Grievances and Appeals Test

Revised 07/2021

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| 1 | Grievances are: | 1. Always handled by Shiawassee Health & Wellness’ Customer Service staff. 2. Only handled by Mid-State Customer Service staff if the consumer is no longer in treatment 3. Always handled by the executive director of the local provider 4. Only involve complaints about therapists |
| 2 | Which of the following is not true of a notice? | 1. There are two types of notices – adequate and advance 2. Written notices must be provided to an individual whenever an action that denies, reduces, suspends or terminates services is taken. 3. Local service providers never send notices. 4. When sending a notice you must use the provided notice template in Shimer. |
| 3 | During the appeal process an individual with Medicaid: | 1. May utilize both the local appeal process and Medicaid Fair Hearing process in any order or simultaneously. 2. Must discontinue treatment immediately. Treatment can only continue after the outcome of the appeal and/or Medicaid Fair Hearing is determined. 3. Must utilize the local appeal process before requesting a Medicaid Fair Hearing 4. Is required to apply for a Medicaid Fair Hearing |
| 4 | Advance notices are provided when there is a reduction, termination, or suspension of service outside the Person Centered Plan or Treatment Plan. | 1. True 2. False |
| 5 | Advance notices for Medicaid consumers | 1. Are only used when developing a personal care plan or treatment plan. 2. Must give the consumer at least 10 calendar days notice before the effective date. 3. Are only used in response to violations of program rules or policies. They give advanced warning of impending disciplinary action. 4. Are not used by local providers |
| 6 | A grievance system is the overall system for due process, appeals and grievances in a managed care system. | 1. True 2. False |
| 7 | An Adverse Benefit Determination is an action that reduces, denies, suspends, or terminates an individual’s current or requested specialty mental health and/or substance use disorder services. | 1. True 2. False |
| 8 | There are two types of notices, formal and informal. | 1. True 2. False |
| 9 | Consumers who do not have Medicaid have no appeal options beyond a local appeal. | 1. True 2. False |

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| 10 | From the date of the notice letter an individual or their legal representative has only 45 calendar days to request a local appeal. | 1. True 2. False |
| 11 | Notices and appeal acknowledgement and disposition letters are only sent upon consumer request. | 1. True 2. False |
| 12 | It is prohibited for an individual/legal representative/provider to experience any retribution for filing an appeal. | 1. True 2. False |

13. An appeal is a process that challenges an Adverse Benefit Determination 1) Yes 2) No

14. Which of the following is not true of a grievance:

1. Is an expression or dissatisfaction about service issues, other than an Adverse Benefit Determination or a recipient rights violation,
2. Provides the consumer the right to represent themselves or have another person do so.
3. A disposition for a grievance must be rendered in 30 calendar days for consumers with Medicaid
4. A disposition for a grievance must be rendered in 60 calendar days for non-Medicaid consumers

15. Non-Medicaid Consumers do not have access to the Informal Conflict Resolution process? 1) True 2) False

16. A disposition for a standard Medicaid Appeal must be rendered in 45 calendar days? 1) True 2) False

17. The disposition of an expedited appeals must be made in?

1) 72 hours

2) 3 working days

3) 5 business days

4) 3 hours

18. Non-Medicaid consumers have simultaneous access to the MDHHS Alternative Dispute Resolution Process and the local appeal process. 1) True 2) False

19. The state fair hearing process is available to Medicaid Enrollees only after the appeal is not resolved “wholly in favor” of the Enrollee through the Local Appeal process?

1) True

2) False

20. The time frame to a render a disposition for an expedited grievance is 7 calendar days?

1) True

2) False