

CLIENT GRIEVANCE AND COMPLAINT PROCESS

Direct Care and Treatment

Issue Date: September 1, 2015

Effective Date: October 6, 2015

DCT Policy Number: 215-1020

POLICY:

Direct Care and Treatment (DCT) clients, former clients, or their authorized representative may voice grievances and recommend changes in policies or services to staff and others of their choice free from restraint, interference, coercion, discrimination or reprisal, including threat of discharge, service interruption, or termination of services.

AUTHORITY:

Minn. Stat. § 144.691 (Grievance Procedures)

Minn. Stat. § 144.651 (Health Care Bill of Rights)

Minn. Stat. § 245A.04 (Application Procedures)

Minn. Stat. § 245D.10, Subds. 2 (Grievances) and 4 (Availability of current written policies and procedures)

Minn. R. part 2960.0050 (Resident Rights and Basic Services)

Minn. R. part 2960.0080 (Facility Operational Service Policies and Practices)

Minn. R. Ch. 4680 (Health Facilities Grievance Mechanism)

Minn. R. part 9520.0630 (Policies and Procedures Guaranteeing Resident Rights)

Minn. R. part 9530.6470 (Policies and Procedures that Protect Client Rights)

42 CFR § 482.13 (Conditions of Participation: Patient's Rights)

APPLICABILITY:

This policy applies to all DCT divisions.

PURPOSE:

To provide an avenue for clients, or authorized representatives, to question and recommend changes to policies and services within a facility.

DEFINITIONS:

Authorized Representative - a client's attorney or other individual identified in writing as representing the client's interests.

Client - as defined in DCT Policy 145-1000, "Office of Special Investigations"

Complaint - a concern or area of dissatisfaction a client or their authorized representative may have regarding care and treatment.

Grievance - a formal written complaint made to the facility by a client or authorized representative regarding a client's care, abuse or neglect, and/or issues related to the facility's compliance with regulations.

Grievance Committee - where indicated by licensing or regulatory body the program committee responsible for reviewing client grievances. MSOP excluded.

PROCEDURES:

A. Clients and/or their authorized representatives are encouraged to present complaints to facility staff who will try to resolve the issue when the complaint is made. If the client is not satisfied with the

resolution they, or their authorized representative, may file a written grievance. Each program must have a grievance process with a minimum of three levels of review.

- B. Clients, and/or their authorized representatives, will use the appropriate facility form to initiate the grievance process. Staff will offer to assist the client with completing a grievance and make additional assistive provisions as needed. (i.e. an interpreter or assistive device).
- C. Assigned staff will explain the grievance and complaint process to clients, or their authorized representatives, in a manner consistent with program requirements and document the conversation in the clients record.
- D. Each facility will post, or provide as required by their licensing or regulatory body, a notice of the grievance process. This information will include, as applicable, the address and telephone number of the Office of Health Facilities Complaints, the Office of the Ombudsman for Mental Health and Developmental Disabilities, the Department of Human Services, Division of Licensing, the Department of Human Rights, Office of Alcohol and Drug Counselor Licensing Program, Office of the Ombudsman for Older Minnesotans and for those accredited facilities, the Joint Commission or Commission on Accreditation of Rehabilitation Facilities. Assigned staff will notify clients, or their authorized representatives, they may file a complaint/grievance with these agencies directly, regardless of whether they have first used the facility's grievance process.
- E. Assigned staff will investigate and immediately respond to a grievance alleging a situation or practice placing a client in danger. If the grievance or complaint alleges maltreatment has occurred, the staff member receiving the complaint will follow maltreatment reporting procedures.
- F. The client or authorized representative will submit the grievance to the appropriate staff identified at the facility. This Step 1 responder must answer the grievance in writing within ten (10) business days. If the responsible staff will be unable to review and respond within ten (10) business days, he or she must notify the person submitting the grievance of the delay and the anticipated time for response. For Community Addiction Recovery Enterprise (C.A.R.E.) facilities the timeline for responding to a client grievance is seventy-two (72) hours ((3) days) instead of ten (10) business days.
- G. If the person submitting the grievance is dissatisfied with the response, he or she has up to ten (10) business days to appeal the decision to the individual identified for the specific area or program i.e. area supervisor. The responsible staff must answer the grievance appeal in writing within ten (10) business days. If the responsible staff will be unable to review and respond to the appeal within ten (10) business days, he or she must notify the complainant of the delay and the anticipated time for response.
- H. If the person submitting the grievance feels their issue is still not resolved, he or she may submit a final appeal to the head of their program or designee, or facility grievance committee, in writing within ten (10) business days. The head of the program or designee, or facility grievance committee must answer the final appeal in writing within ten (10) business days. If the head of the program or designee or grievance committee will be unable to review and respond within ten (10) business days, he or she must notify the person submitting the grievance of the delay and the anticipated time for response.
- I. For programs governed by Minn. Stat. § 245D:
 - 1. The person and their case manager must be informed of and given a copy of the grievance policy within five (5) working days of service initiation.

