
 CHILDREN COME FIRST <small>COMMUNITY PARTNERSHIPS, INC</small> POLICY & PROCEDURE	 <small>DANE COUNTY A Division of Community Connections, Inc. and the CCF's staff and their Direct Supervisor Department of Human Resources</small>	Date Issued: 1/1/00	Subject: Grievances & Appeals		
		Revised: 11/30/07	Section: ENROLLEE RIGHTS	Policy No: 002	Page: 1 of 5
		Effective: 1/1/08			

I. PHILOSOPHY

Children Come First is committed to providing quality services for enrollees, family members and providers. The purpose of the Children Come First Grievances & Appeals Policy and Procedure is to provide a timely means to resolve grievances and appeals, to educate enrollees or representatives about appropriate use of Children Come First and to provide an opportunity for improving the Children Come First Program.

II. POLICY

It is the policy of Children Come First that any party or enrollee or his/her representative who is dissatisfied with any aspect of service delivery has a right to seek resolution through the Children Come First grievances and appeals process.

Punitive action will not be taken against anyone who either requests or supports an enrollee's grievance or appeal, including a request for expedited review.

III. INFORMAL GRIEVANCE PROCEDURE

1. Dissatisfaction with any aspect of service provision, lack of service provision, policy and procedure, or benefit can be addressed with the CCF Staff Person(s) with whom the conflict or concern has arisen and/or their Supervisor. Staff will notify his/her Supervisor of the situation and resolution. Staff will document all steps taken in handling the grievance. An informal grievance may be directed right away to the Supervisor or another member of the management team if the CCF Staff Person is unavailable or the enrollee feels their concern requires supervisory attention.
2. If a resolution is not made with the Staff Person, the enrollee can contact the Staff Person's Supervisor. The Supervisor will attempt to resolve the grievance and document all steps taken. A meeting may be set up to discuss the grievance. If the matter is not resolved, the Supervisor will inform enrollee of his/her right to pursue their grievance formally.

IV. FORMAL GRIEVANCE PROCEDURE

A. Formal Grievance Initiation

Formal grievances can be filed orally, in writing, or by any alternative method through which the enrollee/family member/representative communicates. If the formal grievance is spoken, it must be confirmed in writing, except in the case of an expedited review request. The written statement should include a brief report of what happened, the date of the event, the staff person(s) involved, and the names and phone numbers of witnesses, if any. The written statement should also include an explanation of the remedy or response being requested. Children Come First's *Grievance Initiation Template* is available from any CCF staff member to aid in initiating a formal grievance. **If help is needed to write the grievance, call Wisconsin Family Ties at (608) 267-6888.**

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Formal grievances for **Community Partnerships** should be placed in an envelope marked "Confidential" and addressed to the **Quality Improvement Manager**, 1334 Dewey Ct., Madison, WI 53703. The Quality Improvement Manager can also be reached at (608) 250-6634, ext. 110.

- Enrollees with Community Partnerships may also choose to bypass this step by contacting the Executive Director at (608) 250-6634, ext. 111 or the DCDHS CYF Mental Health Manager at (608) 242-6404 at any time to pursue a formal grievance.

Formal grievances for the **ARTT unit** should be placed in an envelope marked "Confidential" and addressed to **CYF Mental Health Manager**, 1202 Northport Dr., Madison, WI 53704. The CYF Mental Health Manager can also be reached at (608) 242-6404.

- Enrollees with ARTT may also choose to bypass this step by contacting the DCDHS CYF Mental Health Administrator at (608) 242-6474 at any time to pursue a formal grievance.

If a formal grievance is about the decision to reduce or deny a covered service, then the following applies:

- The grievance must be filed **within 45 days** of the decision to reduce or deny the service.
- If the enrollee was not receiving the service before this decision CCF is not required to provide or pay for the service during the grievance process.
- If the enrollee was receiving the service before this decision, CCF must continue to provide the same level of service during the grievance process. However, if the decision does not change the enrollee may have to pay for the services received during the grievance process.

Please note: A person may enter into *any* level of the grievance procedure at any time, for any reason. This means an enrollee may follow the above initiation steps or they may initiate their grievance at one of the levels listed below under *Appealing a Grievance Decision*.

B. Formal Grievance Response

1. The Quality Improvement Manager (for Community Partnerships) or the CYF Mental Health Manager (for ARTT) will review the formal grievance and provide an initial response in writing within 10 business days of receipt of grievance, except in cases of *Expedited Review* (see below). The Manager will review materials, speak to all parties, and meet with parties if needed. The Manager will provide a written final response and decision via certified mail within 30 calendar days of receipt of the grievance including procedures to pursue the matter further.
2. If the Quality Improvement Manager (for Community Partnerships) or the CYF Mental Health Manager (for ARTT) is unable to resolve the grievance within 30 calendar days, the time period may be extended another 14 calendar days from receipt of the grievance. If this occurs, the enrollee will be notified in writing that the grievance has yet to be resolved, when the resolution may be expected, and why the additional time is needed. The total timeline to finalize a formal grievance is not to exceed 45 calendar days from the date of the receipt of the grievance.

