

NORTHPOINTE BEHAVIORAL HEALTHCARE SYSTEMS

POLICY TITLE: Service Recipient Grievance and Appeal Process

PAGE: 1 of 12

MANUAL: Recipient Rights

SECTION: Rights

ORIGINAL EFFECTIVE DATE: 8/28/09

BOARD APPROVAL DATE: 11/25/13

REVIEWED/REVISED ON DATE: 3/15/18

CURRENT EFFECTIVE DATE: 4/1/18

REVISIONS TO POLICY STATEMENT: YES NO **OTHER REVISIONS:** YES NO

APPLIES TO: All service recipients at Northpointe.

POLICY:

It is the policy of Northpointe Behavioral Healthcare Systems (NBHS) that all service recipients have the right to a fair and efficient process for resolving disagreements regarding their services and supports.

PURPOSE:

The purpose of this policy is to outline the grievance and appeals processes for recipients of services provided by NBHS. This is a three layered system with service recipient rights protected by local, state and federal laws and regulations. The resolution of service recipient concerns and the goal of improving quality of care are key aspects of these processes.

DEFINITIONS:

Action:

- A. The denial or limited authorization of a requested service, including the type or level of service;
- B. The reduction, suspension, or termination of a previously authorized covered service;
- C. Denial in whole, or in part, of payment for a service;
- D. The failure of NBHS to make an authorization decision and provide notice about the decision within the standard time frames;
- E. Failure to provide services within the standard time frame;
- F. In regard to Medicaid covered services, failure of NBHS to act within the time frame required for the disposition of grievances and appeals;
- G. The denial of a Medicaid recipient's request to exercise his or her right to obtain services outside the NBHS Provider Network.
 1. Failure to permit the individual to choose from at least two practitioners OR two care managers;
 2. Failure to allow the individual to obtain services under any of the following circumstances:
 - a. The service or type of provider (in terms of training, experience, or specialization) is not available within the NBHS Network;
 - b. The provider is not part of the NBHS Network, but is the main source of a service to the individual if:
 - The provider is given the opportunity to become a participating provider under the same requirements for participation in the NBHS Network as other providers of that type;
 - If the provider does not join the NBHS Network, or does not meet the necessary qualifications to join, the individual will be transitioned to a participating provider within 60 days (after being given an opportunity to select a provider who participates);
 - c. The only plan or provider available to the individual does not, because of moral or religious objections, provide the service the individual seeks;
 - d. The individual's primary care provider or other provider determines that the individual requires related services that would subject him/her to unnecessary risk if received separately and not all of the related services are available in the NBHS Network;
 - e. The State of Michigan determines that other circumstances warrant out-of-network treatment.

NORTHPOINTE BEHAVIORAL HEALTHCARE SYSTEMS

POLICY TITLE: Service Recipient Grievance and Appeal Process

PAGE: 2 of 12

MANUAL: Recipient Rights

SECTION: Rights

ORIGINAL EFFECTIVE DATE: 8/28/09

BOARD APPROVAL DATE: 11/25/13

REVIEWED/REVISED ON DATE: 3/15/18

CURRENT EFFECTIVE DATE: 4/1/18

Action Notice –In ELMER a staff member will choose either a Medicaid or Non- Medicaid Action Notice, these terminologies describe when the Action Notice should be given and under what circumstances.

- **Adequate Action Notice:** A written notice mailed or directly provided to a service recipient or his/her guardian or legal representative at the same time an action takes effect or at the time of signing the Individual Plan of Service (IPOS). An adequate action notice is used for denial of requested services or a denial of a new authorization. Adequate notice must be sent within **fourteen (14) calendar days** of the request for the service.
- **Advance Action Notice:** A written notice that is provided to the service recipient or his/her guardian or legal representative **thirty (30) calendar days before** the proposed effective date. An advance notice is used for termination, suspension or reduction of a service currently being received.

Alternative Services: Services offered under authority of Section 1915(a)(1)(A), Michigan's 1915(b) Specialty Services Waiver and the services covered under the 1915(c) Habilitation Supports Waiver. These services may be offered by NBHS to allow a wider, more flexible and mutually negotiated set of supports and services than possible with the State Plan Services. The list of Alternative Services is in the Michigan Department of Health and Human Services (MDHHS) master contract with NBHS and is a part of Michigan Medicaid Manual, Chapter III.

Appeal: A request for a review of an action (as defined above) relative to a Medicaid covered service or non-Medicaid covered service.

Authorized Representative: The person the service recipient selects to represent them during the Grievance and Appeal process.

Chief Executive Officer (CEO): CEO of NBHS, or the CEO's designee.

Hearing Coordinator: Person or his/her designee appointed by the CEO to coordinate the Administrative Hearing process.

