

**COVE BEHAVIORAL HEALTH, INC.
POLICY & PROCEDURE**

DEPARTMENT: General Program Standards

POLICY No. GPS-606

SUBJECT: Patient Grievance

POLICY: To provide patients the opportunity to file a grievance when they experience dissatisfaction with any aspect of program services. To examine patient grievances in an expeditious and thorough manner.

PURPOSE: To promote open lines of communication through which problems may be fully explored and resolved in the best interest of all concerned.

DEFINITIONS:

Grievance is a written formal complaint regarding a system which directly affects patient care, services, or rights that has not been addressed satisfactorily through any other means.

Patient is a consumer, guardian, or parent of a minor of any program services of this organization.

Working Days are Monday through Friday excluding legal holidays.

PROCEDURE:

1. The grievance policy and procedure shall be posted at each facility.
2. At the time of admission or thereafter if conditions warrant, employees will review and discuss the patient grievance procedure with the patient. Patients are encouraged to comment without fear of reprisal on any aspect of service operations, procedures and any perceived violations of local, state or federal regulations.
3. Patients are encouraged to discuss their concerns with the individual involved or any other employee who may be able to help resolve the complaint.
 - a. A patient's initial point of discussion should be between the patient and the individual involved and/or his/her primary counselor at the service level.
 - b. Parents with a concern related to a child's care should make initial contact with the child's counselor.
4. If after requesting this assistance the patient still feels that he/she has a legitimate complaint, he/she can have the concern reviewed by the program supervisor/manager or designee of the service by filing a written grievance.
5. A grievance is initiated by completing Section 1 of the Grievance Report Form. These forms shall be available in each Cove facility. Any employee can provide a patient with the grievance form. Patients have the right to submit a grievance at any time for any reason.

- a. Section 1 must be completed in full including the patient's signature, actions taken to resolve the concern, and recommendations for resolution. The patient is also signing a statement indicating that the patient understands that if he/she does not respond to the proposed resolutions within three (3) working days, the grievance is considered resolved.
 - b. If the patient needs assistance in completing the grievance form, any employee can assist the patient.
6. Once the patient completes and signs the grievance, the patient will present the grievance to his/her primary counselor or any DACCO employee. The employee who receives the grievance will sign and date Section 1 and then forward the grievance immediately to the Quality Improvement Manager.
7. The Quality Improvement Manager is responsible for noting receipt of the grievance and providing it to the Program Director or Designee to assign to the Program Supervisor/Manager or designee.
- a. The Program Supervisor/Manager's or designee's proposed response will be recorded in Section 2 of the Grievance Report Form. A copy of the form sent to the patient with the proposed resolution should be sent to the Quality Improvement Department **within 24 hours**.
 - b. If the reply is being sent by mail, it will be sent certified mail with return receipt requested.
 - c. If the supervisor/manager or designee is not able to contact the patient within three (3) working days, he/she will document the reason for the delay on the grievance form and contact the Quality Improvement Department explaining the delay.
 - d. The patient has **three (3) working days** to review, respond, and sign off on the proposed response. The form will then be forwarded to the Quality Improvement Department **within 24 hours** of obtaining the patient's signature.
- c. If the patient does not respond to the grievance within the three working days' time frame, the grievance is considered resolved.
8. If the problem is not resolved to the patient's satisfaction, the grievance will be sent to the Program Director or designee.
- a. The Program Director or designee will review the concern and present a response to the patient within **three (3) working days** from the day the Program Director or designee receives the grievance.
 - b. The Program Director or designee's proposed response will be recorded in Section 3 of the Grievance Report Form. A copy of the form sent to the patient with the proposed resolution should be sent to the Quality Improvement Department **within 24 hours**.
 - c. If the reply is being sent by mail, it will be sent certified mail with return receipt requested.
 - d. If the Program Director or designee is not able to contact the patient within three (3) days, he/she will document the reason for the delay on the grievance form and contact the Quality Improvement Department explaining the delay.

