OCHN

Annual Due Process Update & Test

Oakland Community Health Network

Developmental Disabilities • Mental Health • Substance Recovery

Inspire Hope • Empower People • Strengthen Communities

Before Viewing This Training

You need to take this training if your job is one of the following:

- Case Manager or Supports Coordinator
- Case Management or Supports Coordinator Supervisor
- Utilization Management, Utilization Review or Access staff or supervisor
- If your job is not on this list, you must still take the Recipient Rights Annual Update Training and Test, located on the Training/Online Tests section of our website
- If you have questions about whether you need this training, contact the Human Resources or Training Department at your agency.

Oakland Community Health Network

Developmental Disabilities • Mental Health • Substance Recovery

Due Process – Grievance and Appeal Procedures

Oakland Community Health Network

Developmental Disabilities • Mental Health • Substance Recovery

What is Due Process

•The right of every person seeking or receiving mental health, substance use or intellectual/developmental disability services from Oakland Community Health Network or its contracted agencies.

•Includes the right to appeal “actions” and to file grievances about other matters of dissatisfaction with treatment

Oakland Community Health Network
Developmental Disabilities • Mental Health • Substance Recovery

Where do these rights come from?

- US Constitution
- Social Security Act of 1965
- Balanced Budget Act of 1997

Medicaid Basics

- A Medicaid card “entitles” a person to services that are medically necessary
- Medicaid is always the payor of last resort

Person-Centered Planning is Central

- The individual plan of service resulting from person-centered planning must specify for EACH service:
  - ★ Scope
  - ★ Amount
  - ★ Duration
  - ★ Dates when the service begins and ends

Oakland Community Health Network
Developmental Disabilities • Mental Health • Substance Recovery

Appeals vs. Grievances

What is an appeal?

- A request for review of a decision to deny, terminate, suspend, or reduce a Medicaid Covered Service.

What is a grievance?

- A request for review about any matter of dissatisfaction other than those issues covered by the appeal process

Oakland Community Health Network

Developmental Disabilities • Mental Health • Substance Recovery

Timeframes to Request Appeal

Appeal other than 2nd Opinion

- Local Appeal - 60 days from date of notice
- Medicaid Fair Hearing - 120 days (new for 10/1/2017) from date of Local Appeal Closing letter

Second Opinion

- For Eligibility for Services - 5 days from date of notice
- For Hospitalization - within 24 hours

Oakland Community Health Network

Developmental Disabilities • Mental Health • Substance Recovery

Local Appeal Process

- For appeal of an “action” –
- Person has **60 calendar days** (new for 10/1/2017) from date of notice to request Local appeal
- Expedited appeals are available - by person or provider
- Oral request must be confirmed in writing - online and paper versions to request local appeal are available by request or at www.oaklandchn.org
- Services may be continued/reinstated if person requests an appeal filed before the Effective Date in the notice
- Must be done before a Fair Hearing
- Notices of Adverse Action and some Adequate Actions are now “Adverse Benefit Determinations”.

Oakland Community Health Network

Developmental Disabilities • Mental Health • Substance Recovery

Medicaid Fair Hearing Process

A Medicaid beneficiary has the right to request a fair hearing when:

- Person disagrees with the outcome of a Local Appeal - has 120 days (new for 10/1/2017) from date of closing of Local Appeal
- A grievance request is not acted upon within 90 calendar days.(new for 10/1/2017)
- No notice of action was received
- A Local appeal is not completed within 30

Medicaid Fair Hearing Process

- Request must be in writing - form available at request and with notice of adverse outcome of Local Appeal
- Person's freedom to make a request may not be limited or interfered with by others
- Person must be assisted in filing the request for Hearing if requested
- If requested **before the Effective Date** in the notice, **person may request** services be reinstated/continued until disposition of FH
- If notice not given, services must be reinstated to pre-action level
- Expedited hearings are available

Oakland Community Health Network

Developmental Disabilities • Mental Health • Substance Recovery

Expedited Appeal

- Can be granted if “the time necessary for normal appeal process could seriously jeopardize the person's life or health or ability to attain, maintain, or regain maximum function”
- Must be completed in **72 hours**
- May be requested by the person **or the person's provider**
- If the **person** requests the expedited review, **the PIHP determines if the request is warranted**
- If the **provider** makes request, or supports request, **the PIHP must grant the request**

Oakland Community Health Network

Developmental Disabilities • Mental Health • Substance Recovery

Non-Medicaid Appeals

- Person without Medicaid can request agency-level review, local appeal, and State-level Alternative Dispute Resolution
- Must be done sequentially

