

## Attachment A

UNITED STATES DISTRICT COURT  
MIDDLE DISTRICT OF LOUISIANA

MONICA WELLS, on behalf of	*	C.A. NO. 3:14-cv 00155-JJB-RLB
M.W. a minor, and others similarly	*	
situated,	*	
	*	
PLAINTIFF	*	JUDGE BRADY
	*	
VS.	*	
	*	
REBEKAH GEE, Secretary of	*	MAGISTRATE JUDGE BOURGEOIS
Louisiana Department of Health,	*	
and the LOUISIANA	*	
DEPARTMENT OF HEALTH,	*	CLASS ACTION
	*	
DEFENDANTS	*	

**AGREEMENT IN PARTIAL RESOLUTION OF  
PLAINTIFF'S MOTION TO ENFORCE STIPULATION AND ORDER**

The parties submit the following agreement in connection with Plaintiff's Motion to Enforce Stipulation and Order (Rec. Doc. 21) (hereafter "Plaintiff's Motion to Enforce") and her Supplemental Motion to Enforce Stipulation and Order (Rec. Doc. 39)(hereafter "Plaintiff's Supplemental Motion to Enforce"):

This is a class action brought to require the Louisiana Department of Health (LDH), formerly the Louisiana Department of Health and Hospitals, to provide notices that comply with due process to Medicaid recipients when it denies prior authorization for Medicaid services, in compliance with the Due Process Clause of the Fourteenth Amendment to the U.S. Constitution. On September 15, 2014, the parties entered into a Stipulation which was subsequently made part of a Court order (Rec. Docs. 15-1 and 20, hereafter referred to as "Stipulation") whereby the Department agreed that class members

would, for the five years covered by the Stipulation, <sup>1</sup>receive written notice meeting specified requirements whenever prior authorization of Medicaid services was denied.

On November 15, 2015, Plaintiff filed a Motion to Enforce Stipulation and Order, claiming that reports Defendants had filed pursuant to the Stipulation demonstrated widespread noncompliance with the Stipulation, and that Defendants had approved notices of denial as compliant in specified situations, when the notices were in fact not in compliance with the Stipulation. In partial resolution of those motions, the parties agree as follows:

A. Rate of non-compliance:

1. LDH will hold a quarterly debrief with all contractors and program offices that have a total non-compliance rate of more than 25%.
2. LDH has developed a training on the Wells order and compliance which all contractors with a compliance rate of under 90% will attend via phone/teleconference or webinar, along with their staff that draft/supervise notice writing. LDH sent the training documents to the Advocacy Center for review and comment prior to the training. This training will take place quarterly as needed.
3. LDH sent all contractors and program offices written guidance reminding them of the Wells order requirements.
4. LDH has developed a Wells compliance guide to be used by all contractors and program offices. It sent a draft of the compliance guide to Plaintiff's counsel for review and comment.
5. LDH has sent a Wells bulletin/memo to all contractors and program offices and has sent Plaintiff's counsel a copy.
6. LDH has established a website that will serve as a repository for all guidance issued to the contractors/program offices for Wells, and has sent Plaintiffs instructions as to how to access it.
7. LDH has met with MCNA to address compliance issues.

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<sup>1</sup> Paragraph 20 of the Stipulation provides: The Court retains jurisdiction to enforce the terms of this Stipulation for a period of five years from the date the Court approves the Stipulated Order. This period is not subject to extension.

8. LDH will require any remediation plan due to non-compliance be specific on how the problems will be addressed and require the CEO or the CEO's designee of the contractor to submit an attestation that they will implement all aspects of the remediation plan.
9. LDH will follow-up with the contractors and program offices on any remediation plans submitted to verify the contractor has successfully completed the plan.
10. LDH will make sure the programs and contractors include how they will accomplish those tasks in their remediation plan.
11. LDH will review two corrected notices for each service type for those notices found deficient in the sample.
  - a. Unless the denials have been reversed since the original notices were issued, LDH will require plans to send class members corrected notices, and, in the case of reductions or terminations of services, to reinstate benefits, for any notices found non-compliant in the samples, and for all notices with similar non-compliance issues.
  - b. LDH will continue to send all notices of non-compliance and remediation plans to Plaintiff's counsel.
  - c. If the plans or contractors respond that they were unable to locate denial notices with similar non-compliance issues, they will address it in their remediation plan.
  - d. LDH will place any corrected notices it reviews in a separate folder on the FTP server.
  - e. The plans or contractors will indicate the number of class members' services which were reinstated as a result of non-compliant notices of denial in their remediation plan. Services will only be reinstated due to a non-compliant notice if there was a reduction or termination of benefits.

