



Policy Number: 6 Effective: May 1, 2008 Revised: April 20, 2009, October 16, 2017
Subject: Client/Guardian Grievance & Complaint Process

PURPOSE:

Camden County Developmental Disability Resources (CCDDR) shall have a policy to ensure a process for filing client complaints and grievances from clients served and/or their legal representatives in order to provide guidance for receiving, considering and resolving client complaints and grievances filed with the agency. All complaints and grievances shall be heard promptly, investigated appropriately, and where possible, resolved informally. No client served by CCDDR shall be retaliated against or be denied services for filing a complaint or grievance. A review of formal complaints, grievances and appeals can give the organization valuable information to facilitate change that results in better customer service and results for the clients served.

POLICY:

- I. The client or their legal representative may file a complaint with regard to the Support Coordination services provided by CCDDR, if the client/guardian believes their rights have been violated, abuse or neglect has taken place, and/or to voice general concerns with regard to the Support Coordination services being provided by CCDDR.
- II. The CCDDR Director will initially review all written complaints/grievances and determine a resolution/disposition of a complaint. Complaints shall be categorized by the Director within one of three categories:
 - A. Information
An informational report of dissatisfaction which may include but not limited to: violation of a DMH standard or CCDDR policy, contract provision, rule or statute, or a practice or service is below customary business or medical practice.
 - B. Grievance
Client reporting a violation of client rights per 630.110.1.
 - C. Suspicion/Allegation of Abuse & Neglect
Class I neglect, class II neglect, misuse of funds/property, physical abuse, sexual abuse, or verbal abuse has occurred as defined in 9 CSR 10-5.200.

III. Abuse/Neglect or Rights Violations

- A. If in initially reviewing the written complaint the Director finds evidence of abuse or neglect, or evidence of a violation of client's rights on the part of Support Coordination staff or other CCDDR employee in reviewing a grievance, this shall be reported immediately per the relevant state statutes/Division Directives, and steps shall be taken to ensure client safety, if necessary.
- B. Complaints with regard to human rights violations by CCDDR staff may be made within this process or can be made with the Dept. of Mental Health Client Rights Monitor at:

Client Rights Monitor
Department of Mental Health
P.O. Box 687
Jefferson City, Mo 65102
1-800-364-9687

IV. Dissatisfaction with Services

In the case of "informational" grievances (#1 previous) including dissatisfaction with Support Coordination services, the following steps shall be taken:

- A. If informal efforts do not produce a satisfactory solution, a complaint with regard to the Support Coordination services provided by CCDDR may be filed in writing by completion of a CCDDR Complaint/Grievance Form. In all cases, review actions taken and documentation made will remain confidential.
- B. Complainant shall be informed in writing within three (3) business days that the formal complaint has been received and is being reviewed. In addition to completing the form, complainants have the right to present any additional information they feel to be pertinent to the complaint in a meeting with the CCDDR Supervisor. Before considering filing a complaint, it is encouraged that the complainant try to resolve the matter informally by discussing it first with the Support Coordinator.
- C. Within seven (7) working days after the complaint is filed, the Supervisor will submit his findings to the CCDDR Director. A letter confirming/not confirming the allegations will be sent to the client and/or their legal representative and CCDDR staff alleged to have been involved. If the letter confirms the allegation(s), further actions will be outlined in the letter.

- D. If the complainant disagrees with the Supervisor's disposition of the complaint, they can appeal to the CCDDR Director, who will have 10 working days in which to make a decision with regard to the complaint. In this decision, the CCDDR Director may accept, reject or modify the Supervisor's initial recommendation, or s/he may return the case to the Supervisor for further proceedings.
 - E. The Director shall specify the matters to be addressed in the further proceedings and shall specify the period within which those proceedings shall be conducted, not to exceed ten (10) working days.
 - F. If the complainants disagree with the decision of the CCDDR Director, they can appeal to the CCDDR Board Chairperson, who will have 10 days in which to make a decision with regard to the complaint. In this decision, the CCDDR Board Chair may accept, reject, or modify the Director's recommendation, or he/she may return the case to the Director for further proceedings.
 - G. If the complainants disagree with the decision of the Board Chairperson, they may complain to the full Board of Directors, whose decision on all complaints shall be final. The CCDDR Board of Directors shall review such appeals at the next regularly-scheduled board meeting, in closed session if deemed appropriate.
 - H. The complainant shall be encouraged to file a grievance with the Dept. of Mental Health/Rolla Regional Office if s/he is not satisfied with the outcome/disposition of the complaint decision rendered by the CCDDR Board of Directors.
 - I. Obstruction of a complaint investigation or retaliation of any kind on behalf of CCDDR staff involved shall be reported to the CCDDR Director (or Board Chair, or Board of Directors, as appropriate) who shall take action to eliminate the obstruction or retaliation. Staff members are subject to disciplinary action for engaging in any obstruction of or retaliation with regard to a complaint.
- V. The decision-maker at each step for good cause may extend time limits designated in this policy.
- VI. CCDDR shall annually review all formal complaints that have been filed with the agency in an effort to identify trends and areas of needed improvements, and develop a Plan of Action to mitigate such complaints.
- VII. CCDDR prominently displays at each service site a Client Rights poster that provides the name, mailing address and phone numbers to whom grievances/complaints may be addressed.

REFERENCES:

- CARF Standards Manual
- 9 CSR 10-5.200 (MO Code of State Regulations)
- 9 CSR 45-3.030 (MO Code of State Regulations)
- RSMo 630.110.1. (Revised MO Statutes)

**CAMDEN CO. DEVELOPMENTAL DISABILITY RESOURCES
GRIEVANCE/COMPLAINT FORM-SUPPORT COORDINATION PROGRAM**

CLIENT INVOLVED IN GRIEVANCE: _____ TODAY'S DATE: _____

NAME OF PERSON FILING GRIEVANCE: _____

RELATIONSHIP TO CLIENT: _____

WHAT IS/ARE YOUR GRIEVANCE(S) OR COMPLAINTS? PLEASE EXPLAIN IN DETAIL (add pages if needed as well as other documentation)

DESCRIBE YOUR EFFORTS TO RESOLVE THIS INFORMALLY WITH YOUR ASSIGNED SUPPORT COORDINATOR AND/OR OTHER TEAM MEMBERS (add pages if needed):

WHAT WOULD YOU LIKE TO SEE HAPPEN IN THIS MATTER? (add pages if needed)

SIGNATURE OF GRIEVANT _____ DATE _____

CCDDR SUPERVISOR RESOLUTION OFFERED (add pages if needed):

Supervisor Signature: _____ Date: _____

I AGREE WITH THE ABOVE RESOLUTION Yes No If "No," I wish to appeal the above resolution Yes No

SIGNATURE OF GRIEVANT: _____ DATE: _____

CCDDR DIRECTOR RESOLUTION OFFERED (add pages if needed):

Director Signature: _____ Date: _____

I AGREE WITH THE ABOVE RESOLUTION Yes No If "No," I wish to appeal the above resolution Yes No

SIGNATURE OF GRIEVANT: _____ DATE: _____

BOARD CHAIRPERSON RESPONSE (add pages if needed):

<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
Board Chairperson Signature _____	Date _____
<input type="checkbox"/> I agree with the above resolution Yes No <input type="checkbox"/> If "No," I wish to appeal the above resolution Yes No	
SIGNATURE OF GRIEVANT: _____ DATE: _____	

BOARD OF DIRECTORS RESPONSE (add pages if needed):

<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
Signatures:	
<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
	Date: _____