

CLACKAMAS COUNTY BEHAVIORAL HEALTH DIVISION Grievance System

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PURPOSE/SCOPE

Describes the process by which individuals accessing services through the Clackamas County Behavioral Health Division (CCBHD) programs exercise their grievance and appeal rights. The procedures CCBHD follows in response to these grievances and appeals, are consistent with OAR 309-019-0110, 309-019-0215 and contract requirements. Grievances expressed regarding services outside of those provided by CCBHD are referred to entities such as Coordinated Care Organizations, Oregon Health Authority and providers.

Customer satisfaction is a priority of the Clackamas County Behavioral Health Division. Therefore, when dissatisfaction is expressed, CCBHD is committed to:

- Allowing the expression of dissatisfaction, without any fear of reprisal.
- Responding promptly to concerns or dissatisfaction expressed.
- Resolving issues as satisfactorily as possible to the individual.

Customer needs are often best served when concerns about services are resolved in an informal, verbal manner by individuals speaking directly to the providers and staff involved. If an individual's concern is not resolved in this way to their satisfaction, or if an individual wishes to file an appeal of CCBHD's response to a previously submitted grievance, the processes below are available.

DEFINITIONS

Appeal	<i>A request by an individual for a review of a grievance response issued by CCBHD.</i>
Expedited Grievance	<i>A request for expedited resolution of grievance, which is to be resolved within 48 hours of receipt.</i>
Grievance	<i>The expression of dissatisfaction by an individual receiving services from CCBHD regarding services received, staff, facilities, or other related issues.</i>
Individual	<i>Any individual accessing services from CCBHD. For the purposes of this policy "individual" also includes any parent, legal guardian, or representative of an individual.</i>
Second Appeal	<i>An appeal requested by an individual following CCBHD's resolution of the individual's initial appeal of a grievance resolution.</i>

POLICY/PROCEDURE

I. Overview

- A. Any individual accessing services at CCBHD has the right to file:

1. A grievance concerning the services provided to the individual, including, but not limited to:
 - a. Requests for accommodations in communication;
 - b. Provision of services for individuals with a disability or limited English proficiency;
 - c. Access to covered services or facilities.
 2. An appeal of the outcome of a grievance.
- B. CCBHD encourages and supports resolution of grievances at the provider or staff level whenever possible.
- C. No negative consequences to an individual will result from filing a grievance or appealing a decision.
- D. Information received from grievance and appeal processes is held confidential, except as needed to:
1. Investigate and/or resolve the issue;
 2. Inform the CCBHD Quality Assurance Committee as part of continuous quality improvement;
 3. Share with the State of Oregon and anyone authorized by the individual as necessary to resolve the issue.
- E. CCBHD ensures that grievance and appeal procedures comply fully with all applicable Oregon Administrative Rules and Code of Federal Regulations.

II. Clackamas County BHD Grievance System Forms

- Clackamas County Behavioral Health Division Grievance
- Clackamas County Behavioral Health Division Grievance Response
- Clackamas County Behavioral Health Division Appeal Request
- Clackamas County Behavioral Health Division Appeal Resolution

III. Grievance Process

A. Grievance Process Notice

The *Notice of Grievance Process* is posted at CCBHD Clackamas MHC and Public Services Building locations and includes the following:

1. Methods by which an individual can file a grievance with CCBHD regarding CCBHD programs;
2. Mail, fax, and phone numbers by which to submit a grievance to CCBHD;
3. Contact name and telephone number for Disability Rights Oregon;

4. Contact name and telephone number for the Oregon Health Systems Division (HSD);
5. Contact names and telephone numbers for commonly used Coordinated Care Organizations and advice for requesting assistance locating contact information for any not listed.

B. Review of Grievance Policy at Entry

1. At the time of entry into services with CCBHD programs, individuals are given written information about the individual's options for filing a grievance.
2. This information is reviewed and explained to the individual who completes an acknowledgement indicating completion of this process.