Grievance: An expression of dissatisfaction about any matter other than an action as defined above, or a rights complaint as defined in the Mental Health Code.

Michigan Department of Health and Human Services (MDHHS)Administrative Hearing: An evidentiary hearing conducted by an Administrative Law Judge with the MDHHS Administrative Tribunal regarding a decision by NBHS to deny, terminate, reduce or suspend a Medicaid covered service or a Habilitation Supports Waiver Service.

Michigan Department of Health and Human Services (MDHHS)Alternative Dispute Resolution Process: An impartial review, conducted by a MDHHS representative, regarding a decision by NBHS to deny, terminate, reduce or suspend a non-Medicaid covered service.

Resolution Notice: Notice to the individual that is required within established time frames relative to the disposition of grievances and resolution of appeals.

Rights Complaint: A written or verbal statement by a recipient or anyone acting on behalf of a recipient alleging a violation of a code protected right cited in Chapter 7, which is resolved through the processes established in Chapter 7A.

State Plan Services: Services that NBHS is required to offer according to the Michigan Medicaid Manual Chapter III, The Coverage and Limitations of the Prepaid Inpatient Health Plans (PIHP), Mental Health, Substance Abuse and Children's Waiver.

Utilization Review: A process, in addition to the IPOS, in which established criteria are used to recommend or evaluate services provided in terms of cost-effectiveness, necessity and effective use of resources.

NORTHPOINTE BEHAVIORAL HEALTHCARE SYSTEMS

POLICY TITLE: Service Recipient Grievance and Appeal Process

PAGE: 3 of 12

MANUAL: Recipient Rights

SECTION: Rights

ORIGINAL EFFECTIVE DATE: 8/28/09

BOARD APPROVAL DATE: 11/25/13

REVIEWED/REVISED ON DATE: 3/15/18

CURRENT EFFECTIVE DATE: 4/1/18

PROCEDURES

A service recipient of, or applicant for, public mental health services may access several options to pursue the resolution of disagreements. Individuals will be informed of these rights from the time of the initial application for services and throughout their care. Individuals will be educated as to the basic information about their appeal and grievance rights; how to initiate the processes; and will be provided assistance in completing forms and in taking procedural steps if requested and/or needed. This includes but is not limited to providing interpreter services and toll free numbers that have adequate TTY/TTD and interpreter capability. Individuals will be informed that Northpointe will not retaliate against a person who wishes to file a grievance or appeal, nor will they impose barriers to services received.

****Note – a recipient identified as co-occurring/42 CFR Part 2 must file a Recipient Rights complaint themselves – no other person, i.e. guardian/parent/advocate can file such a complaint on their behalf.**

A Medicaid service recipient has the right to file a Local Appeal and/or a Fair hearing request whenever a Medicaid covered service is denied. A non-Medicaid service recipient may file a Local Appeal then a request for MDHHS Alternative Dispute Resolution following the Local Appeal.

I. NOTICE REQUIREMENTS

- A. An Action Notice is given whenever a Medicaid State Plan, waiver, or alternative service is denied, reduced, suspended or terminated. This notice must be in writing and must be provided in the language format needed by the individual to understand the content (i.e., the format meets the needs of those with limited English proficiency, and/or limited reading proficiency.) Northpointe provides an Action Notice to all service recipients regardless of their Medicaid eligibility.

When to give an Action Notice:

1. Denial of service request - at the time of decision
2. Individual Plan of Service developed - at the time of plan development
3. Reduction, Suspension or termination of services currently being received – **30 calendar days** before action
4. Standard authorization decision that denies or limits requested services - within **14 calendar days** of request*
5. Expedited authorization decision that denies or limits requested services - within **3 calendar days** of request*

*Time frames may be extended up to another 14 days at the request of the individual or the provider. Note: If an individual's practitioner makes a determination that a particular Medicaid State Plan or Waiver service is not medically necessary then no adverse action occurred and an Advance Action notice is not required.

B. The written notice (as defined above) must contain the following:

1. The action NBHS or its contractor has taken or intends to take.
2. The reasons for the action.
3. The date of the intended action.
4. If access to services or hospitalization is denied, the right to request a second opinion and an explanation of the process.
5. The service recipient's right to file an appeal and/or rights complaint (the latter is relative only to the suspension, reduction or termination of a service or the denial of hospitalization) and the time frames for doing so.
6. In regard to Medicaid covered services, the individual's right to request a MDHHS Fair Hearing and the timeframes for doing so. MDHHS Fair Hearings are for Medicaid recipients only.
7. The procedures for exercising the resolution options.
8. The circumstances under which expedited resolution is available and how to request it.