B. Specific notices:

12. Notices denied for lack of information will only list the missing items that are needed to process a request for services and will not list what the contractor/program office already has in its possession.
13. Notices will explain how many of the factors listed, or what combination of factors, must be present in order to establish medical necessity.
14. Notices will not contain the language: "If you are not already getting these services and you think you need them, talk to your doctor."

15. Notices will identify the service or item requested in terms commonly used by laypersons to describe the service--by including the commonly used terms for services and items. Contractors will not use the terms "non-formulary/PDL" in notices.
16. Notices of denials of prescribed drugs due to their not being approved by the FDA for treatment of persons of the class member's age will specify the age range for which the drug is approved.
17. Notices of denials of prescribed drugs due to an assertion that they are not FDA approved for treatment of the class member's "condition" will describe the findings as to the class member's condition.
18. Notices of denials of prescription drugs for off-label uses will state the specific information that is needed to support off-label use, and will not simply state that "clinical supporting evidence" is needed.
19. Notices that deny a requested item or service due to the fact that the recipient is a participant in a managed care plan will not contain language to indicate that "Medicaid will not pay" for the requested item.
20. During the term of the stipulation, LDH will use the notices referred to in ¶¶ 21-22, 23(f), 25 and 26, below, until a change is needed. In that event, any future notices referred to in ¶¶ 21-22, 23(f), 25 and 26 will be designed by LDH in compliance with the Stipulation, and sent to plaintiffs' counsel in advance of implementation.
21. Community Choices Waiver reduction notice (Exhibit 8 to Plaintiff's Motion to Enforce, Rec. Doc. 21-8): Notices of reductions in Community Choices Waiver services will adhere to the template attached hereto, OAAS-RF-14-010 Waiver Re-Assessment Partial Denial-08-25-16-Draft-for-AC.doc, and shall provide specific reasons as to what has changed between the last assessment and the current assessment, and why the recipient's RUGS group has changed.
22. Adult Day Health Care denial (Exhibit 32 to Plaintiff's Motion to Enforce, Rec.Doc. 21-32): Notices of denial of the Adult Day Health Care waiver will adhere to the template attached hereto, 2DRAFT OAAS-RF-14-001 ADHC Denial-DischargeTemplate RI-03-21-16 Kellgren. They shall only include the reasons that apply to the particular recipient and shall provide specific reasons, including facts that support why the individual is being denied or discharged. For example, if discharging/denying due to health and welfare, explain why services are not adequate to meet the needs of the individual.

23. PASRR notices (Exhibits 11, 12, 13 and 36 to Plaintiff's Motion to Enforce, Rec.Doc. 21-11, 21-12, 21-13, and 21-36): Notices of denial of nursing facility services due to PASRR criteria will adhere to the following principles:

- a. The notices will explain that the person has been found to have a developmental disability or a serious mental illness, and provide the specific factual basis for that finding.
  - i. For OCDD notices, OCDD will state they have been approved for services through the DD services system. If they have not been approved for OCDD services, OCDD will do an eligibility determination if they want one, and only find them ineligible for NF placement based on PASRR if they receive an approval.
  - ii. OBH will review the findings of "serious mental illness" (see 42C.F.R. 483.102) to see how they would describe the factual basis for the SMI finding.
- b. At LDH's suggestion, recipients will not go through the PASRR process if they do not meet the nursing facility level of care. If the recipient is being denied nursing facility placement or is being discharged from a nursing facility for failure to meet the level of care criteria, then those criteria, and why the person has been found not to meet them, will be spelled out to the same extent as is done in other notices that deny services based on failure to meet level of care.
- c. The notices will include a listing of the specialized services that the individual has been determined to need, and the placement options where these services are actually (not merely theoretically or possibly) available.
- d. If the person is being denied nursing facility placement due to a determination that they need either a less restrictive or a more restrictive setting, then the specific setting actually available, will be stated. Any assertion that the person must be in a more restrictive setting than a nursing facility should include details on which that conclusion was based.
- e. The following language will be added to PASRR notices of discharge from nursing facilities:
  - i. You have the right to appeal the Department of Health's decision that you do not need to be in a nursing home. This appeal would be against the Department of Health. If you want to appeal this decision, you have 30 days from the date of this letter to request the appeal. If you appeal this decision, you will receive a fair

hearing. For further information about how to appeal this decision, see page \_\_\_\_ of this notice.

