

INTEGRATED SERVICES OF KALAMAZOO

ADMINISTRATIVE PROCEDURE 06.02_02

Subject: Grievance Systems	Section: Grievances and Appeals
Applies To: <input checked="" type="checkbox"/> ISK Staff <input checked="" type="checkbox"/> ISK Contract Providers	Page: 1 of 5
Revised: 06/07/2021	Supersedes: 08/21/2018

PURPOSE

To identify the options available to persons receiving services and/or their representatives to voice concerns, complaints, and/or request reconsideration of decisions related to service authorizations.

DEFINITIONS

ISK policy [06.02 \(Second Opinions/Grievance & Appeals/Dispute Resolution\)](#)

PROCEDURE

I. AVAILABLE COMPLAINT PROCESS

The following are the mechanisms that are available for applicants, persons receiving services and/or their authorized representatives to express dissatisfaction with services. It is unlikely that all grievance situations will fit neatly into these categories. It is important that all staff use compassion, common sense and good customer relations' skills when dealing with dissatisfaction on the part of an individual and/or their representative. Anyone having questions about these processes should be encouraged to contact the Customer Services office or the ISK Office of Recipient Rights (ORR).

- A. A formal and/or informal grievance process managed by each service provider. This includes staff members at each service site who are identified during the person-centered planning process who will assist the individual with problems as needed/desired.
- B. A formal local grievance process through ISK for individuals or their representatives who wish to file a grievance regarding issues/concerns with service provision that are not considered "adverse benefit/service determinations" or are not complaints about Michigan Recipient Rights (see H below). This process is managed through the Customer Services office.

- C. Appeal of an “service/benefit determination” taken that adversely affects a customer’s request for new services or the continuation of currently authorized services. ISK Customer Services receives appeals and directs a clinical determination of the appropriateness of the intended action.
- D. Second Opinions as requested of the Chief Executive Officer (CEO) through the Customer Services Office for denials of access to the CMH system or psychiatric hospitalization (see ISK procedure [06.02_03 \[Second Opinions Regarding Denial of Services\]](#)).
- E. A hearing before the Michigan Office of Administrative Hearing and Rules (MOAHR) for any Medicaid recipient or their authorized hearing representative when there is disagreement with the scope, duration or intensity of the services and supports included in the plan of service, or when the individual or their representative wishes to appeal an adverse determination.
- F. An Alternative Dispute Resolution Process at MDHHS for non-Medicaid recipients who wish to appeal an adverse determination. This process requires use of the local appeal/complaint process prior to filing a complaint at the state level. The Customer Services office notifies individuals about how to utilize this grievance process.
- G. A Case Hearing process as requested when an application for a family support subsidy is denied or an existing family support subsidy is terminated. This process is managed through the ORR (see ISK procedure [06.02_04 \[Family Support Subsidy Appeal Process\]](#)).
- H. A Recipient Rights complaint process for those issues related to rights as guaranteed in Chapter 7 and 7A of the Mental Health Code. These complaints may be filed with any Rights Advisor or by contacting the ORR. Often Recipient Rights complaints can be filed in conjunction with other grievances outlined in this procedure. Policies and procedures related to ORR are in section 25 of the [ISK P/P manual](#).
- I. A hearing process at the local and then state level for requesting a re-determination of the ability to pay and to appeal the results of the re-determination. The local process is initiated by contacting the ISK Claims Manager.
- J. Individuals who feel they are being adversely affected by decisions made as part of the Omnibus Reconciliation Act of 1987 (OBRA) have access to the MDHHS office of Michigan Administrative Hearing System. for appeals of OBRA decisions (see ISK policy [47.01 \[Omnibus Reconciliation Act of 1987\]](#)).

II. ACCESS TO GRIEVANCE PROCESSES

- A. Each formal process designed to address dissatisfaction with services will have a procedure which clearly identifies who may access the process and under what conditions.
- B. Unless otherwise specified, the desire to utilize one process does not limit the availability of other processes. Established procedures will in no way prohibit or discourage an individual from accessing other options that may be available, including the ORR.
- C. Access to any complaint process will be through a simple mechanism. Individuals can contact Customer Services and/or Recipient Rights offices through published office phone and address. ISK operates on a “no wrong door policy” regarding these issues and customers will be re-directed as appropriate. Whenever possible ISK will contact the individual during the next business day.