NORTHPOINTE BEHAVIORAL HEALTHCARE SYSTEMS

POLICY TITLE: Service Recipient Grievance and Appeal Process

PAGE: 4 of 12

MANUAL: Recipient Rights

SECTION: Rights

ORIGINAL EFFECTIVE DATE: 8/28/09

BOARD APPROVAL DATE: 11/25/13

REVIEWED/REVISED ON DATE: 3/15/18

CURRENT EFFECTIVE DATE: 4/1/18

9. In regard to Medicaid covered services, the individual's right to have benefits continue pending resolution of the appeal or MDHHS Fair Hearing decision, how to request that benefits be continued, and the circumstances under which the individual may be required to pay the costs of these services.

C. Adequate Action Notice (Applies to all service recipients)

1. During the person-centered planning process an adequate action notice will be provided at the time of the individual plan of service.
2. Denial of Service outside the PCP Process (Applies to all individuals.) When an individual is denied services at intake, or denied access to inpatient psychiatric hospitalization, the individual will be informed of this denial with an adequate action notice. The action notice may be presented directly or mailed to the individual or his/her guardian or authorized representative at the time of denial. A Medicaid service recipient has the right to file a fair hearing request whenever a Medicaid covered services is denied. A non-Medicaid service recipient may file an appeal using the local appeal procedure described below.

D. Advance Action Notice (Applies to all service recipients)

Whenever services currently being received are denied, suspended, reduced, or terminated as a result of a Utilization Review or authorization function or that occurs in addition to the person-centered planning process by NBHS or their contracting agencies, NBHS will issue an Advance Notice to the individual.

An Advance Action Notice will be mailed **at least thirty (30) calendar days** before the date of action.

Limited exceptions to the Advance Action Notice.

- a. There is factual information confirming the death of the service recipient;
- b. NBHS receives a clear written statement signed by the individual or his/her legal representative that he/she no longer wishes to receive services; or gives information that requires termination or reduction of services and indicates that he/she understands that this must be the result of supplying the information.
- c. The individual has been admitted to an institution where he/she is ineligible under Medicaid for further services;
- d. The individual's whereabouts are unknown and the post office returns NBHS mail directed to him/her indicating no forwarding address;
- e. Northpointe establishes the fact that the individual has been accepted for services by another local jurisdiction, State, territory or commonwealth.
- f. A change in the level of medical care is prescribed by the individual's practitioner
- g. The date of the action will occur in less than 10 calendar days

II. GRIEVANCE AND APPEAL RESOLUTION PROCESSES An individual receiving mental health specialty services and supports may pursue appeals or grievances using multiple options simultaneously. Medicaid service recipients are not required to exhaust local processes before they request a Medicaid Fair Hearing.

NORTHPOINTE BEHAVIORAL HEALTHCARE SYSTEMS

POLICY TITLE: Service Recipient Grievance and Appeal Process

PAGE: 5 of 12

MANUAL: Recipient Rights

SECTION: Rights

ORIGINAL EFFECTIVE DATE: 8/28/09

BOARD APPROVAL DATE: 11/25/13

REVIEWED/REVISED ON DATE: 3/15/18

CURRENT EFFECTIVE DATE: 4/1/18

A. Denial of Hospitalization

1. Request for second opinion

- a. If a preadmission screening unit or children's diagnostic and treatment service of NBHS denies hospitalization, the individual, his/her guardian or his/her parent in the case of a minor child, may request a second opinion from the CEO of NBHS.
- b. The CEO shall arrange for an additional evaluation by a psychiatrist, other practitioner or licensed psychologist to be performed **within three (3) business days**, after the CEO receives the request. If the determination of the second opinion is different from the determination of the preadmission screening unit, the CEO, in conjunction with the Medical Director, shall make a decision based on all clinical information available **within one (1) business day**.
- c. The CEO'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 CEO and Medical Director or verification that the decision was made in conjunction with the Medical Director.
- d. If an individual is assessed and found not to be clinically suitable for hospitalization, the preadmission screening unit shall provide appropriate referral services.

2. Rights Complaint

- a. If the request for a second opinion is denied, the individual or someone on his/her behalf may file a recipient rights complaint with the Recipient Rights Office of NBHS.
- b. If the initial request for inpatient admission is denied and the individual is a current recipient of other NBHS services, the individual or someone on his/her behalf is informed that they may file a Recipient Rights Complaint with the Recipient Rights Office alleging a violation of his/her right to treatment suited to condition.
- c. If the second opinion determines the individual is not clinically suited for Hospitalization and the individual is a current recipient of other NBHS services, and a recipient rights complaint has not been filed previously on behalf of the individual, the individual or someone on his/her behalf may file a complaint with the Recipient Rights Office of NBHS.

3. Appeal - See Local Appeal Resolution Process section.

4. MDHHS level

- a. If the individual is a Medicaid recipient see Medicaid Consumer Rights to Administrative Hearing section.
- b. If the individual is not a Medicaid recipient see MDHHS Alternative Dispute Resolution Process section.

