

<b>Governing Body:</b>  <b>MARION COUNTY COMMUNITY AND PROVIDER SERVICES (CAPS)</b>	<b>Function:</b>  <b>INTEGRATED DELIVERY SYSTEM (IDS) HANDBOOK</b>	
<b>Subject:</b>  <b>OHP Member Grievance Process: Complaints, Actions, Appeals, and DHS Administrative Hearings</b>	<b>Prepared By:</b>  <b>CAPS</b>	<b>Original Date:</b> 10/01/2007 <b>Revised Date:</b> 01/01/2009 03/24/2009 05/20/2009 07/01/2009

**PURPOSE AND SIGNIFICANCE:**

All providers within the Integrated Delivery system must use the Mid Valley Behavioral Care Network’s Grievance System: Complaints, Notice of Action, Appeals, Expedited Appeals and DHS Administrative Hearings. See attached website to get full details of the grievance process: [www.mvbcn.org/home/mv1/index.html](http://www.mvbcn.org/home/mv1/index.html)

All members have the ability to file a complaint, against their clinician, IDS Provider, Community and Provider Services (CAPS), and/or Mid-Valley Behavioral Care Network (MVBCN). Oregon Health Plan (OHP) Members must follow the complaint guidelines identified in the *Mid-Valley Behavioral Care Network Benefits Information: Oregon Health Plan Member Handbook*. Members may be able to receive services during the complaint process if all criteria listed in the “Mid Valley Behavioral Care Network’s Grievance System: Complaints, Notice of Action, Appeals, Expedited Appeals and DHS Administrative Hearings”.

**Definitions**

The following terms used in the *OHP Member Grievance Process: Complaints, Actions Appeals, and DHS Administrative Hearings* policy defined below.

1. **Action**: A decision made by MVBCN, CAPS, or a Provider about a Member’s mental health services that results in: a denial, limited authorization, reduction, suspension, terminated authorization, or level of service.
2. **Appeal**: A request from a Member, or a Provider acting on behalf of a Member and with the written consent of the Member, for review by MVBCN of an Action.
3. **Community and Provider Services (CAPS)**: CAPS is an agency that provides administrative oversight to eight (8) agencies that accept OHP for outpatient mental health services. The group of these agencies is called the Integrated Delivery System (IDS).
4. **Complaint Process**: The term used to refer to the overall system that includes Complaints, Notices of Action, Appeals, and DHS Administrative Hearings.
5. **Complaint**: A Member’s verbal or written expression of concern or dissatisfaction that addresses issues with any aspect of CAPS, MVBCN, or IDS Provider’s operations, activities, or behavior that pertains to the availability, delivery, or Quality of Care. A complaint can be expressed in whatever form of communication or language used by the Member.

6. IDS: Integrated Delivery System (IDS) is based on a fee-for-service reimbursement system that is designed to support the medically necessary mental health needs of Oregon Health Plan (OHP) members receiving services.
7. IDS Provider: The following providers are responsible for all outpatient mental health services delivered to Oregon Health Plan (OHP) recipients in Marion County: Bridgeway Recovery Services, Catholic Community Services, Easter Seals Children's Therapy Center, Marion County Health Department, New Perspectives Center, Northwest Human Services, Options Counseling, and Valley Mental Health.
8. Member: An individual found eligible by Oregon Department of Human Services (DHS) to receive health care services under the Oregon Health Plan (OHP) Medicaid and is enrolled with Mid Valley Behavioral Care Network for Mental Health services.
9. Member Representative: A person who can make OHP related decisions for Member who is not able to make such decision for him/herself. This may be a designated person as a Member's representative (such as DHS or OYA), a court-appointed guardian, a spouse, or other family member designated by the Member, parent or legal guardian.
10. Mental Health Practitioner: An individual with current and appropriate licensure, certification, or accreditation in a mental health profession, which includes but not limited to: Licensed Medical Professional (LMP), Qualified Mental Health Professional (QMHP), Qualified Mental Health Associates (QMHA) and Registered Nurse (RN).

## **PROCESS AND/OR PROCEDURE:**

Members who wish to file a complaint, against their Mental Health Practitioner, IDS Provider, CAPS, and/or MVBCN must do so according to the guidelines outlined in the *Mid-Valley Behavioral Care Network Benefits Information: Oregon Health Plan Member Handbook*. The following processes are excerpts from the above-mentioned handbook.

### Complaint Information and Education

All providers within the Integrated Delivery System (IDS) will make written information describing the MVBCN Grievance Process available to Members. The information shall explain the procedures for Complaints and Appeals, how to file a Complaint or Appeal, and how to request a DHS Administrative Hearing. These documents shall be available in locations such as waiting areas, satellite offices and/or practitioner's private offices.

### Confidentiality of the Complaint Process

Community and Provider Services (CAPS) and all providers within the IDS will assure confidentiality when handling a Member's Complaints and Appeals consistent with ORS 411.320, 42 CFR 431.300, the HIPAA Privacy Rule, ORS 192.518-524, and other applicable federal and state confidentiality laws and regulations.

