

**Policies & Procedures**

**Section:** Grievance Policies

**Pages:** 1

**Subject:** Time Frames for Grievances

**Effective Date:**

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## TIME FRAMES FOR GRIEVANCES

### POLICY

DBH will resolve grievances within the required time frames.

### PROCEDURE

1. When an Enrollee, his/her authorized representative, or a provider with the Enrollee's consent files a Grievance, DBH will address the Grievance with written notice to all affected parties as expeditiously as the Enrollee's health condition requires, but not to exceed 90 days from the day DBH receives the Grievance. An extension of up to 14 calendar days for resolution of the grievance is allowed if:
  - a. the Enrollee requests an extension, or
  - b. Shows the need for additional information and the delay is in the Enrollee's interest (upon department request)
  - c. DBH states how the extension is in the Enrollee's interest
2. If DBH extends the time frame, and the Enrollee does not request the extension, DBH will give the Enrollee written notice of the reason for the delay within 2 calendar days. In addition, reasonable efforts to give the member prompt oral notice of the delay will be attempted. This written notice will include the enrollees' right to specifically grieve about the extension.
3. If DBH does not resolve a Grievance within the required time frame, DBH will give the Enrollee an Adverse Benefit Determination letter at the time DBH determines the required time frame will not be met. The enrollee may now file an appeal.