B. Denial of Access to Community Mental Health Program Services

If an initial applicant for NBHS services is denied such services, an appropriate referral may be provided.

1. Request for second opinion

- a. If an initial applicant for NBHS services is denied such services, the applicant or his/her guardian, or the applicant's parent in the case of a minor, must be informed of their right to request a second opinion of the NorthCare Access Department. The request shall be processed in compliance with Section 705 of the Michigan Mental Health Code and must be resolved **within five (5) business days of the request**.
- b. Northpointe CEO or designee shall secure the second opinion from a Mental Health Professional to include Master's level social worker, Practitioner, Registered professional nurse, or Master's level psychologist.
- c. If the individual providing the second opinion determines that the applicant has a serious mental illness, serious emotional disturbance, or an intellectual/developmental disability,

NORTHPOINTE BEHAVIORAL HEALTHCARE SYSTEMS

POLICY TITLE: Service Recipient Grievance and Appeal Process

PAGE: 6 of 12

MANUAL: Recipient Rights

SECTION: Rights

ORIGINAL EFFECTIVE DATE: 8/28/09

BOARD APPROVAL DATE: 11/25/13

REVIEWED/REVISED ON DATE: 3/15/18

CURRENT EFFECTIVE DATE: 4/1/18

or is experiencing an emergency or urgent situation, the community mental health services program shall direct services to the applicant.

2. Rights Complaint

- a. The applicant or his/her guardian may **not** file a recipient rights complaint for denial of services suited to condition, as he/she does not have standing as a recipient of mental health services. The applicant or his/her guardian may, however, file a rights complaint if the request for a second opinion is denied.

3. Appeal See Local Appeal Resolution Process section.

4 MDHHS level

- a. If the individual is a Medicaid recipient see Medicaid Consumer Rights to Administrative Hearing section.
- b. If the individual is not a Medicaid recipient see MDHHS Alternative Dispute Resolution Process section.

C. Denial through the service authorization process of the request for Medicaid state plan, waiver, or alternative service OR denial of the requested amount, scope or duration of a service that was identified and agreed upon by the individual during person-centered planning:

1. Appeal - See Local Appeal Resolution Process section.

2. Rights Complaint

- a. The individual or his/her guardian may file a rights complaint for treatment suited to condition.

3. MDHHS level

- a. Medicaid Consumer Rights to Administrative Hearing.
- b. MDHHS Alternative Dispute Resolution for non-Medicaid covered services

D. Unreasonable delay of a Medicaid state plan, waiver or alternative service beyond the start date agreed upon during the person-centered planning process and as authorized by NBHS. Unreasonable delay is defined as **14 or more calendar days**.

1. Appeal - See Local Appeal Resolution Process section.

2. Rights Complaint - The individual or his/her guardian may file a rights complaint for treatment suited to condition.

E. Denial or Termination of Family Support Subsidy

1. Pursuant to Section 159(3) of the Code: "If an application for a family support subsidy is denied or a family support subsidy is terminated by NBHS, the parent or legal guardian of the affected eligible minor may demand, in writing, a hearing by NBHS. The hearing shall be conducted in the same manner as provided for contested case hearings under Chapter 4 of the Administrative Procedures Act of 1969, Act No. 306 of the Public Acts of 1969, and being Sections 24.271 to 24.287 of the Michigan Compiled Laws."
2. Pursuant to the Administrative Rules: Copies of blank application forms, parent report forms, the forms for changed family circumstances, and appeal forms shall be available from NBHS. (R330.1616 Availability of Forms) (NOTE: It is acceptable to ask families to write a letter to NBHS requesting an appeals hearing in lieu of a standardized form.)
3. NBHS shall review an application and promptly approve or deny the application and shall provide written notice to the applicant of its action and of the opportunity to administratively appeal the decision if the decision is to deny the application. If the denial is due to the insufficiency of the information on the application form or the required attachments, NBHS shall identify the insufficiency. (Rule R330.1641 Application Review)

NORTHPOINTE BEHAVIORAL HEALTHCARE SYSTEMS

POLICY TITLE: Service Recipient Grievance and Appeal Process

PAGE: 7 of 12

MANUAL: Recipient Rights

SECTION: Rights

ORIGINAL EFFECTIVE DATE: 8/28/09

BOARD APPROVAL DATE: 11/25/13

REVIEWED/REVISED ON DATE: 3/15/18

CURRENT EFFECTIVE DATE: 4/1/18

4. If an application is denied or the subsidy terminated, a parent or legal guardian may file an appeal. The appeal shall be in writing and be presented to NBHS within two (2) months of the notice of denial or termination. (R330.1643 Appeal)

Michigan Department of Health and Human Services
Division of Program Development, Consultation and Contracts
Bureau of Community Mental Health Services
ATTN: Request for MDHHS Level Dispute Resolution
Lewis Cass Building – 6th Floor
Lansing, MI 48913

5. If the MDHHS representative, using a “reasonable person” standard, believes that the denial or termination of the subsidy will pose an immediate and adverse impact upon the individual’s health and safety, the issue is to be referred within **one business day** to the Bureau of Community Mental Health Services for contractual action consistent with applicable provisions of the MDHHS/CMHSP contract.

