



Community
MENTAL HEALTH
CLINTON • EATON • INGHAM

SmartCare

Adverse Benefit Determination Notice

User Guide

This guide will walk users through the completion of the Adverse Benefit Determination Notice.

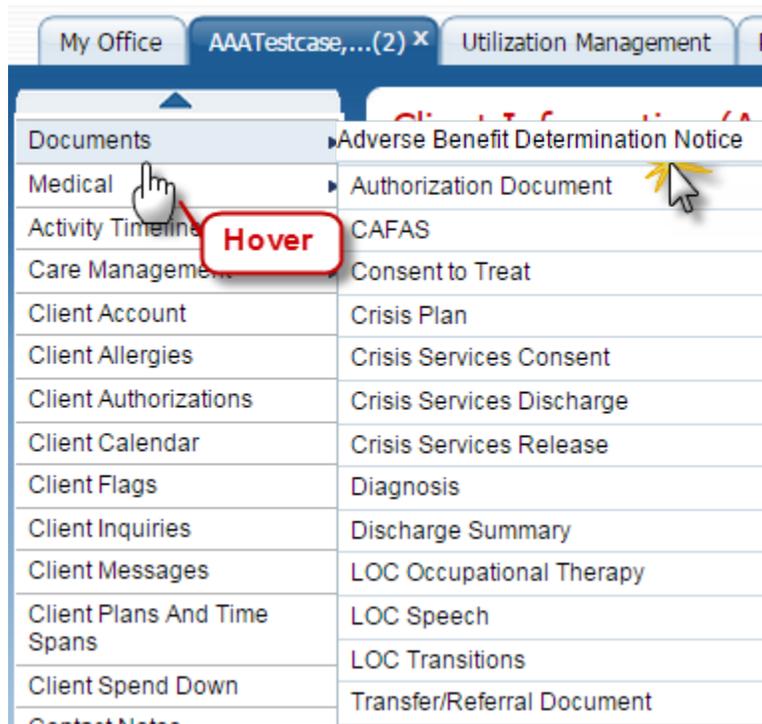
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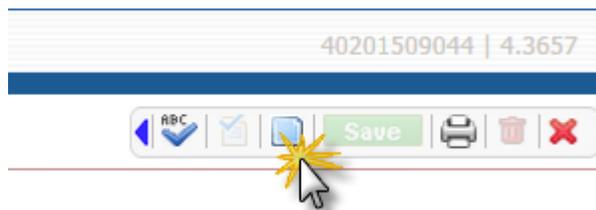
General Information

Opening the Adverse Benefit Determination Notice

1. Hover the cursor over Documents and select the Adverse Benefit Determination Notice



2. In the top right corner of the screen, select the new document icon:



Adverse Benefit Determination Notice

Treatment Plan

Legal information related to informal conflict resolution and internal appeal resolution is part of the Treatment Plan in Smartcare and is automatically printed out and sent to the client whenever a new or revised Treatment Plan is mailed out. No additional documentation needs to be completed.

Denial after Intake Assessment

1. Document the denial in the Interpretive Summary screen of the Initial Assessment; use the following language:

Justification for the decision; clearly document medical necessity criteria.

For Non-MA, if medical necessity is met but is not covered by the CMH Benefit Structure, indicate that: “The eligibility criteria for the state funded (not Medicaid funded) services requested through CMHA-CEI have not been met. The services for which (applicant) qualifies are not covered services. “

2. Complete the Adverse Benefit Determination Notice (in Smartcare) and make a copy to send the applicant:

Adverse Benefit Determination Notice

The screenshot shows the 'Adverse Benefit Determination Notice' form in Smartcare. The form includes a header with a date field (06/09/2020), a 'Go To' field, and buttons for 'View', 'Share', 'Status', 'New', 'Effective', and 'Author' (Wollner, Emily). Below the header are two main sections: 'Consumer Information' and 'Notice'. The 'Consumer Information' section has fields for 'Guardian' (Sick, Love), 'Medicaid Consumer?' (Yes/No radio buttons), and 'Is this the correct mailing address for the client?' (Yes/No radio buttons). The 'Notice' section has a 'Date of Notice' field and a 'Notice has been provided' section with radio buttons for 'via mail' and 'in person'. Red callout boxes provide instructions for these fields: 'Select Yes if the consumer has Medicaid. Select No if the consumer does not.' points to the Medicaid Consumer? field; 'Select Yes if the address listed is correct. Select No if it is incorrect and enter the correct address.' points to the mailing address field; 'List the date when the Adverse Benefit Determination Notice was either mailed or provided in person.' points to the Date of Notice field; and 'The Date of Notice should be the same or greater than the Effective Date listed above. Both date fields should list the date that the Adverse Benefit Determination Notice is completed in Smartcare.' points to the Date of Notice field.

