



PENINSULA RSN

COMPLAINT, GRIEVANCES AND APPEALS POLICIES AND PROCEDURES

Policy Name: COMPLAINT, GRIEVANCE, APPEAL AND FAIR HEARING GENERAL REQUIREMENTS **Policy Number:** 6.01

Reference: 42 CFR 438.400; WAC 388-865-0255; Exhibit N

Effective Date: 6/2005

Revision Date(s): 11/2010

Approved by: PRSN Executive Board

CROSS REFERENCES

- Form: Exhibit N Reporting Forms (Medicaid , non-Medicaid, and Appeal)
- Policy: Appeal Process
- Policy: Complaint and Grievance
- Policy: Corrective Action Plan
- Policy: Fair Hearing
- Policy: Notice Of Action Requirements
- Policy: Grievance Oversight and Recordkeeping

PURPOSE

It is the policy of the Peninsula Regional Support Network (PRSN) to establish a process for both Medicaid enrollees and state funded individuals to pursue a complaint, grievance, appeal, and access an Administrative Fair Hearing.

This policy is designed to allow individuals and/or advocates/representatives the opportunity to have a complaint/grievances heard in a uniform manner and resolved in a timely fashion.

The PRSN policy will outline the rights, responsibilities and requirements of the PRSN, consumers, providers, and other involved parties at all levels of the complaint, grievance, appeal, and fair hearing system.

This policy applies to Medicaid enrollees and state funded individuals receiving services paid for by the PRSN. The PRSN is the Pre-Paid Inpatient Health Plan (PIHP).

DEFINITIONS

A complaint is an agency-based issue of dissatisfaction with some aspect of mental health services that a client (or their designated advocate) expresses verbally or in writing.

A grievance is an issue of dissatisfaction that a client (or their designated advocate) expresses at the RSN level. All verbal grievances must be followed-up with a written and signed statement within seven (7) days.

- Issues of dissatisfaction related to Medicaid *actions* (authorization decisions) are resolved through the RSN appeal process.

These are concerns expressed by Medicaid and state funded individuals.

Appeal means a request for review and reconsideration of an action outlined in a written notice of action. There is an expedited appeal process that can be activated.

An Action in the context of Medicaid services includes:

- The denial or limited authorization of a requested services
- The reduction, suspension, or termination of a previously authorized service
- The denial in whole or in part, of payment for a service
- The denial of a request for inpatient authorization
- The failure of the PRSN to act within the timeframes provided in section 42 CFR 438(b) or
- For a resident of a rural area with only one MCO, the denial of an enrollee's request to exercise his or her right, under section 42 CFR 438.52 (b) (2) (ii), to obtain services outside the network

Administrative Fair Hearing means a hearing conducted through the auspices of the state Office of Administrative Hearings in accordance with Washington Administrative Code (WAC) 388-02. An issue of dissatisfaction must complete the PRSN Grievance/and Grievance Appeal process prior to requesting a DSHS Administrative Fair Hearings.

- The term Fair Hearing is synonymous with Administrative Hearing.

Mental Health Care Provider means an individual with primary responsibility for implementing an individualized service plan for mental health services.

Provider means any PRSN contracted network community mental health agency licensed to provide mental health services covered in the PRNS contracts (PIHP and SMHC). Community Mental Health Agency is synonymous with provider.

PROCEDURE

1. The PRSN values the resolution of complaints, grievances and appeals at the local/ lowest possible level, in a confidential manner and without retaliation.

Retaliation, formal or informal, against an individual or a mental health agency will not occur by developing a multi-level and independent grievance system.

- There will be no retaliation or punitive action of any kind against an individual who initiates a complaint, grievance, appeal or request for fair hearing.
 - There will be no retaliation against a provider, or providers, that initiate a grievance or appeal on behalf of an individual.
2. All offered resolutions to complaints and grievances honor individual voice, choice, and rights of and on behalf of the individual filing the concern. Ensure that at all stages of the process emphasis shall be placed on a consumer-defined solution.
 - Resolutions will consider the most effective clinical practices, Access to Care Standards, medical necessity, laws and federal, state and contractual requirements.
 3. Individuals, and their designated advocates, may initiate and pursue a complaint, grievance, appeal and fair hearing.
 - Complaints, grievances and appeals can be filed either orally or in writing. A written, signed request must be submitted within seven (7) days of an initial oral request. The oral filing may be used to establish the earliest filing date.
 - For Medicaid enrollees, previously authorized services will continue or be reinstated during the complaint and grievance process at the individual's request. During appeals, previously authorized services may continue or be reinstated under certain circumstances.