III. DISPUTE RESOLUTION DURING THE PCP PROCESS

- A. If an individual requests inpatient treatment, or a specific mental health support or service for which appropriate alternatives for the individual exist that are of equal or greater effectiveness and equal or lower cost, the staff should:
 1. Identify and discuss the underlying reasons for the request/preference;
 2. Identify and discuss alternatives with the individual; and
 3. Negotiate toward a mutually acceptable support, service and/or treatment.
- B. In the event that a mutually acceptable alternative cannot be reached, the staff should:
 1. Document the individual’s preference, the support, service and/or treatment offered and the reason for not accepting that preference.
 2. Inform the individual of their right to file a grievance or local appeal. This would include:
 - a. His/her right to contact the Recipient Rights office/Customer Service and file a grievance for investigation, consultation, mediation or intervention in response to their request for a specific mental health support or service.
 - b. His/her right to request a second opinion as referenced in the Mental Health Code, if requesting inpatient treatment and his/her right to a Fair Hearing, if an individual with Medicaid coverage.
- C. If in the judgment of staff, an individual’s choice or preference for the inclusion or exclusion of a planning participant, meeting location, or specific provider poses an issue of health or safety or exceeds reasonable expectations of resource allocation, staff should discuss and identify the individual’s underlying reason for that specific choice or preference. Then, negotiate toward a mutually acceptable alternative that meets the outcomes intended.
- D. If an individual is not satisfied with his/her Individual Plan of Service, the Michigan Mental Health Code allows the individual to make a request for review to the designated individual in charge of implementing the plan. The review shall be completed **within thirty (30) calendar days**.
- E. If the individual believes that the opportunity for person-centered planning is not provided as specified in the manner above, it is the responsibility of NBHS to inform the individual of his/her right to file a complaint with the Recipient Rights Office/Customer Service Office at NBHS.
- F. When there is a disagreement between an individual and the legal guardian or responsible parent, staff should attempt to mediate between the two parties in order to provide an outcome that is acceptable to both parties.

NORTHPOINTE BEHAVIORAL HEALTHCARE SYSTEMS

POLICY TITLE: Service Recipient Grievance and Appeal Process

PAGE: 8 of 12

MANUAL: Recipient Rights

SECTION: Rights

ORIGINAL EFFECTIVE DATE: 8/28/09

BOARD APPROVAL DATE: 11/25/13

REVIEWED/REVISED ON DATE: 3/15/18

CURRENT EFFECTIVE DATE: 4/1/18

- G. During the person-centered planning process an **Adequate Action Notice** (applies to all service recipients) will be provided at the time the Individual Plan of Service is finalized with the individual and/or his/her guardian or authorized representative. Notice will include:
1. Basic information as to appeal rights and what options exist to resolve service delivery disputes;
 2. Information regarding how to access services, obtain help with problems, and how to inquire about benefits.

IV. GRIEVANCE PROCEDURE (APPLIES TO ALL INDIVIDUALS)

- A. At any time, an individual or his/her legal representative may express their dissatisfaction by filing a grievance. The grievance process would be utilized when a concern is not addressed either through a formal "Action" process or through a "rights complaint" as outlined in the Michigan Mental Health Code. A service recipient may file a grievance either in writing or orally with NBHS Recipient Rights Office and/or Customer Service. Upon receipt of a grievance, Recipient Rights Office/Customer Service shall:
1. Determine whether the grievance is more appropriately a recipient rights complaint, and if so, refer the grievance, with the individual's permission, to the Office of Recipient Rights;
 2. Log receipt in the NBHS Recipient Rights Complaint database or the Customer Services Module in ELMER.
 3. Send an acknowledgment letter **within ten (10) business days of receipt**, five (5) days if a recipient rights complaint.
 4. Submit the grievance to the appropriate staff including an NBHS administrator with the authority to require corrective action, none of whom shall have been involved in the initial determination.
 5. Facilitate resolution of the grievance within thirty (30) calendar days of receipt of the grievance; Rights complaints will be completed within ninety (90) days with status reports being generated every 30 days.
 6. Within five (5) calendar days of a decision by NBHS regarding the grievance, notification of the outcome of the process is provided to the individual, guardian, or parent of a minor child.

