of the current ISP because family/participant refuses to participate in the process.	42 C.F.R. 441.301(b)(1)(i)	x	N/A	Results in termination from the waiver Individuals must have an approved ISP to participate in the NC Innovations waiver	Notice of Decision - Termination
7	Guardian/recipient chooses to submit plan with known health and safety issues that are unaddressed in the plan that prevents the plan from being approved	42 C.F.R. 441.301(b)(1)(i)	x	N/A	Plan cannot be approved with unaddressed Health and Safety concerns and this results in termination from the waiver Individuals must have an approved ISP to participate in the NC Innovations waiver	Notice of Decision

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8	Services found appropriate but provider is not in compliance with network standards including Relative as Direct Support Employee.	42 C.F.R. 438.400	NA	x	The individual continues to be a waiver participant with full access to services	Grievance Notice
9	Individual Family Direction option is terminated.	42 C.F.R. 438.400	N/A	x	The individual continues to be a waiver participant with full access to services under provider directed option	Grievance Notice
10	\$135,000 Cost Limit	Appendix B NC Innovations	x	N/A	Individuals whose needs exceed the cost limit are referred to an ICF-MR facility.	Notice of Decision
11 a	Limits on Sets of Services for Adults 21 years of age or older – One service requested – above maximum benefit limit and authorized at the maximum benefit limit.	Appendix C NC Innovations	N/A	x	A hard limit within the waiver that is not subject to appeal.	Grievance Notice
11 b	Limits on Sets of Services for Adults 21 years of age or older – Two or more services requested – total of services above maximum benefit limit.	Appendix C NC Innovations	X	N/A	Any individual service that was authorized at less than requested results in a notice of decision.	Notice of Decision

	Reason	C.F.R or other regulatory reference	Appealable	Grievance	Comments	Appeals Notice Letter
12	Limit on Sets of Services for Children under 21 years of age	EPSDT	x	x	If service is coverable under EPSDT, must be reviewed and appeal rights provided if denied/ reduced/ terminated	Grievance if not an EPSDT service Notice of Decision if it is an EPSDT service
13	Individual Service Limit-Dollar amount Ex. Services approved to the maximum benefit limit, but request exceeds dollar amount; such as Assistive Technology for which the maximum benefit limit is \$15,000		N/A	x		Grievance Notice
14	Individual Service Limit-Dollar amount Ex. Services requested exceeds dollar amount but is approved at less than the maximum benefit limit.		x	N/A		Notice of Decision
15	Reserved Capacity Ex. Individual does not meet criteria for emergency slot	42 C.F.R. 438.400	x	N/A		Notice of Decision
16	Request for Provider who is not in Network		N/A	N/A		Unable to Process
17	Denial of an initial service request	42 C.F.R. 438.400	x	N/A	Appeal rights are issued	Notice of Decision
18	Denial/reduction or termination of a previously authorized service request	42 C.F.R. 438.400	x	N/A	Appeal rights are issued	Notice of Decision

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19	Request to continue benefits once the service authorization or ISP has ended	42 C.F.R. 438.420(b)	NA	x	The MCO is not required under federal law to continue services beyond the end of the service authorization or the end of the ISP	Grievance Notice
20	Voluntary withdrawal	N/A	N/A	N/A		Declination statement
21	Request for an individualized service rate	N/A	N/A	x		Grievance Notice
22	Individual does not agree with SIS ® score/findings		N/A	x	MCO will inform participant and/or participant's legally responsible person in writing of the opportunity and process for raising concerns regarding the SIS evaluation. Such processes include an opportunity to discuss the results of the SIS evaluation with the MCO and the potential for results to be adjusted if it is determined particular support needs of the individual were not accurately captured or the administration of a second SIS.	Grievance Notice