
Document Type: ¹	<input checked="" type="checkbox"/> Policy & Procedure	<input type="checkbox"/> Process Guideline	Adopted:	1/1/2019
	<input type="checkbox"/> Plan	<input type="checkbox"/> System Description	Last Reviewed:	3/4/2024
			Retired:	_____

Revisions: 01/29/2020, 5/11/2020, 3/5/2021, 10/12/2022, 3/1/2024

Document Scope: (applies to Policy & Procedure only)

- The requirements herein apply only to the GCBH BH-ASO Central Office and its functions.
 - The requirements herein apply, verbatim, to GCBH BH-ASO and its network providers².
 - The requirements herein apply both to GCBH BH-ASO 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.
-

PURPOSE: Greater Columbia Behavioral Health (GCBH BH-ASO) shall have a Grievance system that includes a Grievance process, an Appeal process, and access to the Administrative Hearing process for Contracted Services. Provider claim disputes initiated by the provider are not subject to this policy.

DEFINITIONS:

- I. Grievance: An expression of dissatisfaction about any matter other than an Action. Possible subjects for grievances may include, but are not limited to, the quality of care or services provided, and aspects of interpersonal relationships such as rudeness of a provider or employee, or failure to respect the Individual's rights regardless of whether remedial action is requested. Grievance includes an Individual's right to dispute an extension of time proposed by GCBH BH-ASO to make an authorization decision.

POLICY

- A. GCBH BH-ASO shall have policies and procedures addressing the Grievance system, which comply with the BH-ASO Contract requirements. HCA must approve, in writing, all Grievance system policies and procedures and related notices to individuals regarding the Grievance system.
- B. GCBH BH-ASO shall give individuals any reasonable assistance necessary in completing forms and other procedural steps for Grievances and Appeals.
- C. GCBH BH-ASO shall acknowledge receipt of each Grievance, either orally or in writing, within two (2) business days.
- D. GCBH BH-ASO shall acknowledge in writing, the receipt of each Appeal. GCBH BH-ASO shall provide the written notice to both the individual and requesting provider within seventy-two (72) hours of receipt of the Appeal.
- E. GCBH BH-ASO shall ensure that decision makers on Grievances and Appeals were not involved in previous levels of review or decision-making.
- F. Decisions regarding Grievances and Appeals shall be made by a Grievance Committee that is comprised of Health Care Professionals with clinical expertise in treating the individual's condition or disease if any of the following apply:
 - a. If the individual is appealing an action.

- b. If the Grievance or Appeal involves any clinical issues.
- G. With respect to any decisions described in section F, GCBH BH-ASO shall ensure that the Health Care Professionals making such decisions:
 - a. Have clinical expertise in treating the individual's condition or disease that is age appropriate (e.g., a board certified child and adolescent psychiatrist for a child individual).
 - b. A physician board-certified or board-eligible in Psychiatry or Child or Adolescent Psychiatry if the grievance or appeal is related to inpatient level of care denials for psychiatric treatment.
 - c. A physician board-certified or board-eligible in Addiction Medicine or a Sub-specialty in Addiction Psychiatry if the Grievance or Appeal is related to inpatient level of care denials for SUD treatment.
 - d. Are one or more of the following, as appropriate, if a clinical Grievance or Appeal is not related to inpatient level of care denials for psychiatric or SUD treatment:
 - i. Physicians board-certified or board-eligible in Psychiatry, Addiction Medicine or Addiction Psychiatry;
 - ii. Licensed, doctoral level clinical psychologists; or
 - iii. Pharmacists

