Shiawassee Health & Wellness Grievance System

A training created by Shiawassee Health & Wellness for Self Determination Employees

What is a Grievance/Appeals System?

It is the overall local system for due process, appeals, and grievances in a managed care system

It provides additional protections to individuals by giving them access to formal processes that allow for expression of their needs, disagreements, and dissatisfactions

Due process is a course of legal proceedings carried out in accordance with established rules

An appeal is a process that challenges an Adverse Benefit Determination

A grievance is an expression or dissatisfaction about service issues, other than an Adverse Benefit Determination or a Recipient Rights violation

Grievances

"An individual's/legal representative's expresses dissatisfactions about a PrePaid Inpatient Health Plan (PIHP), Community Mental Health Services Program (CMHSP), service issues, other than Adverse Benefit Determinations or recipient rights violations."

This is a due process right available to individuals/legal representatives, with or without Medicaid, per the Michigan Department of Community Health (MDHHS) and the PIHP/CMHSP contracts

It is a formal process that varies from the "Informal Conflict Resolution" process (for day to day problem resolution), the Appeal process (for adverse actions), and the Recipient Rights process (for rights violations)

Grievances can include such things as accessing services, quality/type of services being provided, wanting a new provider, disagreement with a diagnosis, treatment, etc. All grievances are addressed through SHW Customer Services

What is a Adverse Benefit Determination?

Previously known as a “Adverse Action”, it is an action that reduces, denies, suspends, or terminates an individual’s current or requested specialty mental health and/or substance use disorder services. Written notices must be provided to an individual whenever an Adverse Benefit Determination occurs.

Notice Requirements

Types of Notices:

There are two types of Adverse Benefit Determinations Notices: Adequate and Advance

Which type depends on the Adverse Benefit Determination and the person-centered planning or treatment plan cycle

A written notice informs a person and/or his/her legal representative:

Something is being done to the mental health and/or substance use disorder services being provided or requested

Specifies exactly what services are being impacted

Specifies the effective date and the reason for the Adverse Benefit Determination

Identifies the legal authority for the adverse action

Provides options for appeal if the person/legal representative disagrees with the action (options depend on whether Medicaid/Health Michigan or General Fund)

Provides information about the right to an expedited appeal process

Explains the right to represent themselves or have another person do so

Local Appeal Process

When individuals/legal representatives (such as guardians) do not agree with the Adverse Benefit Determination specified in the Notice letter or do not agree with the service type, amount, scope, or duration in the PCP or Treatment Plan, they have the right to appeal to their local PIHP/CMHSP. They can appeal with or without Medicaid coverage.

How does one request a local appeal?

An individual/legal representative can request an appeal through the Customer Services Department either verbally or in writing. For consumers with Medicaid the request for standard local appeal must be made within 60 calendar days from the date of the Notice letter. For General Fund consumers a request for standard local appeal must be made within 30 calendar days from the date of the Notice letter

An individual/legal representative can request an "expedited" or "fast" appeal if waiting the standard time frame for an appeal determination would seriously jeopardize the individuals life or health or your ability to attain, maintain, or regain maximum function.

A provider can request an appeal on behalf of the individual/legal representative if the individual/legal representative confirms that he/she agrees with the request for an appeal.

Medicaid plan's appeals process can have only one level of internal (local) appeal. The state fair hearing process is available **only after** the appeal is not resolved "wholly in favor" of the Enrollee through the Local Appeal process. The MDHHS Alternative Dispute Resolution Process is only available to Non-Medicaid consumers **only after** the local appeal is not resolved "wholly in favor" of the consumer.

Local Appeal: Responsibilities of the PIHP/CMHSP Processing the Appeal

The PIHP/CMHSP must ensure timelines for resolution of the appeal are met and must take other steps as part of the appeal process including but not limited to:

Provide reasonable assistance to complete forms and take other procedural steps throughout the appeal process, which may include interpreter assistance.

Acknowledge receipt of the appeal request with an Appeal Acknowledgement Letter sent to the individual/legal representative/provider (if applicable).

Information regarding the right to a MDHHS Alternative Dispute Resolution (if Non-Medicaid consumer).

Once completed a written Disposition of Appeal letter is sent to the individual/legal representative/provider.

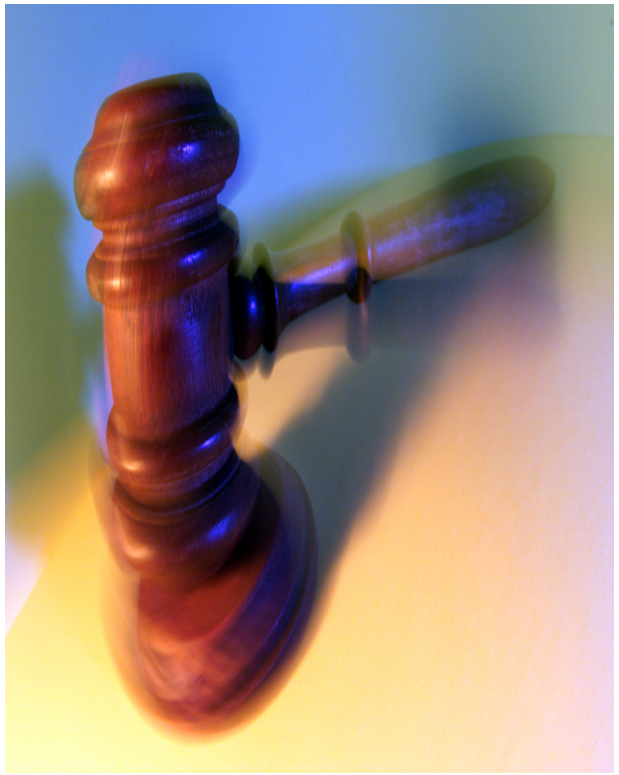
Information regarding the right to a Medicaid Fair Hearing will be provided (if Medicaid/Healthy Michigan recipient) only if an adverse determination to a local appeal is upheld. Unlike in the past, a local appeal and an Medicaid Fair Hearing can no longer be submitted simultaneously.

