

## Complaint and Grievance Process

### ***Policy***

It is the policy of Central Florida Behavioral Health Network, Inc. (CFBHN) to maintain a formal process by which complaints and grievances are reviewed, investigated and responded to in a timely manner.

### ***Purpose***

To establish procedures for handling complaints and/or grievances received by CFBHN.

### ***Procedure***

#### 1. Definitions

- A. ***Complaint***: Any verbal or written expression of dissatisfaction with a service, a Network Service Provider (NSP), or another facet of the Network that is not immediately resolved to the individual's satisfaction. When a communication is not distinguishable as an inquiry or a complaint, it is handled as a complaint. If the complainant is an individual served, their designated representative(s), or practitioners/providers on their behalf, it is designated as a formal complaint.
- B. ***Expedited Resolution Process***: The expedited review of a complaint or grievance based on the fact that a delay in decision-making may impact the life, health or circumstances of the individual at the center of the review. The expedited review occurs as expeditiously as the individual's circumstances require, but no later than seventy-two (72) hours after receipt of the request.
- C. ***Grievance***: An issue or concern, brought to the attention of CFBHN, to seek resolution through the use of a formal, structured review process. The grievance process outlines the actions to be taken throughout the process, corresponding time frames, notification guidelines and the appeal process. CFBHN's grievance process is outlined in this document. If a grievance is initiated by, or on behalf of an individual served, it is designated as a formal grievance.
- D. ***Grievance Appeal***: A formal request, oral or written, to reconsider the result of a grievance process. This request is referred to the Department of Children and Families (DCF), Substance Abuse and Mental Health (SAMH) Program Office.
- E. ***Grievance Resolution Committee***: A multi-disciplinary group of representatives from the provider network convened by CFBHN to consider formal grievances and make recommendations upon their receipt. The decision of the committee is binding.
- F. ***COI Oversight Committee***: The committee internal to CFBHN that reviews complaint summaries made to CFBHN. This review is completed on a monthly basis.
- G. ***Quality of Care Issue***: An issue related to client health and/or their care while in treatment.
- H. ***Resolution***: The timely and satisfactory explanation, course of action, or conclusion to a complaint or grievance.

#### 2. CFBHN Staff Roles in the Complaint or Grievance Process

- A. It is the policy of CFBHN that all Managing Entity and NSP staff support consistent, timely and accurate responsiveness to complaints and grievances.
- B. The CFBHN Vice President of Network Development and Clinical Services (NDCS) or their designee, is the person responsible for processing, investigating, documenting and responding to issues raised by an individual in care, and for ensuring that complaints and grievances are addressed and resolved within the required timeframe.

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- C. The Director of Continuous Quality Improvement (CQI) or their designee, is responsible for documenting, investigating and responding to complaints or grievances related to provider policy, practice or safety that are not client-specific, or that have been raised by a staff member of the organization.
- 3. Complaints Made by Individuals Served
  - A. Complaints may be filed orally, in writing, or in-person for up to one year from the date of the occurrence. An individual may designate a representative to file a complaint on his/her behalf.
  - B. Clinically-appropriate services are continued throughout the complaint or grievance process. At no time does CFBHN or the NSP retaliate or take any discriminatory action against an individual because he/she filed a complaint/grievance or exercised rights granted under HIPAA privacy regulations.
  - C. There are two paths by which a complaint may come to the attention of CFBHN
    - 1) Complaints made directly to an NSP may first be addressed through that organization's complaint process. If the issue or concern is not managed to the satisfaction of the complainant, the NSP alerts him or her of their rights to file a grievance with the Managing Entity.
    - 2) As CFBHN contact information is made available in common areas of acute care units and residential facilities funded by the Network, a client can choose to bring a complaint to CFBHN directly.
  - D. When a complaint is received by CFBHN, the Vice-President of NDCS or their designee documents it and notifies the NSP.
    - 1) All complaints received by CFBHN are acknowledged in writing or by phone.
    - 2) CFBHN staff verify that the complainant has attempted to resolve the issue through the NSP's complaint process and encourage the use of this avenue.
    - 3) CFBHN collaborates with the NSP to identify the staff member(s) at the agency who serves as the NSP's primary contact during the review; and, as necessary, the staff member with responsibility and authority to resolve the complaint.
    - 4) CFBHN gathers and documents information about the complaint from the identified NSP contact.
    - 5) Within five (5) business days of the date that the complaint was made, a representative of CFBHN's Network Development and Clinical Services (NDCS) notifies the complainant verbally, or in writing, of the results of the complaint review.
  - E. Full investigation and resolution of the complaint and the written response is completed within 30 business days after the complaint was originally filed or received.
    - 1) The Managing Entity documents the resolution of the complaint, notifying the complainant and NSP verbally or in writing.

