Santa Cruz County Grievance & Appeal Practices

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Santa Cruz Co. Quality Improvement Director 6.20.19

Every experience matters
Every voice makes a difference

Santa Cruz County Behavioral Health Services is committed to assuring that clients and guests are satisfied with the services they receive. We strive to provide quality and appropriate care in a timely manner. We attempt to understand a person's situation and customize treatment services as appropriate to support wellness.

Nonetheless, there are time when someone is dissatisfied with our delivery of services and/or quality of care. We respond with respect and dignity, and do not tolerate any intimidation or retaliation towards individual(s). We appreciate a person informing us of their dissatisfaction as it allows us an opportunity to partner with the beneficiary to improve the situation.

Quality Improvement (QI) Team
(*responsible for G & A activities*)

***VALUES*:** Accountability, Collaboration, Compassion, Effectiveness, Innovation, Respect, Support, Transparency and Trust

INTENTION: Quality Improvement reflects Behavioral Health Services' organizational commitment to ongoing improvements in the delivery of quality services. Quality Improvement strives to establish and maintain an impactful systemic process for ensuring quality services are delivered to our clients.

PURPOSE: We ensure local, state and federal regulatory requirements are met; monitor and track key indicators for client care and delivery system improvements; safeguard client satisfaction and client driven solutions by responding to and incorporating client feedback; support organizational decision making; implement and evaluate ongoing quality improvement activities across Behavioral Health Services; develop communication strategies to share information with providers and other appropriate stakeholders; and create quality improvement capability across programs and services.

Medicaid Managed Care Final Rule, 42 CFR Part 438 & DHCS Information Notice #: 18-010E

Enhanced beneficiary protections

Relevant to those who receive Medi-Cal Mental Health and Substance Use Disorder services

Regulatory mandates for Medi-Cal service providers

Medicaid Managed Care Final Rule. Title 42, Code of Federal Regulations (CFR)

- 42 CFR, Part 438 Subpart F specifically addresses grievance and appeal rights and protections
- Resource: https://www.medicaid.gov/medicaid/managed-care/guidance/final-rule/index.html

18-010E

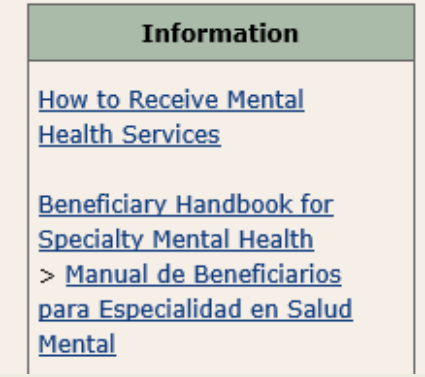
- State released in March 2018
- Effort to align state Medi-Cal requirements to the Medicaid Managed Care Final Rules
- Resource: https://www.dhcs.ca.gov/formsandpubs/Pages/2018_MHSUDS_Information_Notices.aspx

Grievance & Appeal Protections Summary

1. **Informing Information and Sharing Methods**
   a. Brochures, Handbooks, Notices
   b. County and Contracted Provider Locations, Website
   c. Notice of Adverse Benefit Determination Letters (NOABDs)
2. **Handling Grievances and Appeals**
   a. Timeframes, Responsiveness, Logging information, Reporting
   b. First Level & Second Level
3. **Monitoring Grievances and Appeals**
   a. Oversight of County and Contractor G & As - Policies, Reporting, Trainings
   b. Reporting G & As to the Department of Health Care Services

Brochures & Handbooks

- ✓ Grievance Brochure (Purple) [English/Spanish]
- ✓ Appeal Brochure (White) [English/Spanish]
- ✓ Change of Provider (Yellow) [English/Spanish]
- ✓ Handbook [English/Spanish]
- Brochures are located at all county contracted service provider locations, including 1400 Emeline 1st and 2nd floor lobbies.
- Handbooks are located at all county contracted service provider locations, including 1400 Emeline 1st and 2nd floor reception areas.
- Handbooks also available on County website: santacruzhealth.org



Posting & Sharing Information

Copies for MH Advisory Board

COMPLAINT/GRIEVANCE (Timeframes & Responsiveness)

Beneficiary (or legal guardian) can file a verbal or written Complaint/Grievances at any time.

