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Document Scope: (applies to Policy & Procedure only)

- The requirements herein apply only to the GCBH BH-ASO Central Office and its functions.
 - X The requirements herein apply, verbatim, to GCBH BH-ASO and its network providers².
 - The requirements herein apply both to GCBH BH-ASO and its network providers². Additionally, network providers must have internal documents outlining their processes for implementing the requirements, insofar as they relate to actions for which network providers are responsible.
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PURPOSE: To define the role and responsibilities of the Ombuds Service. The Ombuds Service helps ensure individual and Medicaid rights are upheld, that individuals have access to information and referrals, advocacy, and assistance in navigating grievances and appeals processes. The Ombuds Service if requested, also provides assistance in the Administrative Hearing process. The Ombuds Service has unencumbered access to the Behavioral Health Agencies (BHAs) that are contracted with Greater Columbia Behavioral Health.

DEFINITIONS

- I. **Administrative Hearing:** An adjudicative proceeding before an administrative law judge or a Presiding Officer that is governed by Chapter 34.05 RCW and the Agency's hearings rules found in Chapter 182-526 WAC and other applicable laws.
- II. **Action:** The denial or limited authorization of a Contracted Service based on Medical Necessity.
- III. **Adverse Authorization Determination:** In the context of GCBH BH-ASO-funded service provision to Medicaid enrollees, this term means:
 - a. The denial or limited authorization of a requested service, including determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting, or effectiveness of a covered benefit;
 - 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 services in a timely manner, as defined by the State;
 - e. The failure of GCBH BH-ASO or its formal designee to act within the Grievance and Appeals timeframes provided in section 42 CFR 438.408(b), WAC 182-538D-0660 through 182-538D-0670 regarding the standard resolution of grievances and appeals;
 - f. For a resident of a rural area with only one MCO/BHO/ASO, the denial of an individual's request to exercise their right to obtain services outside the network;
 - g. The denial of an individual's request to dispute a financial liability, including cost sharing, copayments, premiums, deductibles, coinsurance and other enrollee financial liabilities.

- IV. Appeal: An oral or written request by an Enrollee, or with the Enrollee's written permission, the Enrollee's Authorized Representative, for GCBH BH-ASO to review an Action or Adverse Authorization Determination, as defined above.
- V. Behavioral Health Services: Mental health and/or substance use disorder treatment services provided by a Behavioral Health Agency (BHA) licensed by the State of Washington to provide these services.
- VI. Individual: Any person in the GCBH BH-ASO RSA regardless of income, ability to pay, insurance status, or county of residence. With respect to non-crisis services, "Individual" means a person who has applied for, is eligible for, or who has received GFS/FBG services through this RSA.
- VII. Cultural Competence: The ability to recognize and respond to health-related beliefs and cultural values, disease incidence and prevalence, and treatment efficacy. Examples of cultural competent care include striving to overcome cultural, language, and communications barriers, providing an environment in which individuals from diverse cultural backgrounds feel comfortable discussing their cultural health beliefs and practices in the context of negotiating treatment options, encouraging individuals to express their spiritual beliefs and cultural practices, and being familiar with and respectful of various traditional healing systems and beliefs and, where appropriate, integrating these approaches into treatment plans
- VIII. Grievance: An expression of dissatisfaction about any matter other than an Action. Possible subjects for 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 Individual's rights regardless of whether remedial action is requested. Grievance includes an Individual's right to dispute an extension of time proposed by GCBH BH-ASO to make an authorization decision.

POLICY

- A. The Ombuds is an independent service created by State law. GCBH BH-ASO provides unencumbered access to and maintains the independence of these services as set forth in WAC 182-538D-0262.
- B. Ombuds staff must have lived experience as described in RCW 71.24.
- C. The Ombuds have responsibilities to provide information and referrals and advocacy, help navigate the grievance and appeals system and to ensure the individual's rights are upheld. The Ombuds receive, investigate, advocate and assist individuals, upon request, navigate through the grievance and/or appeal processes and, if requested, the Administrative Hearing process.
- D. The Ombuds use best efforts to ensure the individual is not retaliated against and ensures anonymity, individual confidentiality, and protects individual and Medicaid rights, consistent with applicable WAC requirements.
- E. The Ombuds utilize the assistance of certified interpreters if the individual speaks another language other than English, is hearing impaired or has other communication needs (i.e., Braille) at no cost to the individual.

