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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 define the processes by which consumer[†] grievances are addressed.

DEFINITIONS

- I. 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 the consumer are understood to include the individual(s) designated by the consumer to represent him/her during the grievance process.
- II. Enrollee – A consumer who is also a Medicaid recipient enrolled with GCBH.
- III. Fair Hearing – A hearing before the Washington State Office of Administrative Hearings.
- IV. 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.

POLICY

- A. Consumers are informed of the right to file a grievance without fear of reprisal, and are provided written explanations of the process for doing so. Each explanation of the grievance resolution process is provided in a manner understandable to the individual receiving it.
- B. Consumers may enlist family members, ombuds service staff, advocates, friends, network provider staff or others to represent or assist them in filing a grievance.
- C. Consumers who indicate a desire to file a grievance are assisted in doing so by staff at the agency receiving the concern, and are referred to the ombuds service. Assistance includes, but is not limited to, help with preparing the written grievance or completing forms and/or other procedural steps, and the provision of interpreter services and toll-free numbers with TTY/TTD and interpreter capability, as needed.

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

- D. Grievance resolution processes are completed within thirty (30) calendar days of a concern being articulated by a consumer, verbally or in writing, unless authorization is obtained from the Department of Behavioral Health and Recovery (DBHR) of the Washington State Department of Social and Health Services (DSHS) to extend the process.
- E. GCBH supports efforts to resolve concerns informally if a consumer is willing to do so. Informal processes are subject to the same thirty (30) calendar day timeframe for resolution. Additionally, should the consumer decide to exercise his/her right to file a formal grievance at any point prior to resolution via an informal process, the date on which the concern was first articulated marks the beginning of the formal, 30-day grievance process. This 30-day process includes the 20-day timeframe the network provider has to provide a written decision to the GCBH Director.
- F. Once initiated, a grievance resolution process is completed whether or not the consumer elects to continue receiving GCBH-funded mental health services.
- G. No consumer is denied services for which he/she is eligible during a grievance process.
- H. Neither consumers nor individuals who assist them are retaliated against for filing a grievance.
- I. If involved in the investigation and resolution of a grievance, members of the Executive Committee of the GCBH Board of Directors do not discuss or review any information relating to the grievance, except insofar as their formal participation in the grievance process requires, until after a formal, written decision has been issued to the consumer and his/her network provider. Further, no member of the Board or representative of any provider from the member government within which the grievance arose may participate in Board or Executive Committee discussions or review processes relating to the final decision and a network provider's compliance with it, or Board-level discussions regarding penalties to be levied for failure to comply.
- J. A confidential record of each grievance is maintained for six (6) years following the completion of the grievance resolution process. Such records are maintained apart from the consumer's clinical record and are not disclosed without the consumer's written permission, except as necessary to resolve the grievance or to DSHS if the consumer requests a hearing.
- K. Staff members who regularly interact with consumers are trained to the provisions of this policy and to their roles and responsibilities relative to the processes it articulates.

PROCEDURE

1. All consumers receive a copy of the *GCBH Mental Health Service Benefit Handbook*, which includes information about filing grievances, when admitted to community support services. As needed, explanation is provided through qualified interpreters for non-English speaking enrollees and those who are deaf or visually impaired. Additionally, Medicaid enrollees are informed that the *Benefits Booklet* produced by the Mental Health Division (DBHR), which also provides instructions regarding grievances, is available upon request, and a copy is provided if an enrollee requests one. Brochures from the GCBH ombuds service are also available at network provider sites and the GCBH office.

Responding to a Consumer Grievance

2. Consumers may file grievances, verbally or in writing, with either the network provider from which they receive services, or directly to GCBH.
 - 2.1. If a consumer initially presents a grievance verbally, the staff person to whom the grievance is stated informs the consumer of the need to submit his/her concern in writing within seven (7) calendar days, and assures that the consumer receives assistance, as needed.
 - 2.2. Consumers may be offered forms to facilitate the submission of a grievance, but any document provided by the consumer will suffice to meet the requirement that a grievance be submitted in writing.
 - 2.3. When a grievance presented verbally is not confirmed in writing within seven (7) calendar days, the formal grievance process is nullified. However, failure of a consumer to submit the grievance in writing in no way negates his/her right to re-file the grievance.
 - 2.4. Grievances are acknowledged verbally or in writing by the agency receiving them within one (1) working day following receipt; acknowledgements are documented in the confidential grievance file. If initial acknowledgement is made verbally, it is followed up with a written acknowledgment within five (5) working days of the consumer's initial articulation of the grievance.
3. When a grievance is received, the Director of the receiving agency (or his/her designee) is notified immediately. He/She ensures that:
 - 3.1. The consumer is immediately provided with:
 - 3.1.1. Information regarding the grievance resolution process, as needed, and
 - 3.1.2. The names and telephone numbers of appropriate contacts at GCBH, the ombuds service, and the network provider from which the consumer receives mental health services.
 - 3.2. The consumer is made aware that, at any time during the investigation and resolution process, he/she may interact directly with GCBH, and is made aware of his/her rights relative to requesting a state fair hearing, and the process for doing so.
 - 3.3. Agency staff are aware of their roles relative to investigation and resolution of the grievance;
 - 3.4. Processes for responding to and investigating the grievance commence within one (1) working day.
 - 3.5. The GCBH Director (or his/her designee) is notified, within one (1) working day of its receipt, that a grievance has been filed.
4. When a consumer submits a grievance to a network provider from which he/she receives services, that agency's Director (or his/her designee) provides a written decision regarding the grievance to the consumer, and to the GCBH Director, within twenty (20) calendar days.

