

Great Rivers Behavioral Health Administrative Services Organization

Policy Title: Grievance and Appeal System	Policy No. 7000.02
Category: Rights and Responsibilities	Date Adopted: 02/14/2020 Revision Date: 02/4/2022 Reviewed Date:
Reference: Washington State Health Care Authority Contract with Great Rivers Behavioral Health Administrative Services Organization, 42 CFR Section 438, Subpart F, WAC 182-538C-110	

POLICY:

- 1.1. Great Rivers Behavioral Health Administrative Services Organization (Great Rivers BH-ASO) has a Grievance and Appeal System that includes a Grievance process, an Appeal process, and access to the Administrative Hearing process for Contracted Services. Provider claim disputes initiated by the provider are not subject to this section.
- 1.2. Great Rivers BH-ASO will maintain this policy and procedure to ensure it is compliant with the requirements of the Washington State Health Care Authority (HCA) contract and all applicable State and Federal regulations.
- 1.3. Great Rivers BH-ASO ensures that HCA approves, in writing, all Grievance system policies and procedures and related notices to Individuals regarding the Grievance system.
- 1.4. Great Rivers BH-ASO provides Individuals any reasonable assistance necessary with all Grievance and Appeal processes. Great Rivers BH-ASO ensures that interpreter and translation services are provided for individuals with a preferred language other than English and for individuals who are deaf or hearing impaired at no cost to the individual.
- 1.5. Individuals may use the free and confidential Ombuds services that are contracted through Great Rivers BH-ASO. These services are offered and provided independent of Great Rivers BH-ASO to help individuals with resolving issues at the lowest possible level during the Grievance, Appeal, or Administrative hearing processes.
- 1.6. Great Rivers BH-ASO ensures that decision makers on Grievances and Appeals were not involved in previous levels of review or decision-making.
- 1.7. Decisions regarding Grievances and Appeals are made by Health Care Professionals with clinical expertise in treating the Individual's condition or disease if any of the following apply:
 - 1.7.1. The Individual is appealing an action.

- 1.7.2. The Grievance or Appeal involves any clinical issues.
- 1.8. With respect to any decisions described in item 1.7 above, Great Rivers BH-ASO ensures that the Health Care Professional making such decisions:
 - 1.8.1. Has clinical expertise in treating the Individual's condition or disease that is age appropriate (e.g., a board-certified Child and Adolescent Psychiatrist for a child Individual).
 - 1.8.2. A physician board-certified or board-eligible in Psychiatry or Child or Adolescent Psychiatry if the grievance or appeal is related to inpatient level of care denials for psychiatric treatment.
 - 1.8.3. A physician board-certified or board-eligible in Addiction Medicine or a Sub-specialty in Addiction Psychiatry if the Grievance or Appeal is related to inpatient level of care denials for SUD treatment.
 - 1.8.4. Are one or more of the following, as appropriate, if a clinical Grievance or Appeal is not related to inpatient level of care denials for psychiatric or SUD treatment:
 - 1.8.4.1. Physicians board-certified or board-eligible in Psychiatry, Addiction Medicine or Addiction Psychiatry; or
 - 1.8.4.2. Licensed, doctoral level clinical psychologists.
- 1.9. Great Rivers BH-ASO provides the following information regarding the Grievance and Appeal system to all contracted providers:
 - 1.9.1. The toll-free numbers to file verbal grievances and appeals and the availability of assistance in filing a grievance or appeal.
 - 1.9.2. The individuals' right to file grievances and appeals and their requirements and timeframes for filing.
 - 1.9.3. The individual's right to an Administrative Hearing, how to obtain an Administrative Hearing and representation rules at an administrative hearing.

DEFINITIONS

- 2.1. **Action** means the denial or limited authorization of a service covered under the Behavioral Health Administration Services Organization (BH-ASO) contract based on medical necessity.
- 2.2. **Administrative Hearing** means an adjudicative proceeding before an administrative law judge or a presiding officer that is governed by Chapter 34.05 RCW and HCA's hearing rules found in Chapter 182-526 WAC and other applicable laws.
- 2.3. **Appeal process** is a review by a BH-ASO of the denial or limited authorization of a non-Medicaid service offered by the BH-ASO. Appeals may be standard or expedited.
- 2.4. **Authorized Representative** means a person appointed by an individual, or authorized under State or other applicable law, to act on behalf of an individual

