

## **Actions Requiring Notice of Action**

**There are six specific actions that require a Notice of Action be mailed out to the consumer. The Notice of Action MUST be in writing. However, only three of the six are applicable to providers, as outlined below. Reminder: Non-Medicaid clients have the same rights described herein, except they do not have the right to a State Fair Hearing.**

- 1. Action- Decisions to Terminate, Suspend or Reduce Previously Authorized Services and Time Frames for Notification**
  - a. If the CONTRACTOR, terminates, suspends or reduces previously authorized Covered Services, and the Enrollee informs the CONTRACTOR that he or she disagrees with the change in his or her treatment plan, and the CONTRACTOR affirms the decision, this constitutes an Action.
  - b. The CONTRACTOR will notify the Subcontractor (if Covered Services were provided by a Subcontractor), and mail a Notice of Action to the Enrollee as expeditiously as the Enrollee's health condition requires and within the following time frames:
    - 1) at least 10 days before the date of the Action; or
    - 2) 5 days before the date of the Action if the CONTRACTOR has facts indicating that Action should be taken because of probable fraud by the Enrollee, and the facts have been verified, if possible, through secondary sources; or
    - 3) by the date of the Action if:
      - a) the CONTRACTOR has factual information confirming the death of the Enrollee;
      - b) the CONTRACTOR receives a clear written statement signed by the Enrollee that:
        - (i) he no longer wishes services; or
        - (ii) he gives information that requires termination or reduction of services and indicates that he understands that this must be the result of supplying that information;
      - c) the Enrollee has been admitted to an institution where he is ineligible for further Covered Services;
      - d) the Enrollee's whereabouts are unknown and the post office returns mail directed to him indicating no forwarding address. In this case any discontinued services must be reinstated if his whereabouts become known during the time the Enrollee is eligible for Covered Services;

- e) the Enrollee has been accepted for Medicaid services by another local jurisdiction; or
- f) the Enrollee's physician or other licensed mental health therapist authorized to prescribe mental health treatment under Utah law prescribes the change in the level of medical (mental health) care.

**2. Action- Failure to Provide Covered Services in a Timely Manner**

- a. The CONTRACTOR will give the Enrollee a Notice of Action when the CONTRACTOR fails to provide the first face-to-face service in a timely manner according to performance standards specified in Section A 10, Quality Assessment and Performance Improvement, B, only when:
  - 1) the reason is due to the CONTRACTOR'S limitations, and
  - 2) the Enrollee is not satisfied with waiting beyond the required time frame.

If the Enrollee agrees to and is not dissatisfied with waiting beyond the required time frame, the CONTRACTOR determines the Enrollee should not be at risk as a result of waiting, and the Enrollee is told to contact the CONTRACTOR if his or her situation changes, then this does not constitute failure to provide Covered Services in a timely manner, and therefore is not an Action.

- b. The CONTRACTOR will provide the Notice of Action at the time it is determined the performance standard will not be met due to CONTRACTOR limitations and that the Enrollee is not satisfied with the situation.

**3. Action - Failure to Resolve Appeals and Grievances Within Required Time Frames**

- a. Failure of the CONTRACTOR (for Grievances) or the COUNTY (for Appeals) to act within the time frames provided for resolving and giving resolution notice for Appeals or Grievances constitutes an Action.
- b. The CONTRACTOR will provide a Notice of Action letter to the Enrollee at the time the CONTRACTOR determines the time frame for resolving the Grievance will not be met. The COUNTY will follow the same procedure (and attach the applicable State hearing request form in the case of appeals) if it is determined that the time frame for resolving an Appeal will not be met. (See Section A 13, Grievance System, C 4, D 5 c, and I 3.)