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- 2) As part of its investigation, CFBHN evaluates the appropriateness of the services provided to the complainant, compliance with agency policy and procedure, and determine if any corrective action is warranted.
  - 3) The individual who filed the complaint is advised that they may file a grievance if not satisfied with the resolution. Grievances must be filed within 90 days of the resolution notification.
- F. If the complaint cannot be resolved within thirty (30) days, the complainant is contacted to request an extension. The complainant is notified in writing when an extension occurs. If the complainant does not agree to an extension, the complainant is offered the opportunity to have the issue addressed by the DCF SAMH Program Office.
- G. An appeal made to DCF must be submitted with the supporting documentation, as expeditiously as the individual's circumstance requires, and no later than thirty (30) days after a grievance is received.
4. Grievance Process
- A. If a complaint is not resolved to the individual's satisfaction, the grievant, or their designee, may file a grievance by telephone, in writing or in-person to the CFBHN Vice-President of Network Development and Clinical Services (NDCS) or other designated member of the NDCS department. CFBHN identifies any clinical issues that require consideration and appropriate action in the course of processing the grievance.
  - B. CFBHN notifies the NSP within one (1) business day of receipt of a grievance that involves them.
  - C. The Vice-President of NDCS or their designee acknowledges receipt of a grievance in a letter to the grievant within five (5) business days of its receipt. The acknowledgement letter includes information about the grievance process, advises that they may participate in the meeting to present their grievance in writing, or by phone or video conference, and the expected resolution time frame.
  - D. The Vice-President of NDCS or their designee convenes a Grievance Review Committee within five (5) business days of receipt of grievance.
    - 1) The committee includes representatives from CFBHN departments and members of the NSP network, as appropriate. A representative of the NSP named in the grievance, and the individual who filed the grievance are invited to participate in the review by presenting their response to the grievance. The response may be prepared in writing, or shared with the Grievance Committee by phone or virtual teleconference.
    - 2) It is the responsibility of the Vice President of NDCS or their designee, to prepare a summary of the case to the Grievance Resolution Committee. The summary must include a copy of the individual's original grievance.
  - E. During the Grievance Committee meeting, members:
    - 1) Review the concerns of the grievant.
    - 2) Permit the organization against which the grievance has been filed to present their response.

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- 3) Work to negotiate a workable solution that is acceptable to all parties. If a solution is negotiated:
  - a. CFBHN documents the resolution of the grievance and advises the grievant in writing.
  - b. This grievance resolution letter is presented to the grievant within five business days of the meeting of the Grievance Resolution Committee. The resolution date is the date that the resolution letter is sent.
  - c. A copy of the resolution letter is also provided to the NSP involved in the grievance.
  
- 4) Elect to meet as many times as possible to address the issue. CFBHN seeks to resolve grievances to the grievant satisfaction within 30 calendar days of its initial filing. If the grievance cannot be resolved within 30 days, an extension can be requested by the grievant. As part of this process, CFBHN documents the need for additional information and how the extension is in the interest of the individual.
  
- F. If, after a reasonable period of time, a solution cannot be negotiated among the parties, members of the committee issue a formal *Summary of Findings* related to the grievance. The summary includes a response that addresses the merits of the grievance and the response provided by the organization named in the grievance.
  - a. The Summary of Findings is sent to the grievant and the organization against which the grievance was filed.
  - b. In an accompanying letter, all parties are advised of the next level of appeal.
  
5. Grievance Appeals
  - A. If the individual filing the grievance disagrees with all or part of the Summary of Findings, the individual is advised that they may appeal to the DCF SAMH Program Office for final disposition.
  - B. CFBHN provides the individual with the name and address of the appropriate -regional program office for filing an appeal.
  - C. An appeal made to DCF must be submitted with the supporting documentation, as expeditiously as the individual's circumstances requires, and no later than (30) days after a grievance is decided.
  - D. A grievant may be entitled to request a Fair Hearing at any time during the grievance process. The individual may qualify for a Fair Hearing if the requested services has been denied, or there is a belief that the request was not acted upon in a timely manner. Requests should be directed in writing to:

Office of the Inspector General  
Appeal Hearing Section  
2415 North Monroe Street, Suite 400  
Tallahassee, FL 32303-4190  
Phone: 850-488-1429 Fax: 850-487-0662  
Email: [appeal.hearings@myfamilies.com](mailto:appeal.hearings@myfamilies.com)


Reference to the grievant rights to a Fair Hearing must be included in all correspondence during the grievance process.