V. LOCAL APPEAL PROCEDURE FOR SERVICE RECIPIENTS WITH MEDICAID

A. Appeal Process:

Within forty-five (45) calendar days of the Notice of Action (either Advance or Adequate), the individual or his/her legal representative, may file a Local Appeal either orally or in writing with the NBHS Recipient Rights Office. Unless the individual is requesting an expedited appeal, he/she must confirm an oral appeal request with a written signed request.

1. The office of Recipient Rights shall then:
 - a. Log receipt of the Local Appeal request and send an acknowledgement letter **three (3) business days of receipt** of the Local Appeal request.
 - b. Advise the individual, guardian, or in the case of a minor, the parent, that he/she may file a request for a MDHHS administrative hearing in lieu of or in addition to the Local Appeal. This information provided to the individual shall include the process for filing the request for a hearing, an offer of assistance in filing the request, and an explanation of time frames and circumstances under which services will be continued pending the hearing decision.
 - c. Submit the Local Appeal to the appropriate staff with the authority to require corrective action; none of whom may have been involved in the initial determination to deny, suspend, terminate, or reduce the service.
2. NBHS will provide the appellant a reasonable opportunity to present evidence and allegations of fact or law in person as well as in writing. If the appellant has requested an expedited resolution, staff shall inform the appellant of the limited time available to present evidence.

NORTHPOINTE BEHAVIORAL HEALTHCARE SYSTEMS

POLICY TITLE: Service Recipient Grievance and Appeal Process

PAGE: 9 of 12

MANUAL: Recipient Rights

SECTION: Rights

ORIGINAL EFFECTIVE DATE: 8/28/09

BOARD APPROVAL DATE: 11/25/13

REVIEWED/REVISED ON DATE: 3/15/18

CURRENT EFFECTIVE DATE: 4/1/18

3. Provide the appellant or his/her representative opportunity, before and during the appeals process, to examine the appellant's case file including medical records, and any other documents and records considered during the appeals process.
 4. Facilitate resolution of the appeal **within ten (10) calendar days** of receipt; assure an expedited review of a local appeal involving an emergent situation where the standard ten (10) day time frame would seriously jeopardize the health or life of the individual. Such a review shall be completed **within 24 hours** of receiving all necessary information by relevant NBHS services staff involved in the local appeal process.
- B. Resolution of the Appeal: NBHS designated staff have **(10) calendar days** to provide the individual, guardian, or parent of a minor child or his/her legal representative, written notification of the resolution in regard to the regular Local Appeal, or 24 hours to provide notification when an expedited appeal is requested.
- C. For an expedited appeal NBHS must make reasonable efforts to provide oral notice and follow-up with written notice. The written notice shall include:
1. The results of the appeal and the date completed;
 2. An explanation of the right to request an MDHHS Administrative Hearing and an offer of assistance in filing the request.
 3. The right to receive benefits while a requested hearing is pending and that the individual may be held liable for the cost of those benefits if the hearing decision upholds the decision of NBHS's action;
 4. For appeals resolved not wholly in favor of an individual who is disputing action that impacts a non-Medicaid covered service, information on how to file for a MDHHS Alternative Dispute Resolution and an offer of assistance;
 5. For appeals resolved locally to the satisfaction of the individual: an explanation and offer of assistance in the process for withdrawing a Fair Hearing request;
 6. Information on the right to file a Recipient Rights complaint with the Recipients Rights Office alleging a violation of the individual's rights to treatment suited to his/her condition.
 7. NBHS may extend timeframes for a local appeal by up to fourteen (14) days if:
 - a. The individual requests the extension;
 - b. NBHS must document there is a need for additional information and how it is in the individual's best interest. This documentation must be made available to MDHHS upon request.

VI. LOCAL APPEAL PROCEDURE FOR PERSONS WITHOUT MEDICAID

A. Appeal Process:

Within forty-five (45) calendar days of the Notice of Action (either Advance or Adequate), the individual or his/her legal representative, may file a Local Appeal either orally or in writing with NBHS Recipient Rights Office. Unless the individual is requesting an expedited appeal, he/she must confirm an oral appeal request with a written signed request.

1. The Recipient Rights Office shall then:
 - a. Log receipt of the local appeal request and send an acknowledgement letter to the appellant **within ten (10) three (3) business days** of the request.
 - b. Submit the Local Appeal to the appropriate staff with the authority to require corrective action; none of whom shall have been involved in the initial determination.
2. NBHS will provide the appellant a reasonable opportunity to present evidence and allegations of fact or law in person as well as in writing. If the appellant has requested an expedited resolution, staff shall inform the appellant of the limited time available to present evidence.

