ACCESS

Community Health & Research Center

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Member Grievance Policy Section __/# ____	Ana Dutcher Quality Assurance Manager	9/9/2019	4/12/2021	Page **1** of **6**

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I. POLICY

It is the policy of ACCESS Community Health and Research Center (ACCESS CHRC) that Enrollee/Members receiving behavioral health services have access to the grievance process consistent with the Michigan Department of Health and Human Services, (MDHHS) and Center for Medicare and Medicaid Services (CMS) requirements, contracts, policy guidelines and technical advisories. This protocol ensures that all recipients have access to grievance rights, options that are timely, objective, fair, accessible and understandable.

II. PURPOSE

The purpose of this policy is to promote a standardized process for the resolution of consumer disputes, to increase knowledge of grievance options and to support the goal of improving services.

III. APPLICATION

This policy applies to ACCESS, its employees, direct contractors, and volunteers.

IV. PROCEDURES

1. ACCESS will ensure that the grievance process is in alignment with the PIHPs directives and is
    a. Timely
    b. Fair to all parties, which includes
        i. Enrollee/Member
        ii. Enrollee/Member's authorized or legal representative
        iii. Provider and provider's staff
    c. Administratively simple
    d. Objective and credible
    e. Accessible and understandable to Enrollees/Members and providers
    f. Subject to quality improvement review
    g. Ensures that the individual staff who assist Enrollee/Member with the grievance process shall be free from discrimination and/or punitive action
    h. Ensures that the grievance process does not interfere with the delivery of the Enrollee/Member's services
    i. Ensures that an Enrollee/Member who files a grievance shall be free from discrimination and/or retaliation

j. Promotes the resolution of Enrollee/Member's concerns about services

2. ACCESS CHRC will ensure that staff and providers are compliant with the grievance requirements as evidenced by ensuring:
    a. All employees are trained on the grievance process, including rights and responsibilities, procedures and time frames, within thirty (30) days of hire and annually thereafter
    b. Grievance forms, posters and brochures are available in the waiting room
    c. All Enrollee/Members are informed of their right to designate an authorized representative to act on their behalf as long as the representative is at least 18 years of age and the member has provided written permission by completing and forwarding the Appointment of Representative form to PIHPs
    d. ACCESS CHRC staff may file a grievance or request a state fair hearing on behalf of the Enrollee since the State permits the provider to act as the Enrollee's authorized representative in doing so
    e. The grievance process is a separate process and is not utilized in lieu of an Enrollee/Member's ability to file a Recipient Rights Complaint
    f. Enrollees/Members are informed that they have a Right to concurrently file an Appeal of an Adverse benefit Determination and a Grievance regarding other service complaints
    g. All necessary language in contracts is compliant with State and Federal requirements
    h. Standardized documents related to this Grievance Policy are the customizable templates provided by PIHPs
    i. Documentation of the substance of the grievance and action(s) taken in the appropriate EMR
    j. Investigation of the substance of grievance and action(s) taken, including any aspects of clinical care involved
    k. All operational and/or policy changes, including reference materials and documents, is communicated with subcontractors
        i. ACCESS CHRC provides technical assistance and training on the grievance process to promote the resolution of concerns as well as to support and enhance services
        ii. ACCESS CHRC engages subcontractors in consultative meetings to provide information and guidance in establishing and implementing grievance process policies
3. Enrollees/Members have access to one or more of the following dispute resolution options. They may be utilized concurrently:
    1. Grievance
    2. Appeal
    3. Recipient Rights Complaint
4. Enrollees/Members may access the State Fair Hearing process only if the resolution of the grievance is not resolved within ninety (90) calendar days of the receipt of the grievance unless a fourteen (14) day extension was granted
5. Enrollee/Member and/or his/her authorized/legal representative will be:
    a. Informed at the time of initial enrollment, intake, annually, upon request, and at the time he/she expresses dissatisfaction, of the internal grievance procedures, including the right to file a grievance, the resolution process, and the time frames for standard and expedited resolutions.
    b. Informed orally and in writing of the grievance process available and methods to file a grievance;
    c. Informed of the right to file an expedited or standard grievance;

