

<b>CHELAN-DOUGLAS RSN/PIHP POLICY AND PROCEDURE MANUAL</b>		Chapter:	1.4.2.3
Title:	HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT	Page:	1 of 11
		Date Effective:	April 14, 2003
Subject:	COMPLAINT, GRIEVANCE, APPEAL, AND FAIR HEARING POLICY	Date Revised:	June 13, 2006
		Authorizing Signature:	

**AUTHORITY:** Authorizing Source 45 CFR Health Insurance Portability and Accountability Act (HIPAA) , Washington Administrative Code (WAC) 388-865-0250, 388-865-0255, 388-865-0340, 388-865-0410, and 388-02. Code of Federal Regulations (CFR) 42 CFR 434.32, 42 CFR 434.32 (b), The Medicaid Waiver and renewal, and the RSN PIHP Program Agreement between The State of Washington Department of Social and Health Services (DSHS) and the North Sound Mental Health Administration (NSMHA) or their successors.

**SCOPE:** This policy applies to Chelan-Douglas Regional Support Network/Prepaid Inpatient Health Plan (CDRSN/PIHP) and its contractors (agencies/providers), and subcontractors (referred to as contractors or agencies or providers throughout this policy).

**PURPOSE:** To issue instructions regarding the Chelan-Douglas Regional Support Network’s obligations relating to the implementation of the Health Insurance Portability and Accountability Act (HIPAA), 42 U.S.C. §§ 1320d-1329d-8, and regulations promulgated there under, 45 CFR Parts 160, 162 and 164.

**DEFINITIONS:** See 1.3.2.0  
**CONSUMER:** “Consumers” include persons who have applied for, are eligible for, are enrolled in, or who have received publicly funded mental health services from the CDRSN service network. The definition of “consumers” also includes parents or legal guardians for children under the age of thirteen, and parents or legal guardians who are involved in the treatment plan for children 13 and older.

Family members or other interested parties can also utilize this process. An authorization will be needed from the consumer to share Protected Health Information to the family member or other interested party. Throughout the policy, the term “consumer” will be used to describe the above groups.

**COMPLAINT:** A complaint is a verbal or written statement by a consumer that expresses dissatisfaction with some aspect of services covered under the CDRSN PIHP Program Agreement, including

Service Provider, Primary Care Provider, or Contractor.

Complaints may involve dissatisfaction with service determinations or the initial appeal of any denial, termination, suspension, or reduction of services to include the following actions:

1. The denial or limited authorization of a requested service, including type of service,
2. The reduction, suspension or termination of a previously authorized service,
3. The denial in whole or in part, of payment for a service,
4. The failure to furnish or arrange for a service or provide payment for a service in a timely manner.

**GRIEVANCE and APPEAL:** A grievance is a written request by a consumer that a complaint be heard and ruled upon by the Chelan-Douglas Regional Support Network (CDRSN), usually undertaken after attempted resolution of a complaint fails.

An appeal is a kind of grievance that involves a written request to the CDRSN to appeal service determinations or any denial, termination, suspension, or reduction of services to include the following actions:

1. The denial or limited authorization of a requested service, including type of service,
2. The reduction, suspension or termination of a previously authorized service,
3. The denial in whole or in part, of payment for a service,
4. The failure to furnish or arrange for a service or provide payment for a service in a timely manner.

**FAIR HEARING:** A Fair Hearing is a hearing conducted through the auspices of the state Office of Administrative Hearings in accordance with WAC 388-02. The term “administrative hearing” is synonymous with fair hearing.

**PROVIDERS:** A provider is any CDRSN contracted service provider.

**PROVIDER NETWORKS:** Refers to the CDRSN contracted provider network’s highest level of administration and the CDRSN.

**DAY:** Throughout this policy, the word “day” is defined as a calendar day, unless otherwise specified.

**POLICY:** It is the policy of the Chelan-Douglas Regional Support Network (CDRSN) to resolve complaints, grievances and appeals at the lowest possible level, in a confidential manner and without retaliation. The CDRSN policy is to resolve or rule upon, if necessary, consumers (see

definition of “consumer” below) complaints and grievances honoring consumer’s voice, choice, and rights while considering most effective clinical practices, medical necessity, laws, and federal/state/and RSN contractual requirements.

Although the CDRSN encourages the resolution complaints, grievances, and appeals of service determinations at the lowest possible level, consumers may initiate a grievance or appeal with the CDRSN without first utilizing the complaint process. Consumers may file for fair hearing without first utilizing the complaint, grievance, or appeal process. When a consumer wishes to request disenrollment from the Prepaid Inpatient Health Plan for good cause they must first utilize the Grievance Process included in this CDRSN complaint and grievance policy. The Privacy Officer will be informed of any complaint that relates to CDRSN Privacy practices. The Privacy Officer will document all Privacy complaints received and their disposition.

