



Policy Title: Health Home Grievance & Complaint Policy	DOH Policy Name: Section 2 Guidance for Monitoring the Reporting of Complaints and Incidents DOH Reference Number: NA Effective Date: 10/2015
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POLICY STATEMENT

Bassett Community Health Navigation Health Home (BCHNHH) has established a procedure to identify and investigate complaints and incidents that occur or those received from Health Home members/designee (e.g., family, guardian, etc.), staff or other relevant parties, and work toward resolution. The result of the investigation should ease the impact of the situation/event for the member, and prevent reoccurrence of similar or future events whenever possible.

SCOPE

Agencies within our partner networks are required to identify problematic trends and provide appropriate interventions when corrective actions are needed. Actions must be taken to minimize the probability of recurrence. Such actions must be documented and available for review by the New York State Department of Health (NYSDOH).

BCHNHH has policies and procedures in place to assure that members are informed of their right to file a complaint, incident, and/or request a State fair hearing as per 42 CFR § 438.100, § 438.10 and 42 CFR §§ 438.400 - 438.424 (for Managed Care members), Title 18 of the New York Codes, Rules and Regulations (NYCRR), Sub Part 358 (for fee-for-service members) and Sub Part 360-10.8 (for Managed Care Enrollees), and other applicable State law and regulations. This information must be written in a reading level easily understood by HH members.

OBJECTIVES

This policy provides guidance to CMAs regarding the Reporting, Documentation and Notification requirements, Timeframes for Resolution, and Tracking for all three levels of events.

To monitor the reporting of complaints and incidents, this policy identifies three reporting Levels as follows:

Level 1 Complaints that are managed by the CMA;

Level 2 Incidents that are managed jointly between the HH and CMA and do not require notification to the NYSDOH;

Level 3 Incidents that are managed jointly between the HH and CMA and must be reported to the NYSDOH.

- For proper incident reporting, refer to: *BCHN005 Health Home Reportable Incident Policy*



DEFINITIONS

Complaint: Any dissatisfaction expressed verbally or in writing by the Health Home Participant or the Health Home Participant's designee, including a parent or guardian, related to the provision of Health Home Care Management services or other services included in the Health Home Participant's Plan of Care.

Grievance: A wrong or hardship suffered (real or perceived), which is the grounds of a complaint

DOH-5055: Consent to Enroll in Health Home and Information Sharing Consent for Adult Health Home Members

DOH-5234: Notice of Decision for Enrollment in Health Home

Care Management Record System: A structured information system, maintained by the Health Home, and made available for Health Home Service Providers and Health Home Program Staff to utilize, as applicable and appropriate to their role in Health Home.

Level 1 Complaints: Any dissatisfaction expressed verbally or in writing by the member or member's designee related to the provision of Health Home care management services or other services identified in the member's plan of care.

Level 2 Incidents: A Level 2 Incident is defined as an urgent issue, event, or action either perceived or an actual threat that could have potential ill effect on the member's health and welfare, and can include an action taken by or against the member or, by another individual(s). The member may experience or subject another person to a level of physical and/or psychological harm, sustain or cause injury resulting in medical intervention and treatment, pose serious physical injury or life threatening harm, or require emergency life-saving procedures. Some Level 2 events may be a crime under New York State or Federal Law.

Level 3 Incidents: Require involvement by NYSDOH when any of the following occurs:

1. Homicide committed against or by the member;
2. The HH identifies trends in its network that has impacted or has the potential to impact members;
3. The HH cannot conclude its findings, or member satisfaction cannot be reached during Level 2 investigations that warrants guidance from NYSDOH;
4. The HH determines that the actions/inactivity of the CMA or HH negatively impacted the member and contributed to the allegation of Level 2 incidents;
5. Any Level 1 complaint or Level 2 incident investigation that is determined to be a Level 3.

ROLES AND RESPONSIBILITIES

Health Home Administration Responsibilities

It is the responsibility of BCHNHH to ensure all staff are aware of and understand fully that every member is to receive thorough information about and attest to understanding both the Member Rights and Responsibilities document and each CMAs Grievance and Complaint Procedure by providing access to each form and a training on this policy. BCHNHH is responsible for ensuring all of the following policies are in place, and IRAMS is utilized for filing escalated, unresolved member grievances. BCHNHH will ensure that the QA will review for trends, follow up with management, and discuss in the Quality Management and Performance Improvement Committee.