2. If requested, staff must provide assistance with the complaint process, and provide addresses and phone numbers of outside agencies to assist the person.
3. Complaints affecting a person's health and welfare require a prompt response.
4. For all other complaints, the license holder must provide an initial response within fourteen (14) calendar days of receipt of the complaint.
5. All complaints must be resolved within thirty (30) calendar days of receipt of the original grievance, or the reason for the delay and a plan for resolution must be documented.
6. If a consumer believes their grievance has not been resolved, they may bring it to the highest level of authority in the program. Staff must provide the contact information for the highest level of authority.
7. Staff will conduct a review of the grievance that includes an evaluation of whether:
 - a) related policies and procedures were followed and adequate;
 - b) there is a need for additional staff training;
 - c) the grievance is similar to past grievances with the persons, staff, or services involved; and
 - d) there is a need for corrective action by the license holder to protect the health and welfare of persons receiving services;
 - e) based on the review the facility will develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by staff or the facility, if any;
8. Staff will provide a written summary of the grievance and a notice of the grievance resolution to the client and (if applicable) case manager that:
 - a) identifies the nature of the grievance and the date it was received;
 - b) includes the results of the grievance review;
 - c) identifies the grievance resolution, including any corrective action; and
 - d) requires that the grievance summary and resolution notice be maintained in the client record.
- J. A grievance is considered closed when the client, or their authorized representative, chooses not to appeal further, or when the head of the program or grievance committee has made their decision.
- K. The facility will retain copies of all grievances and appeals consistent with their retention schedule. Assigned staff will gather data at each facility regarding number of grievances, the level at which each was resolved, and overall compliance with the grievance process. Each program's leadership staff will review and monitor the data for trends or patterns.

- L. At the request of the DCT Commissioner, or designee, and/or the SOS Governance Structure the program will submit a written report regarding grievances filed and their resolution.

REFERENCES:

The Joint Commission Standards for Hospitals

The Joint Commission Standards for Behavioral Health

Commission on Accreditation of Rehabilitation Facilities

MHSATS Policy 215-4000, "Medicare Beneficiary Notification of Appeal Rights for Hospital Discharge"

ATTACHMENTS:

DHS-6031/DCT-215-1020a, DCT Grievance Form

MSOP Grievance Request Form 303.100A

MSOP Client Grievance Appeal 303.100C

MSOP Grievance Appeal Response-Central Office

303.100D MSOP Grievance Coordinator Tracking Form

303.100E MSOP Grievance Appeal Response-Facilities

303.100F

SUPERSESSSION:

SOS Policy 6450, "Grievance and Complaint Process" June 27, 2014

CARE Procedure 11603, "Grievance/Complaint Procedure" March 20, 2015

MITH/CBS Procedure 13799, "Grievance Procedure" January 1, 2014

AMH Procedure 16637, "Grievance/Complaint Process" March 23, 2015

CABHS Procedure 13303, "Grievance, Complaint, and Safety Concerns" June 23, 2014

MSHS Procedure 15076, Client Grievance and Complaint Process March 20, 2015

MSOP Policy 303.100, "Grievances" November 4, 2014

/s/

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Chief of Staff

Direct Care and Treatment