

SUBJECT Grievance System		CHAPTER 07	SECTION 02	SUBJECT 01
CHAPTER Rights of Persons Served		SECTION Grievances and Appeals		
WRITTEN BY R. Kleinedler	REVIEWED BY Jamie Bishop		AUTHORIZED BY Region 10 Board	

I. APPLICATION:

- PIHP Board
- PIHP Staff
- CMH Providers
- CMH Subcontractors
- SUD Providers

II. POLICY STATEMENT:

It is the policy of Region 10 PIHP that a grievance system will be established and maintained at a local level in order to ensure all consumers the right to a fair and efficient process for resolving disagreements regarding their services and supports. A beneficiary of, or applicant for, public mental health services may access several options to pursue the resolution of disagreements. Clients of substance use disorder services also have several options to pursue resolutions for disagreements. It is the policy of Region 10 PIHP to follow all state and federal regulations regarding the resolution of complaints and disputes individuals may have about their services and supports.

This policy and any corresponding policies in no way requires the beneficiary to utilize the grievance or appeal processes prior to the filing of a recipient rights complaint pursuant to Chapter 7 and 7a of the Michigan Mental Health Code and affiliate policies relative to the filing of Recipient Rights Complaints.

III. DEFINITIONS:

Access: The initial point of contact for applicants to request mental health and substance use disorder services and supports.

Action: A decision that adversely impacts a beneficiary’s claim for services due to:

- A. Denial or limited authorization of a requested service, including the type or level of service.
- B. Reduction, suspension, or termination of a previously authorized service.
- C. Denial, in whole or in part, of payment for a service.
- D. Failure to make a standard authorization decision and provide notice about the decision within 14 calendar days from the date of receipt of a standard request for service.
- E. Failure to provide service within 14 calendar days of the start date agreed upon during the person-centered planning and as authorized by Region 10.
- F. Failure of the PIHP to act within 45 calendar days from the date of a request for a standard appeal.
- G. Failure of the PIHP to act within three working days from the date of a request for an expedited appeal.
- H. Failure of the PIHP/CMH to provide disposition and notice of a grievance/complaint within 60 calendar days of the date of the request.

*The authorization of services as identified in the Individual Plan of Service is also considered an action.

Appeal: A request for review of an action, as “action” is defined above.

Applicant: A person or his/her legal representative who makes a request for mental health services.

Beneficiary: An individual who has been determined eligible for Medicaid.

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Disposition: Written statement of the decision of an appeal or a grievance, provided to the beneficiary.

Fair Hearing: Impartial state level review for a Medicaid Beneficiary’s appeal of an action presided over by an Administrative Law Judge. Also referred to as “Administrative Hearing”.

Grievance system: The federal term used to refer to the overall system that includes grievances and appeals handled at the PIHP level and access to the State Fair Hearing process.

Grievance: An expression of dissatisfaction about any matter other than an action, as “action” is defined above.

Hearing Officer: Staff person assigned to coordinate the Fair Hearing, representing the PIHP.

Local Appeal Process: Impartial review of a Medicaid’ beneficiary’s appeal for an action presided over by individuals not involved with decision-making or previous level of review, completed by the PIHP.

Mental Health Professional: A person who is trained and experienced in the area of mental illness or intellectual/developmental disabilities, as identified per MDHHS staff qualification criteria.

MDHHS: Michigan Department of Health and Human Services.

Notice: The written notification given/mailed to the beneficiary of an action and appeal rights.

PIHP (Prepaid Inpatient Health Plan): The entity responsible for providing medical services to beneficiaries under contract with the State of Michigan, on the basis of capitation payments.

Recipient Rights Complaint: Written or verbal statement by a person receiving services, or anyone acting on behalf of the person receiving services alleging a violation of a Michigan Mental Health Code protected right cited in Chapter 7, which is resolved through processes established in Chapter 7a.

Second Opinion: A request for another assessment by an applicant who has been denied mental health services or a recipient who is seeking and has been denied hospitalization.

State-Level Alternative Dispute Resolution Process: An impartial review, conducted by a MDHHS representative, regarding a decision by the PIHP or CMHSP to deny, reduce, suspend, or terminate services.