1. Consumers will be informed of their right to initiate a complaint, grievance, appeal, or request a fair hearing the CDRSN/PIHP policy will be given to each consumer at the time of intake and annually thereafter. This policy will be published and made available to all current and potential users of publicly funded mental health services, and advocates in language that is clear and understandable to the individual. The CDRSN Notice of Privacy Practices will contain a statement that individuals may complain to the CDRSN and to the Secretary of Health and Human Services if they believe their privacy rights have been violated, a brief description of how the individual may file a complaint with the covered entity, and a statement that the individual will not be retaliated against for filing a complaint.
2. Consumers will receive written notification of all service determinations, the criteria used to make the determinations requiring notice of actions, and the steps to appeal these determinations.
3. Consumers may have participation of others at their choice throughout the process.
4. Current services will continue while complaints, grievances or appeals or fair hearings are in progress and the provision of services shall not be adversely impacted during the time of the resolution of the complaints, grievances or appeals or any other activities related a consumers exercising of their rights.
5. Confidential ombuds services are available to assist consumers at 509-665-3319. Ombuds services will be offered to assist consumers at all levels of this process.
6. Interpreter services, TTY/TDD, and mental health specialists are available throughout the process to ensure culturally competent processes.

7. Complaints will be handled in a confidential manner.
8. There will be no retaliation or punitive action of any kind against a consumer who initiates a complaint, grievance, appeal, or request for fair hearing. Ombuds, provider, and CDRSN staff are available to assist if concerns about retaliation occur.
9. Aggregate information about types of complaints, grievances, appeals, and fair hearing requests will be used to analyze trends and identify areas for quality improvement.

#### COMPLAINTS BY CONSUMERS SPECIFICALLY REGARDING ADVANCED DIRECTIVES:

Consumers are informed at the time they submit an Advanced Directive for Psychiatric Care, that they have the right to file a complaint for non-compliance of that Directive with the state survey and certification agency. (DOH or DSHS).

#### REFERENCES and ADDITIONAL REQUIREMENTS:

45 CFR Health Insurance Portability and Accountability Act (HIPAA), Washington Administrative Code (WAC) 388-865-0250, 388-865-0255, 388-865-0340, 388-865-0410, and 388-02. Code of Federal Regulations (CFR) 42 CFR 434.32, 42 CFR 434.32 (b), The Medicaid Waiver and renewal, and the RSN PIHP Program Agreement between The State of Washington Department of Social and Health Services (DSHS) and the Chelan-Douglas Regional Support Network (CDRSN) or their successors.

The Chelan-Douglas Regional Support Network, providers, and provider networks shall comply with all requirements outlined in the CDRSN Policy and in references cited above. The providers and provider networks Complaint and Grievance Policies will be congruent with the CDRSN Policy.

The providers, provider networks, and ombuds will comply with methods to collect information for quality improvement efforts and to assist the CDRSN in complying with reporting requirements. The provider networks (including information from individual providers), providers, and ombuds will submit semi-annual reports in compliance with CDRSN and MHD timelines using attachment A or its successors.

Consumers shall receive, upon request, written recipient information and/or documentation. The CDRSN, providers, provider networks, or Ombuds shall not charge for the first 100 pages of copying, and may charge a maximum of ten cents per page thereafter. Additional administrative costs such as staff time in preparation of copies or supervision of the record review are prohibited.

Full records of complaints and grievances will be kept for six years after completion of the process in confidential files separate from clinical records. These records will not be disclosed without the consumer's written authorization, except as necessary to resolve the grievance or to DSHS if a fair hearing or disenrollment is requested. Complaint and grievance records maintained by the CDRSN are included in our defined designated record set.

**INITIATING AND RESPONDING TO COMPLAINTS:**

This procedure outlines the process for complaints that involve;

- A. Services provided by direct service providers,
- B. Services provided directly by provider networks or
- C. Services provided directly by the CDRSN.

A. For complaints that involve direct service providers:

- |                               |  |
|-------------------------------|--|
| <u>Action by:</u><br>Consumer | <u>Action:</u><br>1. Initiates complaint either verbally or in writing to:<br>a. Primary care provider or other staff within the agency<br>Or<br>b. The identified complaint contact within the agency<br>Or<br>c. Ombuds services |
|-------------------------------|--|

⇒ IF complaint is initiated with CDRSN or County staff:

CDRSN and Counties typically triage to the provider and/or ombuds services,  
Or  
May, on occasion follow up on complaints

- |          |   |
|----------|---|
| Provider | 2. Offers Ombuds services to the consumer for assistance, unless the complaint was initiated through Ombuds.<br><br>3. Assures staff with the authority to require corrective action participates in the process and offer a face-to-face meeting with consumer to discuss the complaint. Staff members who have provided services to which a complaint is initiated shall not participate in the resolution of the complaint or grievance.<br><br>4. Documents all complaints, including the date of |
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receipt, actions taken, resolution, and date of resolution.