- or other party involved in an Appeal or Grievance. If the individual gives written consent, the representative may include a behavioral health practitioner working on behalf of the individual.
- 2.5. **Constituent Grievance** means a complaint or request for information from any elected official or agency director or designee.
 - 2.6. **Expedited appeal** is the process that allows an individual, in certain circumstances, to file an appeal that will be reviewed by Great Rivers BH-ASO more quickly than a standard appeal.
 - 2.7. **Grievance** is an expression of dissatisfaction about any matter that is not an action. Grievances may include, but are not limited to, an individual's right to dispute an extension of time proposed by the BH-ASO 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.
 - 2.8. **Grievance and appeal system.** The BH-ASO grievance system included:
 - 2.8.1. A process for addressing complaint about any matter that is not an action;
 - 2.8.2. An appeal process to address a person's request for a review of a BH-ASO action as defined in Washington State law and applicable contracts; and
 - 2.8.3. Access to the agency's administrative hearing process for a person to request a review of a BH-ASO's resolution of an appeal.
 - 2.9. **Health Care Authority (HCA)** refers to the State of Washington Health Care Authority system that oversees non-Medicaid services and grant-funded services under contract with Great Rivers BH-ASO.
 - 2.10. **Health Care Professional** means a physician or any of the following acting within their scope of practice, such as, psychologist, licensed clinical social worker, licensed mental health counselor, licensed marriage and family therapist, and substance use disorder professionals.
 - 2.11. **Individual** means a person who is eligible for or receives BH-ASO authorized Behavioral health services from an agency licensed by the State as a Behavioral health agency (BHA). For purposes of accessing the grievance and appeal system, when another person is acting on an individual's behalf, the definition of individual includes the following if another person is acting on the individual's behalf:
 - 2.11.1. In the case of a minor, the individual's parent or, if applicable the individual's custodial parent;
 - 2.11.2. The individual's legal guardian;
 - 2.11.3. The individual's authorized representative if the individual gives written permission; or
 - 2.11.4. The individual's Behavioral health provider if the individual gives written consent.

- 2.12. **Notice of Action (NOA)** is a written notice Great Rivers BH-ASO must provide to an individual, or an individual's authorized representative, to inform them that a requested Contracted Service (crisis or non-Medicaid outpatient) was denied or received only a limited authorization based on medical necessity.

GRIEVANCE PROCESS

- 3.1. All requirements in this section will be performed by Great Rivers BH-ASO Quality Management (QM) Manager, or designee.
- 3.2. Great Rivers BH-ASO accepts, documents, responds to, and resolves all grievances related to the scope of work Great Rivers BH-ASO is contracted for and responsible to perform, including those forwarded by HCA.
- 3.3. Great Rivers BH-ASO will provide a written response to HCA within three (3) business days to any constituent grievance.
- 3.4. Only an individual or the individual's authorized representative may file a grievance with Great Rivers BH-ASO. Great Rivers BH-ASO will cooperate with any representative authorized in writing by the individual.
- 3.5. A provider may not file a grievance on behalf of an individual unless the provider is acting on behalf of the individual and with the individual's written consent.
- 3.6. Individuals may file grievances orally or in writing. Great Rivers BH-ASO will never require an individual or their authorized representative to provide written follow-up for a grievance received orally.
- 3.7. For all grievances received related to the scope of work Great Rivers BH-ASO is contracted for and responsible to perform:
 - 3.7.1. Great Rivers BH-ASO will acknowledge the receipt of each Grievance, either verbally or in writing, within two (2) business days.
 - 3.7.2. Great Rivers BH-ASO will acknowledge the Grievance in writing within five (5) business days if the original acknowledgement was made verbally.
 - 3.7.3. Retaining a copy in the individual's grievance file, the written acknowledgement will include:
 - 3.7.3.1. The date the grievance was filed;
 - 3.7.3.2. A summary of expressed concerns about Great Rivers BH-ASO funded services;
 - 3.7.3.3. The individual's desired options for resolution; and
 - 3.7.3.4. That the individual may use Ombuds services to assist them with the grievance process and how to access these services.
 - 3.7.4. Great Rivers BH-ASO will investigate each grievance. Great Rivers BH-ASO will consider all comments, documents, records, and other information submitted by the individual or the individual's authorized representative and the provider or BHA.
 - 3.7.5. Grievance Disposition:
 - 3.7.5.1. Great Rivers BH-ASO will provide a written notice to

the individual and, if applicable, the individual's authorized representative, of the disposition of the grievance as expeditiously as the individual's health condition requires and no later than forty-five (45) calendar days from receipt of the grievance.

3.7.5.2. The grievance disposition notification can be made orally or in writing for grievances not involving clinical issues.

