CLIENT GRIEVANCES

FORM COMPLETION, PROCESSING, AND REPORTING

What is a Grievance?

An individual's verbal or written expression of dissatisfaction about any matter other than a matter covered by a NOABD.

GRIEVANCE CATEGORIES

Access	• Service availability/access
Quality of Care	• Staff behavior/treatment concerns
Change of Provider	• Complaints associated with COP
Confidentiality	• Unauthorized/Improper release of information
Other	• Financial, Lost Property, Patients' Rights, etc.

GRIEVANCES – WHY THEY MATTER

HOW DO GRIEVANCES PROTECT CLIENTS' RIGHTS

Medi-Cal beneficiaries have a right to receive quality care

- Quality care = delivering effective & necessary services in a timely manner

Medi-Cal beneficiaries have a right to advocate for quality care – this can be intimidating

- Grievances empower clients to express their dissatisfaction
- Grievances provide opportunities for building trusting relationship

Medi-Cal beneficiaries have a right to be heard (Some clients speak out regularly and some struggle to be heard)

- Grievances directs clients to an effective to address and resolve conflict
- Grievances can contribute to changes on a personal and systems level

What the Grievance Process Is Not

- *Not* meant to ridicule the provider or their skills
- *Not* an indication that providers are failing to deliver quality care overall
- Not meant as an investigation to gather evidence to blame providers.
- *Not* part of the medical record

GRIEVANCES: PROVIDER RESPONSIBILITIES

GRIEVANCE FILING AND REPORTING PROCESS

Offer the grievance form

- Offer assistance with the form
- Offer to resolve the grievance

GRIEVANCES: EXEMPT VS NON-EXEMPT

• Exempt Grievances	• Non-Exempt Grievances
Verbal/in-person grievances only	Grievance via physical mail
Resolved by the end of the next business day	Not resolved by the end of the next business day
Do not require full investigation by DHS-BHD QA staff	Require a full investigation by DHS-BHD QA staff

GRIEVANCES: REFERRED

Grievance not associated with a complaint about the contracted provider, or DHS-BHD

Not within the provider's jurisdiction to resolve

Refer the filer to the appropriate agency or department

GRIEVANCE / APPEAL / EXPEDITED APPEAL FORM

Today's Date: _____ ☐ Grievance ☐ Appeal ☐ Expedited Appeal

Name of Client: _____ Birthdate: _____

Address: _____

City: _____ Zip: _____

Phone: _____ Email: _____

Name of legal guardian/conservator: _____

Name of services provider: _____

Person filing: _____ Phone: _____

Do you have Medi-Cal? ☐ Y ☐ N

Optional: I authorize the following person to act on my behalf in pursuing this grievance or appeal*

Name: _____ Relationship to Client: _____

** Authorization for Release of Protected Health Information (MHS 102) required.*

PLEASE PRINT CLEARLY. BE SPECIFIC BY GIVING NAMES, DATES, AND TIMES WHENEVER POSSIBLE. (attach additional sheets if needed)

