

Appendix A

Current Status: <i>Active</i>		PolicyStat ID: 7571214
 <p>VENTURA COUNTY BEHAVIORAL HEALTH A Department of Ventura County Health Care Agency</p>	Origination:	2/22/2009
	Effective:	1/10/2020
	Last Approved:	1/10/2020
	Last Revised:	1/10/2020
	Next Review:	1/9/2023
	Owner:	Courtney Lubell
	Category:	Quality Management
	Affects:	ALL DIVISIONS, CONTRACTED PROVIDERS

QM-18: Beneficiary Problem Resolution Processes: Grievances, Appeals and Expedited Appeals

AFFECTS:

ALL DIVISIONS

CONTRACTED PROVIDERS

LEVEL:

2

PURPOSE

To provide an outline of procedures and timeframes for grievances, appeals and expedited appeal requests that would expeditiously provide resolution to problems and concerns of the Medi-Cal beneficiaries.

DEFINITION(S)

Grievance: Verbal or written expression/complaint of dissatisfaction about anything other than an "Adverse Benefit Determination." Grievance may include, but not limited to:

- The quality of care or services provided.
- Aspects of interpersonal relationships such as rudeness of a provider or employee.
- Failure to respect the enrollee's rights regardless of whether remedial action is requested.
- A beneficiary's right to dispute an extension of time proposed by the Ventura County Mental Health/Drug Medi-Cal Organized Delivery System (DMC-ODS) Plan to make an authorization decision.

Appeal: An appeal refers to a request for review by Ventura County Behavioral Health of an Adverse Benefit Determination.

Notice of Adverse Benefit Determination (NOABD): Notice of Adverse Benefit Determination is a term that has replaced the former term Notice of Action (NOA). Adverse Benefit Determination is any of the following actions taken by the Ventura County Mental Health/DMC-ODS Plan:

- The denial or limited authorization of a requested service, including determinations based on the type or level of service, requirements for medical

necessity, appropriateness, setting, or effectiveness of a covered benefit.

- The reduction, suspension, or termination of a previously authorized service.
- The denial, in whole or in part, of payment for a service.
- The failure to provide services in a timely manner, as defined by the State.
- The failure to act within required timeframes for standard resolution of grievances and appeals.
- The denial of a request to obtain services outside of the network (for residents of rural area).
- The denial of a request to dispute a financial liability, including cost sharing, co-payments, premiums, deductibles, coinsurance, and other beneficiary financial liabilities.

Expedited Appeal: An Expedited Appeal can be requested when the beneficiary or the provider determines that the 30-day timeframe of the standard appeal resolution process would seriously jeopardize the beneficiary's life, health or ability to attain maintain or regain maximum function. The expedited appeal must be resolved within 72 hours from the time Ventura County Behavioral Health receives the appeal.

Grievance/Appeal Log in Avatar: The Grievance/Appeal Log in Avatar contains information on Grievances, Appeals, and Expedited Appeal requests that are received by VCBH. Grievance, Appeals and Expedited Appeals are to be recorded within one working day. The VCBH Quality Management Department manages this record keeping process.

POLICY

In accordance with federal and state regulations, all beneficiaries have the right to file grievances and appeals/ expedited appeals concerning the delivery of mental health and substance use disorder services.

