

 <p><b>SPOKANE COUNTY</b> Regional Support Network Prepaid Inpatient Health Plan</p>	Policy Title: <b>Complaints, Grievances and  Administrative "Fair" Hearings:  Providing Assistance</b>		Policy # <b>QM-3</b>
	Signature:  Signature on file	Revised: 8/30/07	
	Christine Barada, Director Community Services, Housing and Community Development	Reviewed: Date	
	Signature Date: 8/30/07	Signing by authority of Res. No. 2007-0038	

Applies to:  Internal  External

**References**

- [42 CFR 438.406](#)
- [42 CFR 438.408](#)
- [42 CFR 438.416](#)
- [WAC 388-865-0255](#)
- [WAC 388-02](#)

**Scope**

SCRSN/PIHP and its contracted providers.

**Policy**

SCRSN/PIHP and its network providers shall inform consumers of the right to make a complaint or file a grievance without fear of reprisal. Consumers are provided written information regarding how to file a complaint or grievance (Medicaid Handbook.) Complaints are defined as a verbal or written statement which expresses dissatisfaction with some aspect of mental health services. A grievance is a written request that a complaint be heard and adjudicated, usually undertaken after attempted resolution of a complaint fails.

Each explanation of the complaint and/or grievance resolution process is provided in a manner understandable to the individual receiving it. SCRSN/PIHP and their network providers shall ask and encourage consumers to make and resolve complaints and grievances at the lowest level possible.

Consumers have the right to enlist family members, Ombuds Service staff, advocates, friends, network provider staff or others to represent or assist them in making a complaint and/or filing a grievance.

Consumers who indicate a desire to file a grievance may be offered assistance by staff at the network provider receiving the concern. Consumers may also be referred to the Ombuds Service for additional assistance. SCRSN/PIHP ensures that consumers are provided reasonable assistance. Assistance includes, but is not limited to, help with preparing the written

grievance and/or other procedural steps, and the provision of interpreter services and toll-free numbers with TTY/TTD and interpreter capability, as needed.

SCRSN and network providers will ensure that grievances are resolved even if the consumer is no longer receiving services.

No consumer shall be denied services for which he/she is eligible during a grievance or DSHS administrative (“fair”) hearing process.

Neither consumers nor individuals who assist them shall be retaliated against for filing a grievance or participating in the DSHS administrative (“fair”) hearing process.

Consumers have the right to file for a DSHS administrative (“fair”) hearing process without accessing the complaint and/or grievance process.

### **Procedures/Mechanisms**

Staff members who regularly interact with consumers are trained regarding the provisions of this policy and to their roles and responsibilities relative to the processes it articulates. The SCRSN and network providers shall train and document such training on complaints and grievance procedures.

Medicaid enrollees are informed and given the *Benefits Booklet* produced by the Mental Health Division (MHD), which also provides instructions regarding grievances. The Benefits Booklet is available in translated versions as required by the MHD. Brochures from the SCRSN Ombuds Service are also available at network provider sites and the RSN office. As needed, explanation is provided through qualified interpreters for non-English speaking consumers and those who are deaf or visually impaired.

#### **1. Consumer Complaint Process**

1.1 Consumers, a family member or consumer representative may make a complaint with either the network provider from which they receive services, with the Ombuds Service, or directly with the SCRSN.

1.2 Complaints are to be resolved at the lowest level possible.

1.3 If the complaint is resolved, no further action is required.

1.4 If the consumer, family representative or consumer representative is not satisfied with the resolution of the complaint, he/she may;

1.4.1 seek assistance from the Ombuds Service,

1.4.2 file a grievance with the network provider or the SCRSN

1.4.3 file for an administrative (“fair”) hearing through the Department of Social and Health Services (DSHS).

#### **2. Consumer Grievance Process**

2.1 Consumers may file grievances, verbally or in writing, with either the network provider from which they receive services, or directly to the SCRSN. The Ombuds Service may also assist the consumer throughout the grievance process. If the grievance comes directly to the SCRSN, the SCRSN Administrator (or his or her designee) will be the Grievance Coordinator.

##### **Network Provider Process**

2.2 If a consumer initially presents a grievance verbally, the network provider will provide information to the consumer of the need to submit his/her concern in writing

within seven (7) calendar days, and assure that the consumer receives assistance, as needed.

2.2 Consumers may be offered forms to facilitate the submission of a grievance, but any document provided by the consumer will suffice to meet the requirement that a grievance be submitted in writing.

2.3 When a grievance presented verbally is not confirmed in writing within seven (7) calendar days, the formal grievance process is nullified. However, failure of a consumer to submit the grievance in writing in no way negates his/her right to re-file the grievance.

2.4 Grievances are acknowledged verbally or in writing by the network provider receiving them within one (1) working day following receipt; acknowledgements are documented in the confidential grievance file. If initial acknowledgement is made verbally, it is followed up with a written acknowledgment within five (5) business days of the consumer's initial articulation of the grievance.

2.5 The network provider ensures that individuals who make decisions on grievances are individuals who were not involved in any previous level of review or decision making.

2.6 When a consumer submits a grievance to a network provider from which he/she receives services, the network provider provides a written decision regarding the grievance to the consumer within thirty (30) calendar days, unless the timeframe is extended as outlined in section 2.6.1 below.

2.6.1 If the network provider determines that it may not be possible to reach a decision within the 30-day timeframe, the network provider notifies the SCRSN Administrator (or designee) to request an extension.

