

LEVEL ONE
MCOSA APPEAL FORM*

Program Name: _____ Date of Appeal: _____

Date of Audit: _____ Date of MCOSA Receipt: _____

Case Number: _____

**Submit to SUD Coordinator for QA Audit results and to Finance Coordinator for Services Verification or FOCUS late request denials.*

Reason for Appeal:

Desired Outcome or Resolution:

Program Director/Clinical Supervisor Signature

Date

LEVEL TWO
MCOSA APPEAL FORM

Program Name: _____ Date of Appeal: _____

Date of Audit: _____ Date of MCOSA Receipt: _____

Case Number: _____

Submit to SUD Administrator for QA Audit results and Services Verification or FOCUS late request denials.

Decision that was made by the MCOSA auditor on Level One Appeal:

Reason for Level Two Appeal:

Desired Outcome or Resolution:

Program Director/Clinical Supervisor Signature

Date

LEVEL THREE
MCOSA APPEAL FORM

Program Name: _____ Date of Level II Appeal: _____

Date of Audit: _____ Date of MCOSA Receipt: _____

Case Number: _____

Submit to SUD Director for QA Audit results and for Services Verification or FOCUS late request denials.

Decision that was made by the MCOSA auditor:

Decision that was made by Assistance Director for Level Two Appeal:

Reason for Level Three Appeal:

Desired Outcome or Resolution:

Program Director/Clinical Supervisor Signature

Date