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| Owner | Dorian Johnson: Customer Service Due Process Manager |
| Policy Area | Customer Service |
| References | MDHHS - EQR VII, NCQA RR1, NCQA RR2 |

# Enrollee/Member Grievance Timeframes and Procedural Steps



## PROCEDURE PURPOSE

To provide procedural and operational guidance to DWIHN, the Access Center, Crisis services vendor and Providers for the development and consistent processing of an enrollee/member's grievance.

## EXPECTED OUTCOME

DWIHN, the Access Center, Crisis services vendor and Providers' Grievance staff will understand the time frames and process flow for grievances received from members with MI Health Link, Medicaid or Non-Medicaid.

## PROCEDURE

1. Time frame for filing a Grievance:
    a. There is no time limit for filing a grievance for Medicaid members and Non-Medicaid members. MI Health Link members have 60 calendar days from the date of the incident to register/file the grievance.
    b. The standard time frame of resolution for Medicaid is ninety (90) calendar days. Non-Medicaid member grievances have a resolution time frame of 60 calendar days. MI Health Link grievances must be resolved in 30 calendar days.
2. Response to a Member, legal or authorized representative:
    a. All grievances, whether received orally or in writing, will be responded to in writing, including quality of care grievances.

b. Notice of Receipt of a MI Health Link grievance is required within three (3) calendar days.

c. Notice of Receipt of a Medicaid and/or Non-Medicaid grievance is required within five (5) calendar days.

d. A Combination Letter is required for Non-Medicaid grievances resolved within five (5) calendar days.

e. The Grievance Coordinator at the Provider agency must send the Final Response to Grievance letter to the grievant or their legal/authorized representative as expeditiously as possible however no later than 2 calendar days from the date of the approval by DWIHN. The 2-calendar day time frame to send the Final Response of Grievance letter also cannot exceed the 90 calendar days for Medicaid, 60 calendar days for Non-Medicaid and 30 calendar days for MI Health Link grievance resolution.

f. In order for a grievance to be considered for approval by DWIHN, the Provider Grievance Coordinator/Liaison must attach and upload the completed Grievance checklist and upload any applicable letters that have been sent to the Grievant and/ or their authorized/legal representative.

3. DWIHN will process MI Health grievances through the expedited process within  hours of receipt when:(RR2, Element A, Factor 4)
    a. DWIHN takes an extension on an appeal, or
    b. Decides not to process an appeal as an expedited case
4. DWIHN Grievance staff is responsible for processing, investigating and resolving all MI Health Link grievances as expeditiously as the case requires, based upon the Enrollee/Member's health, and no later than **30** calendar days.
5. DWIHN/Providers' Customer Service Grievance Staff (CSGS) is responsible for processing, investigating and resolving all Non-Medicaid grievances as expeditiously as the case requires, and no later than **60** calendar days of the receipt of the grievance.
6. DWIHN/Providers' CSGS is responsible for processing, investigating and responding to a Medicaid grievance as expeditiously as the case requires, based upon the beneficiary/ enrollee/member's health, and no later than **90** calendar days of receipt of grievance. (RR2, Element A, Factor 2,4)
    a. The 90 calendar day time frame may be extended up to 14 calendar days should the enrollee/member/authorized or legal representative, or the estate representative of a deceased enrollee/member request the extension or if the provider justifies the need for additional information and documents how the delay is in the interest of the enrollee/member.
    b. If the extension is granted, the enrollee/member/authorized or legal representative will be notified of this delay in writing.
    c. Grievances pending resolution beyond **30** calendar days require a status update.
7. The member can delegate an authorized representative by completing the Appointment of Representative form or other written equivalent that includes the signature of both the member and selected representative.

8. DWIHN and the Providers' CSGS will provide local resolution by discussing the grievance with the enrollee/member/authorized or legal representative.
9. An enrollee/member/authorized or legal representative may request a State Fair Hearing should the resolution of the grievance exceed **90** calendar days. MI Health Link members can request a State Fair Hearing should the grievance not be resolved within **30** calendar days. (RR2,Element A, Factor 3, 4)
10. A beneficiary/enrollee/member without Medicaid may request an Alternative Dispute Resolution should the resolution of the grievance exceed **60** calendar days.
11. Methods to file:
    a. By calling DWIHN or the Providers' CSGS;
    b. Submit a grievance to DWIHN or the Providers' CSGS;
        1. By phone
        2. In person
        3. United States Postal Service,
        4. Email
        5. Fax
        6. MI Health Link Members may also file an external grievance by calling 1-800-MEDICARE (1-800-633-4227) or through the DWIHN's website at: www.DWIHN.org
12. All parties involved in the grievance process shall be free from discrimination and/or retaliation.
13. The enrollee/member/authorized or legal representative shall be informed that filing a grievance will not affect their service eligibility.
14. The grievance form is available to enrollees/legal guardians in alternative languages and formats as requested/required. (RR2, Element A, Factor 5)
15. The DWIHN or Providers' CSGS will document the grievance in MHWIN at the time an enrollee/member/authorized or legal representative expresses dissatisfaction with services.
    a. DWIHN and the Providers' CSGS is responsible for monitoring MHWIN daily for receipt of grievances.
    b. DWIHN's CSGS will also monitor daily for receipt of new grievances via email **PIHPGrievances@dwmha.com** and mihealthgrievances@dwmha.com.
    c. DWIHN and Providers' CSGS will initiate the processing of a grievance upon receipt.
    d. DWIHN's and Providers' CSGS will provide local resolution by discussing the grievance with the enrollee/member/authorized or legal representative or estate representative of a deceased enrollee/member in an attempt to resolve the grievance immediately.
    e. DWIHN and Providers' CSGS will review each grievance for clinical and/or quality of care issues and/or recipient rights violations.
    f. DWIHN and/or the Providers' CSGS will review the grievance and supporting

information with clinical staff regarding presence or absence of clinical or quality of care issues.

1. If there are no identified clinical or quality of care issues, the CSGS processes the grievance without further clinical consultation.
2. If there are clinical and/or quality of care issues identified and consultation is required by the Chief Medical Officer, DWIHN's or the Providers' CSGS will complete a Clinical Consultation Form and the complaint is reviewed.
3. If a clinical or quality of care issue is substantiated, the Chief Medical Officer makes recommendations about areas of potential process or service improvement.
    i. The DWIHN and/or Provider is responsible for ensuring that appropriate measures are implemented to prevent recurrent issues.
    ii. DWIHN and/or the Provider is then monitored through the appropriate process.

g. DWIHN and/or Providers' CSGS will coordinate or refer any suspected recipient rights violation to DWIHN's Office of Recipient Rights (ORR).
    1. The enrollee/member/authorized or legal representative, or estate representative's permission is not required for reporting suspected rights violations of abuse and/or neglect.
    2. The enrollee/member/authorized or legal representative, or estate representative's permission is required for reporting other suspected rights violations.

16. DWIHN's or the Providers' CSGS shall request any missing information and/or additional details from the Provider or enrollee/member/authorized or legal representative as expediently as possible and enter the additional information into MHWIN. Request for additional information/details from the enrollee/member may be done by:
    a. Phone
    b. Fax
    c. Secure email
    d. Letter
17. DWIHN and/or Providers' CSGS will send a Request for Additional Information Letter to the enrollee/member/authorized or legal representative, or estate representative after three unsuccessful telephone attempts to contact him/her.
18. DWIHN's CSGS will send the Provider a Request for Additional Information Letter in the event that the additional information requested is not received in a timely manner. The CSGS will require the provider to submit the requested information by the close of next business day.
19. All pertinent information related to resolving the grievance will be uploaded as an attachment to the grievance record.
20. In resolving the grievance, DWIHN's and/or Providers' CSGS will discuss the grievance with the

appropriate staff who have the authority to require corrective action, none of whom shall have been involved in the previous review or decision-making process.

21. DWIHN's and/or Providers' CSGS will ensure that the individuals who make decisions on the grievance are health care professionals with same or similar clinical expertise in treating the enrollee/member's condition or disease if the grievance involves:
    a. Clinical issues
    b. The denial of an expedited resolution of an appeal (adverse benefit determination)
22. DWIHN's and/or the Providers' CSGS will obtain all pertinent information to resolve the grievance and document information in MHWIN.
    a. Upon completion of the resolution, DWIHN's or Providers' CSGS will contact the enrollee/member/authorized or legal representative to discuss his/her satisfaction by:
        1. Phone
        2. Letter after three unsuccessful telephone attempts
        3. If the MI Health Link enrollee/member, authorized or legal representative, or estate representative of a deceased enrollee/member is not satisfied with the resolution, DWIHN's CSGS will inform him/her that he/she has 10 calendar days to request a review of the adverse grievance findings by requesting a Local Appeal.
23. All resolution letters will be carefully reviewed for content, spelling and grammar to ensure that the communication is clear, concise, accurate and at an appropriate level of understanding. The content of the Resolution Letter shall include: (RR2, Element A, Factor 3)
    a. Statement of the complaint;
    b. Substance/ reason for complaint; (RR2, Element A, Factor 1)
    c. Action(s) taken to resolve the grievance; (RR2, Element A, Factor 1)
    d. Result of the grievance process;
    e. Date the grievance process was concluded;
    f. Enrollee/member's right to request a State Fair Hearing if the notice of disposition is more than 90 calendar days from the date of the request for a grievance; (RR2, Element A, Factor 3)
    g. How to access the State Fair Hearing process.
24. When mailing the information to the member and provider(as applicable), DWIHN Customer Service Appeals Department will follow the protocol set forth in the mail room policy.
    a. Documents that are put into the respective mail room receptacles by 2 pm will be mailed the same day. Any letters that are placed into the receptacle after 2pm will be mailed the following day.
    b. Any time sensitive documentation that requires same day mailing after the 2pm deadline requires communication with the mail room staff who will then ensure the information gets to USPS before the close of business that day.

