Grievance and Appeals System Usage Matrix

- A Grievance is an expression of dissatisfaction from the client about the relationship between them and their provider.
- All requests for service must be considered and a decision must be made within 14 days (Expedited decisions are 72 hours)
- An Adverse Benefit Determination is defined to mean any of the following actions taken by BHRS:
  1. The denial or limited authorization of a requested service, including determinations based on the type or level of service, medical necessity, appropriateness, setting, or effectiveness of a covered benefit;
  2. The reduction, suspension, or termination of a previously authorized service;
  3. The denial, in whole or in part, of payment for a service;
  4. The failure to provide services in a timely manner;
  5. The failure to act within the required timeframes for standard resolution of grievances and appeals; or
  6. The denial of a beneficiary's request to dispute financial liability. Beneficiaries must receive a written NOABD when BHRS takes any actions described above. BHRS must also communicate the decision to the affected provider within 24 hours of making the decision.

NOABD Form to Use and Typical Users	When This Form is Required	When Not to Use	Who Receives Copies of NOABD	Timing Requirements of NOABD
Denial (Attachment C) **Used by:** • Call Center • DMC-ODS Authorizer • Utilization Management (UM) Team	• The Clinician determines through the Assessment that the beneficiary lacks medical necessity or is otherwise not entitled to receive services. • May be issued anytime preceding the end of the formal assessment period. • For **DMC-ODS** when Residential Services are denied.	• The client request is for non-specialty mental health services. • Client calls clinic or call center seeking information about services only. • BHRS Clinician approves the delivery of a specialty mental health service, but not that requested by the client. • When a client is not admitted to hospital following receipt of crisis intervention or stabilization.	• Client and/or the parent or the legal guardian. • Send copy of this NOABD to QM within 10 days	• Decision must be made within 14 Calendar days from date of initial request. • Denial must be mailed within 3 business days of decision • Hand delivered or mailed within 1 business day when beneficiary is in psychiatric hospital. • Copy of NOABD "Denial" issued in connection with TBS services must also be sent to DHCS per TBS regulations.
Modification (Attachment D) **Used by:** • Call Center • UM Team • DMC-ODS Authorizer • AOD program	• BHRS terminates or reduces services previously authorized • When a there is a change or deferral of a request for a service by a client, or a client's provider, including • reductions in frequency and duration of services • Approval of alternative services and treatments that is different than the services the client has been receiving	• When the client or provider is making an initial request for service. • The client disagrees with the service intervention specified in client plan. • The provider or clinical team bases the reduction or termination of service on a treatment decision responsive to the client's current clinical condition and the provider makes no request of BHRS for payment authorization. • BHRS clinician/staff alters the time frame of the authorization without reducing or terminating the service or otherwise changing the underlying treatment plan. • When the provider (BHRS/PPN/Contractor) leaves.	• Client and/or the parent or the legal guardian. • Provider • Send copy of this NOABD to QM within 10 days	• Hand delivered or mailed within 3 working days of decision. Client must receive at least 10 calendar days before the date the action takes effect. • Hand delivered or mailed within 1 business day when beneficiary is in psychiatric hospital. • Copy of NOA issued regarding a request for payment authorization of a TBS service must also be sent to DHCS per TBS regulations

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Termination
(Attachment E)
Used By:
• Clinic Supervisor/MD
• UM Team
• DMC-ODS Authorizer
• AOD Program Supervisor
	• When previously authorized services are terminated in whole for the following reasons:
	  • Client is lost to follow up or stops engaging in services
	  • Client no longer meets medical necessity
	  • Client is no longer covered by Medi-cal/Medicare
		• Denial of initial request for services.
		• Partial modification to existing services
		• Client declines services
			• Client and/or the parent or the legal guardian
			• Provider
			• Send copy of this NOABD to QM within 10 days
				• Hand delivered or mailed within 3 working days of decision. Client must receive at least 10 calendar days before the date the action takes effect.
				• Hand delivered or mailed within 1 business day when beneficiary is in psychiatric hospital.
				• Copy of NOA issued regarding a request for payment authorization of a TBS service must also be sent to DHCS per TBS regulations

Delivery System (Attachment F) **Used by:** • Call Center • SDA Supervisor/MD • DMC-ODS Authorizer • Utilization Management	• When a BHRS Clinician/Assessor has determined that the client does not meet the criteria to be eligible for Specialty Mental Health or Substance Use Disorder Services AND • Client will be referred to the Health Plan of San Mateo for services	• When clinician/assessor is denying service and not referring to the Health Plan of San Mateo or another provider • When a clinician is modifying existing services	• Client and/or the parent or the legal guardian. • Provider • Send copy of this NOABD to QM within 10 days	• Must be mailed within 2 business days of the decision
Delay in Authorization (Attachment G) **Used by:** • Call Center • DMC-ODS Authorizer • UM Team • TBS/ARM Authorizer	• When there is a delay in processing a client or provider's request for authorization of Specialty Mental Health or Substance Use Disorder Services • When there is a delay in authorizing modification of services requested by the client or a provider. • When BHRS extends the timeframe to make an authorization decision including extensions granted at the request of the client or provider • Includes extension granted when there is a need for additional information from the client and/or provider • When the extension is in the client's best interest	• Do not use this form when there is delay in providing timely access to services.	• Client and/or the parent or the legal guardian. • Provider • Send copy of this NOABD to QM within 10 days	• Must be mailed within 2 business days of the decision

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NOABD Form to Use and Typical Users	When This Form is Required	When Not to Use	Who Receives Copies of NOABD	Timing Requirements of NOABD
Timely Access (Attachment H) **Used by:** • Call Center • SDA Supervisor/MD • UM Team • AOD Program • DMC-ODS Authorizer	• When the client has a delay in receiving services to meet timely access standards • **With In 10 business days from:** • Calling 24/7 access line - time to first offered appointment • Walk in - after initial assessment to next follow up appointment. • Written Request - to first offered appointment • **Within 15 business days from:** • Written or oral request for Psychiatric Services	• Do not use this notice when denying or modifying services otherwise requested • When client does not accept offered appointments within the timeframe. • Client requests an appointment outside timely access standards	• Client and/or the parent or the legal guardian. • Provider • Send copy of this NOABD to QM within 10 days	• Notice is mailed at the time of any action where the outcome is going to be a delay in services.
Financial Liability (Attachment I) **Used by:** • MIS/Billing • Utilization Management	• When BHRS MIS/Billing or Utilization Management denies a client's request to dispute financial liability for services provided	• When BHRS denies or makes modification to services • When BHRS denies Payment to a provider	• Client and/or the parent or the legal guardian. • Send copy of this NOABD to QM within 10 days	• At time of action.
Payment Denial (Attachment J) **Used by:** • UM Team • MIS when denying payment for reasons outlined	• When BHRS Billing Dept. denies in whole or part for any reason a request for payment for services already delivered to the beneficiary because: • Condition as described by provider did not meet the medical necessity criteria for **DMC-ODS**, psychiatric inpatient hospital services or specialty MH services. • Services provided are not covered by BHRS. • BHRS MIS/QM requested but has not received, additional info from the provider needed to approve payment. • Provider did not meet documentation standards	• When initial request for services is not being authorized • When changing services currently being delivered	• Client and/or the parent or the legal guardian. • Provider • Send copy of this NOABD to QM within 10 days	• At time of action that affects the claim

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NOABD Form to Use and Typical Users	When This Form is Required	When Not to Use	Who Receives Copies of NOABD	Timing Requirements of NOABD
NOABD Grievance and Appeal Timely Resolution (Attachment K) **Used by:** • Office of Consumer and Family Affairs Grievance and Appeals Team	• When BHRS is unable meet the standard time frames for grievance or appeal.	•	• Client and/or the parent or the legal guardian. • Provider	• Verbal Notification when decision is made. • Send within 2 **calendar** days of decision • Services must resume within 72 hours
NOABD Overturn Notice (Attachment L) **Used by:** • Office of Consumer and Family Affairs • Grievance and Appeals Team	• Use this form after review of an appeal for an Adverse Benefits Determination. • The original decision is being overturned partially or in its entirety.	• Do not use this form if you are upholding the original decision.	• Client and/or the parent or the legal guardian. • Provider	• Verbal Notification • Send within 2 **calendar** days of decision • Services must resume within 72 hours
NOABD Upheld Notice (Attachment M) **Used by:** • Office of Consumer and Family Affairs • Grievance and Appeals Team	• Use this form when the original decision of an NOABD appeal is upheld	• Do not use this form if you are overturning the original decision	• Client and/or the parent or the legal guardian. • Provider	• Verbal Notification • Send within 2 **calendar** days of decision • Services must resume within 72 hours
Notice of Grievance Resolution (Attachment N) **Used by:** • Office of Consumer and Family Affairs Grievance and Appeals Team	/hen BHRS has concluded its investigation of any grievance.	Do not send this form until the grievance has been fully investigated.	• Client and/or the parent or the legal guardian. • Provider	• Resolution of grievance must be within 90 days from receipt of grievance. • Grievance for extending time for Authorization decision must be resolved in 30 days • Verbal notification • Written notice sent within 2 business days
NOABD "Your Rights" (Attachment O)	• When sending out a Notice of Adverse Benefits Determination		• Client and/or the parent or the legal guardian	• Included with NOABD
NAR "Your Rights" (Attachment P)	• When sending out a Notice of Appeal Resolution Notice **(NAR)**		• Client and/or the parent or the legal guardian	• Included with NAR
Language Assistance Information (Attachment Q)	• Send with any notice		• Client and/or the parent or the legal guardian	• Sent with all notices
Beneficiary Non-Discrimination Notice (Attachment R)	• Sent with any notice		• Client and/or the parent or the legal guardian	• Sent with all notices