



Original date:
September 1st, 2013

Revised:
October 1st, 2021

POLICY

It is the policy of ODMF that all individuals and prospective individuals, when not satisfied with the services provided by ODMF, have the right to report an alleged violation of chapter [70.41](#), 71.05, 71.12, 71.24, or [71.34](#) RCW, and this chapter consistent with WAC [246-341-0605](#) and to make their complaints known and to pursue a grievance process, with the goal being the resolution of the complaint or grievance in a timely manner, at the lowest administrative level possible.

ODMF unequivocally prohibits retaliation of any kind against an individual, their family, or their advocates for lodging a complaint or grievance. Retaliation is illegal and will not be tolerated. Any negative action by ODMF staff in response to an individual's complaint or grievance is considered retaliation, which could include continually not returning phone calls, intentionally misplacing paper, not listening, and suddenly and unjustly being denied services. All complaints and grievances will be kept confidential and filed separately from the individual's case record.

Clients and individuals may choose to file a grievance at any time.

DEFINITIONS

Complaint: defined as a verbal, usually informal statement of dissatisfaction with some aspect of ODMF services. A grievance is a formal request that a complaint be heard and adjudicated. An individual may omit the informal complaint process and proceed to a formal grievance process. Both complaints and grievances must be documented. ODMF will ensure that interpreters are available to assist sensory impaired and/or LEP individuals with grievance processes.

Grievance: A grievance is an expression of dissatisfaction about any matter other than an action or adverse benefit determination. Actions and adverse benefit determinations are authorization decisions about services. Examples of possible subjects for grievances may include, but are not limited to, the quality of care or services provided, aspects of interpersonal relationships such as rudeness of a provider or employee, or failure to respect the individual's or client's rights. Termination of a Subcontract shall not be grounds for an appeal, Administrative Hearing, or a Grievance for the Consumer if similar services are immediately available in the service area.

PROCEDURE

Individuals may submit a complaint about any matter related to their services at ODMF at any time. Individuals will also be made aware that they can move to a formal grievance process if they wish. However, ODMF will endeavor to resolve complaints at the lowest level. The basic format for the receipt, review, and resolution of complaints and grievances is as follows. Individual programs may have additional procedures or steps in compliance with respective system requirements.



Internal Process:

- 1) When an individual has a complaint, s/he is encouraged to talk to their case manager/staff, with the goal of resolution of the complaint.
- 2) If the individual does not feel that the issue has been resolved at that level, the individual is encouraged to talk to the immediate supervisor. When appropriate, the supervisor meets with the individual and staff, with the goal of resolution of the complaint.
- 3) If the complaint is not resolved within 10 business days or if the individual is not satisfied with the resolution, individuals may initiate a formal grievance process.
- 4) An individual can submit a grievance by phone or in writing to the ODMF Department Director or Assistant Director. The statement must include the individual's name, best contact information, the nature of the grievance and the requested resolution. If no such statement is received on time, the grievance process ends.
- 5) Individuals and their advocates/representatives can review records and can schedule to meet with reviewers to submit oral or written information about the grievance. Interpreters can be present at these meetings, but must identify their relationship to the individuals, whether as objective interpreters or advocates of the individual. HIPAA requirements regarding privacy and confidentiality will apply, and take precedent.
- 6) In considering the grievance, the director and/or review committee should solicit input from all relevant parties. The review committee must arrive at a written decision as soon as is required by the individual's condition, and within 30 days of the date of receipt.
- 7) The individual will then be informed that if they are unhappy with the ODMF decision, they can request the ODMF Executive Director and Board of Directors to review the grievance within five days of the receipt of the ODMF decision.
- 8) All documentation regarding complaints, grievances, resolutions, and decisions will be maintained under the supervision of the program directors. Reports will be reviewed under the quality management plan.
- 9) The Compliance Officer will log all reports.

External Grievance Process:

- 1) If client is not satisfied with the outcome from ODMF's internal grievance process, client will be provided King County Behavioral Health and Recovery Divisions' contact to file a grievance (see attached document- KC BHRD Grievance and Appeal Process BH-AS0).
- 2) Clients should be aware they have the right to discuss a concern with the Ombuds service, BHRD, or Provider if they believe their rights have been violated. If they discuss a concern or file a grievance or appeal, they must be free of any act of retaliation. The Ombuds may, at their request, assist them in resolving their concerns.
 - A. Staff shall make clients feel it's safe to express concerns that their rights have been violated
 - B. Provide client assistance in contacting



Behavioral health Ombuds

Office: (206) 477-0630
Office fax: (206) 205-0854
Toll-Free: (800) 790-8049 option #3

BHRD Client Services

(206) 263-8997 or 1-800-790-8049

If client or their representative needs help filing a grievance ODMF will give assistance in filing the report to King County BHRD.

Payer of Service	Contact Information
BH-ASO	(800) 790-8049 BHRDComplaintsGrievances@kingcounty.gov
Amerigroup	(800) 600-4441 WA- Grievance@amerigroup.com
Community Health Plan of WA	(800) 440-1561 AppealsGrievances@chpw.org
Coordinated Care	(877) 644-4613 WAQualityDept@Centene.com
Molina Healthcare	(800) 869-7165 WAMemberServices@MolinaHealthcare.com
UnitedHealthcare	(877) 542-8997 WACS_Appeals@uhc.com

Complaint Process with the Department of Health:

- 1) Any clients may submit a report to the department of an alleged violation of licensing and certification laws and rules.
- 2) ACRS BH staff are credentialed by the department and shall comply with the mandatory reporting requirements in chapters [18.130 RCW](#) and [246-16 WAC](#).
- 3) If the department determines a report should be investigated, the report becomes a complaint. If the department conducts a complaint investigation, ACRS representatives shall cooperate to allow department representatives to:
 - (a) Examine any part of the facility at reasonable times and as needed;
 - (b) Review and evaluate agency records including, but not limited to:
 - (i) An individual's clinical record and personnel file; and (ii) The agency's policies, procedures, fiscal records, and any other documents required by the department to determine compliance and to resolve the complaint; and
 - (c) Conduct individual interviews with staff members and individuals receiving services.



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- 4) ACRS or any ACRS staff shall not retaliate against any:
- (a) Individual or individual's representative for making a report with the department or being interviewed by the department about a complaint;
 - (b) A witness involved in the complaint issue; or
 - (c) An employee of the agency.
- 5) ACRS understand and support that the department may assess a fine under RCW [43.70.250](#), or deny, suspend, or modify a license or certification under RCW [43.70.115](#), if:
- (a) Any allegation within the complaint is substantiated; or
 - (b) The department's finding that the individual or individual's representative, a witness, or employee of the agency experienced an act of retaliation by the agency during or after a complaint investigation.

REFERENCES

WAC 246-341-0420, WAC 246-341-0605, BHRD Provider Manual, BH-ASO Grievance and Appeal Template (ATTACHMENT)

As a client I understand I have the right to make a grievance and this is the process I need to follow
Client Signature:

Print Name

Date: