



HCBS Provider

Grievance Policy & Procedure

The following Grievance Process is being provided to you, the Participant, as part of our Quality Management Plan (QMP). In an effort to ensure the ongoing provision of quality services and supports to the participants we serve HCBS Provider of services has developed this policy and procedure as a way for participants to communicate customer service related items.

WHO – Who can use this Process?

The following policy and procedure is applicable to individuals (the participant) served by HCBS Provider (Provider) in Home and Community-Based Services waivers, commonly referred to generally as “Waivers”. Including, but not limited to;

Consolidated Waiver;

Person/Family Directed Support Waiver;

Community Living Waiver

WHAT – What is this Process for?

This process is designed to facilitate participant communications to the provider as well as to facilitate any reply and/or resolution to each and every participant question/comment/complaint submitted to the agency. We the provider record, respond and resolve a participant’s complaint.

PLEASE BE ADVISED – This process is not for Fair Hearing/Appeal Requests.

This process is not for use by participants to file a Request for a Fair Hearing (also commonly referred to as an appeal) with regard to any action, or lack of action,(commonly referred to as an Adverse Action Notice) on the part of any Administrative Entity (AE) or other authorizing entity or Supports Coordination Organization (SCO) or individual Supports Coordinator (SC), to deny, reduce or terminate services provided under any

Home and Community-Based Services Waiver or related program. Please contact your respective Supports Coordinator for information regarding Fair Hearings and/or Appeals.

PLEASE BE ADVISED-This process IS NOT for incident Reports.

PLEASE BE ADVISED – The participant and/or their Representative can choose, at any time, to directly contact the appropriate state agency and/or authorizing agency, outside of this process.

PLEASE BE ADVISED – This process can occur simultaneously with one or more of the following; a Fair Hearing request, an Incident Report and communications with the appropriate state agency.

WHERE – Where is a Question/Comment/Complaint filed?

All questions/comments/complaints, whether from participants, family members, or otherwise, should be submitted in writing to:

**Cathryn Stein
HCBS Provider
1467 Harkaway Road
Chester Springs, PA 19425
(610) 453-5005
cathy@hcbsprovider.com**

Individuals making any Questions/Comments/Complaints verbally will be requested to submit such Questions/Comments/Complaints in writing pursuant to this policy (see page 5). In the event that a **participant** makes a question/comment/complaint, and is unable to reduce the information into written format, the agency staff will assist the participant to submit the information in writing.

Verbal questions/comments/complaints will not be responded to until and unless submitted in written form.

WHEN – When should a Question/Comment/Complaint be filed?

A question/comment/complaint should be filed with the provider, in writing, within three (3) to five (5) business days of the time the question/comment/complaint arose.

At no time will the provider address any question/comment/complaint submitted after thirty (30) days from the date the question/comment/complaint arose (except if the question/comment/complaint is ongoing in nature and capable of duplication).

WHY – Why is this process provided?

Each provider agency of Home and Community-Based Services, through the waiver programs or related program, is or may be required to have a similar process in place within their provider organization. Each provider organization is a separate entity and this process may not be the same as the process used by another entity.

This policy is provided as required, pursuant to 55 PA Code § 51.17a. (4) and § 52.18, as well as the applicable waiver approvals and applicable bulletins.

1. Website www.HCBSprovider.com under the employment tab says "discrimination of basis of race, color, national origin, religious creed, ancestry, sex, age, or handicap" as used in Title VI and Title VII of the Civil Rights Act of 1964, Section and/or the Pennsylvania Human Relations Act 1955, as amended.
2. Brochure
Policy and Procedures
Employment Contract
3. Consumers/clients are verbally told and staffs are aware of civil rights via website and annual training sessions. Training on Policy and Procedures in Manual.
Participants/Clients are given a Welcome Packet with information contact appropriate parties.
4. Direct Care Workers Status and phone # 717-783-1379. Also given the phone # 717-787-4410 & 717-4807TTY users only to PA Human Relations Commission. Also page 3 of Policy and Procedure manual: Equal Employment Opportunity in order to provide equal employment and advancement opportunities to all individuals, employment decisions at HCBS Provider will be based on merit, qualifications, and abilities. HCBS Provider does not discriminate in employment opportunities or practices on the basis of race, color, religion, sex, national origin, age, or any other.
5. All have meaningful access and an equal opportunity to participate in our services, actives, programs and other benefits. The policy of HCBS Provider is to ensure meaningful communication with LEP patients/clients and their authorized representatives involving their medical conditions and treatment. The policy also provides for communication of information contained in vital documents, including but not limited to, waivers of rights, consent to treatment forms, financial and insurance benefit forms, etc. All interpreters, translators and other aids needed to comply with this policy shall be provided without cost to the person being served, and patients/clients and their families will be informed of the availability of such assistance free of charge.
6. Non verbal autistic adults and if visually impaired we have communication devices such as iPad Touch, Dyaxo, and PCs systems we can provide. Also we are introducing American Sign Language.
7. Website and Policy and Procedure Manual - We do not discriminate on the basis of race, color, national origin, religious creed, ancestry, sex, or disability, as used in the Title VI and VII of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973,