5. Resolves complaint to consumer satisfaction within 20 days of receipt of complaint,

OR

Mails consumer a written response within 20 days of receipt of the complaint, in the event the consumer is not satisfied with the resolution. The response will include:

- a. The reason for the decision
- b. Clarification that the complaint will be reviewed by the highest provider level administrator

6. Arranges for staff with the authority to assure implementation of agreements to provide follow-up.

⇒ If consumer is satisfied with the resolution of the complaint, process stops here:

OR

⇒ If consumer is not satisfied with the resolution of the complaint:

Provider  
Network  
(Highest Level  
of  
Administration)  
OR

7. Reviews the complaint

8. Offers Ombuds services to the consumer for assistance

9. Assures staff with the authority to require corrective action participates in the process

Provider  
(Highest Level  
of  
Administration)

10. Provides the consumer, with a copy to the CDRSN, a written response within 10 days (unless a 10-day extension is agreed to in writing by the consumer and provider network). The response will include:

- a. The reason for the decision,
- b. The right to pursue an appeal or grievance with the CDRSN

11. Provides follow up to assure implementation of agreements.

⇒ If consumer is satisfied with the resolution of the complaint, the process stops here.

OR

⇒ If consumer is dissatisfied with the results of the complaint process, they may skip to step 12.

B. For complaints that involve services provided directly by a provider network:

Action by:

Action:

⇒ If complaint is about services provided directly by a provider network,

Provider  
Network  
(Highest Level  
of  
Administration)

1. Offers Ombuds assistance

2. Offers a face-to-face meeting with consumer to discuss the complaint.

3. Provides a written response, with a copy to the CDRSN within 30 days of receipt of complaint.

Written response will include:

Reason for decision

Right to pursue a grievance or appeal with the CDRSN

4. Provides follow up to assure implementation of agreements.

⇒ If consumer is satisfied with the resolution of the complaint, the process stops here.

OR

⇒ If consumer is dissatisfied with the results of the complaint process, they may skip to step 12.

C. For complaints that involve services provided directly by the CDRSN:

Action by:

Action:

⇒ If complaint is about services provided directly by the CDRSN,

CDRSN

The Privacy Officer will be informed of any complaint that relates to CDRSN Privacy practices. The Privacy Officer will document all Privacy complaints

received and their disposition.

⇒ If consumer is satisfied with the resolution of the complaint, the process stops here.

OR

⇒ If consumer is dissatisfied with the results of the complaint process, they may

Consumer 12. Initiate a grievance or appeal with the CDRSN, or request a fair hearing.

#### INITIATING AND RESPONDING TO GRIEVANCES AND APPEALS

Action by:

Consumer

Action:

1. Initiates a grievance or appeal in writing with:

a. Ombuds service

OR

b. Directly with the CDRSN

CDRSN

2. Offers assistance from Ombuds services to:

a. Clarify whether or not the issue is a grievance or appeal,

b. Assist in putting request in writing, and

c. Facilitate the process with the consumer.

3. Acknowledges (may be by telephone) receipt of the grievance or appeal the following business day.

4. Mails written acknowledgement within 5 business days of receipt.

⇒ If grievance or appeal involves request for disenrollment,

Provides written notification on the day of receipt to the MHD.

5. Provides for a Board appointed grievance committee (comprised of CDRSN staff not involved in previous levels of decision-making) to hear grievances and appeals .

6. Establishes a grievance meeting

7. Includes a formal process for dispute resolution

Consumer 8. May invite representative(s) of their choice

to the grievance meeting.

Consumer,  
Provider, and  
Other Involved  
Parties

9. Provides all documentation 5 days in advance to allow for review prior to the grievance meeting.

10. May present their information and provide supporting documentation.

CDRSN

11. Mails written response to the consumer within 30 days of receipt of the written grievance or appeal (unless an extension, not to exceed 90 days, is agreed to in writing by the consumer and CDRSN). In the circumstance where an extension is required, the provider or CDRSN mails written notice within 3 days. The written response will include:

- a. The reason for the decision
- b. The right to request a fair hearing
- c. Inform the consumer of their right to file a grievance if they disagree with the decision.
- d. Issue and carry out the determination as quickly as the consumer's health requires, no later than the date the extension expires.

OR

Mails written response within 15 days of receipt of written grievance or appeal when it involves request for disenrollment, (unless an extension, not to exceed 90 days, is agreed to in writing by the consumer and CDRSN). The written response will include:

- a. The reason for the decision
- b. The right to request a fair hearing

Provider

12. Issues a report to the CDRSN within 30 days of decision.

13. Assures staff with the authority to assure implementation of agreements or decisions provide follow up.

CDRSN

14. May offer the consumer a follow up interview with the grievance committee to discuss any concerns about retaliation

⇒ If consumer is dissatisfied with the results of the grievance and appeals process, they may:



CDRSN,  
Provider  
Network

2. Participates in the Fair Hearing process, abides by those decisions, and
3. Promptly authorizes provision of any disputed services when the hearing reverses a decision to deny, limit, or delay services that were not furnished during the appeal process.