

ACCOUNTABLE BEHAVIORAL HEALTH ALLIANCE

Policy No. 003	OHP Member Grievance Process
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Original Policy Date:	October 1, 1997
Next Review Date:	December, 2010
Revision History (approval):	September 22, 1999 December 20, 2001 July, 2002 March 2003. December 8, 2006 October 24, 2008 December 11, 2009
Cross References:	MHO Contract 2005 EQR Findings ABHA Member Rights Policy (011)

Purpose:	<p>ABHA strives to provide OHP members with high quality services. In situations where members or member representatives are concerned or dissatisfied with the services they have received or ABHA's actions regarding these services, the procedures described below will be followed to address grievances and appeals in a respectful and prompt manner.</p> <p>The ABHA Grievance, policy also provides a process for members or member representatives to file grievances concerning ABHA's compliance with the Health Insurance Portability and Accountability Act (HIPAA), the Balanced Budget Act (BBA), and the MHO contract with the State of Oregon. Grievances relating to HIPAA privacy regulations shall be investigated by the county Privacy Officer or by the ABHA Privacy Officer. ABHA members or member representatives have access to the Grievance process without penalty or retaliation. All such grievances shall be documented and resolved in an appropriate and timely fashion within the Oregon Administrative Rules (OAR) governing OHP Members.</p>
Policy:	<p>Every ABHA member or member representative has the right to file a grievance or request an Administrative Hearing as outlined in the OARs and MHO Contract.</p> <p>This policy outlines the process by which grievances, are managed.</p>
Objective:	<p>To provide ABHA members a clear process for filing a grievance.</p> <p>To provide ABHA staff a process for assisting members and a clear understanding of the grievance, procedures.</p>
Scope:	<p>This policy applies to ABHA staff, county partners, and contracted providers and is available to all eligible ABHA members or member representatives.</p>

