

Grievances

All clients and their legal guardians may speak with their therapist, the Clinical Supervisor, or Program Director of MMHA if they have any questions or concerns regarding policy, practice, or services received. All clients have the right to make a verbal or written complaint to either their therapist or the Clinical Supervisor without fear of retaliation or negative impact on treatment services. If at any point a client has a grievance that cannot be worked out with their therapist or the Clinical Supervisor, please contact our Program Director, Pheobe Mae. If the problem remains or a client would like to talk to someone outside of Madrone Mental Health Services, clients may contact the OHA Health Systems Division at (800) 273-0557, Disability Rights Oregon at (800) 452-1694, Trillium CCO at (877) 367-1332, PacificSource CCO at (800) 431-4135, InterCommunity Health Network CCO at (800) 832-4580, Lane County Behavioral Health at (541) 682-3608, or the Governor's Advocacy Office at (800) 442-5238. They may also request a written complaint in accordance with OAR 309-019-0215 at any time. Grievance forms are available from any staff member of MMHS.

We encourage youth and families to take the following steps prior to filing a grievance:

- Talk to their therapist about what change they want.
- Negotiate a plan for change.
- Identify those things that indicate success.
- Identify consequences for success and failure.
- If this fails and they are still dissatisfied, repeat steps 1-4 with the supervisor.
- If they fail to reach an agreement with the supervisor, they may file a written complaint.

Steps to file a Grievance:

- Notify one of the individuals listed above.
- A meeting will occur as soon as possible with the client and other concerned individuals (e.g. therapist, dietitian, etc.).
- Client will receive a written summary of the outcome of the grievance.

For individuals whose services are funded by Medicaid (OHP), grievances, expedited grievances, and appeal procedures are outlined in OAR 410-141-3880 through 410-141-3915.

410-141-3880

Grievances & Appeals: Grievance Process Requirements

(1) A member and, with the written consent of the member, a provider or an authorized representative may file a grievance at any time either orally or in writing, on behalf of a member. The grievance may be filed with the OHP CCO or OHA. If the grievance is filed with OHA, it shall be promptly forwarded to the OHP CCO.

(2) For standard resolution of a grievance, the OHP CCO shall resolve each grievance and provide notice of the disposition as expeditiously as the member's health condition requires. The OHP CCO shall:

(a) Within five business days from the date of the OHP CCO's receipt of the grievance, notify the member in their preferred language that a decision on the grievance has been made and what that decision is; or

(b) Promptly, but in no event more than five business days after the date of the OHP CCO's receipt of the grievance, notify the member in their preferred language that there shall be a delay in the OHP CCO's decision of up to 30 days from the date on which the grievance was received by the OHP CCO. The written notice shall specify why the additional time is necessary.

(3) The OHP CCO shall ensure that the individuals who make decisions on grievances follow all requirements in OAR 410-141-3875 OHP CCO Grievance and Appeals System General Requirements.

(4) When informing members of the OHP CCO's decision, the OHP CCO:

- (a) May provide its decision related to oral grievances orally but shall also, in call instances respond to oral grievances in writing. Both oral and written responses shall be made in the member's preferred language;
- (b) Shall address each aspect of the grievance and explain the reason for the decision;
- (c) Shall respond in writing to written grievances in the member's preferred language. In addition to written responses, the OHP CCO may also respond orally in the member's preferred language; and
- (d) Shall notify members who are dissatisfied with the disposition of a grievance that they may present their grievance to the Department of Human Services (Department) Client Services Unit or OHA's Ombudsperson.

(5) In compliance with Title VI of the Civil Rights Act and ORS Chapter 659A, the OHP CCO shall review and report to OHA, as outlined in the CCO contract, member complaints related to their race and ethnicity, gender identity, sexual orientation, socioeconomic status, country of origin, and disability status.

(6) If an OHP CCO receives a grievance related to a member's entitlement of continuing benefits in the same manner and same amount during the transition of transferring from one OHP CCO to another OHP CCO as defined in OAR 410-141-3850, the OHP CCO shall log the grievance and work with the receiving or sending OHP CCO to ensure continuity of care during the transition.

410-141-3885

Grievances & Appeals: Notice of Action/Adverse Benefit Determination

(1) When an OHP CCO has made an adverse benefit determination, the OHP CCO shall notify the requesting provider and give the member and the member's representative a written notice of action/adverse benefit determination notice.

410-141-3890

Grievances & Appeals: Appeal Process

(1) A member, member representative, or a subcontractor or provider with the member's written consent, may file an oral or written appeal with the OHP CCO to:

- (a) Express disagreement with an adverse benefit determination; or
- (b) Contest the OHP CCO's failure to act within the timeframes provided in 42 CFR § 438.408(b)(1) and (2) regarding the standard resolution of grievances and appeals.

410-141-3895

Grievances & Appeals: Expedited Appeal

(1) Each OHP CCO shall establish and maintain an expedited review process for all oral and written appeals when the member or the provider indicates that taking the time for a standard resolution could seriously jeopardize the member's life, health, or ability to attain, maintain, or regain maximum function as set forth in OAR 410-120-1860. Oral appeals timeframes shall begin when there is established contact made between the member and an OHP CCO representative.

(2) The OHP CCO shall ensure that punitive action is not taken against a provider who requests an expedited resolution.

(3) A request for an expedited appeal for a service that has already been provided (post-service) to the member will not be granted. The OHP CCO shall transfer the appeal to the timeframe for standard resolution as set forth in 410-141-3890 (4).

(4) For expedited resolution of an appeal and notice to affected parties, the OHP CCO shall complete the review of the expedited appeal in a timeframe that is no longer than 72 hours after the OHP CCO receives the appeal.

(5) If the OHP CCO provides an expedited appeal but denies the services or items requested in the expedited appeal, the OHP CCO shall inform the member of the right to request an expedited contested case hearing and shall send the member a Notice of Appeal Resolution, in addition to Hearing Request and Information forms as set forth in OAR 410-141-3890.

410-141-3900

Grievances & Appeals: Contested Case Hearings

(1) An OHP CCO shall have a system in place to ensure its members and providers have access to appeal for OHP CCO's action by requesting a contested case hearing

410-141-3905

Grievances & Appeals: Expedited Contested Case Hearings

(1) An OHP CCO shall have a system in place to ensure its members and providers have access to expedited review for OHP CCO's action by requesting an expedited contested case hearing. Contested case hearings are conducted pursuant to ORS 183.411 to 183.497 and the Attorney General's Uniform and Model Rules of Procedure for the Office of Administrative Hearings, OAR 137-003-0501 to 137-003-0700. Processes for expedited contested case hearings are provided in OAR 410-120-1860 Contested Case Hearing Procedures.

410-141-3910

Grievances & Appeals: Continuation of Benefits

(1) A member who may be entitled to continuing benefits may request and receive continuing benefits in the same manner and same amount while an appeal or contested case hearing is pending.