The Age of Discrimination Act of 1975, Americans with Disabilities Act of 1990 and/or the Pennsylvanian Human Relations Act of 1955, as amended. Reasonable accommodations will be provided for handicapped employees. Complaints can be written and filed with the Office of Equal Opportunity. Consumers receive the Notice Department of Health Consumer Notice of Direct Care Workers Status and phone # 717-783-1379.

HCBS Provider

Question/Comment/Complaint Handling Procedure

After a written question/comment/complaint is received, the Provider evaluates each question/comment/complaint to determine how it can be handled best.

The Provider will seek to respond within five days for any questions and/or comments.

The Provider will seek to utilize the procedure listed below for complaints.

LEVEL 1 - Phone/Fax/Email Investigation

Provider's phone/fax method enables the agency to respond more quickly to complaints. Provider telephones the complainant (person who initial the complaint) and then follows up with a fax, letter and/or email.

The Provider will seek to respond to the written complaint within five (5) days, identifying in writing any concerns, problems found, etc., and noting corrective actions taken or planned, etc.

If the complainant finds that the response is adequate, the Provider will consider the complaint handled to Participant/Complainant satisfaction. The Complainant who filed the original complaint may receive a copy of the Provider's response (except in cases involving internal company matters).

If still not satisfied, the complainant may then request, in writing, a Face to Face Meeting (onsite/off-site).

LEVEL 2- Face to Face Meeting (on-site/off-site)

The Provider will seek to respond to the written request within five (5) days, or within two (2) days if matter was unresolved at Level 2., regarding scheduling a meeting, Face to Face, with the complainant at a mutually convenient time and location. The meeting does not need to take place within the initial five (5) day time frame, or, if applicable, two (2) day time frame is the matter was unresolved at Level 1. The provider will make every effort to schedule a meeting date and time that is within no more than fourteen (14) days from the date of receipt of the written complaint, or within fourteen (14) days from the date of the written request from Level 1 to Level 2.

If the complainant finds that the response is adequate, the Provider will consider the complaint handled to Participant/Complainant satisfaction. The Complainant who filed the original complaint will receive a copy of the Provider's response (except in cases involving internal company matters).

If still not satisfied, the complainant will be referred to the appropriate state agency/administering agency.

LEVEL 3- Referral to Appropriate State Agency/Administering Entity

The Provider will seek to provide the contact information regarding the applicable state agency/administering entity, in writing, to the complainant within five (5) days of receiving the written request, or within two (2) days if matter was unresolved at Level 2.

The provider will work with the appropriate state agency to provide necessary information and/or to meet with the appropriate state agency regarding the complaint.

At this point the provider will defer to the appropriate state agency regarding further communication with the complainant.

LEVEL 4- Closing Complaint

Upon resolution of the complaint (successful or otherwise) the matter will be closed.

The provider will keep records of the applicable information as required by applicable rules and regulations.

PLEASE BE ADVISED-The Provider reserves the right to move any complaint to Level 4 immediately upon receipt of the written company, and/or at any time during the complaint process.

HCBS Provider Provider

Question/Comment/Complaint Format

All written questions/comments/complaints can be submitted by letter, fax or email to the contact person listed herein.

All submissions must include the following:

1. The name of the applicable participant.
2. The name of the person submitting the information.
3. The contact information of the person submitting the information.
4. The date and time of occurrence of any applicable incident/event.
5. The nature of the applicable incident/event.
6. Any witnesses to the applicable incident/event.
7. Resolution sought, if any.

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