

NORTHCARE NETWORK

POLICY TITLE: Consumer Grievance & Appeal Process	EFFECTIVE DATE: June 26, 2002
DATE OF LAST REVIEW: (Reviewed with no changes or minimal text revisions.) January 13, 2011	DATE OF LAST POLICY REVISION: (Revision to policy statement.) February 23, 2005

POLICY

It is the policy of NorthCare Network that Medicaid Specialty Supports and Services and Adult Benefit Waiver consumers have the right to a fair and efficient process for resolving disagreements regarding their services and supports. To achieve this outcome, NorthCare has adopted the MDCH Contract Attachment P.6.3.2.1: Grievance and Appeal Technical Requirement PIHP Grievance System for Medicaid Beneficiaries (Attachment 1). NorthCare is responsible for informing consumers receiving community inpatient care of their appeal rights. Other than that service, the responsibility for providing a comprehensive grievance and appeal process has been delegated to the five (5) CMHSPs, and NorthCare Substance Abuse Services. Each provider will have a policy in accordance with the contract attachment in order to fulfill this requirement.

PURPOSE

This policy is intended to facilitate NorthCare PIHP and its providers' compliance with the grievance and appeals processes required by the State of Michigan and the federal government for Medicaid consumers.

APPLIES TO

This policy is applicable to NorthCare and all providers in its Network.

DEFINITIONS

Grievance System as used in this policy is the definition given in the regulations implementing the Balanced Budget Act of 1997 (BBA). The Grievance system is the overall system of consumer grievance and appeals. Conceptually, the grievance system divides consumer dissatisfaction into two categories.

- 1) Those challenging an "action" as defined in the federal regulations and in the MDCH Contract Attachment P.6.3.2.1. A challenge to an action is called an **appeal**.
OR
- 2) Those dissatisfied with anything else. Any other type of complaint is considered a **grievance**. The Code of Federal Regulations, 42 CFR, section 438.00(b)(6) states: Possible subjects for grievance include, but are not limited to the quality of care of the services provided and aspects of interpersonal relationships such as rudeness or f a provider or employee or the failure to respect the consumers rights.

In Michigan, this has led to confusion as to the relationship of recipient rights outlined in the Michigan Mental Health Code to the federal requirements. However, the definition

given in the federal regulations supports viewing the **appeal process** as the mechanism whereby Medicaid consumers would address any concerns regarding a specific **action** taken by a provider. The **grievance process** would be used to address any consumer complaints or recipient rights complaints. Medicaid and MDCH require tracking of all grievances and appeals to demonstrate the effectiveness of consumer education and protection of consumers' rights.

PROCEDURES

Education

- A. Medicaid Specialty Supports & Services and Adult Benefit Waiver Consumers: Consumers will be informed of their grievance and appeal rights at the time of the initial application for services and throughout their care. The responsibility for this education is delegated to the CMHSPs and SA providers with the exception of access denials which are managed by NorthCare. Consumers will be provided assistance in completing forms and in taking procedural steps if assistance is requested and/or needed. There may be no charge to the consumer for any aspect of the appeal process including payment for a second opinion by an independent reviewer authorized by the CMHSP CEO or designee. This includes but is not limited to providing interpreter services and toll free numbers that have adequate TTY/TTD and interpreter capability.
- B. Staff:
All staff, direct and contractual, must have training in the full extent of consumers' rights upon hire. The training will include consumer complaints/grievances, recipient rights complaints, and appeals. It is required within 30 days of hire or contract. The training will be updated annually to assure adherence to policy and procedures particularly in the area of "DUE PROCESS".
Due Process includes: (1) prior written notice of the adverse action (2) a fair hearing before an impartial decision maker (3) continued benefits pending a final decision and (4) a timely decision, measured from the date the complaint is first made. Any change in the policy or in forms requires notification and/or training before implementation.

Implementation

- A. Staffing – NorthCare PIHP, CA, CDR, along with each CMHSP and Substance Abuse Provider are responsible for identifying the staff responsible for the "Grievance System."
 - 1. Appeals Process
 - a. Each agency will identify a Hearings Officer who will manage the local or state appeals and will be responsible for meeting the deadlines defined in Attachment P.6.3.2.1. In the case of Substance Abuse Providers this function will be managed by NorthCare.
 - b. The role of the Recipient Rights Office should be clearly defined as one of assisting the consumer with the process of the appeal and not acting on behalf of the agency.

2. Grievance Process

- a. The Recipient Rights staff will intervene or investigate complaints within the authority of the Michigan Mental Health Code (MCL 330.1720 et seq.) commonly known as “Recipient Rights Complaints.”
- b. Member Services (aka Customer Services) staff will be responsible for managing consumer grievances/complaints that are non recipient rights related. While not directly responsible for resolving the complaint, they are responsible for referring the complaint to the proper department (or person) and being sure the issue is resolved in a timely way.
- c. The Recipient Rights staff and Member Services staff will assist the consumers in determining which department is the appropriate one to resolve their concerns.

B. Tracking:

1. Appeals and grievances – NorthCare and its providers must have a regional mechanism for reporting all registered appeals and grievances. NorthCare is responsible for the regional platform for electronic reporting and the CMHSPs and the Substance Abuse providers will be responsible for timely registration of all appeals and grievances.
2. Denials – Each CMHSP must track the number of denials of service at preadmission screening for inpatient hospitalization. NorthCare Access is responsible for tracking denials after clinical assessments, whether the assessment is done by phone or face-to-face. For substance abuse services, the NorthCare CDR will track denials in the CareNet system. Denials will be reported quarterly to the NorthCare Utilization Management Coordinator.

Monitoring

- A. Appeals and grievances – The regional data will be reviewed at the NorthCare Quality Council and NorthCare Customer Services Committee. The data will be reviewed for trends and patterns that could indicate a failure or inadequacy of the grievance system of the PIHP or of a specific provider. A remedial action plan may be recommended by any of the committees and the recommendations would be reviewed by NorthCare’s Chief Operating Officer. If a remedial action plan is given to an agency, a clear timeframe for its resolution will be given and the Chief Operating Officer (or designee) will be responsible for monitoring the effectiveness of the improvement plan.
- B. Denials – Denials will be reviewed in the two regional committees in conjunction with the data on grievances and appeals. NorthCare will review the documentation supporting the reports during site reviews.

REFERENCES

The Federal Balanced Budget Act of 1997
42 CFR Chapter IV, Subpart E, sections 431.200 *et seq*

42CFR Chapter IV, Subpart F, sections 438.402 to 424
Michigan Mental Health Code, Act 258 of the Public Acts of 1974 as Amended Michigan
PA 516 of 1996
Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver
Program Contract FY2003-2004 and both Amendments with contract Attachment
P.6.3.2.1 "Grievance and Appeal Technical Requirements PIHP Grievance System for
Medicaid Beneficiaries"

BOARD ADOPTED/REVIEWED DATE (Needed for new policy and revisions to policy statement)
4/23/03; 8/27/03; 1/28/04; 2/23/05

COO APPROVAL (Needed for all reviews and revisions)
1/13/11

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