3. Select the following option in the Action and Reasons tab, list the requested services and the action effective date for denial:

Actions and Reasons
Check all Actions and Reasons that are applicable.
Adequate Notice
The services requested were / will be:

Denied
Services (list the requested services) Effective Date

Eligibility
 Medical Necessity
 Other

Delayed more than 14 days

Advance Notice
Your current services will be:

Reduced
 Terminated
 Suspended

The **Action** Effective Date for denial after intake can be the same day as the date of notice.

4. Based on the reason for denials, select the option(s) that apply under Eligibility, Medical Necessity, and/or Other:

Actions and Reasons
Check all Actions and Reasons that are applicable.
Adequate Notice
The services requested were / will be:

Denied
Services (list the requested services) Effective Date 01/01/1900

Eligibility

- You do not meet the clinical eligibility criteria for the requested service(s).
- You do not meet Medicaid eligibility criteria for services as a person with a serious mental illness, a person with a developmental disability, a child with a serious emotional disorder or a person with a substance use disorder.
- Your Medicaid Health Plan is responsible for providing services to you.
- You have other resources available for providing services.
- Residency: you live outside of the CMHA-CEI service area and we cannot authorize services for you.
- You are currently residing in an institution in which CMHA-CEI cannot authorize your services (e.g. jail, prison, state hospital, extended care facility).

Medical Necessity

- The clinical documentation provided does not establish medical necessity.

Other

- The service(s) requested or the current service(s) identified in this notice are not Medicaid covered services.
- Payment for a service, in whole or in part.
- Request to dispute a financial liability.
- Suspended due to not following clubhouse rules.

5. Sign the Adverse Benefit Determination Notice when completed.

Go To

Author Admin, System

6. Complete the appropriate cover letter with enclosures:

Date the letter the same date the decision to deny was made. (Letter MUST be mailed within 3 calendar days of decision.)

Funding:	MA, Medicaid/Medicare (Duals), Healthy Michigan Plan, MICHild	MA Spend-down	No Insurance, Commercial, Medicare, Ingham Health Plan
Letter:	Post-Intake MA denial letter	Post-Intake MA Spend-down denial letter	Post-Intake General Fund denial letter
Enclosures:	-Adverse Benefit Determination Notice (copy)	-Adverse Benefit Determination Notice (copy)	-Adverse Benefit Determination Notice (copy)
	-Request for Internal Appeal form	-Request for Internal Appeal form	-Request for Internal Appeal form
	-Second Opinion Request form	-Second Opinion Request form	-Second Opinion Request form
	-community resources info	-community resources info	-Flyer regarding help applying for MA, HMP, MICHild
			-community resources info

7. If the determination to deny is made in the presence of the applicant, in addition to the above, facilitate a call to the Eligibility Staff by calling: 346-8259. Have the applicant leave a message if a direct connection is not made.

Delay of Services More than 14 Days

1. Complete the Adverse Benefit Determination Notice (in Smartcare) and make a copy to send to the applicant:

Adverse Benefit Determination Notice

The screenshot shows the 'Adverse Benefit Determination Notice' form. The 'Effective' date field is circled in red. The 'Date of Notice' field is also circled in red. The 'Notice has been provided' section has radio buttons for 'via mail' and 'in person on' with a date field. The 'Consumer Information' section includes 'Guardian' (Sick, Love), 'Medicaid Consumer?' (Yes selected), and 'Is this the correct mailing address for the client?' (Yes selected). The address is '1233 Somev Lansing, MI'. Callouts provide instructions: 'List the date when the Adverse Benefit Determination Notice was either mailed or provided in person.' points to the 'in person on' date field. 'The Date of Notice should be the same or greater than the Effective Date listed above. Both date fields should list the date that the Adverse Benefit Determination Notice is completed in Smartcare.' points to the 'Date of Notice' field. 'Select Yes if the consumer has Medicaid. Select No if the consumer does not.' points to the 'Medicaid Consumer?' radio buttons. 'Select Yes if the address listed is correct. Select No if it is incorrect and enter the correct address.' points to the 'Is this the correct mailing address for the client?' radio buttons.

