Title: Grievance Process

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1.0 Purpose

To provide procedural and operational guidance to Metro East Staff for developing and consistently processing member grievances.



Metro East defines a grievance as expressing dissatisfaction about anything other than an adverse benefit determination (ABD).

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 patient's rights, regardless of whether remedial action is requested.

Grievance includes a patient's right to dispute an extension of time proposed by the PROVIDER to make an authorization decision.

Patients receiving behavioral health services have access to the grievance process consistent with the Michigan Department of Health and Human Services (MDHHS) and Center for Medicare and Medicaid Services (CMS) requirements.

Staff may file a grievance on behalf of a Patient at any time to the extent allowed under applicable Federal or State law. Patients are informed upon intake, upon request, and annually that, with written consent, they have the right to have a provider or other authorized representative on their behalf file a Grievance.

Metro East has established and adheres to the grievance process defined below:

Metro East ensures that the grievance process is timely and fair to all parties, including patients, authorized and legal representatives, and staff. Each grievance is recorded in the Complaint and Grievance Log.

The execution of the grievance process is administratively simple, objective and credible, accessible, and understandable to all parties, subject to annual review and corrective action. It may be filed either orally or in writing.

Patients with the grievance process shall be free from discrimination and punitive action. The grievance process will not interfere with the delivery of the Patients' services and is structured to promote the resolution of the patient's concerns.

Metro East will ensure that the individuals who make decisions on grievances are staff:

- a. Who is not involved in any previous level of review or decision-making, nor a subordinate of any such individual.
- b. Who, if deciding any of the following, are staff who have the appropriate clinical expertise, as determined by the State, in treating the patient's condition or disease:
 - i. A grievance regarding the denial of expedited resolution of an appeal.

ii. A grievance that involves clinical issues.

The Executive and Medical Director or their designee will ensure that staff and providers are compliant with the grievance requirements as evidenced by providing the following:

- a. All staff are trained on the grievance process, including rights and responsibilities, procedures, and time frames, within thirty (30) days of hire and annually.
- b. Grievance forms, posters, and brochures are conspicuously placed in the lobby, clinical suite, and group rooms.
- c. Patients are informed of their right to designate an authorized representative to act on their behalf as long as the representative is at least 18 years of age. The member has provided written permission by completing and forwarding the Appointment of Representative form.

Metro East will resolve each grievance and provide written notice of the resolution as expeditiously as the member's health condition requires, within MDHHS timeframes that may not exceed the timeframes specified in 42 CFR §438.408

- a. The PROVIDER must resolve the grievance and send notice to the affected parties within ninety (90) calendar days from when the PROVIDER receives the grievance.
- The notice must meet the standards described at 42 CFR §438.10.

Metro East may extend the timeframe for resolving grievances by up to fourteen (14) calendar days if:

- a. The member requests the extension; or
- b. Upon its request, the provider shows (to the satisfaction of MDHHS) that there is a need for additional information and that the delay is in the member's interest.

If Metro East extends the grievance resolution timeframe not at the request of the member, it completes all of the following:

- a. Reasonable efforts to give the member prompt oral notice of the delay, and
- b. Within two (2) calendar days, gives the patient written notice of the reason for extending the timeframe and inform the member of the right to file a grievance if they disagree.

The notice of grievance resolution meets the requirements of 42 CFR §438.10 and includes the following:

- a. The results of the grievance process;
- b. The date the grievance process was concluded;
- The notice of the member's right to request a State fair hearing if the notice of the resolution is more than ninety (90) calendar days from the date of the grievance; and
- d. Instructions on how to access the State fair hearing process, if applicable.