THE SALVATION ARMY HARBOR LIGHT
GRIEVANCE AND APPEAL POLICY

The Salvation Army Harbor Light is committed in policy, principle and practice to maintain an environment which is conducive to improving services of the person served. The Salvation Army Harbor Light policy shall provide standards and procedures to promote a process for the resolution of client complaints/disputes, to increase knowledge of grievance and appeal options to support the goal of improving services.

Informal Grievance

1: The person served must obtain the informal grievance process information from The Salvation Army Harbor Light. The Pre-paid Inpatient Health Plan (PIHP) will be informed of informal grievances.

Upon receipt of a written grievance, an informal grievance is initiated. The Recipient Rights/Grievance Representative will obtain grievance. The Therapist, Clinical Supervisor, and/or the Administrator will provide a resolution by reviewing and/or discussing the grievance with the person served and the grievance will be resolved in seven (5) business days.

- Subjects for grievances include, but are not limited to: quality of care or services provided and aspects of interpersonal relationships between the service provider and the person served.

    - Should the person served feel dissatisfied about any matter related to services, other than an adverse action, which does not involve a Rights compliant, the person served can make written request and submit the request to their therapist.

    - After the request has been submitted to the Therapist, the Therapist will have seven (5) business days to resolve the grievance.

    - If the person served is not satisfied with the outcome(s) and feel that the compliant was not resolved the person served will need to submit a written grievance to the Clinical Supervisor.

    - The Clinical Supervisor will have seven (5) business days to review and resolve the grievance.

    - If there are any further issues after the grievance has been addressed by the Clinical Supervisor another grievance will need to be written and submitted to the Administrator to review and resolve any clinical or non clinical issues.

    - The Administrator will have seven (5) business days to review the grievance.

- If the resolution cause for services to be denied, reduced, suspended, or terminated the person served will receive a Notice of Adverse Benefit Determination.

NOTICE OF ADVERSE BENEFIT DETERMINATION:

The Salvation Army Harbor Light shall provide timely and "adequate" notice of any Adverse Benefit Determination. 42 CFR 438.404(a).

1. The person served will receive notice in writing and shall meet the requirements of 42 CFR 438.10. (i.e., easily understood and readily accessible by the person served and potential enrollees," meeting the needs of those with limited English proficiency and or limited reading proficiency);

2. The Salvation Army Harbor Light will make appropriate arrangements to ensure that individuals with disabilities and/or individuals with Limited English Proficiency are provided auxiliary aids and services or language assistance services, respectively, if needed to participate in this grievance process. Such arrangements may include, but are not limited to, providing qualified interpreters, providing material for individuals with visual impairments, or assuring a barrier-free location for the proceedings.

3. The person served shall receive a description of the Adverse Benefit Determination;

   A. The reason(s) for the Adverse Benefit Determination, and policy/authority relied upon in making the determination.

   B. The person served and his/her representative shall be provided upon request and free of charge, reasonable access to and copies of all documents, records and other information relevant to the person served (including medical necessity criteria, any processes, strategies, or evidentiary standards used in setting coverage limits).

   C. The person served has a right to request an appeal orally or in writing when service is denied, reduced, suspended, or terminated. The person served has a timeframe of 60 calendar days from date of Adverse Benefit Determination that he/she can request an appeal.

      The person served shall request to see/speak to The Salvation Army Harbor Light's Recipient Rights/Grievance Advisor who will provide information and/or forms as to how the person served can submit their appeal to the local PIHP.

The person served shall submit a copy of the current Adverse Benefit Determination Notice denying, reducing, suspending, or terminating services.

D. The person served has the right to have benefits continued pending resolution of the Appeal, instructions on how to request benefit continuation, and a description of the circumstances (consistent with State policy) under which the person served may be required to pay the costs of the continued services (only required when providing “Advance Notice of Adverse Benefit Determination”.

E. Description of the procedures that the person served is required to follow in order to exercise any of these rights.

F. An explanation that the person served may represent him/herself or use legal counsel, a relative, a friend or other spokesman.

2: Upon completion of an informal grievance, the Recipient Rights/Grievance Representative completes the grievance form, logs the grievance on the Provider Grievance Log form indicating the following: 1) Member I.D, 2) Date of grievance, 3) Issue, 4) date of resolution, etc.

3: The Recipient Rights/Grievance Representative will complete an acknowledgement letter if not immediately resolved or a resolution letter if resolved and information will be mailed to the person served. Copies of all grievance forms are maintained in the person served client file.

4: The Salvation Army Harbor Light will forward a copy of their monthly grievance log and quarterly report to the appropriate Pre-paid Inpatient Health Plan (PIHP) Recipient Rights/Grievance Coordinator (formerly the Customer Service Grievance Coordinator) (CSGC).

5: The Recipient Rights/Grievance Coordinator generates a quarterly report for trends and track patterns.

6: The Recipient Rights/Grievance Coordinator sends copies of quarterly reports to the Director of Customer Service for forwarding to the appropriate Pre-paid Inpatient Health Plan (PIHP).

If unable to resolve at this level; Medicaid clients can contact their local Pre-paid Inpatient Health Plan (PIHP) or Michigan Department of Community Health (MDCH) (non Medicaid clients) to initiate a Formal Grievance and Appeal.

FORMAL GRIEVANCE AND APPEAL

1: The person served has the right to concurrently file an Appeal of an Adverse Benefit Determination and a Grievance regarding other service complaints.

