

**CLATSOP BEHAVIORAL HEALTHCARE
ADMINISTRATIVE POLICIES and PROCEDURES**

INVESTIGATION AND RESOLUTION OF COMPLAINTS

POLICY:

To provide clients, family members, friends, community partners, and referents with a method for communicating and resolving complaints regarding client services, and to insure that workforce members have an opportunity to respond to any complaints prior to disciplinary action, CBH is implementing a standard procedure for investigating and resolving complaints.

In the investigation process, CBH will strive to provide parties with the information, time, and resources necessary to respond adequately to the complaint. Information will only be withheld if there is a clear and compelling safety concern pertinent to the information. In that case, the reason for withholding the information will be documented and decisions will be approved by at least two supervisors or managers.

Nothing in this policy is intended to restrict the rights of individuals to file grievances and/or complaints with other entities, or to have resolution of their grievances and/or complaints according to protections granted to special populations of which they may be a member, such as individuals in residential mental health treatment facilities.

PROCEDURE:

Any individual or parent or guardian receiving services may file a grievance with the provider, the individual's coordinated care plan, or the Division. We want to discuss and resolve any problems as soon as they come up. You can talk to your clinician's supervisor at any time. Our agency has a written grievance procedure designed to resolve problems that are not resolved informally. You may share your concerns about our services or request a copy of the complaint and grievance procedure by calling 503-325-5722. You will be contacted promptly about your concerns by our Clinical Director. We will complete an investigation of any grievance within 30 calendar days.

In circumstances where the matter of the grievance is likely to cause harm to the individual before the grievance procedures are completed, the individual or guardian of the individual may request an expedited review. The program administrator shall review and respond in writing to the grievance within 48 hours of receipt of the grievance. The written response shall include information about the appeal process.

A grievant, witness, or staff member of a provider may not be subject to retaliation by a provider for making a report or being interviewed about a grievance or being a witness. Retaliation may include but is not limited to dismissal or harassment, reduction in services, wages, or benefits, or

basing service or a performance review on the action. The grievant is immune from any civil or criminal liability with respect to the making or content of a grievance made in good faith.

Individuals and their legal guardians may appeal entry, transfer, and grievance decisions as follows:

If the individual or guardian is not satisfied with the decision, the individual or guardian may file an appeal in writing within ten working days of the date of the program administrator's response to the grievance or notification of denial for services. The appeal shall be submitted to the Division. If requested, program staff shall be available to assist the individual. The Division shall provide a written response within ten working days of the receipt of the appeal and if the individual or guardian is not satisfied with the appeal decision, they may file a second appeal in writing within ten working days of the date of the written response to the Division Director.

Contact Information for Complaints and Grievances

- Clatsop Behavioral Healthcare Clinical Director (503) 325-5722
- Health System Division of the Oregon Health Authority (503) 945-5763
- Disability Rights Oregon (800) 452-1694
- Columbia Pacific Coordinated Care Organization (CPCCO) Members - contact Care Oregon at (855) 722-8206.
- Department of Human Services - contact the [Governor's Advocacy Office](#) at: (503) 945-5941

There are also additional resources available for certain situations.

- **Abuse or Neglect** - contact the Office of Adult Abuse Prevention and Investigation at: (503) 945-9702 or the CBH Abuse Investigator at 503-325-0241, ext. 109
- **Other Oregon Health Plan Members** – contact the Division of Medical Assistance Programs Client Services at: (800) 273-0557
- **Civil Rights (504 Plans, Medical Issues, etc.)** - contact the Office of Equity and Inclusion, Civil Rights Coordinator at: (971) 673-2000

Clatsop Behavioral Healthcare adheres to the following Oregon Administrative Rule regarding grievances and appeals.

309-019-0215

Grievances and Appeals

- (1) Any individual or parent or guardian receiving services may file a grievance with the provider, the individual's coordinated care plan, or the Division.
- (2) The provider's grievance process shall:
 - (a) Notify each individual or guardian of the grievance procedures by reviewing a written copy of the policy upon entry;
 - (b) Assist individuals and parents or guardians to understand and complete the grievance process and notify them of the results and basis for the decision;
 - (c) Encourage and facilitate resolution of the grievance at the lowest possible level;
 - (d) Complete an investigation of any grievance within 30 calendar days;
 - (e) Implement a procedure for accepting, processing, and responding to grievances including specific timelines for each;
 - (f) Designate a program staff individual to receive and process the grievance;
 - (g) Document any action taken on a substantiated grievance within a timely manner; and
 - (h) Document receipt, investigation, and action taken in response to the grievance.
- (4) The provider shall post a Grievance Process Notice in a common area stating the telephone numbers of:
 - (a) The Division;
 - (b) Disability Rights Oregon;
 - (c) Any applicable coordinated care organization; and
 - (d) The Governor's Advocacy Office.
- (5) In circumstances where the matter of the grievance is likely to cause harm to the individual before the grievance procedures are completed, the individual or guardian of the individual may request an expedited review. The program administrator shall review and respond in writing to the grievance within 48 hours of receipt of the grievance. The written response shall include information about the appeal process.
- (6) A grievant, witness, or staff member of a provider may not be subject to retaliation by a provider for making a report or being interviewed about a grievance or being a witness. Retaliation may include but is not limited to dismissal or harassment, reduction in services, wages, or benefits, or basing service or a performance review on the action.
- (7) The grievant is immune from any civil or criminal liability with respect to the making or content of a grievance made in good faith.
- (8) Individuals and their legal guardians may appeal entry, transfer, and grievance decisions as follows:
 - (a) If the individual or guardian is not satisfied with the decision, the individual or guardian may file an appeal in writing within ten working days of the date of the program administrator's response to the grievance or notification of denial for services. The appeal shall be submitted to the Division;
 - (b) If requested, program staff shall be available to assist the individual;
 - (c) The Division shall provide a written response within ten working days of the receipt of the appeal; and
 - (d) If the individual or guardian is not satisfied with the appeal decision, they may file a second appeal in writing within ten working days of the date of the written response to the Division Director.

CBH Complaint and Resolution Form

Clatsop Behavioral Healthcare (CBH) welcomes your feedback. This form is designed to provide clients, family members, friends, and community partners, with a method for communicating and resolving complaints regarding client services. *If you would prefer to speak directly to someone about your complaint, please let us know and a supervisor or manager will contact you.*

Please provide the following information to help us investigate and resolve your complaint.

Name: _____ **Date:** _____
(Please Print)

How may we contact you to follow up on this complaint?

- Phone/Email/Other (please list): _____
- Please do not contact me.

Is this complaint urgent? Yes _____ No _____

Please describe concern/complaint including names of people involved and dates if known:

What would you like to have happen in this matter?

Resolution

Attention: This section is to be completed by the staff member or manager with responsibility for the program involved.

Date received _____ Actions taken to resolve complaint/concern (describe in detail)

Further action needed? Yes ___ No ___ If yes, what is planned?

Signature and Date: _____

If further action, such as review by Clinical, Medical, or Human Resources/Operations Director is needed, describe review and resolution:

Director Signature and Date: _____

Email to Quality Assurance Department when completed.