



Policy Number: 6
Effective: May 1, 2008
Revised: April 20, 2009, October 16, 2017,
February 25, 2019

Subject: Client/Guardian Grievance &
Complaint Process

PURPOSE:

Camden County Developmental Disability Resources (CCDDR) shall have a policy to ensure a process for filing client grievances and complaints from clients served and/or their legal representatives in order to provide guidance for receiving, considering and resolving client grievances/complaints filed with the agency. All grievances/complaints 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 grievance/complaint. A review of formal grievances/complaints 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 grievance/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 Executive Director will initially review all written grievances/complaints and determine a resolution/disposition of a grievance/complaint. Grievances/Complaints shall be categorized by the Executive Director within one of three categories:
 - A. Informational/Dissatisfaction of Services
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. Client Rights
Client reporting a violation of client rights per 630.110.1.
 - C. Suspicion/Allegation of Abuse/Neglect/Exploitation
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/Exploitation or Client Rights

- A. If in initially reviewing the written grievance/complaint the Executive Director finds evidence of abuse, neglect, exploitation or evidence of a violation of client's rights on the part of Support Coordination staff or other CCDDR employee, this shall be reported immediately per the relevant state statutes/Division Directives, and steps shall be taken to ensure client safety, if necessary.
- B. Grievances/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. Information/Dissatisfaction with Services

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

- A. If informal efforts do not produce a satisfactory solution, a grievance/complaint with regard to the Support Coordination services provided by CCDDR may be filed in writing by completion of a CCDDR Grievance/Complaint Form. In all cases, review actions taken and documentation made will remain confidential.
- B. The Executive Director (or Board Chairperson if the grievance/complaint is against the Executive Director) may assign an investigator if deemed appropriate. Complainant shall be informed in writing within three (3) business days that the formal grievance/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 grievance/complaint in a meeting with the investigator. Before considering filing a grievance/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 grievance/complaint is filed, the investigator will submit his or her findings to the Executive Director (or Board Chairperson if the grievance/complaint is against the Executive 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 investigator's disposition of the grievance/complaint, they can appeal to the Executive Director (or Board Chairperson if the grievance/complaint is against the Executive Director), who will have 10 working days in which to make a decision with regard to the grievance/complaint. In this decision, the Executive Director (or Board Chairperson if the grievance/complaint is against the Executive Director) may accept, reject or modify the Supervisor's initial recommendation, or she/he may return the case to the investigator for further proceedings.
 - E. The Executive Director (or Board Chairperson if the grievance/complaint is against the Executive 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 Executive Director (or Board Chairperson if the grievance/complaint is against the Executive Director), they can appeal to the Board Chairperson, who will have 10 days in which to make a decision with regard to the grievance/complaint. In this decision, the Board Chairperson may accept, reject, or modify the Executive Director's recommendation, or she/he may return the case to the Executive Director or assigned investigator 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 grievances/complaints shall be final. The 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 Department of Mental Health/Rolla Regional Office if she/he is not satisfied with the outcome/disposition of the grievance/complaint decision rendered by the Board of Directors.
 - I. Obstruction of a grievance/complaint investigation or retaliation of any kind on behalf of CCDDR staff involved shall be reported to the Executive Director (or Board Chairperson 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 grievance/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 grievances/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 grievances/complaints.
- VII. CCDDR prominently displays Client Rights information, which provides the name, mailing address and phone numbers to whom grievances/complaints may be addressed, at each service site.

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: _____ TODAY'S DATE: _____

NAME OF PERSON FILING: _____

RELATIONSHIP TO CLIENT: _____

WHAT IS/ARE YOUR GRIEVANCE(S) OR COMPLAINT(S)? 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/COMPLAINANT _____ DATE _____

INVESTIGATOR RESOLUTION OFFERED (add pages if needed):

Investigator Signature: _____ Date: _____

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

SIGNATURE OF GRIEVANT/COMPLAINANT: _____ DATE: _____

EXECUTIVE DIRECTOR RESOLUTION OFFERED (add pages if needed):

Executive 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: _____

