



Health Care Agency Behavioral Health Services Policies and Procedures	Section Name:	Client's Rights
	Sub Section:	Problem Resolution
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	Policy Status:	<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised

	SIGNATURE	DATE APPROVED
Director of Operations Behavioral Health Services	<u>Signature on File</u>	<u>10/18/16</u>

SUBJECT: Beneficiary Problem Resolution and Grievance Process and Log Procedures in MHPA Funded Outpatient County and Contracted Programs

PURPOSE:

To outline the process for responding to and resolving concerns and grievances of all consumers (and parent/guardian/conservator as appropriate) receiving services through Orange County's Behavioral Health Services (BHS) Mental Health Services Act (MHPA) funded County operated and County Contracted programs.

POLICY:

It is the policy of BHS that at every step of these procedures, staff shall maintain the confidentiality of consumers, consistent with other policies related to State and Federal confidentiality and privacy regulations.

BHS MHPA funded County and County Contracted clinic staff shall strive for the resolution of concerns at the point of service whenever possible. A uniform documentation process shall be followed to track the number, type, and resolution of all grievances.

SCOPE:

These procedures apply to all consumers and parent/guardian/conservator receiving services within BHS MHPA funded County and County contracted operated mental health clinics, except students only receiving educationally related mental health services. These students must go to an Individualized Education Plan (IEP) to present their grievance.

FORMS:

[Grievance or Appeal Form F346-706](#) (06/16) revised DTP318

DEFINITIONS:

Authority and Quality Improvement Services (AQIS) – Is an administrative unit providing oversight and coordination of quality improvement and compliance activities across the Divisions of BHS.

Days - Defined as calendar days unless otherwise specified.

Grievance - A consumer's expressed dissatisfaction about any matter, other than a matter covered by an Appeal, that is being dealt with within the procedures outlined herein. A consumer concern that the consumer wishes to deal with within the formal procedures is considered a grievance.

Patients' Rights Advocacy Services (PRAS) – A department within BHS with multiple responsibilities, including providing assistance, advice and advocacy services to consumers and their family members who have filed a grievance or requested a State Fair Hearing.

Provider Representative – The individual assigned at each clinic and treatment site to educate and assist consumers and family members with grievances. The Provider Representative is the person designated to provide information to the beneficiary about the status of a grievance upon request.

Working Day – A working day is defined as Monday through Friday, 8:00am-5:00pm, excluding County holidays.

PROCEDURES:

- I. All BHS MHSA funded County operated and County Contracted clinics shall have a mechanism for consumers and/or the parent/guardian/conservator to resolve grievances. Clinic staff shall inform consumers and/or the parent/guardian/conservator of their rights and assist them in problem resolution through the grievance process.
- II. Written material describing the grievance procedures shall be provided to each consumer and/or parent/guardian/conservator during the outpatient intake process, and upon request.
 - A. This written material shall be made available to consumers and/or parent/guardian/conservator without having to request it verbally or in writing, in all clinics, and placed in a conspicuous location for consumers.
 - B. The consumer and/or parent/guardian/conservator shall be informed of their right to access PRAS at any time before, during or after the Grievance Process for information, assistance and representation.
 - C. The consumer and/or parent/guardian/conservator may choose an authorized Representative to act on his/her behalf. This person can be a family member, significant other or other person of his/her choice. The consumer's legal Representative may use the grievance process on the beneficiary's behalf.
 - D. No consumer or parent/guardian/conservator shall be subject to discrimination or any other penalty for filing a grievance.
- III. A consumer or parent/guardian/conservator may request assistance with a grievance from PRAS at any point in the process. The Patients' Rights Advocate, upon the consumer's or parent/guardian/conservator's request, shall provide information and

assistance regarding legal rights and may represent the consumer through the grievance process.

