



## **SALISH BHO**

### **GRIEVANCES AND APPEALS POLICIES AND PROCEDURES**

**Policy Name:** GRIEVANCE REPORTING INSTRUCTIONS      **Policy Number:** 6.08

**Reference:** State Grievance and Appeal System Instructions and Reporting Guidelines; PIHP and BHSC Contract

**Effective Date:** 7/2005

**Revision Date(s):** 9/2013; 5/2016; 8/2017; 6/2018

**Reviewed Date:** 5/2016; 8/2017; 6/2018

**Approved by:** SBHO Executive Board

#### **CROSS REFERENCES**

- Policy: Grievance Oversight and Recordkeeping
- Policy: Corrective Action Plans

#### **PURPOSE**

It is the policy of the Salish Behavioral Health Organization (SBHO) to establish a process for grievances to be accurately reported, tracked, and monitored.

The SBHO policy will outline the requirements of the SBHO and network provider agencies to report grievance system data, which may include appeals and fair hearings.

The Grievance, Appeal, and Fair Hearing Reporting form and instructions are developed and distributed by the state.

#### **DEFINITIONS**

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-0675.

Appeal means a review by the SBHO of an adverse benefit determination. An expedited appeal process may also be activated.

Case means documentation of a grievance, appeal, or fair hearing request and subsequent efforts to resolve the expression of dissatisfaction. A case **is counted only once** even though it may involve more than one type of issue or more than one provider agency. It may begin as an agency level (or Level 1) grievance and continue through to a SBHO Level (or level 2) SBHO Grievance and possibly fair hearing levels but will still be counted as one case.

Grievance means an expression of dissatisfaction about any matter other than an adverse benefit determination. Grievances may include, but are not limited to, an individual's right to dispute an extension of time proposed by the SBHO to make an authorization decision, the quality of care or services provided, aspects of interpersonal relationships such as rudeness of a behavioral health provider or employee, and failure to respect the individual's rights regardless of whether a specific action is requested by the individual.

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.

- Agency level grievances are filed by an individual at the agency 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 agency level grievance.

Issues of dissatisfaction that are filed by ancillary systems or unauthorized family or community members are resolved outside the formal grievance system. Issues of dissatisfaction related to Medicaid adverse benefit determinations are resolved through the BHO appeal process.

Fair (or Administrative) Hearing means a proceeding before an administrative law judge (ALJ) 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. Due Dates**

The SBHO is required to submit the Grievance, Appeal, and Fair Hearing Reporting form, along with an analysis narrative, to the state on a quarterly basis as directed by the state. Typically, the report is due by the last day of the month following the end of the reporting quarter. The report is submitted as a state deliverable via email, utilizing encryption should the report contain any protected health information.

## **2. Instructional reference:**

The SBHO and agencies are to refer to the most current version of the state's "DBHR Grievance System Instructions & Reporting Guidelines".

## **3. Grievance, Appeal, and Fair Hearing Report Analysis**

The Grievance Manager will review the agency grievance letters as they are compiled for reporting to the state the number of cases as a quarterly deliverable. The data submitted by the agencies is entered into a grievance tracking report to monitor for trends and is available for presentation to the QUICs. Appeals and fair hearings are also included if they occur during that reporting period.

## **4. State Requested Revisions**

The state reviews each submitted Grievance, Appeal, and Fair Hearing Reporting form. Upon request, the SBHO will provide any additional follow-up information or revised reports with an explanation of the reporting error, as well as a corrective plan to address/ prevent on-going reporting errors, if appropriate.

## **MONITORING**

The SBHO Grievance Manager and Quality Improvement Committees (QUICs) provide the oversight and monitoring of the SBHO grievances, appeals, and fair hearings.

- The QUICs are provided a quarterly Ombuds update which includes number of grievances as well as associated trends.
- The QUICs are also provided and discuss the Grievance Track and Trend report.

The SBHO or the QUICs may require further action by the SBHO and/or agencies, including corrective action plans.