2. Select the following options in the Actions and Reasons tab:

The screenshot shows the 'Actions and Reasons' tab. Under 'Adequate Notice', the 'Delayed more than 14 days' option is checked. The 'Effective Date' field is circled in red and contains '01/01/1900'. Callouts provide instructions: 'The Action Effective Date for delay of services more than 14 days can be the same day as the date of notice.' points to the 'Effective Date' field.

3. Based on the reason for delay of services, select the option(s) that apply under Delay:

Actions and Reasons

Check all Actions and Reasons that are applicable.

Adequate Notice
The services requested were / will be:

Denied

Delayed more than 14 days

Services Effective Date 

Delay

- Your services were not provided within 14 calendar days of the start date agreed upon during the person centered planning process.
- Your service authorization decision was delayed more than 14 days from the receipt of your standard service request.
- Your expedited service authorization decision was delayed more than 72 hours after receipt of your request for expedited service(s).
- CMHA-CEI did not resolve your standard appeal request and provide notice within the agreed upon 30 calendar days.
- CMHA-CEI did not resolve your extended standard appeal request and provide notice within the agreed upon 30 calendar days.
- CMHA-CEI did not resolve your grievance request and provide notice within the agreed upon 90 calendar days.

4. Sign the Adverse Benefit Determination Notice when completed.

Go To 

Author

5. Print and mail a copy of the Adverse Benefit Determination Notice and include the Request for Internal Appeal Form.

Reduction to Services during Active Treatment

1. Complete the Adverse Benefit Determination Notice (in Smartcare) and make a copy to send the applicant:

Adverse Benefit Determination Notice

The screenshot shows the 'Adverse Benefit Determination Notice' form in Smartcare. The form is titled 'Adverse Benef...' and has a date of '06/09/2020'. The status is 'New' and the author is 'Wollner, Emily'. The form is divided into two main sections: 'Consumer Information' and 'Notice'. In the 'Consumer Information' section, there are fields for 'Guardian' (Sick, Love), 'Medicaid Consumer?' (Yes/No), and 'Is this the correct mailing address for the client?' (Yes/No). The 'Notice' section has a 'Date of Notice' field and a 'Notice has been provided' section with options for 'via mail' and 'in person on'. Red callouts provide instructions: 'Select Yes if the consumer has Medicaid. Select No if the consumer does not.' points to the 'Medicaid Consumer?' field. 'Select Yes if the address listed is correct. Select No if it is incorrect and enter the correct address.' points to the 'Is this the correct mailing address for the client?' field. 'The Date of Notice should be the same or greater than the Effective Date listed above. Both date fields should list the date that the Adverse Benefit Determination Notice is completed in Smartcare.' points to the 'Date of Notice' field. 'List the date when the Adverse Benefit Determination Notice was either mailed or provided in person.' points to the 'Notice has been provided' section.

Select **Yes** if the consumer has Medicaid. Select **No** if the consumer does not.

Select **Yes** if the address listed is correct. Select **No** if it is incorrect and enter the correct address.

The Date of Notice should be the same or greater than the Effective Date listed above. Both date fields should list the date that the Adverse Benefit Determination Notice is completed in Smartcare.

List the date when the Adverse Benefit Determination Notice was either mailed or provided in person.

2. Select the following options in the Actions and Reasons tab:

The screenshot shows the 'Actions and Reasons' tab in Smartcare. It contains several sections: 'Adequate Notice' with options for 'Denied' and 'Delayed more than 14 days'; 'Advance Notice' with options for 'Reduced', 'Medical Necessity', and 'Other'; and 'Terminated' and 'Suspended' options. The 'Reduced' option is selected. The 'Effective Date' field is set to '01/01/1900'. A red callout points to the 'Effective Date' field with the text: 'For consumers with MA: The Action Effective Date listed here is 14 calendar days from date of notice. For consumers without MA: The Action Effective Date listed here is 30 calendar days from the date of'.

For consumers with MA: The **Action** Effective Date listed here is **14 calendar days** from date of notice.