C. Filing a Grievance

1. In most cases a concern about treatment or program services can be resolved most quickly and effectively when raised directly with the staff person or supervisor involved.
2. For CCBHD at the Clackamas MHC location, the individual may, during business hours (Monday-Saturday), file a grievance with the Clackamas MHC any time they wish to express concern about any aspect of services received. If an individual is calling after hours they may call 503-722-6200 and leave a message. At the CCBHD Public Services Building location, the individual may, during business hours (Monday-Thursday), file a grievance with CCBHD any time they wish to express concern about any aspect of services received through CCBHD programs. If an individual is calling after hours they may call 503-742-5335 and leave a message. Individuals may also file a grievance directly with the Oregon Health Systems Division (HSD).
3. A grievance may be made orally or in writing. Individuals should be encouraged to utilize the *Clackamas Behavioral Health Division Grievance* form and make the grievance in writing. CCBHD staff should assist individuals in completing the grievance form. Any additional documentation should be attached to the form.
4. CCBHD staff submitting a grievance will send that grievance and any additional documentation to the CCBHD Quality Management team via email only: BH-QualityManagement@clackamas.us

5. All grievance forms are date stamped upon receipt. Grievance forms received in the mail are date stamped upon receipt; the email or fax time stamp is used for grievances received in either format.
6. Any individual receiving services may also request and receive assistance from CCBHD staff to file a grievance with their Coordinated Care Organization.
7. If the response to the initial concern does not resolve the individual's concern to their satisfaction, the individual may speak to a manager or appeal the decision.

D. Expedited Grievances

In circumstances where the matter of the grievance is likely to cause harm to the individual before the grievance review is completed, the individual may request an expedited review. The CCBHD Quality Management Team will follow the same process as outlined in part *II.E.* below, except that the grievance review and response in writing will be completed within 48 hours of receipt of the grievance.

E. Grievance Response

1. The CCBHD Grievance form will be forwarded within 2 calendar days to the CCBHD Quality Management Team using the BH-Quality Management email. Temporary staff, working in an on call capacity, must submit the Grievance form by the end of their shift.
2. The CCBHD Quality Management Team is responsible for receiving, acknowledging receipt, processing, responding to, and tracking grievances. The Quality Management Team reviews each grievance and either personally resolves it or assigns resolution to the appropriate party. The intent is that for each grievance there is rapid attention to the grievance and resolution at the lowest level. If the grievance involves clinical issues beyond the scope of the CCBHD Quality Management Team, the grievance is immediately forwarded to the CCBHD Medical Director for resolution.
3. Each grievance is entered in the CCBHD Grievance Log including, at a minimum, the following elements:
 - a. Name of person lodging the grievance;
 - b. Name of the individual involved;
 - c. Date of the grievance;
 - d. Nature of the grievance;
 - e. Investigative steps
 - f. Date of the resolution of the grievance;
 - g. Description of the resolution.

4. The CCBHD Quality Management Team will attempt to resolve the grievance within five (5) working days. If the issue cannot be resolved within five (5) working days, the individual is notified in writing that a delay up to thirty (30) calendar days is necessary to resolve the grievance. This written notice specifies the reasons for the delay.
5. CCBHD responds to and resolves all grievances as expeditiously as possible and as the individual's mental health condition requires. In all cases, grievances are resolved within no more than thirty (30) calendar days from the date the grievance is received.
6. If requested, CCBHD issues a written response to the individual upon resolution using the *Clackamas County Behavioral Health Division* form. An oral response is also acceptable if the grievance was made orally. The response reviews and addresses each element of the grievance. The written response includes information and forms that can be used to file an appeal.
7. CCBHD will make every effort to assist individuals to understand and complete the grievance process and notify them of the results and bases for the decision.

F. Appeals

Individuals have the right to appeal grievance decisions as follows:

1. If the individual is not satisfied with the written (individual may also request a verbal resolution) resolution of a grievance they may file an appeal in writing with the CCBHD Director within ten (10) working days of the date of CCBHD's response to the grievance.
2. Individual may request to have the written resolution delivered to them orally. This request will be documented in the grievance log. The individual may file an appeal in writing with the CCBHD Director within ten (10) working days of the date of CCBHD's response to the grievance.
3. Appeals may also be submitted directly to the Oregon Health Systems Division (HSD).
4. If requested, CCBHD staff will be available to assist the individual in completing the appeal.

