| Chapter Title | Section # | | Subject # |
|---|--------------------|---------------------|---|
| Recipient Rights | RR | | 107.1 |
| Subject Title Service Decision Appeals and Grievances | Adopted 4/22/99 | Revised 10/11/16 | Reviewed 5/16/06; 2/24/10; 7/7/14; 10/11/16 |

PROCEDURE

1.0 Purpose

To provide a fair and efficient process for resolving concerns or complaints from consumers of service, or applicants for service, related to suspension, termination, reduction or increase, or denial of services and supports managed and/or delivered by Community Mental Health (CMH) or its contractors, as well as support and enhance the overall goal of improving quality of care.

2.0 Application

This procedure shall apply to The Right Door for Hope, Recovery and Wellness Customer Service Representative (CSR) and involved staff and contractors. This procedure shall serve as a guide to assure compliance with Board policy regarding Appeals and Grievances.

3.0 Definitions

- 3.1 Action: A determination impacting a consumer's claim for services through:
 - 3.1.1 Denial or limited authorization of a requested service, including the type or level of service.
 - 3.1.2 Reduction, suspension, or termination of a previously authorized or provided service.
 - 3.1.3. Denial, in whole or in part, of payment for a service.
 - 3.1.4 Failure to make an authorization decision and provide notice about the decision within fourteen (14) calendar days from the date of the receipt of a standard request for service.
 - 3.1.5 Failure to make an expedited authorization decision within three (3) working days from the date of receipt of a request for expedited service authorization.
 - 3.1.6 Failure to provide fourteen (14) calendar days of the start date agreed upon during person-centered planning and authorized by The Right Door for Hope, Recovery and Wellness.

| Chapter Title | Section # | | Subject # |
|---|--------------------|---------------------|---|
| Recipient Rights | RR | | 107.1 |
| Subject Title Service Decision Appeals and Grievances | Adopted 4/22/99 | Revised 10/11/16 | Reviewed 5/16/06; 2/24/10; 7/7/14; 10/11/16 |

- 3.1.7 Failure of The Right Door for Hope, Recovery and Wellness to act within forty-five (45) calendar days from the receipt of a request for a standard appeal.
- 3.1.8 Failure of The Right Door for Hope, Recovery and Wellness to act within three (3) working days from the date of the request for an expedited appeal.
- 3.1.9 Failure of The Right Door for Hope, Recovery and Wellness to provide disposition and notice of a local grievance/complaint within sixty (60) calendar days of the date of the request.
- 3.2 <u>Additional Medicaid Mental Health Services</u>: Supports and services available to Medicaid beneficiaries who meet the criteria for specialty services and supports through the authority of Section 1935(b)(3) of the Social Security Act.
- 3.3 Adequate Notice: Written statement advising the consumer of a decision to deny or limit authorization of services requested. Notice is provided to the consumer at the same time an action takes effect or at the time of the signing of the individual plan of service and includes information on how the consumer may appeal the decision.
- 3.4 Advance Notice: Written statement advising the consumer of a decision to reduce, suspend, or terminate services requested. Notice is provided/mailed to the consumer at least twelve (12) calendar days prior to the proposed date of when the action is to take effect and includes information on how the consumer may appeal the decision.
- 3.5 <u>Alternative Dispute Resolution Process</u>: An impartial state level review of a non-Medicaid beneficiary's appeal of an action, as reviewed by an agent of Michigan Department of Health and Human Services (MDHHS).
- 3.6 <u>Appeal</u>: A request for a review of an action.
- 3.7 <u>Beneficiary</u>: An individual who has been determined eligible for Medicaid and who is receiving or may qualify to receive Medicaid services through a PIHP/CMHSP.
- 3.8 <u>Complaint</u>: Oral or written communication by or on behalf of a consumer that expresses dissatisfaction with an aspect of The Right Door for Hope, Recovery and Wellness' or provider's operation.

| Chapter Title | Section # | | Subject # |
|---|--------------------|---------------------|---|
| Recipient Rights | RR | | 107.1 |
| Subject Title Service Decision Appeals and Grievances | Adopted 4/22/99 | Revised 10/11/16 | Reviewed 5/16/06; 2/24/10; 7/7/14; 10/11/16 |