For consumers without MA: The **Action** Effective Date listed here is **30 calendar days** from the date of

3. Based on the reason for reduction, select the option(s) that apply under Medical Necessity and/or Other:

Actions and Reasons

Check all Actions and Reasons that are applicable.

Adequate Notice
The services requested were / will be:

Denied
 Delayed more than 14 days

Advance Notice
Your current services will be:

Reduced

Services: Effective Date:

Medical Necessity

- The clinical documentation provided does not establish medical necessity.
- Your Treatment Plan goals and objectives have been met.
- You have not attended or participated in your authorized services. CMHA-CEI cannot continue to authorize services for you if you are not interested.

Other

- You have requested to change your current service(s).
- You have requested to end your current service(s).
- CMHA-CEI does not have provider capacity to provide the service(s).

4. Sign the Adverse Benefit Determination Notice when completed.

Go To

Author

Sign

More Detail

5. Complete the appropriate cover letter with enclosures:

Date the letter the same date as the Adverse Benefit Determination Notice. Action effective date; 14 calendar days from letter.

Funding:	MA Spend-down	No Insurance, Commercial, Medicare, Ingham Health Plan	MA, Medicaid/Medicare (Duals), Healthy Michigan Plan, MICHild
Letter:	Spend-down Advance Notice letter	General Fund Advance Notice letter	MA Advance Notice letter
Enclosures:	-Adverse Benefit Determination Notice (copy)	-Adverse Benefit Determination Notice (copy)	-Adverse Benefit Determination Notice (copy)
	-Request for Internal Appeal form	-Request for Internal Appeal form	-Request for Internal Appeal form

Denial during Active Treatment (Terminated)

1. Complete the Adverse Benefit Determination Notice (in Smartcare) and make a copy to send the applicant:

Adverse Benefit Determination Notice

The screenshot shows the 'Adverse Benefit Determination Notice' form. The 'Effective' date field is circled in red. The 'Notice' section has 'Date of Notice' and 'Notice has been provided' fields, both circled in red. The 'Consumer Information' section has 'Medicaid Consumer?' and 'Is this the correct mailing address for the client?' fields, both circled in red. Callout boxes provide instructions for each circled field.

Effective [Date Picker]

Notice

Date of Notice [Date Picker]

Notice has been provided via mail in person on [Date Picker]

Consumer Information

Guardian Sick, Love

Medicaid Consumer? Yes No

Is this the correct mailing address for the client? Yes No

1233 Somev
Lansing, MI 4

Select **Yes** if the consumer has Medicaid. Select **No** if the consumer does not.

Select **Yes** if the address listed is correct. Select **No** if it is incorrect and enter the correct address.

List the date when the Adverse Benefit Determination Notice was either mailed or provided in person.

The Date of Notice should be the same or greater than the Effective Date listed above. Both date fields should list the date that the Adverse Benefit Determination Notice is completed in Smartcare.

2. Select the following options in the Action and Reasons tab:

The screenshot shows the 'Actions and Reasons' tab. The 'Terminated' option is selected. The 'Effective Date' field is circled in red. Callout boxes provide instructions for the 'Effective Date' field.

Actions and Reasons

Check all Actions and Reasons that are applicable.

Adequate Notice

The services requested were / will be:

Denied

Delayed more than 14 days

Advance Notice

Your current services will be:

Reduced

Terminated

Services (list services curr. in tx plan) [Text Box] **Effective Date** [Date Picker]

Includes Psychiatry Services

Eligibility

Medical Necessity

Other

Suspended

For consumers with MA: The **Action** Effective Date listed here is **14 calendar days** from date of notice.

For consumers without MA: The **Action** Effective Date listed here is **30 calendar days** from the date of

3. Based on the reason for denial during active treatment, select the option(s) that apply under Eligibility, Medical Necessity, and/or Other:

Actions and Reasons

Check all Actions and Reasons that are applicable.

Adequate Notice
The services requested were / will be:

Denied
 Delayed more than 14 days

Advance Notice
Your current services will be:

Reduced
 Terminated

Services Effective Date

Includes Psychiatry Services

Eligibility

- You do not meet Medicaid eligibility criteria for services as a person with a serious mental illness, a person with a developmental disability, a child with a serious emotional disorder or a person with a substance use disorder.
- Your Medicaid Health Plan is responsible for providing services to you.
- You have other resources available for providing services.
- Residency: you live outside of the CMHA-CEI service area and we cannot authorize services for you.
- You are currently residing in an institution in which CMHA-CEI cannot authorize your services (e.g. jail, prison, state hospital, extended care facility).

