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References:	

## SECTION 1557 GRIEVANCE PROCEDURE

### POLICY

It is the policy of Detroit Wayne Integrated Health Network (DWIHN) not to discriminate on the basis of race, color, national origin, sex, age or disability. DWIHN has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Section 1557 of the Affordable Care Act ([42 U.S.C. 18116](#)) and its implementing regulations at 45 CFR part 92, issued by the U.S. Department of Health and Human Services. Section 1557 prohibits discrimination on the basis of race, color, national origin, sex, age or disability in certain health programs and activities.

Section 1557 and its implementing regulations may be examined in the offices of DWIHN in the Customer Service department. A Section 1557 Coordinator has been designated to facilitate the efforts of DWIHN to comply with Section 1557:

**Winifred Williamson LMSW, Section 1557 Coordinator,**  
**Address:** 707 W. Milwaukee, Detroit, MI 48202  
**Ph:** [1-888-490-9698, ext 3211](tel:1-888-490-9698)  
**TTY:** 800-630-1044  
**Email:** [wwilliamson@dwhn.org](mailto:wwilliamson@dwhn.org)

### PURPOSE

The purpose of this policy is to set forth the grievance procedure for any person who believes someone has been subjected to discrimination on the basis of race, color, national origin, sex, age or disability within the context of the Affordable Care Act. Any such person may file a grievance under this procedure. It is against the law for DWIHN to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance.

### APPLICATION

1. The following groups are required to implement and adhere to this policy: DWIHN Board, DWIHN Staff and Contractual Staff. The Access Center, Network Providers, the Crisis Services vendor, and the Credentialing Verification Organization shall have their own Section 1557 grievance procedures as required by law.
2. This policy serves the following populations: Adults, Children, I/DD, SMI/SEI, SED,SUD, and Autism
3. This policy impacts the following **contracts/service lines**: MI-HEALTH LINK, Medicaid, SUD, Autism,

## KEYWORDS

1. Affordable Care Act
2. Grievance
3. Grievance Procedures

## STANDARDS

1. Any aggrieved person shall utilize the following grievance procedures:
  - a. Grievances must be submitted to the Section 1557 Coordinator listed above within 60 days of the date the person filing the grievance becomes aware of the alleged discriminatory action.
  - b. A complaint must be in writing, containing the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.
  - c. The Section 1557 Coordinator (or her/his designee) shall conduct an investigation of the complaint. This investigation may be informal, but it will be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. The Section 1557 Coordinator will maintain the files and records of DWIHN relating to such grievances. To the extent possible, and in accordance with applicable law, the Section 1557 Coordinator will take appropriate steps to preserve the confidentiality of files and records relating to grievances and will share them only with those who have a need to know.
  - d. The Section 1557 Coordinator will issue a written decision on the grievance, based on a preponderance of the evidence, no later than 45 days after its filing, including a notice to the complainant of their right to pursue further administrative or legal remedies.
  - e. The person filing the grievance may appeal the decision of the Section 1557 Coordinator by writing to the Corporate Compliance Officer within 15 days of receiving the Section 1557 Coordinator's decision. The Corporate Compliance Officer shall issue a written decision in response to the appeal no later than 30 days after its filing.
  - f. The availability and use of this grievance procedure does not prevent a person from pursuing other legal or administrative remedies, including filing a complaint of discrimination on the basis of race, color, national origin, sex, age or disability in court or with the U.S. Department of Health and Human Services, Office for Civil Rights. A person can file a complaint of discrimination electronically through the Office for Civil Rights Complaint Portal, which is available at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201. In addition, Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>. Such complaints must be filed within 180 days of the date of the alleged discrimination.
2. In assisting with implementing this Policy, DWIHN will make appropriate arrangements to ensure that individuals with disabilities and individuals with Limited English Proficiency are provided auxiliary aids and services or language assistance services, respectively, if needed to participate in this grievance process. Such arrangements may include, but are not limited to, providing qualified interpreters, providing taped cassettes of material for individuals with visual impairments, or assuring a barrier-free location for the proceedings. The Section 1557 Coordinator will be responsible for such arrangements.

# QUALITY ASSURANCE/IMPROVEMENT

DWIHN shall review and monitor contractor adherence to this policy as one element in its network management program, and as one element of the QAPIP Goals and Objectives.

The quality improvement programs of direct contractors must include measures for both the monitoring of and the continuous improvement of the programs or processes described in this policy.

# COMPLIANCE WITH ALL APPLICABLE LAWS

DWIHN staff, contractors, and subcontractors are bound by all applicable local, state and federal laws, applicable rules, regulations and policies, all federal waiver requirements, and state and county contractual requirements, policies, and administrative directives, as amended.

# LEGAL AUTHORITY

45 CFR Part 92, specifically 45 CFR 92.303 (Appendix C).

# RELATED POLICIES

# RELATED DEPARTMENTS

1. Administration
2. Claims Management
3. Clinical Practice Improvement
4. Compliance
5. Customer Service
6. Information Technology
7. Integrated Health Care
8. Legal
9. Managed Care Operations
10. Management & Budget
11. Purchasing
12. Quality Improvement
13. Recipient Rights
14. Substance Use Disorders

# CLINICAL POLICY

YES

# INTERNAL/EXTERNAL POLICY

External

## Attachments:

## Approval Signatures

**Approver**

**Date**

Dana Lasenby: Chief Clinical Officer

11/2019

Blank lines for additional approval signatures.