CMA Supervisor Responsibilities

It is the responsibility of the Supervisors to ensure each Navigator/CM understands the Member Rights and Responsibilities document, and the CMAs Grievance and Complaint procedure to ensure that the Navigator/CM is able to properly discuss this with their members. It is the responsibility of the CMA Supervisor to discuss with Navigators/CMs any grievance or complaints brought to them to ensure staff fully understands their next steps in assisting the member with services or ensuring a safe, appropriate transfer if necessary. If any further guidance is needed the CMA supervisor is to reach out to the Health Home to assist and offer guidance. If an incident report is needed, this information should be relayed to the Health Home within 24 hours of notification of the grievance or complaint.

Care Manager Responsibilities

It is the responsibility of the Navigator/CM to provide members with a Member Rights and Responsibilities document and ensure that the members understand the document and ensure they also outline the CMAs Grievance and Complaint Procedure with each member. These documents must be reviewed annually with each member and documented that the member understands their rights. It is the responsibility of the Navigator/CM to bring forward any grievance and complaints to their supervisor and discuss what further course of action is needed, document all conversations about the grievance or complaint in the member's record and ensure any follow up procedures are taking place.

PROCEDURES

During Outreach

During Outreach and Engagement, potential HH members must be provided with a Letter of Introduction by the HH that includes contact information for the HH, CMA, and the Medicaid Help Line should the potential member have any concerns related to this process.

If a Complaint is filed with the CMA, or an Incident is filed with the CMA or HH for an individual who is in Outreach, a determination must be made regarding the nature of the allegation and the extent to which the allegation needs to be investigated.

If a complaint or incident is reported by/on behalf of an individual who is in Outreach but not enrolled in the Health Home program, it is still important to look at the issue/allegation and determine whether the actions or inactivity of the HH or CMA could have potentially contributed to the occurrence of the complaint/incident.

Upon Enrollment

Upon enrollment, members are to be provided with a Member Rights and Responsibilities document that clearly outlines instructions on how to file a complaint, incident, and/or request a State fair hearing including all appropriate contacts, (e.g., CMA, HH, NYSDOH, Office of Temporary Disability Assistance (OTDA), Managed Care Organizations (MCO), etc.)

This document will be reviewed annually with the member and documented in the Care Management Record.

1. The member and CM must sign, attesting to member's understanding of rights.
2. The CMA may utilize the document provided by BCHNHH for this purpose OR may use a document specific to the nuances of their agency.



3. At a minimum, the complaint procedure distributed to the Health Home Participant's must include:
4. The Agency's procedure for escalating complaints
5. The HH and CMA contact number
6. The NYS Medicaid Helpline
7. Contact and procedural information related to state fair hearings through the Office of Temporary Disability Assistance (OTDA).
8. Health Home member will also receive Notice of Decision for Enrollment in Health Home (DOH-5234) concurrently with enrollment and the signing of the Patient Information Sharing Consent (DOH-5055). The DOH-5234 provides a member with information on how to request a Fair Hearing.
 - a. The Welcome Letter provided upon enrollment to the member will provide direction to the second page of the DOH-5234 where guidance on a Fair Hearing is provided.
 - b. A copy of the DOH-5234 will be kept in the Health Home Participants Electronic Health Record.
9. This document must be reviewed with, signed by, the Health Home Participant annually thereafter. The Care Manager must also sign the document and upload to Netsmart.

Level One Complaints:

Some examples of Level 1 Complaints may include, but are not limited to:

1. Customer service issues or dissatisfaction with services;
2. CM did not coordinate the member's plan of care to his/her satisfaction;
3. CM failed to set up needed transportation resulting in the member's late arrival at an appointment;
4. Member informs CM of a long wait time in doctor's office;
5. CM repeatedly didn't return phone calls;
6. CMA did not respond to member's request to change CMs.

Reporting a Level One Complaint

Level One Complaint investigations are managed solely by the CMA regardless of whether the agency is part of the lead HH or one of the HHs contracted downstream CMAs.

CMAs must have processes in place on how they will handle reported complaints from members.

CMAs must have a method of tracking and monitoring patterns/trends of reported complaints.

Timeframes for Complaint Resolution

The CMA must begin working with the member to resolve Level One complaints within 48 business hours or receiving a complaint and assist the member by advocating on his/her behalf.

The CMA must attempt to contact the member via telephone within 48 business hours of receiving a Level One complaint.

