## **CHAPTER 12**

# Health Care Appeals Tracking Program

## I. POLICY

All California Prison Health Care Services (CPHCS) organizations shall ensure each CDCR Form 602 HC, Inmate/Parolee Health Care Appeal Form and CDC Form 1824, Reasonable Accommodation or Modification Request is responded to in a timely and appropriate manner.

## II. PROCEDURE

- A. Each patient-inmate health care related appeal (appeal), both informal and formal, shall be responded to and processed in a timely manner by designated CPHCS staff. Responses shall contain sufficient information to ensure a third party reviewer can adequately determine the level of care provided.
- B. All incoming appeals shall be logged in and tracked upon receipt by the Health Care Appeals Coordinator (HCAC). All appeals will be screened by the HCAC upon receipt to ensure each appeal meets the appeals processing criteria.
- C. All appeals will be completed within the appropriate regulatory time frames: CDCR Form 602-HC / CDC Form 602
  - Informal 10 working days
  - First Level 30 working days
  - Second Level 20 working days or 30 days if first level is waived

#### CDC Form 1824

- First Level- 15 working days from receipt of request
- Second Level- 10 working days from receipt of request or 20 working days if the first level is bypassed
- Third level- 20 working days from receipt of request

All time frames commence from the date the appeal is received by the Health Care or Institution Appeals Office.

D. If a formal level appeal is not fully granted, the patient-inmate shall be interviewed, the appeal issue shall be discussed with the patient-inmate, and a complete written response shall be prepared. All appeal responses shall include specifics to ensure the patient-inmate is provided sufficient information to address the appeal issues. If the appeal is granted, then an interview is not necessary.

- 1. Staff Complaint Issues A staff complaint is an appeal concerning a staff person's behavior. The appeal is not designated as a staff complaint if it concerns a disagreement with the level of health care a specific staff person is providing. Any party named in the complaint shall NOT be responsible for preparing the response. It is the responder's responsibility to ensure all staff complaints include a signed CDC 148.6 "Notice of Rights and Responsibilities" and a Confidential Inquiry. The Institution Appeals Coordinator (IAC) will return the appeal to the HCAC if these two forms are not included with the response.
- 2. Co-Payment Issues Patient-inmates must attach a copy of the Trust Accounting sheet to the appeal verifying the charge. A physician may be asked to respond to this issue and verify whether the visit qualifies for co-payment. If a refund is required, the respondee shall ensure a copy of the appeal or a memorandum requesting the reimbursement is forwarded to the Trust Office. If the patient-inmate is ducated and seen as a result of an appeal, a co-payment is still required if the co-payment meets the criteria as established in the California Code of Regulations, Title 15.
- 3. Withdrawals Patient-inmates must sign and date the appeal stating the appeal is withdrawn and the reason for the withdrawal.
- 4. Delays in seeing a specialist Response should include the date the referral was made, approximate date of the follow-up and, if possible, the reason for the delay. Due to security concerns, the actual date of an outside appointment with a specialist will not be revealed to a patient-inmate in the appeal response.
- 5. Patient-inmate is no longer at the institution:
  - (1) Paroled Contact parole region, obtain phone number of the parolee, call and discuss the appeal, and prepare the response. If unable to reach the parolee after two attempts, note the contact information in the appeal response and forward to the HCAC.
  - (2) Transferred Contact the patient-inmate at the new institution via telephone. Discuss the appeal, prepare the response, and forward to the HCAC.
  - (3) Out-to-Court The unit health record (UHR) is retained at the institution for "out-to-court" patient-inmates. Therefore an adequate response can frequently be prepared utilizing the UHR.
- E. Health Care staff (HCS) shall submit the completed appeal to the HCAC for tracking and processing. The HCAC shall review the response for appropriateness, ensure the response is typed if necessary, check for appropriate signatures, log the appeal out as completed, and return the appeal to the patient-inmate.

