

Client Grievance

POLICY: Catholic Charities Maine believes in the rights of clients to participate actively in their own plans of care, including the right to question how the care is being provided. Complaints or grievances from clients are regarded as important, and an integral part of our performance improvement process. Attempts will be made to mutually resolve any and all grievances in a fair, open and honest fashion.

ORIGINAL APPROVAL DATE: August 13, 1987.

REVISED & APPROVED: Board of Directors, April 20, 1995.

REVIEWED & APPROVED: Board of Directors, June 8, 2004.

REVIEWED & APPROVED: Board of Directors October 13, 2016

OPERATIONAL PROCEDURE: If a client of Catholic Charities Maine expresses a grievance or complaint to a Catholic Charities Maine employee, then the following procedure should be followed:

1. Clients (adults and children) who are served under the Department of Health and Human Services' Mental Health Programs will follow the department's Grievance Procedure as outlined in the Rights of Recipients of Mental Health Services or the Rights of Children Who Are Receiving Mental Health Services. All other program clients will follow the procedure outlined below.
2. All clients shall be informed of the agency grievance procedure. At the time a complaint occurs, the client, parent, or legal guardian will be provided a copy of the agency's written grievance procedures.
3. At the time a complaint occurs, the agency employee and, if comfortable in doing so, the client will discuss the grievance to clarify and attempt to mutually resolve the grievance. If it is determined through discussion and clarification that the issue is not immediately resolvable, and the client wishes to document a grievance through the formal grievance process, then the agency employee will provide the client with a [Client Formal Grievance Form](#). If a client report, complaint, or grievance regarding a CCM employee involves allegations of criminal behavior, the client (or other appropriate representative) will be strongly encouraged to contact local law enforcement and file a report, with CCM supervisor's assistance. If the client declines, the CCM supervisor will inform the client that they have an ethical obligation to contact law enforcement, and will do so immediately. No compensation or restitution related to any allegation of criminal activity will be made by CCM to clients. The program manager may at their discretion, suspend services provided by the employee to the client(s) that have made the report, and others served by the employee as deemed necessary until a determination has been

made regarding the alleged behavior. This may be in the form of administrative leave (paid or unpaid). The CCM Compliance Officer must be contacted immediately, and will initiate an independent inquiry within the Quality & Compliance department, the format and scope of which will be determined based on the presenting issue.

4. Although the client should be encouraged to follow Steps 5 – 7 below, s/he should be informed that, at any point in the process, if the client prefers, these steps may be by-passed and the complaint filed directly with the Compliance Officer (Chief Administrative Officer).
5. Any formal grievance will be brought to the attention of the appropriate supervisor by either the client or service provider within ten (10) working days. Whenever possible, the grievance should be submitted to the supervisor in writing using the Client Formal Grievance Form. The supervisor will also, however, respond to an unresolved verbal grievance.
6. The supervisor will forward the formal grievance to the Program Director, who will contact the Operations Director to develop an appropriate response.
7. As appropriate, the supervisor, Program Director, and Operations Director will develop and initiate a plan to investigate the grievance immediately. If possible, the investigation (which may include interviews and/or record review) will be completed within fifteen (15) working days of initiation. The results of an investigation and any action taken to address the grievance will be documented.
8. The supervisor, Program Director or Operations Director will contact the client or client representative as soon as possible after completion of the investigation in order to discuss and resolve the grievance. If the grievance remains unresolved to the satisfaction of the client, then a written appeal may be submitted by, or forwarded at the request of, the client to the Compliance Officer within one month.
9. Upon receipt of an unresolved grievance, the Compliance Officer will obtain and review the investigation file, and will initiate any further investigation deemed necessary and appropriate within fifteen (15) working days. The Compliance Officer will contact the client or client representative of receipt of an unresolved grievance as soon as possible to discuss and resolve the grievance. All decisions reached at this level are final.
10. The Program Director will assure accurate and complete documentation of the process.
11. During every step of the process, the client will be notified in writing of any decisions or findings.

12. If a satisfactory outcome is not reached, then a written appeal may be submitted by the client to the Compliance Officer within thirty (30) days.
13. The client shall be informed of the decision reached by the Compliance Officer in writing within 30 days unless otherwise specified by law. One thirty-day (30) extension may be granted by notifying the client in writing.
14. The grievance and outcome results will be tracked, analyzed and reported on by the Quality & Compliance Department. This shall include a summary of the number of client grievances, resolution of grievances, and other pertinent information and will be submitted to the CCM Executive Management Team, Program Evaluation Committee, and the Board of Directors on a quarterly basis. This report will be reviewed for patterns and any problematic or unresolved issues, and follow plans of correction implemented as needed.
14. All decisions reached at this level are final.

Operational Procedure reviewed and updated: February 2010.

Operational Procedure reviewed and updated: July 2000.

Operational Procedure reviewed and updated: August 20, 2004.

Operational Procedure reviewed and updated: November 2007

Operational Procedure reviewed and updated: June 2010

Operational Procedure reviewed and updated: October 13, 2016

Please see CCM Client Grievance Form on next page.



Client Grievance Form

At Catholic Charities Maine we respect your right to file a grievance. Please provide us with thorough documentation of your incident and complaint below. Catholic Charities Maine will not engage in any discriminatory or retaliatory behavior against you because of this complaint. Please return this completed form to:

<p>1. The program supervisor or program director responsible for your care. (To be completed by program)</p> <p>Name: _____</p> <p>Program: _____</p> <p>Address: _____</p> <p>City, State Zip: _____</p>	<p>2. If satisfaction is not reached at this level, you may submit your completed form to:</p> <p>Catholic Charities Maine Attn: Compliance Officer 136 State Street, Suite 301 Augusta ME 04333</p>
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Client Name: _____ Birth date: ___/___/___ Today's Date: ___/___/___

Client Address: _____ Telephone: (____) _____ - _____

City: _____ ST: ___ Zip: _____

Preferred Method of Contact:

- Phone: (____) _____ - _____
- Fax (____) _____ - _____
- Email: _____@_____
- Mail: (If different from above) _____

Dates on which the acts or omissions are believed to have occurred:

Describe the acts or omissions believed to be in violation of your rights: (Please be as specific as possible and include the names, if any, of any one at the agency with whom you discussed this. Use the other side of this form if you need more room.)

Signature

Date



PROCESSING SECTION – [INTERNAL USE ONLY KEEP ON FILE]

This section is to be completed by the reviewer:

Date Grievance Received:	Reviewed by:
Date of Response:	Review Date:

Client Name: _____ Birth date: ___/___/___ Client #: _____

Client Address: _____ Telephone: (____) _____ - _____

City: _____ ST _____ Zip _____

- Have policies and procedures been violated? Yes No
Do there need to be changes to existing policies and procedures? Yes No
Do policies and procedures need to be created? Yes No

Reviewer's Comments/Action Plan Summarized:

Signature of Reviewer

Date

Print Name

Title



Signature of Compliance Officer

Date

Operational Procedure reviewed and updated: January 2001.

Operational Procedure reviewed and updated: August 2004.

Operational Procedure reviewed and updated: November 2007.