



Policy Title: HCBS PROVIDER CLIENT COMPLAINT AND GRIEVANCE POLICY

Purpose: To establish guidelines for systematic receipt, documentation, evaluation, resolution, and response to client grievances.

Policy Statement:

HCBS Provider is committed to providing quality client care and promoting client/family satisfaction. HCBS Provider shall handle all client/family complaints and grievances consistently and in a timely manner. HCBS Provider shall track and evaluate trends in complaints and grievances and implement necessary changes and process improvements under the direction of the Quality Management Team.

Definitions Complaint is defined as a verbal expression of dissatisfaction by the patient/ family regarding care or services provided by a HCBS Provider Staff which can be resolved at the point at which it occurs by the staff present. Most complaints will have simple solutions that can be promptly addressed and are considered resolved when the patient/family is satisfied with the action taken on their behalf.

Grievance is defined as a formal verbal or written expression of dissatisfaction with some aspect of care or service that has not been resolved to the patient/family's satisfaction at the point of service. All verbal or written complaints of abuse, neglect, patient harm or the risk of patient harm, a violation of the Patient Rights and Responsibilities are examples of grievances. A verbal or written complaint sent to HCBS Provider Staff for any request from a family to treat a complaint like a grievance will be considered grievance.

Complaints -Staff Responsibilities

If a client expresses dissatisfaction verbally or in writing, the HCBS Provider staff member will attempt to resolve the situation.

Encourage problem solving and resolutions. If it's something you can figure out together, go for it! Problems that sit will fester and become bigger. Administration Team and/or Jennifer Shaffer, jennifer@hcbsprovider.com, should be notified immediately of sentinel events, any actual or potential patient injury, patient confidentiality, any allegation of abuse or neglect, or any potential for continued risk to patient safety. The Administrative Team will investigate grievance and shall determine if any peer review committee should be involved in any investigation.

Complaints – Administrative Team Responsibilities

Administration Team and/or Jennifer Shaffer, jennifer@hcbsprovider.com, should be notified immediately of sentinel events, any actual or potential patient injury, patient confidentiality, any allegation of abuse or neglect, or any potential for continued risk to patient safety. The Administrative Team will investigate grievance and shall determine if any peer review committee should be involved in any investigation. Jennifer Shaffer, Administrative Director, shall resolve the complaint or take steps to continue the resolution process with the knowledge and agreement of the client/family making the complaint. At any time during the complaint resolution process, HCBS Provider Staff may be contacted for assistance, advice or support. Upon completion or resolution of the complaint, the Administrative Director shall communicate all findings to the Quality Management Team. The investigation should address any identified opportunities for improvement. Upon conclusion of the investigation, the Administrative Team will complete a final written summary of the investigation which shall be maintained by Quality Management Team.

If the complaint cannot be immediately resolved, the HCBS Provider Staff will initiate Grievance Filing Procedures.

Initiating the Procedures: Filing the complaint

Individuals must submit their grievance to Portal Link found under the family/caregiver tab of the HCBS Provider website, www.hcbsprovider.com, within 5 working days of the occurrence/event/experience. Staff are expected to help with the writing if needed. The receipt of the written complaint by Cathy Stein starts the clock.

Level 1: Phone/Fax/Email Investigation

The provider calls the individual or family and follows up with a written summary within 5 working days. If the client or authorized representative of the client is not the person making the grievance, Protected Health Information of the patient that may be included in the investigation summary can only be released as allowed by law. In the call and subsequent write-up, the provider's solution to the problem is proposed. If the individual is satisfied with the proposed resolution, the matter is settled. If the individual is not satisfied at this point, they may request a face-to-face meeting.

Level 2: Face-to-Face Meeting

The provider and the individual will find a mutually convenient place and time to have a face-to-face meeting as soon as possible or within 5 working days. If the individual is satisfied with the outcome of the meeting, the matter is settled. If the individual is not satisfied at this point, the provider will refer him/her to the appropriate state agency or administrative entity (the county).

Level 3: Referral to the Appropriate State Agency/AE

The provider will give the individual contact information to the appropriate state agency/AE and will provide all the information requested to work toward a solution. At this level, the provider defers to the state agency/AE regarding further communication with the individual.

Level 4: Closing Complaint

A resolution to the complaint has been reached. The provider will keep all records pertaining to the complaint as required. All grievances should be identified, reviewed and responded to within 30 days. All complaints and grievances shall be logged, analyzed and tracked by the Quality Management Team. The Quality Management Team shall receive scheduled reports from the Administrative Team and shall be responsible for reviewing and addressing trends and for overseeing improvement opportunities. All complaints, grievances, investigations, follow-up, tracking and trending reports prepared by the Quality Management Team will be shared with the **Administrative Team**. No information shall be released without the permission of the HIPAA Compliance Officer and CEO. Laws pertaining to disclosure of Protected Health Information may also apply.