✓QI's goal is to resolve a Grievance as soon as possible or within 30 days. Per 18-010E County must resolve within 90 days.

1. If verbal complaint/grievance, provider shall write down the complaint on behalf of the beneficiary and send to QI no later than 1 business day.
2. QI shall initiate QI process:
    1. *Enter grievance information in G & A QI Log within 1 business day.*
    2. *Write acknowledgement letter of grievance receipt and send to beneficiary (or legal guardian) within 1 business day of receiving grievance information.*

       (5 business day requirement in 18-010E)
    3. *Call beneficiary (or legal guardian) to review the grievance and learn what could be indicator of resolution.*
    4. *Follow-up with provider involved in grievance and work towards resolution.*
    5. *Write summary resolution letter and send to beneficiary and provider.*
    6. *Log grievance resolution information in G & A Log within 1 business day.*

Handling Grievances

QI Help Line: (831) 454-4468

BH Compliance Line (831) 454-4419

Reference:
42 CFR 438.402 & 18-010E

ADVESE BENEFIT DETERMINATIONs (ABDs) & Timeframes

An ABD is a decision by the provider which includes the determination of medical necessity, appropriateness of covered benefit and/or financial liability. If a beneficiary agrees with the provider's treatment changes, then this may not an adverse event.

All providers must provide timely and adequate notice of the ABD in writing to the beneficiary (or legal guardian) and use DHCS letter templates consistent with 42 CFR 438.10 requirements.

Notice letters include: (based on medical necessity criteria for eligibility)

- Delivery system denials due to not meeting SMHS criteria (within 2 business days)
- Reduction, suspension or termination of current services (10 days prior to action)
- Denial of service request (within 2 business days)
- Failure to provide services in a timely manner (within 2 business days)
- Failure to resolve grievance or appeal in a timely manner (within 2 business days)
- Denial of a beneficiary's request to dispute financial liability. (time of decision)
- All Letters must include the DHCS attachments: "Your Rights", Nondiscrimination Notice & Language taglines

Handling NOABDs

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BH Compliance Line (831) 454-4419

NOABD APPEALS (Timeframes & Responsiveness)

Beneficiary (or legal guardian) can file a verbal or written Appeal to QI within 60 calendar days of the letter date. All verbal appeals must be accompanied by a follow-up written appeal within the 60 days.
County BHS QI is the first level of appeal and has 30 days for resolving a standard appeal. Expedited Appeal resolutions shall be resolved within 72 hours. "Expedited" criteria: standardize resolution timeframe could seriously jeopardize the beneficiary's MH or SUD condition and/or the beneficiary's ability to attain, maintain, or regain maximum function. If the beneficiary is not in agreement with the first level appeal decision, then beneficiary can submit a second-level appeal to the State.

1. If verbal appeal received, QI will send an Appeal brochure with the appeal receipt letter and informs beneficiary of need for written appeal requirement.
2. QI shall initiate QI appeal resolution process:
    1. *Enter appeal information in G & A QI Log within 1 business day.*
    2. *Write acknowledgement letter of appeal receipt and send to beneficiary (or legal guardian) within 1 business day of receiving appeal information, including Appeal brochure as needed.*
    3. *Call beneficiary (or legal guardian) to review the appeal.*
    4. *Follow-up with provider(s) involved in appeal and inform them of possible continued services during appeal process.*
    5. *Write summarizing resolution letter and send to beneficiary and provider.*
    6. *Log appeal resolution information in G & A Log within 1 business day.*

Handling Appeals

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Grievances and Appeals system Oversight

1. **Written policies and procedures**
2. **Ensure beneficiary materials are available and current**
3. **Log and track all grievances and appeals**
4. **Submit quarterly report to DHCS that describes:**
   - Date and time of receipt of grievance or appeal
   - Name of beneficiary filing the grievance or appeal
   - Name of representative recording the grievance or appeal (QI staff)
   - Description of the complaint or problem
   - Description of the action taken by the County or provider to investigate and resolve the grievance or appeal
   - Proposed resolution by the County
   - Name of the County staff responsible for resolving the grievance or appeal
   - Date the notification to the beneficiary of the resolution.

Monitoring Grievances & Appeals

Questions?

Thank You