

## North Sound Behavioral Health Organization, LLC

### Section 1000 – Administrative: Grievance, Appeal, Fair (Administrative) Hearing & Notice – General Policy Requirements

Authorizing Source: 42 CFR 438 Subpart F, WAC 388-877-0660, 388-877-0654 through 388-877-0680, 42 CFR 431

Cancels:

See Also:

Providers must comply with this policy and may develop

Individualized implementation guidelines as needed

Responsible Staff: Deputy Director

Executive Director Signature:

Approved by: County Authorities Executive Committee (formerly known  
as the Board of Directors)

Motion #: 04-027

Date: 6/20/2004

Date: 8/30/2018

## POLICY #1001.00

### SUBJECT: GRIEVANCE, APPEAL, ADMINISTRATIVE (FAIR) HEARING and NOTICE – GENERAL POLICY REQUIREMENTS

#### PURPOSE

To provide an overview of the North Sound Behavioral Health Organization (North Sound BHO) Grievance and Appeal System which includes Grievance, Notice, Appeal and access to the state Administrative (Fair) Hearing policies and process for individuals applying for, eligible for and having received or are receiving mental health (MH) and/or substance use disorder (SUD) services from North Sound BHO.

North Sound BHO's grievance and appeal system policies outline the rights, responsibilities and requirements of North Sound BHO, individuals, providers, designees and other involved parties at all levels of the grievance, appeal, Administrative (Fair) Hearing system and notice of adverse benefit determination. Refer to the following North Sound BHO policies for specific requirements: #1002 – Grievance Policy, #1003 – Appeals Policy, #1004 – Administrative (Fair) Hearing Policy, #1005 – Notice Requirement Policy and #1547 Customer Service Policy.

#### GENERAL POLICY

It is the policy of North Sound BHO to resolve grievances and appeals at the lowest possible level, in a confidential manner and without retaliation. North Sound BHO's policy is to resolve or rule upon, if necessary, individuals' grievances or appeals honoring individual voice, choice and rights while considering the most effective clinical practices, Statewide Access to Care Standards (ACS), medical necessity, laws and Federal/State/North Sound BHO contractual requirements.

North Sound BHO maintains a Grievance and Appeal System that complies with the requirements of Code of Federal Regulations (CFR) 42 CFR 438 Subpart F and Washington Administrative Code (WAC) WAC 388-877-0654 through 388-877-0680 insofar as those WACs are not in conflict with 42 CFR 438 Subpart F.

The grievance system includes:

1. Grievance process;
2. Appeal process; and
3. Access to Administrative (Fair) Hearings.

Before requesting an Administrative (Fair) Hearing, the individual must:

1. Exhaust the appeal process, subject to WAC 388-877-0670; or
2. Receive an adverse notice of determination regarding a non-Medicaid service.

An individual may also request an Administrative (Fair) Hearing if North Sound BHO fails to follow required timeframes for grievances and appeals.

An individual or the individual's authorized representative applying for, eligible for, or receiving mental health (MH) and/or substance use disorder (SUD) services, authorized by North Sound BHO, may access the North Sound BHO's grievance and appeal (for Medicaid only) system to express concern about their rights, services, or treatment. An individual may pursue a grievance with their behavioral health agency (BHA) or with North Sound BHO.

1. **For all Medicaid Behavioral Health Services other than Wraparound with Intensive Services (WISe)**, if services are requested through North Sound BHO and an individual disagrees with a treatment decision made by their network provider, they may attempt to resolve the disagreement with their provider through the BHA grievance process or may contact North Sound BHO. If an individual contacts North Sound BHO, and North Sound BHO upholds the BHA's treatment decision and the decision is a denial, reduction, suspension, or termination of a previously authorized service, the disagreement with a treatment decision will be treated as an Appeal of an Adverse Benefit Determination. In the event this should occur, North Sound BHO will adhere to all appeal timelines as stipulated in North Sound BHO Policy 1003.00.
2. **For Wraparound with Intensive Services (WISe) for Medicaid individuals**, if an individual disagrees with a treatment decision made by their BHA, they may attempt to resolve the disagreement with their provider through the BHA grievance process or they may contact North Sound BHO. If they contact North Sound BHO, North Sound BHO will treat their disagreement with a treatment decision as an Appeal of an Adverse Benefit Determination. In the event this should occur, North Sound BHO will adhere to all appeal timelines as stipulated in North Sound BHO Policy 1003.00.

Individuals will be informed of available system resources including BHA provider grievance contacts, North Sound BHO customer service, independent Ombuds services, which are free of charge and other supports available to them at each level of the process.

North Sound BHO provides customer service toll-free to assist individuals with their options to pursue grievances, appeals, second opinions and Administrative (Fair) Hearings. North Sound BHO's administrative and quality specialist customer service staff will assist callers to triage their concern to the appropriate party and outline available supports for the process.