Upon resolution of the complaint the CMA must provide written notification, outline the complaint that was made and outcome/resolution.

The CMA must notify BCHNHH of Level One complaints within 72 business hours utilizing the Health Home Complaint Form.

If a Level One Complaint cannot be immediately resolved to the member's satisfaction, the CMA must strive to resolve it within a reasonable time frame as per agreement between BCHNHH and CMA. The additional time



required to resolve the complaint must be documented by the CMA.

If the CMA determines that the Level 1 complaint is actually a Level 2 or 3 incident please proceed to the appropriate section and follow the provided guidance.

Documentation Requirements for Level One Complaints

Level 1 complaints must be maintained separately from the member's case record.

HHs must have policies in place to assure that CMAs document all Level 1 complaints including all attempts made to resolve the complaint, timeframe for completion, and member satisfaction.

1. Additionally, if the Level 1 complaint was brought to the HHs attention by the CMA due to inability to resolve or being identified as a Level 2 or 3 incident, the CMA must document measures taken to notify the HH and outcomes of those actions.

Level Two Complaints

Examples of Level 2 incidents may include but are not limited to:

1. Abuse (physical, verbal, etc.);
2. Neglect;
3. Suicide attempt;
4. Violation of Civil Rights;
5. Missing Person;
6. Sexual Assault (rape or attempted rape);
7. Domestic violence;
8. Any voluntary or involuntary sexual contact involving a member and CMA staff;
9. Illegal sale or possession of narcotics;
10. Robbery;
11. Motor vehicle accident;
12. Possession of a deadly weapon;
13. DWI/DUI;
14. Verbal or physical aggression toward the member, or by the member toward another person without life threatening injury;
15. Death of a HH member. (While it is understood that some causes of death may be anticipated (e.g., someone who is terminally ill and receiving end-of-life care), it is important to evaluate all deaths involving Health Home members to determine whether there was a lapse or failure in care management that negatively impacted the member and potentially contributed to the occurrence of death. In cases where this has been determined, an investigation must be conducted).

Reporting a Level Two Complaint

All Level 2 incidents must be reported to the BCHNHH within 24 business hours of learning an incident has occurred. BCHNHH and CMA work jointly to assure the Incident is investigated.

BCHNHH must have involvement in the investigation process including discussion of the focus of the investigation with the CMA, documentation review, determining outcomes, etc.

BCHNHH and CMAs must take necessary steps to assure the member's safety is secured upon receiving



notification that the incident occurred.

BCHNHH must also assure incidents are reported to the appropriate reporting agency, e.g., Adult Protective Services (APS), Child Protective Services (CPS), legal aid, law enforcement, etc., as per usual protocol.

Timeframes for Incident Resolution

CMA's must begin efforts to investigate an incident within 24 hours of receiving notification. CMA's must make every effort to investigate and provide an outcome of the incident to BCHNHH.

Within 72 hours of beginning an investigation a CMA will determine the details of the incidents and an outcome. The CMA will provide their findings and outcome determination to BCHNHH within 24 hours of finalizing their investigation.

BCHNHH will have 48 hours to review the CMA report and discuss with the CMA their decided outcome, to resolve or respond to the reported incident.

Documentation Requirements of Level Two Complaints

Level two incidents must be maintained separately from the member's case record.

Information shared between BCHNHH and CMA is done so in a secure manner.

1. The CMA and BCHNHH maintain tracking of all level two incidents as a means of assessing network providers, identifying trends, and for taking corrective action related to incidents.

Notification Requirements

CMA's must notify BCHNHH when investigations require additional time for completion due to the nature of the allegation and investigation process. BCHNHH will work with the CMA to determine a reasonable period of time to obtain a satisfactory resolution. Extension of time must be documented by BCHNHH and CMA.

Once all information is obtained and reviewed by BCHNHH, BCHNHH will document findings including substantiation of the allegation, negative outcomes, and need for corrective action. Final outcome must be provided to the CMA by BCHNHH in writing within 72 hours.

