Grievance and Appeal Cheat Sheet for Medicaid and Non-Medicaid

There are processes in place for individuals receiving services from The Right Door who are not satisfied with the services or who do not agree with the services being denied, reduced or terminated. This is to ensure quality of care and to give individuals a voice in their own treatment.

Individuals should be notified of their grievance and appeal rights:
1) annually as part of person centered planning process,
2) whenever there is an action or change to the Individual Plan of Service, and
3) whenever an individual expresses a concern that is not resolved by the end of the conversation.

Grievances and appeals are filed with: **The Right Door Customer Service at (616) 527-1790 or ethelen@rightdoor.org.**

A grievance (complaint), appeal, or fair hearing can be filed by an individual receiving services, guardian, parent of a minor, authorized representative, or provider if requested by the individual and confirmed in writing.

Definitions

Adverse Benefit Determination: A decision that adversely impacts a Medicaid

Enrollee's claim for services due to: *(42 CFR 438.400)*

a. Denial or limited authorization of a requested service, including determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting, or effectiveness of a covered benefit. *42 CFR 438.400 (b)(1).*
b. Reduction, suspension, or termination of a previously authorized service. *42 CFR 438.400(b)(2).*
c. Denial, in whole or in part, of payment for a service. *42 CFR 438.400(b)(3).*
d. Failure to make a standard Service Authorization decision and provide notice about the decision within **14 calendar days** from the date of receipt of a standard request for service. *42 CFR 438.210(d)(1*).
e. Failure to make an expedited Service Authorization decision within **seventy-two (72) hours** after receipt of a request for expedited Service Authorization. *42 CFR 438.210(d)(2).*
f. Failure to provide services within **14 calendar days** of the start date agreed upon during the person centered planning and as authorized by the CMHSP. *42 CFR 438.400(b)(4).*
g. Failure of the CMHSP to resolve standard appeals and provide notice within **30 calendar days** from the date of a request for a standard appeal. *42 CFR 438.400(b)(5); 42 CFR 438.408(b)(2).*
h. Failure of the CMHSP to resolve expedited appeals and provide notice within **72 hours** from the date of a request for an expedited appeal. *42 CFR 438.400(b)(5); 42 CFR 438.408(b)(3).*
i. Failure of the CMHSP to resolve grievances and provide notice within **90 calendar days** of the date of the request. *42 CFR 438.400(b)(5); 42 CFR 438.408(b)(1).*

j. For a resident of a rural area with only one MCO, the denial of an Enrollee's request to exercise his or her right, under *§ 438.52(b)(2)(ii)*, to obtain services outside the network. *42 CFR 438.400(b)(6).*

k. Denial of an Enrollee's request to dispute a financial liability, including cost sharing, copayments, premiums, deductibles, coinsurance, and other Enrollee financial responsibility. *42 CFR 438.400(b)(7).*

Adverse Action – For Non-Medicaid recipients. Whenever a currently authorized service or support or currently authorized services are to be suspended, terminated, or reduced by The Right Door for Hope, Recovery and Wellness.

MEDICAID DUE PROCESS CHEAT SHEET

NOTICE:

- **Adequate**
  - Send out ASAP
  - Immediate effective date
  - For denials of new services or authorizations, exceptions to Advance, or PCP expired
  - Sent with PCP/New authorizations
- **Advance**
  - Send out ASAP
  - Provide/mail notice at least ***15 calendar days prior to effective date.***
  - For terminations, suspensions, reductions of currently provided services.

APPEAL:

- Consumer has ***60 calendar days*** from date of notice letter to appeal
- We have ***7 calendar days*** from date of appeal request to send acknowledgement
- Types of appeals:
  - Standard: We have ***30 calendar days*** from date of appeal request to send disposition
  - Expedited: We have ***72 calendar hours*** from date of appeal request to send disposition
- Notes:
  - Can request a Medicaid Fair Hearing IF consumer does not agree with appeal outcome OR if appeal is resolved 30+ calendar days for standard / 72+ hours for expedited
  - Only need to continue services if consumer requests appeal within 10 calendar days of/by effective date in/whichever is later of notice letter.

