



PURPOSE

It is the purpose of this procedure to establish a responsive and impartial resolution of patient rights grievances as prescribed in Ohio Mental Health and Addiction Services (OMHAS), Administrative Rule 5122-26-18, Franklin County ADAMH Board Policy 16.02.

NO RETALIATION OR BARRIERS TO SERVICE WILL BE ESTABLISHED AGAINST THE GRIEVER AS A RESULT OF FILING A GRIEVANCE.

PROCEDURES

Definitions:

- **Complaint:** a report from a patient, or other stakeholder, that he / she has experienced a problem, has a concern, is troubled by an event and believes that reporting such circumstance will improve treatment access, patient engagement or retention, or organization operations. A complaint received by PRO may, through investigation, be elevated to a grievance.
- **Grievance:** a report from a patient, or other stakeholder, that a patient's rights has been violated. A grievance received by PRO may, through investigation, be handled as a complaint and resolved outside of the grievance process.

The CompDrug procedure for addressing patient complaints and rights grievances will be implemented as follows:

- A written copy of the CompDrug Patient Grievance Procedure will be posted at each location operated by CompDrug, summarized in the Patient Handbook, and made available upon request.
- All staff persons will receive, at least annually, training and information regarding patient rights and grievance policies and procedures.
- The name, title, hours of availability, and telephone number of the CompDrug Patient Rights Officer (PRO) will be provided on the written grievance procedure



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The CEO of CompDrug will appoint a Patient Rights Officer who will be responsible for carrying out the following procedures:

- The Patient Rights Officer will inform the client that they have the option of filing a grievance with an outside agency.
- The Patient Rights Officer will hear all patient rights complaints and grievances.
- CompDrug staff will notify the Patient Rights Officer of any patient complaints and be responsible for referring the patient to the Patient Rights Officer.
- A grievance must be in writing. The Patient Rights Officer will explain the grievance procedure and assist in filing the grievance form if needed by the griever. If a complaint or grievance has been received in writing, without a griever present, a written acknowledgement is provided the griever within three (3) business days.
- The Patient Rights Officer will explain to the patient that the grievance will not result in retaliation or barriers to services.
- The Patient Rights Officer will have access to all relevant information about the grievance, upon request, from any relevant source. When necessary, the PRO will review preliminary findings with the Multidisciplinary Case Review Committee and, when appropriate, gather additional information.
- The Patient Rights Officer will investigate the grievance and provide a written response, which is considered to be a proposed resolution, and explanation to the griever within twenty (20) business days of the date the grievance was filed unless an extension has been documented because of extenuating circumstances.
- The Patient Rights Officer will provide to the griever a statement regarding the option of the griever to further grieve with any of the following: The ADAMH Board of Franklin County, OMHAS, The Ohio Legal Rights Service, The U.S. Department of Health and Human Services Civil Rights Regional Office in Chicago, and appropriate professional licensing or regulatory boards.
- The Patient Rights Officer will provide upon request, relevant information about the grievance to one or more of the organizations specified in section (C) (5) above, to which the griever has initiated a complaint.
- CompDrug will maintain for two (2) years the records of written grievances, which includes (1) a copy of the grievance, (2) documentation of the grievance resolution, (3) a copy of the letter to the grievant reflecting the resolution, and (4) documentation of extenuating circumstances for extending time period for resolving grievance beyond 20 business days.

CompDrug will monitor its patient rights grievance procedures in the following manner:



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- CompDrug will keep records of complaints and grievances it receives, the subject of the grievances, and the resolution of each, and shall assure the availability of these records for review by the ADAMH Board of Franklin County or OMHAS.
- CompDrug's Patient Rights Officer will summarize annually its records to include the number, type and resolution status of its grievances.
- The CEO of CompDrug will receive annually from the Patient Rights Officer a written summary of the complaints and grievances. This summary shall be forwarded to the ADAMH Board and to the OMHAS or as requested.
- The ADAMH Board may do an on-site review annually of the patient rights policy, procedure, and records and produce a written evaluation of it for the agency.
- CompDrug shall submit a copy of its approved patient rights policy and procedure for inclusion in the Community Plan document as required by the ADAMH Board and Ohio Mental Health and Addiction Services.
- Client complaints and grievances are reviewed annually in compliance with CARF accreditation standards. An analysis of trends, any identified areas for performance improvement, and actions to be taken as a result.



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Instructions for Filing a Complaint or Grievance

(THE PATIENT AT ANYTIME HAS THE OPTION TO FILE A GRIEVANCE OUTSIDE OF THIS AGENCY)

The various treatment programs of the CompDrug recognize that from time to time there will be differences of opinion arising from decisions made with respect to patient care. We would seek, however, to reconcile these differences of opinion in the manner best suited to all parties.