1. Please describe the issue. _____

2. Please explain how you have tried to resolve the issue. _____

3. What would you consider a proper solution to this issue? _____

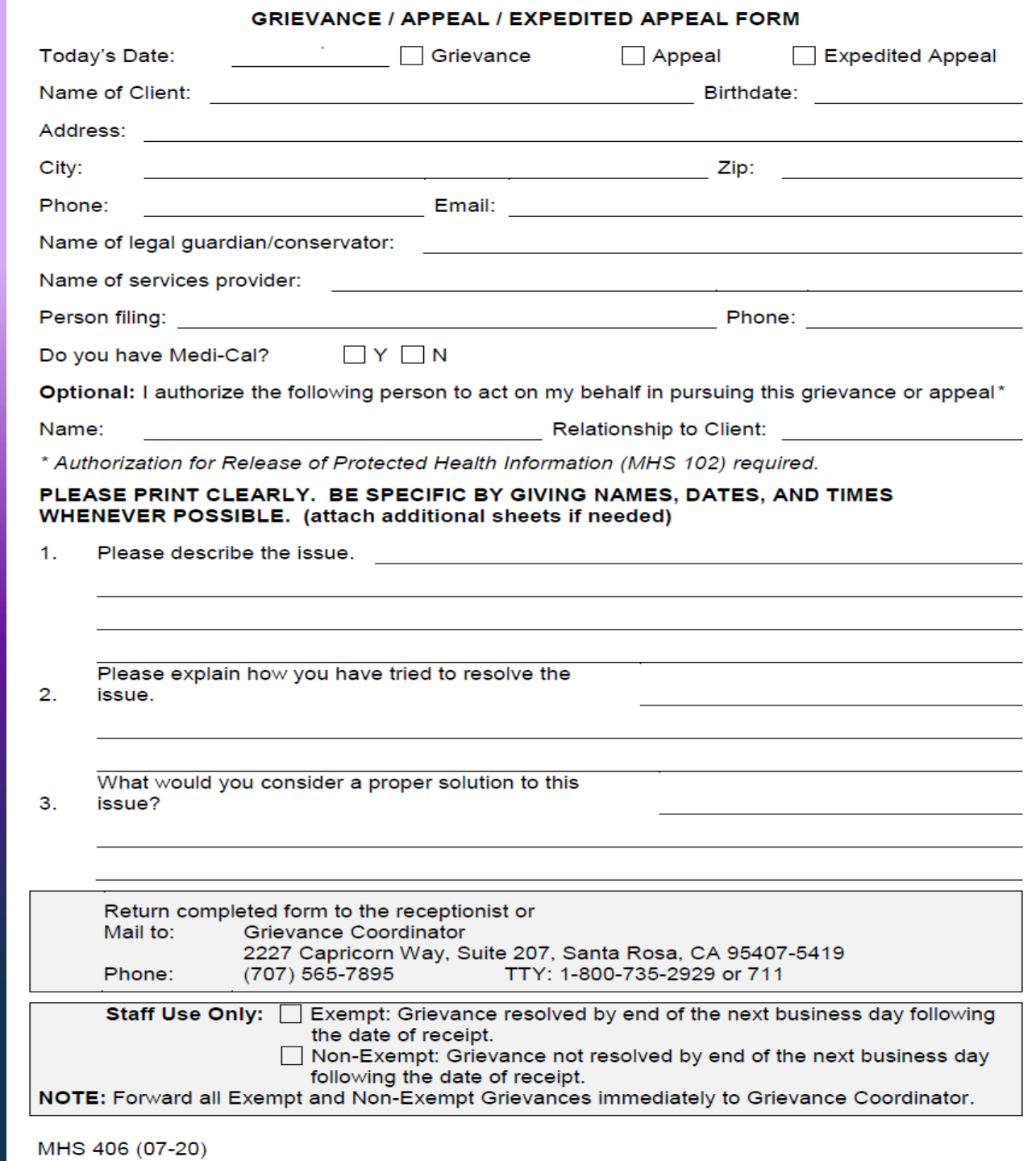
Return completed form to the receptionist or
Mail to: Grievance Coordinator
2227 Capricorn Way, Suite 207, Santa Rosa, CA 95407-5419
Phone: (707) 565-7895 TTY: 1-800-735-2929 or 711

Staff Use Only: ☐ Exempt: Grievance resolved by end of the next business day following the date of receipt.
☐ Non-Exempt: Grievance not resolved by end of the next business day following the date of receipt.

NOTE: Forward all Exempt and Non-Exempt Grievances immediately to Grievance Coordinator.

FORM COMPLETION - EXEMPT

- Mark the “grievance” box at the top of the form.
- In Section 3 indicate what action was taken by the provider to resolve the grievance.
- In the Staff Use Only Section Check the “Exempt” box
- Note the date the grievance was resolved
- Send the completed form to the DHS-BHD Grievance Coordinator immediately