SECOND OPINION:

- **Inpatient Psychiatric Hospitalization Denial at time of prescreening**
  - We must inform the consumer/legal rep or their right to a second opinion and provide the notice and paperwork for them to do so.
  - Consumer/legal rep. must ask for second opinion in writing to CEO
  - CEO will arrange for an additional evaluation by a psychiatrist, other physician, or licensed psychologist to be performed within ***3 calendar days, excluding Sundays and legal holidays***, after the executive director receives the request.
  - CEO in conjunction with the Medical Director needs to give disposition within **3 calendar days** verbally and then follow-up in writing within 3 business days.
  - If a current consumer and is denied hospitalization after a second opinion, they can file a RR Compliant on services not suited to condition.
- **Denial of Access to Services for Individuals not receiving any CMH Services**

  - Applicant/guardian must be informed of the right to request a second opinion of the CEO in writing.
  - CEO will obtain from a physician, licensed psychologist, registered professional nurse, or master's level social worker, or master's level psychologist.
  - Must be completed within ***5 business days***
- If a second opinion is denied, a consumer/legal rep can file a recipient rights complaint.

GRIEVANCE:

- Consumer can file at any time
- **Grievance** – an enrollee's dissatisfaction about service issues, other than an adverse action, which does not involve a recipient rights complaint. IE. quality of care, interpersonal relationships with service providers or facility issues.
- We have 7 ***calendar days*** from date of grievance request to send acknowledgement
- We have ***90 calendar days*** from date of grievance request to send disposition
- Notes:
  - There is no such thing as an expedited grievance.
  - Can only go to hearing IF we send disposition letter after 90+ days

MEDICAID FAIR HEARING:

- Impartial state level review of a Medicaid enrollee's appeal of an adverse benefit determination. Presided over by an MDHHS Administrative Law Judge.
- Consumer has ***120 calendar days*** from appeal disposition letter to file a hearing OR can ask for a hearing any time a CMH does not provide a decision within timing requirements.
- Can ask for expedited hearing – decided by MAHS
- The consumer qualified for continuation of benefits during internal appeal benefits and they ask for a State Fair Hearing from MAHS within **10 calendar days** from the date of the appeal disposition notice.
- Must implement a hearing decision that results in a reversal of an adverse benefit determination and provide services within 72 hours from the overturn.

WAITING LISTS:

- Not allowed

NON-MEDICAID DUE PROCESS CHEAT SHEET

NOTICE:

- Adequate –
  - Send out ASAP
  - Immediate effective date
  - For denials of new services or authorizations, exceptions to Advance, or PCP expired
  - Sent with PCP/New authorizations
- Advance
  - Send out ASAP
  - Provide/mail notice at least 30 calendar days prior to effective date.
  - For terminations, suspensions, reductions of currently provided services.

APPEAL:

- Consumer has ***30 calendar days*** from date of notice letter being received to appeal
- We have ***7 calendar days*** from date of appeal request to send acknowledgement

- Types of appeals:
    - Standard: We have ***45 calendar days*** from date of appeal request to send disposition
    - Expedited: We have ***3 business days*** from date of appeal request to give verbal disposition in addition to placing written disposition in mail
- Notes:
    - Continuation of services during the appeal is not a regulation.

SECOND OPINION:

- **Inpatient Psychiatric Hospitalization Denial at time of prescreening**
    - We must inform the consumer/legal rep or their right to a second opinion and provide the notice and paperwork for them to do so.
    - Consumer/legal rep. must ask for second opinion in writing to CEO
    - CEO will arrange for an additional evaluation by a psychiatrist, other physician, or licensed psychologist to be performed within ***3 calendar days, excluding Sundays and legal holidays***, after the executive director receives the request.
    - CEO in conjunction with the Medical Director needs to give disposition within **3 calendar days** verbally and then follow-up in writing within 3 business days.
    - If a current consumer and is denied hospitalization after a second opinion, they can file a RR Compliant on services not suited to condition.
- **Denial of Access to Services for Individuals not receiving any CMH Services**
    - Applicant/guardian must be informed of the right to request a second opinion of the CEO in writing.
    - CEO will obtain from a physician, licensed psychologist, registered professional nurse, or master's level social worker, or master's level psychologist.
    - Must be completed within ***5 business days***
- If a second opinion is denied, a consumer/legal rep can file a recipient rights complaint.

GRIEVANCE:

- Consumer can file an appeal at any time
- We have ***7_ calendar days*** from date of grievance request to send acknowledgement
- We have ***60 calendar days*** from date of grievance request to send disposition
- Notes:
    - There is no such thing as an expedited grievance.
    - Only option to go further if not agree with disposition is for consumer to call MDHHS Customer Services

MDHHS Alternative Dispute Resolution:

- Consumer has ***10 calendar days*** from appeal disposition letter to request an alternative dispute resolution
- MDHHS will review the request within ***2 business days*** of receipt.
- MDHHS will resolve the issue within ***15 business days***.

WAITING LISTS:

- Are allowed