

Behavioral Healthcare, Inc.

155 Inverness Drive West • Suite 201 • Englewood, CO 80112

Member Affairs

Subject: OMFA-603 Grievance Procedure		Effective Date: 7/1/1998
Authorized by: Scott Utash Director of Member and Family Affairs	Page: 1 of 4	Review Date: 10/20/99, 4/1/00, 6/05/01, 7/01/02, 8/13/03, 11/1/03, 8/10/04, 6/1/05, 11/21/06, 12/31/07, 2/20/09, 1/8/10, 1/3/11, 4/14/11, 10/3/11

I. Policy:

It is the policy of BHI to support the rights of clients, family members and interested others to register concerns and/or file grievances related to any issue regarding the care received through BHI and provide reasonable assistance in completing any forms requested.

II. Purpose:

To ensure that clients and interested others have a means of providing ongoing feedback to the BHI system which results in prompt resolution of individual problems, the tracking or problematic trends within the system, an overall improvement in the quality of services, and the prevention of retaliation.

III. Definitions:

- A. A *grievance* refers to an oral or written expression of dissatisfaction about any matter other than an action (as defined in HCPF 8.209.2). This may include but is not limited to quality of care of services provided, aspects of interpersonal relationships such as rudeness, or failure to respect a client's rights.
- B. A *Designated Client Representative* (DCR) shall mean any person, including a treating health care professional, authorized in writing by the client or the client's legal guardian to represent his or her interests related to grievances or appeals about health care benefits and services.
- C. A *Quality of Care complaint* shall mean any grievance made in regards to the professional competence and/or conduct of a physician or other health care provider which could adversely affect the health or welfare of client.

IV. Procedure:

- A. A grievance may be filed by any interested party (including the client, family members, community advocate, or provider) on the client's behalf. If the complainant is someone other than the client or their legal guardian, the client or their guardian will be contacted in order to obtain permission to investigate and resolve the grievance. If a person filing a grievance on behalf of a client is not their legal guardian, a valid release of information and a form designating

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the individual as the designated client representative (DCR) must obtained before any action is taken.

- B. An initial grievance may be filed verbally or in writing with within 30 calendar days of the reported occurrence. A grievance may be filed by:
 - 1. The mental health center Client or Parent/Family Representative
 - 2. The BHI Client or Family Advocate
 - 3. The BHI Director of Member and Family Affairs.
 - 4. For grievances related to compliance with the HIPAA Privacy Regulations, the Privacy Officer.

- C. The grievance will be assigned to the BHI Client or Parent/Family Representative or a member of the BHI Department of Member and Family Affairs. The investigating representative will have had no prior direct involvement with the subject of the grievance. Persons who make decisions on grievances will not have been previously involved in any level of review or decision-making and will have the appropriate clinical expertise in treating the member's condition or disease if the grievance involves clinical issues, including those grievances regarding the denial of expedited appeals. Grievances regarding compliance with the HIPAA privacy regulations will be directed to the Privacy Officer.

- D. The investigating representative will determine the substance of the grievance and requested disposition through discussion with the complainant. The investigator will provide the complainant with a reasonable opportunity to present evidence and allegations of fact or law in person or in writing. The representative will request permission from the complainant to take the steps necessary to investigate and work to resolve the issues. These may include contacting relevant parties, obtaining access to records that may show evidence of the particular situation, coordinating a mediation session between parties, contacting supervisory parties, coordinating appointments, etc.

- E. Those grievances that involve a potential Quality of Care concern will be referred to the Quality of Care process for investigation.

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- F. Those grievances involving a potential HIPAA violation will be referred to the BHI HIPAA Privacy Officer for investigation.
- G. Grievances will be documented on a BHI Advocacy Contact Form and if necessary, progress notes. Documentation will clearly outline the substance of the grievance and the actions taken.
- H. In the case that the grievance involves issues that would likely result in disciplinary action of an employee if substantiated, the investigating representative will inform the supervisor and/or Human Resources Department of the employee.
- I. The investigating representative will send the complainant written acknowledgement of receipt of the grievance within two working days of receipt of the grievance. Written acknowledgement will include:
 - 1. Name, title, credentials, and phone number of the individual(s) investigating the grievance,
 - 2. Timeline for grievance completion
- J. The investigating representative will resolve the grievance and provide notice as expeditiously as the client's mental health condition requires, not to exceed 15 working days of from the day the grievance is received. This timeframe may be extended by up to 14 calendar days if the complainant requests an extension or the investigating representative shows that there is a need for additional information and that the delay is in the member's best interest. The investigating representative will give the complainant prior written notice of the reason for delay if the timeframe is extended.
- K. Written notification regarding the disposition of the grievance will include:
 - 1. Name, title, credentials of the individual(s) investigating the grievance,
 - 2. The date of completion of the resolution process
 - 3. The results of disposition of the grievance
 - 4. The opportunity to have the decision reviewed by Colorado Department of Health Care Policy and Financing and how to request a review, or in the

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case of a HIPAA Privacy Regulation Complaint, right to appeal to the Office of Civil Rights

- L. The investigator will request and document verbal or written feedback from the complainant regarding their level of satisfaction with the proposed resolution.
- M. If the complainant is dissatisfied with the disposition of a grievance, they may bring the unresolved grievance to the Colorado Department of Health Care Policy and Financing to review. The disposition offered by the Colorado Department of Health Care Policy and Financing will be the final action. If the complainant believes BHI is not complying with a requirement of HIPAA Privacy Regulations, the complainant can bypass the BHI grievance process and file a written complaint with the Office of Civil Rights.
- N. BHI recognizes that the fear of retaliation on the part of clients and family members restricts their willingness to utilize the formal grievance process. BHI recognizes that retaliation and the fear of retaliation are very damaging to clients and their recovery process. In light of this, BHI will take every step to identify and address retaliation as it occurs, as well as educate providers and clients in a way that will prevent acts of retaliation and the fear associated with them.
- O. The Director of Member and Family Affairs will maintain record of Medicaid grievances and submit required data to the State on a quarterly basis.
- P. The BHI Department of Member and Family Affairs Director reviews all member grievances as they are completed. The director tracks any trends about specific providers or sites and reviews this information with the BHI Utilization Management Committee as needed. The BHI UM Committee also serves as the credentialing committee and member complaints are taken into account in the credentialing discussions with this committee.

V. Attachments: