

Policies & Procedures

GRIEVANCES

Section: Grievance Process

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Subject: Grievances

Effective Date:

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POLICY

Davis Behavioral Health (DBH) will appoint a person to receive and be responsible for grievances. All grievances, as defined above, received by DBH will be directed to this individual for proper processing and handling.

A **grievance** is defined as an expression of dissatisfaction about any matter other than an Adverse Benefit Determination, as "Adverse Benefit Determination" is defined in Davis Behavioral Health's Adverse Benefit Determination policy. The term is also used to refer to the overall system that includes grievances and appeals handled by Davis Behavioral Health which includes access to the State Fair Hearing process.

PROCEDURE

1. The Enrollee, or with written consent, his/her legally authorized representative (including the legal representative of a deceased enrollee's estate) or a provider acting on behalf of the Enrollee as an authorized representative, may file a Grievance at any time.
2. The Grievance may be filed either orally or in writing.
3. DBH will give enrollees any reasonable assistance in completing required forms for submitting a written Grievance or taking other procedural steps. Reasonable assistance includes, but is not limited to, auxiliary aids & services upon request, providing interpreter services and toll-free numbers that have adequate TTY/TTD and interpreter capability. From anywhere in Davis County the Enrollee may call toll-free (844)305-4782 and ask for the Grievance Officer. For TTY/TTD the Enrollee may call 711 or call 1-888-346-3162 for Spanish. If an Enrollee needs interpreter services or other assistance, the Enrollee may contact any DBH facility or call the Grievance Officer and request an interpreter or other assistance.

4. DBH will acknowledge the receipt of the Grievance in writing in a format & language that is easily understood by the enrollee.
 - a. DBH will ensure that the individuals who make the decision on Grievances are individuals who:
 - b. Take into account all comments, documents, records, & other information submitted by the member or their representative without regard to whether such information was submitted or considered in the initial Adverse Benefit Determination.
 - c. Were not involved in any previous level of review or decision-making, if applicable to the nature of the Grievance.
 - d. If deciding on a Grievance regarding denial of a request for an expedited resolution of an Appeal; or a Grievance that involves clinical issues, are health care professionals who have the appropriate clinical expertise, that is, they have the appropriate level of clinical licensure and expertise in treating the Enrollee's condition or disease.
 - e. Grievances that involve quality of care concerns will be reviewed by our Clinical Director to ensure that appropriate measures are taken to resolve the grievance.
5. DBH will notify the affected parties of the disposition of the Grievance in writing in a format & language that is easily understood by the enrollee.
6. DBH will maintain complete records of all Grievances and submit semi-annual reports summarizing Grievances using reporting templates specified by the Utah Department of Health.
 - a. DBH will maintain documentation for **Oral** grievances including, but not limited to:
 - b. Date the oral Grievance was received and documented.
 - c. The name of the person taking the oral Grievance.
 - d. A summary of the nature of the Grievance, including the name of the Provider or other staff or individual involved/named in the Grievance, if it involves a person.
 - e. Copies of written notices when extending the time frame for adjudicating oral Grievances when DBH initiates the extension.
 - f. The date of resolution, and summary of the resolution of the oral grievance. This information may be documented in a written Notice of Grievance Decision if DBH chooses to inform the Enrollee of the Grievance decision in writing.
 - g. The name of the individual(s) resolving the oral Grievance will ensure that the individuals who make the decision on grievances are individuals who were not involved in any previous level of review or decision-making, if applicable to the nature of the Grievance. Grievances that involve quality of care concerns will be reviewed by our Clinical Director to ensure that appropriate measures are taken to resolve the grievance. If the Grievance is regarding denial of a request for an expedited resolution of an Appeal or involves clinical issues, the title and credentials of the individual(s) who made the decision on the Appeal to demonstrate that they are individuals who:
 - i. were not involved in any previous level of review or decision-making and
 - ii. are health care professionals who have the appropriate clinical expertise, that is, they have the appropriate level of clinical licensure

and clinical expertise as determined by the Utah Department of Health, in treating the Enrollee's condition or disease.

- iii. (If DBH chooses to inform the Enrollee of the Grievance decision in writing, the information in 8.6 above may be documented in the Notice of Grievance decision)
- h. The date the Enrollee was notified of the grievance resolution and how the enrollee was notified (either orally or in writing). If the Enrollee was notified of the Grievance resolution in writing, DBH will maintain a copy of the written Notice of Grievance Decision.
- i. For oral Grievances not resolved within the required time frames, copies of Adverse Benefit Determination letters informing Enrollees that they may file an appeal.
- j. Any other pertinent documentation needed to maintain a complete record of all oral Grievances and to demonstrate that they were adjudicated according to the Contract provisions governing Grievances.
- k. DBH will maintain documentation for written Grievances including, but not limited to:
 - l. Date the written Grievance was received.
 - m. Date and method of acknowledgement (e.g., Orally or in writing).
 - n. Copies of written notices when extending the time frame for adjudicating oral Grievances when DBH initiates the extension.
 - o. The date of resolution and summary of the resolution. This information may be documented in a written Notice of Grievance Decision if DBH chooses to notify the Enrollee of the Grievance decision in writing.
 - p. The name of the individual(s) resolving the Grievance to ensure that the individuals who make the decision on Grievances are individuals who were not involved in any previous level of review or decision-making, if applicable to the nature of the Grievance. If the Grievance is regarding denial of a request for an expedited resolution of an Appeal or involves clinical issues, the title and credentials of the individual(s) who made the decision on the Appeal to demonstrate that they are individuals who:
 - i. were not involved in any previous level of review or decision-making, if applicable to the nature of the Grievance, and
 - ii. are health care professionals who have the appropriate clinical expertise, that is, they have the appropriate level of clinical licensure and clinical expertise, as determined by the Utah Department of Health, in treating the Enrollee's condition or disease.
 - iii. (If DBH chooses to inform the Enrollee of the Grievance decision in writing, the information in 9.5 above may be documented in the Notice of Grievance Decision)
 - q. The date the Enrollee was notified of the grievance resolution. This information may be documented in the written Notice of Grievance Decision if DBH chooses to inform the Enrollee of the Grievance decision in writing.
 - r. Copies of all written Notices of Grievance Decision to affected parties.
 - s. For written Grievances not resolved within the required time frames, copies of Notices of Grievance Decision informing Enrollees that they may file an Appeal.
 - t. Any other pertinent documentation needed to maintain a complete record of all written Grievances and to demonstrate that they were adjudicated according to contractual provision governing Grievances.