- 3.9 <u>Fair Hearing:</u> An impartial state level review of a Medicaid beneficiary's appeal of an action, presided over by a Michigan Department of Health and Human Services (MDHHS) Administrative Law Judge (ALJ).
- 3.10 <u>Grievance</u>: A consumer's expression of dissatisfaction about any matter relative to a service, other than an action (as defined above), which does not involve a recipient rights complaint (as defined below). Possible subjects for grievances include, but are not limited to, quality of care or services provided and aspects of interpersonal relationships between a service provider and the consumer.
- 3.11 <u>Local Dispute/Appeal Resolution Process:</u> A local level review of a consumer's dispute/appeal of an action.
- 3.12 Recipient/consumer: An individual who receives mental health or substance use services from Community Mental Health or from a provider under contract with Community Mental Health.
- 3.13 Recipient Rights Complaint: A written or verbal statement by a consumer or anyone acting on behalf of a consumer alleging a violation of a Mental Health Code protected right cited in Chapter 7, which is resolved through the processes established in Chapter 7A.
- 3.14 <u>Second Opinion</u>: A request by an applicant for mental health or substance use services, a consumer seeking hospitalization, or their legal representative for another assessment by a professional who was not involved in the original assessment, for eligibility for mental health services or hospitalization.

4.0 Information Requirements

- 4.1 All consumers shall be provided information about grievance, appeal, and fair hearing procedures and time frames. The information shall include:
 - 4.1.1 the right to a state Fair Hearing,
 - 4.1.2 the method for obtaining a hearing,
 - 4.1.3 the rules that govern representation at the hearing,
 - 4.1.4 the right to file grievances and appeals.
 - 4.1.5 the requirements and time frames for filing a grievance or appeal,
 - 4.1.6 the availability of assistance in the filing process,

| Chapter Title | Section # | | Subject # |
|---|--------------------|---------------------|---|
| Recipient Rights | RR | | 107.1 |
| Subject Title Service Decision Appeals and Grievances | Adopted 4/22/99 | Revised 10/11/16 | Reviewed 5/16/06; 2/24/10; 7/7/14; 10/11/16 |

- 4.1.7 the toll free number that consumers can use to file a grievance or appeal by phone,
- 4.1.8 the fact that services will continue if the consumer files an appeal or a request for fair hearing within the time frames specified for filing, and
- 4.1.9 the fact that the consumer may be asked to pay the cost of services furnished while the appeal is pending if the final decision is adverse to the consumer.

6.0 Notice Requirements

- 6.1 Notice is given whenever a service is denied, increased, reduced, suspended, or terminated, and at the time of the development of the Person-Centered Plan. The notice must be in writing and must be provided in the language format needed by the individual to understand the content.
- 6.2 The forms required to request an appeals hearing shall accompany the notice to the consumer.
- 6.3 The appropriate notice to be given, either Advance Notice or Adequate Notice, is based on the type of action being taken and Medicaid eligibility. The notice must also be given within required timeframes.

7.0 Advance Notice Exceptions

- 7.1 An advance notice is not required if:
 - 7.1.1 The Right Door for Hope, Recovery and Wellness has factual information confirming the death of a consumer,
 - 7.1.2 The Right Door for Hope, Recovery and Wellness requires a clear written statement signed by the consumer or his/her legal representative that: he/she no longer wishes services, or give information that requires termination or reduction of services and indicates that he/she understands that this must be the result of supplying the information.
 - 7.1.3 the consumer has been admitted to an institution where he/she is ineligible for further services.

| Chapter Title | Section # | | Subject # |
|---|--------------------|---------------------|---|
| Recipient Rights | RR | | 107.1 |
| Subject Title Service Decision Appeals and Grievances | Adopted 4/22/99 | Revised 10/11/16 | Reviewed 5/16/06; 2/24/10; 7/7/14; 10/11/16 |

- 7.1.4 the individual's whereabouts are unknown and the post office returns The Right Door for Hope, Recovery and Wellness mail directed to him/her indicating no forwarding address.
- 7.1.5 The Right Door for Hope, Recovery and Wellness establishes the fact that the consumer has been accepted for services by another CMH.
- 7.1.6 A change in the level of medical care is prescribed by the individual's physician, or the consumer's physician makes a determination that a particular service is not medically needed.
- 7.1.7 The date of the action will occur in less than ten (10) calendar days due to a compelling and/or emergent reason the change must occur, for example a health or safety issue.
- 7.2 The Right Door for Hope, Recovery and Wellness may shorten the period of advanced notice to five (5) days before the date of action if it has facts indicating that the action should be taken because of probably fraud and these facts have been verified, if possible, through secondary sources.

