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Document Scope: (applies to Policy & Procedure only)

- The requirements herein apply only to the GCBH Central Office and its functions.
 - X - The requirements herein apply, verbatim, to GCBH and its network providers².
 - The requirements herein apply both to GCBH and its network providers². Additionally, network providers must have internal documents outlining their processes for implementing the requirements, insofar as they relate to actions for which network providers are responsible.
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PURPOSE: To identify the circumstances under which a consumer[†] may request a fair hearing, and the GCBH processes associated with addressing such a request.

DEFINITIONS

- I. Action – In the context of GCBH-funded service provision to Medicaid enrollees, this term includes (1) the denial or limited authorization of a requested service, including the type or level of service; (2) the reduction, suspension, or termination of a previously authorized service; (3) the denial in whole or in part, of payment for a service; (4) the failure to provide services in a timely manner, as defined by the state; (5) the failure of GCBH or its formal designee to act within the timeframes provided in section 42 CFR 438(b); or (6) for a resident of a rural area with only one MCO, the denial of an enrollee’s request to exercise his or her right, under section 42 CFR 438.52 (b)(2)(ii), to obtain services outside the network.
- II. Adverse Action – A decision to deny a service authorization request, or to authorize a service in an amount, duration, or scope that is less than requested.
- III. Appeal – A request for review of an action, or an adverse action, as defined above
- IV. Consumer – A person who has applied for, is eligible for or has received mental health services from a Greater Columbia Behavioral Health (GCBH) network provider, regardless of Medicaid eligibility. For a child under the age of thirteen, or for a child thirteen or older whose parents or legal guardians are involved in the treatment plan, the definition of consumer includes parents or legal guardians. Additionally, for the purposes of this policy, references to consumers are understood to include the individual(s) designated by the consumer to represent him/her during the grievance process.
- V. Enrollee – A consumer who is also a Medicaid recipient enrolled with GCBH.
- VI. Fair Hearing – A hearing before the Washington State Office of Administrative Hearings.
- VII. Grievance – A consumer’s request that his/her expression of dissatisfaction with any aspect of care or services provided be formally heard and adjudicated via the grievance process, as stated in the *GCBH Mental Health Service Benefit Handbook*. **NOTE:** When a Medicaid enrollee indicates disagreement with a decision to suspend, reduce or terminate services and asks that the decision be reconsidered, the request is an appeal rather than a grievance, and is addressed via the appeal process.

¹See definitions of document types in AD100, “Development, Approval & Review of Formal RSN Documents”²“Network Provider” – An organization with which GCBH is contracted for the provision of direct services.[†]See Definition

POLICY

- A. All consumers have the right to request the Department of Social and Health Services (DSHS) pre-hearing and administrative (“fair”) hearing processes, as described in Chapter 388-01 WAC, when they believe GCBH or one of its network providers has violated a State rule or timeline, or when they disagree with the outcome of a grievance. Additionally, Medicaid-eligible consumers may request a hearing if they disagree with a decision made by GCBH regarding their eligibility for services or their appeal of an action.
- B. GCBH encourages consumers to first exhaust all levels of resolution available for addressing grievances and appeals prior to filing a request for a fair hearing. However, no action will be taken by GCBH or a network provider that could be construed by a consumer as an obstruction of his/her right to request a fair hearing.
- C. Ombuds Services are available, at no cost to consumers, to assist them throughout the fair hearing process. Consumers may also have representatives of their choice, including network provider staff, involved in the process. Additionally, oral or manual interpreter services are provided, as needed, and toll free numbers with adequate TTY/TTD and interpreter capability are available.
- D. GCBH and its network providers adhere to decisions rendered by the Washington State Office of Administrative Hearings.
- E. When a state fair hearing officer reverses a GCBH decision to deny, limit, or delay services that were not furnished to a Medicaid enrollee while an appeal was pending, the disputed services are authorized and provided promptly, and as expeditiously as the enrollee’s health condition requires.
- F. When a state fair hearing officer reverses a GCBH decision to deny authorization of services to a Medicaid enrollee, and the enrollee received the disputed services while the appeal was pending, the services are paid for by GCBH or the network provider from which the enrollee received them.
- G. When a consumer has requested and received a continuation of disputed services during the fair hearing process, and the state fair hearing officer upholds a GCBH decision to deny, limit or delay services, the consumer may be asked to pay for these services, to the extent they were provided solely for continuation of benefits during the fair hearing process.

PROCEDURE

- 1. All consumers receive a copy of the GCBH *Mental Health Service Benefit Handbook*, which includes information about requesting fair hearings, when admitted to community support services. Additionally, the *Benefits Booklet* produced by the MHD, which also provides instructions regarding fair hearings, is made available to Medicaid enrollees upon request, and brochures from the GCBH ombuds service are available at network provider sites and the GCBH office. Consumers are also provided with information regarding their right to request a fair hearing, and the process for doing so:
 - 1.1. When they file a grievance, and when a written response to that grievance is provided.

- 1.2. With notification to a Medicaid enrollee of a decision to deny a service authorization request or to authorize a service in an amount, duration, or scope that is less than requested.
- 1.3. With notification to a Medicaid enrollee of a decision regarding his/her appeal of an action or adverse action, as defined herein.
2. Fair Hearing Requests Subsequent to the Resolution of a Grievance. When provided the written notice of the resolution of a grievance, consumers are informed that any request for a fair hearing pertaining to that grievance must be filed within twenty (20) calendar days from the postmark on the written notice of resolution.
3. Fair Hearing Requests Responsive to An Adverse Ruling on an Appeal. If a Medicaid enrollee elects to request a fair hearing in response to an adverse ruling regarding an appeal, the request must be filed within twenty (20) calendar days from the postmark on the notice of resolution unless the enrollee continued to receive services during the appeal and desires their continuation during fair hearing processes. In such cases, a fair hearing must be requested within ten (10) calendar days of the postmark on the notice of resolution, and services are continued as described in the GCBH policy defining appeal processes.
 - 3.1. Fair hearing processes requested by Medicaid enrollees following an appeal are completed within ninety (90) calendar days of the date the appeal was initially filed, excluding any time taken by the enrollee to file for a hearing following receipt of the notice of disposition of appeal.
4. In the event that a consumer tells a network provider that he/she intends to request a state fair hearing, the Director of the network provider (or his/her designee) notifies the GCBH Director within one (1) working day of receipt of this information.
5. On-site audits of network providers, conducted by GCBH, include checks for evidence of compliance with the provisions of this policy. When a need for corrective action is identified during such audits, network providers address compliance issues via their quality improvement processes and provide evidence of sustained improvement. GCBH staff review audit findings for trends requiring system level intervention, and report such to the GCBH Quality Management Oversight Committee for action.

APPROVAL

/S/ William Wilson
William Wilson, DrPH
Director

04/05/07