

 Seniors and People with Disabilities State Operated Community Program (SOCP) Policies and Procedures	Supersedes: July 1, 2004	Policy Number: 3.002
	Effective Date: March 1, 2005	
	Approval Signature:	
Subject: Complaints and Grievances		

REFERENCE:

OAR 411-325-0320; 411-345-0130 (1)

POLICY:

This policy is to outline the steps that will be taken to address complaints and grievances from individuals living in the homes assuring they are completed in a timely manner. SOCP will address complaints/grievances received from the individuals living in the homes through informal and formal processes. SOCP will inform each individual and parent/guardian/advocate of the program’s grievance policy and procedures orally and in writing at entry to the program and as changes occur. Information will be presented using language, format and methods of communication appropriate to the individual’s needs and abilities.

DEFINITIONS:

Informal Complaint: an opportunity for individual and/or their advocate to discuss and resolve issues of concern.

Formal Grievance: a written description of the concerns of an individual made by the person and/or advocate. If possible the Client Grievance Report should be used when submitting a grievance. If the individual wants to use another format, the person investigating the grievance should try to ascertain the same basic information as processing begins.

If the complaint/grievance, whether informal or formal, is associated in any way with suspected neglect, abuse or the violation of the individual’s rights, the Site Manager must immediately report the complaint to the Program Administrator, Case Manager and guardian following abuse reporting procedures.

PROCEDURE:

INFORMAL GRIEVANCE

Responsibility	Step	Action
Client/guardian/advocate	1	Request meeting with Site Manager (or other appropriate person) to discuss issue of concern.
Site Manager	2	Set up meeting upon request by client or guardian/advocate of the individual within 5 days

Responsibility	Step	Action
		of the initial request.
	3	Document the outcome of the discussion in the next scheduled monthly review of the ISP.

FORMAL GRIEVANCE

Responsibility	Step	Action
Site Manager	1	If, at the end of an informal discussion a mutually satisfying solution has not been reached, document the grievance using the Client Grievance Report Form. (Attachment A)
	2	Send the original grievance form to the Program Administrator within 3 working days.
	3	Send a copy to the client/guardian/advocate and Service Coordinator within 5 days. Retain one copy at the home.
Program Administrator	4	Investigate all the facts supporting or disapproving the grievance and take appropriate action on the grievance within 15 days of receipt of the grievance.
	5	Notify the client/guardian/advocate of the findings and decisions.
	6	Provide clear information on how to appeal the decision with their Service Coordinator. Provide the address/phone number of the Service Coordinator if they are not present at the meeting and how to get assistance for the appeal.
	7	Provide copies of the finalized grievance to the client/guardian/advocate and Service Coordinator.
	8	Send the original to the home.
Site Manager	9	Document the grievance resolution in the next scheduled monthly review of the ISP of the individual.
	10	Record information from the grievance onto the house Grievance Log (Attachment B).

Responsibility **Step** **Action**

Central Management Team Reviews House Grievance Logs quarterly

Attachment B: Grievance Log

State Operated Community Program
Client Grievance Report

Client Name: _____ Residence: _____

Name of person acting in client's behalf, if any: _____

Date of Grievance/Complaint: _____ Time: _____ AM PM

Signature of staff receiving initial Grievance/Complaint Date

Specific Details of Grievance/Complaint

Resolution/Findings of Initial Grievance/Complaint

Client/Client Representative Acceptance of Resolution: Yes No

Client Signature Date Representative Signature Date

Unresolved Options

If unresolved: Name of Program Administrator: _____

Date forwarded for review: _____

(15 days to investigate and make recommendations to resolve)

If needed, this grievance can be appealed to your Case Manager. The information is:

Name: _____ Phone: _____

Address: _____

Seniors and People with Disabilities
State Operated Community Program

Grievance Log

Date of Grievance	Person Filing Grievance	Nature of Grievance	Resolution to Grievance	Date of Resolution

Complaint and Administrative Review Process

You may want to ask someone to help you complete the Complaint form. Some examples of who may help you are: a family member, a friend, your Service Coordinator or Personal Agent, your provider.