8.0 Maintaining Services

- 8.1 If The Right Door for Hope, Recovery and Wellness mails the advance notice of action impacting services as required, and the consumer or his/her legal representative requests a MDHHS Fair Hearing before the date of action in lieu of, or in addition to, filing an appeal, The Right Door for Hope, Recovery and Wellness may not terminate or reduce services until a decision is rendered after the hearing.
- 8.2 If The Right Door for Hope, Recovery and Wellness' action is sustained by the Fair Hearing decision, The Right Door for Hope, Recovery and Wellness may seek reimbursement from the consumer for the cost of any services provided to the consumer during this period of time, up to the individual's ability to pay as determined by the Code.

9.0 Reinstatement of Services

9.1 The Right Door for Hope, Recovery and Wellness must reinstate services if a consumer or his/her legal representative requests an MDHHS Fair Hearing not more than twelve (12) calendar days after the date of action.

| Chapter Title | Section # | | Subject # |
|---|--------------------|---------------------|---|
| Recipient Rights | RR | | 107.1 |
| Subject Title Service Decision Appeals and Grievances | Adopted 4/22/99 | Revised 10/11/16 | Reviewed 5/16/06; 2/24/10; 7/7/14; 10/11/16 |

- 9.2 The reinstated service must continue until the hearing decision unless, at the hearing, it is determined that the sole issue is one of federal or state law or policy.
- 9.3 The Right Door for Hope, Recovery and Wellness must reinstate and continue services until a hearing decision, if:
 - 9.3.1 Action was taken without the required advance notice; and
 - 9.3.2 The consumer or his/her legal representative requests a hearing within twelve (12) calendar days of the notice of action; and
 - 9.3.3 The Right Door for Hope, Recovery and Wellness determines that the action resulted from factors other than the application of federal or state law or policy.
- 9.4 If a consumer's whereabouts are unknown as indicated by non-forwardable mail from The Right Door for Hope, Recovery and Wellness, any discontinued services must be reinstated if his/her whereabouts become known during the time he/she is eligible for services.

10.0 Appeals and Grievance Resolution Processes

- 10.1 The consumer has a number of choices for resolution of appeals and grievances, based on the type of action being taken and Medicaid eligibility.
- 10.2 Complaints should be resolved at the level closest to service delivery when possible, and information regarding access to all complaint resolution processes will be provided to the beneficiary of services.
- 10.3 Local dispute resolution processes may be engaged concurrently with an appeal to the Office of Recipient Rights, and/or request for state Fair Hearing unless otherwise noted.
- 10.4 The Right Door for Hope, Recovery and Wellness may offer mediation services as an alternative to formal dispute resolution processes.
- 10.5 An aggregated report of appeals shall be periodically reported through The Right Door for Hope, Recovery and Wellness's Quality Improvement Program for review.

11.0 Local Dispute/Appeals Resolution

| Chapter Title | Section # | | Subject # |
|---|--------------------|---------------------|---|
| Recipient Rights | RR | | 107.1 |
| Subject Title Service Decision Appeals and Grievances | Adopted 4/22/99 | Revised 10/11/16 | Reviewed 5/16/06; 2/24/10; 7/7/14; 10/11/16 |

11.1 Appeals Requirements:

- 11.1.1 Oral requests for appeals are accepted, but must be confirmed in writing, unless the consumer requests expedited resolution. The date that an oral request for an appeal is received will be considered the filing date.
- 11.1.2 Reasonable assistance must be given to the consumer in completing forms and taking other steps to complete the appeals process, including, but not limited to, the use of interpreter services.
- 11.1.3 Reasonable opportunity is given to the consumer to present evidence, and allegations of fact or law, in person as well as in writing. In the case of an expedited resolution, The Right Door for Hope, Recovery and Wellness must inform the consumer of limited time frames.
- 11.1.4 Opportunity is given to the consumer, or his/her representative, to examine before and after the appeals process, the consumer's case file, including medical records, and any other documents considered during the appeal process.
- 11.1.5 Parties to the appeal must include the consumer and his/her representative; or the legal representative of a deceased consumer's estate.

11.2 Appeal Process:

- 11.2.1 The consumer or his/her legal representative, or the provider on his/her behalf, may file an appeal with The Right Door for Hope, Recovery and Wellness' Customer Services or Recipient Rights Office within forty-five (45) days of receipt of the action notice.
- 11.2.2 The Customer Services/Recipient Rights Office shall:
 - i) log the receipt of the appeal,
 - ii) acknowledge receipt of the appeal,
 (For a Medicaid beneficiary receiving a Medicaid service, shall notify the beneficiary, his/her legal representative, or parent/guardian in the case of a minor, of their right to request a MDHHS Fair Hearing in lieu of, or in addition to, the appeal.
 This must include information on the process for filing a request,

| Chapter Title | Sect | Section # | |
|---|--------------------|---------------------|---|
| Recipient Rights | R | RR | |
| Subject Title Service Decision Appeals and Grievances | Adopted 4/22/99 | Revised 10/11/16 | Reviewed 5/16/06; 2/24/10; 7/7/14; 10/11/16 |

an explanation of time frames, and circumstances under which services will be continued pending the hearing decision.)