Supervisor: For the purpose of this policy and related policies, a supervisor can be at any level (e.g. the supervisor’s supervisor)

IV. STANDARDS:

- A. Compliant with federal regulation (42 CFR 438.228), the Region 10 PIHP has an overall grievance system in place for all beneficiaries that complies with Subpart F of Part 438, and the MDHHS contract with the PIHP and CMH. This grievance system will include those PIHP functions performed by the CMHSP as delegated via written agreements consistent with 42 CFR 438.230.
- B. Consumers of publically funded services may access several options to pursue the resolution of complaints. These options include the right to a Fair Hearing, the right to file a local appeal, the right to file a grievance, the right to file a Recipient Rights Violation complaint, and the right to a second opinion. Refer to specific options policies for additional information.
- C. During the initial contact with “Access” the applicant will be provided information on the grievance system.

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- D. Individuals who wish to file a complaint may do so independently or with the assistance of Customer Services or other available staff or a person of their choosing. A provider may not refuse to assist the individual who needs help in creating a complaint and submitting that complaint for resolution.
- E. Should an individual involved with this process have limited-English proficiency, the PIHP/CMH/contract provider will take necessary and reasonable steps to make accommodations.
- F. PIHP/CMH must provide information about the grievance system to all providers and subcontractors at the time they enter into a contract.
- G. PIHP/CMH will maintain records of all grievances and appeals as part of the State quality strategy.

V. PROCEDURES:

- A. CMH/contracted providers will utilize the notice of action as approved by the PIHP for any actions.
- B. Consumers may pursue any option as appropriate, with staff assistance, to dispute any action, or make a complaint.

The tables below identifies who is responsible for processing each option per service type.

Mental Health related service

OPTION	Responsible agency to process	RELATED POLICY
Medicaid Fair Hearing	PIHP	R10 07-02-03
Medicaid Local Appeal	PIHP	R10 07-02-04
Non-Medicaid Local Appeal	CMH	CMH policy
Medicaid Grievance	CMH	R10 07-02-05
Non-Medicaid Grievance	CMH	CMH policy
Second Opinion	PIHP	R 10 07-02-06
Recipient Rights	CMH	CMH policy

Substance Use Disorder related service

OPTION	Responsible agency to process	RELATED POLICY
Medicaid Fair Hearing	PIHP	R10 07-02-03
Local Appeal – Medicaid	PIHP	R10 07-03-03
Local Appeal – Non-Medicaid	PIHP	R10 07-03-03
Grievance	PIHP	R10 07-03-02
Recipient Rights	PIHP	R10 07-03-01

PIHP responsibilities:

- A. Processing, tracking, and reporting of Medicaid Fair Hearings. Medicaid beneficiaries may request a fair hearing to dispute an action in regards to either a mental health service and support or a substance use disorder treatment service. Refer to policy 07-02-03 for additional information.
- B. Processing, tracking and reporting Medicaid Local Appeals. Medicaid beneficiaries may request a local appeal to dispute an action in regards to either mental health services and supports or a substance use disorder treatment services. Refer to policy 07-02-04 (for mental health) and 07-03-03 (for SUD).

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- C. Monitoring the delegation of Medicaid mental health service related grievances to the partner CMHs.
- D. Processing, tracking, and reporting of SUD related grievances. Refer to policy 07-03- 02 for additional information.
- E. Processing and tracking of Second Opinions. Applicants for mental health services who have been denied, may request a second opinion. Refer to policy 07-02-06 (in development).
- F. Processing and tracking SUD Recipient Rights Complaints. Consumers receiving SUD treatment services have certain protections and have the right to file a complaint if any protection is violated. Refer to policy 07-03-01 (in development).

CMH responsibilities:

- A. Processing, tracking and reporting to PIHP, all mental health grievances, for Medicaid consumers. This is a delegated PIHP function. Refer to policy 07-02-05.
- B. Processing and tracking Non-Medicaid local appeal and the state level Alternative Dispute Resolutions. Refer to individual CMH polices related to these processes.

VI. EXHIBITS: N/A

VII. REFERENCES:

42 CFR 438 et. al.
MDHHS/PIHP Contract Attachment 6.3.2.1
MDHHS/CMHSP Contract Attachment 6.3.2.1
MI Mental Health Code
Administrative Rules