

Ascension Living HOPE Grievance and Appeals Process

Grievance Process

The purpose of the grievance process is to provide a fair and timely process to address written or oral grievances filed by participants, their family members, or authorized representatives.

A grievance is a written or oral complaint expressing dissatisfaction with service delivery, or the quality of care furnished. The grievance can be medical or non-medical in nature.

It is the policy of HOPE that all participants have access to and understand their rights to file a grievance, to be assured of confidentiality, and free of reprisal during and after the filing of a grievance. There shall be no discrimination of a participant for filing a grievance.

All written or oral grievances will receive an initial response within 72 business hours, and a final decision on the grievance within 30 days of the receipt of the grievance. HOPE will continue to provide all required services in the participant's plan of care during the grievance process.

Procedure:

1. All individuals enrolled in HOPE will be informed of the grievance process upon enrollment and by their Social Worker at their annual and/or semi-annual assessment.
2. A participant, his/her caregiver, or authorized representative may inform any HOPE employee at any time they wish to file a grievance. The grievance may be made verbally or in writing. The center receptionist shall forward any incoming grievances via telephone to the Social Work Director or in his/her absence to the Program Administrator/CEO. Upon receipt of the **The Social Work**

Department is responsible for coordinating with the departments involved, and for communicating with the participant, his/her caregiver, or authorized representative within the required time frames.

3. All information related to a grievance will be held in strict confidence and will not be disclosed to individuals without a need to know to assure participant confidentiality and reduce the risk for reprisal by staff or contracted providers. Reprisal by staff or contracted providers, and their employees, is not permitted and may result in termination of employment or contract.
4. The employee/contractor will complete a grievance form and submit to the Social Work Director the same day, but no later than the next business day. Upon receipt, the Social Work Director will provide a copy of the grievance form to the participant, his/her caregiver or authorized representative and document in the grievance log. An electronic version of the log will be kept by the Social Work Director and a printed log will be updated monthly and maintained in a confidential location.
5. If, during non-center operation hours, the participant, his/her caregiver or authorized representative wishes to file a grievance, the Administrator On-Call (AOC) will be responsible for receiving and then communicating the grievance to the Social Work Director the next business day. The AOC will document the grievance in the AOC log. The grievance form will also be completed and provided to the Social Work Director the next business day.
6. The Social Work Director will then discuss the grievance with the Grievance Task Force, which includes the Quality Assessment and Performance Improvement (QAPI) Coordinator, to address the specific circumstances and planned resolution.
7. All pertinent disciplines will investigate/analyze the nature of the grievance. Assessments and evaluations will be completed as appropriate based on the nature of the grievance.

8. The HOPE Medical Director and/or Primary Care Physician are responsible for determining if the grievance is medical in nature.
9. Once the IDT has agreed upon resolution, the Social Work Director will contact the participant, his/her caregiver, or authorized representative in writing to inform them of the planned resolution.
10. The IDT will make every effort to pursue the resolution so that service delivery issues do not go unresolved.
11. Any participant, caregiver, or authorized representative who is dissatisfied with the outcomes of the IDT's proposed resolution may contact the Program Administrator/CEO within thirty (30) days of the IDT's decision.
12. The Program Administrator/CEO will make every effort to resolve the on-going grievance within thirty (30) days with the resources of the program, to include the Ethics Committee and QAPI Committee.

Notices:

Kansas Medicaid recipients have the right to enact the Kansas Fair Hearings process. Assigned staff will assist the participant in contacting the following State of Kansas office if the participant chooses this route:

**Office of Administrative Hearings
1020 S. Kansas Ave
Topeka, Kansas 66612-1327**

1-785-296-2433 (Telephone)

1-785-296-4848 (Fax)

Upon admission to an Assisted Living Facility or Nursing Facility, participants may have additional grievance rights and processes to follow. These additional rights and processes should be discussed with participant, his/her caregiver, or authorized representative by staff at that time.

Appeal Process

It is the policy of HOPE that all participants have access to and understand their rights to file an appeal, to be assured of confidentiality, and be free of reprisal during and after the filing of an appeal. There shall be no discrimination of a participant for filing an appeal.

The purpose of the appeal procedure is to provide a fair and timely process to address written or oral appeals filed by participants, their family members, or authorized representatives.

An appeal is a participant's action taken with respect to HOPE's non-coverage of, or nonpayment for, a service.

All written or oral appeals will receive a first response within 72 business hours, and a final decision on the appeal within 30 days of the receipt of the written or verbal appeal, or as soon as the participant's health condition demands. A request for an expedited review will be completed within 72 hours as outlined in this section.

