

Arizona Department of Health Services Office for Children with Special Health Care Needs Children's Rehabilitative Services Administration	<b>Effective Date: 03/02/2009</b> <b>Last Review Effective Date: 02/11/2009</b>
SUBJECT: Grievance System	SECTION: GS 1.1

**SUBTITLE: CRSA Non-quality of Care/Grievance Process**

POLICY:

It is the policy of Children's Rehabilitative Services Administration (CRSA) to assure timely, responsive, and effective processes for all grievances filed. CRSA Quality Management performs an investigation of all non-quality of care issues, which includes an investigation, analysis, intervention, evaluation, resolution, reporting, closure, trending, and oversight of the processes for grievances received by the Children's Rehabilitative Services (CRS) Contractor.

STANDARD:

CRSA, Quality Management Division receives and is responsible for ensuring timely and appropriate resolution of non-quality of care grievances reported by CRS members, providers, Arizona Health Care Cost Containment System Administration (AHCCCSA), Arizona Department of Health Services (ADHS) Director, State of Arizona Governor's Office, and other State agencies.

DEFINITIONS:

Action:

The denial or limited authorization of a requested service including:

- a) The type or level of service;
- b) The reduction, suspension, or termination of a previously authorized service;
- c) The denial, in whole or in part, of payment for a service;
- d) The failure to provide a service in a timely manner as set forth in contract;
- e) The failure of a contractor to act within the time frame specified by AHCCCS; or
- f) The denial of a rural CRS member's request to obtain services outside CRSA or its subcontractors' network under 42 C.F.R. § 438.52(b)(2)(ii), when CRSA or its subcontractors is the only contractor in the rural area.

Assess or Evaluate:

The process used to examine and determine the level of quality or the progress toward improvement of quality and/or performance related to CRS Contractor service delivery systems.

Appeal:

A request to review an action.

### Corrective Action Plan (CAP):

A written work plan that includes goals and objectives, steps to be taken and methodologies to be used to accomplish CAP goals and objectives, and staff responsible to carry out the CAP within established timelines. CAPs are generally used to improve performance of the CRS Contractors, to enhance QM/PI activities and the outcomes of the activities, or to resolve a deficiency.

### Grievance:

An expression of dissatisfaction about any matter other than an action. Possible subjects for grievances include, but are not limited to:

- a) The quality of care or services provided; and
- b) Aspects of interpersonal relationships such as rudeness of a provider or employee or failure to respect the enrollee's rights.

### Grievance Log:

Quality and non-quality of care concerns submitted by CRS Contractor.

### Level of Severity:

The designation of a quality of care issue as to degree of life threat, disability, or other adverse outcome.

### Non-Quality of Care Concern:

The grievance has no possibility of impacting the member's health care status.

### Quality of Care Concern:

If there is any possibility that the grievance could impact the member's health care status in any way, it must be treated as a quality of care concern.

### Quality of Care Database:

The database where all CRSA grievances and potential quality of care review and referrals are entered for monitoring, tracking, and trending purposes.

## PROCEDURES:

The CRSA quality management coordinator is responsible for non-quality of care grievances received within the CRS system and reporting to the CRSA Quality Management Committee (QMC). The processes explained in this policy include:

- A. **CRSA Direct Grievances for Non-Quality of Care Concerns:**  
When CRSA receives a grievance from a member, provider, or referral source and the grievance has no possibility of impacting the member's health care status, the CRSA Quality Management Coordinator is responsible for completing the tasks listed below.

- 1) Opens the case in the Quality of Care (QOC) Database as a non-quality of care concern including:
  - a) Date grievance received.
  - b) Date case opened.
  - c) Demographics.
  - d) Method of receipt of grievance.
  - e) Description of grievance.
  
- 2) Sends the non-quality of care acknowledgement letter (Attachment 1) to the grievant within five (5) days;  
  
Most grievances should be resolved within ten (10) business days of receipt, but in no case longer than ninety (90) days;
  
- 3) Documents all steps utilized during investigation and resolution process;
  
- 4) Sends non-quality of care closure/resolution letter that provides sufficient detail to ensure that the members have an understanding of the resolution of their issue, any responsibilities they have in ensuring all covered, medically necessary care needs are met, and a contact name/telephone number to call for assistance or to express any unresolved concerns;
  
- 5) Documentation of implemented corrective action plan(s) or action(s) taken to resolve the concern;
  
- 6) Enters the data in the QOC Database for evaluation and analysis; and
  
- 7) Reports any trends from non-quality of care concerns to the CRSA Quality Management Committee.

B. Quality of Care Concerns:

All Quality of Care concerns will be resolved in compliance with CRSA Policy and Procedure Manual QM 1.5, CRSA Quality of Care Process.

C. CRSA Oversight of CRS Contractor Grievances:

CRS Contractor is required to log all non-quality of care and quality of care grievances (severity levels 0-4) within the Grievance Log. The Log must be submitted to CRSA via the secured server by the 15<sup>th</sup> of every month for the previous month. CRSA reviews the Grievance Log each month.

D. Grievance Log Review:

CRSA reviews the Grievance Log monthly for timeliness, accuracy, and appropriateness of grievance processing. Trended issues are discussed at the CRSA Quality Management Committee.

After reviewing the severity level 0 cases from the Grievance Log, if CRSA requires further information, the CRSA Quality Management Coordinator:

- 1) Notifies the CRSA Medical Director and who reviews and analyzes the findings. The CRSA Medical Director proposes resolution from the CRS Contractor and may discuss findings with the CRS Contractor Medical Director; and/or
  - a) Accepts CRS Contractor Medical Director's decision;
  - b) Refers provider quality of care issues to the CRSA Peer Review Committee;
  - c) Determine interventions, including corrective action plans.
- 2) Opens a case file, in the QOC Database, documenting that CRSA is requesting additional information, including the:
  - a) Date of letter to the CRS Contractor; and
  - b) Expected date of response to CRSA.
- 3) Requests a response from the CRS Contractor:  
The CRS Contractor's findings including any proposed steps for resolution must be returned within a specified timeframe.
- 4) Requests medical records, if applicable;
- 5) Sends closure letter to CRS Contractor; and
- 6) Documents resolution in the QOC Database.

E. Tracking and Trending:

Monthly grievance logs from the CRS Contractor will be compiled, evaluated, and analyzed quarterly for trends. Quarterly reports will be submitted to the CRSA Quality Management Committee.

Quarterly reports include:

- a) Number of cases by:
  - i) Main category.
  - ii) Sub category.
  - iii) Initial severity level.
  - iv) Closing severity level.
- b) Types and numbers/percentages of substantiated, unsubstantiated and unable to substantiate non-quality of care issues.
- c) Interventions implemented to resolve and prevent similar incidences.

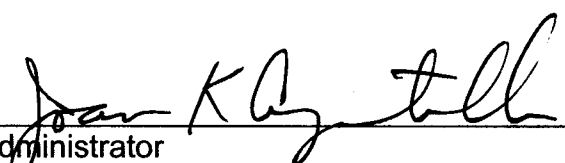

All non-quality of care reports will be sent to AHCCCS as requested.

If significant negative trends are noted, CRSA may consider implementing performance improvement project or other performance improvement activity for either CRSA or the CRS Contractor.

If at any time CRSA deems that systemic improvement is required to improve processes, the responsible CRS Contractor is notified in writing of the need for a corrective action plan (CAP) to prevent further occurrences. CAPs from CRS Contractor must include the following:

- a) A description of the problem which requires improvement.
- b) Improvement action to be taken along with the responsible CRS Contractor personnel assignment.
- c) Time frames for implementation; and monthly evaluation of progress towards goals.

CRSA monitors the CAPs. If the interventions and/or the corrective actions are not improving the process, CRSA may assign new interventions, impose sanctions, and/or other activities as identified by the CRSA Quality Management Committee to the CRS Contractor.

Approved:	Date:
 _____ CRSA Administrator	<u>3/5/09</u> Date:
 _____ CRSA Medical Director	<u>3/4/09</u>