3.7.5.3. Notices of disposition for clinical issues must be in writing and will include at minimum:

3.6.5.3.1. The disposition of each grievance; and

3.6.5.3.2. The reason for each disposition.

3.6.5.4. The written notification will be in an easily understood format, which requires that each notice:

3.6.5.4.1. Is written in the individual's non-English language, if applicable;

3.6.5.4.2. Contains Great Rivers BH-ASO's toll-free and TTY/TDY telephone numbers; and

3.6.5.4.3. Explains the availability of free written translation, verbal interpretation to include any non-English language, auxiliary aids such as American Sign Language and TTY/TDY telephone services, and alternative formats to include large print and Braille.

3.8. If the individual first files their grievance with their behavioral health agency (BHA) and is not satisfied with the BHA's written decision on the grievance, the individual may then choose to file the grievance with the Great Rivers BH-ASO.

3.9. If the individual first files a grievance with the Great Rivers BH-ASO and not the provider or BHA, and the individual is not satisfied with the Great Rivers BH-ASO's disposition on the grievance, the individual cannot file the same grievance with provider or BHA.

3.10. Individuals do not have the right to an Administrative Hearing regarding the disposition of their grievance.

APPEAL PROCESS

4.1. All Appeals requested will be managed by Great Rivers BH-ASO's QM Manager, or designee.

4.2. An individual, the individual's authorized representative, or a provider or BHA acting on behalf of the individual and with the individual's written consent, may Appeal Great Rivers BH-ASO's Action.

4.3. If a provider or BHA has requested an Appeal on behalf of an individual, but without the individual's written consent, Great Rivers BH-ASO will not dismiss the Appeal without first attempting to contact the individual within five (5) calendar

days of the provider or BHA's request, informing the individual that an appeal has been made on the individual's behalf, and then asking if the individual would like to continue the Appeal.

- 4.4. If the individual wants to continue the Appeal, Great Rivers BH-ASO will obtain from the individual a written consent for the Appeal using the applicable Great Rivers BH-ASO consent form. If the individual does not wish to continue the Appeal, Great Rivers BH-ASO will formally dismiss the Appeal in writing. The dismissal notice will contain the appropriate individual Appeal rights and will be mailed to the provider or BHA, as well as the individual within two (2) business days of obtaining the dismissal request from the individual.
- 4.5. For expedited Appeals, Great Rivers BH-ASO may bypass the requirement for the individual's written consent and obtain the individual's verbal consent. The individual's verbal consent will be documented in Great Rivers BH-ASO's appeals records.
- 4.6. If HCA receives a request to Appeal an Action taken by Great Rivers BH-ASO and forwards it to Great Rivers BH-ASO, Great Rivers BH-ASO's QM Manager, or designee, will contact the individual with information that a provider filed an appeal.
- 4.7. For Appeals of standard service authorization decisions, an Individual, or a provider or BHA acting on behalf of the Individual, will file an Appeal, either verbally or in writing, within sixty (60) calendar days of the date on Great Rivers BH-ASO's Notice of Action. This also applies to an Individual's request for an expedited Appeal.
- 4.8. Verbal inquiries seeking to Appeal an Action will be treated as an Appeal request and be confirmed in writing, unless the individual or provider requests an expedited resolution.
- 4.9. An appeal acknowledgment letter, which will serve as a written confirmation of an Appeal filed verbally by an individual, shall be sent by Great Rivers BH-ASO QM Manager, or designee, within three (3) calendar days receipt of the verbal notice.
- 4.10. Great Rivers BH-ASO's Appeal process will:
 - 4.10.1. Provide the individual reasonable opportunity to present evidence, and allegations of fact or law in writing. Great Rivers BH-ASO will inform the individual of the limited time available for this in the case of expedited resolution.
 - 4.10.2. Provide the individual and the individual's representative opportunity, before and during the Appeals process, to examine the individual's case file, including medical records, and any other documents and records considered during the Appeal process.
 - 4.10.3. Include as parties to the Appeal, the individual, and the individual's authorized representative, or legal representative of the deceased individual's estate.
- 4.11. Great Rivers BH-ASO's standards, protocols, and criteria for authorizing specific

services will be applied in any Appeal of an Action taken.