Medical Necessity

- The clinical documentation provided does not establish medical necessity.
- Your Treatment Plan goals and objectives have been met.
- You have not attended or participated in your authorized services. CMHA-CEI cannot continue to authorize services for you if you are not interested.

Other

- You have requested to change your current service(s).
- You have requested to end your current service(s).
- CMHA-CEI does not have provider capacity to provide the service(s).

4. Sign the Adverse Benefit Determination Notice when completed.

Go To

Author Admin, System

5. Complete the appropriate cover letter with enclosures:

Date the letter the same date as the Adverse Benefit Determination Notice. Action effective date; 14 calendar days from letter.

Funding:	MA Spend-down	No Insurance, Commercial, Medicare, Ingham Health Plan	MA, Medicaid/Medicare (Duals), Healthy Michigan Plan, MICHild
Letter:	Spend-down Advance Notice letter	General Fund Advance Notice letter	MA Advance Notice letter
Enclosures:	-Adverse Benefit Determination Notice (copy)	-Adverse Benefit Determination Notice (copy)	-Adverse Benefit Determination Notice (copy)
	-Request for Internal Appeal form	-Request for Internal Appeal form	-Request for Internal Appeal form
	-community resources info	-Flyer regarding help applying for MA, HMP, MICHild	-community resources info
		-community resources info	

Suspension of Services

1. Complete the Adverse Benefit Determination Notice (in Smartcare) and make a copy to send to the applicant:

Adverse Benefit Determination Notice

06/09/2020 - Adverse Benef... Go To

View Share Status New Effective Author Wollner, Emily

Consumer Information

Guardian Sick, Love

Medicaid Consumer? Yes No

Is this the correct mailing address for the client?

Yes No

1233 Somev
Lansing, MI 4

Select **Yes** if the consumer has Medicaid. Select **No** if the consumer does not.

Select **Yes** if the address listed is correct. Select **No** if it is incorrect and enter the correct address.

Notice

Date of Notice

Notice has been provided via mail in person on

List the date when the Adverse Benefit Determination Notice was either mailed or provided in person.

The Date of Notice should be the same or greater than the Effective Date listed above. Both date fields should list the date that the Adverse Benefit Determination Notice is completed in Smartcare.

2. Select the following options in the Actions and Reasons tab:

Actions and Reasons

Check all Actions and Reasons that are applicable.

Adequate Notice

The services requested were / will be:

Denied

Delayed more than 14 days

Advance Notice

Your current services will be:

Reduced

Terminated

Suspended

Services (list the suspended services) Effective Date 01/01/1900

Eligibility

Medical Necessity

Other

For consumers with MA: The **Action** Effective Date listed here is **14 calendar days** from date of notice.

For consumers without MA: The **Action** Effective Date listed here is **30 calendar days** from the date of

3. Based on the reason for suspension, select the option(s) that apply under Eligibility, Medical Necessity, and/or Other:

Suspended

Services Effective Date

Eligibility

You are currently residing in an institution in which CMHA-CEI cannot authorize your services (e.g. jail, prison, state hospital, extended care facility).

Medical Necessity

The clinical documentation provided does not establish medical necessity.

Your Treatment Plan goals and objectives have been met.

You have not attended or participated in your authorized services. CMHA-CEI cannot continue to authorize services for you if you are not interested.

Other

You have requested to change your current service(s).

You have requested to end your current service(s).

CMHA-CEI does not have provider capacity to provide the service(s).

Suspended due to not following clubhouse rules.