- 4.1. The written decision includes a statement that the consumer must contact either the network provider or GCBH immediately if he/she wishes to contest the decision.
- 4.2. If the director of a network provider (or his/her designee) determines that it may not be possible to reach a decision within the 20-day timeframe, or that the consumer is likely to contest the decision, he/she notifies the GCBH Director immediately.
5. Grievances submitted directly to GCBH, or referred to GCBH because they cannot be resolved at the level of the network provider within the 20-day timeframe or because the consumer is dissatisfied with the decision rendered by the network provider, are handled by a GCBH staff member to whom the GCBH Director has delegated responsibility for managing grievance processes. This staff member:
 - 5.1. Gathers additional information, if needed, regarding the grievance and the steps taken thus far toward resolution.
 - 5.2. Works with the GCBH Director to ensure that:
 - 5.2.1. A decision is rendered within thirty (30) calendar days of its initial articulation, or that approval for an extension is obtained from the DBHR.
 - 5.2.1.1. The timeframe may be extended up to fourteen (14) days if the consumer requests an extension or if GCBH demonstrates, to the satisfaction of the DBHR, a need for additional information in order to best serve the consumer's interests.
 - 5.2.1.2. When the 30-day timeframe is extended subsequent to a request by GCBH, the consumer is provided written notice of the delay and the reason for it.
 - 5.2.2. Individuals who make the final decision were not involved in the previous level of review or decision-making and have appropriate clinical expertise if the grievance involves clinical issues or the denial of an expedited appeal resolution process.
 - 5.2.3. A written decision regarding the grievance is issued to the consumer and his/her network provider within thirty (30) calendar days of the original filing, or within the extended timeframe.
 - 5.2.4. The consumer is provided information regarding his/her right to request a fair hearing if dissatisfied with the outcome of the grievance process, or if he/she is not provided a written response to a grievance within thirty (30) days of filing it.

Follow-up to the Grievance Resolution Process

6. When a final decision issued by GCBH regarding a grievance requires a network provider to initiate corrective action, the corrections are completed within thirty (30) working days of issuance of the written decision. Should the network provider determine that corrective action cannot reasonably be completed with this timeframe, it must submit a written corrective action plan with clear timelines for implementing the necessary changes, and demonstrate that substantive action has been taken within the thirty days.
 - 6.1. Decisions requiring a network provider to undertake changes affecting their business and/or clinical processes must be approved by the GCBH Board of Directors.

- 6.2. Such decisions are enforceable as contractual obligations under the current service agreement between GCBH and the network provider, and the Board may elect to impose punitive action for failure to correct deficits identified by the decision.
7. The GCBH staff member responsible for managing grievance processes monitors implementation of corrective actions to their conclusion, and follows up on any allegations of retaliation against participants of grievance processes.

Related Quality Improvement Processes

8. 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.
9. GCBH staff conducting audits, and the GCBH staff member responsible for managing grievance processes, evaluate findings for trends requiring system level intervention, and report such to the GCBH Quality Management Oversight Committee for action.

Record-Keeping and Reporting

10. Network providers notify GCBH upon receipt, of all grievances filed by consumers in their services, and provide GCBH with documentation of all steps taken to address them.
11. Documentation for each grievance includes, at a minimum:
 - 11.1. The consumer's name and the names of all individuals chosen by the consumer to represent him/her,
 - 11.2. The name of the provider,
 - 11.3. The written grievance submitted by the consumer,
 - 11.4. Date(s) and time(s) of receipt of the verbal and/or written grievance, and a copy of the required written response provided to the consumer following receipt of his/her grievance.
 - 11.5. Dates and times of all responses to the grievance.
 - 11.6. A copy of the written decision provided to the consumer at the conclusion of the grievance investigation and resolution process.
12. When the GCBH ombuds service is involved in the grievance resolution process, it keeps an independent record of its activity.
13. Network providers periodically provide summary reports regarding grievances as required by their contracts with GCBH, which in turn reports grievances to the DBHR in accord with the terms of that contract.

APPROVAL

/S/ Ken Roughton
Ken Roughton, Ph.D
Director

12/01/11
DATE