C. Grievance Committee Review

Enrollees who are not pleased with the Quality Improvement Manager's or the CYF Mental Health Manager's response may contact the CCF Commission, which acts as the Children Come First Grievance Committee, to request a review of the decision. Enrollees have 14 days from date they received the written decision of the CCF Manager to request a Grievance Committee Review. Review

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requests can be filed orally, in writing, or by any alternative method through which the enrollee/family member/representative communicates. If the review request is spoken, it must be confirmed in writing, except in the case of an expedited review request. CCF staff will assist the enrollee/enrollee's representative in writing the request if needed. Requests for Grievance Committee Review should be made to the DCDHS CYF Mental Health Manager at (608) 242-6404 or in writing at 1202 Northport Dr., Madison, WI 53704. The written decision on the Review will be issued within 30 days after the request for Review was presented to CYF Mental Health Manager.

Enrollees will be informed, in writing, of the time and place of the Grievance Committee meeting at least 7 calendar days before the meeting. Enrollees have a right to appear in person before the Grievance Committee to present written and oral information. The enrollee may bring a representative, including a provider, to this meeting.

V. EXPEDITED REVIEW

Any grievance which is an emergency or of an urgent nature will be considered an expedited grievance and will be reviewed and resolved within 2 business days of receiving the grievance. An expedited review request can be made either orally, or in writing.

The expedited review request should be made to the Coordinator or his/her Supervisor. In the event that neither is available the expedited request can be made to any member of the Community Partnerships' management team or to the CYF Mental Health Manager (or his/her designee, in the case of a CCF youth in the ARTT Unit).

If the request for an *expedited* resolution of the grievance is denied, the enrollee will be given prompt oral notice of the denial followed up by a written notice within 2 calendar days. The grievance will then be transferred to the standard grievance timeframes outlined above.

VI. ENROLLEE GRIEVANCE RIGHTS

During the grievance process, the enrollee and/or enrollee's representative has the right to:

- Receive help writing and/or filing a grievance by calling Wisconsin Family Ties at (608) 267-6888 or the Medicaid Managed Care Ombudsman at 1-800-760-0001.
- Look at the information CCF used to make its decision, including accessing any information or records related to the grievance.
- Appear in person and bring a representative, including a provider, with him/her to a meeting and/or hearing.
- Present new information during the grievance process.
- Request the grievance be handled in an urgent manner (see *Expedited Review* above) if the decision could result in illness or injury or if the delay in services could affect the enrollee's health.
- Have an interpreter throughout the process if needed, free of charge, by contacting the Quality Improvement Manager (for Community Partnerships) or the CYF Mental Health Manager (for ARTT).
- Move to *any* part of this grievance and appeals procedure at *any time* including appealing to the Department or contacting the Department of Hearings and Appeals (DHA) for a hearing (see more information below under *Appealing a Decision*).

VII. APPEALING A GRIEVANCE DECISION

Please note: A person may enter into *any* level of the grievance procedure at any time, for any reason, including filing a grievance directly with the Department or the DHA.

If the enrollee is not satisfied with the decision of Community Partnerships, Dane County Department of Human Services, or the CCF Grievance Committee, the decision may be appealed at the state level.

Enrollees have 14 days from the date they receive the CCF Grievance Committee decision to request a state level review.

A. Appealing to the Department of Health and Family Services

An enrollee or enrollee's representative may appeal a grievance decision to the State of Wisconsin, Department of Health and Family Services Medicaid Managed Care Ombuds by contacting the **Medicaid Managed Care Ombuds** at 1-800-760-0001 or in writing at Medicaid Managed Care Ombuds, P.O. Box 6470, Madison, WI 53716.

The Department will review the grievance and provide a final response within 30 days from the date the Department has all the information needed for a decision.

B. State Fair Hearing Request

Enrollees may appeal the grievance decision by asking for a hearing with the State's Department of Hearings and Appeals (DHA).

A request for a hearing must be in writing and sent to the **Division of Hearings and Appeals**, P.O. Box 7875, Madison, Wisconsin 53707-7875 or delivered to the Division at 5005 University Avenue, Suite 201, Madison, WI 53705. The written request should include enrollee's name, mailing address, and brief description of the problem, which county agency took the action or denied the service, enrollee's social security number, and signature. The date of the request for a hearing shall be the date on which the request is received by that office.

If this appeal is about the decision to reduce or deny a covered service, then the following applies:

- If the enrollee was not receiving the service before this appeal CCF is not required to provide or pay for the service during the appeals process.
- If the enrollee was receiving the service before this appeal, CCF must continue to provide the same level of service during the appeals process. However, if the decision does not change the enrollee may have to pay for the services received during the appeals process.
- If the grievance decision led to the service being reduced or denied and this decision is overturned by an appeal, CCF will reinstate the service.

The enrollee may receive help filing a request for a hearing by calling the **Medicaid Managed Care Ombudsman at 1-800-760-0001**.

VIII. DOCUMENTATION

All informal grievances, formal grievances, appeals, and expedited reviews will be documented in the appropriate logs and submitted to the Quality Improvement Manager for filing.

VIII. RELATED DOCUMENTS

G&A Coordinator Flow Chart

Grievance Initiation Template

G&A Acknowledgement Letter

G&A Decision Letter

Informal Grievance Log

Formal Grievance Log

Expedited Review Log

Notice of Action for Medicaid

Grievances & Appeals—Family Version

Reviewed & Approved by: _____

Scott Strong, Executive Director