Notice: We encourage you to use Via Christi's internal grievance process so that we may address your concerns as soon as possible; however, Kansas Medicaid recipients enrolled in HOPE may request a State Fair Hearing at any time. Staff shall provide reasonable assistance to the participant, his/her caregiver, or authorized representative in contacting the following State office:

**Office of Administrative Hearings
1020 S. Kansas Ave.
Topeka, Kansas 66612-1327**

1-785-296-2433 (Telephone)

1-785-296-4848 (Fax)

Procedure

You, your family member, or authorized representative may inform any HOPE employee at any time you wish to file an appeal. The appeal may be made verbally or in writing. The center receptionist shall forward any incoming appeals via telephone to your Social Worker or in his /her absence to the Social Work Director.

If you call the center after-hours the administrator on-call will take your name and information about what you are appealing. He/she will then communicate this information to the Social Worker the next business day.

Upon receipt of your appeal the Social Work Director, or in his/her absence the Social Worker, will forward a letter to you, your family member, or authorized representative to inform you of the following:

- a) Your appeal information will be submitted to an impartial third party Appeals Review Committee which will review the appeal within the specified 30-day time frame, or as soon as your health condition demands.
- b) You will be provided the opportunity to present evidence both verbally and in writing as it relates to the appeal.
- c) If you are a Medicaid recipient, HOPE will continue to furnish the disputed service(s) until a final determination is reached so long as, 1) HOPE is proposing to terminate or reduce services currently being furnished to you, or 2) you request continuation of the disputed service(s) with the understanding that you may be liable for the costs of the service(s) if the final appeals decision is not in your favor.
- d) That all other required services will continue to be furnished to you during the appeal.
- e) That you may receive assistance in completing the appeal.
- f) If you are unhappy with the outcome of HOPE's appeal review you have additional appeal rights under Medicaid and Medicare, and HOPE will assist you in contacting one of the following agencies:

Medicaid Appeals Contact:

Office of Administrative Hearings
1020 S. Kansas Ave.
Topeka, Kansas 66612-1327
1-785-296-2433 (Telephone)
1-785-296-4848 (Fax)

Medicare Appeals Contact:

The Center for Health Dispute Resolution
1 Fisher Road, 2nd Floor
Pittsford, NY 14534
1-800-MEDICARE (1-800-633-4227) (Telephone)
1-716-586-2153 (Fax)

If the appeal is ruled in your favor, The Social Work Director will inform all involved parties verbally and in writing of the final ruling, and that services are to continue or start as soon as your health condition requires.

When an appeal is ruled not in your favor, either wholly or partially, the Social Work Director will promptly contact you, your family/caregiver, or your authorized representative in writing. You will be informed of your additional appeal rights under Medicaid or Medicare managed care, or both, and offer assistance to you in choosing which appeals process to pursue, if both are applicable, and will forward the appeal to the agency you choose.

You will be contacted by the external review agency when a decision has been reached. The decision of the external review organization is final. If the ruling is in your favor, HOPE will continue, provide, or pay for the appealed service as soon as your health condition demands.

If the ruling is not in your favor, HOPE will discontinue the service, and/or may request repayment for cost of services provided that were being appealed.

Expedited Review

If you, your caregiver, or authorized representative believe that waiting to solve the problem for 30 days will seriously harm your health or ability to function, an expedited review may take place. This review takes only 72 hours. This can only be used in cases where health services, or payment of services, are refused or discontinued.

To request the expedited review you need to tell us you want a 72-Hour Appeal Review. There are four ways to tell us you want the 72-Hour review:

- 1) You may tell any Ascension Living HOPE employee at any time. They will be sure to document your request and get it to the appropriate person.
- 2) You may **call 316-858-1111**, and tell the Social Work Director you would like a 72 Hour or **Fast** appeal review.
- 3) If you prefer to make your appeal **in writing**, please mail or have it delivered to the attention of:

**Ascension Living HOPE
Attention: SW Director
2622 West Central Ave. Suite 101
Wichita, Kansas 67203**

- 4) You may **fax** your written appeal to **(316) 946-5142**.

The 72-hour process will not begin until the request is received. HOPE will document in writing all verbal requests. You will receive a response within 72 hours.

You may request an extension of time for the 72-hour review of your appeal. If you decide that you need more time please contact us by one of the options listed above.

Note: We can only extend the 72-hour review for up to 14 calendar days.