IV. Grievance Process–Outpatient Program Responsibilities:

- A. Consumer concerns may be brought to the attention of BHS MHSA in several different ways, in accord with current regulations. A consumer or parent/guardian/conservator is encouraged to first direct concerns to the appropriate Plan Coordinator, therapist, outpatient clinic Service Chief, Program Director, or Provider Representative, but may use the grievance process whether or not these steps have been taken.
- B. Staff are to make all reasonable efforts to address the concerns at the local level to the satisfaction of the consumer.
- C. Regardless of the outcome of the attempts to resolve the concern, the treatment staff shall ask the consumer if he/she wishes to have the concern addressed as a grievance and shall inform the consumer of the process for filing a grievance, including the location of grievance materials that are available in each service site without verbal or written request to anyone. The staff shall also offer the consumer assistance in filing the grievance if the consumer so desires. If the consumer indicates a desire to file a grievance without completing any paperwork, the staff shall complete the Grievance or Appeal form, putting that staff person’s identifying information on the form in the section asking for identification of those filling out the form if they are not the consumer. The treating clinician shall not be the staff person who assists with completion of the grievance form. The staff person completing the form shall send it via FAX to AQIS at (714) 834-6575, within one working day of the consumer’s indication that he/she wishes to file a grievance.
- D. The Service Chief or Program Director shall ensure that the following materials are located in a conspicuous location in the clinic or inpatient unit. Materials shall be in English and the threshold languages. The location of the materials shall be such that the consumer does not have to make a verbal or written request to anyone for the materials:
 - 1. Pamphlet describing the grievance process.
 - 2. Grievance or Appeal form (which includes the phone number for filing a grievance verbally).
 - 3. Pre-addressed envelopes for submitting the form.
 - 4. Grievance process poster.

V. Grievance Process – Authority and Quality Improvement Services (AQIS) Responsibilities when received by phone, mail, or fax:

- A. Grievances may reach AQIS in any of 3 primary ways:
 - 1. A consumer may mail in a Grievance or Appeal Form.
 - 2. A consumer may phone in a grievance.
 - 3. A clinic may FAX in a Grievance or Appeal Form.
 - B. AQIS Grievance Representative shall complete and mail a Grievance Acknowledgement Letter to the consumer within 24 hours from the time the grievance is received.
 - C. AQIS Grievance Representative shall log receipt of the grievance within one day of the grievance being received. All sections of the grievance log shall be completed with the exception of the resolution section.
 - 1. Grievances filed through the clinic and sent to AQIS by FAX - the logging occurs within one working day of receipt of that grievance at the clinic.
 - 2. Grievances filed directly with AQIS - the logging occurs on the same working day as the grievance is received.
 - D. AQIS Grievance Representative will give the form and/or letter along with the acknowledgment letter to the designated AQIS Office Support staff.
 - E. Designated AQIS Office Support staff will scan the grievance form and/or letter along with the acknowledgment letter into the appropriate folder.
 - F. Designated AQIS Office Support will notify the designated investigating Representative by emailing the link where the grievance is located and placing a copy of the email in the consumer's electronic grievance file.
 - G. Grievances will be investigated by either the AQIS Adult and Older Adult Behavioral Health (AOABH) Representative, AQIS Children, Youth, and Prevention Behavioral Health (CYPBH) Representative, or AQIS Patients' Rights Advocacy Services (PRAS) Advocate. The AQIS Representative and AQIS PRAS Advocate will have the appropriate and clinical expertise to treat the consumer's condition and in addition shall not have been involved in any previous level of review or decision-making.
- VI. AQIS AOABH/CYPBH Representative or AQIS PRAS Advocate will research the grievance and prepare the decision and/or action on the grievance. Within the parameters of confidentiality, all relevant information, resources and involvement of others shall be utilized to resolve the grievance within 60 days, unless the consumer or parent/guardian/conservator requests additional time or agrees to a continuance. If the consumer requests an extension, or if the AQIS AOABH/CYPBH Representative or AQIS PRAS Advocate determine that there is a need for additional information and that

the delay is in the consumer's interest, this timeframe may be extended by up to 14 days.

- VII. AQIS AOABH/CYPBH Representative or AQIS PRAS Advocate shall create a resolution letter for the client within 59 days of receiving the grievance information from AQIS Grievance Representative (or within 73 days if an extension has been invoked as described above).
- VIII. A signed resolution letter will be hand carried by AQIS AOABH/CYPBH Representative or AQIS PRAS Office Support to the designated AQIS Office Support.
- IX. Upon receipt of resolution letter from the AQIS AOABH/CYPBH Representative or AQIS PRAS Office Support, the designated AQIS Office Support will scan and e-file letter into grievance folder.
- X. Original resolution letter will be mailed via Certified Return Receipt to the consumer by the designated AQIS Office Support. The designated AQIS Office Support staff will:
 - A. Scan and e-file a copy of the certified mail receipt into the designated grievance folder.
 - B. Upon receipt, scan and e-file a copy of the Certified Return Receipt into the designated grievance folder.
 - C. If no address for consumer, e-filed letter will remain stored in the designated grievance folder.
- XI. Link to resolution letter will be emailed by designated AQIS Office Support staff to:
 - A. AQIS Grievance Representative
 - B. BHS MHSA Coordination staff
 - C. All parties will be cc'd in the letter