



Section: Customer Service	Procedure Name: Grievance Procedure	Procedure #: P06.03.01
Overarching Policy: 06.03 Customer Grievance System		
Owner: Customer Services Manager	Reviewed By: Sarah Ameter	Total Pages: 8
Required By: <input checked="" type="checkbox"/> BBA <input checked="" type="checkbox"/> MDHHS <input type="checkbox"/> NCQA <input type="checkbox"/> Other (please specify): Mental Health Code __	Final Approval By: <i>Sarah Ameter</i>	Date Approved: Dec 9, 2022
Application: <input checked="" type="checkbox"/> SWMBH Staff/Ops <input type="checkbox"/> Participant CMHSPs <input type="checkbox"/> SUD Providers <input type="checkbox"/> MH/IDD Providers <input type="checkbox"/> Other (please specify): _____	Line of Business: <input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> Other (please specify): _____ <input checked="" type="checkbox"/> Healthy Michigan _____ <input checked="" type="checkbox"/> SUD Block Grant <input checked="" type="checkbox"/> SUD Medicaid <input type="checkbox"/> MI Health Link <input type="checkbox"/> CCBHC	Effective Date: 12/1/22

Policy: 06.03 Customer Grievance System

Purpose: To ensure the grievance system for Medicaid enrollee’s, to include funding sources: Healthy Michigan Plan (HMP) and Home and Community Based Services (HCBS), promotes the resolution of the customer’s concerns while supporting and enhancing the overall goal of improving quality of care. This procedure is for internal use at Southwest Michigan Behavioral Health (SWMBH).

Scope: SWMBH Customer Services

Responsibilities: SWMBH Customer Service Department shall ensure compliance with the standards and guidelines outlined in this procedure and guiding documents including contractual agreements and regulatory requirements.

Definitions: See policy 06.03 Customer Grievance System

Procedure:

A. Grievance Procedure

1. Customer or their authorized representative will express their grievance/complaint verbally or in writing to customer service staff.
 - a. Grievances may be filed by the customer, parent of a minor, legal guardian, or another chosen authorized representative.



- i. If customer wishes to name a representative, customer service staff will send an appointment of representative form for the customer to complete and return.
 - b. If customer wishes to communicate by email regarding their grievance, customer service staff will request a written statement to give permission for email communications.
 2. Customer service staff will listen, support, and help problem-solve when a customer or authorized representative files a grievance. Customer service staff will ask questions to determine the desired resolution/outcome related to the grievance.
 - a. If customer or representative simply wants to notify customer service of a concern without any follow up or desired outcome, it is logged as an "Inquiry" for tracking purposes.
 3. Customer service will facilitate language assistance, interpreter services, auxiliary aides, or other support to help the customer or representative understand and complete the grievance process.
 4. Customer service will inform the customer or representative of the right to present information or evidence verbally or in writing related to the grievance. They can argue their case and will be told the timeframe they have to do so.
 5. Customer service will consult with clinical team if needed to determine if the grievance will be filed using the standard timeframe or if the request needs an expedited resolution.
 6. Customer service will document the grievance. Grievance documentation will be kept separate from the customer's clinical record in order to protect their privacy during the investigation.
 - a. If the grievance was received in writing, the document will be saved to the customer's grievance record.
 7. Customer service will acknowledge receipt of the grievance verbally or in writing.
 - a. If acknowledging in writing, the Grievance Acknowledgment will be mailed according to state and federal requirements and timeframes and will include:
 - i. Name of the member for whom the grievance was filed.
 - ii. The date the grievance was received.
 - iii. A general description of the grievance.
 - iv. A description of the timeframe for resolving the grievance
 - b. If acknowledged verbally, customer service staff will summarize the request back to the caller to ensure that their request and desired outcome is documented correctly. Customer staff will document any verbal acknowledgement in the grievance record.
 - c. If grievance is resolved quickly, a combined Acknowledgment/Resolution letter may be mailed to the customer.
 8. Customer service will begin investigating the grievance, including any aspects of clinical care involved, by contacting individuals related to the grievance. This may include, but is not limited to: facility or staff involved in the grievance, supervisory staff at facility, provider network, utilization management department, compliance department, etc.
 9. Customer service will document contacts and updates to the investigation in the grievance record.
 10. Customer service will ensure that individuals making decisions on grievances:
 - a. Were not involved in any previous level of review or decision-making, nor a subordinate of any such individual;



- b. When deciding a Grievance that involves either (i) clinical issues, or (ii) denial of expedited resolution of an appeal, are individual(s) who have the appropriate clinical expertise, as determined by the State, in treating the customer's condition or disease.
 - c. Take into account all comments, documents, records, and other information submitted by the Enrollee or their representative without regard to whether such information was submitted or considered previously.
11. If the grievance requires corrective action, customer service will work with appropriate senior leadership to implement the corrective action where appropriate within the agency or contracted providers.
12. Customer service will resolve the grievance within the prescribed timeframes for resolution. If an extension is warranted, based on SWMBH policy "Customer Grievance Systems", customer service will give prompt verbal notice and written notice of the reason for delay within 2 days.
 - a. Customer service would resolve the grievance as quickly as the customer's health condition requires and no later than the date the extension expires.
13. Upon completion of the investigation, customer service will complete the following steps to finalize the grievance.
 - a. Complete the remaining fields in the grievance record, including steps taken, review meetings held, outcome, etc.
 - b. Document all attempts to verbally inform the customer or representative of the results of an expedited grievance.
 - c. Provide and mail a written grievance resolution letter that includes:
 - i. Results of the grievance process.
 - ii. The date the grievance process was concluded.
 - iii. The right for a Medicaid customer to file a State Fair Hearing if the grievance was not resolved within the prescribed timeframes and instructions on how to access the State Fair Hearing process if it applies.

Effectiveness Criteria: Effectiveness of this procedure will be measured by complete documentation and timely processing of customer grievances.

References: None

Attachments: None



Revision History

Revision #	Revision Date	Revision Location	Revision Summary	Revisor
Initial	12/1/22	SWMBH	New Grievance Procedure (previously combined with Appeals)	Heather Woods






P06.03.01 Grievance

Final Audit Report

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