



Customer Service, Grievances, and Appeals



BEACON
Specialized Living

Course Objectives



Explain both the grievance and appeals processes that are available to Residents.



Understand your duties to uphold customer service standards.



Introduce you to the concepts of Person-Centered Planning and Limited English Proficiency.



Explore ways to promote education inside and outside the communities we serve.

Customer Service



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Beacon is a Welcoming Environment

What does that mean?

- To greet (someone) in a warm and friendly manner
- To receive or accept (something) with happiness or pleasure

Promoting a welcoming environment within our Beacon homes means

- Providing Empathy and Acceptance
- Meeting the resident “where they are at”
- Being mindful of your attitude, body language, and the words you choose

Customer Service Functions

Customer Services functions identified by the MDHHS/PIHP contract include:

- A. Welcome and orient** individuals to services and benefits available and the provider network.
- B. Provide information** about how to access mental health, primary health, and other community services.
- C. Provide information** about how to access the various rights processes.
- D. Help** individuals with problems and inquiries regarding benefits.
- E. Assist** people with and oversee local complaint and grievance processes.
- F. Track and report** patterns of problem areas for the organization.

Person Centered Planning

Based on roles in serving residents as part of the Beacon network, more detailed training of Person Centered Planning (PCP) may be assigned. This is a summary.

- PCP is a process used to design an individual plan of mental health supports, services, or treatment. PCP is a right protected by the Michigan Mental Health Code.
- PCP choice options for the customer include date-time-place-attendees for the planning meeting, service options, and provider options.

Are there limits on person-centered planning?

The services offered by Beacon are set by best practice guidelines. From the services available, individuals are offered a variety of service choices. However, there may be limits on some choices.

- Services provided must be medically necessary
- Choices must not do harm to the individual or someone else
- Choices must not be illegal

Limited English Proficiency (LEP)

Based on roles in serving residents as part of the Beacon network, more detailed training of LEP may be assigned. This is a brief summary.

Limited English Proficiency (LEP) refers to an individual who cannot speak, read, write or understand the English language at a level that permits them to communicate effectively with health care or social service providers.

The steps that need to be taken to protect the meaningful communication rights of Persons with LEP include:

- Eliminate unintentional barriers to service
- Provide language assistance at no cost
- Ensure individuals are given adequate information and are able to understand the services and benefits available
- Ensure individuals are able to receive and fully engage in the services/benefits which they are eligible

Limited English Proficiency (LEP)

How does Beacon protect the rights and provide support to residents who are considered Limited English Proficient?

Examples of Supports Include:

- **“I Speak” and Non-Discrimination posters** at agency sites to provide an opportunity for individuals to identify their primary language
- **Tag-lines for requesting language assistance** printed on education materials for residents
- **Identification of language assistance** needs within the resident's case records
- **Availability of language interpretation** at NO COST to the resident to participate in services. Beacon pays for all interpretation and translation services needed.
- **Translation (written or verbal)** of Vital Documents as necessary for residents

Community Education

Like the Integrated Services of Kalamazoo anti-stigma campaign #LookBeyond, we are encouraging our Beacon community to be stigma-free by taking the LET'S GO pledge to:



Listen to people who live with mental health, substance use, and/or developmental challenges to gain an understanding.

Educate myself about these challenges by using community resources.

Treat every person as a valuable member of our community.

Speak up for fair and respectful treatment of all people.

Get others involved in the #LookBeyond campaign.

Optimize my own wellness.



Residents with mental illnesses frequently report discrimination and lack of support. Be a part of the solution by taking steps to **Be Aware and Be Stigma Free.**



We learn stigma from

- Movies
- Newspapers
- Social Media
- Culture
- Our Families
- School
- Interactions with healthcare professionals



Say This	Not This
She has schizophrenia	She is schizophrenic
He died by suicide	He committed suicide
She is living with depression	She is suffering from depression
The drug screen is positive for cocaine	The drug screen is dirty

Train yourself to use person-first language
 Where you do not label by diagnostic criteria or a person's role in the treatment

- **Promote** empathy and show that you care
- **Ensure** residents feel supported and respected
- **Encourage** residents

Grievances and Appeals



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Due Process

Under the Due Process Clause of the U.S. Constitution, Residents are entitled to due process whenever their services are limited, denied, or terminated.