d. Informed of the right to file an internal grievance orally or in writing at any time with his/her provider at the provider location, assigned PIHPsby calling
    a. DWIHN @1.888.490.9698, TTY: 1.800.630.1044, or in writing to: DWIHN Customer Service Department at 707 West Milwaukee, Detroit, MI 48202 or email to the appropriate address as noted below:
        i. MCCMH @ 855-99-MCCMH or in writing at MCCMH Customer Service Department at 22550 Hall Rd. Clinton Township, MI 48036
        ii. Or by contacting Medicare to file an external grievance at 1-800-MEDICARE (1-800-633-4227),
e. Informed that filing a grievance will not affect eligibility of service;
f. Offered reasonable assistance in completing grievance forms and in taking other procedural steps which shall include but is not limited to auxiliary aids and services upon request, such as providing interpreter services and toll-free numbers that have adequate TTY and interpreter capability
g. Allowed to file a grievance on behalf of the Enrollee/Member to the extent allowed under applicable Federal or State law
h. Informed that with written consent, they have the right to have a provider or other authorized representative, acting on their behalf, file a Grievance to the PIHP
i. Informed that a provider may file a grievance or request a state fair hearing on behalf of the Enrollee since the State permits the provider to act as the Enrollee's authorized representative in doing so
j. Provided information regarding grievance rights in a format provided or approved by the PIHP at the time of initial enrollment, upon request, and/or at least annually thereafter
k. Informed there is no time limit on filing a Grievance

6. ACCESS CHRC ensures all grievances are processed timely by:
    a. ACCESS CHRC staff coordinates as appropriate with Fair Hearing Officers and the local Office of Recipient Rights
    b. Being initiated at the time an Enrollee/Member/legal representative or an authorized representative expresses dissatisfaction with services and/or experience in receiving services;
    c. Acknowledging upon receipt;
        iii. Within three (3) days for MI Health Link Enrollees/Members;
        iv. Within five (5) days for Medicaid and uninsured or under insured Beneficiaries
        v. Responding orally or in writing within twenty-four (24) hours to an expedited grievance for MI Health Link Enrollees/Members when:
            1. The PIHP extends the appeals time frame, or
            2. The PIHP refuses to grant a request for an expedited appeal.
7. ACCESS CHRC ensures the grievance is submitted to the appropriate staff including an administrator with the authority to require corrective action, none of whom shall have been involved in the previous review or decision-making, nor a subordinate of any such individual
8. ACCESS CHRC ensures that the individuals who make decisions on the grievance are individuals who have clinical expertise, as determined by the State, in treating the Enrollee/Member's condition or disease if the grievance involves:
    a. Clinical issues
    b. The denial of an expedited resolution of an appeal (of an action)

9. ACCESS CHRC ensures the completion and forwarding of the Status Letter to an Enrollee/Member, authorized or legal representative for a grievance pending resolution beyond thirty (30) days
10. ACCESS CHRC ensures will be processing, investigating, and resolving a grievance as expeditiously as the Enrollee/Member's health requires and in no event later than ninety (90) calendar days
    a. The ninety (90) day time frame may be extended up to fourteen (14) days should the Enrollee/ Member/authorized or legal representative request the extension, or if the provider justifies the need for additional information and documents how the delay is in the interest of the Enrollee/Member
    b. If ACCESS CHRC extends the time frame for response to a grievance and it is not at the Enrollee/Member's request, ACCESS CHRC must make reasonable efforts to give the Enrollee/Member prompt oral notice of the delay
    c. ACCESS CHRC must give the Enrollee/Member written notice of the reason for the extended time frame within two (2) business days and inform the Enrollee/Member of the right to file a grievance if he or she disagrees with that decision
11. ACCESS CHRC will be taking into account all comments, documents, records, and other information submitted by the Enrollee/ Member or their representative without regard to whether such information was submitted or considered in the initial Adverse Benefit Determination. Providing accessibility and availability of Customer Service Grievance staff and Customer Service Representatives to discuss and provide assistance with resolving an Enrollee/Member's grievance
12. ACCESS CHRC ensures that subcontractors provide the Enrollee/Member/authorized or legal representative the opportunity before, during, and after the grievance process to examine, free of charge, their case file, medical records and any other documents and records being considered. Further, the Enrollee/Member/ authorized or legal representative may present any additional information in person as well as in writing for the decision-making process
13. ACCESS CHRC ensures the maintenance of an electronic tracking system (Evolv) to register, track and report to PIHPs' Quality Departments the following:
    a. Number of grievances
    b. Time frames and disposition of grievances
    c. Substance/reason for, and the number of grievance requests by category
    d. The number of Standard and Expedited Grievance requests
    e. Resolution times of grievances; and
    f. Grievance records
14. ACCESS CHRC ensures the notification of the Enrollee/Member, authorized or legal representative in writing of the disposition and the right to appeal the resolution of his/her grievance upon case closure and no later than ninety (90) calendar days from the date of receipt of the grievance
    a. The notice of Grievance resolution must include
        i. The results of the grievance process
        ii. The date the grievance process was concluded
        iii. Notice of the Enrollee's right to request a State Fair Hearing, if the notice of resolution is more than 90-days from the date of the Grievance
        iv. Instructions on how to access the State Fair Hearing process, if applicable.
15. ACCESS CHRC ensures that all forms and Enrollee/Member materials related to grievances are available and easily accessible, in understandable and linguistically appropriate format, via DWMHA website, IPOS meetings and at provider locations