When satisfactory resolution of a Level Two Incident cannot be obtained BCHNHH is required to notify NYSDOH within 24 business hours of making this determination. Examples of this may be but are not limited to:

1. The member is not satisfied with the outcome after attempts were made by BCHNHH and CMA to resolve the incident and BCHNHH feels that guidance from NYSDOH is warranted;
2. BCHNHH cannot determine appropriate findings after thorough investigation has been completed and feels that guidance from NYSDOH is warranted;
3. The investigation reveals that the Level 2 Incident is actually a Level 3 Incident;
4. BCHNHH determines that there are negative findings related to activities or inactivity of the CMA or HH that contributed to the incident;
5. BCHNHH determines a negative trend that impacts the member(s) or its overall network.

Level Three Complaints

Level 3 incidents require involvement by NYSDOH when any of the following occurs:



1. Homicide committed against or by the member;
2. BCHNHH identifies trends in its network that has impacted or has the potential to impact members;
3. BCHNHH cannot conclude its findings, or member satisfaction cannot be reached during Level 2
 - a. investigations that warrants guidance from NYSDOH;
4. BCHNHH determines that the actions/inactivity of the CMA or HH negatively impacted the member and contributed to the allegation of Level 2 incidents;
 - a. Any Level 1 complaint or Level 2 incident investigation that is determined to be a Level 3.

Reporting Requirements

BCHNHH must have policies in place for how Level 3 Incidents will be investigated.

All Level 3 Incidents must be reported by BCHNHH to the NYSDOH who will provide guidance regarding the focus of the investigation.

NYSDOH will determine whether notification to another State agency (e.g., OASAS, AI, OMH, the Bureau of Managed Care Certification and Surveillance) or other entity is warranted.

Timeframes for Resolution of Level Three Incidents by the Health Home

Within twenty-four (24) business hours of learning that a Level 3 incident has occurred, the CMA and BCHNHH must communicate. The HH will discuss the focus of the investigation with the CMA, including the need to involve other State agencies in the investigation process.

BCHNHH will in turn, contact NYSDOH via the Health Home Provider Line within twenty four (24) hours of identifying that a Level 3 incident has occurred.

BCHNHH and partnering CMAs will continue to work together to obtain information related to the incident to fully understand what has occurred.

A timeline for completion of the investigation will be provided to BCHNHH by the NYSDOH (generally this is 10 business days but is subject to change depending on the nature and severity of the Level 3 Incident).

BCHNHH will review all information obtained during the investigation and document findings, including any negative outcomes identified, and potential corrective actions.

BCHNHH will provide this information to the NYSDOH by the due date specified by NYSDOH.

If additional time is needed to complete the investigation and determine findings, BCHNHH will notify NYSDOH of the extended time needed and self-monitor to assure this extended timeline is met.

Documentation Requirements

Level 3 Incidents must be well documented and maintained separately from the member's case record.

BCHNHH will assure that information shared between the CMA, HH and NYSDOH is done so in a secured manner.

BCHNHH will assure that all Level 3 incidents are tracked by the HH and CMA, and monitored for trends to prevent reoccurrence.



COMMUNICATION/TRAINING/IMPLEMENTATION

Complaints that are determined to be incidents as defined in the BCHNHH Reportable Incidents Policy, shall follow the procedures outlined in the BCHNHH Reportable incidents Policy and shall be reported to BCHNHH within one business day of recognition that the complaint should be classified as an incident.

Quality Management & Performance Improvement

BCHNHH will ensure that the CMAs adhere to the above Policy and any other Policy associated with the complaint, as applicable. IRAMS (Incident Review and Management System) will be used to file escalated, unresolved member grievances. BCHNHH will review for trends, and follow-up with the CMA, and discuss trends with the Quality Management and Performance (QMP) Committee. BCHNHH will provide CMA's with an Acknowledgement form once an Incident Report has been submitted. In order to assist with quality monitoring, oversight, and improvement procedures, BCHNHH Quality Analyst will collect the following information but is not limited to:

1. The type and timeliness of complaints and grievances filed;
2. All complaints and grievances were addressed;
3. Required timelines were met;
4. Outcome of investigations;
5. Resolution provided to member timely and appropriately;
6. Complaints and grievances elevated due to lack of member satisfaction or significance of issue identified during investigation;
7. Trends identified;
8. Corrective action required.

RELATED FORMS

- *Quality Assurance and Performance Improvement Policy*
- *DOH Health Home Reportable Incident Form*
- *DOH Health Home Quarterly Incident Review Log*
- *Rights and Responsibilities Form*
- *DOH-5055*
- *DOH-5234*
- *Notice of Determination Fair Hearing Policy*
- *Health Home Incident Report Acknowledgement Form*