NORTHPOINTE BEHAVIORAL HEALTHCARE SYSTEMS

POLICY TITLE: Service Recipient Grievance and Appeal Process

PAGE: 10 of 12

MANUAL: Recipient Rights

SECTION: Rights

ORIGINAL EFFECTIVE DATE: 8/28/09

BOARD APPROVAL DATE: 11/25/13

REVIEWED/REVISED ON DATE: 3/15/18

CURRENT EFFECTIVE DATE: 4/1/18

3. Provide the appellant or his/her representative opportunity, before and during the appeals process, to examine the appellant's case file including medical records, and any other documents and records considered during the appeals process.
 4. Facilitate resolution of the appeal **within ten (10) calendar days** of receipt.
 5. Assure an expedited review of the appeal involving an emergent situation where the standard ten (10) day time frame would seriously jeopardize the individual's health or safety. Such a review shall be completed **within 24 hours of receipt** of all necessary information by relevant NBHS Services staff involved in the local appeal process.
- B. Resolution of the Appeal: NBHS designated staff have **(10) calendar days** to provide the individual, guardian, or parent of a minor child or his/her legal representative, written notification of the resolution in regard to the regular Local Appeal, or 24 hours to provide notification when an expedited appeal is requested.
- For an expedited appeal NBHS must make reasonable efforts to provide oral notice. The written notice shall also include:
1. The results of the appeal and the date completed.
 2. Information regarding the individual, guardian, or parent of a minor child's right to access the MDHHS Alternative Dispute Resolution Process and an offer of assistance in doing this;
 3. Information on the individual, guardian, or parent of a minor child or his/her legal representative's right to file a recipient rights complaint with the Recipient Rights Office alleging a violation of the individual's rights to treatment suited to his/her condition.

VII. MDHHS ALTERNATIVE DISPUTE RESOLUTION PROCESS FOR SERVICE RECIPIENTS WITHOUT MEDICAID

- A. **Within five (5) business days** after receiving Notice of the decision reached during the local appeal process, the individual or his/her authorized representative may request access to the MDHHS Alternative Dispute Resolution process. Access to this process does not require agreement by NBHS and may be initiated solely by the individual.
- B. Requests may be received in any written form, but must include the following information:
 1. Name of NBHS service recipient;
 2. Name of the guardian legally empowered to make treatment decisions or a parent of a minor child;
 3. Daytime phone number where the individual, legal guardian, or parent of a minor child may be reached.
 4. Name of the NBHS site where services have been denied, suspended, reduced or terminated;
 5. Description of the service being denied, suspended, reduced, or terminated;
 6. Description of the adverse impact on the individual caused by the denial, suspension, reduction, or termination of service.
 7. The request should be directed to:

Michigan Department of Health and Human Services
Division of Community Services
ATTN: Request for MDHHS Alternative Dispute Resolution
Lewis Cass Building
Lansing, MI 48913

- C. NBHS communications to individuals regarding this Alternative Dispute Resolution Process shall include the information contained in item B above.

NORTHPOINTE BEHAVIORAL HEALTHCARE SYSTEMS

POLICY TITLE: Service Recipient Grievance and Appeal Process

PAGE: 11 of 12

MANUAL: Recipient Rights

SECTION: Rights

ORIGINAL EFFECTIVE DATE: 8/28/09

BOARD APPROVAL DATE: 11/25/13

REVIEWED/REVISED ON DATE: 3/15/18

CURRENT EFFECTIVE DATE: 4/1/18

- D. If the MDHHS representative, using a “reasonable person” standard, believes that the denial, suspension, termination or reduction of the services and/or supports will pose an immediate and adverse impact upon the individual’s health and safety, the issue is to be referred **within one (1) business day** to the Bureau of Community Mental Health Services for contractual action consistent with applicable provisions of the MDHHS/CMHSP contract. In all other cases, MDHHS shall complete its review of the dispute **within fifteen (15) business days** of receipt. Written Notice of the resolution shall be submitted to the individual, his/her guardian or parent of a minor service recipient.
- E. The Office of Recipient Rights will:
1. Provide information about the process for filing;
 2. Offer to assist the individual with filing;
 3. On the day the request for Alternative Dispute Resolution is received:
 - a. Date stamp the request
 - b. Fax the request to MDHHS
 - c. Mail the request to MDHHS
 - d. Internally log the request.
 - e. Forward a copy of the request to the Hearings Coordinator

