

Community Healthlink Policy and Procedure Manual		
Section: 7 Clients' Rights and Responsibilities	Policy Number: 7-03-4	Effective Date: 08/31/2013
Title: Client Concerns and Complaints		Review Date: 2/13/18
Scope:		Originated: 7/1/01
References: 104CMR32.00; 42CFRpart2; 45CFR160; policy 5-05, Policy 5-04-14		
Revision: 1/13/04, 11/30/12, 07/15/13, 08/25/15, 4/4/17, 2/13/18		

Purpose: To define the process under which clients may voice a concern or file a complaint and to assure that such is acknowledged, responded to, and if applicable, investigated and acted upon in a timely and appropriate manner.

Definitions:

There are three kinds of matters which would require an agency response:

Concern: A matter that a client would like a resolution to that is not illegal, inhumane or dangerous. A concern can be verbal or written.

Complaint: A matter that is illegal, inhumane, dangerous (see 104CMR32.02 in order to define these terms), unprofessional or unethical. This includes violations of Section 1557 of the Affordable Care Act. Many matters that are referred to a state agency (e.g., DMH, DPH, DDS, DCF, DYS, DEEC, DPPC) shall be considered complaints.

Privacy Complaint: Clients are informed in Community Healthlink's Privacy Notice that they have the right to complain about Privacy as defined by HIPAA and 42 CFR. The areas of complaint may be about:

- privacy policies and procedures required by the Privacy Rule;
- compliance with such policies and procedures; and
- compliance with the Privacy Rule.

Policy:

Clients have the right to voice a concern or file a complaint about any aspect of CHL's staff, service, or operation, including allegations of actions prohibited by Section 1557 of the Affordable Care Act and its implementing regulations and applicable Massachusetts law. Any person who believes someone has been subjected to discrimination by CHL on the basis of race, color, national origin, citizenship, alienage, religion, creed, sex, sexual orientation, gender identity, age, or disability may voice a concern or file a complaint under this policy. Any person who believes that CHL failed to provide language services to a person with limited English proficiency may voice a concern or file a complaint under this policy. Clients will be informed of the procedure in writing to express concerns and complaints upon every admission or at any time a potential issue arises.

CHL will make appropriate arrangements to ensure that individuals with disabilities and individuals with limited English proficiency are provided auxiliary aids and services or language assistance services, respectively, if needed to participate in the concern and/ or complaint process.

Community Healthlink strictly prohibits and will not tolerate reprisals or retaliation against any person due to their participation in these procedures.

Procedures:

Reviews and responses to client concerns and complaints shall be through established administrative channels as follows:

1. Should a client be unable, unwilling, incapable, or otherwise disinclined to make or pursue a concern or complaint because of mental disability, treatment, or other reason, staff shall act on client's behalf in accordance with this policy.
2. Staff are encouraged to consult a Human Rights Officer or the Human Rights Coordinator prior to taking action. However, it is not the responsibility of the staff to determine the validity of the complaint.
3. An aggrieved client shall present a concern to any CHL employee verbally or on CHL (or state agency) Complaint forms.
4. Client complaints must be in written form.
5. Many matters that are reported to a state agency shall be considered a complaint. These include reports of: medicolegal death; sexual assault or abuse; physical assault or abuse which results in serious physical harm; attempted suicide which results in serious physical harm; commission of a felony; serious physical injury resulting from restraint or seclusion practices; or any other matter which a Program Director, or other person in charge believes, at their discretion, is serious enough to warrant a formal filing with a state agency.
6. **In the event that the client does not wish to speak to staff about a complaint, the client should be encouraged to call the Human Rights Hotline to leave a message about their concern or complaint.**
7. CHL encourages communication, dialogue and reporting of incidents of potential wrongdoing or suspected violations, including Human Rights violations against clients. If an employee, volunteer, intern, or other agent or contractor of Community Healthlink has reasonable cause to believe that such an incident has occurred, he/she is expected to report these concerns to his/her supervisor or manager. Alternatively, he/she may report these concerns, either as identified complainant, or anonymously to the Compliance Office Confidential Reporting Line.

CONCERNS: Review and response to client concerns shall be as follows:

- a. The Program Manager investigates the concern unless the concern involves them directly. In these cases the Division Vice President will investigate or appoint someone in their division to investigate.
- b. Concerns that are from programs subject to DMH regulations will review these concerns with DMH, in order to obtain a log number and review the matter to ensure it is appropriate for an "administrative response". DMH will assign a log number to the concern if it is determined to require an "administrative response". Program management will notify Compliance if and when the concern is given a log number.