5. The CCBHD Director will provide a written response using the *Clackamas County Behavioral Health Division Appeal Response* form within ten (10) working days of the receipt of the appeal.
6. If the individual is not satisfied with the appeal decision, they may file a second appeal in writing within ten (10) working days of the date of the written response to the Director of the Oregon Health Systems Division (HSD).
7. All appeals are documented in the CCBHD Grievance Log.

G. Grievance System Review And Monitoring

CCBHD conducts monthly reviews of Grievance System cases and logs to monitor the timing of notices and authorizations related to grievances. Reviews will be conducted by the CCBHD Quality Assurance Committee and will consist of a review of Grievance System logs, related documentation (letters/notices), and interview of the Quality Management Coordinator assigned to manage the grievance system. If non-compliance issues are noted during these reviews, the Quality Assurance Committee will develop and implement an improvement process to ensure responses are completed within required timelines.

H. Freedom From Retribution

An individual grievant, witness, or staff member of a provider will not be subject to retaliation by CCBHD 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. Grievants are immune from any civil or criminal liability with respect to the making or content of a grievance made in good faith.

I. Recordkeeping

CCBHD retains all Grievance System documentation, including but not limited to: files of written grievances and appeals received and hearings requested, records of the review of investigation and resolution, for ten (10) calendar years following the date of the last resolution.

**CLACKAMAS BEHAVIORAL HEALTH DIVISION—GRIEVANCE AND COMPLAINT FORM-
NOTICE OF GRIEVANCE PROCESS**

We encourage you to discuss concerns you have about any aspect of your services with your behavioral health services. Usually most problems and misunderstandings can be solved quickly by talking with your provider or staff. If you are not happy with the answer you get from them, you can file a grievance with us. A grievance is a formal way to tell us that you are concerned about or unhappy with any aspect of your services. Your satisfaction with your services is important to us and we want to know how we can make things better.

Please ask CCBHD staff for help as needed to complete this process.

Your Name _____ Your Phone # _____

Client's Name _____ Medicaid ID # _____

<p>What happened? When did it happen? Who was involved? (Attach any documents that might help us investigate your complaint.)</p>
<p>What should be done about it?</p>
<p>Is this a problem that is urgent and needs to be handled immediately? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.</p>
<p>Do you want a written response of the resolution (outcome) mailed to you? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

What You Can Expect

Routine Complaints

We will answer your complaint within five (5) working days of getting it. If we can't take care of the situation for you in five (5) working days, we will let you know that we need more time, no more than 30 days.

Urgent Requests

We will try to answer urgent requests within 48 hours after we get your complaint.

CONFIDENTIALITY

We respect your confidentiality – please know that information related to your problem will be kept confidential.

FILL OUT A GRIEVANCE FORM

Fill out a Clackamas Behavioral Health Division form. You can have someone else help fill out the form for you. Explain what happened and what you want to happen because of your complaint. Sign the form and mail, fax or take it to:
Clackamas County Behavioral Health Division,
2051 Kaen Road, Suite 154,
Oregon City OR 97045
Fax: (503) 742-5312

CALL US ABOUT YOUR PROBLEM

You can also call us and tell us about your complaint. The person you talk with will get all the details from you and fill out the complaint form for you. If you would like to tell us about your complaint, call us Monday-Thursday, 7:00am – 6:00pm at (503) 742-5335

OTHER OPTIONS

You may also choose to contact one of the following:

Disability Rights Oregon (503) 243-2081	Health Share of Oregon (503) 416-1460	CareOregon (503) 416-4100	Governor’s Advocacy Office (503) 945-6904
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Our most frequently seen organizations and phone numbers are listed above. If yours is not listed, please request assistance from Clackamas County Behavioral Health Division (CCBHD) staff to locate the phone number for your organization.

Para obtener este formulario o más información en otro idioma, formato o tamaño de letra grande, por favor llame a nuestro número de teléfono gratuito: (503) 742-5335.

You can get this letter in another language, large print, or any way that’s best for you. Please call us at (503) 742-5335.

