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Clark County Regional Support Network Policy Statement

Policy No.: CR06
Policy Title: Enrollee Rights to Appeal
Effective Date: November 1, 2004

Policy: Medicaid enrollees who request publicly funded mental health services from a CCRSN contracted provider or who are enrolled in such services have the right to appeal actions taken by CCRSN regarding their benefits. CCRSN shall make an expedited appeals process available in situations that involve risk or harm to the enrollee who is seeking an appeal.

Reference: Washington Mental Health Division RSN contract, CMS Waiver, 42 CFR 438 Subpart F: Grievance System, 45 CFR Health Insurance Portability and Accountability Act (HIPAA), CCRSN Policy and Procedures: CM03 Notice of Action, CR03 Enrollee Complaints and Grievances, and CR05 Enrollee Rights to Administrative Hearing

Definitions:

Appeal means a request for review and reconsideration of an action taken by CCRSN as defined in CCRSN Policy and Procedure CM03 Notice of Action.

Procedure:

Filing An Appeal

1. A Medicaid enrollee or representative may file an appeal either orally or in writing. The enrollee may choose to have a representative, who acts on his or her behalf in filing the appeal, including:
 - a. A community mental health agency, with the enrollee's written consent.
 - b. The Clark County Mental Health Ombuds, at the enrollee's request.
 - c. The legal representative of a deceased enrollee may file an appeal on behalf of the enrollee's estate. Parties to the appeal include the enrollee and his or her representative or the legal representative of a deceased enrollee's estate.
2. A written, signed request for appeal must be submitted within 7 days if the initial request for such has been made orally. An oral request for appeal shall establish the filing date of the appeal.
3. The request for an appeal of an action must be made within 20 days of the Notice of Action letter from CCRSN. If the enrollee wishes to continue to receive previously authorized services during the appeal process, she or he must file the request for appeal within 10 days of receipt of the Notice of Action.

4. The enrollee must be given reasonable assistance in pursuing an appeal, including access to the CCRSN Ombuds service and oral or manual interpreter services. Toll free numbers that have adequate TTY/TTD and interpreter capability shall be available.
5. The written, signed appeal shall be forwarded to the CCRSN Grievance and Quality Management Coordinator for review and disposition.
6. CCRSN provides information about the complaints, grievance and appeal system at the time of contracting with a community mental health provider. CCRSN contracted providers and their sub-contractors are required to abide by all appeal decisions.

Responding to An Appeal

7. CCRSN shall acknowledge receipt of an appeal, received either orally or in writing, within one business day of receipt. CCRSN shall mail a written acknowledgement of receipt of a request for appeal within 5 business days of receipt.
7. CCRSN shall ensure that individuals making decisions on appeals have not been involved in any previous level of review or decision-making.
8. CCRSN shall ensure that the individuals making decisions on appeals regarding medical necessity, expedited resolution, or clinical issues are qualified mental health care professionals with appropriate clinical expertise.
9. CCRSN shall provide the enrollee and/or his or her representative a reasonable opportunity to present evidence and allegations of fact or law in person as well as in writing.
10. CCRSN shall provide the enrollee and/or his or her representative the opportunity before and during the appeals process to examine the enrollee's case file, including medical records and any other documents and records considered during the appeals process. If the enrollee requests his or her representative to review records containing personal health information without the enrollee present, the enrollee must sign a Release of Information form in accordance with the confidentiality laws referenced in this policy.

Expedited Appeal Process

11. A Medicaid enrollee or his/her representative may request an expedited appeal of an action either orally or in writing when it is determined that the standard timeframe for resolution would jeopardize the Medicaid enrollee's ability to maintain or regain maximum functioning. Requests should be forwarded to the CCRSN Grievance and Quality Management Coordinator. Oral requests must be confirmed in writing.

