

APPEALS & GRIEVANCE TRAINING

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Saginaw County Community Mental Health Authority



SAGINAW COUNTY
COMMUNITY MENTAL
HEALTH AUTHORITY

Purpose

- The focus of this training is to provide a brief overview of the Appeals and Grievance System for both Medicaid and Non-Medicaid consumers and what will be required by SCCMHA
- Any questions regarding the Appeals process or its policies should be directed to your supervisor or the Customer Service Unit



Guidelines

- Consumers have a right to file an Appeal or Grievance
- Applicants for initial services or hospitalization can request a Second Opinion and they must be informed of that right at the time services are denied
- Consumers must be told of their rights to file a Grievance if they are dissatisfied at any point during the delivery of mental health services or supports
- Consumers served by SCCMHA will be informed of their right to access various Appeal processes:
 - SCCMHA Appeals and Grievance System
 - Medicaid consumers – Medicaid State Fair Hearing Process (only after the Local Appeal has been resolved)
 - Non-Medicaid consumers –Local Dispute Resolution Process

Adverse Benefit Determination Notice

- Adverse Benefit Determination Notice is the ~~new~~ name for Notices sent for Actions taken or proposed by SCCMHA
- Adverse Benefit Determination Notice is required to be given for the following reasons:
 - **Medicaid:**
 - Reduction, Suspension, or Termination of Services – **10** calendar days in advance of the proposed Effective Date
 - Denial of Initial Service – Given at the time of the Denial of Service or mailed at the time of Denial
 - **Non-Medicaid:**
 - Reduction, Suspension, or Termination of Services – **30** calendar days in advance of the proposed Effective Date
 - Denial of Initial Service – Given at the time of the Denial of Service or mailed at the time of Denial

Local Appeal

- Appeals may be filed if a consumer or their legal guardian or representative do not agree with action taken by SCCMHA that adversely impacts a consumer's request for new services or continuation of current services (Adverse Benefit Determination). For Example:
 - Reduction, suspension, or termination of services
 - Denial of a consumer's request for additional services
 - Failure to provide services within 14 calendar days of the start date agreed upon during the PCP process
- If an Action occurs or is planned, staff provides the consumer with an Adverse Benefit Determination Notice:
 - Notice is no longer required at the time of the PCP, but the SCCMHA Customer Service Complaint form prints off with the Plan of Service so consumers or their legal guardian or representative can file any complaints they wish

Local Appeal Continued

- The consumer can request an Appeal by contacting the Customer Service Unit, or their case holder
- The Supervisor of the Customer Service Unit will review the documentation and make a decision
- The Customer Service Unit will complete the Medicaid Local Appeal within 30 days of receipt of the request
- The Customer Service Unit will complete the Non-Medicaid Local Appeal within 45 days of receipt of the request
- Consumers who have Medicaid MUST request a Local Appeal and receive the disposition before requesting a Medicaid State Fair Hearing

Local Appeal Continued

- Medicaid beneficiaries can request a Local Appeal within 60 days of the Adverse Benefit Determination Notice
 - Medicaid beneficiaries may request continuation of services if requested within 10 calendar days of the effective date of the Notice of Benefit Determination
 - The Medicaid consumer is informed that if the initial decision is upheld by the Appeal, the consumer may be responsible for the payment of services received during the Appeal process
- If the consumer is dissatisfied with the Local Appeal Outcome:
 - Medicaid consumers may request a State Fair Hearing by writing to the Medicaid Administrative Hearing System
 - Non-Medicaid consumers may request an Alternative Dispute Resolution by writing MDHHS
 - Addresses are found on the Adverse Benefit Determination Notice



Grievance

- Consumers have the right to express dissatisfaction with their services, supports, or staff at any time
- A Grievance is any expression of dissatisfaction about service issues other than “Actions”
- Consumers may contact Customer Service, or their case holder to file a Grievance
- The Supervisor of the Customer Service Unit will review the documentation and facilitate a resolution or make a decision
- Grievance dispositions/resolutions
 - Grievances must be resolved for Medicaid beneficiaries within 90 days
 - Grievance must be resolved for Non-Medicaid consumers is 60 days



Second Opinion – Initial Services

- All applicants, regardless of Medicaid eligibility, have a right to a Second Opinion when they are denied for initial services
- The Second Opinion may be requested by the Executive Director
- The Executive Director shall secure the second opinion from a physician, licensed psychologist, registered professional nurse, or master's level social worker, or master's level psychologist