**Complaint and Grievance Process** (continued)

6. Expedited Resolution of Complaints and Grievances
  - A. The expected resolution process is subject to all of the standards set out in the previous sections of this policy.
  - B. CFBHN provides an individual with an expedited resolution of a complaint or grievance in response to a written or oral request. Such a request is considered when:
    - 1) CFBHN determines that taking the time for a standard non-expedited resolution could seriously jeopardize the individual's life or health or the individual's ability to regain maximum functioning; or
    - 2) A family member or person significantly involved in the individual's life makes the request and indicates that taking the time for a standard non-expedited resolution could seriously jeopardize the individual's life or health or the individual's ability to regain maximum function.
  - C. CFBHN must issue the decision of the expedited resolution as quickly as the individual's circumstances require, but no later than 72 hours after the complaint or grievance is received or the expiration date of the extension.
  - D. If the Managing Entity denies a request for expedited resolution, the following actions must be taken:
    - 1) Automatically revert to the standard resolution process and time frames, with the start date being the date of the request for the expedited resolution.
    - 2) Give the grievant prompt oral notice of the denial of the request and follow it within two working days with a letter that:
      - a. Explains that CFBHN processes the request using the 30-day time frame from standard resolutions;
      - b. Informs the individual of the right to file an appeal with DCF if he/she disagrees with the CFBHN decision not to expedite; and
      - c. Provides instructions about the appeal process and time frames.
    - 3) For an appeal made to DCF, the request for an expedited resolution must be submitted to DCF within 24 hours of receipt of the grievance.
7. Reporting, Tracking and Trending of Complaints and Grievances:
  - A. CFBHN maintains an electronic copy of all complaints and grievances filed. All information, letters or summaries related to the complaint and grievance are uploaded into the SharePoint file.
  - B. The NDCS Senior Program Manager or their designee tracks the number of type of complaints and grievances and reports this information on a monthly basis to the CQI Oversight Committee.
  - C. An annual summary report, outlining all complaints and grievances received during the year is prepared by NDCS for DCF, and reviewed by the CQI Oversight Committee. This analysis is compiled in accordance with CARF requirements.

**Complaint and Grievance Process** (continued)

8. Other Network Complaints:
  - A. Complaints related to the work of the Network that are not specific to an individual in care are directed to CFBHN’s Director of Continuous Quality Improvement (CQI). This includes complaints made by a current or former staff member of an NSP.
    - 1) If another CFBHN staff member has been contacted by the complainant about their concern, they are encouraged to bring it to the Director of CQI. If they are not comfortable in doing so, the staff member should ask if they have permission to share the information with the CQI Director so that the complaint may be formally reviewed.
    - 2) The CFBHN staff member originally contacted by the complainant will not be involved in the complaint investigation and review.
  - B. The CQI Director reviews the complaint and follows up (if possible) with the complainant to gather additional information. Based on the nature of the complaint, other CFBHN staff and/or DCF are alerted and consulted on the next steps.
    - 1) A plan of action to investigate the complaint is developed, with the goal of completing the investigation within 30 days. As necessary, the organization named in the complaint is notified of its nature and the CFBHN plans to review the issue.
    - 2) Results of the review are communicated to the named NSP, and to the individual who made the complaint. This communication is made within 7 days of the completion of the investigation.
  - C. When the complainant has requested anonymity, CFBHN takes care to respect that request.
9. HIPAA Compliance
  - A. For complaints related to HIPAA compliance, an individual may also follow up with an organization’s HIPAA Privacy or Security Officer, or with the Department of Health and Human Services Office for Civil Rights (OCR).
  - B. Reports to the latter may be filed in writing by:
    - 1) Mail: Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Ave., S.W., Room 509F HHH Building, Washington, DC 20201.
    - 2) Email: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)
    - 3) Online via the OCR complaint portal: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>
  - C. Complaints may be documented using the HHS Health Information Privacy Complaint Form Package. This PDF document can be found using this address: <https://www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html>

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