

Test for Clinical Staff Grievance & Appeals Training

- 1) A grievance is:
 - a. A recipient rights complaint
 - b. A way for a consumer to say when they are not happy with some part of their service/supports.
 - c. A way for staff to complain about their job
 - d. A consumer/guardian's request to review a decision that has been made about their services/service request.

- 2) An appeal is:
 - a. A recipient rights complaint
 - b. A way for a consumer to say when they are not happy with some part of their service/supports.
 - c. A way for staff to complain about their job
 - d. A consumer/guardian's request to review a decision that has been made about their services/service request.

- 3) Who has the right to file a grievance or an appeal?
 - a. Consumers, Guardians, and parents of a minor
 - b. Staff
 - c. Providers
 - d. Anyone

- 4) Grievances are handled by:
 - a. The Office of Recipient Rights
 - b. The Fair Hearings Officer
 - c. The local Customer Services Department
 - d. The case manager

- 5) Which statement(s) is/are TRUE about the grievance process?
 - a. Grievances can be filed verbally or in writing
 - b. There is no time limit on when a grievance can be filed
 - c. Grievances are a local process only
 - d. a & b only
 - e. a, b, and c

- 6) How long does a consumer/guardian have to request a Local Dispute Resolution Process?
- 30 days
 - 45 days
 - 60 days
 - 90 days
- 7) How long does a consumer/guardian have to file a Medicaid State Level appeal?
- 5 days
 - 90 days
 - 30 days
 - 120 days
- 8) Which statement(s) is/are TRUE about the appeals process?
- Non-Medicaid consumers have the same appeal process as Medicaid consumers
 - Non-Medicaid consumers have a similar but different appeal process than Medicaid consumers
 - Non-Medicaid consumers must go through a local appeal before the state will hear their case
 - Medicaid consumers can ask for a local or state appeal in any order or simultaneously.
 - b, c, & d
- 9) Medicaid State Level Appeals are handled by:
- The Office of Recipient Rights
 - The Fair Hearings Officer
 - The local Customer Services Department
 - The case manager
- 10) Consumers will get notice of their appeal rights when: (choose the best option)
- A consumer is denied a service they asked for
 - A consumer doesn't get the amount of services they asked for (and aren't satisfied with why they didn't get everything they asked for)
 - It takes longer than 14 days to answer a consumer's request for a service
 - It takes longer than 14 days in providing a service to a consumer when they've been approved for the service (unless the consumer agrees to a different start date)
 - A service a consumer is already getting is suspended, reduced, or terminated.
 - All of the above

11) When service currently provided is reduced, suspended, or terminated, _____ days written advanced notice in Encompass is required to be mailed to a consumer/guardian.

- a. 5 days
- b. 10 days
- c. 12 days
- d. 15 days

12) For medical necessity, services need to be:

- a. Sufficient in amount, scope, and duration
- b. Reasonably expected to achieve one's goals as identified in the PCP
- c. Without which would be impossible to attain
- d. a, b, and c

Name of Staff

Date

Name of Supervisor

Date Reviewed

Supervisors please check one (based on scoring in answer key):

Pass Need to re-take Need to attend face-to-face training w/ FHO