Contra Costa County Health Services Department **Behavioral Health Services Division** **Mental Health Services** **Alcohol and Other Drugs Services**	POLICY NO. 804
POLICY: **MEDI-CAL BENEFICIARY GRIEVANCE PROCEDURES**	Effective as of: October 7, 2022 Next Review Date: October 31, 2025 Policy Expires On: October 31, 2026
	By: Suzanne Tavano Suzanne Tavano, PhD Behavioral Health Director

POLICY: MEDI-CAL BENEFICIARY GRIEVANCE PROCEDURES

I. PURPOSE:

The purpose of this policy is to describe how Behavioral Health Services Division (BHSD) will ensure compliance with state and federal regulations including:

A. Informing beneficiaries of their rights in regard to the grievance process.

B. Providing beneficiaries with an easily accessible grievance resolution process.

C. Protecting the rights of beneficiaries during the grievance process.

D. Assuring adequate oversight for monitoring, tracking, resolving and analyzing grievances.

II. REFERENCES:

- CFR, Title 42, Chapter IV, Subchapter C, Part 438, subpart F
- CCR, Title 9, Sections 1850.205 and 1850.206
- California State Department of Health Care Services (DHCS), MHSUDS Information Notice 18-010E

III. POLICY:

It is the policy of BHSD to follow all state and federal regulations concerning Medi-Cal beneficiary grievances, including:

A. Maintaining procedures for tracking, processing and resolving grievances in a timely manner while protecting beneficiaries' rights.

B. Informing all beneficiaries receiving or seeking behavioral health services of the procedures for filing a grievance.

IV. DEFINITION:

- **Grievance**: A grievance is an expression of dissatisfaction about any matter other than an Adverse Benefit Determination. This expression of dissatisfaction may include, but is not limited to, the quality of care or services provided, aspects of interpersonal relationships such as rudeness of a provider or employee, failure to respect the beneficiary's rights regardless of whether remedial action is requested, and the beneficiary's right to dispute an extension of time proposed by BHSD to make an authorization decision. There is no distinction between an informal and a formal grievance.

V. AUTHORITY/RESPONSIBILITY:

Behavioral Health Program Chiefs
Behavioral Health Program Managers/Supervisors
Quality Management Program Coordinator
Quality Improvement Coordinator
Contracted Service Providers
Patient's Rights Advocate

VI. PROCEDURE:

A. All beneficiaries shall be informed of the grievance resolution process through the following:

1. Beneficiaries receiving specialty mental health or substance use disorder services shall be provided the most current version of the DHCS Medi-Cal resource manual/booklet for specialty mental health and/or substance use disorder services.

2. Notices shall be posted in a location accessible to beneficiaries explaining the grievance process in all County and contracted service providers, including community-based organizations and network providers.

3. Filing a Discrimination Grievance.

   a. BHSD shall provide information to all beneficiaries, prospective beneficiaries, and members of the public on how to file a Discrimination Grievance with:

i) BHSD and the Department if there is a concern of discrimination based on sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

ii) The United States Department of Health and Human Services Office of Civil Rights if there is a concern of discrimination based on race, color, national origin, sex, age or disability.

b. BHSD shall not require a beneficiary to file a Discrimination Grievance with BHSD before filing the complaint directly with DHCS Office of Civil Rights and the U.S. Health and Human Services Office for Civil Rights.

4. Grievance Review Request forms and self-addressed envelopes shall be made available at all County and contracted service provider sites in a public location accessible to beneficiaries without having to make a verbal or written request. These forms shall include the phone number and address of where to file their grievance. These forms shall also be available on the BHSD website.

5. Beneficiaries shall be informed of their right to request and receive, at no charge, assistance from a Patients Right's Advocate at each step in the grievance process. The most current contact information for the Patient's Right's Advocate shall be available on the Grievance Review Request form.

6. Beneficiaries shall receive grievance procedure information through written and/or verbal means upon request during the provision of services.

a. Beneficiaries shall be informed of their option to file a grievance at any time if they are dissatisfied about any matter other than an Adverse Benefit Determination.

b. Beneficiaries shall be provided telephone access to grievance information and assistance in filing grievances twenty-four (24) hours a day, 7 days a week by calling the Behavioral Health Access Line.