- F. The Ombuds consult with Mental Health Specialists and Substance Use Disorder Specialists as appropriate to the individual's or complainant's cultural needs and age.
- G. The Ombuds maintain all case records in a secure and confidential manner, away from the clinical record for at least ten years.
- H. The Ombuds maintain a tracking system for each contact which will be categorized, at a minimum, by information referrals, advocacy and grievances, appeals and Administrative Hearings and provide reports of all contact information and the resolutions achieved upon GCBH BH-ASO request.

PROCEDURE

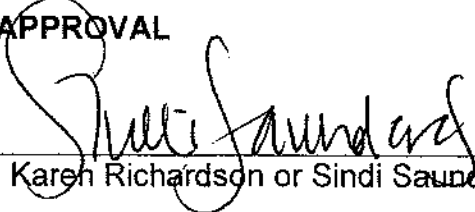
1. GCBH BH-ASO provides Ombuds services that:
 - 1.1. Is responsive to the age and demographic character of the region and assists and advocates for individuals with resolving grievances at the lowest possible level;
 - 1.2. Is independent of network providers;
 - 1.3. Receives and investigates individual, family member, and other interested party grievances;
 - 1.4. Is accessible to individuals, including a toll-free, independent phone line for access;
 - 1.5. Can access service sites and records relating to the individual with appropriate releases so that it can reach out to individuals, and to assist the individual in navigating the grievance and appeals process and at the individual's request, assist or represent the individual with the State Hearing processes;
 - 1.6. Receives training and adheres to confidentiality consistent with WAC 182-538D-0262 and RCW 71.05, 71.24 and 70.02;
 - 1.7. Participates in state trainings as required;
 - 1.8. Continues to be available to investigate, advocate and assist the individual through the grievance, appeal and the Administrative Hearing processes;
 - 1.9. Involves other persons, at the individual's request;
 - 1.10. Coordinates and collaborates with allied systems' advocacy and Ombuds services to improve the effectiveness of advocacy and to reduce duplication of effort for shared individuals.
 - 1.11. Provides quarterly reports and formalized recommendations at least quarterly to GCBH BH-ASO BHAB advisory and Executive Committee, local individual and family advocacy groups, and GCBH BH-ASO's network providers.
 - 1.12. Ombuds service results and activities are integrated in to the overall quality management process to create opportunities for improvements and changes to the behavioral health system as appropriate.
2. GCBH BH-ASO Behavioral Health Agencies collaborate with the Ombuds service staff and ensure that BHA staff understands the role of the Ombuds service. The BHA:

- 2.1. Ensures unencumbered and timely access to provider staff involved in Ombuds Service inquiry or investigation, including access to private office space as requested;
- 2.2. Ensures current Ombuds service materials are continuously available to individuals and are posted in a conspicuous place so that individuals and family members have access at every service location without special request;
- 2.3. Assists in problem resolution and make best efforts to resolve concerns and grievances at the lowest possible level, except where to do so would not be reasonable;
- 2.4. Makes every effort to ensure no discriminatory, disciplinary or retaliatory actions is taken against a BHA provider or individual for any communications made or information given or disclosed to aid the Ombuds service staff in completing their duties and responsibilities.

3. Monitoring:

- 3.1. This policy will be monitored through quarterly QMOC Committee meetings and the annual monitoring, with the appropriate recommendations, findings, and/or corrective actions as required.
 - 3.1.1. Monitoring of Ombuds' responsiveness to individuals in the GCBH BH-ASO region will be performed by quarterly inquiry of Crisis Provider staff during the routinely scheduled Crisis Provider Committee meetings and also by annually querying the ASH Behavioral Health Advisory Board.

APPROVAL



Karen Richardson or Sindi Saunders, Co-Directors

5/24/2021

Date