PROCEDURE

1. Medicaid-Funded Grievances

- 1.1. The Managed Care Organizations (MCOs) retain, and do not delegate to GCBH BH-ASO, the responsibility for responding to and resolving Medicaid-funded grievances.
- 1.2. GCBH BH-ASO shall transfer or refer any grievance to the MCO with which the individual is enrolled not later than the end of the next business day following the day of receipt, irrespective of whether such grievance is related to GCBH BH-ASO, a GCBH BH-ASO subcontractor, including sub delegates, an MCO, or a provider.
- 1.3. After the MCO's initial review and upon the MCO's request, GCBH BH-ASO shall provide all reasonable assistance to the MCO in its investigation and resolution of a grievance that relates to a service provided by GCBH BH-ASO, a GCBH BH-ASO subcontractor, or relates to or involves information held by GCBH BH-ASO.
- 1.4. The MCO shall be responsible for providing notice of the resolution of a grievance to the affected individual or provider.

2. Crisis Grievance Process

- 2.1. GCBH BH-ASO has the responsibility for responding to and resolving all crisis grievances, to be resolved at the ASO and Behavioral Health Advocate level.
- 2.2. Only an individual or their authorized representative may file a grievance with GCBH BH-ASO. A provider may not file a Grievance on behalf of an individual unless the provider is acting on behalf of the individual and with their written consent.

- 2.2.1. GCBH BH-ASO shall request the individual's written consent should a provider request an Appeal on behalf of an individual without their written consent.
- 2.3. GCBH BH-ASO shall accept, document, record, and process Grievances forwarded by HCA.
- 2.4. GCBH BH-ASO shall provide a written response to HCA within three (3) business days to any constituent Grievance. For the purpose of this subsection, "constituent Grievance" means a complaint or request for information from any elected official or agency director or designee.
- 2.5. GCBH BH-ASO shall assist the individual with all Grievance and Appeal processes.
- 2.6. GCBH BH-ASO shall cooperate with any representative authorized in writing by the individual.
- 2.7. GCBH BH-ASO will review all information submitted by the individual, as well as any other individuals who were interviewed with the Grievance Committee, prior to arriving at a resolution.
- 2.8. GCBH BH-ASO shall investigate and resolve all Grievances whether received orally or in writing. GCBH BH-ASO shall not require an individual or their authorized representative to provide written follow up for a Grievance or Appeal GCBH BH-ASO received orally.
- 2.9. GCBH BH-ASO shall complete the disposition of a Grievance and notice to the affected parties as expeditiously as the individual's health condition requires, but no later than forty-five (45) calendar days from receipt of the Grievance.
- 2.10. The notification may be made orally or in writing for Grievances not involving clinical issues. Notices of disposition for clinical issues must be in writing.
- 2.11. Individuals do not have the right to an Administrative Hearing in regard to the disposition of a Grievance.

3. Appeal Process

- 3.1. An individual, their authorized representative, or a provider acting on behalf of the individual and with their written consent, may Appeal a GCBH BH-ASO action.
 - 3.1.1. If a provider has requested an Appeal on behalf of an individual, but without their written consent, GCBH BH-ASO shall not dismiss the Appeal without first attempting to contact the individual within five (5) calendar days of the provider's request, informing the individual that an appeal has been made on the individual's behalf, and then asking if the individual would like to continue the Appeal.
 - 3.1.1.1. If the individual does wish to continue the Appeal, GCBH BH-ASO shall obtain from the individual a written consent for the Appeal. If the individual does not wish to continue the Appeal, GCBH BH-ASO shall formally dismiss the Appeal, in writing, with appropriate Individual Appeal rights and by delivering a copy of the dismissal to the provider as well as the individual.

