

Mid-Columbia Center for Living

# CLIENT COMPLAINT/GRIEVANCE PROCEDURE INFORMATION SHEET

Individuals receiving services at Mid-Columbia Center for Living (MCCFL) have the right to address problems and concerns during treatment or contact with Mid-Columbia Center for Living. It is important to Mid-Columbia Center for Living to be responsive to individuals and the community. Individuals seeking information about services should expect to be treated with courtesy, and have their questions or concerns addressed as quickly as possible.

A complaint is defined as a situation in which a person expresses concern or dissatisfaction about treatment, staff, or services. A complaint may also be filed if a client feels there has been unjust termination, suspension, or reduction of previously authorized services; these types of complaints are technically referred to as grievances and a Notice of Action will be mailed 10 days prior to the start date of the action unless specific conditions exist.

Whenever an individual has unaddressed concerns regarding services, he/she should feel free to ask for help from the Mid-Columbia Center for Living staff who is working with him/her. If the individual/client feels the issue is not being adequately addressed or the issue is about the individual who is working with him/her, he/she may directly contact a Program Supervisor of Mid-Columbia Center for Living. The Program Supervisor will then ensure that the matter gets prompt attention and review. The Program Supervisor shall contact and/or meet with the individual to resolve the complaint and further discuss their concerns.

“Grievance” means a formal complaint submitted to a provider verbally, or in writing, by an individual, or the individual’s chosen representative, pertaining to the denial or delivery of services and supports. OAR 309-019-0105(46).

If an individual feels that the informal process has not addressed the matter, then he/she may follow the formal complaint process as listed below:

1. The individual with the grievance will receive a copy of the Grievance Form and Client Grievance Procedure Information Sheet. The individual will be asked to submit the grievance in writing. The Grievance Form and Client Grievance Procedure Information Sheet can be obtained at each MCCFL clinic or office. Oregon Health Plan (OHP) members must use the OHP-specific form.
2. Clients will be provided assistance in filling out the Grievance Forms, if requested. Clients will be provided any reasonable assistance in completing forms and taking procedural steps that may include, but not limited to interpreter services and toll free numbers with Teletyping Device for the Deaf/ Teletypewriter TTY/TTD and interpreter capabilities.
3. The original grievance will be sent to MCCFL’s Compliance Officer no later than 24 hours following the completion of the form. Additionally, a copy is forwarded to the Program Supervisor and/or appropriate Manager for rapid attention. The final determination will be made by an individual not involved in a previous level of review or decision making.

4. If the circumstances surrounding client's grievance may result in harm due to inaction, client/guardian or staff may request expedited processing to either the MCCFL Executive Director and/or Coordinated Care Organization (CCO). The Executive Director will provide a written response within 48 hours of the client's request. The written response must include information about the appeals process.
5. If information pertinent to the grievance is required from individuals outside of MCCFL, and there is no release of information for that individual already present in the client's chart, an Authorization for the Release of Confidential Information naming those individuals, must be signed by the client prior to communication.
6. For a non-expedited grievance a formal decision will be made by the Compliance Officer or designee after an investigation into the grievance is made and within 5 working days from receiving the grievance. The decision may be communicated orally or in writing within the 5 working days. If the grievance was received in writing, a written decision must be provided. If a written decision cannot be made within 5 working days, a written explanation and an expected date of response (not to exceed 30 calendar days from the date the grievance was received), will be sent to the individual filing the grievance.
7. **There are no negative consequences for filing a complaint, and it will be kept as confidential as possible.**
8. At any time a client has the right to grieve directly with their Coordinated Care Organization (CCO) Pacific Source (PS) or Managed Care Organization (MHO) Greater Oregon Behavioral Health Inc. (GOBHI) or request a State fair hearing through the Department of Human Services and Oregon Health Authority.
9. If the individual is an Oregon Health Plan Prepaid Health Plan Member, and is dissatisfied with the disposition of the grievance, the individual may present their complaint to the Division of Medical Assistance Program (DMAP) Ombudsman as outlined in the OHP Member Handbook. A copy of this procedure may be requested at MCCFL's clinics and offices.