7. BHSD shall address the linguistic and cultural needs of its beneficiary population, as well as the needs of beneficiaries with disabilities. BHSD shall ensure all beneficiaries are able to fully participate in the grievance process by providing assistance including, but not limited to, translation of forms, procedures, and BHSD responses to grievances. Approved contracted interpretation services shall be made available and utilized for additional language and interpretation needs. 711 shall also be utilized for TTY/TTD access.

B. Filing Grievances (Beneficiary Role).

1. Beneficiaries or their authorized representative may either report a ***verbal*** or file a ***written*** grievance at any time.

   a. Beneficiaries may report a verbal grievance to the Patient's Rights Advocate, any Behavioral Health staff or direct service provider or directly to the BHSD Satisfaction and Grievance Line.

   b. Beneficiaries may file a written grievance by completing the *Grievance Review Request* form. Assistance in writing the grievance is available through direct service staff familiar with the grievance process or through the Patient's Rights Advocate. Requests for grievance reviews may be given to staff at any facility, mailed by using the self-addressed envelopes provided at each facility, or may be addressed to the QIC.

C. Submission of Grievances (Staff Role).

1. Any Behavioral Health staff or any direct service provider, whether from a County owned and operated clinic or a community-based organization, who are familiar with the Problem Resolution Process should assist beneficiaries in filing a grievance. Beneficiaries will be assisted and responded to in their primary language, either through written or verbal communication, as appropriate.

2. Any County staff, contracted staff or direct service provider receiving a verbal or written grievance shall be responsible communicating or delivering the grievance review request to the QIC.

3. A complaint shall be treated the same as a formal grievance. If a beneficiary makes a complaint, their complaint shall still be categorized as a grievance even if they expressly decline to file a formal grievance.

D. Processing and Oversight of Grievances

1. A centralized log will be maintained for all grievances. This log shall contain at least the following:
   a. Name of the beneficiary filing the grievance.
   b. Name of the representative recording the grievance.
   c. Date of receipt of the grievance.
   d. Date the acknowledgement of receipt was sent.
   e. Nature of the problem.
   f. Description of the action taken to investigate the grievance.
   g. Name of the provider or staff responsible for resolving the grievance.
   h. Final disposition of the grievance.
   i. Date the written decision was sent to beneficiary.
2. Grievances will be recorded in the log within one (1) business day from the date of receipt of the grievance.
3. BHSD shall designate a Discrimination Grievance Coordinator who is responsible for ensuring compliance with federal and state nondiscrimination requirements, and investigating Discrimination Grievances related to any action that would be prohibited by, or out of compliance with federal or state nondiscrimination law.
4. The QIC shall be the primary person responsible for tracking, reporting and monitoring beneficiary grievances. Responsibilities include:
   a. Ensuring that procedures are implemented to inform beneficiaries of how to initiate a grievance.
   b. Reviewing grievances for resolution in a timely manner.
   c. Providing information requested by the beneficiary or the beneficiary's representative regarding the status of the beneficiary's grievance.
   d. Reporting grievances as needed when concerns arise but at least once per year to the Quality Improvement Committee for review of systematic aggregation and analysis for quality improvement and ensure appropriate action be taken to remedy any problems identified.

e. Monitoring actions taken to resolve grievances.

f. Considering adding appropriate actions to address grievance-related issues to the Quality Improvement Plan.

E. Grievance Resolution Procedures and Time frames:

1. Each grievance shall be resolved as expeditiously as the beneficiary's health condition requires, not to exceed 90 calendar days from the date the grievance was received.

2. The QIC shall ensure adequate and appropriate consideration of grievances as well as rectification when appropriate. If the beneficiary presents multiple issues, each issue will be given consideration and resolved.

3. The QIC will ensure that the individuals making the decision on the grievance were not involved in, or are not a subordinate of, anyone who was involved in any previous level of review or decision-making. If the grievance is regarding clinical issues, the QIC will ensure that the decision-maker has the appropriate clinical expertise, as determined by BHSD and scope of practice considerations, in treating the beneficiary's condition. BHSD shall ensure decision-making by individuals with authority to require corrective action.