PROCEDURE

1. All VCBH Provider sites post the Notice of Problem Resolution Processes explaining the Grievance, Appeal and Expedited Appeal procedures. In addition, Grievance forms, with self-addressed envelopes, will be available at all sites without the client having to make a verbal request.
 1. Information regarding these processes can also be found in the *Ventura County Mental Health Plan Beneficiary Handbook* and *Drug Medi-Cal Organized Delivery System (DMC-ODS) Member Handbook* and is readily available to staff and beneficiaries in English/Spanish, large font and audio at each clinic site and the VCBH public website.
2. Grievances, Appeals, and Expedited Appeals are filed with the VCBH Quality Management Department.
 1. At any time during the Grievance, Appeal or Expedited Appeal process, the beneficiary may contact the VCBH Quality Management Department and / or the VCBH Patients' Rights Advocate Office.
 2. Beneficiaries must be given reasonable assistance in completing the Grievance for and taking other procedural steps in filing the grievance, such as VCBH providing "no cost" interpreter services.
 3. Decisions on grievances, and appeals of adverse benefit determinations, shall take into account all documents, records and other information submitted by the beneficiary or the beneficiary's representative, without regard to whether the information was submitted or considered in the initial adverse benefit determination.
 4. All written notifications sent to the beneficiary include the following two notices: *QM-18 Beneficiary Non-Discrimination Notice* and *QM-18 Language Assistance Taglines*.
 5. Requests for a second opinion or a change of provider, which are not otherwise intended as a grievance or an appeal, are processed per CA42 Request for Second Opinion/Change of Provider.

3. **For Substance Use Disorder (SUD) Only:** A beneficiary may file Grievances regarding a Substance Use Disorder Facility, and counselor complaints contacting the SUD Compliance Division at Toll Free Number (877) 685-8333. The Complaint Form is available and may be submitted online at <http://www.dhcs.ca.gov/individuals/Pages/Sud-Complaints.aspx>.
4. On a quarterly basis the Quality Management manager or designee reviews issues identified in the Grievance and Appeals process for consideration by the Quality Management Action Committee (QMAC).
5. Confidentiality is maintained on all beneficiary grievances, appeals and expedited appeals
6. **Beneficiary Rights**
 1. To be treated with dignity and respect.
 2. To file a grievance any time verbally or in writing in the primary or preferred language.
 3. A beneficiary may authorize another person to act on his or her behalf.
 4. A beneficiary may select a provider as their representative during the Appeal or Expedited Appeal process.
 5. If the beneficiary requests, VCBH shall identify a staff person or another individual to assist the beneficiary with the Grievance and Appeal process.
 1. The staff person or individual identified must not have previously/currently been involved in providing specialty mental health or substance use treatment services to the beneficiary.
 6. VCBH will assure that the beneficiary is not subject to discrimination or any other penalty for filing a Grievance, Appeal or Expedited Appeal.
 7. If the beneficiary requests, VCBH shall identify a staff person or another individual to provide information regarding the status of a beneficiary's Grievance, Appeal, or Expedited Appeal.
 8. Interpreters.
 9. A beneficiary or their authorized representative may file a Grievance, Appeal, or Expedited Appeal.
 10. A beneficiary may request a State Fair Hearing after receiving notice that the adverse benefit determination is upheld.
 11. A beneficiary may initiate a State Fair Hearing if Ventura County Behavioral Health fails to adhere to the notice and timing requirements pursuant to Federal and State regulations, the beneficiary is deemed to have exhausted Ventura County Behavioral Health's internal appeal process.
7. **Grievance Process**
 1. The VCBH Senior Compliance Manager acts as the Discrimination Grievance Coordinator responsible for ensuring compliance with federal and state nondiscrimination requirements and investigating Discrimination Grievances related to any action that would be prohibited by, or out of compliance with, federal or state nondiscrimination law.
 2. A Grievance received in writing or orally is logged within **one working day** into the Grievance/Appeal Log in Avatar.
 3. Grievance Acknowledgement Letter along with a copy of informational materials related to grievances is sent to the beneficiary within **five calendar days**.
 4. The Grievance is reviewed and investigated by staff who have not been involved in any previous level of review or decision making regarding the Grievance, to avoid any conflict of interest.
 5. In the case that the Grievance is regarding a clinical issue or regarding the denial of an Expedited

Appeal, a healthcare professional with clinical expertise in treating the beneficiary's condition will review and make a determination.