## III. TYPES AND LEVELS OF APPEALS

- A. Informal The patient-inmate and appropriate staff involved in the CDCR 602-HC/CDC 602 appeal issue shall attempt to resolve the grievance informally. Informal appeals may come directly from the patient-inmate, the housing facility, or may be channeled through the HCAC, and will not have a log number. The informal level may be waived if the appeal issue is regarding departmental regulations, policies, or operational procedures; complaints against staff, or the denial of a disabled patient-inmate or parolee request for reasonable modification or accommodation filed on a CDC Form 1824. Appeals concerning issues with staff such as rude and unprofessional behavior are NEVER handled at the informal level and should be waived to the first formal level for response. The informal level may also be waived if the issue is more appropriately addressed by a physician. Informal responses shall be completed within 10 working days.
- B. First Formal Level First formal level appeals shall not be reviewed by a staff person who participated in the event or decision being appealed, who is of lower administrative rank than any participating staff, or who participated in review of a lower level appeal that has now been re-filed at a higher level. First level CDCR 602-HC/CDC 602 appeal responses shall be completed within 30 working days of receipt by the Health Care or Institution Appeals Office.
- C. Second Formal Level CDCR 602-HC/CDC 602 appeals where a patient-inmate is dissatisfied with the first level response or for which the first level is waived by the California Code of Regulations (CCR), Title 15, go to the second formal level. This level shall be completed prior to the patient-inmate filing at the third formal level. Review is conducted by the Health Care Manager (HCM)/Chief Medical Officer (CMO) or designee. HCM/CMO's are not prohibited from reevaluating their own decisions or actions at the second level, and shall respond to appeals filed against them personally. Second level responses shall be completed within 20 working days of receipt or if the first level is waived within 30 working days of receipt of the appeal at the Health Care or Institution Appeals Office.
- D. CDC 1824 Appeals Requests for reasonable modification or accommodation filed by patient-inmates who meet the criteria defined in the Americans with Disabilities Act. First level CDC 1824 responses shall be completed within 15 working days of receipt by the Health Care or Institution Appeals Office.
- E. Emergency Appeal Usual time limits for staff response shall not apply to emergency appeals, which shall be resolved within five working days of receipt by the Health Care or Institution Appeals Office. When circumstances are such that the regular appeal time limits may result in a threat to the patient-inmate's safety or cause other serious and irreparable harm, the appeal shall be processed as an emergency appeal. Decisions relating to determination whether or not an appeal should be accepted as an emergency require consultation with the Health Care Manager, or his/her designee with appropriate level of clinical license (Registered Nurse or Physician). Documentation of said contact

shall be maintained by the Health Care Appeals Office, shall include the name and date of the health care staff contact, and shall indicate the basis for the determination of appeals that are determined to be non-emergent status. If an emergency appeal is warranted, the first level shall be waived and the second level review shall be completed within five working days.

- F. Group Appeal If a group of patient-inmates appeal a decision, action, or policy affecting all members of the group, one appeal form with the name and departmental identification number of the patient-inmate who prepared the appeal shall be submitted along with a legible list of the participating patient-inmates' names, signatures, ID numbers and housing. The patient-inmate submitting the appeal shall be responsible for sharing the written response with the other participants.
- G. Multiple appeals of the same issue If more than one appeal regarding the same issue is received, all such appeals shall be logged in, a written response be provided to the original patient-inmate and a copy of the response, with the original patient-inmate's name and number removed, shall be given to each of the other patient-inmates.

## IV. INTERVIEWING THE PATIENT-INMATE

- A. A personal interview shall be conducted at the first level of review unless the first level was waived. In such case, a personal interview shall be conducted with the patient-inmate at the second level. An interview is not necessary if the appeal is granted. If the patient-inmate has left the institution where the appeal was filed, a telephone interview with the patient-inmate shall meet the interview requirements. Partially granted and denied appeals require an interview.
- B. Unclear Appeal Issues The patient-inmate shall be interviewed to clarify the issue under appeal. If it is a group appeal or multiple appeals on the same issue are received, one or more of the participating patient-inmates shall be interviewed to clarify the issue under appeal. If the appeal indicates the patient-inmate has difficulty describing the problem in writing or has a primary language other than English, an interview must be scheduled with the patient-inmate to provide assistance in clarifying or completing the appeal.

## V. PREPARING THE APPEAL RESPONSE

- A. If the issue does not pertain to health care, the HCAC immediately forwards the appeal to the IAC for re-routing.
- B. The respondee shall include in the response the specific level of health care that has been provided, such as dates of the appointments and issues addressed at each appointment.
- C. The respondee shall fill in the date received, the date completed, and sign legibly or print their name under their signature on the CDCR 602-HC/CDC 602.
- D. The respondee shall read the appeal carefully and ensure the prepared response addresses the specific issue(s) identified by the patient-inmate.

- E. The respondee shall ensure the response reflects that the issue has been researched and taken seriously.
- F. The respondee shall indicate that the patient-inmate was interviewed, unless the appeal is granted or the patient-inmate refuses to be interviewed. If there is no cooperation from the patient-inmate, document this on the CDCR 602-HC/CDC 602 with the time, date, circumstances and signature.
- G. If the appeal is denied, the respondee shall provide a clearly written reason for the denial.
- H. If the appeal is a staff complaint with secondary medical issues, the HCAC shall inform the patient-inmate that health care issues are to be submitted on a separate appeal.
- I. The respondee shall ensure the response is professional and addresses the appeal issues.

## VI. TRACKING REPORTS

- A. Weekly tracking reports are provided to staff by the HCAC to ensure they are kept fully aware of appeals assigned to them and the due dates. The assigned staff member shall review the report immediately to ensure the report accurately reflects their activities. If there is a discrepancy, the staff shall consult with the HCAC.
- B. Managers and Supervisors are provided weekly tracking reports identifying overdue appeals and to whom they are assigned. The report also includes a listing of appeal subject areas ranked by number of appeals filed. HCS management shall use this report to track potential problem areas.
- C. Risk Management reports (such as listings of appeals filed by yards or subject areas) will be provided to HCS management on a routine basis.