Each North Sound BHO contracted BHA is required to have a specific grievance system contact with toll-free access to receive grievances and assist with the processes. These toll-free grievance contact telephone numbers will be specified in each BHA's grievance system policies. Individuals may use the free and confidential Ombuds services contracted through the North Sound BHO. Ombuds services are offered and provided independent of North Sound BHO and BHAs and are offered to individuals at any time to help them with resolving issues or problems at the lowest possible level during the grievance, appeal, or Administrative (Fair) Hearing processes.

BHAs, formal designees and North Sound BHO staff are also available to provide individuals with assistance in completing any forms and taking other procedural steps. This includes, but is not limited to, provision of Ombuds services, interpreter services/translation and toll-free numbers with adequate TTY/TTD capability provided by Washington Relay Services, all free of charge. North Sound BHO grievance and appeal processes will be age, culturally and linguistically competent. North Sound BHO and BHAs will provide free written translation in all prevalent languages and oral interpretation to include any non-English language. In addition, they will provide auxiliary aids, such as, American sign language, TTY/TDY telephone services and alternative formats to include large print and Braille upon request.

Individual reporting requirements for grievances and appeals on the part of the BHA and North Sound BHO are outlined in their respective policies.

### **Grievance and Appeal System Definitions**

The terms and definitions in WAC 388-877-0200 and 388-877-0655 apply to the grievance and appeal system rules.

1. **“Adverse Benefit Determination”** means in the case of Medicaid Services Administered by a behavioral health organization (BHO), one (1) or more of the following:
  - a. The denial or limited authorization of a requested service, including determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting, or effectiveness of a covered benefit;
  - b. The reduction, suspension, or termination of a previously authorized service;
  - c. The denial, in whole or in part, of payment for a service;
  - d. The failure to provide services in a timely manner, as defined by the state;
  - e. The failure of a BHO to act within the grievance and appeal system timeframes as provided in WAC [388-877-0660](#) through [388-877-0670](#) regarding the standard resolution of grievances and appeals;
  - f. For a resident of a rural area with only one (1) BHO, the denial of an individual's request to exercise their right to obtain services outside the network; and/or
  - g. The denial of an individual's request to dispute a financial liability, including cost sharing, copayments, premiums, deductibles, coinsurance and other enrollee financial liabilities.
2. **"Administrative (Fair) Hearing"** means a proceeding before an administrative law judge to review an adverse benefit determination or a BHO decision to deny or limit authorization of a requested non-Medicaid service communicated on a notice of determination.
3. **"Appeal"** means an oral or written request by an individual or with the individual's written permission, the individual's authorized representative, for a BHO to review an "adverse benefit determination" as defined in this section. See also "expedited appeal."
4. **"Appeal process"** is one (1) of the processes included in the grievance and appeal system that allows an individual to appeal an adverse benefit determination made by the BHO and communicated on a "notice of adverse benefit determination".
5. **“Behavioral Health Agency”** means any provider that provides behavioral health services.

6. "**Expedited appeal process**" allows an individual, in certain circumstances, to file an appeal that will be reviewed by the BHO more quickly than a standard appeal.
7. "**Grievance**" means an expression of dissatisfaction about any matter other than an adverse benefit determination. Grievances may include, but are not limited to:
  - a. An individual's right to dispute an extension of time proposed by the BHO to make an authorization decision;
  - b. The quality of care or services provided;
  - c. Aspects of interpersonal relationships, such as, rudeness of a behavioral health provider or employee; and
  - d. Failure to respect the individual's rights regardless of whether a specific action is requested by the individual.
8. "**Grievance process**" is one (1) of the processes included in the grievance and appeal system that allows an individual to express concern or dissatisfaction about a behavioral health service.
9. "**Grievance and Appeal system**" means the processes the BHO implements to handle appeals of adverse benefit determinations and grievances, as well as, the processes to collect and track information about them. The grievance and appeal system must be established by the BHO, must meet the requirements of 42 CFR 438, Subpart F.
10. "**Individual**" means a person who applies for, is eligible for, or receives BHO authorized behavioral health services from an agency licensed by the department as a BHA.
11. For the purposes of accessing the grievance and appeal system and the administrative hearing process, when another person is acting on an individual's behalf, the definition of individual also includes any of the following:
  - a. In the case of a minor, the individual's parent or, if applicable, the individual's custodial parent;
  - b. The individual's legal guardian;
  - c. The individual's representative if the individual gives written consent; or
  - d. The individual's BHA if the individual gives written consent, except the BHA or inpatient provider cannot request continuation of benefits on the individual's behalf.
12. "**Notice of Adverse Benefit Determination**" is a written notice the BHO provides to an individual to communicate an adverse benefit determination for Medicaid Services administered by the BHO.
13. "**Notice of Determination**" means a written notice that must be provided to an individual to communicate denial or limited authorization of a non-Medicaid service offered by the BHO.

## ATTACHMENTS

None