- e. The patient has **three (3) working days** to review, respond, and sign off on the proposed response. The form will then be forwarded to the Quality Improvement Department **within 24 hours** of obtaining the patient's signature.
 - f. If the patient does not respond to the grievance within the 3 working days' time frame, the grievance is considered resolved.
9. If the problem is not resolved to the patient's satisfaction, the grievance will be sent to the Vice President of Clinical Services or designee.
- a. The Vice President of Clinical Services or designee will review the concern and present a response to the patient within **three (3) working days** from the day the Vice President of Clinical Services or designee receives the grievance.
 - b. The Vice President of Clinical Services or designee's proposed response will be recorded in Section 4 of the Grievance Report Form. A copy of the form sent to the patient with the proposed resolution should be sent to the Quality Improvement Department **within 24 hours**.
 - c. If the reply is being sent by mail, it will be sent certified mail with return receipt requested.
 - d. If the Vice President of Clinical Services or designee is not able to contact the patient within three (3) days, he/she will document the reason for the delay on the grievance form and contact the Quality Improvement Department explaining the delay.
 - e. The patient has **three (3) working days** to review, respond, and sign off on the proposed response. The form will then be forwarded to the Quality Improvement Department **within 24 hours** of obtaining the patient's signature.
 - f. If the patient does not respond to the grievance within the 3 working days' time frame, the grievance is considered resolved.
10. If the problem is not resolved to the patient's satisfaction, the grievance will be sent to the Clinical Care Committee.
- a. The Clinical Care Committee will review the concern and present a response to the patient within **fourteen (14) days** from the day the Chair or designee receives the grievance.
 - b. The Clinical Care Committee Chair's proposed response will be recorded in Section 5 of the Grievance Report Form. A copy of the form sent to the patient with the proposed resolution should be sent to the Quality Improvement Department **within 24 hours**.
 - c. If the reply is being sent by mail, it will be sent certified mail with return receipt requested.
 - d. If the Clinical Care Committee Chair or designee is not able to contact the patient within fourteen (14) days, he/she will document the reason for the delay on the grievance form and contact the Quality Improvement Department explaining the delay.
 - e. The patient has **three (3) working days** to review, respond, and sign off on the proposed response. The form will then be forwarded to the Quality Improvement Department **within 24 hours** of obtaining the patient's signature.

- f. If the patient does not respond to the grievance within the 3 working days' time frame, the grievance is considered resolved.
11. If the patient remains unsatisfied with the proposed resolution, the grievance will be sent to the Chief Executive Officer (CEO).
- a. The CEO will review the grievance and the attempted resolutions and present a response to the patient within **fourteen (14) working days** after the CEO receives the grievance.
 - b. The CEO's resolution will be recorded in Section 6 of the Grievance Report Form. A copy of the form sent to the patient with the proposed resolution should be sent to the Quality Improvement Department **within 24 hours**.
 - c. If the reply is being sent by mail, it will be sent certified mail with return receipt requested.
 - d. The decision of the CEO will be final.
12. If at any time during the grievance process the patient wishes to take his/her grievance to an external organization or if the patient does not feel that the grievance has been resolved satisfactorily or fairly (including an ADA complaint such as deaf or hard-of-hearing accommodation), he/she will be advised of the right to file a complaint with the District Alcohol, Drug Abuse and Mental Health Program Office (ADM).
- a. Any complaint that cannot be resolved by the Florida Department of Children & Families ADM Program Office can be referred in writing, by telephone or in person to the District Administrator of the local district.
13. If a patient who is enrolled in a UNITY program does not feel that a grievance regarding privacy rights has been resolved satisfactorily or fairly, he/she will be advised of the right to file a written complaint with the Tampa Hillsborough Homeless Initiative.
- a. UNITY Grievance
Tampa Hillsborough Homeless Initiative
601 E Kennedy Blvd 24th floor
Tampa, FL 33602
14. If a patient who is enrolled in a Department of Corrections program does not feel that the grievance has been resolved satisfactorily or fairly, he/she will be advised of the right to file a complaint with the Department of Corrections.
- a. If a Department of Corrections patient wishes to file a grievance regarding the Department of Corrections, the Department of Corrections grievance procedure is to be utilized immediately. The grievance should be transmitted without alteration, interference, or delay to the probation and parole officer assigned to the facility.

15. If a patient who is funded by Central Florida Behavioral Health Network (CFBHN) does not feel that the grievance has been resolved satisfactorily or fairly, he/she will be advised of the right to file a complaint with Central Florida Behavioral Health Network (CFBHN).

