

<b>Briefcase Resource Document</b>	<b>Description and Purpose:</b> Describe changes in the appeals process for PCA and other home and community-based services
	<b>Where Found:</b> CBSM-Appeals

## Changes to the appeals process for home and community-based services

- 1) Appeals related to PCA services will require appeal summaries to be completed by counties and tribes rather than DHS.
- 2) Counties and tribes can be reimbursed for work conducted in preparation for an appeal as an administrative activity.
- 3) A [Notice of Action, DHS-2828 \(PDF\)](#) will need to be provided to PCA recipient for any changes to service agreements. The Notice of Action form is required to be submitted as evidence for any appeal related to PCA services.
- 4) In addition to sending appeal paperwork to the appellant and the Appeals Division, appeal paperwork is required to be sent to the Continuing Care Administration for appeals related to any home and community based services.

### Completion of PCA Appeal Summaries

Currently, the Continuing Care Administration (CCA) prepares appeal summaries for fee-for-service, State Plan (non-waiver) personal care assistance (PCA) appeals. CCA collects data on these appeals and implements the decisions of the human services judges that are approved by Order of the Commissioner. Appeal summaries required for appeals related to services received by fee-for-service waiver recipients are currently prepared by counties and tribes. Decisions on waiver-related appeals are implemented by counties and tribes.

Effective March 1, 2014, counties and tribes will complete appeal summaries for appeals of PCA determinations as well as the waiver-related appeal summaries for which they are currently responsible. Counties and tribes will be responsible for completing appeal summaries for determinations of the Consumer Support Grant (CSG) budget based on the PCA assessment criteria as well.

### Reimbursement for Appeals-Related Activities

This change coincides with the launch of MnCHOICES and the change to the time study reimbursement methodology described in [Bulletin 13-56-03 \(PDF\)](#). Under the time study reimbursement methodology effective Oct. 1, 2013, counties and tribes can be reimbursed for work conducted in preparation for an appeal as an administrative activity.

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## Notice of Action for PCA services

Currently, the official notice of action provided to recipients of PCA services of changes made to PCA service agreements are issued from the Medicaid Management Information System (MMIS) and mailed to the PCA recipient the next business day. CCA provides a saved copy of this notice as evidence of the date of action for PCA-related appeals.

Effective March 1, 2014, in order to provide evidence of proper notice, decisions made by counties and tribes related to PCA and CSG service agreements will need to be documented on the revised Notice of Action form (DHS-2828) and given to the individual. The Notice of Action (DHS-2828) given to the individual will be maintained at the county/tribe regardless of any notices that are generated from MMIS.

## Required Communication to Continuing Care Administration

CCA will maintain its role providing technical assistance on program and policy issues generating appeals including involvement in any formal reconsideration request of an appeal decision by a county or tribe. Changes have been made to the workflow of appeals information so that the Continuing Care Administration is able to collect necessary data regarding appeals, provide technical assistance, and monitor outcomes. CCA should be included in the workflow for appeals concerning long-term services and supports administered by CCA including level of care eligibility determinations and services provided through:

- [Alternative Care \(AC\) Program](#)
- [Brain Injury \(BI\) Waiver](#)
- [Community Alternative Care \(CAC\) Waiver](#)
- [Community Alternatives for Disabled Individuals \(CADI\) Waiver](#)
- [Consumer Support Grant \(CSG\)](#)
- [Developmental Disability \(DD\) Waiver](#)
- [Day Training and Habilitation \(DT&H\)](#)
- [Elderly Waiver \(EW\)](#)
- [Family Support Grant \(FSG\)](#)
- [Moving Home Minnesota \(MHM\)](#)
- [Personal Care Assistance \(PCA\)](#)
- [Rule 185 Case Management \(DD\)](#)

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The county/tribe process for preparing appeal summaries for most of the services above will remain unchanged. For PCA-related appeals, counties and tribes should provide:

- An appeal summary that explains the reason for the change to the service agreement
- A copy of the Notice of Action (DHS-2828)
- A copy of the assessment used for making the determination of PCA services
- Any additional addendums relevant to understanding the change in services.

Appeal paperwork should be sent by the county/tribe to:

- The appellant (and their representative, if applicable)
- The DHS Appeals Division
- DHS Continuing Care Administration (CCA) via [dhs.ccaappeals@state.mn.us](mailto:dhs.ccaappeals@state.mn.us)
- County/Tribe – retains a copy

The county/tribe should send a copy of the appellant's request for an appeal to the Continuing Care Administration along with the information submitted for the hearing. After receiving the appeal paperwork at [dhs.ccaappeals@state.mn.us](mailto:dhs.ccaappeals@state.mn.us), the CCA will make necessary adjustments in MMIS to the Type B service agreements for continuation of services pending the outcome of the appeal.

Once the appeal is heard and adjudicated by DHS Appeals Division, appeal decisions will be sent by DHS Appeals Division to:

- The appellant (and their representative, if applicable)
- Continuing Care Administration (CCA) via [dhs.ccaappeals@state.mn.us](mailto:dhs.ccaappeals@state.mn.us)
- County/Tribe

If changes to the individual's service agreement are necessary to implement the appeal decision, DHS will enter changes into MMIS for Type B service agreements. The county/tribe will enter all changes to other service agreement types as they do now.

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If the county/tribe receives a request for an appeal summary from the Appeals Division regarding:

- Home care services, e.g., skilled nurse visits, home health aide visits, or home care nursing services for an appellant who is not a waiver recipient, the county/tribe should provide notification to the human services judge assigned to the docket that the Disability Services Division is responsible for completing the appeal summary.
- Service determinations made by a managed care organization (MCO), the county/tribe provides notification to the human services judge assigned to the docket that the MCO is responsible for completing the appeal summary.

In the two instances above where the human services judge is notified that the request for summary was incorrectly sent to the county/tribe, the Appeals Division will resend the request for summary to the appropriate entity.

## Technical Assistance and Reconsideration Requests

If upon review of the assessment information or in preparation of the appeal summary, the county/tribe desires policy clarification or other technical assistance or support, requests can be made to Continuing Care Administration staff through the email address: [dhs.ccaappeals@state.mn.us](mailto:dhs.ccaappeals@state.mn.us). Continuing Care Administration staff should be consulted regarding any formal reconsideration requests of the appeal decision.

Note: Managed care organizations (MCOs) have existing required forms and processes for appeals and these do not change.

## Additional Resources

- All DHS Forms can be found on [the DHS eDocs home page](#)
- Managed care organization contact information is published on the [Health plan member services phone number page](#)
- All statute, rule and law can be found at the [Minnesota Office of the Revisor of Statues](#)
- Statutes governing state fair hearing can be found at [Minn. Stat. §256.045](#) through [Minn. Stat. §256.048](#)
- An online appeal form, [Appeal to State Agency DHS-0033](#), is available for appellants