



*Department of Health
and Human Services*
Maine People Living
Safe, Healthy and Productive Lives

Managed MaineCare Initiative Stakeholder Advisory Committee & Specialized Services Committee Meeting

January 28, 2011

SAC/SSC Meeting January 18, 2011

AGENDA



I. Welcome & Introductions.....*Nadine Edris*

II. Update from Purchasing on RFP Process.....*Chad Lewis*

III. Core Quality Standards*Jay Yoe and Maureen Booth*

Questions or issues from Dec 17 meeting on standards?

Grievance Process: Presentation & Discussion

IV. Public Comment

V. Next Steps

Wrap Up/Feedback to the Design Management Committee on Grievance Process

Agenda for Friday 1/21: Quality Measures, Agendas for future Stakeholder meetings

Managed MaineCare Initiative RFP

DEVELOPMENT

- PROGRAM COMPLETES DRAFT
- PURCHASED SERVICES REVIEWS

DAFS/PURCHASES

- REVIEW/APPROVE RFP
- RFP# ASSIGNED

Managed MaineCare Initiative RFP



LEGAL NOTICE/PUBLICATION*

-KENNEBEC JOURNAL: MINIMUM OF 3 CONSECUTIVE DAYS

-DAFS WEBSITE:

[HTTP://WWW.MAINE.GOV/PURCHASES/RFP/INDEX.HTML](http://www.maine.gov/purchases/rfp/index.html)

-DHHS RFP WEBSITE:

[HTTP://WWW.MAINE.GOV/DHHS/RFP/INDEX.SHTML](http://www.maine.gov/dhhs/rfp/index.shtml)

***FROM THIS POINT FORWARD, ALL CONTACT REGARDING THIS RFP MUST GO THROUGH THE DESIGNATED RFP COORDINATOR.**

Managed MaineCare Initiative RFP

BIDDERS CONFERENCE

- MIN: 7 DAYS FROM LAST ADVERTISING DATE
- MIN: 15 DAYS BEFORE PROPOSAL DUE DATE

QUESTIONS & ANSWERS

- DEADLINE FOR WRITTEN QUESTIONS
- MIN: 7 DAYS PRIOR TO PROPOSAL DUE DATE

Managed MaineCare Initiative RFP

PROPOSALS DUE

- SENT TO DAFS
- REVIEW AND SCORING PROCESS

AWARD NOTIFICATION

- ALL BIDDERS NOTIFIED
- REQUEST STAY OF AWARD
- REQUEST APPEAL HEARING

Quality Work Group Report

Report to:

Stakeholder Advisory Committee and
Specialized Services Committee

January 18, 2011

Grievances

- Definitions
- High level overview of process
- Expedited review
- MCO internal review process
- Role of DHHS

What is a Grievance?



The definitional challenge! – no one consistent definition. **Grievance** is used in both federal and Maine laws to describe different kinds of adverse actions by an agency, complaints, dissatisfaction with services, rights violations.

Despite this confusion, definitions **do matter** because particular agency actions trigger certain rights and administrative responses (set forth in CMS and Ch.101)

CMS Definition

CMS uses the term **ACTION** to describe the following events:

- Denial or limited authorization of a requested service
- Reduction, suspension or termination of a previously authorized service
- Denial of a payment for a service
- Failure to provide services in a timely manner as defined by the state
- Failure of an MCO to act within the timeframes provided in 438.408(b)

CMS ACTIONS

- CMS calls a response by a member to an **ACTION** an **APPEAL**
- CMS regulations apply to all MaineCare members
- Any **ACTION** starts the clock running towards a fair hearing and all of the due process rights under CMS and the State Fair Hearing regulations in Ch. 101 (MaineCare Benefits Manual) and MAPA.

CMS Categories – Non-Actions

- **CMS uses the term GRIEVANCE** to describe dissatisfaction with any matter other than **ACTION**.
- **GRIEVANCE subjects:** quality of care or services complaints about a provider, interpersonal relationships such as rudeness of a provider or failure to respect enrollee's rights.
- **GRIEVANCES do not** trigger the same CMS regulatory requirements as **ACTIONS** and **APPEALS**
- **However, under Maine law recipients of certain MaineCare services are afforded legal rights that require specific administrative responses**

ME Law and Procedures- ACTIONS

For All MaineCare Members

- Ch. 101 guarantees a fair hearing process for all ACTIONS (per CMS definition)
- Ch. 101 generally complies with CMS guidelines
- Member has 60 days in which to request hearing from the Notice of Action – CMS allows for up to 90 days
- Member may have continuation of services or eligibility during appeal process

ME Law –Other Categories of Grievances for Specific Populations



Rights of Recipients of Mental Health Services- Adults

- Rights derive from both Maine law and the terms of the Consent Agreement, Bates v. Duby. 14-193 Ch.1
- Focus on violation of patient rights as well as any other state regulations
- Process has 3 sequential tiers with time limited response at each level by provider and Member

ME Law - Rights of Recipients of Mental Health Services- Children



- Same categories for grievances as adults (violation of rights, consent agreement violations)
- Children recipients are offered choice of mediation or administrative hearing
- Quick turnaround – Hearing with 5 days of request; decision within one week
- Filing for hearing stays any action to reduce terminate or suspend services

ME Law - Grievance by Recipients of Services OCDPD, MR, Autism



- Broad definition of grievance includes any action or inaction of Dept per Consent Decree, denial of services relating to Person Centered Plan. 34-B MRSA 1203(4)
- Three level review – informal, regional team leader, and then fair hearing
- Short time frame for requests and response (5-10 days) for each level
- Services continue during grievance
- Member may elect mediation at any point