- ii. Before you can be discharged from the nursing home, the nursing home must also give you a discharge notice. You have the right to appeal the discharge notice. The discharge notice must tell you how to file a discharge appeal. The discharge appeal would be against the nursing home. You can file a discharge appeal even if you didn't appeal this PASRR notice and even if you appealed this PASRR notice and lost. But if you believe that the facts set out in the current notice are incorrect, you need to appeal the Department of Health's decision within 30 days of the current notice.
  - f. Denials based on lack of information will adhere to the template "Template NotEnough Information 5-25-16.doc," and will indicate the specific information that is still needed.
  - g. Notices of denial based on a least restrictive environment requirement will use the term "Least restrictive environment." or a similar term.
  - h. Only the reasons for denying the particular recipient will be given.
24. Notices denying Psychiatric Residential Treatment Facility services (Exhibit 24 to Plaintiff's Motion to Enforce, Rec. Doc. 21-24): Specific reasons for denial will be given, including, if the recipient is being denied because his problem no longer causes him to meet admission criteria, a description of the criteria that the person was required to meet for admission, and what caused him to meet these criteria in the past. Only the reasons for denying the particular recipient will be given.
25. Community Choices waiver denial (Exhibits 22 and 23 to Plaintiff's Motion to Enforce, Rec. Doc. 21-22 and 21-23): Notices denying Community Choices Waiver services will adhere to the template attached hereto, 2DRAFT OAAS-RF-14-003CCW Denial-Discharge Template RI-03-21-16 Kellgren.doc, and shall provide specific reasons, including facts that support why the individual is being denied or discharged. Only the reasons for denying or discharging the particular recipient will be given.
26. Notices of denial of Pediatric Day Health Care services: Notices of denial of Pediatric Day Health Care will adhere to the template attached hereto, PDHC Template 10.6.2016 v2, which shall be updated if necessary to comply with changes as to eligibility criteria. They shall include the reasons that apply to the particular recipient and shall provide specific reasons, including a description of any changes in the individual's condition, if they qualified for the services in the past.

27. Failure to require contractors to provide additional notices when less than all notices in the sample were furnished: In the event that a contractor fails to furnish all notices in the sample selected by LDH, LDH will increase the size of the sample of denials/service reductions from that contractor under paragraph 14 of the Stipulation so that it receives at least 3 % or 1 notice per major service type.
28. Notices to persons whose service denials have been reversed on appeal (Plaintiff's Supplemental Motion to Enforce, Rec.Doc. 39-3): LDH will not propose to reduce services to persons who have successfully appealed a termination of LT-PCS without first obtaining a new assessment.

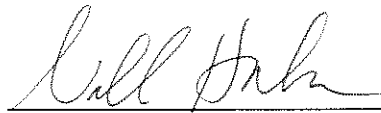
There remain a number of issues on which the parties have not yet reached agreement, including Plaintiff's claims that notices regarding the following services do not comply with the Stipulation and Order:

29. Emergency NOW Waiver denial (Exhibit 33 to Plaintiff's Motion to Enforce, Rec.Doc. 21-33)
30. Notices of denial of Coordinated System of Care for children and youth with mental health needs: LDH has not provided Plaintiff's counsel with any notices of denial of persons who have been screened out prior to being referred to Magellan.

The parties have reached an impasse, and will need the Court to resolve the following issues:

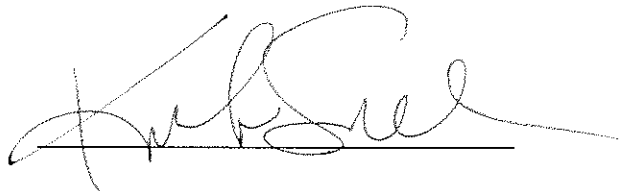
30. Notices Molina was instructed to suppress.

Date: October 20, 2016.



Nell Hahn, T.A.,  
Louisiana Bar No. 22406  
Advocacy Center  
600 Jefferson, Suite 812  
Lafayette, LA 70501  
(337) 237-7380, ext. 311  
(337) 237-0486 FAX  
nhahn@advocacyla.org

Attorney for Plaintiff

A handwritten signature in black ink, appearing to read 'Kimberly Sullivan', is written over a horizontal line.

