



## SALISH BHO

### GRIEVANCES AND APPEALS POLICIES AND PROCEDURES

**Policy Name:** GRIEVANCE OVERSIGHT AND RECORDKEEPING

**Policy Number:** 6.07

**Reference:** 42 CFR 438.416; WAC 182-538D-0660; State Grievance and Appeal System Instructions and Reporting Guidelines; PIHP and BHSC contracts

**Effective Date:** 9/2005

**Revision Date(s):** 9/2013; 7/2017; 6/2018

**Reviewed Date:** 8/2016; 7/2017; 5/2018

**Approved by:** SBHO Executive Board

#### CROSS REFERENCES

- Form: Grievance Form - Optional
- Policy: Grievance Reporting Instructions

#### PURPOSE

It is the policy of the Salish Behavioral Health Organization (SBHO) to establish a centralized process for recording and providing oversight to track all complaints, grievances, appeals, and fair hearings.

#### DEFINITIONS

Complaint is any expression of dissatisfaction by someone other than an individual.

- Issues of dissatisfaction that are filed by ancillary systems or unauthorized family members are resolved outside the formal grievance system.

Grievance is any expression of dissatisfaction by an individual receiving BHO services. Filing grievances should be a common standard practice at the provider agency and SBHO level; and not described to individuals in any way that discourages the process. It is expected that the network provider agencies and SBHO will encourage and support an individual using the formalized grievance system.

- Provider level grievances are filed by an individual at the provider level.

- SBHO level grievances are filed by the individual at the SBHO level, either as an initial grievance or filed as a result of dissatisfaction with the provider level grievance.
- Issues of dissatisfaction related to Medicaid *adverse benefit determinations* (authorization decisions) are resolved through the BHO appeal process.

Appeal means a review by the BHO of an adverse benefit Determination. There is an expedited appeal process that can be activated.

Adverse Benefit Determination (ABD) means, in the case of a behavioral health organization (BHO):

- The 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.
- The reduction, suspension, or termination of a previously authorized service;
- The denial in whole or in part, of payment for a service;
- The failure to provide services in a timely manner, as defined by the state; or
- The failure of a BHO to act within the grievance system timeframes as provided in WAC 182-538D-0660 through 182-538D-0670.

Fair 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.

## **PROCEDURE**

1. Standard procedure for establishing a centralized process for recording and providing oversight to agency and SBHO grievances shall include:
  - a. SBHO compilation of the following reports:
    - Quarterly Ombuds Activity Sheet
    - Quarterly Grievance, Appeals, and Fair Hearing Reporting Form
    - Monthly SBHO Denial and Appeal Tracking Reports
2. All grievances will be reported by the network agencies by providing copies to the SBHO of all grievance letters (acknowledgement, combination, and resolution) during the current reporting period and completing the Narrative section of the Quarterly Grievance, Appeals, and Fair Hearing Reporting Form.
3. These will be submitted to the SBHO on a quarterly basis by the 15<sup>th</sup> of the month following the end of the reporting period for submittal to the state and for QUIC review once aggregated.

4. The Grievance Track and Trends document compiles the number of formal grievances to the network agencies and SBHO, appeals requests through the contracted Administrative Service Organization (ASO), and fair hearings. It also includes additional specific WISe reporting information.
  - a. The forms track the SBHO system-wide information, in a consistent and standardized way. The forms:
    - Provide the information in aggregate for mental health and SUD Medicaid and non-Medicaid recipients for adult and children's services.
    - Include the number and nature of the issues reported throughout the SBHO system.
    - Include general timeframes wherein the matter of concern was resolved.
    - Include the number and nature/category of how the issues were resolved.
    - The forms tabulate the number of cases which included Ombuds involvement.
  - b. The SBHO provides a summary report and analysis of the data for quarterly trends identifying findings and plausible explanations in the Narrative portion of the document. The SBHO includes information about how the system will adjust given the findings, including what measures may be taken to address undesirable patterns.
5. The SBHO Quality Improvement Committees (QUICs), for both mental health and SUD providers, provide the oversight of the grievances, appeals, and fair hearings filed. The SBHO QUICs review the SBHO The Grievance Track and Trends document. The QUICs will identify trends and establish procedural steps to resolve trends.
  - The QUICs may appoint subcommittees to address specific trends, such as the SBHO Utilization Management (UM) Committee for access issues or the SBHO clinical directors for dignity and respect issues.
  - The QUICs may require SBHO or agency corrective action.
6. The SBHO subcontractor for authorization of services (ASO) shall keep a separate tracking log for outpatient, inpatient, and residential authorizations requested and the associated determination. The tracking sheet shall indicate when an appeal was conducted.
7. The SBHO shall maintain these records for at least ten (10) years after the completion of the grievance issue. The records will be kept in confidential files, apart from the clinical record.

## **MONITORING**

This policy is a federal statute and contract mandate.

1. The SBHO Grievance Oversight and Recordkeeping policy and procedures are routinely monitored through:
  - 100% SBHO review of faxed or securely emailed copies of NOABD letters that were mailed to individuals
  - SBHO Authorization Tracking Log submitted by CommCare, upon request
  - Annual SBHO Provider and Subcontractor Administrative Review
  - 100% Review of all agency-level grievance letters
  - Random checks of provider grievance files - this may be done during the Administrative Review
  - Quality Management Plan activities
  
2. If a provider/contractor performs below expected standards during any of the reviews listed above a Corrective Action Plan may be required for SBHO approval.