Current Process -Observations



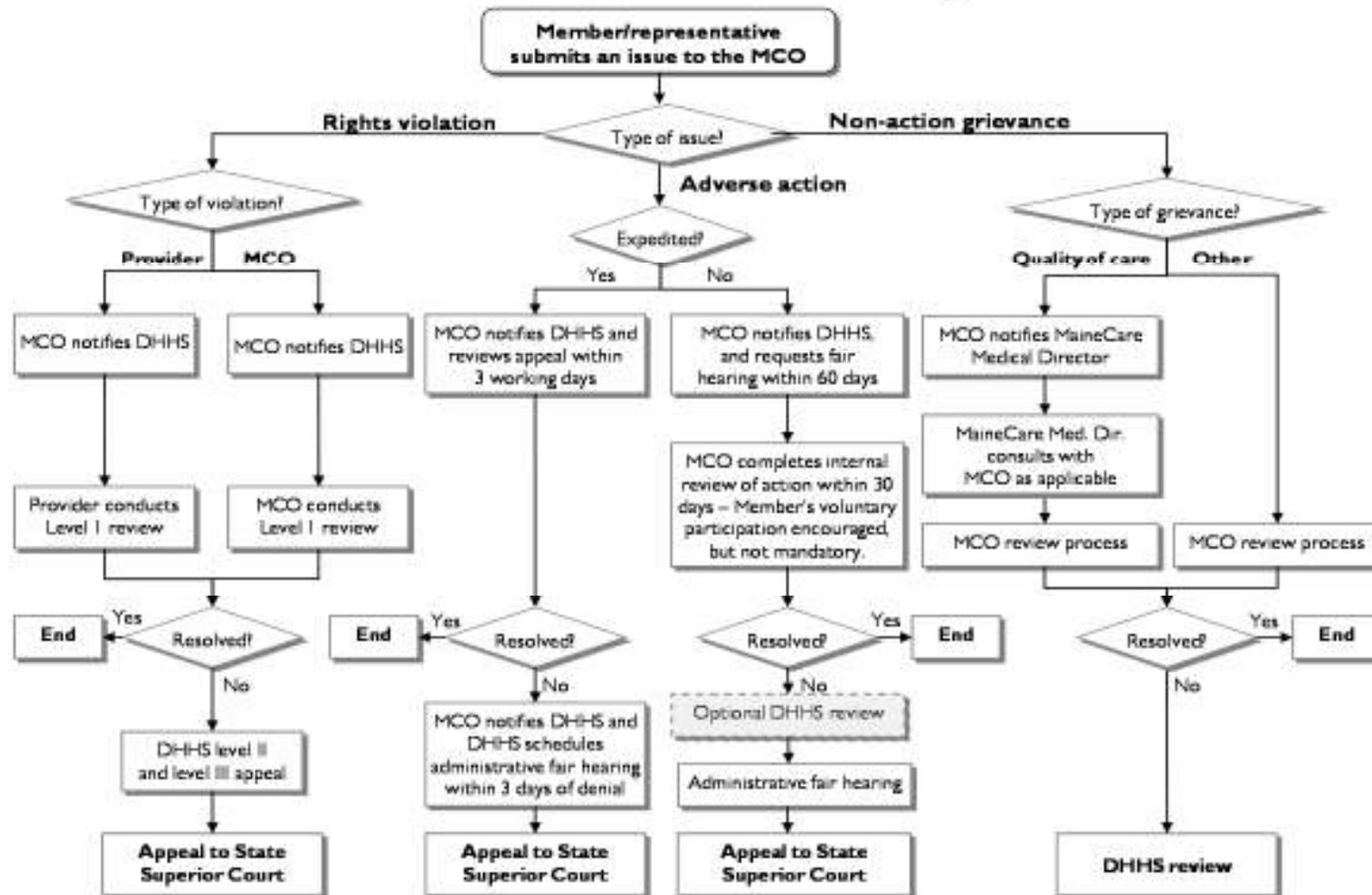
- Confusing! A management headache all around.
- Grievance process is not necessarily tied to level of severity of problem
- For general population, no intermediate level of resolution other than fair hearing.
- Opportunities for quality complaints (for general population) not part of current regulatory process?

Goals for MCO Grievance System

1. Simplify.
2. Make MCO accountable while preserving existing member rights.
3. Reduce burden on member whenever possible.

Overview of Proposed Grievance Process

Potential Framework for MCO Grievance System



MCO Req'mts - Appeal Process

- **Initial content of notice** - includes actions, reasons for action, Member's right to file appeal, procedure, circumstances for expedited resolution, time frame for notice (generally 10 days prior to action), right to request benefits while appeal pending
- **Members may file an appeal** orally or in writing but unless expedited request, must follow an oral filing with a written appeal
- **Resolution of regular appeal** within 45 days from receipt of appeal to MCO

MCO Req'mts - Expedited Appeal Process

MCO must establish an expedited review process for appeals (of adverse actions) when Member or Provider (on members' behalf) requests expedited review because taking time for standard review would jeopardize the member's life or health or ability to attain, maintain or regain maximum function

MCO Req'mts - Expedited Appeal Process



Two responses to the Member's request for an expedited appeal:

1. MCO accepts the appeal as meeting criteria of expedited
 - MCO must have completed review within 3 working days after receiving appeal. MCO provides both written and oral notice of results to Member.
 - If result of expedited appeal is adverse to the interests of the Member, MCO must notify State agency immediately and agency must provide access to Fair Hearing within 3 days.

2. MCO rejects the appeal as meeting expedited criteria
 - MCO transfers appeal to standard process and make reasonable efforts to give Member prompt oral notice of denial followed up by written notice