GRIEVANCE / APPEAL / EXPEDITED APPEAL FORM

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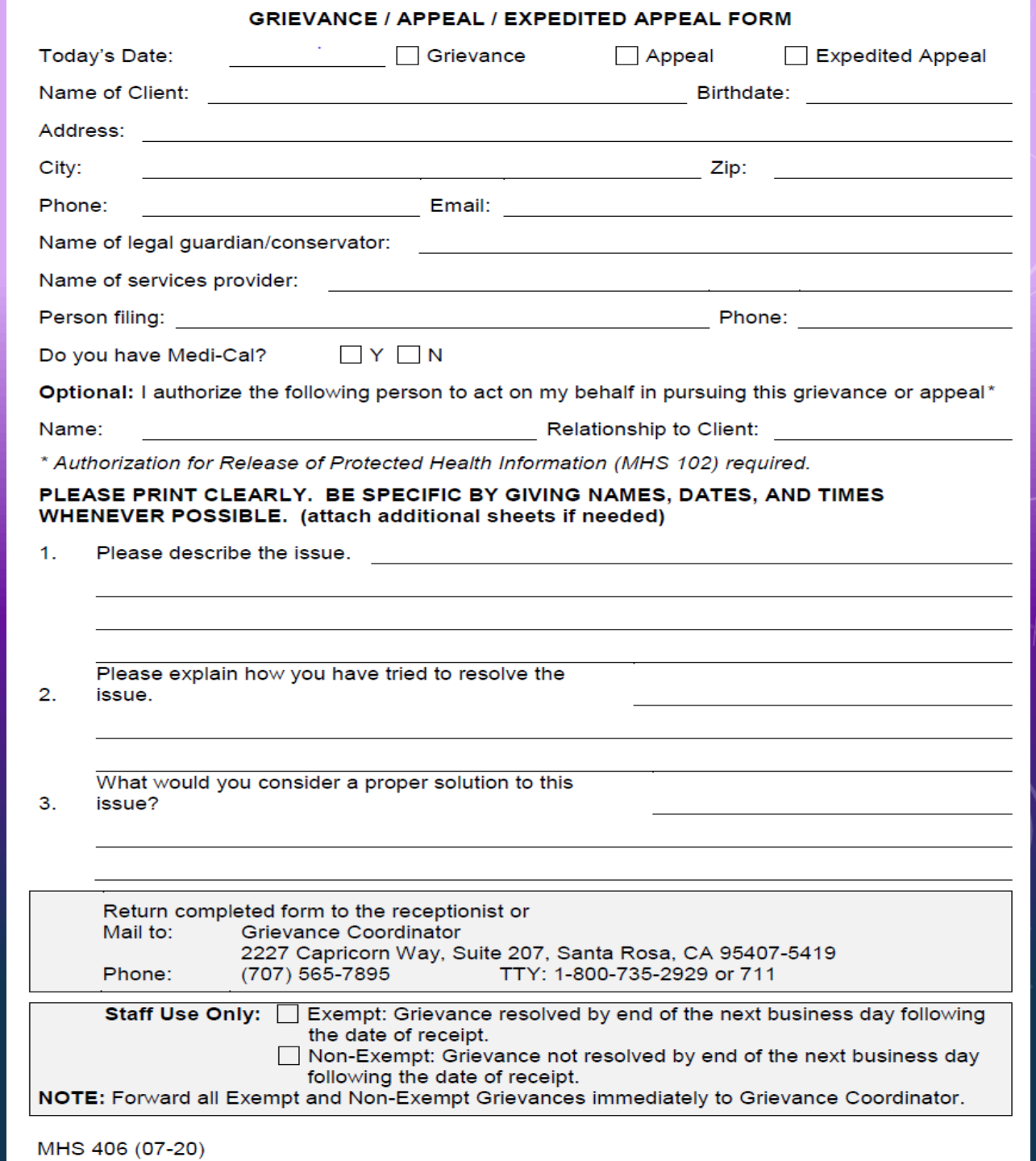
MHS 406 (07-20)

FORM COMPLETION – NON-EXEMPT

- Mark the “grievance” box at the top of the form.
- In Section 3 indicate what action was taken by the provider to resolve the grievance.
- In the Staff Use Only Section Check the “Non-Exempt” box
- Send the completed form to the DHS-BHD Grievance Coordinator immediately