What is Due Process?

The legal requirement is that the State must respect all legal rights that are owed to a person. Due processes were created to provide the checks and balances for the law of the land and protect the individual person from its abuse.

Due process requires that Residents receive

- A fair hearing before an impartial decision-maker.
- Continued services pending a final decision.
- A timely decision, measured from the date the complaint is first made.

Why is Due Process needed?

Due process ensures that the decision(s) made are not arbitrary or personally biased.

Grievances



Grievance System Overview

The Grievance System for residents of Beacon Specialized Services includes three components based on what the customer is experiencing.

Grievances	Appeals	Recipient Rights
<p>Expression of dissatisfaction about service issues, other than an Action or a protected Right.</p> <p>Examples: Quality of care or service provided, or interpersonal issues between the service provider and resident.</p> <p>Typically addressed by CMH Customer Services Office.</p>	<p>Request for a review of an Action or decision that has been made about their services/service request.</p> <p>Action is defined as suspension, reduction or termination of currently authorized services; denial or limited-service authorization of requested service; failure to make authorization decisions within 14 days.</p> <p>Typically addressed by CMH Customer Service Office.</p>	<p>When a Resident feels that their Michigan Mental Health Code protected rights have been violated.</p> <p>Directed to the Office of Recipient Rights.</p>

Grievances



Grievance System Background

Since the late 1990s, Federal and Michigan State laws give Residents and guardians the right to challenge decisions made about Resident services that they disagree with.

- The federal government set up the rights for Residents with Medicaid.
- Michigan set up similar rights for Residents without Medicaid.

Additional changes were added in 2020.

- Moved some decisions from appeal rights to grievance rights.

Grievances



What is a Grievance?

The ability of the Resident to express when they are not happy with part of their service or supports. It is not related to something they can appeal or a protected right. All Residents have the same grievance rights.

What does the Grievance and Appeals Policy do?

Allows residents with ways to

- Ask for and receive a second opinion.
- Ask for an appeal of a decision if services they want are limited (reduced, suspended, terminated) or denied.
- File a grievance if they are not satisfied with their service or supports.

Grievances are handled on a local level with the Customer Service department of the Resident's CMH. If the outcome is still not to their satisfaction, they are able to Appeal on a Local or State level.

If their concerns are related to or coexist with a possible Recipient Rights violation, the Office of Recipient Rights will be the one handling the Grievance.

Grievances

Who can file a Grievance or Appeal?

The Grievance System for residents of Beacon Specialized Services includes three components based on what the customer is experiencing.

- Resident
- Legal Guardian
- Parent of Minor
- Authorized Representative (Individual given written permission to act for the customer in any grievance or appeal)



Second Opinions

Residents must be offered a second opinion when they are denied eligibility for services.

The second opinion must be provided by a

- **Physician**
- **Licensed Psychologist**
- **Registered Nurse**
- **Master's Level Psychologist**
- **Master Level Social Worker**

If the request is in response to a denial of service, the second opinion must be done within 5 business days.

If the request is in response to a denial of urgent/hospitalization, the second opinion must be done within 72 hours for Medicaid residents or 3 business days for non-Medicaid residents.

Second opinions are to be given to the Resident by the CMH at no cost to the Resident.



My person-centered planning (treatment) meeting was not okay. I feel like it was rushed, and they did not address any of my concerns or answer my questions.



I don't feel comfortable with where I get my services. I think it is gross and they never clean.



My case worker is not listening to what I want and telling me what goals I should have. It makes me feel devalued.