Second Opinion – Initial Services Continued

- While the Michigan Mental Health Code references requesting a Second Opinion through the Executive Director, these requests are sent to Centralized Access and Intake (CAI) who will assist the applicant in obtaining a Second Opinion

Second Opinion – Initial Services Continued

- If the individual providing the second opinion determines that the applicant has a serious mental illness, serious emotional disturbance, or a developmental disability, or is experiencing an emergency situation or urgent situation, the community mental health services program shall direct services to the applicant



Second Opinion – Hospitalization

- All applicants, regardless of Medicaid eligibility, have a right to a Second Opinion when they are denied hospitalization
- The Second Opinion may be requested by the Executive Director
- The Executive Director shall arrange for an additional evaluation by a psychiatrist, other physician, or licensed psychologist to be performed within 3 days, excluding Sundays and legal holidays, after the executive director receives the request



Second Opinion – Hospitalization Continued

- While the Michigan Mental Health Code references requesting a Second Opinion through the Executive Director, these requests are sent to Crisis Intervention Services (CIS) who will assist the applicant in obtaining a Second Opinion



Second Opinion – Hospitalization Continued

- If the conclusion of the second opinion is different from the conclusion of the preadmission screening unit, the Executive Director, in conjunction with the Medical Director, shall make a decision based on all clinical information available
- The Executive Director's decision shall be confirmed in writing to the individual who requested the second opinion, and the confirming document shall include the signatures of the Executive Director and Medical Director or verification that the decision was made in conjunction with the Medical Director



Second Opinion – Hospitalization Continued

- If an individual is assessed and found not to be clinically suitable for hospitalization, the preadmission screening unit shall provide appropriate referral services



State Fair Hearing – Medicaid Consumers

- Medicaid consumers have the right to request a State Fair Hearing after receiving the disposition from a Local Appeal
- The request must be in writing using the Request for Medicaid Fair Hearing form
 - This form will be provided as an enclosure with their Local Appeal disposition letter
- SCCMHA staff may assist, if requested

State Fair Hearing – Medicaid Consumers

- The following applies to Local Appeal and State Fair Hearing:
 - If a consumer who meets Medicaid eligibility requests an Appeal within 10 calendar days of the Adverse Benefit Determination Notice, the consumer may request continuation of services
 - The consumer is informed that if the Local Appeal upholds the initial decision, then the consumer may be responsible for the payment for these services

Expedited Appeal Requests

- Local Appeals may be expedited, if the standard timeframe may seriously jeopardize the consumer's life or health, or ability to attain, maintain, or regain maximum function
- Expedited timeframes are 72 hours for Medicaid beneficiaries and 3 days for Non-Medicaid consumers



Non-Medicaid Consumers

- All contact information to file an Appeal, Grievance, Alternative Dispute Resolution, and/or Second Opinion appears in the Adverse Benefit Determination Notice
- Non-Medicaid/GF consumers cannot request a continuation of services – this is only an option for Medicaid beneficiaries
- The individual has 10 calendar days from receiving the Outcome of the SCCMHA Local Appeal to request the Alternative Dispute Resolution Process (ADRP)
- Customer Service can assist the consumer in submitting a written request to the ADRP as needed



Summary of Time Frames

Dispute Type	Medicaid	Non-Medicaid
Local Appeal Request filed	60 days	30 days
Local Appeal Resolution (Standard)	30 days	45 days
Local Appeal Resolution (Expedited)	72 hours	3 days
Grievance Request filed	At any time	At any time
Grievance Resolution/Disposition	90 days	60 days
Appeal Resolution to request State Fair Hearing	120 days	NA
Appeal Resolution to request an Alternative Dispute Resolution	NA	10 days
<u>Adverse Benefit Determination Notice</u> provided/mailed to consumer	10 days	30 days



Questions???

- Call Melissa Taylor at (989) 272-7001 or Melissa Gutzwiller at (989) 797-3428 with any questions



Overview

- The SCCMHA Policy dealing with Appeals and Grievances is
 - 02.01.11 - Medicaid Appeals
 - 02.01.11.01 – Customer Service Grievance
 - 02.01.11.02 – Local Appeal



SAGINAW COUNTY
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HEALTH AUTHORITY



Main Facility

500 Hancock, Saginaw, Michigan 48602

Phone: (989) 797-3400

Toll Free: 1-800-258-8678

Michigan Relay 711

24 Hour Mental Health Emergency Services

(989) 792-9732

Toll Free: 1-800-233-0022

www.sccmha.org



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