

COMMUNITY MENTAL HEALTH AUTHORITY Serving Crawford, Grand Traverse, Leelanau, Missaukee, Roscommon and Wexford Counties

## **Customer Service/Grievance and Appeals Training Test**

Staff Name:

\_\_\_\_\_Date:\_\_\_\_\_Workplace:\_\_\_\_\_

- 1. How far in advance must you request an interpreter or independent facilitator from Customer Service?
  - A. 24 hours
  - B. 1 week
  - C. 72 hours
  - D. 2 weeks
- 2. An example of an accommodation is:
  - A. Meeting with a recipient after hours
  - B. Providing a recipient with bus fare
  - C. Giving a recipient a wheelchair to use while at NLCMHA
  - D. Assisting a recipient with reading and writing
  - E. A and C
  - F. All of the Above
- 3. All accommodations must be reported to Customer Service.
  - A. True
  - B. False
- 4. Medicaid and non-Medicaid Grievance and Appeals follow the same process, including the same timeframe compliance requirements.
  - A. True
  - B. False
- 5. NLCMHA has \_\_\_\_\_ days to complete a Change of Provider request, and \_\_\_\_\_ days to complete a Grievance review:
  - A. 90 days, 30 days
  - B. 30 days, 30 days
  - C. 30 days, 90 days
  - D. 10 days, 30 days
- 6. An Adequate Notice is sent for:
  - A. Denying a service
  - B. Reducing a service
  - C. Changing a service
  - D. Suspending service
- 7. An Adequate notice is given \_\_\_\_\_. An Advance notice is given \_\_\_\_\_.
  - A. Within 10 days, within 10 days
  - B. The same day, within 10 days
  - C. The same day, the same day
  - D. Within 10 days, the same day
- 8. An Adverse Benefit Determination (either Adequate or Advance) MUST be sent whenever a service is denied, reduced, suspended or otherwise changed.
  - A. True
  - B. False

- 9. A Medicaid recipient has \_\_\_\_\_ days from the notice date, to request a local appeal, and NLCMHA has \_\_\_\_\_days to review the appeal from date of request.
  - A. 60 days, 60 days
  - B. 30 days, 60 days
  - C. 60 days, 30 days
  - D. 30 days, 30 days
- 10. A non- Medicaid recipient has \_\_\_\_ days from the notice date, to request a local appeal, and NLCMHA has \_\_\_\_ days to review the appeal from date of request.
  - A. 30 days, 30 days
  - B. 60 days, 30 days
  - C. 45 days, 45 days
  - D. 30 days, 45 days
- 11. How many days does a recipient have to request a State Fair Hearing, if they disagree with the outcome of the local appeal?
  - A. 30 days
  - B. 60 days
  - C. 90 days
  - D. 120 days
- 12. A Family Support Subsidy appeal goes through the local appeal process, including to State Fair Hearing.
  - A. True
  - B. False, Family Support Subsidy has its own appeal process
  - C. False, Family Support Subsidy qualifies for local appeal, but does not qualify for State Fair Hearing and goes to Circuit Court
  - D. False, Family Support Subsidy skips local appeal, and is only heard in Circuit Court
- 13. An expedited appeal must be heard within \_\_\_\_\_ for an appeal of service denial or change, and \_\_\_\_\_ hours for an appeal of denial of inpatient hospitalization.
  - A. 5 days, 48 hours
  - B. 3 business days, 24 hours
  - C. 3 days, 48 hours
  - D. 10 days, 24 hours
- 14. Mediation can be requested by:
  - A. Service provider or recipient/guardian
  - B. Recipient/guardian only
  - C. Grievance and Appeals Coordinator
  - D. Service provider only
- 15. Mediation can help mediate any disagreement/complaint between a service provider and recipient, except:
  - A. Treatment Orders
  - B. Recipient Rights Investigations
  - C. Adverse Benefit Determinations based on Medical Necessity/Criteria
  - D. All of the above