Kimberly Sullivan, T.A. (27540)  
Louisiana Department of Health  
628 N. 4th Street, Bienville Building  
Baton Rouge, LA 70802  
(225) 342-1128  
(225)342-2232 FAX  
kimberly.sullivan@la.gov

Attorney for Defendants





Date

Name

Address

## Re: PARTIAL DENIAL OF COMMUNITY CHOICES WAIVER SERVICES

You have been approved to keep receiving Community Choices Waiver (CCW) services, but you will get less help. How much help you get is based on a budget amount. Your yearly budget has been [Insert previous year's SHARE allocation budget]. Your new yearly budget, starting [Enter date of proposed action] will be [Enter new SHARE allocation]. This means that you will not be able to get as much help as you are getting now. If you take all of this reduction out of your hours, you would get about [Enter difference in number of hours of service e.g., 8 hours less] hours less per week of Personal Assistance Services (PAS).

You had an in-person assessment on [Enter date of MDS-HC assessment]. Your lower budget amount is based on the answers that were written down at that assessment. A copy of the assessment questions and answers is enclosed. The name of the assessment is Minimum Data Set-Home Care (MDS-HC). You should check the assessment to see if the answers were correct at the time of the assessment. Keep in mind that these answers were NOT about your condition today or what it is usually, but it is instead based on how you felt and what help you received in the days just before the assessment. The number of days is noted for each section of the MDS-HC assessment.

Your new yearly budget is lower because at the [Insert date] assessment you [Enter what has changed between last year's assessment and the current one. i.e. "While you reported the same amount of assistance for (list applicable ADLs and assistance levels), you got less help with (list applicable ADLs) OR list the reason they may have changed from one RUG Category to another (i.e. "Last year you were getting physical therapy, etc."]

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Replaces March 21, 2016 Issuance

OAAS-RF-14-010  
Page 1 of 3

It would be too complicated to explain here how all these answers were used to figure out your budget.

**If you can show at a fair hearing that any of the answers on the attached MDS-HC document were wrong, your assigned category may be wrong, and you will have your score recalculated using the correct information, or you will be given a new assessment. This could make your budget amount go up or down, or it could stay the same.**

**If you can show at a fair hearing that you need an increase in your yearly budget to avoid having to go into a nursing facility, you can get an increase in your yearly budget.**

In order to decide how much money goes in to your budget, we assign everyone to a group based on their assessment answers. There are seven (7) groups. We call these groups Resource Utilization Groups (RUGs). Every group has sub-groups. Every sub-group has a yearly budget. The enclosed "Description of Groups Used in Louisiana Community Choices Waiver Program" document describes the different RUG Groups.

For your [Enter date of previous MDS-HC assessment] assessment, your sub-group was [Enter previous RUG sub-group name/number]. Based on the [Enter date of current MDS-HC assessment] assessment, your sub-group is changing to [Enter current RUG sub-group name/number]. The reason your RUG group is changing is because at the time of your [Enter date of current assessment] assessment, [Enter specific reason why RUG group is changing. i.e. "your physical therapy and/or occupational therapy stopped."]

The regulations governing how the budget amounts are determined are at LAC 50:XXI.8107.

If you disagree with the decision that your maximum budget amount for the year is [Enter maximum budget amount], you have a right to appeal. Please see the enclosed "Your Fair Hearing Rights" notice. This has information about your appeal rights and what you need to do to keep the annual budget you have now until your appeals is decided.

**You need to appeal by [Insert date of proposed action] in order to keep the amount of services that you get now, while your appeal is being reviewed.**

Sincerely,

Name  
Title  
Region

Enclosures: Your Fair Hearing Rights Notice  
Request for Fair Hearing Form  
Description of Groups Used in Louisiana Community Choices Waiver  
Program  
MDS-HC Assessment dated [Insert date of MDS-HC]

c: Support Coordination Agency, [Insert name of SCA]



Date \_\_\_\_\_

Name  
Address  
City, LA Zip Code

RE: **DENIAL OF ADMISSION INTO/DISCHARGE FROM (choose one) THE ADULT DAY HEALTH CARE WAIVER**

Dear Name:

You are being **denied admission/discharged from (choose one)** the Adult Day Health Care (ADHC) Waiver program because you do not meet the following requirement of the regulation that applies to the program (Louisiana Administrative Code 50:XXI.2503):

- You do not meet the criteria for financial eligibility for the waiver program.
- You are not a resident of Louisiana. You reside in another state or had a change of residence to another state.
- You went without receiving services at the ADHC center for at least 30 days in a row. Support coordination services do not count.
- ADHC Waiver services are not enough to insure your health, safety and welfare.
- You did not cooperate in the process for determining your eligibility.
- You did not cooperate with your Plan of Care (POC).
- It is not cost effective to serve you in the ADHC Waiver.

