



8329 W. Sunset Road, Suite 100
Las Vegas, NV 89113

Re: Notice of Decision

Behaviorally Complex Care Program

Facility Name:

Facility Contact:

Facility Address:

Facility Authorization# # _____

Notice Date: _____

Recipient's Name: _____

Member ID: _____

Date of Request: _____

The following Molina decision(s) has/have been made: _____

(Date of Action)

The requested Tier for the Behaviorally Complex Care Program is:

Approved for Tier requested: _____ Tier One: _____ Tier Two: _____ Tier Three: _____

Approved for a lower Tier: _____ Tier One: _____ Tier Two: _____ Tier Three: _____

Denied due to no medical necessity to support the requested BCCP tier: _____

For continuation of services, records must be submitted and reviewed as follows:

Tier I – Annually; Tier II – every 180 days; Tier III – every 90 days

Molina Healthcare Nevada **will only provide approval for** the Tier that is requested or lower. If the provider/member feels that higher level is required, they may cancel the original request and resubmit requesting the higher Tier Level.

If denied, this decision, is based on Medicaid Services

Manual Chapter 500 is based on the following clinical rationale:

If you have questions, please call (833) 685-2102. You can call Monday – Friday from 8 a.m. to 6 p.m. TTY users may call 711. Please return with a request for Fair Hearing Form

Fair Hearing Request Form

Re: Notice of Decision

Behaviorally Complex Care Program

Fair Hearing Request Form If you disagree with Molina's decision regarding requested benefits, you may request a Fair Hearing by completing, signing, and returning this form to Nevada Medicaid within 90 days of the effective date (Date of Action), shown on the enclosed Notice of Decision. The day after the effective date is the first day of the 90-day period. If you are currently receiving the Medicaid benefit in question, and you want to continue receiving this benefit during the Fair Hearing process, your Fair Hearing request must be received no later than the 10th day after the effective date (Date of Action) shown on the enclosed Notice of Decision.

At the Fair Hearing, you may represent yourself or be represented by a family member, lawyer, or another responsible adult. To be represented by someone else, you must sign a written authorization which must be received by Nevada Medicaid before the hearing preparation meeting (you can grant authorization by completing the appropriate fields below). A signature is not required for a recipient who is incompetent or incapacitated. If you cannot afford legal counsel, one of the Legal Services Programs listed below may be able to help.

Nevada Legal Services, Inc. (Reno) (Washoe County) (775) 284-3491

Nevada Legal Services, Inc. (Las Vegas) (Clark, Lincoln, Nye, and Esmeralda Counties) (702) 386-0404 or (866) 432-0404, TDD: (702) 386-1059

Nevada Legal Services, Inc. (Elko) (Elko County) (775) 753-5880 Nevada Legal Services, Inc. (Carson City) (Carson City and remaining counties) (775) 883-0404 or (800) 323-8666

Senior Law Project (Las Vegas) (Clark County for residents aged 60 years and older) (702) 229-6596, TDD: (702) 386-9108

Washoe County Senior Law Project (Washoe County residents aged 60 years and older) (775) 328-2592

Nevada Disability Advocacy and Law Center (South) Disabled Persons and Families with Disabled Persons (702) 257-8150 or (888) 349-3843, TTY: (702) 257-8160

Nevada Disability Advocacy and Law Center (North) (775) 333-7878 or (800) 992-5715, TTY: (775) 788-7824

Re: Notice of Decision

Behaviorally Complex Care Program

I am submitting this form to request a Fair Hearing. Check all that apply and complete the fields below

I disagree with Molina Healthcare of Nevada's denial of the Behaviorally Complex Care Program's requested tier

I disagree with Molina Healthcare of Nevada's decision of the selected tier of the Behaviorally Complex Care Program

Recipient Name: _____ Phone No. _____

Recipient Mailing Address _____ Recipient ID No. _____

Recipient Signature: _____ Date: _____

Authorized Representative Name: _____ Phone No. _____

Authorized Representative Mailing Address: _____

Authorized Representative Signature: _____ Date: _____

Return this request to:

Long-Term Support Services

Division of Health Care Financing and Policy

1100 E. William St., Suite 101

Carson City, NV 89701

Frequently Asked Questions About The Preparation Meeting and Fair Hearing

Who may request a Hearing Preparation Meeting and/or a Fair Hearing?

Any recipient who is receiving Medicaid Services from the Division of Health Care Financing and Policy (DHCFP), who disagrees with any action resulting in the reduction, suspension, termination, or denial of a Medicaid service. Also, any recipient who makes application for a service and believes the application was not acted upon with reasonable promptness by Medicaid and/or the Health Plan may request a hearing preparation meeting and/or Fair Hearing.

How to request a hearing preparation meeting or a Fair Hearing? A recipient may request a hearing preparation meeting and/or Fair Hearing by completing the Fair Hearing Request Form and a copy of the Notice of Decision (enclosed) and submitting it to Nevada Medicaid within the required time limits. To request a Fair Hearing for not acting with reasonable promptness, please check the appropriate box on Page 2.