Therefore, any patient feeling that a decision adverse to his/her best interests has been made, should proceed as follows:

- A Patient Rights Officer (PRO) has been appointed by the CEO of CompDrug to provide all assistance granted to you as a patient. The name, title, hours of availability and the phone number of the CompDrug Patient Rights Officer is posted and provided when requested.
- In the event your grievance is against the PRO, please contact the Chief Operations Officer (COO) of CompDrug.
- The PRO is instructed to investigate all complaints and grievances; assist you in the filing of a grievance, if desired, in writing; to be presented at an agency hearing, if required; provide you with a written statement of the resolution; advise you of the other sources of appeal outside of the agency; process your grievance within twenty (20) business days; and, to faithfully carry out all provisions of the law and of the agency policies on Patient Rights and Grievances.
- You may appeal the decision of the Patient Rights Officer with the Chief Operations Officer.
- In the event that the COO has made the alleged adverse decision, you may appeal to the Board of Directors of CompDrug. The Board of Directors reserves the right under Ohio laws to accept the CEO and/or COO's decision as final and not further review any decision.
- The appeal decisions rendered by the agency may not provide you with what you consider to be a satisfactory resolution to your grievance. In that event, you are able to further your appeal in venues external to the agency.

The patient at anytime has the option to file a grievance outside of the agency. The PRO will provide you with a list of the external organizations address and telephone numbers upon written request for it. The list includes, but is not limited to, the following: ADAMHS Board of Franklin County, OMHAS, Ohio Legal Rights, U.S. Department of HHS, Civil Rights, Chicago office



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A copy of The CompDrug Patient Grievance Procedure, and Patient Grievance Complaint Form is located in the Patient Handbook. All pertinent information that is required is listed here and listed on the form: 1) grievance must be in writing 2) grievance must be dated and signed by patient, and 3) grievance must include the date and time of the incident/situation and names of individuals involved if known.

Copies of the grievance procedures are available to patients and/or their legal representatives upon request from any of the following persons: 1) the PRO, 2) the COO, or 3) the CEO of CompDrug. Every patient will receive an initial copy of the procedure with the Handbook for Treatment at the time of entry into the program.

This policy recognizes that all contingencies may not be herein provided for. However, all reasonable attempts have been made to ensure that the patient's rights have been protected and that any complaint lodged by, or for, a patient has been heard at the proper level of review, and where indicated, a decision provided for reconciliation.

CompDrug intends to hear all complaints and grievances in a timely manner and to process the grievance through the necessary steps on a time guideline that is, by law, ordinary and customary for such proceedings. CompDrug shall follow those time guidelines to the degree possible and in accord with its corporate legal rights. Extenuating circumstances indicating need for extension must be documented in file and written notification given to client.

If an extension is needed, it must contain the following information: Time frame indicated for extension, extenuating circumstances indicated and copy of notice to client included in the extension.

It is a requirement that a written acknowledgement of receipt of grievance is provided to each grievant within three days (M-F) days. This will contain the following: date grievance received, summary of grievance, overview of investigation process, timetable for investigation/notification of resolution and treatment provider contact name, address and phone number.

A signed statement by the patient that this procedure has been given to him/her will be retained in the permanent patient services file.



GRIEVANCE FORM

Complaint Date: ____ / ____ / ____

Complaint Number: _____

Patient Name: _____

Griever (If Different): _____

Incident Date: ____ / ____ / ____ Time of Incident: ____ A.M. or P.M.

Names & Titles of Those Involved in the Incident:

(1) _____

(2) _____

(3) _____

PLEASE USE THE BACK OF THIS FORM IF MORE NAMES ARE INVOLVED.

Subject of Grievance: _____

Information and Description Regarding the Grievance: _____

Signature of Griever _____ Date ____ / ____ / ____

Signature of Individual Filing Grievance on Behalf of Client _____

Date ____ / ____ / ____ Please submit form to the office of the Patient Rights Officer.

Patient Rights Officer



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547 E 11th Ave.

Columbus, OH 43211

Monday - Friday 7:00 am to 1:00 pm

(614) 224-4506 ext. 231



**THE COMPDRUG
PATIENT GRIEVANCE POLICY
ACKNOWLEDGMENT**

THE CLIENT HAS RECEIVED A COPY OF THE GRIEVANCE POLICY AND PROCEDURES

I _____, HAVE RECEIVED ON THIS
DATE _____, 20_____, FROM, _____
(Staff Member)

(Title)

BOTH A WRITTEN COPY AND A VERBAL EXPLANATION OF THE ATTACHED PATIENT GRIEVANCE POLICY AND PROCEDURE. I HEREBY ATTEST THAT I UNDERSTAND THE GRIEVANCE POLICY AS PRESENTED TO ME AND THAT I DON'T REQUIRE TRANSLATION TO A LANGUAGE OTHER THAN ENGLISH.