8. Timeframes for Grievance

1. A determination is made in writing with the Notice of Grievance Resolution (NGR) Letter to the beneficiary or their authorized representative and/or provider within 90 days from the date that the Grievance was filed.
 1. SUD Only: VCBH is responsible for providing the results of all complaints warranting investigations to DHCS by secure, encrypted e-mail to SUDCountyReports@dhcs.ca.gov **within two business days** of completion.
2. This timeframe may be extended by an additional **14 calendar days** if the beneficiary requests it or VCBH shows that there is need for additional information and how the delay is in the beneficiary's best interest.
 1. If VCBH initiates an extension, it must make reasonable efforts to give the beneficiary prompt oral notice of the delay as well as provide in writing the reasons for the extension within **two calendar days** of the Grievance Resolution decision. The written NOABD (Grievance and Appeal Timely Solution) letter shall inform the beneficiary of their right to file a grievance if he or she disagrees with the VCBH decision.
 2. Staff will document in AVATAR the date the notice was sent to the client and the reason for the extended period.
 3. VCBH shall notify those providers cited by the beneficiary or involved in the grievance of the final disposition of the beneficiaries' grievance.

9. Appeal Process

1. Following receipt of a notification of an adverse benefit determination by Ventura County Behavioral Health, a beneficiary has **60 calendar days** from the date of the adverse benefit determination in which to file a request for appeal to Ventura County Behavioral Health.
2. An Appeal received in writing or orally is logged **within one working day** into the Grievance/Appeal Log in Avatar.
3. An oral Appeal must be followed up with a written Appeal by the beneficiary. The date of the oral Appeal will be considered as the filing date for Appeal timeframes.
4. VCBH Quality Management Department sends an Acknowledgement of Receipt of Grievance or Appeal Letter within **five calendar days** to the beneficiary along with a copy of the state informing materials related to Appeals and State Fair Hearings.
5. The Appeal is reviewed and investigated by staff who have not been involved in any previous level of review or decision making regarding the Appeal, to avoid any conflict of interest.
6. In the case that the Appeal is based on lack of medical necessity or regarding a clinical issue, a healthcare professional with clinical expertise in treating the beneficiary's condition will review and make a determination.

10. Timeframes for Appeal

1. A determination is made in writing with the Notice of Appeal Resolution (NAR) to the beneficiary or their representative and/or provider within **30 days from** the date that the Appeal was filed. The determination is logged in the Grievance/Appeal Log in Avatar.

2. This timeframe may be extended by an additional **14 days** if the beneficiary requests it or VCBH shows that there is need for additional information and how the delay is in the beneficiary's best interest.
 1. If VCBH initiates an extension, it must do the following:
 1. Make reasonable efforts to give the beneficiary prompt oral notice of the delay.
 2. Within **two calendar days** of making the Appeal Resolution decision, provide the beneficiary with a written NOABD (Grievance and Appeal Timely Resolution) letter of the reason for the decision to extend the timeframe and inform the enrollee of the right to file a grievance if he or she disagrees with the decision.
 3. Resolve the appeal as expeditiously as the beneficiary's health condition requires and no later than the date the extension expires.
 3. A Beneficiary must be informed of his or her right to request a State Fair Hearing after the Appeal process has been exhausted.
 4. If VCBH fails to adhere to the notice and timing requirements, the beneficiary is deemed to have exhausted VCBH's internal appeal process and may initiate a State Fair Hearing.
 5. The beneficiary can present evidence and allegations of fact or law, in person or in writing.
 6. The beneficiary and/or representative can examine the medical records or any other document or record considered before and during the Appeal process.
 1. The case file is made available in advance of the resolution timeframe and free of charge.
 7. Notification of Appeal Resolution (NAR) must be sent in writing to the beneficiary and/or to the authorized representative and/or provider using the Notice of Appeal Resolution (NAR) along with "Your Rights", Nondiscrimination Notice, and Language Assistance attachments.
 1. VCBH staff shall notify those providers cited by the beneficiary or involved in the appeal of the final disposition of the beneficiaries' appeal.