- 3.1.2. For expedited Appeals, GCBH BH-ASO may bypass the requirement for the individual's written consent and obtain the individual's oral consent. The individual's oral consent shall be documented in GCBH BH-ASO's records.
- 3.2. If HCA receives a request to Appeal an Action of GCBH BH-ASO, HCA will forward relevant information to GCBH BH-ASO and GCBH BH-ASO will contact the individual with information that a provider filed an appeal.
- 3.3. For Appeals of standard service authorization decisions, an individual, or a provider acting on behalf of the individual, must file an Appeal, either orally or in writing, within sixty (60) calendar days of the date on GCBH BH-ASO's Notice of Action. This also applies to an individual's request for an expedited Appeal.
- 3.4. Oral inquiries seeking to Appeal an action shall be treated as Appeals and be confirmed in writing, unless the individual or provider requests an expedited resolution. The appeal acknowledgement letter sent by GCBH BH-ASO to an individual shall serve as written confirmation of an Appeal filed orally by an individual.
- 3.5. The Appeal process shall provide the individual a reasonable opportunity to present evidence, and allegations of fact or law in writing. GCBH BH-ASO shall inform the individual of the limited time available for this in the case of expedited resolution.
- 3.6. The Appeal process shall provide the individual and the individual's representative opportunity, before and during the Appeals process, to examine the individual's case file, including medical records, and any other documents and records considered during the Appeal process.
- 3.7. The Appeal process shall include as parties to the Appeal, the individual and the individual's representative, or the legal representative of the deceased individual's estate.
- 3.8. In any Appeal of an Action by a Subcontractor, GCBH BH-ASO or its Subcontractor shall apply GCBH BH-ASO's own clinical practice guidelines, standards, protocols, or other criteria that pertain to authorizing specific services.
- 3.9. GCBH BH-ASO shall resolve each Appeal and provide notice, as expeditiously as the individual's health condition requires, within the following timeframes:
 - 3.9.1. For standard resolution of Appeals and for Appeals for termination, suspension or reduction of previously authorized services a decision must be made within fourteen (14) calendar days after receipt of the Appeal, unless GCBH BH-ASO notifies the individual that an extension is necessary to complete the Appeal; however, the extension cannot delay the decision beyond twenty-eight (28) calendar days of the request for Appeal.
 - 3.9.2. For any extension not requested by an individual, GCBH BH-ASO must give the individual written notice of the reason for the delay.
 - 3.9.3. For expedited resolution of Appeals or Appeals of behavioral health drug authorization decisions, including notice to the affected parties, no longer than three (3) calendar days after GCBH BH-ASO receives the Appeal.

- 3.10. GCBH BH-ASO shall provide notice of resolution of the Appeal in a language and format which is easily understood by the individual. The notice of the resolution of the Appeal shall:
 - 3.10.1. Be in writing and sent to the individual and the requesting provider. For notice of an expedited resolution, GCBH BH-ASO shall also make reasonable efforts to provide oral notice.
 - 3.10.2. Include the date completed and reasons for the determination.
 - 3.10.3. Include a written statement of the reasons for the decision, including how the requesting provider or individual may obtain the review or decision-making criteria.
 - 3.10.4. For Appeals not resolved wholly in favor of the individual:
 - 3.10.4.1. Include information on the individual's right to request an Administrative Hearing and how to do so.

4. Expedited Appeals Process

- 4.1. GCBH BH-ASO shall establish and maintain an expedited Appeal review process for Appeals when GCBH BH-ASO determines or a provider indicates that taking the time for a standard resolution could seriously jeopardize the individual's life or health or ability to attain, maintain, or regain maximum function.
- 4.2. The individual may submit an expedited Appeal either orally or in writing. No additional individual follow-up is required.
- 4.3. GCBH BH-ASO shall make a decision on the individual's request for expedited Appeal and provide written notice, as expeditiously as the individual's health condition requires, within three (3) calendar days after GCBH BH-ASO receives the Appeal. GCBH BH-ASO shall also make reasonable efforts to provide oral notice.
- 4.4. GCBH BH-ASO may extend the timeframes by up to fourteen (14) calendar days if the individual requests the extension; or GCBH BH-ASO shows there is a need for additional information and how the delay is in the individual's interest.
- 4.5. For any extension not requested by an individual, GCBH BH-ASO must give the individual written notice of the reason for the extension.
- 4.6. GCBH BH-ASO shall ensure that punitive action is not taken against a provider who requests an expedited resolution or supports an individual's Appeal.
- 4.7. If GCBH BH-ASO denies a request for expedited resolution of an Appeal, it shall transfer the Appeal to the timeframe for standard resolution and make reasonable efforts to give the individual prompt oral notice of the denial, and follow up within two (2) calendar days with a written notice of denial.