- a. CFBHN Phone Number: 813-740-4811 | Fax Number: 813-740-4821
CFBHN Website: <http://www.cfbhn.org>

16. If a patient does not feel that the grievance has been resolved satisfactorily or fairly regarding an ADA issue (eg – deaf or hard-of-hearing), he/she will be advised of the right to file a complaint within 180 days of the alleged discriminatory act(s) with Department of Children and Families Office of Civil Rights, United States Department of Health and Human Services Office of Civil Rights, United States Department of Justice (USDOJ), and the USDOJ Disability Rights Section. These resources are also available to patients, potential patients, and companions of patients who believe they have been a victim of discrimination based on reason of disability, including Deaf and Hard-of-Hearing. The complaint must be signed and contain:

- a. Basis for the complaint: race, color, religion, sex, age, national origin, disability, political beliefs (USDA), or retaliation;
- b. Name, address and phone number of the person (charging party) filing the complaint;
- c. Name and address of the person or provider being filed against;
- d. Description and dates of the alleged discriminatory act(s).

Complaints filed with federal agencies listed above are subject to the federal laws governing such complaints. Final determination of the validity of the complaint will be made by that organization.

(1) Assistant Employees Director
Department of Children and Families (DCF)
Human Resources – Office of Civil Rights
1317 Winewood Boulevard
Building 1, Room 110
Tallahassee, Florida 32399-0700
(850) 487-1901; or TDD (850) 922-9220; or Fax (850) 921-8470

(2) United States Department of Health and Human Services (HHS)
Attention: Office for Civil Rights
Atlanta Federal Center, Suite 3B70
61 Forsyth Street, SW
Atlanta, Georgia 30303-8909
(404) 562-7888; TDD/TTY (404) 331-2867; or Fax (404) 562-7881


(3) United States Department of Agriculture (USDA)
Attention: Office of Civil Rights
Atlanta Federal Center, Suite 8T36
61 Forsyth Street, SW
Atlanta, Georgia 30303-3427
(404) 562-0532; TDD/TTY (202) 720-5964; or Fax (404) 527-4517

(4) United States Department of Justice (USDOJ)
Office for Civil Rights – Office of Justice Programs
810 7th Street, NW
Washington, DC 20531
(202) 307-0690; or TDD/TTY (202) 307-2027; or Fax (202) 616-9865

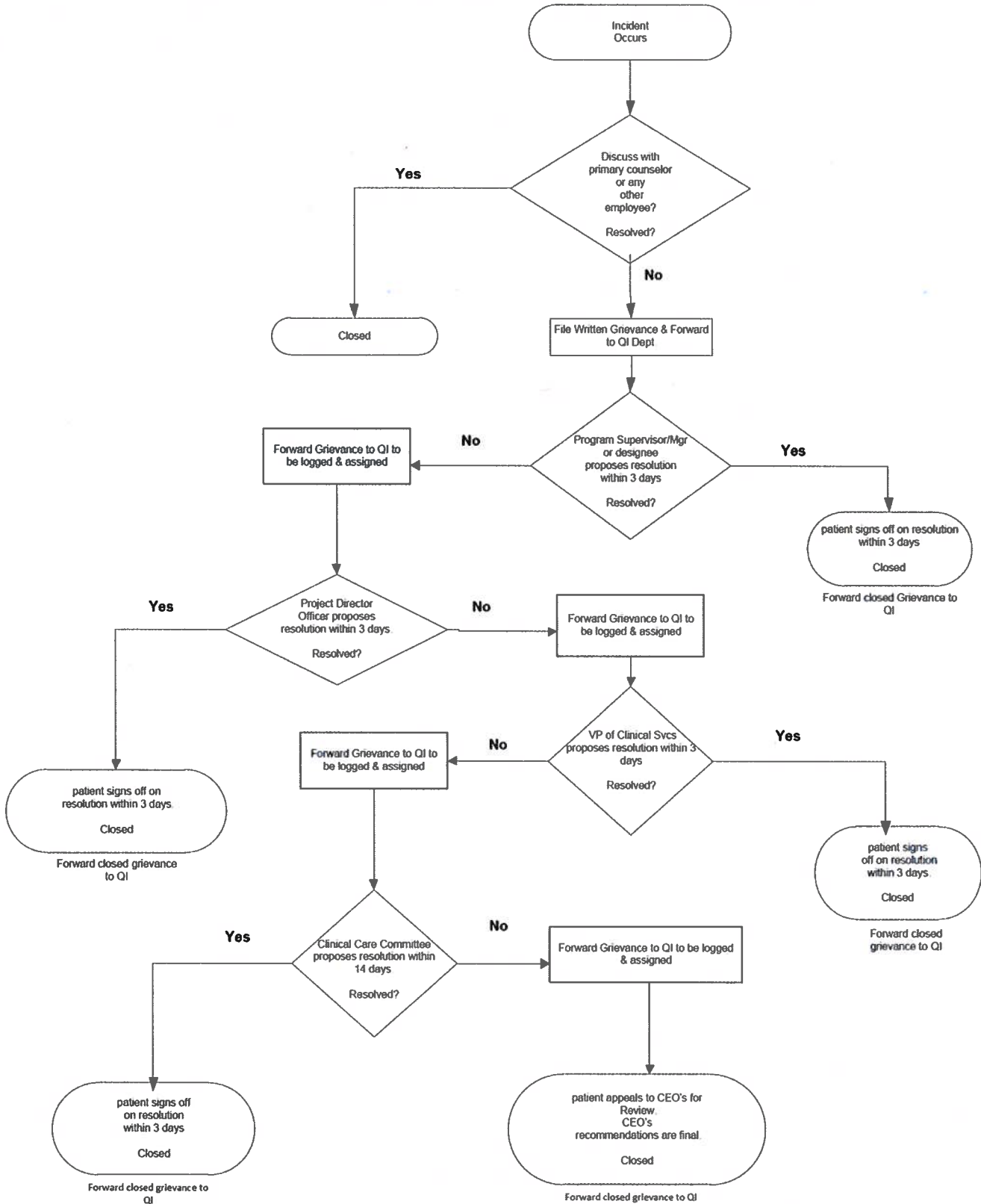
(5) United States Department of Justice (USDOJ)
Civil Rights Division– Disability Rights Section
1425 New York Avenue
Washington, DC 20530
(800) 514-0301; or TDD/TTY (800) 514-0383

17. A copy of all “Statement of Grievance” will be filed confidentially for a period of three (3) years by the Quality Improvement Department.

Revision Record	
Developed:	06/10/94
Revised:	09/07/98, 10/18/99, 01/28/00, 10/21/02, 07/17/03, 03/19/04, 05/12/05
Reviewed:	05/02/06
Revised:	08/28/07, 02/20/08, 11/18/08
Reviewed:	04/23/09, 07/19/10, 06/15/11
Revised:	04/16/12, 06/01/12, 10/23/13, 11/06/14, 01/07/16, 03/02/17, 11/02/17 12/06/18, 12/10/19

Signature
 Chief Executive Officer

Patient Grievance Process



Revised: 06/25/19

Patient Grievance Form

I understand that I have three (3) working days to respond to any proposed resolutions. If I do not respond within the three (3) working days, the grievance is considered resolved. I understand this form can be turned in to any Cove employee.

SECTION 1

Patient Name (Print) Date Cove Program

Contact Telephone Number Patient ID No

Check Appropriate Box: **Enrolled Patient** **Discharged Patient**

Nature of concern: _____

Have you attempted to resolve this concern with the individual involved: **Yes** **No**

Outcome of discussion with individual/counselor: _____

What do you think would solve this problem? _____

Patient Signature: _____

Date: _____

Signature of Receiving Staff: _____

Date: _____

Employee: Submit this form IMMEDIATELY (within 24 hours) to the QI Dept.

SECTION 2

Supervisor/Mgt/Designee: _____ Date Received: _____

Date reviewed with patient: _____

Proposed Resolution: _____

I am satisfied with the proposed resolution

I am not satisfied with the proposed resolution

If not satisfied, please explain what solution you propose: _____

If I do not respond to the proposed resolution within three (3) working days, the grievance is considered resolved.

Patient Signature: _____

Date: _____

Supervisor/Manager: Return this form IMMEDIATELY (within 24 hours) to the QI Dept.