

## INSTRUCTIONS FOR FILLING IN A STANDARDIZED FAMILY CARE NOA (F-00232)

Completion and use of this Notice of Action is mandatory according to s. 46.287 (2)(c), Wis. Stats. “Information regarding the availability of advocacy services and notice of adverse actions taken and appeal rights shall be provided to a client by the resource center or care management organization in a form and manner that is prescribed by the department by rule.” Note: Partnership MCOs should use the standard CMS-approved Notice of Denial form available online at [www.dhs.wisconsin.gov/LTCare/ProgramOps/noa.htm](http://www.dhs.wisconsin.gov/LTCare/ProgramOps/noa.htm).

### How to use this form

1. Read these instructions and important information completely before completing the form.
2. Shaded areas on the form signify fields for information that the MCO should insert into the Notice of Action.
3. MCOs may insert their logo and/or agency information on the top of the first page (optional).

### Personal Information

Under Wisconsin Statute section 49.45(4), personally identifiable information is kept confidential and is only used for the direct administration of the Family Care program.

### Information to enter in NOA (pages 1-2)

1. Date of Notice of Action
  - a. The <<Date NOA mailed>> is the **mailing date**. The MCO must mail the Notice of Action on this date.
  - b. In situations involving a termination, suspension or reduction in services, the MCO should mail the Notice of Action 15 calendar days prior to the effective date of the intended action. The 15 calendar days begins to run on the day after the mailing date.
    - i. E.g., if the MCO mails the Notice of Action on July 1<sup>st</sup>, the first of the 15 calendar days begins the day after it was mailed (July 2<sup>nd</sup>). For this Notice of Action, the effective date of the intended action would have to be no earlier than July 16<sup>th</sup>.
2. Member Contact Information
  - a. The MCO should send the Notices of Action to the member’s last known mailing address.
  - b. If the member has a legal representative, the MCO should send this information to *both* the member and the guardian if at different mailing address. If they live at the same address, duplicate mailing is optional.
3. <<Member’s MA or MCI Number>> Enter the Member’s MA or MCI number, this is for DHA to identify the case and process the request.
4. This Notice of Action confirms our discussion on <<insert date>>. Enter the date of the last discussion you had with the member regarding the service or support in question.
5. The service or support in question is <<open field>>. Use this field to describe the service or support in question. For example, ‘request for supportive home care, request for a power wheelchair’, etc.
6. Select the ‘Decision’. The decision choices are in bold. The fill in the appropriate additional information.
  - o **Terminate current service**. Select this box if currently authorized services are being completely ended.
    - a. Effective Date of the Intended Action. Insert the *actual date* of the intended action.

- i. E.g., if the service will stop on September 1, 2010, the MCO should insert “September 1, 2010” in the spaces indicated on the template.
  - **Reduce current service.** Select this box if currently authorized services are being reduced from the currently authorized amount.
    - a. Effective Date of the Intended Action. Insert the *actual date* of the intended action.
    - b. Description of current level. Enter a description of the service at issue in detail. If applicable, include the amount of authorized time or units for the current level of service.
      - i. E.g., “Two 45-minute weekly acupuncture appointments”
    - c. New level after reduction. Enter description of the change(s) to the service in detail. If applicable, include the amount of time or units for the reduced level or service.
      - i. E.g., “Reducing to one weekly 45-minutes acupuncture appointment”
  - **Suspend current service.** Select this box if currently authorized services are being temporarily ended.
    - a. Effective Date of the Intended Action. Insert the *actual date* of the intended action.
    - b. Expected date service will resume. If it is expected that the service will resume on a specific date, insert the date. If the resumption of services is not contingent upon a date but rather the occurrence of a certain event or circumstance (for example using up accumulated taxi vouchers) insert “see below” and describe the event/circumstance upon which services will resume under “team explanation of decision.”
  - **Deny request for new service or support.** Select this box if denying to authorize a service or item requested by the member, including a decision to deny a level increase of currently authorized service.
    - a. Date of Request. Enter the date the members requested the service, whether the request was verbal or written.
  - **Limit request for service.** Select this box for a partial denial to authorize a service or item requested by the member.
    - a. Date of Request. Enter the date the members requested the service, whether the request was verbal or written.
    - b. Description of request level. Describe the time or units of requested service.
      - i. E.g., “The member requested four 45-minute acupuncture weekly sessions.”
    - c. Authorized level of service or support. Describe the amount of services that the MCO will authorize (service and amount).
      - i. E.g., “We are authorizing two 45-minute acupuncture sessions per week.”
  - **Deny payment for service or support.** Select this box for denying a member’s request for payment or reimbursement for a non-authorized service or support.
    - a. Date of Request. Enter the date the members requested the service, whether the request was verbal or written.
    - b. Date(s) service provided. Enter the date(s) that non-authorized service or support was provided to the member.
    - c. Provider/Supplier. List the name of the provider/supplier of the service or support for which the payment is being denied.
    - d. Payment amount being denied. Enter the dollar amount of the denial.
7. Reason for our decision – select all that apply.
8. Team Staff’s Explanation. This explanation is for the member and should include rationale used to make decision and/or what alternative is being recommended.

9. Signatures. Enter the Care Manager's and RN's name and phone numbers. There is also an open field for additional signatures, if required by your organization.
10. **Interpreter and Translation Services.** Enter the <<MCO's name>>, <<telephone number>>, <<toll free number>> and <<TTY>> information. The information in these fields will automatically fill the same field throughout the NOA form.

**Instructions for Adding Information on pages 3 – 5.**

1. Enter the Member Rights Specialist phone number in the first shaded box <<MRS telephone>> will automatically fill the telephone in all other references to the Member Rights Specialist phone number.
2. Enter the <<appropriate contact>> in the fields marked as such along with the correct <<contact telephone>> number for that contact.
3. Enter the MCO's address in to the shaded box <<MCO Address>>. Enter the complete mailing address (street address, city, state and zip).
4. **Continuing your Services during an Appeal of a Reduction, Suspension or Termination of Current Service.** Only one of the two #3 paragraphs is required, the other paragraph should be deleted.
  - a. If the service in question was not originally authorized on a temporary (episodic) or trial basis, delete the second paragraph.
  - b. If the service in question was originally authorized on a temporary (episodic) or trial basis, delete the first paragraph and fill in the fields in the second paragraph; fields include:
    - i. <<insert service in question>>, will automatically fill with the information entered in the service or support in question is <<open field>>.
    - ii. <<insert original time or unit limit authorization>>, will automatically fill with the information that was entered in Description of current level.
    - iii. Enter the amount (time or units) remaining in the original authorization in <<insert unused time or units remaining from original authorization>>.
    - iv. <<insert service in question>>, will automatically fill with the information entered in the service or support in question is <<open field>>.
  - c. Follow your local procedures for processing the NOA.