

SECTION: 7 CHAPTER: 1800
POLICY: 1802, Complaint Resolution

1. PURPOSE:

- a. To establish the process for Tribal/Regional Behavioral Health Authorities (T/RBHAs), the Integrated Regional Behavioral Health Authority (RBHA), and Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) to ensure the resolution and tracking of complaints reported by all persons seeking or receiving behavioral health services provided by the T/RBHAs and the Integrated RBHA, their families or legal guardian(s), authorized representatives, other agencies, and the public. General questions or requests for information are not considered complaints.
- b. ADHS/DBHS, the T/RBHAs, and the Integrated RBHA shall:
 - i. Respond to all complaints consistent with the requirements contained herein; and
 - ii. Track and trend complaints for use as a source of information for quality improvement of the service delivery system.

2. TERMS:

Definitions for terms are located online at <http://www.azdhs.gov/bhs/definitions/index.php>. The following terms are referenced in this section:

Action

The denial or limited authorization of a requested service, including the type or level of service;

- The reduction, suspension or termination of a previously authorized service;
- The denial, in whole or in part, of payment of service;
- The failure to provide covered services in a timely manner;
- The failure to act within established timeframes for resolving an appeal or complaint and providing notice to affected parties; and
- The denial of the Title XIX/XXI eligible person's request to obtain covered services outside the network.

Appeal, Policy 1802

A request for review of an action, and for a person determined to have a serious mental illness, an adverse decision by a T/RBHA or ADHS/DBHS.

Complaint

Also known as Enrollee or Member Grievance. An expression of dissatisfaction with any aspect of care other than the appeal of an action involving Title XIX/XXI recipients. Complaints include, but are not limited to, concerns about the quality of care or services provided, a disagreement with a decision to extend the timeframe for making an authorization decision, aspects of interpersonal relationships with service providers, and lack of respect for recipients' rights.

SMI Grievance or Request for Investigation

SECTION: 7 CHAPTER: 1800
POLICY: 1802, Complaint Resolution

A complaint that is filed by a person with SMI or other concerned person alleging a violation of an SMI member's rights or a condition requiring an investigation.

Serious Mental Illness (SMI)

A condition of persons who are eighteen years of age or older and who, as a result of a mental disorder as defined in A.R.S. 36-501, exhibit emotional or behavioral functioning which is so impaired as to interfere substantially with their capacity to remain in the community without supportive treatment or services of a long-term or indefinite duration. In these persons mental disability is severe and persistent, resulting in a long-term limitation of their functional capacities for primary activities of daily living such as interpersonal relationships, homemaking, self-care, employment and recreation.

Urgent Response

A rapid and prompt response to a person who may be in need of medically necessary covered behavioral health services. An urgent response should be initiated in a punctual manner, within a timeframe indicated by the person's clinical needs, but no later than twenty-four hours from the initial identification of need.

Urgent responses must be initiated within 72 hours of notification by DES/CPS that a child has been, or will be, removed from their home.

3. PROCEDURES:

a. General Requirements

- i. The T/RBHA must develop and provide training to staff responsible for taking complaints. The training plan must be submitted to DBHS and updated annually and on an ad hoc basis as modified. The training must include information regarding the complaint (member grievance) process; appeals, SMI grievances and requests for investigations; and customer service requirements. These trainings must be provided to new employees per ADHS/DBHS Policy 403, Training Requirement.
- ii. Individuals responsible for taking complaints must provide assistance as indicated by the following:
 - (1) An action that is subject to appeal through the Title XIX/XXI Member Appeal process shall be treated as an appeal pursuant to [Policy 1801, Title XIX/XXI Notice and Appeal Requirements](#) in order to establish the earliest possible filing date for the appeal.
 - (2) For persons determined to have SMI who are appealing a decision regarding SMI eligibility, or Non-TXIX/XXI recipients appealing the need for a covered service, see [Policy 1804, Notice and Appeal Requirements \(SMI and Non-SMI/Non-Title XIX/XXI\)](#).
 - (3) For allegations of rights violations concerning persons determined to have SMI see [Policy 1803, Grievance and Requests for Investigation for Persons Determined to have a Serious Mental Illness](#).

SECTION: 7 CHAPTER: 1800
POLICY: 1802, Complaint Resolution

- iii. In the event a complainant is dissatisfied with the resolution reached through the complaint process, the issue(s) in dispute may still be referred to applicable appeal and SMI grievance processes. The T/RBHA/Integrated RBHA shall not route or otherwise encourage the direct filing of complaints with Arizona Health Care Cost Containment System (AHCCCS) unless the person is enrolled in or eligible for AHCCCS or Arizona Long Term Care Services (ALTCS) and the complaint directly relates to the acute care health plan/provider.
 - iv. There are no time limits placed on filing a complaint.
- b. T/RBHAs are required to create and publish policies and procedures available to their subcontracted providers specific to handling complaints that include:
- i. The T/RBHAs are responsible for meeting all components of the complaint process, including the acknowledgement, investigation, and resolution. T/RBHAs shall comply with applicable Federal and State laws, regulations, and policies and shall not delegate these requirements to providers.
 - ii. Each T/RBHA shall have a centralized complaint resolution process and designated individuals to whom all complaints shall be referred, regardless of who within the organization receives a complaint or the manner in which it is filed.
 - iii. Complaint resolution staff shall have immediate access to all information and resources necessary to resolve complaints.
 - iv. Complaints may be made to the T/RBHA in person, orally or in writing by persons receiving or seeking covered services, their families or legal guardian(s), authorized representatives, other agencies, or the public.
 - v. The T/RBHA must establish and make available a toll free telephone number that can be used to file oral complaints. Member grievances (complaints) filed orally are acknowledged at the time of filing.
 - vi. Complaints filed in writing must be acknowledged within 5 working days from receipt of the complaint, but acted upon in accordance with the urgency of the concern. If verbal acknowledgment is not achieved, a written acknowledgement letter must be sent within the 5 day timeframe. The letter will include a contact name and a phone number.
 - vii. When information is received, either orally or in writing, that the individual has Limited English Proficiency (LEP) or any other communication need, T/RBHAs must follow requirements outlined in [Policy 407, Cultural Competence](#), regarding oral interpretation services, translation of written materials, and services for the deaf and hard of hearing:
 - (1) For all individuals with LEP, the provider must make available oral interpretation services.
 - (2) For individuals needing translation in the prevalent non-English language within the region, the T/RBHA shall provide a written translation in accordance with the requirements of [Policy 407, Cultural Competence](#).
 - (3) For individuals who need translation in a language that is not considered a

SECTION: 7 CHAPTER: 1800
POLICY: 1802, Complaint Resolution

prevalent non-English language within the region or who require alternative formats (such as TTY/TTD), the T/RBHA shall provide oral interpretation of written materials or make alternative communication formats available as indicated.

- viii. The T/RBHA must address the identified issues as expeditiously as the person's condition requires. Complaints involving or asserting an immediate need such as a crisis service or assessment, access to medication, or health and safety concerns require immediate follow up.
- ix. T/RBHAs are required to dispose of each complaint and provide oral or written notice to affected parties as quickly as possible and in conformance with confidentiality requirements. If a member requests a written explanation of the complaint resolution, the complaint resolution response must be mailed within 10 days.
- x. Most complaints should be resolved within 10 business days of receipt, but in no case longer than 90 days.
- xi. The T/RBHA is responsible for investigating the complaint and issuing a resolution decision and shall ensure that:
 - (1) Individuals who make decisions regarding complaints are not involved in any previous level of review or decision-making; and
 - (2) Individuals making decisions about complaints that involve the denial of an expedited resolution of an appeal, or that involve clinical issues must be health care professionals with the appropriate clinical expertise in treating the recipient's condition.
- xii. If the complainant is dissatisfied with the T/RBHA's resolution of their complaint, the T/RBHA will advise the complainant that they may contact the ADHS/DBHS for additional review. ADHS/DBHS will review the complaint and the T/RBHA's efforts to resolve the complaint and intervene as indicated by the review. ADHS/DBHS complaint decisions are final and not subject to the hearing process.
- xiii. In the event the T/RBHA receives a complaint referred from ADHS/DBHS, the T/RBHA will provide ADHS/DBHS with a written summary that describes the steps taken to resolve the complaint, including the findings, plan for resolution, and any plan for correction, within the timeframe specified by ADHS/DBHS. The T/RBHA will acknowledge receipt of ADHS/DBHS referred complaints expeditiously and according to the urgency and response timeframe identified by ADHS/DBHS.
- xiv. The T/RBHA shall ensure that any specific corrective action or other action directed by ADHS/DBHS is implemented.
- xv. Complaint records must be retained for five years from the date of the disposition of the complaint.
- xvi. The T/RBHA shall:
 - (1) Maintain individual complaint records that include adequate, dated documentation, including but not limited to:
 - (a) Copies of communication generated during the resolution process;
 - (b) Documentation of actions taken to ensure that immediate health care needs are met;

SECTION: 7 CHAPTER: 1800
POLICY: 1802, Complaint Resolution

- (c) Documentation of all steps taken to resolve the concern, including the date the complaint was acknowledged and the date the complainant was notified of the resolution;
 - (d) Documentation of the plans for resolution;
 - (e) Documentation of plans for correction;
 - (f) Evidence that the resolution and any plans for correction have been implemented; and
 - (g) Evidence that identified issues are referred for additional follow up as indicated, including referrals to Quality Management, Network Management, SMI Grievance and Appeal staff, Corporate Compliance and/or regulatory agencies.
- (2) For complaints taking greater than 10 business days to resolve from the date of filing, the reason for the delay.
- (3) Maintain a log of all complaints received utilizing a set of fields (see [the ADHS/DBHS Performance Specifications Manual, attachment B. 5, for the prescribed Complaint Log Descriptions and Categories](#)) which include the following information:
- (a) The enrollee's first and last name,
 - (b) The date the complaint was made,
 - (c) Title XIX/XXI eligibility status,
 - (d) The source of the complaint,
 - (e) The complaint category,
 - (f) Any identified communication need (e.g., need for translator),
 - (g) The resolution reached,
 - (h) The length of time for outcome as indicated in this policy,
 - (i) Covered service category,
 - (j) Treatment setting, and
 - (k) Behavioral health category.
- (4) Routinely review the data collected through the complaint process as part of the T/RBHA's quality improvement strategy and network sufficiency review, and to identify members that utilize the complaint process at a high rate in order to assess their individual needs and interventions.
- xvii. ADHS/DBHS Requirements for Handling Complaints:
- (1) Complaints made to ADHS/DBHS Issue Resolution staff will be acknowledged and referred, as appropriate, to the T/RBHA staff designated to respond to complaints according to the protocol established with the T/RBHA and consistent with the process described in this policy.
 - (2) ADHS/DBHS staff shall enter information regarding complaints into the automated ADHS/DBHS complaint database.
 - (3) ADHS/DBHS shall routinely review the data collected through the complaint process as part of its quality improvement strategy.
 - (4) Instances of abuse, neglect, exploitation, and unexpected deaths are reported as described in [Policy 1703, Reporting of Incidents, Accidents and Deaths](#).

SECTION: 7 CHAPTER: 1800
POLICY: 1802, Complaint Resolution

4. REFERENCES:

[42 CFR § 431.200 et seq.](#)

[42 CFR § 438.240](#)

[42 CFR § 438.400 et seq](#)

[9 A.A.C. 34, Article 2](#)

[AHCCCS/ADHS Contract](#)

[ADHS/RBHA Contracts](#)

[ADHS/Tribal IGAs](#)

[Policy 407, Cultural Competence](#)

[Policy 1801, Title XIX/XXI Notice and Appeal Requirements](#)

[Policy 1803, Conduct of Investigations Concerning Persons with Serious Mental Illness](#)

[Policy 1804, Notice and Appeal Requirements \(SMI and Non-SMI/Non-XXIX/XXI\)](#)

SECTION: 7 CHAPTER: 1800
POLICY: 1802, Complaint Resolution

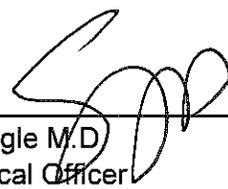
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