Rick Henley 2/23/2012 9:44 PM

**Comment [1]:** If proposing discharge from the waiver, this date MUST be at least 10 days prior to the proposed date of discharge. In other words, if you are proposing to discharge someone on August 30, this date can be no later than August 20<sup>th</sup>. This is because federal law mandates that notice must be given at least 10 days prior to the date of the proposed discharge.

Loida Kellgren 7/21/2016 1:23 PM

**Comment [2]:** Only list the reason(s) that apply here and delete all other reasons.

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Replaces March 21, 2016 Issuance

OAAS-RF-14-001

Region **X** Office of Aging & Adult Services • Address, LA Zip Code  
Phone #: • Fax • [www.oaas.dhh.louisiana.gov](http://www.oaas.dhh.louisiana.gov)  
"An Equal Opportunity Employer"

- You failed to attend the ADHC center for a minimum of 36 days per calendar quarter.
- Your home was not safe.
- Illegal activity is going on in your home.

Explain here in specific detail why the individual is being denied/discharged.

**If you disagree with this decision, you have the right to file an appeal with the Division of Administrative Law, and ask for a fair hearing. For more appeal information, please read the enclosed notice, "Your Fair Hearing Rights."**

**If you want to file an appeal, you must contact the Division of Administrative Law by [Insert Date].**

**In order for you to keep the services that you get now, while your appeal is being reviewed, you will need to appeal by [Insert date of proposed action].**

Sincerely,

Name  
Title  
Region #

c: SC Agency, [Insert Name of SC Agency]

Enclosures: Your Fair Hearing Rights Notice  
Request for Fair Hearing Form

Loida Kellgren 7/21/2016 1:42 PM

**Comment [3]:** Be very specific with reasons/facts, including facts that support why the individual is being denied or discharged. For example, if discharging/denying due to health and welfare, explain why services are not adequate to meet the needs of the individual. Write in the simplest terms possible using every day, understandable language.

Loida Kellgren 6/3/2016 9:06 AM

**Comment [4]:** Use only if proposing discharge from the Waiver. If this is an initial denial, delete the paragraph.

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Replaces March 21, 2016 Issuance

OAAS-RF-14-001  
Page 3 of 3

John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

# State of Louisiana

Department of Health and Hospitals  
Office of Behavioral Health

May 25, 2016

Joan Doe  
[c/o Nursing Home Name/Provider Name if applicable]  
[Address (Resident' address or NH Address)]  
[City, State Zip]

## **Re: NOTICE OF YOUR RIGHT TO APPEAL THE DENIAL OF NURSING HOME PLACEMENT:**

The nursing home placement you requested has been denied. The following information/documents have been reviewed in order to make a determination regarding your requests:

- Level of Care Eligibility Tool and results 5/5/16

According to the 42 CFR 483.130, if you do not require the level of services provided by a nursing facility or if you are not appropriate for a nursing facility then you must not be admitted or you must be discharged from a nursing facility. Therefore, we are denying nursing facility placement because:

Although you meet the criteria for nursing facility placement, we did not receive enough information to determine if the nursing facility is the most appropriate placement you.

We need the following information to make a decision:

- A comprehensive history and physical
- A comprehensive drug history
- A psychosocial evaluation
- A comprehensive psychiatric evaluation
- If you have a dementia diagnosis we will need corroborative testing or other information available to verify the presence of progression of your dementia.
- If you have a severe physical illness or terminal illness where you are not likely to benefit from specialized behavioral health services, documented evidence is needed.
- Any other documentation that you feel would support your need for nursing home placement, please send.

Name

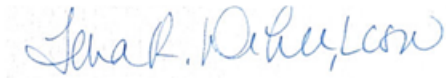
Date

Page 2

There are also additional community supports available should you choose to remain in the community. Please see the attached community resources.