It is prohibited for an individual/legal representative/provider to experience any retribution for filing an appeal.

Notification and Appeal Timeframes for Medicaid and Non-Medicaid Grievances and Appeals

	Medicaid / Health Michigan		Non-Medicaid	
	Appeal	Grievance	Appeal	Grievance
Advance Notice	At least 10 Calendar Days before end of services	Not Applicable	At least 30 calendar days before end of services	Not applicable
CS Notice of Receipt of a Request for Appeal/Grievance	CS sends acknowledgement Letter in 7 calendar days	CS sends acknowledgement Letter in 7 calendar days	CS sends acknowledgement Letter in 7 calendar days	CS sends acknowledgement Letter in 7 calendar days
Disposition must occur within…	Standard = 30 calendar days Expedited = 72 hours	90 Calendar Days, there is no such thing as a expedited grievance	Standard = 45 calendar days Expedited = 3 business days	60 Calendar Days, there is no such thing as a expedited grievance
Time frame to request Medicaid Fair Hearing	120 days if the disposition is not wholly in favor of Enrollee	Only if SHW fails to offer disposition in 90 Calendar Days	Not applicable	Not applicable
Time frame to request MDHHS Alternative Dispute Resolution	Not applicable	Not applicable	10 Calendar Days from appeal disposition letter	No appeal option, can call MDHHS Customer Services

Medicaid Fair Hearing Process



Federal/State regulations provide individuals with Medicaid the right to an impartial review/hearing of an Adverse Benefit Determination made by a PIHP/CMHSP.

For adverse actions, enrollees must file a request for a fair hearing no later than 120 calendar days from the date of the of the Appeal Disposition letter.

If enrollees requested a continuation of services at the request for a local appeal, and, before the effective date of the Adverse Benefit Determination, services can continue through the fair hearing decision.

Enrollees also have the right to request a fair hearing if a disposition of a grievance request is not given within 90 calendar days of filing the grievance.

MDHHS Alternative Dispute Resolution

The MDHHS Alternative Dispute Resolution Process is only available to individuals/legal representatives without Medicaid. They have a right to this process **ONLY AFTER** they have completed the local appeal process with their PIHP/CMHSP.

Individuals/legal representatives are notified of this option in the SHW Appeal Disposition letter.

They must file a request with MDHHS for an Alternative Dispute Resolution within 10 calendar days of the appeal disposition letter from their PIHP/CMHSP.

MDHHS will review the request within 2 business days of receipt and will resolve the issue within 15 business days. Unless the adverse action poses an immediate and adverse impact on the individual's health/safety; then the review will be referred within one business day.

A written notice of the resolution is sent by MDHHS to the individual/legal representative and the PIHP/CMHSP.

Second Opinion, Recipient Rights, & Informal Conflict Resolution

Individuals with or without Medicaid can choose to use other local processes when they disagree with an adverse action at their PIHP/CMHSP. The availability of options depends on the situation. Additional options include:

Second Opinion Process (available only in mental health system)

Recipient Rights (available in both mental health and substance use disorder systems except for adverse actions in substance use disorder system)

Informal Conflict Resolution (available in both mental health and substance use disorder systems)

Second Opinion Process

A right protected by the Michigan Mental Health Code

Available only to individuals/legal representatives who wish to access specialty mental health services (includes emergency services but excludes substance use disorder services) within the PIHP/CMHSP.

If access to those services are denied, an individual/legal representative, who does not agree with the denial, can request a “second opinion” from the Chief Executive Officer (CEO) of the CMHSP, however, the request MUST be in writing.

Recipient Rights Process

A process protected by the Michigan Mental Health and Public Health Codes

If an individual/legal representative/provider ACTIVE IN SERVICES feels a right has been violated, a recipient rights complaint can be filed by the individual or on his/her behalf at any time. This applies to both mental health and substance use disorder services.

If an individual/legal representative is denied a second opinion regarding access to services, he/she should contact the Recipient Rights Office of the CMHSP.

Recipient Rights Office staff investigate the allegation, verify if a right has been violated, and provide written notification regarding the disposition of the complaint.

Informal Conflict Resolution

For both mental health and substance use disorder services, individuals/legal representatives always have the option to collaborate with their assigned staff, staff's supervisor or director to verbalize concerns, questions, dissatisfactions, or disagreements.

The use of the informal conflict resolution process is strongly encouraged as an alternative to filing a grievance and should be explored prior to contacting Customer Services.

SHW Customer Services and Recipient Rights: Working Collaboratively to Protect Individual Due Process

SHW Customer Services and SHW Recipient Rights Officers collaborate with each other to identify grievance issues and rights issues. A particular complaint could be partly a grievance and partly a recipient rights issue. There is no wrong door….the SHW Customer Services staff and Recipient Rights staff cross-refer complaints between departments. The individual/legal representative only has to make one call to either office….we'll get it where it needs to go!

If you have any questions about any of these processes, or wonder what your responsibilities, or that of the PIHP/CMHSP are, contact SHW Customer Services and/or your immediate supervisor for assistance.

Congratulations!

You have finished reviewing the course content.

Remember: this course is NOT complete until you pass the final exam/test and complete the survey. Please use the link below to take the test.

Click here to take the test