2.6.2 The SCRSN may extend the timeframe by up to 14 calendar days if: 1) The consumer requests the extension; or 2) The network provider shows (to the satisfaction of the SCRSN upon its request) that there is a need for additional information and how the delay is in the consumer's best interest.

2.6.2.1 If the SCRSN extends the timeframe, it must, for any extension not requested by the consumer, give the consumer a written notice of the reason for the delay.

2.6.2.2 The timeframe limit for the disposition of the grievance is 45 days.

2.7 With the written decision, the consumer is also provided documentation on his/her right to file a grievance with the SCRSN and the right to file for an administrative ("fair") hearing with DSHS if: 1) dissatisfied with the network provider's decision and/or 2) if the consumer has not been provided with a written response within 30 days of filing the grievance.

2.8 If the consumer is dissatisfied with the decision made by the network provider, the consumer can ask for additional consideration by SCRSN. The consumer must inform the RSN within 5 days of receipt of the network provider's decision.

### SCRSN Process

2.9 Grievances submitted directly to SCRSN or referred to SCRSN because they cannot be resolved at the network provider level are handled by the SCRSN Administrator (or designee).

2.9.1 Grievances filed directly to SCRSN adhere to the same processes and 30 day time frame as network provider with an extension of up to 14 calendar days if the consumer requests the extension or the SCRSN demonstrates to the satisfaction of the MHD upon its request that additional information is needed and how the delay is in the consumer's best interest. The timeframe limit for grievances filed directly with the SCRSN is 45 days if the time frame is extended.

- 2.9.2 For grievances that are filed with a network provider and then filed with the SCRSN;
  - 2.9.2.1 The SCRSN shall gather information, as appropriate regarding the grievance. The SCRSN's decision is rendered within thirty (30) calendar days of the filing or within 45 days if the timeframe is extended as outline in section 2.9.2.2.
  - 2.9.2.2 The timeframe may be extended up to fourteen (14) days if the consumer requests an extension or if SCRSN demonstrates, to the satisfaction of the MHD, upon its' request, a need for additional information in order to best serve the consumer's interests. The timeframe limit for grievances filed with the network provider and then subsequently with SCRSN is 90 days, including any approved extensions in the timeframe.
  - 2.9.2.3 The consumer is provided information regarding his/her right to request a DSHS administrative ("fair") hearing as outlined in section 4 below.

### **3. Follow-up to the SCRSN Grievance Resolution Process**

3.1 If a final decision issued by SCRSN regarding a grievance requires a network provider to respond to a corrective action, the corrections are completed within thirty (30) business days of issuance of the written decision, unless an extension in the timeframe requested and approved by SCRSN. Should the network provider determine the corrective action cannot reasonably be completed with this timeframe, the provider must submit a written corrective action plan with clear timelines for implementing the necessary changes, and demonstrate that substantive action has been taken within the thirty (30) business days.

3.1.1 Decisions requiring a network provider to undertake changes affecting their business and/or clinical processes must be approved by the SCRSN Administrator.

3.1.2 Such decisions are enforceable as contractual obligations under the current service agreement between SCRSN and the network provider, and the SCRSN Administrator may elect to impose additional action for failure to correct identified deficits.

3.2 The SCRSN monitors implementation of corrective actions to their conclusion, and follows up on any allegations of retaliation against participants of grievance processes.

### **4. DSHS Administrative ("Fair") Hearings Process**

4.1 Consumers are entitled to request a DSHS administrative ("fair") hearing and are informed of their right to do so under any of the following circumstances, in accordance with WAC 388-385-0255 and WAC 388-02:

4.1.1 They do not receive a favorable disposition of a grievance

4.1.2 Consumers who believe that there has been a violation of the Washington State Department of Social and Health Services rules or that SCRSN or PIHP provider has violated certain timelines, may request an administrative ("fair") hearing at anytime.

4.1.3 If the SCRSN/ PIHP or network provider denies services

4.1.4 At any time without first accessing the network provider or SCRSN grievance process.

4.2 Consumers may call the Office of Administrative Hearings at 1-800-583-8271 or the Ombuds Services to inquire about qualifying for an administrative ("fair") hearing.

## **5. Record-Keeping and Reporting**

### **For Complaints**

5.1 SCRSN and network providers will maintain a complaint log and will monitor for whether complaints are resolved, or have moved into a grievance or an administrative (“fair”) hearing.

5.2 SCRSN and network providers will analyze complaints on an annual basis to identify trends, that may need to be addressed at a network provider, SCRSN and/or system wide level.

### **For Grievances**

5.3 Network providers periodically provide summary reports regarding grievances as required by their contracts with SCRSN, which in turn reports grievances to the MHD in accord with the terms of that contract. Report templates are provided by the SCRSN to the network providers and are due on April 15<sup>th</sup> and October 15<sup>th</sup> of the year.

5.4 SCRSN also provides summary reports of any grievances filed directly with the SCRSN to MHD.

5.5 When the SCRSN Ombuds Service is involved in the grievance resolution process, it keeps an independent record of its activity.

5.6 A confidential record of each grievance is maintained for six (6) years following the completion of the grievance resolution process. Such records are maintained apart from the consumer’s clinical record and are not disclosed without the consumer’s written permission, except as necessary to resolve the grievance or to DSHS if the consumer requests a hearing.

### **For Administrative “Fair” Hearings**

5.7 The SCRSN provides summary reports to the MHD in accordance with contract requirements. Reports are due on May 15<sup>th</sup> and November 15<sup>th</sup> of the year.

### **Monitoring**

This policy will be monitored through the annual contracted provider monitoring, with the appropriate recommendations, findings and/or corrective actions required in performance improvement projects.