Return the form to either the Community Developmental Disability office in your County or your Brokerage, if you are in Support Services. You may also give it to your Service Coordinator or Personal Agent to turn in for you. CDDP/Brokerage address:

You should receive a written response to your complaint within 30 days from the date the Community Developmental Disabilities Program or the Support Service Brokerage received your complaint. The response will be on this Complaint form, with pages attached as needed. If you are not satisfied with the outcome of your complaint, you may request a review of the decision by the Department. This is called an Administrative Review.

You *must* make the request for an Administrative Review within 15 days of the date of the decision by the Community Developmental Disabilities Program or Support Service Brokerage.

You make that request by checking the box at the bottom of the form. You may either request the Community Development Disabilities Office staff or the Support Service Brokerage staff to send the form to Seniors and People with Disabilities or you may send it to:

Department of Human Services
Seniors and People with Disabilities
Attention: DD Executive Support Specialist
500 Summer Street NE, E09
Salem OR 97301-1076

An Administrative Review Committee will look at the information regarding your complaint and make a recommendation to the Administrator, or someone the Administrator appoints, about the outcome to your complaint. That response will either agree with the original outcome, will not agree with the outcome, or will suggest some revisions to the outcome.

You will receive a letter from the Administrator, or someone the Administrator appoints, within 55 days of the date your complaint was received by Seniors and People with Disabilities, unless you have agreed to an extension.

Notifying Agency: _____



Notification of Planned Action

Name: _____ Date of Notice: _____

Address: _____

For Questions Contact: _____ Phone Number: _____

A decision to deny, reduce or terminate a Medicaid services has been made. The effective date is: _____. You may want to appeal this decision. If you have questions, call the contact listed above. This action affects the following service(s):

Planned Action

Reduce Suspend Deny Terminate **Comprehensive Services**

Describe specific service: _____

Reduce Suspend Deny Terminate **Children's Intensive In-Home Services/Medically Fragile Children's Unit**

Describe specific service: _____

Reduce Suspend Deny Terminate **Support Services**

Describe specific service: _____

Reduce Suspend Deny Terminate **Other Developmental Disability Service (e.g. Personal Care 20; Case Management)**

Describe specific service: _____

Action and Reason for Action:

Applicable Oregon Administrative Rule(s) *including specific rule sections:*

Oregon Administrative Rules can be found at: <http://arcweb.sos.state.or.us/banners/rules.htm>

Be sure to read the enclosed notice to learn about your hearing rights.

If your situation changes, please notify the person listed above.

Keep this notice! If you ask for a hearing, DHS will ask you for a copy.

Notice of Hearing Rights

Part 1 – About Hearings: *What to do when you do not agree with a DHS decision.*

- a. You have the right to talk with a person in charge. You may ask for a meeting by contacting the person listed on this notice. If you want a hearing, you must request it on time. The time limits for requesting a hearing are listed below.
- b. Oregon law (OAR461-025-0310) and ORS 411.095 gives you the right to ask for a hearing if you do not agree with this decision. Hearings are held before an Administrative Law Judge who works for the Office of Administrative Hearings, not for Department of Human Services (DHS). Hearings are conducted under rules that start at OAR 137-003-0501 and statutes that start at ORS 183.411. At the hearing, you can tell why you do not agree with the decision. You can have people testify for you.
- c. To request a hearing, you must fill out an Administrative Hearing Request form (DHS 0443). You can get this from the contact person listed on this form or by going to: <http://dhsforms.hr.state.or.us/Forms/Served/DE0443.pdf>. The contact person on this notice can help you fill out the form. Forms must be returned to: Service Coordinator Specialist, ODDS, 500 Summer Street, E-10, Salem OR 97301.
- d. DHS must receive your request within 45 days from the **Date of Notice**, given at the top of page one. If you do not ask for a hearing within the 45 days, you lose your right to have one and this Notice of Planned Action becomes the **Final Order**.
- e. If you do not ask for a hearing on time, withdraw a hearing request, or do not appear at your hearing, the agency's file and anything you have submitted will be the record of your case.
- f. You may request an informal meeting to talk about your case with DHS. Choosing to have the informal meeting will not affect your right to a hearing if you request one. No separate order will be issued. You may appeal the final order under ORS 183.482 if you file a petition in the Oregon Court of Appeals. The appeal must be filed within 60 days of the date this notice becomes a final order.
- g. At the hearing, you may have a lawyer or someone else to help you. We cannot pay the costs of witnesses or a lawyer. You may be able to get free legal services from the Disability Rights Oregon or from a local Legal Aid Office.