4. BHSD shall adopt procedures to ensure the prompt and equitable resolution of discrimination-related complaints.

5. BHSD shall provide a written letter of acknowledgement of receipt of the grievance. The acknowledgement letter shall be postmarked to the beneficiary within five (5) calendar days of the receipt of the grievance and include the following:

   a. Date of grievance receipt.

   b. The name, address, contact information of the representative the beneficiary may contact about the grievance, and the address of BHSD

6. Within ninety (90) calendar days of receipt of a grievance, the QIC will review the grievance and provide a written, postmarked decision on the grievance in a format and language that meets applicable State notification standards, using the DHCS approved template or its electronic equivalent generated by the electronic health record: Notice of Grievance Resolution

(NGR). If unable to contact the beneficiary or his/her representative, documentation of the efforts to contact the beneficiary will be logged. All NGR notices shall include the following DHCS attachments:

a. Language Assistance Taglines.

b. Nondiscrimination Notice.

7. Notice of the final disposition of the grievance shall be provided in writing to any provider who is identified by the beneficiary or who is involved in the grievance.

8. The time frame for resolving grievances related to disputes of a BHSD decision to extend the time frame for making an authorization decision shall not exceed thirty (30) calendar days.

9. Within ten (10) calendar days of mailing a Discrimination Grievance resolution letter to a beneficiary, BHSD must submit the following information regarding the complaint to the DHCS Office of Civil Rights (see California Medicaid State Plan, Section 7, Attachments 7.2-A and 7.2-B):

   a. The original complaint.

   b. The provider's or other accused party's response to the complaint.

   c. Contact information for the personnel primarily responsible for investigating and responding to the complaint on behalf of BHSD.

   d. Contact information for the beneficiary filing the complaint, and for the provider or other accused party that is the subject of the complaint.

   e. All correspondence with the beneficiary regarding the complaint, including, but not limited to, the Discrimination Grievance acknowledgement letter and resolution letter sent to the beneficiary.

   f. The results of BHSD investigation, copies of any corrective action taken, and any other information that is relevant to the allegation(s) of discrimination.

10. If the grievance is not resolved within the standard time frame, a Notice of Adverse Benefit Determination (NOABD) Grievance/Appeal Resolution template along with the required attachments shall be sent to the

beneficiary or authorized representative. (Please refer to Policy 815, Notice of Adverse Benefit Determination.) This shall include the status of the grievance and the estimated date of resolution, which shall not exceed fourteen (14) calendar days.

11. The ninety (90) calendar day time frame may be extended by up to fourteen (14) calendar days if the beneficiary requests an extension, or if BHSD determines that there is a need for additional information and that the delay is in the beneficiary's interest. If BHSD extends the time frame not at the request of the beneficiary, they must do the following:

    a. Give the beneficiary prompt oral notice of the delay,

    b. Within two (2) calendar days of making the decision, give the beneficiary written notice of the decision to extend the time frame and inform the beneficiary of the right to file a grievance if he/she disagrees with that decision, and

    c. Resolve the grievance no later than the date the extension expires.

F. Grievance Process Exemptions and Requirements:

1. Grievances received over the telephone or in-person by BHSD or a contracted Medi-Cal provider of BHSD that are resolved to the beneficiary's satisfaction by the close of the next business day following receipt are exempt from the requirement to send a written acknowledgement and disposition (NGR) letter.

2. Exempt grievances are required in DHCS reporting and shall still be maintained in the grievance log and reported to the QIC for oversight.

G. Other Operating Principles:

1. Confidentiality: All grievance procedures shall ensure the confidentiality of beneficiary records as defined by State and Federal laws.

2. Anti-Discrimination: Beneficiaries shall not be subject to any discrimination, penalty, sanction, or restriction for filing a grievance.

3. Rights of a direct service provider who is the subject of a grievance: When a concern regarding a direct service provider's practices or performance is identified as a result of a complaint or grievance, the concern shall be addressed in accordance with Contra Costa County Personnel Policies and/or Program or Administrative Procedures.