A. Grievances and Adverse Benefit Determination Appeals must be submitted to the PHIP's Recipient Rights/Grievance Coordinator within 60 days of the date the person filing the grievance becomes aware of the action.

B. The person served can contact the local PHIP requesting an appeal orally or in writing. The person served shall contact The Salvation Army Harbor Light's Recipient Rights/Grievance Advisor who will provide forms to the person served to submit to the local PIHP. The person served shall also include a copy of the current Adverse Benefit Determination Notice.

C. Upon receipt of a grievance or appeal for an Adverse Benefit Determination the PHIP's shall forwarded to The Salvation Army Harbor Light documentation of the grievance which will be logged to begin the formal grievance process. The agency's Recipient Rights/Grievance Advisor initiates an acknowledgement letter, status letter and resolution letter within five (5) business days and gives and/or mails it to the person served. A copy is sent to the PIHP Recipient Rights/Grievance Coordinator.

2: The Recipient Rights/Grievance Advisor initiates pending grievance file to house all grievance correspondence, i.e., grievance form, acknowledgement letter, status letter and resolution letter. The Recipient Rights/Grievance Advisor maintains the Grievance log.

3: The PIHP initiates a resolution by: 1) If grievance involves clinical issues the grievance is documented on the grievance form (see attachment A) and forwarded to the appropriate PIHP Clinical Service Unit for follow-up. 2) If it is non clinical, the Recipient Rights/Grievance Advisor will forward the grievance to the PIHP for resolution of the grievance. 3) If the grievance is not resolved within 30 days, the Recipient Rights/Grievance Advisor will contact the PIHP 4) If the resolution is anticipated to go beyond thirty (30) days, a status letter will be sent to the person served and a copy will be mailed to the Recipient Rights/Grievance Coordinator.

4: Upon completion of the resolution process:1) A final resolution letter shall be sent to the person served. 2) A copy is sent to the Recipient Rights/Grievance Coordinator. 3) Recipient Rights/Grievance Coordinator logs resolution on the Customer Service Grievance log. The completing and forwarding of a Letter of Resolution must be submitted within ninety (90) days.

5: A Medicaid client has the right to request a fair hearing when the PIHP takes an action, or a grievance request is not acted upon within ninety (90) days. Individuals will be given ninety (90) days from the date of the of the failure to act upon a grievance request to file a fair hearing. State Fair Hearing requests must be written.

6: The Salvation Army Harbor Light will forward a copy of their monthly grievance log and quarterly report to the appropriate Pre-paid Inpatient Health Plan (PIHP) Recipient Rights/Grievance Coordinator.

Submitting a written grievance request to your:

PIHP:

Wayne County Clients shall contact:

Detroit Wayne Integrated Health Network (DWIHN)
Attn: Recipient Rights Advisor – Judy Davis
707 West Milwaukee St.
Detroit, MI 48202
Phone: 313-344-9099 ext. 3249
Tool-free: 888-339-5595
Fax: 313-833-2043
TYY: 888-339-5588
www.dwihn.org

Macomb County Clients shall contact:

Macomb County Office of Substance Abuse
Attn: Recipient Rights Advisor- Nicole Gabriel
22550 Hall Road
Clinton Township, MI 48036
Phone: 586-469-5278
Fax: 586-469-5568
V/TTY: 586-307-9100

Monroe County Clients shall contact:

Community Mental Health Partnership of Southeast Michigan
Attn: Recipient Rights Advisor
3005 Boardwalk Dr., Suite #200 (2nd Floor)
Ann Arbor, MI 48108
Phone: 734-344-6079
Toll Free: 855-571-0021
Fax: 734-222-3844

Oakland County Clients shall contact:

Oakland County Health Network
Attn: Recipient Rights Advisor- Sherrie Williams
5505 Corporate Drive
Troy, MI 48098
Phone: 248-858-1202
Fax: 248-858-1633
Recipient Rights: 877-744-4878
www.oaklandchn.org

Region 10 Clients shall contact:

Region 10 PIHP
Attn: Recipient Rights Advisor
3111 Electric Avenue, Suite A
Port Huron, MI 48060

Lapeer, Sanilac,
St. Clair County: 888-225-4447
Genesee County: 877-346-3648
Fax: 810-966-3388

6: **Non Medicaid clients shall contact:**

Michigan Department of Licensing and Regulatory Affairs
Bureau of Health Care Services
Health Facilities Division
Substance Abuse Program
P.O. Box 30664
Lansing, MI 48909
(517) 241-1970

7: Should the person served feel dissatisfied with the outcome of the grievance, an appeal may be submitted. The person served may file an appeal no later than 45 calendar days from the date of adequate notice received.

9: The person filing the grievance may appeal the decision of the Recipient Rights/Grievance Coordinator by writing to the Corporate Compliance Officer within 15 days of receiving the Recipient Rights/Grievance Coordinator Coordinator's decision. The Corporate Compliance Officer shall issue a written decision in response to the appeal no later than 30 days after its filing.

10: Persons served may access the State Fair Hearing process when the PIHP fails to resolve the grievance and provide resolution or after receiving notice that the PIHP is upholding an Adverse Benefit Determination. 42 CFR 438.408(f)(1); and/or the PIHP fails to adhere to the notice and timing requirements for resolution of Grievances and Appeals, as described in 42 CFR 438.408. 42 CFR 438.408(f)(1)(i). The person served is given 120 calendar days from the date of the applicable notice of resolution to file a request for a State Fair Hearing. 42 CFR 438.408(f)(2).