4. Sign the Adverse Benefit Determination Notice when completed.

Go To

Author

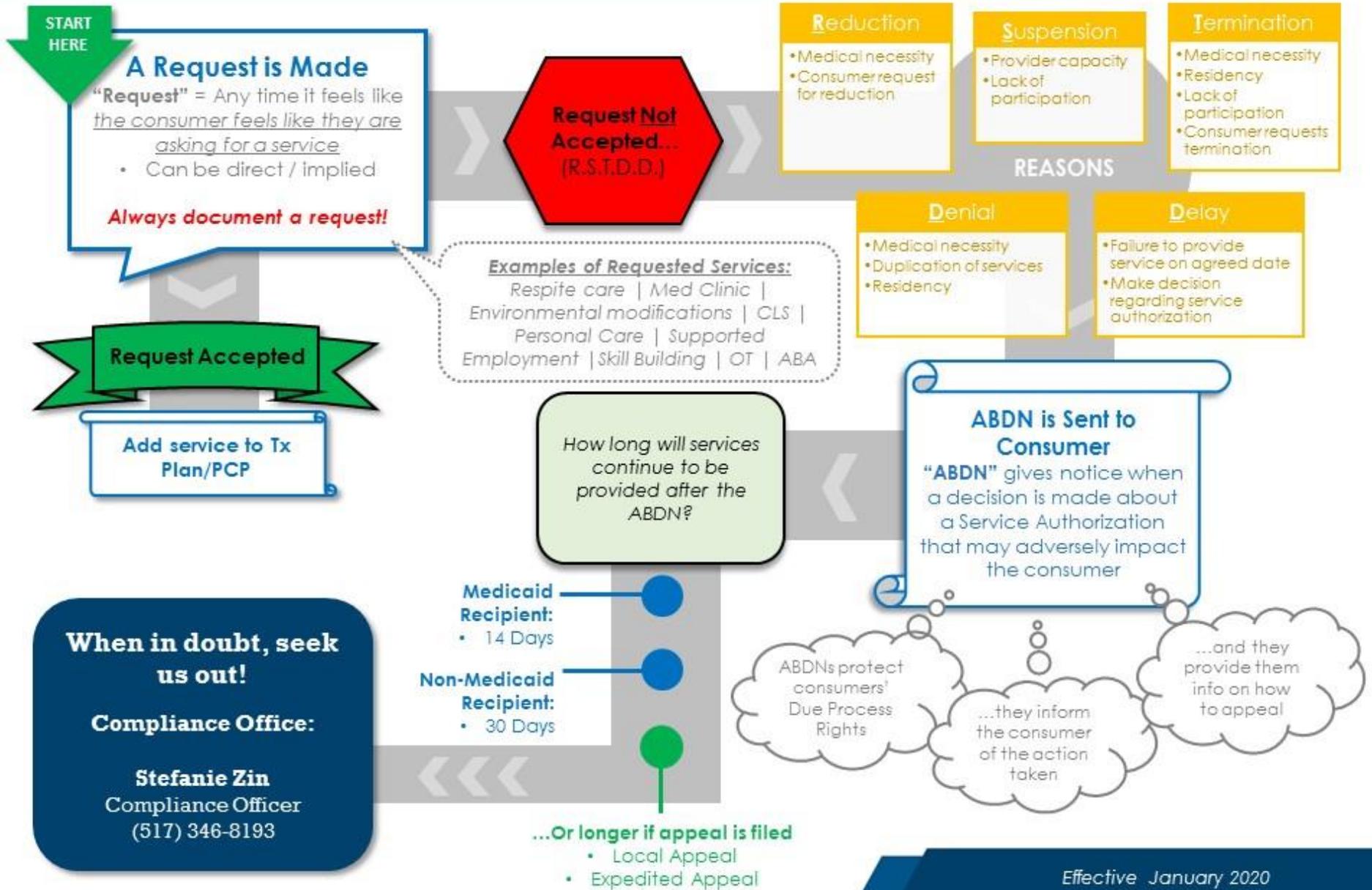
Sign

6. Complete the appropriate cover letter with enclosures:

Date the letter the same date as the Adverse Benefit Determination Notice. Action effective date; 14 calendar days from letter.

Funding:	MA Spend-down	No Insurance, Commercial, Medicare, Ingham Health Plan	MA, Medicaid/Medicare (Duals), Healthy Michigan Plan, MICHild
Letter:	Spend-down Advance Notice letter	General Fund Advance Notice letter	MA Advance Notice letter
Enclosures:	-Adverse Benefit Determination Notice (copy)	-Adverse Benefit Determination Notice (copy)	-Adverse Benefit Determination Notice (copy)
	-Request for Internal Appeal form	-Request for Internal Appeal form	-Request for Internal Appeal form

What You Need to Know About Adverse Benefit Determination Notices (ABDN)...



Effective January 2020