Adequate Notice

- Written notice provided to the person at time of:
  - Denial of eligibility for services
  - Denial of a new or increased service
  - Limited authorization in time or amount of service
  - A new or revised IPOS/PCP

Advance Notice

- Written notice when action is taken to reduce, suspend or terminate services that the person **is currently receiving**
- Must be mailed or given to person **30 calendar days before** the intended action takes effect

Adverse Benefit Determination

- New terminology for the following actions:
  - Denial of eligibility for services
  - Denial of a new or increased service
  - Limited authorization in time or amount of service
  - Reduction, suspension or termination of service

Oakland Community Health Network
Developmental Disabilities • Mental Health • Substance Recovery

Exceptions to Advance Notice

- Notice may be mailed not later than date of action (adequate notice) **IF**:
  - Death of the person is confirmed
  - The person gives clear written statement they no longer wish service or gives info requiring termination AND indicates they understand that this must be result of giving that information
  - The person is admitted to institution (e.g., jail) where they are ineligible under Medicaid for further services
  - The person's whereabouts are unknown and mail is returned with no forwarding address

Exceptions, continued

- Fact is established that person has been accepted for Medicaid services by another local jurisdiction, State, territory or commonwealth
- A change in the level of medical care is prescribed by the beneficiary's physician
- The date of the action will occur in less than 10 calendar days (LTC facility)

Definition of "Action"

The following items may be appealed:

- Reduction, suspension, or termination of a previously authorized service

- Failure to provide services within 14 calendar days of the start date agreed upon during the person-centered planning and as authorized.

Definition of "Action"- continued

- Denial or limited authorization (less than person requests or less than current authorization) of a requested service, including type or level of service
- Failure to make a standard authorization decision and provide notice within 14 calendar days from the date of receipt of a standard request for service
- Failure to make an expedited authorization decision within 72 hours from the receipt of a request for expedited service authorization

Definition of "Action" - continued

- The denial, in whole or in part, of **payment** for a service
- Notice goes to person, not provider

Definition of "Action" - continued

- **STANDARD APPEAL -** Failure of the PIHP to act within 30 calendar days from the date of a request for a standard appeal
- **EXPEDITED APPEAL -** Failure of the PIHP to act within 72 hours from the date of a request for an expedited appeal
- **GRIEVANCE/COMPLAINT -** Failure of the PIHP to provide disposition and notice within 90 calendar days of the date of a grievance or complaint

Authorization Decision Timeframes

- **Initial Request or continuation** of service - written notice must be provided

  Within specified timeframes

  - 14 days for standard decisions
  - 72 hours for expedited decisions

  And/or as expeditiously as person's health condition requires

  May be extended an additional 14 days if

  - Person or provider requests or
  - More information is required to make decision and
  - Extension is in person's best interest

Oakland Community Health Network

Developmental Disabilities • Mental Health • Substance Recovery

Authorization Decision Extension

- **IF** the PIHP extends the timeframe it must:
- Give the person written notice, **no later than the date the current timeframe expires**, including:
  - reason for the decision to extend the timeframe and
  - inform the person of the right to file an appeal if they disagree with that decision AND
- Issue and carry out determination as expeditiously as person's health condition requires and **no later than the date the extension expires**

Notice Mailing Timeframes

- At least **30 calendar days before the date of an action** to terminate, suspend or reduce previously authorized Medicaid covered service
- Within **14 calendar days of a request for a standard service authorization** decision to deny or limit services
- Within **72 of the request for an expedited service authorization** decision to deny or limit services. Person should also be informed verbally
- At the time of the decision to **deny payment** for a service
- With a new or revised IPOS/PCP

Oakland Community Health Network
Developmental Disabilities • Mental Health • Substance Recovery

Questions?

OCHN Customer Services

1-800-341-2003

Recipient Rights

1-877-744-4878

Oakland Community Health Network

Developmental Disabilities • Mental Health • Substance Recovery

Take the Due Process Test

You have now completed the **Due Process Annual Training Update** required for persons whose job requires detailed knowledge of Due Process.

When you complete the test, your answers and scores will be automatically entered into a database. Your employer will receive a report each month showing who has taken the test, the completion date, and score. This will be the evidence that you have completed the training requirement.

THERE IS NO CERTIFICATE ISSUED FOR THIS TRAINING

Click Here to begin the Due Process Test.

Oakland Community Health Network

Developmental Disabilities • Mental Health • Substance Recovery