- 4.12. Great Rivers BH-ASO will resolve each Appeal and provide notice, as expeditiously as the individual's health condition requires, within the following timeframes:
 - 4.12.1. For standard resolution of Appeals and for Appeals for termination, suspension, or reduction of previously authorized services a decision will be made within fourteen (14) calendar days after receipt of the Appeal, unless Great Rivers BH-ASO notifies the individual that an extension is necessary to complete the Appeal; however, the extension cannot delay the decision beyond twenty-eight (28) calendar days of the request for Appeal.
 - 4.12.2. For any extension not requested by an individual, Great Rivers BH-ASO will give the individual written notice of the reason for the delay.
 - 4.12.3. For expedited resolution of Appeals, no longer than three (3) calendar days after Great Rivers BH-ASO receives the Appeal
- 4.13. Great Rivers BH-ASO will provide notice of resolution of the Appeal in a language and format that is easily understood by the individual.
- 4.14. The notice of the resolution of the Appeal shall:
 - 4.14.1. Be in writing and sent to the individual and the requesting provider. For notice of an expedited resolution, Great Rivers BH-ASO will also make reasonable efforts to provide verbal notice.
 - 4.14.2. Include the date completed and reasons for the determination.
 - 4.14.3. Include a written statement of the reasons for the decision, including how the requesting provider or individual may obtain the review or decision-making criteria.
 - 4.14.4. For Appeals not resolved wholly in favor of the individual, include information on the individual's right to request an Administrative Hearing and how to do so.
- 4.15. Expedited Appeals
 - 4.15.1. The individual may submit an expedited Appeal either verbally or in writing. No additional individual follow-up is required.
 - 4.15.2. Great Rivers BH-ASO QM Manager, or designee, will decide on the individual's request for expedited Appeal and provide written notice, as expeditiously as the individual's health condition requires, within three (3) calendar days of receiving the appeal. Great Rivers BH-ASO QM Manager, or designee, will also make reasonable efforts to provide verbal notice.
 - 4.15.3. Great Rivers BH-ASO may extend the timeframes by up to fourteen (14) calendar days if the individual requests the extension or if Great Rivers BH-ASO can show additional information is needed

- and how the delay is in the individual's interest.
- 4.15.4. For any extension not requested by an individual, Great Rivers BH-ASO will give the individual written notice of the reason for the extension. Great Rivers BH-ASO will ensure that punitive action is not taken against a provider or BHA who requests an expedited resolution or supports an individual's Appeal.
- 4.15.5. If Great Rivers BH-ASO denies a request for expedited resolution of an Appeal, it shall transfer the Appeal to the timeframe for standard resolution and make reasonable efforts to give the individual prompt verbal notice of the denial and follow up within two (2) calendar days with a written notice of denial.

ADMINISTRATIVE HEARINGS

- 5.1. Only the individual or the individual's authorized representative may request an Administrative Hearing. A provider or BHA may not request an Administrative Hearing on behalf of an individual.
- 5.2. If an individual does not agree with Great Rivers BH-ASO's resolution of an Appeal, the individual may file a request for an Administrative Hearing within one hundred twenty (120) calendar days of the date of notice of the resolution of the Appeal. Great Rivers BH-ASO will not be obligated to continue services pending the results of the Administrative Hearing.
- 5.3. If the individual requests an Administrative Hearing, Great Rivers BH-ASO will provide to HCA and the individual, upon request, and within three (3) business days, all Great Rivers BH-ASO held documentation related to the Appeal, including, but not limited to: transcript(s), records, or written decision(s) from participating providers or delegated entities.
- 5.4. Great Rivers BH-ASO is an independent party and is responsible for its own representation in any Administrative Hearing, Board of Appeals, and subsequent judicial proceedings.
- 5.5. Great Rivers BH-ASO's Medical Director and the QM Manager will review all cases where an Administrative Hearing is requested and any related Appeals.
- 5.6. The individual must exhaust all levels of resolution and Appeal within Great Rivers BH-ASO's grievance and appeals system prior to filing a request for an Administrative Hearing with HCA.
- 5.7. Great Rivers BH-ASO will be bound by the final order, whether or not the final order upholds Great Rivers BH-ASO's decision.
- 5.8. If the final order is not within the purview of Great Rivers BH-ASO's contract with HCA, then HCA will be responsible for the implementation of the final order.
- 5.9. The Administrative Hearings process shall include as parties to the Administrative Hearing, Great Rivers BH-ASO, the individual and the individual's representative, or the legal representative of the deceased individual's estate and HCA.
- 5.10. Petition for Review
- 5.10.1. Any party may Appeal the initial order from the Administrative

Hearing to HCA Board of Appeals in accordance with WAC Chapter 182-526.

- 5.10.2. Notice of this right shall be included in the Initial Order from the Administrative Hearing.

EFFECT OF REVERSED RESOLUTIONS OF APPEALS AND ADMINISTRATIVE HEARINGS

- 6.1. If Great Rivers BH-ASO's decision not to provide Contracted Services is reversed, either through a final order of the Washington State Office of Administrative Hearings or the HCA Board of Appeals, Great Rivers BH-ASO will provide the disputed services promptly, and as expeditiously as the individual's health condition requires.
- 6.2. Great Rivers BH-ASO clinical staff will coordinate care with the behavioral health agency to ensure services are provided as soon as possible.