### Complaint Representatives and Complaint Process

CAPS and all providers within the IDS will have a designated staff responsible for receiving, processing, directing and responding to Complaints. When CAPS receives a complaint, the designated representative, will determine if the complaint is in regards to an IDS provider, CAPS, and/or MVBCN. Through this process, the Member (complainant) will be directed to the appropriate agency's designated Complaints Representative to process the complaint in a timely manner. The IDS Complaints Representative will make reasonable efforts to

acknowledge receipt of the Complaint to the Member (complainant) within 5 working days of receipt. This can be done verbally or in writing. If the complaint is against CAPS, the representative will follow the guidelines identified in the Mid-Valley Behavioral Care Network Benefits Information: Oregon Health Plan Member Handbook.

#### Notices of Action

Notice of Action, or Action is defined as follows: a decision made by CAPS or an IDS Provider about a Member's mental health services that results in:

- a) The denial or limited authorization of a requested outpatient mental health covered service, including the type or level of service
- b) Reduction, suspension or termination of a previously authorized service;
- c) Denial, in whole or part, of payment for a service;
- d) Failure to provide services in a timely manner;
- e) Failure to act on Complaints and Appeals within the specified timeframes; or
- f) For a Member who resides in a rural Service Area where MVBCN is the only Mental Health Organization (MHO), the denial by the Local Mental Health Authority (LMHA) for the county in which the Member resides of a request to obtain Covered Services from a Provider that is not an MVBCN, or, in Marion County, an IDS Participating Provider, pursuant to OAR 410-141-0160 and 410-141-0220.

With respect to a decision made by CAPS or an IDS Provider that is an Action, the entity that is delegated the responsibility for making such decisions shall also be responsible for issuing any required Notice of Action. In the preparation of each Notice of Action, the issuing entity must consult with and obtain technical assistance from the MVBCN staff member designated for this function. All Notices of Action shall be in writing using the template provided by Mid Valley Behavioral Care Network and approved Additions of Mental Health. The issuing entity shall structure its internal process so as to provide at least 3 working days from the date of request for MVBCN consultation and assistance to the date that the issuing entity intends to send the Notice to the Member.

#### Process for Appeals

If an OHP Member (complainant) disagrees with the decision of the IDS Provider Complaints Representative, the Member (complainant) has the right to Appeal the decision. The IDS Provider Complaints Representative must inform the Member (complainant) of and follow the MVBCN Appeals process. The MVBCN Appeals process, Expedited Appeals and DHS Administrative Hearings can be found in detail at;

[www.mvbcn.org/shop/images/MVBCN\\_GrievanceSystemPolicyWithAppend03-2009.pdf](http://www.mvbcn.org/shop/images/MVBCN_GrievanceSystemPolicyWithAppend03-2009.pdf)

The following are descriptions of the Appeals process, Expedited Appeals and DHS Administrative Hearings.

## I. Appeals

At the point where a MVBCN member is not satisfied with the outcome of the Notice of Action, the member has the right to file an Appeal with the MVBCN. The IDS Provider where the Member receives mental health services would assist the Member with this process.

- a) The Appeal must be filed with MVBCN within 45 calendar days from the date of the Notice of Action.
- b) The Appeal can be filed by the Member or a Provider acting on behalf of the Member (with a signed release of information from the Member).
- c) An Appeal may be filed verbally or in writing.
- d) MVBCN shall make reasonable efforts to acknowledge receipt of the Appeal to the appellant within 5 working days of receipt.
- e) MVBCN, CAPS or any IDS Provider shall not take punitive action against a Provider who acts on behalf or in support of a Member who requests an Appeal.
- f) The Member may withdraw an Appeal at any time.
- g) MVBCN, CAPS and IDS Providers shall provide the Member with any reasonable assistance in completing forms or other parts of the Appeals process. This also includes Interpreter Services when necessary.
- h) Treatment services continue during the Appeals process at the Member's request if the request is approved and meets all of the following conditions;
  1. The Appeal has been filed in a timely manner.
  2. The Appeal involves services previously authorized by the MVBCN or Provider, plus related to an approved course of treatment
  3. The period covered by the original service authorization has not expired.
- i) MVBCN shall investigate and resolve the Appeal within 16 calendar days from the date of receipt. MVBCN, under special conditions, may extend the timeframe by an additional 14 days.

## II Expedited Appeals

An expedited Appeal resolution timeframe may be available if it is determined that following the standard Appeal resolution timeframe could seriously jeopardize the Member's life, health or ability to attain, maintain or regain maximum function. The request for an expedited Appeal resolution must be filed with the MVBCN within 45 calendar days from the date of the Notice of Action.

## III DHS Administrative Hearings

An individual has the right to request a DHS Administrative Hearing if;

- A) The individual is or was a Member as of the date of issuance of a Notice of Action by MVBCN or a Participating Provider; and
- B) The individual is in receipt of a Notice of Action or Notice of Appeal Resolution.

DHS Hearing request form 0443 must be filed with MVBCN within 45 days from the Notice of Action or Notice of Appeal Resolution, if the Member has already completed the Appeal process with MVBCN. Members may request a Hearing instead of an Appeal at any time during the Appeal process. Members may withdraw a Hearing request at any time.

To ensure that Member rights and IDS responsibilities are followed during any of the above processes, it is imperative that IDS Provider Complaint Representatives thoroughly review all parts of MVBCN Complaints Process at the website link listed above.

For more information detailing the complaint process, please reference the “MVBCN Grievance Process: Notice of Action, Appeals, Complaints, and Department of Human Services (DHS) Administrative Hearings” policy found herein.

For more information regarding the complaint process, please contact Cheryle Furlow at MVBCN (503) 584-4877 or [cfurlow@mvbcn.org](mailto:cfurlow@mvbcn.org).