
	<b>Grievance and Appeal Resolution (Customer Services)</b>		
	<b>Chapter:</b>	Board Services and Program Administration	<b>Policy #</b> 2-6-5
	<b>Section:</b>	Service Coordination	<b>Revision #</b> 5

- I. **PURPOSE:** To ensure all consumers and providers have access to a fair and efficient process for resolving grievances and appeals.
- II. **APPLICATION:** All mental health programs, services and facilities directly operated by, or under contract with, West Michigan Community Mental Health (WMCMH).
- III. **REQUIRED BY:** Michigan Department of Health and Human Services (MDHHS) Contracts; Prepaid Inpatient Health Plan (PIHP) Contract; Balanced Budget Act; SUD Services Provider Manual; and Accrediting Bodies.
- IV. **DEFINITIONS:**
  - A. **Adverse Benefit Determination:** A decision that adversely impacts a consumer's claim for services due to denial, reduction, suspension, termination, or limited authorization of a service.
  - B. **Adequate Notice of Adverse Benefit Determination:** Written statement advising the consumer of a decision to deny or limit authorization of services requested, which notice must be provided on the same date the Adverse Benefit Determination takes effect. *42 CFR 438 (c)(2)*. For a Service Authorization decision that denies or limits services, notice must be provided to the Enrollee within 14-days following receipt of the request for service for standard authorization decisions, or within 72-hours after receipt of a request for an expedited authorization decision. *42 CFR 438.210(d)(1)-(2); 42 CFR 438.404(c)(3) &(6)*.
  - C. **Administrative Tribunal:** The entity charged by the MDHHS with the responsibility for conducting State Fair Hearings.
  - D. **Advance Notice of Benefit Determination:** Written statement advising the consumer of a decision to reduce, suspend or terminate services currently provided, which notice must be provided/mailed to the individual at least 10 calendar days prior to the proposed date the Adverse Benefit Determination is to take effect. *42 CFR 438.404 (c)(1); 42 CFR 431.211*.
  - E. **Customer Services Inquiry:** Consumer contact with Customer Services staff for the purpose of requesting information about Community Mental Health Service Provider (CMHSP) services, requesting advocacy, requesting referral to internal/external providers, requesting assistance with completing paperwork, etc.
  - F. **Date of Action:** The date on which WMCMH proposes to deny, suspend, reduce or terminate a mental health service.
  - G. **Expedited Appeal:** The expeditious review of an action, requested by a beneficiary or the beneficiary's provider, when the time necessary for the normal appeal review process could seriously jeopardize the beneficiary's life or health or ability to attain, maintain, or regain maximum function. *42 CFR 438.410(a)*.
  - H. **Grievance:** An expression of dissatisfaction about services other than an Adverse Benefit Determination. Possible subject for grievances include but are not limited to, quality of care or services provided, aspects of interpersonal relationships between a service provider and the individual, failure to respect the individual's rights regardless


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of whether remedial action is requested, or an individual's dispute regarding an extension of time proposed by the PIHP to make a service authorized decision. 42 CFR 438.400.

- I. **Local Appeal:** A review at the local level by a CMHSP or PIHP of an Adverse Benefit Determination, as defined above. A written decision from the CMHSP or PIHP will be provided to the consumer within 30 calendars days after the appeal is received. If the appeal is for payment of a service already rendered, a written decision will be provided within 60 calendar days.
- J. **MDHHS Alternative Dispute Resolution Process:** Impartial State level review, presided over by the MDHHS, of an appeal. This process is available to non-Medicaid consumers, only after the Local Appeals Resolution Process has been exhausted.
- K. **Notice of Resolution:** Written statement of the PIHP of the resolution of a Grievance or Appeal, which must be provided to the consumer. 42 CFR 438.408.
- L. **State Fair Hearing:** Impartial State level review of a Medicaid enrollee's appeal of an adverse benefit determination, presided over by a MDHHS Administrative Law Judge. Also referred to as "Administrative Hearing". The State Fair Hearing Process is set forth in detail in Subpart E of 42 CFR Part 431.
- V. **POLICY:** West Michigan Community Mental Health will provide for a fair and efficient process for resolving consumer complaints (i.e., grievances and appeals), provider notification, either verbally or written that is compliant with State, Federal and Balanced Budget Act regulations as indicated in the Michigan Department of Health and Human Services (MDHHS) Contracts and Prepaid Inpatient Health Plan (PIHP) Contract. Grievance and Appeals will be coordinated through the Office of Customer Services.
- VI. **PROCEDURES:** All grievances and appeals received by West Michigan Community Mental Health will be resolved following the processes outlined in the "Grievance and Appeal Technical Requirement – PIHP Grievance System for Medicaid Beneficiaries" document and the "CMHSP Local Dispute Resolution Process" document. Substance Use Disorder treatment services provided by the SUD Provider Network also follow the same process. *(Note: Grievances and appeals filed by non-Medicaid consumers will be resolved utilizing the processes outlined in the "CMHSP Local Dispute Resolution Process" document. Grievances and appeals filed by Medicaid consumers (including requests for expedited appeals) will be resolved utilizing the processes outlined in the "Grievance and Appeal Technical Requirement – PIHP Grievance System for Medicaid Beneficiaries" document.)*

In the event a consumer needs assistance with completing forms and taking other procedural steps related to a grievance or appeal each MCO, PIHP, and PAHP must provide that assistance. This includes, but is not limited to, auxiliary aids and services upon request, such as providing interpreter services and toll-free numbers that have adequate TTY/TTD and interpreter capability.

In the event a consumer requests a second opinion, in addition to the following the resolution processes outlined in the "Grievance and Appeal Technical Requirement – PIHP Grievance System for Medicaid Beneficiaries" document and the "CMHSP Local

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Dispute Resolution Process” document, WMCMH will also follow all second opinion resolution processes identified in the Michigan Mental Health Code, MCL 300.1705, and the Code of Federal Regulations, 42CFR438.206(b)(3).

In the event the above-mentioned technical requirement documents are revised, West Michigan Community Mental Health will evaluate current grievance and appeals resolution processes for compliance to these documents and will make revision to the WMCMH grievance and appeal processes as needed.

Customer Services contact notes and communications between Customer Services staff and WMCMH staff relative to a complaint are peer review documents. Unauthorized release or duplication of these documents is prohibited.

VII. **SUPPORTING DOCUMENTS:** N/A

VIII. **POLICY/PROCEDURE REVIEW:**

REV#	APPROVED BY	Policy/Procedure	DATE
			10/2015
			03/2017
			09/2019
2	UM/UR	Annual Review	07/2021
3	DH/Compliance	Definition Update	12/2021
3	UM/UR Comm	Annual Review	10/2022
4	UM/UR Comm	Procedure	08/2023
5	UM/UR Comm	Procedure	05/2024
<b>Board Approval Date: 06/16/1999</b>			

IX. **CHIEF EXECUTIVE OFFICER ENDORSEMENT:**

I have reviewed and approved of policy # 2-6-5 Revision # 5.

CEO: Lisa A. Williams Approval Signature: \_\_\_\_\_