

Southwest Michigan Behavioral Health  
Grievance/Appeals and Action Notices Competency Test

Name of Staff Member:

Date:

	True	False	Question
1			Within the CMH service system, A Second Opinion is offered any time a customer wants to change goals.
2			A "Grievance" is a beneficiary's expression of dissatisfaction about service issues, other than actions.
3			Providers can file an appeal on behalf of an individual without any consent from the individual.
4			An individual may appeal a change in service provider.
5			Individuals who are not Medicaid beneficiaries have no state level appeal rights.
6			An Administrative Fair Hearing is an impartial state level review of any consumer's appeal of an action presided over by an Administrative Law Judge.
7			An individual may ask questions of the CMHSP/PIHP representatives at an Administrative Hearing.
8			A person can file an appeal and recipient rights complaint at the same time.
9			Staff of agencies that provide and/or authorize mental health or substance abuse services need to assist individuals to file a grievance or appeal if requested.
10			The judge presiding over an Administrative Fair Hearing issues his/her decision verbally at the end of the hearing.
11			If an individual files an appeal prior to the effective date of the Action as stated on their Notice and asks to keep services going, we cannot enact the change - services must stay in place as currently authorized while the appeal is in process as long as authorization has not expired.
12			When giving an Action Notice form to an individual, we need to indicate the service effected, the effective date, and the reason for the action.

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- 1: For purposes of Action Notice forms and handling appeals, who is considered as a Medicaid beneficiary...Individuals with
  - A. Straight Medicaid
  - B. Healthy Michigan Plan
  - C. Medicaid Spend-down or deductible
  - D. Medicaid HMO
  - E. Medicare
  - F. A-D
  
- 2: Discussion about discharge from services should begin:
  - A. At the time of service planning
  - B. When the person has met all Tx goals
  - C. The before the person turns 18
  - D. Any time an individual served is rude to a provider.
  
- 3: Which of the following may be considered recipient rights violations?
  - A. Not offering to provide a second opinion in case of psychiatric hospitalization denial.
  - B. Failing to provide Action Notice when services are terminated outside of the Plan
  - C. Involving the person served in discussing the plans for a service termination
  - D. A and B
  
- 4: When is it acceptable to formally submit/file the transition and discharge plan document that will officially end services?
  - A. At the time of service planning
  - B. After the action notice has been provided
  - C. After the action notice has been provided and no appeal has been initiated
  - D. After the action notice has been provided and no appeal has been initiated and the effective date of termination has passed.
  - E. One year from the date of the start of services
  
- 5: What is the required "advance" period for advance action notice?
  - A. 5 business days
  - B. 10 business days
  - C. 14 calendar days
  - D. 12 calendar days
  
- 6: Notice must be provided:
  - A. When a service is denied
  - B. When a plan of service or plan addendum is written
  - C. When a change in service provider is occurring
  - D. All of the above
  - E. A and B only
  
- 7: In which case does an action notice NOT need to be sent?
  - A. the person served requests services to end

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- B. the person moves out of the service area
- C. the person is incarcerated or goes into a nursing home
- D. None of the above. Action Notice still required in all these cases - it can be provide as adequate.

8: Why might a customer request for an expedited appeal be granted?

- A. The staff working with them suggested it.
- B. The customer believes that the pending Action presents a threat to their life, health, or ability to attain/maintain/regain maximum functioning and can provide support for this belief.
- C. The customer agrees with the Action, but a family member does not.
- D. The person has already filed an appeal and it the decision was not in their favor.

9: Which is NOT a valid reason to deny, suspend, reduce or termination SWMBH network services?

- A. The service is not deemed medically necessary for the customer.
- B. The customer has moved out of the CMHSP service area.
- C. The customer has other resources to pay for the services as requested/provided.
- D. The customer cannot afford to pay for the services.
- E. The customer has not demonstrated a capacity to benefit from authorized services.

10: Which is NOT required to be indicated on an Action Notice?

- A. The service(s) affected.
- B. The date the Notice is being provided.
- C. The reason the Action is being taken.
- D. Suggestions for other services for which the customer may be eligible.
- E. The effective date of the service action.
- F. The customers' due process rights for appeal.
- G. All of the above are required.

11: If an Action Notice needs to be sent and you suspect that the customer has moved, to what location should you send the Notice?

- A. To the person's closest relative.
- B. To the last known address for the customer.
- C. To the customers' primary care physician.
- D. It should not be mailed, but held at the CMH office in case the customer returns.

Score:

Name of Scorer:

**Note: Remember to maintain records of all training completed.**