VIII. MEDICAID SERVICE RECIPIENT RIGHTS TO ADMINISTRATIVE HEARING

- A. All Medicaid recipients are told of their right to an Administrative Hearing if they are dissatisfied at any point with the Medicaid State Plan Services, Alternative Services and the Habilitation and Supports Waiver for persons with intellectual/developmental disabilities and the Children’s Waiver that they are receiving or have requested.
- B. MDHHS Administrative Hearing
1. Within **ninety (90) calendar days** after receiving notice that Medicaid State Plan, Alternative Services or Waiver services have been denied, suspended, reduced, or terminated, a Medicaid recipient or his/her authorized representative may:
 - a. Request an Administrative Hearing directly with the MDHHS;
 - b. Request a local Appeal;
 - c. File a rights complaint with NBHS Recipient Rights Office for failure to provide treatment suited to condition;
 - d. **Simultaneously** file a request for a local appeal with the NBHS Recipient Rights Office, and file a request an Administrative Fair Hearing with MDHHS and file a rights complaint
 2. The Office of Recipient Rights will:
 - a. Provide information about the process for filing, the time frames, the circumstances when services will be continued until a hearing decision is rendered, and the process for withdrawing a hearing request;
 - b. Offer to assist the individual with filing a hearing request;
 - c. On the day the hearing request is received:
 - Date stamp the request;
 - Fax the request to MDHHS;
 - Mail the request to MDHHS;
 - Forward a copy of the request to be logged;
 - Internally log the request.
 - d. Receive notice of hearing requests from MDHHS;
 - e. Maintain an accurate, secure record system for requests for Administrative Hearings.
 - f. If the hearing request is received before the date of action, notify the appropriate supervisor that services must be continued until a hearing decision has been rendered;
 - g. Schedule a room and appropriate equipment for the hearing.
 3. The Hearings Coordinator will:

NORTHPOINTE BEHAVIORAL HEALTHCARE SYSTEMS

POLICY TITLE: Service Recipient Grievance and Appeal Process

PAGE: 12 of 12

MANUAL: Recipient Rights

SECTION: Rights

ORIGINAL EFFECTIVE DATE: 8/28/09

BOARD APPROVAL DATE: 11/25/13

REVIEWED/REVISED ON DATE: 3/15/18

CURRENT EFFECTIVE DATE: 4/1/18

- a. Offer a pre-hearing conference to the individual to see if the issues can be resolved;
 - b. Prepare a Hearing Summary and documents to be used as evidence during the hearing and submit this to the Administrative Tribunal. If the Hearings Coordinator is not the staff responsible for presenting the case at the hearing, the Hearings Coordinator will assist the staff in preparing for the hearing;
 - c. Present the agency's case at the hearing unless a different staff is assigned this responsibility.
- C. Maintaining Medicaid covered services and supports.
1. If NBHS mails the advance notice of adverse action impacting Medicaid covered services as required and the individual or his/her authorized representative requests a MDHHS hearing before the date of action in lieu of, or in addition to, filing an appeal, NBHS may **not** terminate or reduce services until a decision is rendered unless:
 - a. It is determined at the hearing that the sole issue is one of Federal or State law; and
 - b. NBHS promptly (i.e., in the advance notice) informs the individual that services are to be terminated or reduced pending the MDHHS hearing decision.
 2. If NBHS's action is sustained by the Fair Hearing decision, NBHS may seek reimbursement from the individual for the cost of any services provided the individual during this period of time, up to the individual's ability to pay as determined by the Code.
- D. Reinstatement of Medicaid covered services
1. NBHS must reinstate Medicaid covered services if an individual or his/her authorized representative requests a MDHHS Fair Hearing not more than **twelve (12) calendar days after** the date of action.
 2. The reinstated Medicaid covered services must continue until the hearing decision unless, at the hearing, it is determined that the sole issue is one of Federal or State law or policy.
 3. NBHS must reinstate and continue Medicaid covered services until a hearing decision, if:
 - a. Action was taken without the required Advance Notice; **AND**
 - b. The individual or his/her authorized representative requests a hearing within **twelve (12) calendar days** of the mailing of the notice of action; **AND**
 - c. NBHS determines that the action resulted from factors other than the application of Federal or State law or policy.
 4. If an individual's whereabouts are unknown, as indicated by return of mail that could not be forwarded, any discontinued Medicaid State Plan, Alternative services or Waiver services must be reinstated if his/her whereabouts become known during the time he/she is eligible for services.

IX. RECORDKEEPING AND REPORTING REQUIREMENTS.

NBHS must maintain a record of appeals and grievances and their disposition that is available for review by state officials. Aggregate reports following the HIPAA privacy regulations shall be available to the applicable committee chairpersons.

X. REFERENCES

42 CFR Chapter IV, Subpart E, sections 431.200 *et seq*

42 CFR Chapter IV, Subpart F, Sections 438.402 to 424

Michigan Mental Health Code, Act 258 of the Public Acts of 1974 as Amended

Michigan PA 516 of 1996

Michigan Medicaid Manual, Revised Chapter III, 10-1-03

MDHHS -MSA Policy Bulletin: Medicaid Eligibility Manual – Consumer Hearings

MDHHS -MSA Policy Bulletin: Hourly Home Care – Criteria for Determining Number of Hours (Children's Waiver)