When grievances or appeals are not resolved wholly in favor of the individual, under certain circumstances they may be asked to pay for these services.
 - Filed complaints, grievances, and appeals will be investigated even if the individual is no longer receiving services.
 4. The PRSN will ensure that individual's are made aware that at any point in the process they may utilize an advocate or representative to assist them (with written permission), such as:
 - A community mental health agency, acting on behalf of the enrollee and with the enrollee's written consent, may file an appeal, or

- A community mental health agency may file a grievance, appeal or request a state fair hearing on behalf of an enrollee and act as the enrollee's authorized representative.
 - At a minimum, Ombuds services will be offered at all levels of the process.
 - Reasonable assistance shall be provided in completing forms and taking other procedural steps. This may include providing interpreter services and toll-free numbers that have adequate TTY/TTD capability.
5. Individuals may request an appeal of an action by the PRSN or its formal designee. Appeals regarding authorization decisions by PRSN are pursued with CommCare.

Individuals will receive a written notice of action that outlines their rights to appeal actions including service determination or authorization by the PRSN designee, CommCare, and the process to appeal these actions with the PRSN.

- Outpatient and inpatient actions, for Medicaid individuals, can be pursued through the appeal process.
6. A request for a Fair Hearing may be made at anytime a consumer, or their designated advocate, believes there has been a violation of the Washington Administrative Code (WAC). A Fair Hearing may also be requested if they are dissatisfied with the PRSN resolution of a grievance or appeal.
- Ensure that at no time does this procedure cancel the individual's right to request a Fair Hearing.
7. The PRSN informs individuals of their rights to initiate a complaint, grievance (including expedited grievances), appeal, and fair hearing through distributing published DSHS Benefit Booklet, PRSN brochures, Ombuds material, PRSN handbook and PRSN standardized consumer rights forms with readily understandable language.

The DSHS Benefit Booklet is mailed to Medicaid recipients annually from the state.

The PRSN brochures are available in public areas throughout the community. The PRSN handbook is mailed to all individuals authorized and re-authorized for care within the network.

The PRSN standardized outpatient client rights form is provided along with consent for treatment and grievance information. The rights are also listed in the DSHS Benefits booklet, Ombuds brochure and PRSN brochure and handbook.

- This information shall be made available to all current and potential users of publicly funded mental health services, and advocates in language that is clear and easily understood to the individual.

- The individual filing the complaint, grievance, or appeal (or their designated advocate) may examine their case file, including medical records, documents and records considered at any time before and during the grievance appeal process.
8. The PRSN, network providers and subcontractors will cooperate with and promptly abide by all complaint, grievance, appeal, and Fair Hearing decisions. The PRSN will require this in contracts and will monitor compliance with this requirement through the annual administrative review process.
 9. The PRSN and network providers maintain records of complaints, grievances, appeals, and Fair Hearings. All records will be retained for six (6) years following a resolution.
 - All records of complaints, grievances, appeals, and Fair Hearings will be kept confidential and separate from clinical records. These records will not be disclosed without the individual's written authorization, except as necessary, in the following circumstances:
 - i. to resolve the issue(s) of concern
 - ii. to DSHS if a fair hearing is requested
 - iii. or for review as part of the quality improvement or state quality strategy

MONITORING

1. This policy will be monitored through PRSN:
 - Review and approval of network providers complaint policies
 - Annual network provider and subcontractor Administrative Reviews
 - PRSN Trainings
 - Exhibit N: PRSN Grievance tracking. Information about individual complaints, grievances, appeals, or Fair Hearings that have system wide implications may be used for quality improvement.
 - Quality Management Plan activities, such as standard review of Exhibit N form and report, analysis of targeted trends and system recommendations. Information about types of agency complaints, PRSN grievances, PRSN appeals, Fair Hearing requests and denials will be used to analyze patterns or trends and identify areas for quality improvement.
 - The Department conducts the Mental Health Statistical Improvement Project (MHSIP) every year, one year for adults and the alternating the next year for children/youth. The MHSIP measures general consumer satisfaction with the existing service delivery system, appropriateness and quality of services, participation in treatment goals, access to services, and perceived outcomes of services they received. The PRSN requests over sampling of the region to gather specific catchment area data and analyze for trends

2. If a provider/contractor performs below expected standards during any of the reviews listed above a Corrective Action Plan will be required for PRSN approval.