11. Expedited Appeal Process

1. Following receipt of the Notice of Adverse Benefit Determination, a beneficiary **has 60 calendar days** from the date on the notice in which to file a request for an expedited appeal.
2. In addition to all the requirements of the Appeal process, an Expedited Appeal is used when, the beneficiary or the provider determines that the 30-day timeframe of the standard appeal resolution process would seriously jeopardize the beneficiary's life,
3. health or ability to attain, maintain or regain maximum function.
4. The beneficiary may file the request orally, without a written Appeal.

12. Timeframe for Expedited Appeal

1. A determination is made on Expedited Appeals and the beneficiary and his or her representative is notified orally as soon as possible and in writing within **72 hours** of the receipt of the appeal. This timeframe may be extended by an additional **14 calendar days** if the beneficiary requests it or VCBH shows that additional information is needed and how the delay is in the beneficiary's best interest. If VCBH initiates an extension, it must do the following:
 1. Make reasonable efforts to give the beneficiary prompt oral notice of delay.
 2. Within **two calendar days** of making the Appeal Resolution Decision, provide the beneficiary

with a written NOABD (Grievance and Appeal Timely Resolution) letter of the reason for the decision to extend the timeframe and inform the enrollee of the right to file a grievance if he or she disagrees with the decision.

3. Resolve the appeal as expeditiously as the beneficiary's health condition requires and no later than the date the extension expires.
2. If VCBH denies the Expedited Appeal process, the beneficiary and his or her representative must be notified orally as soon as possible. A written notice of denial of the Expedited Appeal is sent within **two calendar days** to the beneficiary and the Appeal will be considered under standard Appeal.
 1. VCBH staff shall notify those providers cited by the beneficiary or involved in the expedited appeal of the final disposition of the beneficiaries' expedited appeal.

13. State Hearing

1. Beneficiaries are provided with the information that if the Appeal or Expedited al process has been exhausted, they may file for a State Fair Hearing.
2. A beneficiary must request a State Fair Hearing no later than **120 calendar days** of the NAR.
3. In cases when VCBH fails to adhere to the notice and timeframe requirements for a Grievance/ Appeal/Expedited Appeal, the beneficiary is deemed to have exhausted VCBH's appeal process. At this point, the beneficiary may initiate a State Fair Hearing.
4. VCBH shall notify the beneficiary that the State must reach its decision within **90 calendar days** of the request for Standard Hearing and **three working days** of the request for Expedited Hearing.
5. State Fair Hearings are filed by calling or writing to: State Hearing Division California Department of Social Services, P.O. Box 944243, Mail Station 19-37, Sacramento, CA 94244-2430; Toll-free: (800) 952-5253, Telecommunication Device for the Deaf (TDD): (800) 952-8349, Fax: (916) 651-5210 or (916) 651- 2789.

14. Continuation of Benefits:

1. The beneficiary has the right to continue benefits pending the resolution of an appeal or a State Fair Hearing. The beneficiary must request continuation of benefits within **ten calendar days** of the date on the Notice of Adverse Benefit Determination form or before the date the Ventura County Mental Health/DMC-ODS Plan says services will be stopped or reduced.
2. Ventura County Behavioral Health shall continue the beneficiary's benefits if all of the following occur:
 1. The beneficiary files the request for the appeal within **60 calendar days** from the date of the Notice of Adverse Benefit Determination.
 2. The appeal involves the termination, suspension, or reduction of previously authorized services.
 3. The services were ordered by an authorized provider.
 4. The period covered by the original authorization has not expired.
 5. The beneficiary request continuation of benefits within **ten calendar days** of Ventura County Behavioral Health sending the Notice of Adverse Benefit Determination.
3. If all the above has occurred, then continuation of benefits must occur until:
 1. The beneficiary withdraws the appeal or request for State Fair Hearing.
 2. The beneficiary fails to request an appeal within 60 calendar days and failed to ask for

continuation of benefits within ten calendar days from the date on the Notice of Adverse Benefit Determination form.

3. A State Fair Hearing Office issues a hearing decision adverse to the beneficiary.

REFERENCE

[AD09 Patient's Right VCBH Policy](#)
[CA 48 Use of Interpreters//Certified County Employees](#)
[CA 40 Ventura County Mental Health Plan Beneficiary Handbook](#)
[CA 40 Drug Medi-Cal Organized Delivery System \(DMC-ODS\) Member Handbook](#)
[CA 42 Request for Second Opinion/Change of Provider](#)
[CCR Title 9, Chapter 11, Section 1850.205](#)
[CFR Title 42, Section 438.400-438.421](#)
MHP Contract, Exhibit A, Attachment 1, H

Attachments

CA39 Notice of Adverse Benefit Determination Operational Guideline 2019.pdf
CA39_Notices_of_Adverse_Benefit_Determination_11-25-19.pdf
CA39.23_NOABD_Know_Your_Rights_English_.pdf
CA39.24_NOABD_Know_Your_Rights_Spanish.pdf
CA39.25_NAR_Notice_of_Appeal_Resolution_Your_Rights.pdf
CA39.26_NAR_Notice_of_Appeal_Resolution_Your_Rights_Spanish.pdf
CA40 DMC_ODS_Member_Handbook_ENG_11.29.18.pdf
QM 18 Beneficiary Problem Resolution Processes Operational Guideline.pdf
QM18_CA39_Notice_of_Appeal_Resolution_NAR_Your_Rights_English_8.25.18.pdf
QM18_CA39_Notice_of_Appeal_Resolution_NAR_Your_Rights_Spanish_8.25.18.pdf
QM18_Acknowledgement_of_Receipt_of_Grievance and Appeals Spanish_REV 01-10-2020.pdf
QM18_Acknowledgement_of_Receipt_of_Grievance and Appeals_English_REV 01-10-2020.pdf.pdf
QM18_Action_Appeal_Form_Spanish_12.4.2018_revised.pdf
QM18_Beneficiary_Non-Discrimination_Notice_English_8.25.2018_reviewed.pdf
QM18_Beneficiary_Non-Discrimination_Notice_Spanish_8.25.18.pdf
QM18_Expedited_Appeal_Workflow_8.25.2018_reviewed.pdf
QM18_Grievance_Form_English_12.4.2018_revised.pdf
QM18_Grievance_Form_Spanish_12.4.2018_revised.pdf
QM18_Grievance_Workflow_8.25.2018_reviewed.pdf
QM18_Language_Assistance_Taglines_DMC-ODS_12.4.18_revised.pdf
QM18_Language_Assistance_Taglines_MHP_12.4.2018_revised.pdf
QM18_Notice_of_Appeal_Resolution_NAR_ABD_OVERTURNED_English_8.25.18.pdf
QM18_Notice_of_Appeal_Resolution_NAR_ABD_OVERTURNED_Spanish_8.25.18.pdf
QM18_Notice_of_Appeal_Resolution_NAR-_ABD_UPHELD_English_8.25.18.pdf
QM18_Notice_of_Appeal_Resolution_NAR-_ABD_UPHELD_Spanish_8.25.18.pdf
QM18_Notice_of_Grievance_Resolution_NGR_Letterhead_8.25.18.pdf
QM18_Notice_of_Grievance_Resolution_SPANISH_NGR_8.25.18.pdf
QM18_Notice_of_Problem_Resolution_Processes_English_12.4.2018_revised.pdf
QM18_Notice_of_Problem_Resolution_Processes_Spanish_12.4.2018_revised.pdf

QM18_Standard_Appeal_Workflow_rev_8.25.18.pdf

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