

2020

Grievance / Appeal / State Hearing Summary Report



SANTA CLARA COUNTY
Behavioral Health Services

Supporting Wellness and Recovery

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9/23/2020

DMC-ODS Waiver
Santa Clara County, Grievance/Appeal/State Hearing
Summary Report: FY 2019-20

Introduction

Under the Drug Medi-Cal Organized Delivery System (DMC-ODS) waiver, Intergovernmental Agreement (IA), the County is required to have a beneficiary-friendly “Problem Resolution Process” consistent with Federal and State timelines and regulations. In anticipation of the Final Rule implementation and a go-live date of June 2017 for the waiver, County of Santa Clara (CSC) revised their Grievance Policy and Protocol to an integrated Behavioral Health Services Department (BHSD) Problem Resolution Process policy to align with both the Final Rule and Department of Health Care Services (DHCS) standards.

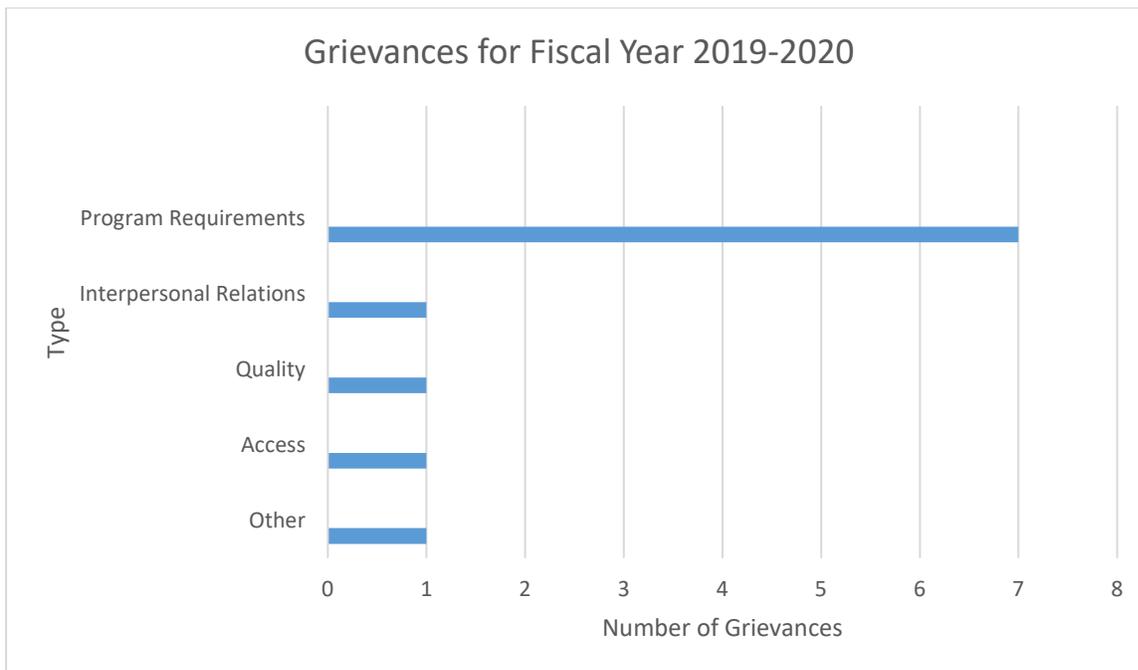
CSC serves both Medi-Cal beneficiaries and unsponsored clients; hence, written into the policy is an equitable process for unsponsored clients to express their dissatisfaction and receive the same attention for resolution. In terms of the process, for CSC BHSD SUTS, there are three tiers of scrutiny to the filing of complaints: grievances are reviewed by an assigned Quality Improvement Coordinator, appeals are reviewed by an assigned Clinical Standards Coordinator, and requests for internal hearings (unsponsored process equitable to Fair Hearing) or State Fair Hearings are reviewed by the SUTS QI Division Director, Quality Management Executive, and may go to Compliance. New to this year’s ODS requirements is the protocol development for Discrimination Grievances. The Discrimination Grievance process differs from the Problem Resolution Process in that a beneficiary does not have to exhaust County levels of resolution prior to going directly to the DHCS Office of Civil Rights and/or the U.S. Department of Health and Human Services Office of Civil Rights to file their complaint.

BHSD SUTS Quality Improvement and Data Support (QIDS) reports quarterly to DHCS on all grievances and appeals, grievance resolutions, and sends copies of those grievance resolutions to County Support at the state level. The QIDS Division Director also reports quarterly to the Behavioral Health Quality Improvement Committee (BHQIC) regarding any noted trends or concerns with grievances.

Grievances

In the first year of the DMC-ODS waiver, SCC SUTS received 22 grievances, in the second year 18 grievances were received, and this third year, there were a total of 12 grievances, one (1) of which was CSC’s first discrimination grievance. Grievances continue to decline in the CSC SUTS system of care. The types of grievances varied and there was no distinguishable pattern amongst the system of care.

In year three of the waiver, fiscal year 2019-20, CSC SUTS received a total of 11 grievances which were all resolved within 30 or less days. According to categories defined by the State, the following graph depicts the nature of those grievances:



Summary review of the most noted type of grievance, “program requirements” concerns, depicted no trend or pattern in that which beneficiaries reported as the specific program requirements with which they were unhappy. However, the majority of program requirement complaints concerned beneficiaries who were discharged from residential care due to violations of program rules (such as bringing substances or using substances on the facility site, threatening or aggressive behavior toward staff or other residents, etc.). It should be noted investigations did not support the claims, thus none were substantiated. The grievance concerning Access was

resolved within 24 hours, the Interpersonal issues grievance was resolved through conflict resolution with the facility involved, and the Quality issue concerned a misunderstanding regarding a Recovery Residence referral, which was easily resolved. New to CSC was the filing of its first Discrimination Grievance. CSC has worked closely with Compliance and County Counsel to develop a protocol which affords careful attention to claims of discrimination. This grievance was filed in late June of 2020 and is pending resolution soon which will be reported in the next fiscal year.

The State regulation for grievance resolution aligns with federal regulation of 90 days. In fiscal year 2019-2020, the average resolution time for grievances was approximately 22 days. Length of investigation and resolution time depends upon the complexity of the grievance filed.

It is worth noting that SUTS QIDS was uncertain how the impact of COVID-19 and shelter in place would affect the number of grievances or complaints beneficiaries filed during these past six (6) months. There were no notable differences in the filing of grievances or number of grievances during the initial periods of COVID, March through May 2020. While CSC responded to the needs at hand and implemented telephone and telehealth services, SUTS providers recently shared initial survey results of this method of delivery of services. These initial results have been positive, will be used as guidance for the use of telehealth services as a method of delivery in the future, if beneficiaries so choose, and will continue to be evaluated in the coming year.

Appeals

The first year of the waiver resulted in no appeals being filed. While year two of the waiver had two (2) appeals filed, fiscal year 2019-2020 only had one (1) appeal filed. The appeal concerned a claim of wrongful discharge from a residential treatment facility. The claim was not substantiated as the beneficiary had threatened to endanger other residents and staff at the program, so alternative care was offered and NOABD issued. The appeal was resolved in 8 days.

While CSC has had few appeals since the inception of the waiver, as Narcotic Treatment Program/Opioid Treatment Program (NTP/OTP) is added as a benefit to the ODS waiver continuum of care, CSC anticipates more appeals and state fair hearings. This anticipation is supported by data that has been kept by the SUTS QIDS Division Director working

collaboratively with the Program Manager and Division Director of NTP/OTP services. CSC has already initiated investigations into grievances and appeals filed regarding Addiction Medicine Treatment Services. This past fiscal year, there was one Appeal filed regarding a beneficiary being tapered off methadone and discharged from NTP services. The appeal was not substantiated as the program offered sound medical and life saving advice in their determination.

State Fair Hearings

Thus far in waiver implementation, the request for State Fair Hearings occurring in CSC have all been associated with Narcotic Treatment Programs. Therefore, there is a noted pattern. CSC has worked with Addiction Medicine in the NTP/OTP clinics to streamline the Problem Resolution Process as there are federal requirements NTP/OTP must follow, as well. A SUTS QIC is assigned to attend pre-termination hearings to address concerns of beneficiaries, who face possible discontinuation of methadone. Oversight by a medical doctor, accompanied by a written letter from the doctor informing the beneficiaries of why their methadone may be tapered and/or discontinued, occurs in all instances. The letter describes the dangers and health risks of continued methadone prescriptions in each of these cases. Almost all cases concern continued use of illicit substances while simultaneously dosing for methadone, a health risk which could result in death. NTP/OTP offers higher levels of care, referrals to psychiatry and mental health counseling, and other ancillary services in attempts to support beneficiaries remaining in NTP/OTP prior to any discussion of termination from services.

Similar to the prior fiscal year, in fiscal year 2019-2020, one request for State Hearing was filed; however, the beneficiary did not exhaust the County level problem resolution process and failed to appear for the State Fair Hearing. The State was informed of the beneficiary's failure to exhaust the County's process by the CSC SUTS QIDS Division Director.

Conclusion

CSC BHSD SUTS receives very few complaints. Less than 1% of the Medi-Cal beneficiaries admitted in 2019-2020 fiscal year filed a grievance or appeal. SUTS QIDS continues to do quite well in responding to beneficiary complaints in a timely, personal, and objective fashion. Additionally, SUTS QIDS works with providers on collaborative resolutions, for both the

beneficiary and provider, reviews protocols with providers to avoid further complaints, and discusses problem resolutions with beneficiaries in every attempt to help them understand the resolution and work towards beneficiary satisfaction. This year with the addition of NTP/OTP as a benefit in the ODS, the Problem Resolution Process has already been streamlined for ease of beneficiaries should they have a complaint regarding any substance use treatment services. Lastly, the addition of a new protocol for the filing of Discrimination Grievances provides an alternative avenue for these types of grievances to support beneficiaries in receiving specific and timely attention from a variety of objective parties with subject matter expertise.