

CHELAN-DOUGLAS RSN/PHP POLICY AND PROCEDURE MANUAL		Chapter:	9.1.2
Title:	COMPLAINTS, CONFLICTS, AND DISPUTES	Page:	1 of 5
		Date Effective:	July 1, 2004
Subject:	GRIEVANCE SYSTEM; STATUTORY BASIS AND GENERAL REQUIREMENTS	Date Revised:	July 1, 2004
		Authorizing Signature:	

**AUTHORITY:** Guiding Principle(s): Consumer Focused, Holistic/Humanitarian, Accessible, Normalizing/Non-Stigmatizing, Responsive, Effectively Managed  
WAC 388-865-0255, Consumer Grievance Process  
Chelan-Douglas Contract, Basic Agreement  
DSHS Standard Work Order, RSN/PHP Services, Grievance Procedure  
DSHS Title XIX Contract and Federal Waiver  
42 CFR 438.400(b)(1)-(5); and, 42 CFR 438.402(a);(b)(1)(2)(3)  
State MHD Quality Strategy Doc Sec VI  
State MHD RSN Contract 2003-2005  
State MHD Grievance System Template  
State MHD Q&A Doc

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

**PURPOSE:** This policy establishes that the CDRSN/PIHP and all contracted providers have a grievance process, an appeal process, and access to the State's fair hearing system.

**DEFINITIONS:** "Action" means : An "action" means a decision that has been made by the CDRSN/PIHP, as described below in further detail:

1. The denial or limited authorization of a requested service, including the type or level 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 provide services in a timely manner, as defined by the State;
5. The failure of the CDRSN/PIHP to act within the timeframes provided in 438.408(b).

"Administrative Hearing" means: A hearing conducted through the auspices of the state Office of Administrative hearings in accordance

with Washington Administrative Code (WAC) 388-02. The term "fair hearing" is synonymous with administrative hearing.

"Appeal" means a request for review of an action, as "Action" is defined in this section. Norsen document states on Page 8: "Appeals can only be made at the CDRSN/PIHP level only if the decision constitutes an "action." (as defined above) If the CDRSN/PIHP contracts with an ASO—Administrative Services Organization—then the appeal process applies to the ASO. The appeal process does not apply to a CMHA.

"Complaint" means: A verbal complaint about services or the lack thereof, which a consumer or potential consumer may file with a provider, the CDRSN/PIHP, or the Ombuds services. The goal is to resolve complaints at the lowest possible level. There is no deadline for resolution of complaints. And, there is not requirement that an enrollee has to file a complaint prior to filing a grievance.

"Denial" means: The decision by a CDRSN/PIHP no to authorize covered Medicaid mental health services that meet the Mental Health Division Access to Care Standards or the Medical Assistance Administration memorandum #01-03MAA, Psychiatric Hospitalization. Or the decision by a CDRSN/PIHP not to authorize covered Medicaid mental health services due to lack of medical necessity. The decision by a Community Mental Health Agency (CMHA) not to provide a covered service is not a denial and cannot be appealed. An enrollee who objects to a CMHA decision not to provide a covered service may request a grievance or a second opinion.

"Grievance" means an expression of dissatisfaction about any matter other than an action, as "action" is defined in this section. The term is also used to refer to the overall system that includes grievances and appeals handled at the CDRSN/PIHP level and access to the State Fair Hearing process. (Possible subjects for grievances include, but are not limited to, the quality of care or services provided, and aspects of interpersonal relationships such as rudeness of a provider or employee, or failure to respect the enrollee's rights.)

"Reduction" means: The decision by a CDRSN/PIHP to decrease an enrollee's previously authorized covered Medicaid mental health services. The decision by a CMHA to decrease a covered service is not a reduction.

"Suspension" means: The decision by a CDRSN/PIHP to decrease an enrollee's previously authorized covered Medicaid mental health services. The decision by a CMHA to decrease a covered service is not a suspension.

“Termination” means: The decision by a CDRSN/PIHP to stop a previously authorized, covered Medicaid mental health service. The decision by a CMHA to stop a covered service is not a termination.