- c. The person investigating the concern will document their review, as well as their identified resolution. For programs that are subject to DMH regulations, this review and resolution will be titled an “administrative response”. At a minimum, the review of the concern will involve direct contact with both the client, and the complainant, if they are not one and the same.
- d. If the concern is about an entity/ person **not** under the control of CHL, the program manager will provide the client with appropriate contact for their complaint, and will document such in their resolution/ administrative response for DMH.
- e. The Program Manager will notify the client of the resolution within ten business days. The notification will include an appeal mechanism. For those programs subject to DMH regulations, such a response shall be titled an “administrative response” and be put into writing. The “administrative response” will be provided to DMH in accordance with 104CMR32.
- f. The client has a right to appeal any decision within ten business days to the Division Vice President who will notify the client of the resolution in writing within five business days.
- g. The client has a right to a second appeal within ten business days to the Compliance Director. The Compliance Director will notify the client of the final decision within ten business days.
- h. The Division Vice President will notify the Compliance Department of all Concerns for tracking purposes.
- i. Copies of all reviews and client correspondence shall be forward to the Compliance Department for filing.

COMPLAINTS: Review and responses to client complaints shall be as follows:

- a. Complaints that are also instances of suspected or alleged abuse or neglect of a child, elderly person, or disabled person will also follow agency policies regarding filing such allegations.
- b. Complaints that are from programs subject to DMH regulations will forward complaints to DMH, in order to assess if such will require a “ten day” investigation. Program management will notify Compliance if the complaint is screened in as “ten day”, and will provide Compliance with the log number for the investigation.
- c. The Compliance Director will receive all complaints and determine who will conduct and oversee the investigation.
- d. The investigator will directly conduct an investigation within five business days. An extension can be granted by the Chief Executive Officer in extenuating circumstances. If the primary investigator is not a member of the Compliance Department, the Compliance Department will provide oversight and offer consultation and support to the investigator.
- e. In every instance, the program manager, or another designee of the Division Vice President, will provide the investigator all relevant data and supporting documentation, and will either complete interviews with the client directly, or, if the investigator will be conducting the interview, will facilitate a connection to the investigator. Also, clients have the right to have a Human Rights Officer present at any investigatory interviews, and the Human Rights Coordinator will ensure such access is offered, and in the absence of a Human Rights Officer for the program, will offer to attend the investigatory interview themselves or by designee.
- f. The person investigating the complaint will inform the Compliance Director in writing of the results of the investigation.
- g. The Compliance Director will review the results of the investigation and has the right to recommend a resolution within three business days. In programs subject to DMH

- regulations, the response to DMH from the agency will come from the CEO, or his or her designee.
- h. The investigator will notify the client in writing of the resolution immediately following the decision.
 - i. The client has a right to appeal any decision within ten business days to the Compliance Director who will notify the client of the resolution in writing within five business days.
 - j. The client has a right to a second appeal within ten business days to the CEO. The CEO will notify the client, Compliance Director, and the Division Vice President of the final decision within ten business days.
 - k. The Compliance Department, in collaboration with the CEO, will coordinate responses to state agencies as appropriate.
 - l. If complaints are being investigated by outside agencies, please refer to Policy 5-05.

PRIVACY COMPLAINTS:

- a. Community Healthlink's Joint Notice of Information Practices (JNIP) informs clients that they have the right to complain about Community Healthlink's privacy practices. The JNIP, in addition to informing clients about their rights, also lists the Vice President of Operations (who is the Compliance Officer) and/or the Compliance Director as contacts for privacy complaints.
- b. Complaints about privacy will be logged and tracked.
- c. The Compliance Department is responsible for logging in the complaints and is also responsible for sending a letter to the client acknowledging receipt within 5 days of receipt of the complaint.
- d. If a client declines initially to put a complaint about privacy in writing they should be directed to the Privacy Officer who will assist them in developing the written document. If they decline this help as well, a note documenting the client's dissatisfaction should be completed and sent to the Privacy Officer via in-house mail promptly. This information from the client will not be considered a complaint by Community Healthlink. The documentation should include contact information.
- e. In both the acknowledgement letter and the response letter, the complainant will be advised of the right to complain directly to the Secretary of Health and Human Services and the contact number will be given.

DOCUMENTATION:

- a. The Compliance Department tracks concerns and complaints.
- b. The concern, as well as administrative response or other resolution, will be documented in the client's record.

Responsibility: Compliance Department, Human Rights Coordinator, Division Vice Presidents and Program Managers



**Community Healthlink Complaint Form
PRIVACY COMPLAINTS**

(NOTE: This form should only be used for Privacy Complaints as defined by HIPAA. Please use the CHL or appropriate state agency complaint form for all other grievances.)

You have the right to file your complaint with the Department of Health and Human Services. To file a complaint please call or write to:

Office for Civil Rights, DHHS
JFK Federal Building - Room 1875
Boston, MA 02203
(800) 368-1019; (800) 537-7697 (TDD)
(617) 565-3809 FAX
OCRComplaint@hhs.gov

Complaints may also be filed by email or at the DHHS electronic portal.

About the person filing this form:

Your Name _____
Address: _____
City State Zip _____
Telephone _____
Today's date _____
Your relationship to the person filing the complaint:
 Self
 Parent/Legal Guardian
 Other _____

During the course of our investigation into your complaint, we may need to write a letter to you or call you. Can we:

Write a letter to the address above? YES NO
Call the number above? YES NO
Leave a message on the answering machine of the above number? YES NO

Community Healthlink Program/Staff that you are filing this complaint about:

