



SUMMIT POINTE POLICY AND PROCEDURE MANUAL

Section: Customer Services	Policy Name: Grievances for Medicaid Beneficiaries	Policy Number: 11.1.2
Owner: Corporate Compliance Director	Applies To: <input checked="" type="checkbox"/> Summit Pointe Staff <input checked="" type="checkbox"/> Summit Pointe Contract Providers <input checked="" type="checkbox"/> Summit Pointe CCBHC Services <input type="checkbox"/> Summit Pointe CCBHC DCO Providers	
Approved By: <i>Jean M. Goodrich</i>		
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I. **PURPOSE:**

To outline the process for ensuring that the grievance systems for customers promote the resolution of the customer's concerns while supporting and enhancing the overall goal of improving quality care.

II. **DEFINITIONS:** Refer to the "Summit Pointe Policy and Procedures Definitions Glossary."

III. **POLICY:**

It shall be the policy of Summit Pointe that all customers have access to a fair and efficient process for resolving complaints regarding the services and supports provided by Summit Pointe or any agency under contract with them for the provision of mental health treatment and supports.

IV. **PROCEDURE:**

The Due Process Clause of the U.S. Constitution guarantees that Medicaid enrollees must receive "due process" whenever benefits are denied, reduced, suspended, or terminated. Due Process includes prior written notice of the adverse action, a fair hearing before an impartial decision maker, continued benefits pending a final decision and a timely decision, measured from the date the complaint is first made. Nothing about managed care changes these due process requirements. The Medicaid Enrollee Grievance and Appeal System provides a process to help protect Medicaid Enrollee due process rights.

According to 42 CFR 438.408, Summit Pointe must resolve each grievance and provide notice as quickly as the customer's health condition required, within State established timeframes that may not exceed the timeframes specified in 42 CFR 438.408.

All customers have various avenues available to them to resolve disagreements or complaints. There are several processes under authority of the Social Security Act and its federal regulations that outline the requirements regarding grievances and appeals for Medicaid enrollees who participate in managed care: (1) State Fair Hearings through authority of 42 CFR 431.200 et seq, (2) PIHP Appeals through authority of 42 CFR 438.400 et seq., (3) Local grievances through authority of 42 CFR 438.400 et seq. Medicaid enrollees, as public mental health consumers, have rights and dispute resolution protections under authority of the State of Michigan Mental Health Code, Chapters 2, 7, 7A, 4, and 4A, including: Mediation through authority of the Mental Health Code (MCL 330-1206a et seq.), Recipient Rights complaints through authority of the Mental Health Code (MCL 330.1772 et seq.), Second Opinion through authority of the Mental Health Code (MCL 330.1705 et seq.)

All customers have the right to a fair and efficient process for resolving complaints regarding their services and support managed and/or delivered by Summit Pointe and its contracted providers.



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All customers have the right to have a provider or other authorized representative, acting on the customer's behalf, file a local appeal or grievance to Summit Pointe, or request a State Fair Hearing with the written consent of the customer. The provider may file a grievance or request a State Fair Hearing on behalf of the consumer since the State permits the provider to act as the consumer's authorized representative in doing so. Punitive action may not be taken by Summit Pointe against a provider who acts on the customer's behalf and with the customer's written consent to do so.

The grievance and appeal process for customers shall promote the resolution of customer concerns, as well as support and enhance the overall goal of improving the quality of care. The internal and external grievance and appeal processes shall include:

- Local Grievance Process: Summit Pointe shall provide customers with the right to a local grievance process for issues that are not adverse benefit determinations. Grievances may be filed at any time by a customer, guardian, or parent of a minor child or his/her legal representative. If Summit Pointe fails to respond to a grievance of a Medicaid covered customer within 90 calendar days, the grievance is considered an adverse benefit determination, and the customer is then entitled to a state fair hearing.
- Record Keeping: Summit Pointe shall maintain logs regarding appeals and grievances. Data shall be made available to the quality improvement program for review and analysis.

Grievance Process:

Federal regulations provide customers the right to a grievance process that provides them with a means of expression of dissatisfaction about any matter other than Adverse Benefit Determinations. *42 CFR 438.228*.

Generally:

- Customers must file Grievances with Summit Pointe.
- If a customer wishes to name a representative, Customer Service staff will send an "Appointment of Representative" form to the customer to complete and return.
- Grievances may be filed at any time by the customer, guardian, or parent of a minor child or his/her legal representative. *42 CFR 438.402(c)(2)(i)*.
- Grievances may be filed orally or in writing.
- If the grievance is a Recipient Rights issue Summit Pointe will assist in filing a complaint with the local Office of Recipient Rights.

When a customer files a Grievance, designated Summit Pointe Staff will:

- Provide reasonable assistance to complete forms and to take other procedural steps. This includes but is not limited to auxiliary aids and services upon request, such as providing interpreter services and toll-free numbers that have adequate TTY/TTD and interpreter capability. *42 CFR 438.406(a)*.
- Acknowledge the receipt of the grievance within five (5) business days.
- Maintain record of grievances for review by the State and the PIHP.
- Assess whether the Grievance is a Recipient Rights Issue and aid as needed to file a complaint with the local Office of Recipient Rights.
- Coordinate as appropriate with Fair Hearing Officers.
- Provide the customer with a reasonable opportunity, in person, and in writing, to present evidence and testimony and make legal and factual arguments. Summit Pointe must inform the customer of the limited time available for this sufficiently in advance of the resolution timeframe.

Ensure that the individual(s) who makes decisions on the grievance:

- Were not involved in any previous level of review or decision making, nor a subordinate of any such individual.
- Take into consideration all comments, documents, records, and other information submitted by the customer or their representative without regard to whether such information was submitted or considered in the initial Adverse Benefit Determination.



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- When deciding a grievance that involves either clinical issues or denial of expedited resolution of an appeal, they are individuals who have appropriate clinical expertise, as determined by the State in treating the customer's condition or disease.
- Submit the written Grievance to the appropriate staff including a Summit Pointe administrator with the authority to require corrective action.
- Provide the customer with written notice within 90 calendar days from the date the Grievance was received.

Grievance resolution timing and notice requirements:

- Timing of Grievance Resolution: Provide the customer a written notice of resolution not to exceed 90 calendar days from the day Summit Pointe received the oral or written Grievance.
- Summit Pointe may extend the grievance resolution and notice timeframe by up to 14 calendar days if the enrollee requests an extension or if Summit Pointe shows to the satisfaction of the state that there is a need for additional information and the delay is in the customer's best interest.
- ***If the resolution time frame is extended, then Summit Pointe must complete the following:***
 - Make reasonable efforts to give the enrollee prompt notice of the delay.
 - Within 2 calendar days, give the customer written notice of the reason for the decision to extend the timeframe and inform the customer of the right to file a grievance if the disagree with the decision.
 - Resolve the grievance as expeditiously as the customer's health condition requires and not later than the date of the extension expires.

Format and content of notice of grievance resolution:

- Customer notice of Grievance resolution must meet the requirements of 42 CFR 438.10 (i.e., "...each entity must provide all required information in a manner and format that may be easily understood and is readily accessible by such customers and potential customers," and meets the needs of those with limited English proficiency and/or limited reading proficiency.
- The notice of Grievance resolution must include:
 - The results of the Grievance process.
 - The date the Grievance process was concluded.
 - Notice of the Consumer's right to request a State Fair Hearing, if the notice of resolution is more than 90-days from the date of the Grievance for Medicaid Consumers; and
 - Instructions on how to access the State Fair Hearing process, if applicable.

Appointment of an Authorized Representative:

- A customer may appoint any individual (such as a relative, friend, advocate, attorney, or any physician) to act as his or her representative when pursuing a grievance.
- With written consent from the customer, the customer has the right to have a provider or other authorized representative to act on his or her behalf, file a grievance to Summit Pointe or request a State Fair Hearing.
- In the event the customer appoints a representative, the grievance request must include:
 - A statement that the customer is authorizing the representative to act on his or her behalf, and a statement authorizing the disclosure of individually identifiable information to the representative.
 - The customer's signature and date of making the appointment.
 - A signature and date of the individual being appointed as a representative, accompanied by a statement that the individual accepts this appointment.
 - Punitive action may not be taken against a provider who acts on the customer's behalf with the customer's written consent to do so or who supports the customer's grievance.
 - If a grievance is submitted by a third party but does not include a signed document authorizing the third party to act as an authorized representative for the customer, the 90 days' time frame will start once a signed document is received. Summit Pointe must notify the customer that an authorized representative form or document is required and that the



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request will not be considered until the appropriate documentation is received. The third part includes health care providers.

- When a request for a grievance is filed by a person claiming to be a representative, but the representative does not provide appropriate documentation upon Summit Pointe's request, Summit Pointe will not undertake a review until or unless documentation is obtained.
- For expedited requests, Summit Pointe will ensure that these requests are not inappropriately delayed due to missing documentation for an appointment of a representative.

Mediation:

The customer or his/her legal guardian or personal representative are entitled to information regarding mediation services. Information on mediation will be given to the customer or his/her legal guardian or personal representative at the start of services and annually thereafter. If a grievance, appeal, or second opinion is requested, notification of the right to request mediation will also be provided to the customer and his/her legal guardian or personal representative. Mediation will be facilitated by a State appointed mediation organization. Participation in the mediation process will be attended by a Summit Pointe (or applicable service provider). Mediation proceedings must begin within 10 business days after recording the request and complete within 30 days after the date the mediation was recorded. An extension of up to 30 days can be given if all parties agree in writing. The entire mediation process cannot exceed 60 days.

V. **REFERENCES:**

MDHHS/PIHP Master Contract General Requirements: B: Customer Service Standards/L: Grievance and Appeals Process for Beneficiaries

MDHHS Appeal and Grievance Technical Requirements

Medicaid Managed Care Regulations: 42 CFR 431.200, 42 CFR 438.10, 42 CFR 438.228, 42 CFR 438.400-410, 42 CFR 438.416-424

Michigan Mental Health Code: Chapters 2, 7, 7A, 4/4a (330.1206a, 330.1409, 330.1705)

VI. **ATTACHMENTS:**

None