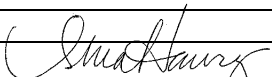


Executive Policy

Subject: Client Grievances	Policy No.: 1.1.15
Adopted: July 2024	Supersedes: 7-20, 11-09
Related Policies:	
Executive Director Signature: 	

Purpose: Individuals shall have the opportunity to seek resolution of dissatisfaction with ComWell services, actions, policies, privacy, or security violations consistent with the following grievance steps. ComWell maintains a formal procedure through which an individual can express and resolve grievances including denial of services. Individuals have the right to file a grievance without interference or retaliation.

I. Client Grievance Process

- A. As indicated in the Statement of Client Rights, an individual or the individual's parent or guardian has the right to present grievances or problems pertaining to their services and treatment within the agency.
- B. During the initial screening or assessment session, the individual should be informed that if any problems or grievances arise concerning treatment, s/he should express the issues immediately to the clinician or request to speak with the clinician's supervisor to discuss their concerns. However, a verbal or written grievance may be presented to any staff person within the agency.
 1. All grievances should include at least one level of review that does not involve the person about whom the complaint has been made or the person who reached the decision under review. Only formal grievances are reviewed through the PQI committee. A formal grievance is defined when an individual completes the written Grievance Form or otherwise presents a written grievance.
- C. If it is not resolved with the employee or the supervisor, the individual should send a written grievance to the appropriate Director. Upon receipt of the written grievance the appropriate Director shall:
 1. Inform appropriate supervisory staff of the grievance and
 2. Make arrangements to address the issue with the individual within ten business days of receiving the grievance.
- D. If the matter is still not resolved the individual may send a written grievance to the Executive Director. The Executive Director shall respond within ten business days of receiving the grievance. The decision of the Executive Director is final. The Board of Directors will be informed of the final decision by the Executive Director and included in the quarterly Performance and Quality Improvement Report. The individual should receive written notification of the final decision.
- E. The assigned program manager shall assist the individual in following the above steps, if the person wants help.
- F. Each step of the grievance process should be documented by the involved staff persons up to and including grievances sent to the Executive Director for resolution and maintained in the service record and in the PQI report.

- G. Client grievances, whether resolved or unresolved, should be used for potential modifications in programming of services or policies.
- II. Client grievance process regarding exclusion, suspension and/or termination.
- A. All individuals are to be informed of exclusion, suspension, and/or termination procedures at the time of admission. Procedures are to be reviewed at a minimum annually with person/guardian.
 - B. Consumers shall have the opportunity to seek resolution through the following steps:
 - 1. Notification of a right to appeal actions to deny, modify, reduce or terminate services is given to the individual or guardian upon entry into the program.
 - 2. Written notice shall be given, 10 days in advance, of actions to deny, modify, reduce or terminate services.
 - 3. That no provider action shall be implemented pending a final administrative decision.
 - 4. Time frames for notice of intent to appeal and the rendering of a final administrative decision.
 - 5. That no one directly involved in the action or decision being grieved or appealed shall be a part of the review of that action or decision.
- III. Client Grievance Related to Privacy and Security Rules
- A. If an individual feels their rights under the Privacy and Security Rules have been violated, the person should file complaints with ComWell's Privacy Officer and/or with the Secretary of the federal Department of Health and Human Services (DHHS).
 - B. ComWell does not take any adverse action against a person who files a complaint (either directly or through an agent), against the agency.
 - C. Complaints should be in writing, must describe the acts or omissions that are subject of the complaint, and must be filed within 180 days of the time the individual became aware or should have become aware of the violation.
 - 1. Complaints should be addressed to the attention of ComWell's Privacy Officer at the corporate location. The agency investigates each complaint in accordance with the processes noted in section I above.
 - 2. Complaints to the Secretary of the DHHS should include the information outlined in III.C. above. More information may be found at: <https://www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html>
 - a) The complaint must be filed in writing by mail at:
Secretary of DHHS
200 Independence Avenue SW
Washington, DC 20201
 - b) Fax, email or via the OCR Complaint Portal

<https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>

ComWell Client Grievance Form

Date of Complaint: _____

Name: _____

Telephone: _____

Address: _____

Nature of Complaint/Grievance *(Please include details such as whom the grievance is filed against, when it occurred, what led to the grievance, what would be an appropriate resolution):* _____

Client/Aggrieved Signature _____ Date _____

To Be Completed by ComWell Staff:

Resolution: _____

ComWell Staff Signature _____ Date _____

Leadership Team Member Signature _____ Date _____