

## Division of Specialized Care for Children

# Home Care Appeal & Peer-to-Peer Review Tip Sheet

The Division of Specialized Care for Children (DSCC) is the operating agency for the Home Care Program (HC). The Department of Healthcare and Family Services (HFS) completes required reviews and determinations regarding a participant's eligibility for Home Care services. HFS has the responsibility of determining if the potential Home Care participant meets the medical eligibility standards for Home Care services and determining the medically necessary amount of services. DSCC does not have a formal role in the review and determination of medical eligibility, as related to determining if a participant qualifies for Home Care services. You have the right to appeal any decision made by HFS that denies, reduces, changes, or terminates benefits for you or your child. You also have the right to request a peer-to-peer review pertaining to the HFS eligibility or medical necessity determination.

### Family Role

#### Appeal

If you disagree with an HFS determination regarding eligibility for or amount of Home Care services, you may choose to file an appeal. You must file it within 60 days following the date of the HFS Notice of Decision form.

1. Contact HFS by one of the following methods:
  - Call (855) 418-4421 or the legal assistance contact located at the bottom of the Notice of Decision (HC 2352)
  - Fax a note stating you want to appeal the decision to (312) 793-2005
  - Mail a letter to HFS, Fair Hearing Section: 69 W. Washington, 4th Floor, Chicago, IL 60602
  - Send a teletype (TTY) message to (877) 734-7429
  - Send an email to [HFS.FairHearings@illinois.gov](mailto:HFS.FairHearings@illinois.gov)

**Note:** HFS must verify that an appeal has been filed.

2. Indicate in the appeal request that this is for "medical benefits" for your child and provide your child's full name and Medicaid recipient identification number (RIN#) located on the medical card.

#### Timing of Filing an Appeal

If the HFS Notice of Decision includes a reduction of services, the amount of allocation for nursing services that remains in place after an appeal is filed depends on when the appeal is filed within the 60-day time frame:

- If the appeal is filed (and HFS has verified this) within 10 days from the HFS Notice of Decision, the original allocation remains in place until the appeal is heard and a final decision is issued.
- If the appeal is filed (and HFS has verified this) within 11-60 days from the HFS Notice of Decision, the allocation will remain at the level of reduction as listed on the Notice of Decision during the time the appeal is pending and until a final decision is issued.
- If the appeal is filed after 60 days or not filed at all, the reduction will go into effect as stated in the notice of decision.

If you file an appeal, you will be given a fair hearing date from the HFS Fair Hearings Section. You may represent yourself at this hearing or you can ask someone else, such as a lawyer, relative, or a friend, to represent you. At the hearing, you will have the chance to explain why you disagree with HFS' decision, present evidence about your child's need for more in-home shift nursing services, refute testimony or other evidence and cross-examine witnesses.

## Considerations in Preparing for the Appeal Hearing

During the appeal hearing, you may call any witnesses to support your case, including a previous or current Provider, who can offer relevant testimony.

Providers (physicians, nurses, counselors) can serve as the authorized representative for families, at the family's request. However, the family must have a completed and signed authorized representative form on file with HFS Fair Hearings Section, to receive notice of the proceedings and before he/she may speak on behalf of the family prior to and on the day of the scheduled hearing.

Also, additional medical documentation can be submitted as evidence for the hearing. This documentation can be submitted to HFS Fair Hearings directly by you or through your DSCC Care Coordinator.

## Peer-to-Peer Review

A peer-to-peer review may be requested simultaneously with an appeal.

The peer-to-peer review option can serve as a mechanism to request an increase in hours or allocation. You or your child's managing physician can request a peer-to-peer review of the HFS decision. If the treating specialist does not believe the approved allocation will meet the medical needs of your child, the physician should send his/her contact information to the DSCC Care Coordinator. The Care Coordinator will share this information with HFS and a peer-to-peer review between the treating specialist and the HFS reviewing physician will be arranged.

## DSCC Role

Your DSCC Care Coordinator will contact you within five business days of the HFS Notice of Decision (2352) form to review with you.

If you choose to appeal, your Care Coordinator helps explain that the approved allocation for nursing services remains in place if the appeal is filed timely. Your Care Coordinator is not able to:

- Contact the HFS Fair Hearings Section on behalf of the family
- Speed up the response from the HFS Fair Hearings Section
- Change the date of the appeal hearing once it is set by the HFS Fair Hearings Section
- Attend appeal hearings on behalf of the family
- Withdraw the appeal on behalf of the family

HFS will send an appeal letter to your Care Coordinator verifying that the continuation of the previously allocated amount will remain in place until the appeal is heard and a decision is issued (consistent with the timelines above). Your Care Coordinator will notify your Nursing Agency to verify the continuation of the previously allocated amount.

If you choose to request a peer-to-peer review, your Care Coordinator will:

- Ensure HFS knows that a peer-to-peer review has been requested by the family/physician
- Ensure HFS has the contact information of the physician working with your child
- Gather any new or additional information that has not already been submitted to HFS

## HFS Role

After receiving an appeal request, HFS's Bureau of Administrative Hearing (BAH) registers the appeal in its case management system, IES. An Appeal Confirmation letter is mailed to you. The next communication you will receive from BAH will be a Hearing Scheduled Letter with the date and time of the hearing. HFS has hearing officers and administrative law judges (ALJ) that conduct the hearings. The family, the hearing officer/ALJ and a HFS representative will participate in the hearing. The hearing officer/ALJ may participate in person, by telephone, or videoconference.

During the hearing, the HFS hearing officer/ALJ will conduct the hearing in a fair and impartial manner. The hearing officer/ALJ will allow you to present your case through documentary and testimonial evidence. The HFS department representative will testify how they reached their decision and any supporting documents. You may question the HFS department representative. When the hearing is concluded, the HFS hearing officer/ALJ drafts a written recommended decision and sends it to the HFS Hearing Supervisor for final review and sign-off by the Medicaid Director. HFS will notify you in writing of the final decision.

The final administrative decision by HFS may be appealed to the State Circuit Court pursuant to the Administrative Review Law.

Contact us at **(800) 322-3722** for questions or for more information!

Visit our website at **dsc.uic.edu**.

