

## SECTION .0600 - NON-MEDICAID APPEAL PROCESS

### 10A NCAC 27I .0601 SCOPE

- (a) The rules of this Section shall govern appeals made to the Division of decisions made by an area authority or county program affecting a non-Medicaid eligible client.
- (b) A non-Medicaid eligible client, or the client's legally responsible person, may appeal to the Division Director the clinical review decision of an LME-MCO, area authority or county program to deny, reduce, suspend, or terminate a non-Medicaid state funded service.
- (c) Nothing in these Rules shall be interpreted as granting a non-Medicaid eligible client the right to appeal decisions of third party payers to the Division.
- (d) Non-Medicaid services shall be provided in accordance with G.S. 122C-2. As set forth in G.S. 143B-147(a)(9), nothing in these Rules shall be interpreted as granting a non-Medicaid eligible client the right to appeal the findings of the Division by requesting a contested case hearing pursuant to G.S. 150B.
- (e) There shall be no reprisal or retaliation to anyone who is a party to an appeal.
- (f) The LME-MCO, area authority or county program may authorize interim services until the final written decision as set forth in Rule .0609 of this Section is reached.

*History Note: Authority G.S. 143B-147;  
Eff. October 1, 2006;  
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. June 24, 2017;  
Amended Eff. May 1, 2024.*