- iii) submit the appeal for review by appropriate staff, including:
 - a) a health care professional who has the appropriate clinical expertise in treating the consumer's condition, and
 - b) a CMH administrator with the authority to require corrective action, all of whom were not involved in the initial determination of the action.
- iv) facilitate a review of the appeal within ten (10) calendar days from receipt of the appeal, or assure an expedited review within three (3) business days of receipt of an appeal if the appeal involves an emergent situation where the standard ten (10) day time frame would seriously jeopardize the health or life of the individual.
- v) provide resolution notice as defined in section 11.3 below.

11.3 Resolution Notice:

- 11.3.1 Content -The appeal resolution notice must include the following information:
 - i) the results of the resolution process and date it was completed.
 - ii) for appeals not resolved wholly in favor of a Medicaid beneficiary's dispute of an action impacting a Medicaid covered service, information regarding:
 - a) the right to request an MDHHS Fair Hearing, and how to do so, including an offer of assistance, and
 - the right to request to receive services while the hearing is pending (the request must be made by contacting the case manager, supports coordinator, or primary therapist), including an offer of assistance, and
 - c) the cost of services for which the beneficiary may be held liable if the hearing upholds the CMH's action.

| Chapter Title | Section # | | Subject # |
|---|--------------------|---------------------|---|
| Recipient Rights | RR | | 107.1 |
| Subject Title Service Decision Appeals and Grievances | Adopted 4/22/99 | Revised 10/11/16 | Reviewed 5/16/06; 2/24/10; 7/7/14; 10/11/16 |

- iii) for appeals not resolved wholly in favor of a consumer's dispute of an action impacting a non-Medicaid service, information regarding:
 - a) the right to seek MDHHS alternative dispute resolution, and how to do so, including an offer of assistance.
- iv) for appeals resolved to the satisfaction of the consumer and/or his legal representative, an explanation of, and an offer of assistance in the process for withdrawing any request filed for a MDHHS Fair Hearing.

11.3.2 Timing

- Written resolution notice must be submitted to the consumer or his/her legal representative within ten (10) calendar days following receipt of the appeal.
- ii) For notice of an expedited appeal, The Right Door for Hope, Recovery and Wellness must make reasonable efforts to provide oral notice as soon as possible followed by written notice within two (2) calendar days following receipt of the appeal.

12.0 Denial of Hospitalization

- 12.1 If a consumer or his/her legal representative requests a second opinion, the request shall be processed in compliance with Sections 409(4), 498e(4) and 498h(5) of the Code.
- 12.2 If the conclusion of the second opinion is different from the conclusion of the previous decision, the CEO in conjunction with the Medical Director shall make a decision based upon all clinical information available within one (1) business day.
- 12.3 A Recipient Rights complaint may be filed by the consumer or someone acting on his/her behalf at any time during the denial and second opinion process.

13.0 Denial of Access to Services for Individuals Not Receiving Any CMH Services

13.1 If an individual applicant for services is denied such services, the applicant or his/her guardian or the applicant's parent in the case of a minor, must be informed of their request to a second opinion of the CEO. The request shall be processed in compliance with 705 of the Code and must be resolved within five (5) business days.

| Chapter Title | Section # | | Subject # |
|---|--------------------|---------------------|---|
| Recipient Rights | RR | | 107.1 |
| Subject Title Service Decision Appeals and Grievances | Adopted 4/22/99 | Revised 10/11/16 | Reviewed 5/16/06; 2/24/10; 7/7/14; 10/11/16 |

13.2 The applicant or his/her guardian may not file a recipient rights complaint for denial of services suited to condition as he/she does not have standing as a consumer of mental health services. The applicant or his/her guardian may, however, file a rights complaint if the request for a second opinion is denied.