**POLICY:**

The CDRSN/PIHP has a system in place for enrollees that includes a grievance process, an appeal process, and access to the State’s fair hearing system. The CDRSN/PIHP’s grievance system is consistently used through the entire service area. The subcontractors to the CDRSN/PIHP also have a complaint and grievance process at their level that meets the conditions of their contract with the CDRSN/PIHP. When enrollees experience a problem, either with the subcontractor or the CDRSN/PIHP, there is a clear, simple, and well publicized process for them to use to voice their concerns and resolve their problems.

The CDRSN/PIHP is committed to honoring the authority to filing requirements stated in the 42 CFR, and assures the rights of the parties as follows:

- An enrollee may file a grievance or a CDRSN/PIHP level appeal, and may request a State fair hearing.
- A provider, acting on behalf of the enrollee and with the enrollee’s written consent, may file an appeal. A provider may file a grievance or request a State fair hearing on behalf of an enrollee, if the State permits the provider to act as the enrollee’s authorized representative in doing so.

The CDRSN/PIHP is also committed to honoring the timing of filing requirements stated in the 42 CFR, and assures the rights of the parties as follows:

- The State MHD specifies a reasonable timeframe for requesting an appeal of within 20 days from the date on the CDRSN/PIHP’s notice of action.
- The enrollee or the provider may file an appeal within that time; and,
- In a State that does not require exhaustion of CDRSN/PIHP level appeals, the enrollee may request a State fair hearing, specifically in Washington State an enrollee or his or her representative must request a state administrative hearing within 20 days of notice of disposition of an appeal by a CDRSN/PIHP if the disposition is not favorable to the enrollee.

The CDRSN/PIHP is committed to honoring the procedures for filing requirements stated in the 42 CFR, and assures the rights of the parties as follows:

- The enrollee may file a grievance either orally or in writing and, as determined by the State, either with the State or with the CDRSN/PIHP.
- The enrollee or the provider may file an appeal either orally or in writing, and unless he or she request expedited resolution, must follow an oral filing with a written, signed, appeal.

PROCEDURE: The CDRSN/PIHP must honor the rights of the enrollee to do the following:

1. Authority to file: An enrollee may file a grievance and a CDRSN/PIHP level appeal, and may request a State fair hearing. A provider, acting on behalf of the enrollee and with the enrollee's written consent, may file an appeal. A provider may file a grievance or request a State fair hearing on behalf of an enrollee, if the State permits the provider to act as the enrollee's authorized representative in doing so.
2. Timing: The State specifies a reasonable timeframe that may be no less than 20 days and not to exceed 90 days from the date on the CDRSN/PIHP's notice of action. The enrollee or the provider may file the appeal in this timeframe. The enrollee may request a State fair hearing, if that enrollee resides in a state that does not require exhaustion of CDRSN/PIHP level appeals prior to filing for a State hearing. Washington State MHD specifies that:
  - o A written, signed request for grievance must be submitted if an initial request for such has been made orally within 10 days.
  - o A written, signed request for appeal must be submitted if an initial request for such has been made orally within 7 days.
  - o The enrollee or representative may file a request for expedited appeal if the enrollee and/or representative believe that the standard time for resolution would jeopardize the enrollees ability to maintain or regain maximum functioning.
  - o The enrollee must be given reasonable assistance in pursuing an appeal, grievance or administrative hearing, including access to Ombudsman service and oral or manual interpreter services. Toll free numbers that have adequate TTY/TTD and interpreter capability are required.
3. Procedures: The enrollee may file a grievance either orally or in writing and, as determined by the State, either with the State or with the CDRSN/PIHP. The enrollee or the provider may file an appeal either orally or in writing, and unless he or she requests expedited resolution, must follow an oral filing with a written, signed, appeal.

Grievances are documented in Exhibit N and are provided to MHD and reviewed by CDRSN/PIHP Advisory Board, Quality Management Oversight Committee, and CDRSN/PIHP staff. The resolution process

is dependent upon the nature of the grievance and the appropriate parties recommendations.

Information about grievances will be reported quarterly to the CDRSN/PIHP Quality Management Oversight Committee. Reports of the same information go to the State MHD office using the designated forms and directions in the RSN 2003-2005 contract.

Information about all member benefits and rights with regard to grievance systems is provided to members by the State of Washington upon enrollment into the Medicaid program.

SEE ALSO: Glossary of Terms and Acronyms