_____,
(Applicant or Patient Signature) (Date)
_____, 20_____
(Staff Signature) (Date)
_____, 20_____
(Witness Signature) (Date)
_____, 20_____
(Witness Signature) (Date)



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LIST OF RESOURCE AGENCIES

**Franklin County Alcohol, Drug
Addiction & Mental Health Board (ADAMH)**

447 East Broad Street
Columbus, Ohio 43215
(614) 224-1057

<http://www.adamhfranklin.org>

**Ohio Department of Mental Health and
Addiction Services (OMHAS)**

30 E. Broad St., 8th floor
Columbus, Ohio 43215-3430
614-466-2596

<http://mha.ohio.gov>

Disability Rights of Ohio

50 West Broad Street, Suite 1400
Columbus, Ohio 43215-5923
(614) 466-7264
1-800-282-9181

<http://www.disabilityrightsohio.org>

**Medicaid Fraud Control Unit of Ohio
Office of the Attorney General**

150 E. Gay St. 17th Floor
Columbus, Ohio 43215-5148
(614) 466-0722

**Office of Civil Rights
U.S. Department of Health & Human
Services,**

233 North Michigan Ave. Suite 240
Chicago, Illinois 60601
Customer Response Center:
(800) 368-1019
TDD: (800) 537-7697

<http://www.hhs.gov/ocr>

**Ohio Counselor and Social Worker and
Marriage and Family Therapist Board**

77 South High Street, 24th Floor
Columbus, Ohio 43215-6171
(614) 466-0912

<http://cswmft.ohio.gov>

State Medical Board of Ohio

30 E. Broad St. 3rd floor
Columbus, Ohio 43215-6127
(614) 466-3934

<http://www.med.ohio.gov>

Ohio Board of Nursing
17 South High Street, Suite 400
Columbus, Ohio 43266-7410
(614) 466-3947

<http://www.nursing.ohio.gov>

State Board of Psychology

77 South High Street, Suite 1830
Columbus, Ohio 43215-6108
(614) 466-8808

<http://psychology.ohio.gov>



SECTION 504 GRIEVANCE PROCEDURES

Section 504 of the Rehabilitation Act prohibits discrimination based on disability. In accordance with Section 504 Regulation, any program participant, participant representative, prospective participant or staff member who has reason to believe that she/he has been mistreated, denied services or discriminated against in any aspect of services or employment because of disability may file a grievance. In order to implement this policy, CompDrug adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by the U.S. Department of Health and Human Services regulation (45 CFR Part 84) implementing Section 504 of the Rehabilitation Act of 1973 as amended (29 U.S.C. 794). Section 504 states, in part, that “no otherwise qualified disabled individual...shall, solely by reason of his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance...”. The law and regulations may be examined in the office of the Patient Rights Officer, 547 E. 11th Avenue, Columbus, Ohio, 43211, (614) 224-4506, who has been designated to coordinate the efforts of CompDrug to comply with regulations.

A grievance must be in writing, contain the name and address of the person filing it, and briefly describe the action alleged to be prohibited by the regulations.

A grievance must be filed in the office of the Section 504 Coordinator within fifteen (15) days after the person filing the grievance became aware of the action alleged to be prohibited by the regulations. This time frame may be waived by the Coordinator if extenuating circumstances existed which justifies an extension.

The Coordinator, or his designee, shall conduct such investigation of a grievance as may be appropriate to determine its validity. These rules contemplate thorough investigations, affording all interested persons and their representatives, if any, an opportunity to submit evidence relevant to the grievance. Under Section 504 of the Rehabilitation Act, 45 CFR 84.7(b), CompDrug need not process complaints from applicants for employment.

The Section 504 Coordinator shall issue a written decision determining the validity of the grievance no later than fifteen (15) days after its filing.

If the grievance has not been resolved at this point, the Section 504 Coordinator should forward it to the CEO of CompDrug, who shall have an additional fifteen (15) days to resolve the grievance. The CEO shall notify the grievant in writing of the decision and list the evidence on which the decision is based.

If the complaint is still unresolved, the grievant may request, in writing, that the CEO submit the grievance to the Board of Directors. The Board shall have thirty (30) days to resolve the grievance. If the grievance is then unresolved, the grievant will be advised in writing of the right to file a complaint with the appropriate local, state and federal civil rights offices and will be provided with the names and addresses of such offices, including the Office for Civil Rights of



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the U.S. Department of Health and Human Services at 233 N. Michigan Avenue, Suite 1300, Chicago, IL., 60601.

Revision History

EFFECTIVE:	10/01/1988
REVISED:	1/31/94, 4/30/01, 9/30/02, 11/1/04, 7/31/05, 10/30/06, 09/15/2016
Reference:	