Grievances Examples

Submitting a Grievance

- Grievances can be filed verbally or in writing to their CMH.
- There is no time limit on when a grievance can be filed.
- Grievance processes are done on the local level by the CMH provider.
 - The Customer Service Person at the CHM will handle the grievance.
- Customer Service must complete the grievance and give a written response in 60 days.

Appeals

Appeals are:

Complaints are filed when a resident is unhappy about the Action/determination/decision made to limit (deny, suspend, reduce, or terminate) services they are seeking/receiving.

Residents have access to appeals that are both:

Local: filed with/against the agency making the determination.

State: filed to either the Michigan Administrative Hearing System (for Medicaid beneficiaries) or the Alternative Dispute Resolution Process (for individuals without Medicaid).

Appeals

Federal law gives Medicaid Residents appeal rights for Medicaid services.

Michigan law gives appeal rights for all Non-Medicaid Residents.

Both Residents with Medicaid and Residents without Medicaid must request and complete a local appeal before the state will hear their appeal on the state level. There are some exceptions for Medicaid.

Residents can have an Authorized Hearing Representative (AHR). This can be anyone they choose but, they must be authorized as the Authorized Hearing Representative in writing. The Resident can also still come to the hearing even if they have an AHR.

Local Appeals

CMH Responsibilities when addressing Local Appeals:

- Assist Resident to file the appeal.
- The most appropriate services are identified for the resident, typically through Utilization Management Review.
- Assure that clinician reviewing the appeal has the appropriate clinical credentials to render a decision AND was not involved in any previous decision about the Action.
- Provide written resolution within 30 calendar days.
- Provide written information about State-level appeal options.
- Keep records of appeal activities.
- Track appeal activity for improvement.

State Level Appeals

Administrative Fair Hearing

Impartial state-level review of a **Medicaid Beneficiary's** appeal of a service determination presided over by an Administrative Law Judge. Medicaid beneficiaries can request a hearing after their local appeal has been resolved. The Michigan Office of Appeals Hearings and Rules (MOAHR) for MDHHS is the oversight body.

MDHHS Alternative Dispute Resolution Process

Impartial state-level review of an appeal presided over by MDHHS staff (typically, the Customer Services Department). This process is for **individuals without Medicaid**. It can be accessed only **after** a local appeal is exhausted and the individual is not satisfied with the result.

Involvement of Beacon as a Provider

To assist residents, we should

- Always promote a welcoming environment.
- Encourage customers to actively participate in Person-Centered Planning and their services as requested/authorized.
- Offer and aid Residents in filing a grievance or appeal or Recipient Rights complaint.
- Answer questions for Residents during the process and/or connect them with staff who can answer their questions.
- Communicate and coordinate with the CMH Customer Service and/or Office of Recipient Rights in working toward a resolution.
- Attend appeals as requested to give information/testify at the local or state level appeal.

Involvement of Beacon as a Provider

To file a grievance/appeal, the resident and/or legal representative will need to

- Call their CMH's Customer Service to file the complaint (grievance). If they are unsure who their Customer Service staff is, contact the number for the CMH and ask to be transferred to that person.
- If their services have been changed and they wish to appeal and have the decision reviewed, they can also file this with their CMH's customer service using the Grievance and or Appeal form. This should be available on their CMH's website. If it is not, help them contact their CMH and request one be sent.
- If a Resident wants to name someone to act for them in a Grievance or Appeal, they will need to complete and submit an Authorized Representative form. This should also be available on the CMH website or can be requested.
- If the Resident has questions about the appeals and grievance process and wants to speak to their Customer Service representative, they can also reach them by email.

Service Determinations

Service decisions that deny, suspend, reduce and/or terminate a Resident's service(s) all require a written notice to go to the individual (or Legal Representative).

References

For more information on Grievances or Appeals, you can contact via phone or email:

Beacon's Compliance Department
Local Agency's Customer Services or Appeals Staff
Local Agency's Recipient Rights Office