12. The request for an expedited appeal must be made within 10 days of the receipt of the CCRSN Notice of Action.
13. CCRSN shall review the request for an expedited appeal and grant the request if the determination is made that the timeframe for the standard appeal process could seriously jeopardize the enrollee's life, mental health, or ability to attain, maintain or regain maximum function. Such a determination may be made on the basis of a recommendation of a CCRSN contracted provider supporting the request for an expedited appeal. CCRSN shall inform the enrollee and/or representative that of the limited time available to present additional information, based on the timeframe for resolution of expedited appeals.
14. CCRSN shall provide written notice about the resolution of an expedited appeal within 3 business days after receipt of the request. CCRSN shall also make reasonable efforts to provide oral notice.
15. CCRSN shall ensure that punitive action is not taken against a enrollee who requests an expedited appeal or against a CCRSN contracted provider supporting an expedited appeal.
16. If CCRSN denies a request for expedited resolution of an appeal, the timeframes for the standard appeal process shall apply. In such cases, CCRSN shall make reasonable effort to give the enrollee oral notice within 1 business day of the decision and shall issue a written notice of the decision within 2 calendar days.

Resolution And Notification

17. CCRSN shall resolve each appeal and provide written notice of the result as expeditiously as the enrollee's mental health condition requires, and not more than 45 days from receipt of request for an appeal.
18. CCRSN may extend the prescribed timeframes for resolution of an appeal by up to 14 calendar days if:
 - a. The enrollee requests the extension;
 - b. CCRSN requests and receives written approval from the Washington Mental Health Division confirming the need for additional information to adequately resolve the appeal and indicating how the delay is in the enrollee's interest.
19. Upon receipt of approval from the MHD to extend the timeframe for resolving an appeal, CCRSN shall give the enrollee written notice of the extension, including the reason for the delay.
20. The written notice of resolution of an appeal shall include the results of the resolution process and the date it was completed.
21. For appeals not resolved wholly in favor of the enrollee, the notice shall include information about:
 - a. The enrollee's right to request a state administrative hearing and how to do so;

- b. The enrollee's right to request services while the hearing is pending and how to make the request;
- c. The possibility that the enrollee may be asked to pay for the cost of continuing services if the hearing decision upholds the original action.

Continuation of Benefits During the Appeal Process

- 22. CCRSN must continue the enrollee's benefits if:
 - a. The enrollee or his or her representative files the appeal in accordance with the timeframes described in Sections 2 and 3 of this policy for standard appeals or in Section 12 for expedited appeals;
 - b. The appeal involves the termination, suspension, or reduction of a previously authorized course of treatment;
 - c. The services were ordered by a CCRSN contracted provider;
 - d. The original period covered by the original authorization has not expired;
 - e. The enrollee requests extension of benefits.
- 23. If, at the enrollee's request, CCRSN continues or reinstates the enrollee's benefits while the appeal is pending, the benefits must be continued until one of following occurs:
 - a. The enrollee withdraws the appeal;
 - b. Ten days pass after CCRSN mails notice of disposition of the appeal and the resolution is not in favor of the enrollee (unless the enrollee requests a state administrative hearing);
 - c. The enrollee requests an administrative hearing and the decision is adverse to the enrollee by upholding the action.
 - d. The time period or service limits of a previously authorized service has been met.
- 24. CCRSN shall notify enrollees who request continuation of benefits that if the final resolution of the appeal is adverse (upholds the action) he or she may be requested to reimburse the cost of the services furnished while the appeal was pending.

Reversed Action in Appeal Resolutions

- 25. If CCRSN reverses an action to deny, limit or delay services that were not furnished while the appeal was pending, CCRSN shall authorize the disputed services promptly and as expeditiously as the enrollee's mental health condition requires.
- 26. If CCRSN reverses an action to deny authorization of services, and the enrollee received the disputed services while the appeal was pending, CCRSN shall pay for those services.

Record-keeping and Reporting Requirements

- 27. CCRSN shall maintain records of appeals and shall review the information at least bi-annually as part of both the CCRSN's quality management strategy and the MHD's quality strategy.
- 28. CCRSN shall submit twice yearly (per contract) to MHD a summary that includes:
 - a. The number and nature of appeals;

- b. The timeframes within which appeals were disposed or resolved;
- c. The nature of the decisions;
- d. A summary and analysis of the implications of the data, including what measures may be taken to address undesirable patterns.

29. CCRSN shall monitor processes related to appeals through:
- a. Oversight that appeals occur in compliance with state and federal rules and within required timelines and retaliation does not occur;
 - b. Aggregation of data and trends reported to the CCRSN Quality Management Committee for the purposes of quality monitoring and service improvement on a biennial basis.

Approved By:  Date: 6.2007
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