You have the right to appeal our denial for nursing home placement. If you want to appeal the decision, you have 30 days from the receipt of this letter to request the appeal. If you appeal this decision, you will receive a fair hearing. If you have additional information not previously provided that supports your need for nursing facility placement, please forward to our office and we will reconsider this denial. **Please find the attached Request for an Appeal regarding further instructions on how to file an appeal.**

Sincerely,

A handwritten signature in blue ink that reads "Tara DeLee, LCSW".

Tara DeLee, LCSW  
OBH-PASRR Program

Attachments:

Resources

OBH PASRR Level II Evaluation & Determination Report

Requests for Appeal Hearing

Form 142





Date \_\_\_\_\_

Name  
Address  
City, LA Zip Code

RE: **DENIAL OF ADMISSION INTO/DISCHARGED FROM (choose one) THE  
COMMUNITY CHOICES WAIVER**

Dear **Name**:

You are being **denied admission/discharged from (choose one)** the Community Choices Waiver (CCW) program because you do not meet the following requirement of the regulation that applies to the program (Louisiana Administrative Code 50:XXI.8903):

- You do not meet the target population criteria as specified in the approved waiver document. \_\_\_\_\_
- You do not meet the criteria for financial eligibility for the waiver program.
- You are not a resident of Louisiana. You reside in another state or had a change of residence to another state.
- You went without receiving Community Choices Waiver services for at least 30 days in a row. Service coordination services do not count.
- Community Choices Waiver services are not enough to insure your health, safety and welfare.
- You did not cooperate in the process for determining your eligibility.
- You did not cooperate with your Plan of Care (POC).
- Your home was not safe.
- Illegal activity is going on in your home.

Rick Henley 2/23/2012 9:44 PM

**Comment [1]:** If proposing discharge from the waiver, this date MUST be at least 10 days prior to the proposed date of discharge. In other words, if you are proposing to discharge someone on August 30, this date can be no later than August 20<sup>th</sup>. This is because federal law mandates that notice must be given at least 10 days prior to the date of the proposed discharge.

Loida Kellgren 8/30/2016 8:05 AM

**Comment [2]:** If this bullet is used, notice must state what the target population is and explain all reasons why the person didn't meet the target population.

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Replaces March 21, 2016 Issuance

OAAS-RF-14-003  
Page 1 of 2

- It is not cost effective to serve you in the Community Choices Waiver.

Explain here in specific detail why the individual is being denied/discharged.

**If you disagree with this decision, you have the right to file an appeal with the Division of Administrative Law, and ask for a fair hearing. For more appeal information, please read the enclosed notice, “Your Fair Hearing Rights.”**

**If you want to file an appeal, you must contact the Division of Administrative Law by [Insert Date].**

**In order for you to keep the services that you get now, while your appeal is being reviewed, you will need to appeal by [Insert date of proposed action].**

Sincerely,

Name  
Title  
Region #

c: SC Agency, [Insert name of SC agency]

Enclosures: Your Fair Hearing Notice  
Request for Fair Hearing Form

Loida Kellgren 7/21/2016 2:11 PM

**Comment [3]:** Be very specific with reasons/facts, including facts that support why the individual is being denied or discharged. For example, if discharging/denying due to health and welfare, explain why services are not adequate to meet the needs of the individual. Write in simplest terms possible using every day, understandable language.

Loida Kellgren 6/2/2016 4:13 PM

**Comment [4]:** Use only if proposing discharge from the Waiver. If this is an initial denial, delete this paragraph.

Notice of Denial

**[Date]**

To the Parents or Guardian of:

**[Enter Member's First and Last Name]**

**[Member's Address]**

**[Member's City, State Zip Code]**

Dear Parents or Guardian of **[Member's Name]**:

We are writing to tell you that your request for Pediatric Day Health Care (PDHC) and transportation for dates of service **[Dates of Service]** is denied and **[Health Plan]** will not pay for the care.

To find out why we won't pay, keep reading. If you think we made a mistake, you may ask for an appeal.

If you have questions, call **[Health Plan]** at **[1-XXX-XXX-XXXX]** or **[TDD/TTY XXX]**. **This call is free.** Your doctor also got a copy of this letter, so you should also talk to your doctor.

**Why won't [Health Plan] pay for PDHC and transportation for [Dates of Service]?**

The name of the criteria and/or regulation used to make the decision is: Pediatric Day Health Care Provider Manual.