GENERAL RECORDS AND REPORTING REQUIREMENTS

- 7.1. Record Retention
 - 7.1.1. Full records of all grievances and appeal system materials received or compiled are:
 - 7.1.1.1. Kept for ten (10) years after the completion of the grievance process;
 - 7.1.1.2. Always protected in accordance with the most stringent privacy standards and laws;
 - 7.1.1.3. Made available to HCA or to other applicable funding-sources upon request;
 - 7.1.1.4. Kept in confidential files separate from the individual's clinical records;
 - 7.1.1.5. Not disclosed without the individual's written permission, except to HCA or as necessary to resolve the grievance and allowable by law; and
- 7.2. Recording and Reporting Actions, Grievance, Appeals
 - 7.2.1. Great Rivers BH-ASO records will include Grievances, Adverse Authorization Determinations including Actions, Appeals, and Administrative Hearings, handled by delegated entities, and all documents generated or obtained by Great Rivers BH-ASO In the course of these activities.
 - 7.2.2. Great Rivers BH-ASO will provide separate reports to HCA, using the Grievance, Adverse Authorization Determination, Appeals, and Administrative Hearing reporting template by the 15th of the month following the quarter.
 - 7.2.3. Great Rivers BH-ASO is responsible for maintenance of records for and reporting these activities handled by delegated entities.
 - 7.2.4. Great Rivers BH-ASO will report data to HCA in the agreed upon format. Great Rivers BH-ASO will correct and resubmit any returned

- reports to HCA within 30 calendar days.
- 7.2.6. Great Rivers BH-ASO will include in its grievance reporting all expressions of individual dissatisfaction not related to an Action. All Grievances will be recorded and counted whether the Grievance is remedied by Great Rivers BH-ASO immediately or through its Grievance and quality of care service procedures.
- 7.3. Grievance and Appeal System Reporting Requirements
- 7.3.1. Information gathered by the BHA and Great Rivers BH-ASO will be utilized by Great Rivers BH-ASO to complete Health Care Authority (HCA) required Grievance reports, and any other report requirements, as applicable.
- 7.3.2. To ensure timely reporting, BHAs are required to submit monthly grievance reports on the Great Rivers BH-ASO supplied form by the 10th of the following month, for all Great Rivers BH-ASO service recipients.
- 7.3.3. Great Rivers BH-ASO will transfer and refer any grievance, regarding Medicaid services, to the MCO with which the individual is enrolled no later than the end of the next business day following the date of receipt. After the MCO's initial review and upon the MCO's request, Great Rivers BH-ASO will provide all reasonable assistance to the MCO in its investigation and resolution of a grievance that relates to a service that was provided by Great Rivers BH-ASO, a Great Rivers BH-ASO subcontractor, or relates to or involves information held by Great Rivers BH-ASO. The MCO will be responsible for providing the resolution notice of a grievance to the individual or provider.

GRIEVANCE SYSTEM MONITORING

- 8.1. Great Rivers BH-ASO monitors and analyzes grievances quarterly at the Quality Management Committee meeting (QM/UM/IS Meeting), which is attended by contracted BHAs and Great Rivers BH-ASO' staff. Grievances are also monitored at the Critical Incident and Grievance Committee, which is an internal Great Rivers BH-ASO meeting.
- 8.2. The Quality Management Manager monitors grievance categories looking for trends and areas for quality improvement activities.
- 8.3. The Quality Management Manager monitors grievance records at BHAs during annual clinical and contract monitoring reviews.
- 8.4. System-wide interventions will be implemented to increase reporting and/or address systemic quality of care issues found in grievance data.
- 8.5. Great Rivers BH-ASO will ensure all subcontractors have a grievance and appeals policy consistent with this policy, their contract with Great Rivers BH-ASO, and applicable state and federal laws.
- 8.6. Providers and BHAs will be monitored by Great Rivers BH-ASO for non-

compliance with this policy and their own policies. All non-compliance will be handled per the appropriate Great Rivers BH-ASO policy and applicable contracts.

GRIEVANCE SYSTEM TERMINATION

9.1 When available resources are exhausted, any Appeals or Administrative Hearings related to a request for authorization of a non-crisis contracted service will be terminated since non-crisis services cannot be authorized without funding regardless of medical necessity.

POLICY SIGNATURE

DocuSigned by:
Trinidad A. Medina
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2/8/2022

Trinidad Medina
Chief Executive Director

Date