25. State Fair Hearings

    a. Federal Regulations provide enrollee/members receiving Medicaid services the right to an impartial review (State Fair Hearing) by an administrative law judge, regarding the decision (action) made by the local agency or its agent:

        1. Medicaid enrollee/member/authorized or legal guardian, or the estate representative of a deceased enrollee/member has the right to request a State Fair Hearing when any of the following conditions have been met:

            i. The member has received an adverse decision from DWIHN upholding the decision to deny, reduce, suspend or terminate a requested or ongoing service;

            ii. Failure to provide a response for an internal appeal within 30 calendar days-standard; within 72 hours-expedited; or

            iii. Failure to provide disposition of a grievance within 90 calendar days.

        2. Enrollee/members, authorized or legal representatives are provided up to 120 calendar days from the date of the Notice of Appeal Decision or Notice of Appeal Denial to file a State Fair Hearing. State Fair Hearing requests must be submitted in writing.

        3. The enrollee/member/authorized or legal representative, or estate representative of a deceased enrollee may file for a State Fair Hearing by using a Request for Hearing Form or on any paper. Request for State Fair Hearing Forms are available at DWIHN (please see the following address):
           **DWIHN Customer Service**
           **707 W. Milwaukee St.**
           **Detroit, MI 48202**
           **Phone: 1.888.490.9698 or 313.833.3232**
           **TTY 1.800.630.1044**
           **Fax: 313.833.2217 or 313.833.4280**
           **www.dwihn.org**
           Written State Fair Hearing Request should be forwarded to the following address**:**
           **Michigan Office of Administrative Hearing and Rules**
           **Department of Health and Human Services**
           **P.O. Box 30763**
           **Lansing, MI 48909-9951**

        4. **Note:** Non-Medicaid enrollee/members do not have access to the State Fair Hearing Process unless the entity responsible for resolving the grievance fails to respond to the grievance within 60 calendar days. This constitutes an action and can be appealed through the Department of Health and Human Services Administrative Division of Program Development, Consultation and Contracts Bureau of Community Mental Health Services. Attention: Request for MDHHS Level Dispute Resolution, Lewis Cass Building, 6th Floor, Lansing, MI 48193.

26. The grievance is considered closed when:
    a. The complaint has been resolved.
    b. DWIHN and/or the Provider takes the appropriate action to implement the decision; or
    c. The enrollee/member/authorized or legal representative withdraws the grievance.
27. Upon completion of the resolution, DWIHN's and/or Providers' CSGS will conduct an audit of the grievance record for compliance with federal and state guidelines.
28. Upon completion of the audit, DWIHN's and/or Providers' CSGS shall complete the Case File Sheet and upload it as an attachment to the grievance record.
29. The Providers' CSGS shall assign the grievance record to DWIHN for compliance review, approval and closure. For MI Health Link grievances, DWIHN CSGS will review and process these grievances.
    a. DWIHN's CSGS will approve and close the grievance if the record is in full compliance.
    b. DWIHN's CSGS will reassign the grievance to the Provider and request a Plan of Correction (POC), should the grievance record not be in full compliance. Upon acceptance of the POC, the grievance will be approved and closed by DWIHN's CSGS.
30. DWIHN's CSGS shall aggregate the grievance data quarterly and annually tracking trends, patterns, and opportunities for improvement in the delivery of service.
31. Quarterly and annual grievance reports are forwarded to the DWIHN's QI Department for review of grievance activities and opportunities for continuous quality and organizational improvements.



# PROCEDURE MONITORING & STEPS

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| Who monitors this procedure: | Dorian Johnson, MA LLPC, Due Process Manager |
| Department: | Customer Service |
| Frequency of monitoring: | Annually and As Needed |
| Reporting provided to: | Administration and Quality (QISC) |
| **Comments:** Daily monitoring of MH-WIN and Quarterly Reporting to QISC .<br>This procedure is associated with the overarching Policy: Member Grievance | |

## Approval Signatures

| Step Description | Approver | Date |
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| Policy Admin Review | Allison Smith: Project Manager, PMP | 02/2023 |