

**RAINBOW CENTER OF MICHIGAN, INC.  
GRIEVANCE POLICY**

Title: Grievance Policy	Chapter: Rights and Responsibilities
	Approved by:  Winnifred Griffin Chief Executive Officer
<u>December 1, 2000</u> Date of Inception	<u>May 1, 2022</u> Updated

**Policy:**

It is the policy of Rainbow Center of Michigan (RCOM) that all recipients of services at this agency have the right to file a grievance/complaint when they feel/believe their recipient rights have been violated. There is no statute of limitation on when a grievance can be filed. RCOM will acknowledge receipt of each grievance.

Recipients have the right to concurrently file an Appeal of an Adverse Benefit Determination and a Grievance regarding other service complaints. Rainbow Center of Michigan coordinates as appropriate with Fair Hearing Officers and the local Office of Recipient Rights.

RCOM will ensure that the individuals who make decisions on grievances are individuals:

- a. Who are not involved in any previous level of review or decision-making, nor a subordinate of any such individual.
- b. Who, if deciding any of the following, are individuals who have the appropriate clinical expertise, as determined by the State, in treating the member's condition or disease:
  - i. A grievance regarding denial of expedited resolution of an appeal.
  - ii. A grievance that involves clinical issues.

RCOM will resolve each grievance, and provide written notice of resolution, as expeditiously as the member's health condition requires, within MDHHS timeframes that may not exceed the timeframes specified in 42 CFR §438.408.

- a. RCOM will resolve the grievance and send notice to the affected parties within ninety (90) calendar days from the day the RCOM receives the grievance.
- b. The notice must meet the standards described at 42 CFR §438.10.

RCOM may extend the timeframe for resolving grievances by up to fourteen (14) calendar days if:

- a. The member requests the extension; or
- b. The provider shows (to the satisfaction of MDHHS, upon its request) that there is need for additional information and how the delay is in the member's interest.

If RCOM extends the grievance resolution timeframe not at the request of the member, it must complete all of the following:

- a. Make reasonable efforts to give the member prompt oral notice of the delay.
- b. Within two (2) calendar days give the member written notice of the reason for the decision to extend the timeframe and inform the member of the right to file a grievance if he or she disagrees with that decision.

RCOM's notice of grievance resolution meets the requirements of 42 CFR §438.10 and will include:

- a. The results of the grievance process;
- b. The date the grievance process was concluded;
- c. The notice of the member's right to request a State fair hearing, if the notice of resolution is more than ninety (90) calendar days from the date of the grievance; and
- d. Instructions on how to access the State fair hearing process, if applicable.

Rainbow Center of Michigan adheres to the guidelines and information listed in the Appeals and Grievance Technical Requirements document.

**Procedures:**

Initial complaints of recipient rights violations shall be made to the Rights Advocate, in verbal or written complaint by the recipient/legal representative(s).

The Rights Advocate shall initiate an investigation of the complaints within ten (10) working days of the complaint to be filed with him/her.

A written report, including procedures followed in the conduction of the investigation, findings of the investigation, conclusion and recommendation for remedial actions, if any, shall be submitted to the program Director within thirty (30) days of receipt of the initial complaint by the Rights advisor.

The Program Director shall initiate a written response to the complainant, including the investigative findings, conclusions, and recommended remedial action, if any, to be taken within fourteen (14) days after receipt of the investigative report from the Rights Advocate. If a complainant is not satisfied with the findings of the written report, he or she may appeal directly to the Program Director for redress, and a meeting shall be scheduled within ten (10) working days of receipt of the complainant's request.

If the complainant, after meeting with the Program Director, still feels that he or she has not received adequate justification to the complaint, then they shall be informed that he or she may request a formal hearing in accordance with Administrative Procedures Act established by CSAS for Recipient Rights. A copy of these procedures shall be given to the complainant by the Program Director/Rights Advocate. Refer further to Recipient Grievance Rights Process.

The provider defines a grievance as an expression of dissatisfaction about any matter other than an adverse benefit determination (ABD). Grievances may include, but are not limited to, the quality of care or services provided, and aspects of interpersonal relationships such as rudeness of a provider or employee, or failure to respect the member's rights regardless of whether remedial action is requested. Grievance includes a member's right to dispute an extension of time proposed by the PROVIDER to make an authorization decision.

A member may file a grievance with the provider at any time.

- a. With the written consent of the member, a provider or an authorized representative may file a grievance on behalf of a member.

The provider must acknowledge receipt of each grievance.

Grievance and appeal records must be accurately maintained in a manner accessible to the State and available upon request to CMS, and contain, at a minimum, all of the following information:

- a. A general description of the reason for the appeal or grievance.
- b. The date received.
- c. The date of each review or, if applicable, review meeting.
- d. Resolution at each level of the appeal or grievance, if applicable.

- e. Date of resolution at each level, if applicable.
- f. Name of the member for whom the appeal or grievance was filed.

Grievance and appeal records must be retained for ten (10) years from the final date of the contract period or from the date of completion of any audit, whichever is later.