<p>Procedure:</p>	<p>DEFINITIONS:</p> <ol style="list-style-type: none">Grievance: An ABHA’s member, member representative, or provider’s expression of concern or dissatisfaction with access to service, quality of service or clinical care, interaction with MHO, Providers, or Staff, or their rights as a Consumer for which they would like a resolution. <p>PROCEDURES:</p> <ol style="list-style-type: none">Grievance Forms (OHP 3001), Notice of Hearing Rights and Administrative Hearing Request Forms (AFS 443) are made available in all provider offices for OHP Members or member representatives. In addition, both ABHA staff and County Mental Health staff offer assistance in completing Grievance Forms if requested by an OHP Member or OHP Member representative, along with providing the appropriate forms mentioned above. Appropriate assistance will be given to all members or member representatives with regard to special needs.ABHA will inform all participating providers of complaint, grievance, and Administrative Hearing processes. ABHA will monitor participating providers implementation of member process for filing a complaint, grievance, or requesting an Administrative Hearing through regular quality assurance activitiesMember education about the ABHA Grievance procedure is communicated through three primary sources: 1) Information about the grievance process provided in the ABHA Member Handbook. The ABHA Member Handbook is mailed to all members within 30 days of enrollment. The ABHA Member Handbook also includes information on how to access TTY (800-221-2832) services and the toll free telephone number (866-625-5755), in the threshold languages, 2) Information published in the ABHA Member Newsletter, and 3) Client Rights forms presented to Members upon entering mental health services. Also, instructions for filing a grievance are to be posted in client waiting rooms in all five County Mental Health Centers.All Member grievances are considered confidential under the confidentiality rules that apply to client records. An appropriate Release of Information and/or Consent to act on behalf of a member, in the event of a member representative who may file a grievance, will be obtained from the member prior to the disclosure of any potentially confidential member information. The Member or member representative is consulted and informed about how the information is used and with whom. A Member or member representative may elect <u>not</u> to have their name associated with a grievance with the emphasis on using the content of the grievance to improve services rather than to change or redress a <i>specific</i> event or action.
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<p>Procedure:</p>	<p>5. Grievance requests received by ABHA and all respective resolution reports and correspondence are centralized with ABHA. These records will be maintained by ABHA for a minimum of seven calendar years from the date of resolution. A log of complaints will be maintained, trended, and presented to the ABHA Quality Management Committee for review and identification of improvement opportunities. Reports of complaint issues and trends will be presented to the ABHA Quality Assurance Committee (QAC) with for the purpose of identifying improvement opportunities and the development of remedial action plans, when appropriate. Complaint issues and trends will be analyzed and reviewed annually as one aspect of the overall annual evaluation of the ABHA Quality Management Program.</p> <p>6. ABHA will submit a quarterly Health Plan grievance report to Addiction and Mental Health Division (AMH) Medicaid Policy Unit, 500 Summer Street NE, E-86, Salem, OR 97301-1118. This report is submitted on a quarterly basis within 60 days of the end of the calendar quarter.</p> <p>GRIEVANCES:</p> <p>A grievance is an ABHA's member, member representative, or provider's expression of concern or dissatisfaction with access to service, quality of service or clinical care, interaction with MHO, Providers, or Staff, or their rights as a Consumer for which they would like a resolution.</p> <p>1. ABHA encourages and supports resolution of Member or member representative grievances at the County Mental Health and provider level. We also recognize that there are times when members or member representative do not feel comfortable working directly with a County Agency to register/resolve grievance. To this end, ABHA has created a three-level grievance process:</p> <p>Level 1. The member or member representative reports and works to resolve his/her grievance directly with the respective County Quality Improvement staff. If a successful resolution is achieved, the County QI staff logs the grievance in their respective county-level Grievance Log. The County Grievance log is forwarded to ABHA on a quarterly basis to allow aggregate reporting.</p> <p>Level 2. If a Member or member representative is uncomfortable in working with the County staff, the Member or member representative is directed to contact ABHA directly without going through the County Grievance process.</p> <p>Level 3: Members or member representatives who to file a Grievance with ABHA and are not satisfied with the result can request a DHS Administrative Hearing.</p>
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<p>Procedure:</p>	<ol style="list-style-type: none">2. ABHA members or member representatives may file a Grievance either orally or in writing. If the member or member representative expresses dissatisfaction or concerns orally to ABHA staff, the staff member shall ask the member or member representative whether the expression of dissatisfaction or concern is something that needs resolution. If the member or member representative indicates resolution is desired, the person receiving the complaint will describe the Grievance process, provide written material, and request that the member or member representative put the Grievance in writing. Written Grievances are forwarded to the ABHA Quality Manager for investigation. 3. Upon receipt of a written grievance, the ABHA Quality Manager works with the key parties identified within the grievance to gather all needed data and information for a decision to be made by ABHA and/or respective County Mental Health Director. If the Quality Manager determines that additional information is needed from the member or member representative, the Quality Manager will notify the member or member representative that additional information is needed and will request the information within a mutually agreed upon time frame, or the grievance may be resolved without this information. 4. ABHA shall resolve each Grievance, and provide notice of the disposition, as expeditiously as the OHP Member’s health condition requires, within the timeframes established below: For standard disposition of Grievances and notice to the affected parties, <u>within 5 working days</u> from the date of receipt of the Grievance, ABHA shall either: (1) Make a decision on the Grievance and notify the OHP Member; or (2) Notify the OHP Member in writing that a delay in decision, of up to 30 calendar days from the date the Grievance was received by ABHA, is necessary to resolve the Grievance. The written notice shall specify the reasons the additional time is necessary. 5. ABHA members or member representatives filing a grievance will be notified of the resolution in writing. If the ABHA member or member representative isn’t satisfied with the ABHA resolution of a grievance, they have the right to file an Appeal of the grievance. An appeal of a grievance is a request for ABHA to review the decision about the grievance by a person who has not been previously involved in reviewing the grievance. The grievance resolution letter will have information about how to file an appeal. If the ABHA member or member representative isn’t satisfied with the appeal decision, they also have the right to request an Administrative Hearing with the State of Oregon. The letter will have information about how to request a Hearing. 6. All ABHA provider agencies have a designated representative at the level of Supervisor or above who will be notified of all agency grievances. The designated representative will maintain a log of all grievances received, including records of the review or investigation and resolution. The representative will ensure that the provider’s grievance process fully complies with federal and state laws including HIPAA privacy rules.
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	<p>7. ABHA Quality Manager will audit and monitor all County Partner provider grievances, grievance logs and grievance policies and procedures at least annually, including any corrective action as necessary in compliance with AMH standards.</p> <p>8. ABHA will inform any provider or County Partner provider of any grievance or hearing received.</p>
Enforcement:	MHO Contract and QM oversight processes

December 11, 2009
Date Approved by the Governing Board