III. CHARACTERISTICS OF ESTABLISHED LOCAL FORMAL GRIEVANCE AND APPEAL PROCESSES

- A. For Grievances of issues that are not “determinations”, (as noted in I.B. above) ISK will:
 - 1. Give the individual reasonable assistance to complete forms and to take other procedural steps. This includes but is not limited to providing interpreter services and toll free numbers that have adequate interpreter capability.
 - 2. Acknowledge receipt of the grievance.
 - 3. Log the grievance for reporting to the Customer Services and ISK Quality Improvement Council (IQIC).
 - 4. Ensure that the individual(s) working on resolution was not involved in the situation the grievance is regarding nor is a subordinate to the person(s) involved in the grievance situation.
 - 5. Ensure that the individual(s) who made the decision on the grievance is a health care professional with appropriate clinical expertise in treating the beneficiary's condition or disease if the grievance:
 - a. Involves clinical issues; or
 - b. Involves the denial of an expedited resolution of an appeal (of an action)
 - 6. Submit the written grievance to appropriate staff including an administrator with the authority to require corrective action, none of who shall have been involved in the initial determination.
 - 7. Provide the individual a written **notice of disposition** not to exceed **90 calendar days** from the day ISK received the grievance/complaint.
- B. When an individual requests a local appeal, based on an “determination”, (as noted in I.C. above) ISK will:

1. Give individuals reasonable assistance to complete forms and to take other procedural steps. This includes, but is not limited to, providing interpreter services and toll free numbers that have adequate TTY/TTD and interpreter capability.
2. Acknowledge receipt of each appeal.
3. Maintain a log of all requests for appeal to allow reporting to the Customer Services and IQIC.
4. Ensure that the individual(s) who made the clinical determination that resolved the appeal is not a subordinate to the individual who made the initial clinical determination nor was involved in the previous level review or decision-making.
5. Ensure that the individual(s) who made the decision on the appeal is a health care professional with appropriate clinical expertise in treating the beneficiary's condition or disease when the appeal is of a denial based on lack of medical necessity or involves other clinical issues.
6. Provide the individual or representative with:
 - a. Reasonable opportunity to present evidence and allegations of fact or law in person as well as in writing.
 - b. Opportunity, before and during the appeals process, to examine the individual's case file, including medical records and any other documents or records considered during the appeals process.
 - c. Opportunity to include, as parties to the appeal, the individual and his or her representative or the legal representative of a deceased individual's estate.
 - d. Information regarding the right to a fair hearing (Medicaid beneficiary) and the process to be used to request the hearing.
 - e. Information regarding the right to the MDHHS Dispute Resolution process (non-Medicaid beneficiary) and the process to be used to request the hearing.
7. Provide the individual a written **notice of disposition** not to exceed **30 calendar days** from the day ISK received the appeal.

IV. TRACKING

When grievances or appeals or requests for second opinions are received by ISK, an electronic record of the activity will be initiated by the Customer Services office. This record will be the tracking mechanism for the information collected and utilized to reach a resolution. Other processes described here may have individual record keeping and tracking mechanisms described in other policies or procedures.

V. MONITORING

This policy may be monitored by reports of any or all of the following:

- A. Person Served/Family satisfaction data

- B. Grievance/Dispute data
- C. Recipient Rights Complaint data
- D. External review results

As appropriate for the processes monitoring by ISK, may occur via the IQIC or Senior Executive Team (SET) agenda for the purpose of quality improvement activities for the organization.

REFERENCES

- MDHHS PIHP/CMHSP contract attachment 6.3.2.1
- Administrative Procedures Act of 1969, Act. No. 306 of the Public Acts of 1969, being sections 24.27 to 24.287 of the Michigan Compiled Laws
- Federal Regulations: 42CFR343.32, 42CFR431.200-250, 42CFR440.230, 42CFR Part 400 (proposed rules)
- Michigan Department of Health and Human Services Administrative Rule 330.7005
- P.A. 258 of 1974 (Mental Health Code), as amended by P.A. 186 of 1984 and supplemented through P.A. 152 of 1996: Secs. 159, 409, 498, 705, 712, 772-778, 830-838
- ISK Policy [06.01 \(Customer Services\)](#)
- [Southwest Michigan Behavioral Health Policies](#)
 - 6.4 (Customer Grievance Systems and 2nd Opinions)