Part 2 – Continuing Your Benefits: *Applies only if currently receiving this benefit.*

- a. You can ask that your benefits stay the same until the hearing decision. You do this on the Administrative Hearing Request form (DHS 0443).
- b. You must ask for a hearing and continuation of benefits by either the effective date of the action listed on this notice or ten days after the date of this notice, whichever date is later.
- c. If you keep getting benefits but lose the hearing, you may be asked to pay back the benefits you should not have received.

Part 3 – Expedited Hearings: *Can you have a hearing sooner than usual?*

You have the right to have your hearing within five (5) working days if the decision effects: **Medical services for an immediate, serious threat to your life or health.**

DHS will not discriminate against anyone. This means DHS will help all who qualify. DHS will not deny help to anyone based on age, race, color, national origin, sex, sexual orientation, religion, political beliefs or disability. You may file a complaint if you think DHS discriminated against you because of any of these reasons.

FACT SHEET for: Complaints, Medicaid Fair Hearing, Administrative Review

You have rights under state and federal law to make a complaint and to know the ways your complaint may be handled. This sheet tells you how to make a complaint and how to request an Administrative Review or a Medicaid Fair Hearing. Your service provider, Service Coordinator, Personal Agent, Brokerage or Community Developmental Disability Program should help you make or request any of these and should explain the process to you.

Complaint: A complaint is when you are not satisfied (unhappy) with something about your services, supports or programs, an assessment or other processes, or the people who are providing these services. You may make a complaint to your service provider, Service Coordinator, Personal Agent, the Brokerage or the Community Developmental Disability office. You may have someone help you make a complaint, either verbally or in writing. There is a *Developmental Disabilities Services Complaint Form* which can be provided to you. All efforts will be made to resolve complaints informally with those people who most directly support you.

If you are not satisfied with the response to your complaint, you may ask for a formal review by the Brokerage Director or the Community Developmental Disability Program Manager. You must receive a written response to your complaint, called a resolution or decision, within 30 days.

Administrative Review: If you are not satisfied with the decision made about your complaint, you may request a review of the decision by the Oregon Department of Human Services. This is called an *Administrative Review*. The same form used to file a complaint is used to request an Administrative Review. The information about your complaint will be looked at by a Review Committee. The Committee will make a recommendation to the Administrator of Seniors and People with Disabilities (SPD) within 45 days of your review request. The Administrator will have 10 days to make a final decision and send you a letter explaining the decision that has been made.

Medicaid Fair Hearing: If you are receiving a Medicaid waived service and a decision is made that your Medicaid services will be reduced, suspended, terminated or denied, you will be sent a *Notice of Planned Action* that will tell you when this will happen, why it will happen and give you a paper called *Notice of Hearing Rights*. If you disagree with the decision that has been made, you may request a *Medicaid Fair Hearing*. You do not need to make a complaint or have an Administrative Review before requesting a Medicaid Fair Hearing.

You must complete form DHS 443 to request a Medicaid Fair Hearing. Your Service Coordinator or Personal Agent can help you get and complete the form. While waiting for the hearing, you may request that your services do not change. You must make the request within the time period explained in the *Notice of Hearing Rights*. During a hearing you can present evidence to an Administrative Law Judge. You may have a lawyer help you with the hearing, but, you do *not* have to have one. You may want to ask a local Legal Aid Program, Disability Rights Oregon or another advocate of your choice, such as a family member or a friend, to help.

You also have a right to request a Medicaid Fair Hearing if you are not given the choice between institutional and community based services at the time you go into a waived service.



Notification of Rights

Print Name

I have been given the Fact Sheet on Complaints, Administrative Reviews and Medicaid Fair Hearings.

The following have been explained to me:

- ◆ My right to make a complaint, how to make one and the complaint process.
- ◆ My right to request an Administrative Review and an explanation of the process.
- ◆ My right to a Medicaid Fair Hearing and explanation of the process.

Signature

Date

Parent/Guardian *(if applicable)*

Date

Service Coordinator/Personal Agent

Date