5. Administrative Hearing

- 5.1. Only the individual or their authorized representative may request an Administrative Hearing. A provider may not request an Administrative Hearing on behalf of an individual.
- 5.2. If an individual does not agree with GCBH BH-ASO's resolution of an Appeal, the individual may file a request for an Administrative Hearing within one hundred and twenty (120) calendar days of the date of notice of the resolution of the Appeal.

GCBH BH-ASO will not be obligated to continue services pending the results of the Administrative Hearing.

- 5.3. If the individual requests an Administrative Hearing, GCBH BH-ASO shall provide to HCA and the individual, upon request, and within three (3) business days, all GCBH BH-ASO -held documentation related to the Appeal, including, but not limited to: transcript(s), records, or written decision(s) from participating providers or delegated entities.
- 5.4. GCBH BH-ASO is an independent party and is responsible for its own representation in any Administrative Hearing, Board of Appeals, and subsequent judicial proceedings.
- 5.5. GCBH BH-ASO 's Behavioral Health medical director or designee shall review all cases where an Administrative Hearing is requested and any related Appeals.
- 5.6. The individual must exhaust all levels of resolution and Appeal within GCBH BH-ASO's grievance system prior to filing a request for an Administrative Hearing with HCA.
- 5.7. GCBH BH-ASO will be bound by the final order, whether or not the final order upholds GCBH BH-ASO's decision.
- 5.8. If the final order is not within the purview of this Contract, then HCA will be responsible for the implementation of the final order.
- 5.9. The Administrative Hearings process shall include as parties to the Administrative Hearing, GCBH BH-ASO, the individual and their representative, or the legal representative of the deceased individual 's estate and HCA.

6. Petition for Review

- 6.1. Any party may Appeal the initial order from the Administrative Hearing to HCA Board of Appeals in accord with Chapter 182-526 WAC. Notice of this right shall be included in the Initial Order from the Administrative Hearing.

7. Effect of Reversed Resolutions of Appeals and Administrative Hearings

- 7.1. If GCBH BH-ASO's decision not to provide Contracted Services is reversed, either through a final order of the Washington State Office of Administrative Hearings or the HCA Board of Appeals, GCBH BH-ASO shall provide the disputed services promptly, and as expeditiously as the individual's health condition requires.

8. Recording and Reporting Grievances, Adverse Authorization Determinations, Appeals, and Administrative Hearings

- 8.1. The records shall include Grievances, Adverse Authorization Determinations including Actions, Appeals, and Administrative Hearings handled by delegated entities, and all documents generated or obtained by GCBH BH-ASO in the course these activities.
- 8.2. GCBH BH-ASO shall provide separate reports to HCA.
- 8.3. GCBH BH-ASO is responsible for maintenance of records for and reporting of any of these activities handled by delegated entities.

- 8.4. Reports that do not meet the Grievance System Reporting Requirements shall be returned to GCBH BH-ASO for correction. Corrected reports will be resubmitted to HCA within thirty (30) calendar days.
- 8.5. The report medium shall be specified by HCA.
- 8.6. Reporting of Grievances shall include all expressions of individual dissatisfaction not related to an Action. All Grievances are to be recorded and counted whether the Grievance is remedied by GCBH BH-ASO immediately or through its Grievance and quality of care service procedures.

9. Grievance System Terminations

- 9.1. When Available Resources are exhausted, any Appeals or Administrative Hearing related to a request for authorization of a non-Crisis Contracted Service will be terminated since non-Crisis Services cannot be authorized without funding regardless of medical necessity.

APPROVAL



Karen Richardson or Sindi Saunders, Co-Directors



Date