The specific reason for the decision is: Your child's doctor asked for PDHC and transportation for **[him/her]**. The criteria above has rules about these services for members under 21 years old. They say your child must:

- Have a medical problem that needs skilled care from nurses.
  - Examples include machines and tubes to help breathing; checking blood pressure or how much oxygen is in the blood; using special equipment to keep your child alive; or taking medicine on a schedule that may be hard to follow.
  - Other problems like these may qualify if they require skilled care.
- Your child might also need these services if **[he/she]** has a very bad or on-going medical problem that requires skilled medical care.
  - Examples include very bad lung disease and **[he/she]** needs help to get oxygen; or a breathing machine; or care for a tracheostomy (an opening in the throat to assist breathing); complicated heart condition; complicated conditions of the nerves and muscles; or a disease of the brain or spinal cord, such as weakness, paralysis.

- Other problems like these can also qualify if they require skilled medical care or supervision.

We have reviewed the following records from **[Provider Name]**:

Records reviewed from **[Provider Name]** submitted on **[Date]**— entire record

- *[Health Plan to insert provider record details. Here is an example of the type of language that should be included: When your child was having seizures, she qualified for services. The records we reviewed show that her seizures are controlled on Keppra. She is no longer having seizures. Therefore, she no longer needs monitoring for seizures. The records show that she does not need to be on oxygen. She does not have heart or lung disease, or any medical problems as described above. Based on the PDHC Provider Manual and medical records, she no longer needs the services her doctor asked for.]*

Dawn Love 10/6/2016 1:28 PM  
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Because of all the reasons stated, **[Health Plan]** does not think the care is medically necessary.

Dawn Love 10/6/2016 1:23 PM  
**Comment [1]:** This is specific to the case that was used to help create the template. The information here will vary based on provider input.

**Do you have questions?** Call us at **[1-XXX-XXX-XXXX]** or **[TTY XXX]**. You may also want to talk to your doctor.

**Does your doctor want to talk to someone about this decision?** Your doctor can talk to the doctor who made this decision by calling **[1-XXX-XXX-XXXX]**.

**What can you do if you think [Health Plan]made a mistake?**

If you think we made a mistake, you may ask for an appeal. If you want to request an appeal, you must do so within 30 calendar days from receipt of this notice.

To file an appeal, you can call us at **[1-XXX-XXX-XXXX]**, **[TTY XXX]** or you can send your appeal to:

**[Health Plan]**  
**Attn: Grievances & Appeals Department**  
**[Address]**  
**[City, State, Zip]**

**How long does it take to make a decision about my appeal?**

We will review your appeal and send a written decision within 30 calendar days of our receipt of your appeal.

You can do the appeal yourself, or you can choose someone else to do the appeal for you. Your representative can be someone you trust such as a lawyer, a family member or friend. You, your representative, or your doctor also has the right to give us information about your appeal. That information can be in person or in writing. You or your representative can also see your case file both before and during the appeal.

**What if you need a fast decision?**

If your condition is considered urgent, we may be able to make a decision about your appeal much sooner. You may need a fast decision if, by not getting the requested services, one of the following is likely to happen:

- You will be at risk of serious health problems, or you may die;
- You will have serious problems with your heart, lungs, or other body parts; or
- You will need to go into a hospital.

Your doctor must agree that you have an urgent need. We will review your appeal and send a written decision within 3 calendar days of our receipt of your appeal.

#### **State Fair Hearing**

Once you have completed **[Health Plan's]** appeal process, and you still disagree with our decision, you can request a State Fair Hearing. Instructions on how to file a State Fair Hearing will be sent with your appeal decision letter.

**Do you need help with this letter?** Call **[Health Plan]** at **[1-XXX-XXX-XXXX]**, **[TTY XXX]**.

If you need help in another language, call **[1-XXX-XXX-XXXX]**, **[TTY XXX]** (toll-free).

Para obtener ayuda para traducir o entender esta información, sírvase llamar al **[1-XXX-XXX-XXXX, TTY XXX]**, entre 7 a.m. y 7 p.m.

Để được giúp phiên dịch hoặc hiểu phần này, xin gọi số **[1-XXX-XXX-XXXX]** hoặc **[TDD/TTY XXX]** trong khoảng từ 7 giờ sáng - 7 giờ chiều.

Sincerely,

**[Reviewer Name, Title]**  
**[Health Plan]**

CC: **[Provider Name]**