What happens at a Hearing Preparation Meeting? The purpose of the hearing preparation meeting is to provide the recipient with an explanation as to why Nevada Medicaid took the adverse action against the item or service requested. The recipient will be given the opportunity to provide Nevada Medicaid with any additional information that he or she believes should be considered in reversing the determination made by Nevada Medicaid.

Will Medicaid continue providing benefits during the Fair Hearing Process? Continued Medicaid benefits may be provided if the recipient's Fair Hearing Request Form is received at Nevada Medicaid's Central Office no later than the 10th day after the effective date of the proposed action (see "Date of Action" on your Notice of Decision form).

What happens at a Fair Hearing? The Fair Hearing is a proceeding during which the recipient can show why he or she disagrees with the denial of service. The recipient will be allowed to present his/her case personally or through his or her authorized representative. The recipient and/or the recipient's representative will be given an opportunity to examine all documents and records pertaining to the denial decision. This information is provided to the recipient within a reasonable time before the date of the Fair Hearing. The recipient is allowed to bring witnesses, present evidence, and question or refuse any testimony or evidence, including the opportunity to cross-examine witnesses. The Medicaid office, the Health Plan, and/or the nursing facility will present their position as well.

Who is the Fair Hearing Officer? The Fair Hearing Appeals Officer may be an employee of the DHCFP or under contract with the DHCFP but shall not have been connected in any way with the action in question.

When and where is a Fair Hearing held? When the recipient's FAIR HEARING REQUEST FORM is received, the Fair Hearing is scheduled as soon as possible. The recipient will be advised in writing of the time, date, and place of the Fair Hearing at least ten (10) days prior to the Fair Hearing. Fair Hearings are usually held in the city where the Nevada Medicaid office at which the decision to deny services was made. If the recipient is unable to travel to the Fair Hearing or is unable to attend the Fair Hearing in person for other reasons, a Fair Hearing may be held at another location or may be conducted by telephone, when all parties agree to do so.

What will a Fair Hearing Cost? There is no charge for the Fair Hearing.

Can someone else help me with the Fair Hearing? The recipient may represent him or herself or be represented at a hearing preparation meeting/Fair Hearing by an authorized representative such as a friend, parent, another family member, lawyer, or another responsible adult. The recipient must sign a written authorization and it must be received at the Nevada Medicaid Office before the hearing preparation meeting/Fair Hearing. If the recipient is incompetent or incapacitated, a signature is not required. Information regarding resources that may be able to help is listed on Page 2 of this packet.

How is a decision made? The Hearing Officer's decision will be based on the evidence and testimony introduced at the Fair Hearing. The Department of Administration will notify the recipient and Nevada Medicaid in writing of the decision within 30 days from the date of the Fair Hearing. Should the recipient abandon or withdraw his or her appeal or if the

Hearing Office agrees with Nevada Medicaid's decision to deny the service, the denial decision will stand and any continued benefits the recipient may have received, but was not entitled to, will be subject to recovery by the Division of Welfare and Supportive Services.

Your right to a judicial review- If you are dissatisfied with the Fair Hearing decision, you may appeal your case to your local District Court of the State of Nevada within 90 days after the date the written decision was mailed. A transcript of the Fair Hearing together with all papers filed in the proceeding will constitute the official record of the Fair Hearing. All parties must be notified when an appeal is made to District Court



**Non-Discrimination Notification
Molina Healthcare of Nevada
Medicaid**

Molina Healthcare of Nevada (Molina) complies with all Federal civil rights laws that relate to healthcare services. Molina offers healthcare services to all members without regard to race, color, national origin, age, disability, or sex. This includes gender identity and sexual orientation.

To help you talk with us, Molina provides services free of charge:

- Aids and services to people with disabilities
 - Skilled sign language interpreters
 - Written material in other formats (large print, audio, accessible electronic formats, Braille)
- Language services to people who speak another language or have limited English skills
 - Skilled interpreters
 - Written material translated in your language
 - Material that is simply written in plain language

If you need these services, contact Molina Member Services at (833) 685-2102, TTY: 711, Monday - Friday, 8 a.m. to 6 p.m. PST.

If you think that Molina failed to provide these services or treated you differently based on your race, color, national origin, age, disability, or sex, you can file a complaint. You can file a complaint in person, by mail, fax, or e-mail. If you need help writing your complaint, we will help you. Call our Civil Rights Coordinator at (866) 606-3889, or TTY 711. Mail your complaint to:

Civil Rights Coordinator
200 Océangate
Long Beach, CA 90802

You can e-mail your complaint to civil.rights@molinahealthcare.com

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. You can mail it to:

U.S. Department of Health and Human Services
200 Independence Ave., SW
Room 509F, HHH Bldg.
Washington, D.C. 20201

You can also send it to a website through the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or call (800) 368-1019, TTY (800) 537-7697.

Distributed by Molina Healthcare. To get this information in other languages and accessible formats, please call Member Services. This number is on the back of your Member ID card. You can get this information free in other formats, such as large print, braille, or audio. Call (833) 685-2102, TTY/TDD: 711, Monday - Friday, 8 a.m. to 6 p.m., PST. The call is free. Molina Healthcare of Nevada (Molina) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (833) 685-2102 (TTY: 711). ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call (833) 685-2102 (TTY: 711)