16. As required, ACCESS CHRC materials are compliant with all contractual, regulatory, and accreditation requirements in regards to reading level (at or below 4th grade level), font, type size, format, and language. ACCESS CHRC will meet reasonable accommodations as required by the American Disabilities Act (ADA), Limited English Proficiency (LEP), and Cultural Competency guidelines. These services are provided at no cost to the Enrollee/Member
    a. The availability of vital written information in the prevalent non-English languages in the service area in accordance with the LEP guidelines, Center for Medicare and Medicaid Services (CMS) and/or DWMHA's contract with the Michigan Department of Health and Human Services (MDHHS). Materials will meet the most stringent guideline
    b. Upon request, ACCESS CHRC will provide materials in alternate formats to meet the needs of vision and/or hearing impaired Enrollee/Members, including large font (at least 16 point font), Braille, oral interpretation service, ASL, audio and visual formats
    c. Translation services will be made available to the Enrollee/Member, upon request
    d. Interpreter services and toll-free numbers that have adequate TTY and interpreter capability
17. Enrollee/Member Grievance Timeframes and Procedural Steps
    a. Time frame for filing a grievance:
        i. There is no time limit for filing a grievance
        ii. The standard time frame of resolution is ninety (90) calendar days
    b. Response to a Grievance:
        i. All grievances, whether they are received verbally or in writing, will be responded to in writing, including quality of care grievances.
        ii. Acknowledgment of the receipt MI Health Link grievances is required within three (3) calendar days.
        iii. Acknowledgment of the receipt of a Medicaid and Non-Medicaid grievance is required within five (5) calendar days.
        iv. A Combination Letter (Acknowledgement/Resolution Letter) is required for Medicaid and NonMedicaid grievances resolved within five (5) calendar days.
    c. MI Health Link grievances requiring a response within twenty-four (24) hours of receipt are:
        i. Expedited grievances
        ii. Grievances where DWMHA extends the appeals time frame or DWMHA refuses to grant a request for an expedited appeal

V. QUALITY ASSURANCE/IMPROVEMENT:

ACCESS' Quality Manager shall review the adherence to this policy as an element of its Contractor Performance Review program. Results of this review will become part of the database used to monitor the performance. The QAPIP must include measures for the monitoring of and the continuous improvement in quality of the program and process described in this policy.

VI. COMPLIANCE WITH ALL APPLICABLE LAWS

ACCESS staff are bound by all applicable local, state and federal laws, rules, regulations and policies, all federal waiver requirements, state and county contractual requirements, policies, and administrative directives in effect, or as amended.

VII. REOURCES

PIHPs' Policies and Forms: All PIHPs' policies refer to the most recent policy at the time of writing.

1. Customer Service Enrollee/Member Appeal Policy
2. Recipient Rights Policies
3. Limited English Proficiency (LEP)
4. Cultural Competency
5. Substance Use Disorder – Recipient Rights