## **APPEALS**

Clients may request an appeal of the Grievance decision if he/she disagrees with the outcome of the grievance.

1. Appeals will be resolved and a notification will be sent to the client within ten (10) calendar days from the request for the Appeal. Staff members conducting the review will not have been directly involved in making the original decision regarding the Action or Grievance.
2. Clients covered by OHP may request an expedited Appeal if mental status of the client meets the definition of an Emergency Situation or an Urgent Situation. MCCFL will follow the OHP "HOW TO APPEAL A DECISION" highlighted below.
3. A client may request that his/her services are continued pending the outcome of their Appeal.

4. If information pertinent to the appeal is required from individuals outside of MCCFL, and there is no release of information for that individual already present in the client's chart, then an Authorization for the Release of Confidential Information naming those individuals must be signed by the client prior to communication.
5. If, after an individual has gone through both the entire MCCFL Grievance and Appeal process, the individual still wishes to contest the decision, and if he/she is an Office of Mental Health Addictions Services, (OMHAS) member, he/she may request a DHS Administrative Hearing, as outlined in the "Notice of Hearing Rights" and the Hearing Request Form (MSC 443).

## **GRIEVANCES, APPEALS AND HEARING RIGHTS, OHP 2017 HANDBOOK**

The following information will be provided to clients at intake regarding their rights and responsibilities on grievances and complaints.

### **HOW TO MAKE A COMPLAINT OR GRIEVANCE**

You can complain or file a grievance if you are unhappy with OHP or your CCO, provider or services. If you are in a CCO, call its customer service department or send the CCO a letter.

The CCO will call or write back in five days to let you know that staff are working on it. If the CCO needs more time, the letter will say so. The CCO must address your complaint within 30 days.

If you are a FFS member call OHP Client Services.

### **"NOTICE OF ACTION" NOA**

If your CCO or OHP denies, stops or reduces a medical, dental or behavioral health service your provider has ordered, you will receive a "Notice of Action" letter in the mail. This letter explains why they made that decision.

The letter will explain how to appeal (through your CCO) or request a hearing (through OHP) to ask to have the decision changed. You have a right to ask for both an appeal and a state fair hearing at the same time. You must ask no more than 45 days from the date on the "Notice of Action" letter.

### **IMPORTANT INFORMATION ABOUT NOAs**

Receiving a NOA is important because it allows you to request an appeal from your CCO/plan or a hearing with OHA if you do not agree with the decision. If your health care provider tells you that you will need to pay for a service that is not covered, ask to get a "Notice of Action" that shows the service is not covered. Once you have it, you can ask for an appeal with your CCO/plan or a hearing with OHP.

If you did not receive an NOA, ask your CCO/plan or OHP to send you one.

### **NOA CONTENT**

The NOA you receive from OHA and your plans may look different, but every NOA must:

- Clearly state that it is a Notice of Action
- List a date of notice
- List an effective date
- List the provider who has requested the service, treatment or item
- Clearly explain why the CCO/plan or OHA decided not to approve the request
- List the Oregon Administrative Rules that the decision to deny were based on
- Give you a contact number to get information that was used to deny requested services or item
- Include a telephone number to call if you have questions about the information in the NOA, or your appeal and hearing rights

**IN ADDITION, THE NOA MUST INCLUDE INFORMATION ABOUT:**

- Your hearing rights (all OHP members have the right to a hearing, even if you're in a CCO/plan and are also requesting an appeal)
- How to appeal the decision, if you are in a CCO or plan
- How you can continue to receive the service/ item while you wait for the appeal or hearing
- Getting an expedited (fast) appeal or hearing

**HOW TO APPEAL A DECISION**

In an appeal, your CCO will ask a health care professional to review your case. To ask for an appeal:

- Call or write your CCO's customer service.

You can ask for an appeal and a hearing by completing the "Appeal and hearing request for denial of medical services" (DMAP 3302). Your CCO will include this form when it sends you a "Notice of Action" letter.

You also can get this form in your preferred language by calling your CCO or OHP Client Services or by going to [OHP.Oregon.gov](http://OHP.Oregon.gov). Click "[Complaints and appeals.](#)"

Call your CCO if you want help asking for an appeal.

You will get a "Notice of Appeal Resolution" from your CCO within 16 days. It will tell you if the reviewer agrees or disagrees with your CCO's decision.

In the meantime, if the notice is about a service you are already getting, you may be able to ask to keep getting the service if you:

- Ask your CCO to continue the service and
- Ask within 10 days of the effective date on the "Notice of Action" letter

If you receive the letter after the effective date, please call your CCO for instructions.

If the reviewer agrees with the original decision, you may have to pay for services you

## **IF YOU NEED A FAST (EXPEDITED) APPEAL**

You and your provider may believe that you have an urgent medical, dental or mental health problem that cannot wait for a regular appeal. If so, tell your CCO that you need a fast (expedited) appeal.

Fax your request to your CCO. Include a statement from your provider or ask the provider to call and explain why it is urgent. If your CCO agrees that it is urgent, a staff person will call you with the decision in three workdays.

## **YOUR PROVIDER CAN HELP**

Your provider has a right to appeal for you when a CCO denies the provider's physician's orders.

## **HOW TO GET A STATE FAIR HEARING**

CCO members and FFS members can have a hearing with an Oregon administrative law judge. A CCO member can have a hearing only after asking for an appeal, which resulted in the appeal not changing the original decision. You will have 45 days from the date on your "Notice of Action" or "Notice of Appeal Resolution" to ask OHP for a hearing.

You can ask for a hearing by completing the (DMAP 3302) form. Your CCO will include this form when it sends you a "Notice of Action" letter. You can get this form in your preferred language by calling your CCO or OHP Client Services. You can also find it online at [OHP.Oregon.gov](http://OHP.Oregon.gov). Click "[Complaints and appeals.](#)" If you are enrolled in a CCO, you can request an appeal and a hearing at the same time.

At the hearing, you can tell the judge why you do not agree with the decision and why you think OHP should cover the services. You do not need a lawyer, but you can have one or ask someone else, such as your doctor, to be with you.

If you hire a lawyer, you must pay the lawyer's fees. You can call the Public Benefits Hotline (a program of Legal Aid Services of Oregon and the Oregon Law Center) at 1-800-520-5292, TTY 711, for advice and possible representation. Find information on free legal help at [www.oregonlawhelp.org](http://www.oregonlawhelp.org).

## **IF YOU NEED AN EXPEDITED HEARING**

You and your provider may believe that you have an urgent medical problem that cannot wait for a regular state hearing.

Fax your hearing request form to the OHP Hearings Unit at 503-945-6035. Include a statement form (DMAP 3302) to your provider explaining why it is urgent. If OHP agrees that it is urgent, the Hearings Unit will call you in three workdays, (541) 382-5920, (800) 431-4135 Toll-free (800) 735-2900 TTY. Please note: A provider can file an appeal or grievance on a member's behalf.

At any time a client has the right to grieve directly with their Coordinated Care Organization (CCO) Pacific Source (PS) or Managed Care Organization (MHO) Greater Oregon Behavioral Health Inc. (GOBHI). Please see contact information:

PacificSource Community Solutions Customer Service

(541) 382-5920

(800) 431-4135 Toll-free

(800) 735-2900 TTY

Greater Oregon Behavioral Health, Inc.

Complaint and Appeals Coordinator

401 E. 3rd Street

Suite 101

The Dalles, OR 97058

Member Services: 1-800-493-0040

Fax Number: 541-298-7996

Disability Rights Oregon 1-800-452-1694

MCCFL reserves the right to amend this policy at any time.

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grievance procedure ENGLISH.doc

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