GRIEVANCE / APPEAL / EXPEDITED APPEAL FORM

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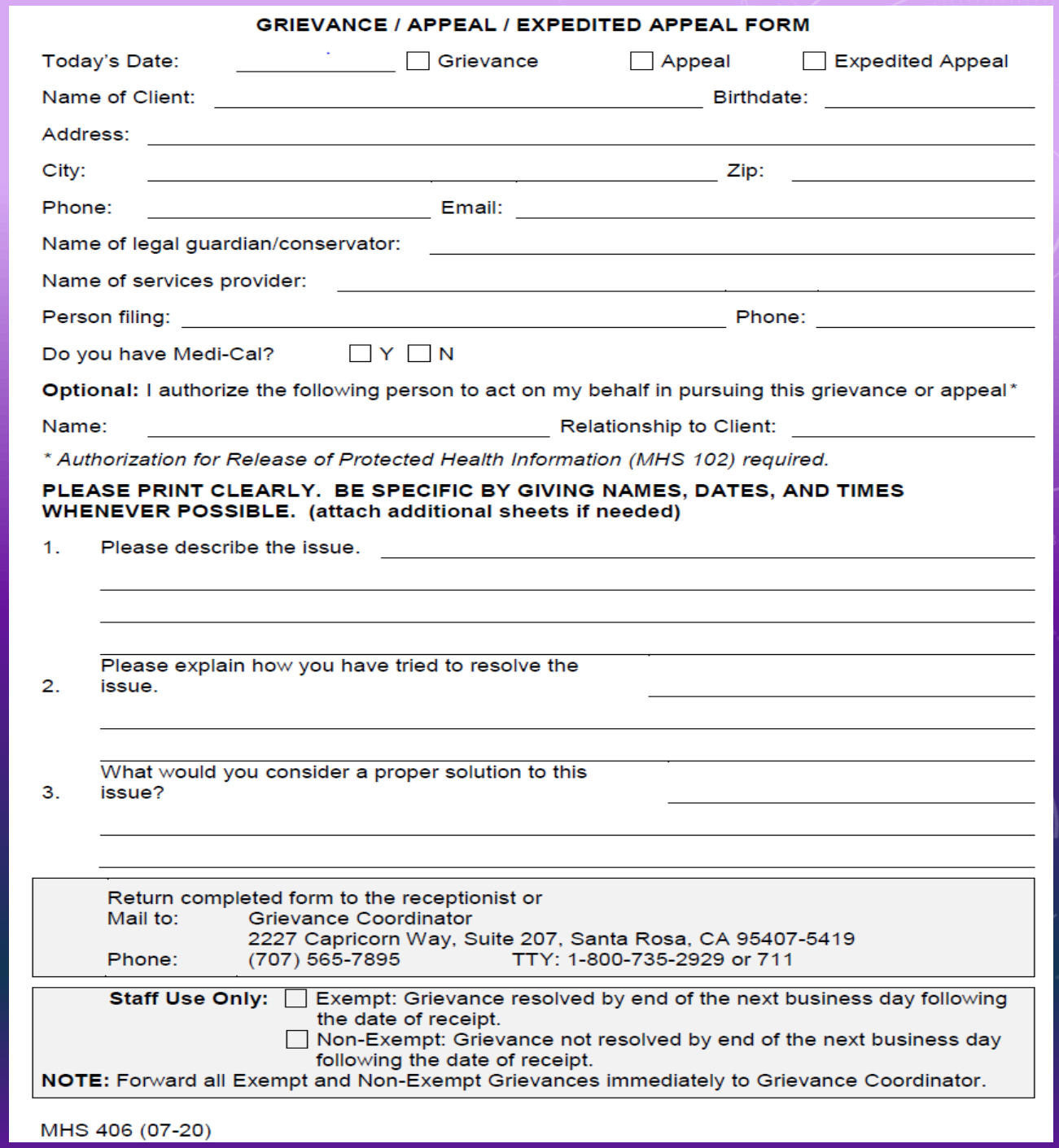
FORM COMPLETION – REFERRED

- Inform filer of referred status
- Mark the “grievance” box at the top of the form.
- In the Staff Use Only Section a. Check the “Exempt” box and write “***referred***”
- Note the date the grievance was referred and to whom.
- Send the completed form to the DHS-BHD Grievance Coordinator immediately



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GRIEVANCE FORM & SUBMITTAL

Grievance Form:

https://sonomacounty.ca.gov/Health/Behavioral-Health/Medi-Cal-Informing-Materials/

Grievance Form Submittal:

BHQA@sonoma-county.org

GRIEVANCE CONTACT INFORMATION

QA Specialist – Christine Thomas

E-mail: Christine.Thomas@sonoma-county.org

Phone: 707-565-4848

Questions – Grievance receipt & resolution status

QA Manager– Katrina Suprise

E-mail: Katrina.Suprise@sonoma-county.org

Phone: 707-565-4733

Questions – Grievance requirements & procedure