14.0 Denial of Family Support Subsidy:

- 14.1 If an application for a family support subsidy is denied, or a family support subsidy is terminated by an The Right Door for Hope, Recovery and Wellness service program, the parent or legal guardian of the affected eligible minor shall be informed of their right to appeal the decision.
- 14.2 The parent or legal guardian may request in writing, within two (2) months of the notice of denial or termination, a hearing by the The Right Door for Hope, Recovery and Wellness service program. The hearing shall be conducted in the same manner as provided for contested hearings under Chapter 4 of the Administrative Procedures Act of 1969, Act No. 306 of the Public Acts of 1969, Sections 24.271 to 24.287 of the Michigan Compiled Laws.
- 14.3 The Right Door for Hope, Recovery and Wellness shall make available for the purposes of the appeal copies of blank applications forms, parent report forms, the forms for changed family circumstances, and appeal forms/request.
- 14.4 If a denial is due to insufficiency of information on the application form or required attachments, The Right Door for Hope, Recovery and Wellness shall identify the insufficiency in the denial notice.

15.0 Grievance Process

- 15.1 The consumer, guardian, or parent of a minor child or his/her legal representative may file a grievance at any time regarding dissatisfaction with any aspect of service provision other than an action as defined in this procedure or an allegation of a recipient rights violation.
- 15.2 The consumer must be given reasonable assistance in completing forms for filing a grievance.
- 15.3 The grievance shall be filed with The Right Door for Hope, Recovery and Wellness' Customer Services/Recipient Rights Office.
- 15.4 The Customer Services/Recipient Rights Office shall:

| Chapter Title | Section # | | Subject # |
|---|--------------------|---------------------|---|
| Recipient Rights | RR | | 107.1 |
| Subject Title Service Decision Appeals and Grievances | Adopted 4/22/99 | Revised 10/11/16 | Reviewed 5/16/06; 2/24/10; 7/7/14; 10/11/16 |

- 15.4.1 log receipt of the verbal or written grievance,
- determine whether the grievance is more appropriately a recipient rights complaint, and if so, refer the grievance, with the consumer's permission, to the Office of Recipient Rights,
- 15.4.3 acknowledge to the consumer receipt of the grievance,
- 15.4.4 ensure that health care professionals who have the appropriate clinical expertise in treating the beneficiary's condition or disease and do not have previous involvement in review or decision-making review clinical issues,
- 15.4.5 provide written notice of the disposition within sixty (60) days from the date of filing. If expedited, the disposition may be provided verbally and then followed in written format that includes an explanation of the decision and the date it was completed,
- 15.4.6 If the notice of disposition is more than sixty (60) days from the date of notice, it must include the right to a Fair Hearing and how to access the Fair Hearing process,
- 15.4.7 The notice must include:
 - i The results of the grievance process
 - ii The date the grievance process was conducted
 - iii The beneficiary's right to request a fair hearing if the notice of disposition is more than sixty (60) days from the date of the request for a grievance.
 - iv How to access the fair hearing process
 - v Where to mail a fair hearing request
- 15.5 An aggregated report of grievances shall be periodically reported through The Right Door for Hope, Recovery and Wellness's Quality Improvement Program for review.

16.0 Appeals and Grievances Record-keeping and Reporting Requirements

16.1 The Right Door for Hope, Recovery and Wellness shall inform Mid-State Health Network (MSHN) when a fair-hearing is scheduled by sending a copy of the notice(s) to MSHN. The disposition of all fair-hearings must also be sent to MSHN.

| Chapter Title | Section # | | Subject # |
|---|--------------------|---------------------|---|
| Recipient Rights | RR | | 107.1 |
| Subject Title Service Decision Appeals and Grievances | Adopted 4/22/99 | Revised 10/11/16 | Reviewed 5/16/06; 2/24/10; 7/7/14; 10/11/16 |

- 16.2 The Right Door for Hope, Recovery and Wellness shall maintain a record of appeals and grievances and their disposition that is available for review by PIHP and MDHHS staff, upon request.
- 16.3 The records shall contain sufficient information to accurately reflect:
 - 16.3.1 the process in place to track requests for services denied by The Right Door for Hope, Recovery and Wellness or any of its providers.
 - 16.3.2 the volume of denied claims for services in the most recent fiscal year.
- 16.4 The record of appeals and grievances and their disposition shall be periodically reported to and reviewed through The Right Door for Hope, Recovery and Wellness's Quality Improvement Program.

References

- P.A. 258 of 1974, as amended
- Michigan Department of Health and Human Services, Medicaid Provider Manual
- Michigan Department of Health and Human Services, Appeal and Grievance Technical Requirement.
- Michigan Department of Health and Human Services/Community Mental Health Service Provider Specialty Services Managed Care Contract 4.7.2, 4.7.3, 4.7.4.

| Robert Lathers, Chief Executive Officer | Date | |
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