



## **INFORMING CLIENTS OF THEIR COMPLAINT AND GRIEVANCE RIGHTS**

A client is defined as a person receiving services from Healthy Start/CONNECT, either as a Healthy Start participant or a CONNECT initial assessment client for home-visiting (HV) clients.

Healthy Start and CONNECT clients are advised, through written information provided by the Healthy Start program/CONNECT programs, on how to obtain help with a problem or concern related to their connecting with HV services. Information is given on how to file a grievance if the problem or concern cannot be resolved. The Healthy Start Coalition's written information contains the name, address and telephone number for the client to contact and register a complaint or grievance.

In the absence of a Healthy Start Coalition, this written information will be provided by the County Health Department.

## **COMPLAINTS**

A complaint is defined as any expression of dissatisfaction by a client, including dissatisfaction with the administration or provision of services, which relates to the quality of care provided.

### ***Registering a Complaint***

When a client expresses a dissatisfaction that requires follow-up, the person receiving the complaint will document the details on a Healthy Start Services Complaint Summary Sheet (Exhibit VI) person completing the form will give the form to their immediate supervisor the same day the complaint is received. The supervisor will assign someone to investigate the complaint and assign a date for final findings and resolution within five working days of the date of the receipt of the complaint.

### ***Action on a Complaint***

The person assigned to investigate the complaint will document the findings on the Healthy Start Services Complaint Summary Sheet. The Healthy Start Services Complaint Summary Sheet will then be reviewed by the supervisor who will indicate concurrence with the findings and resolution by dating and signing the form. The person assigned to the complaint will then contact the complainant by phone or letter and inform her of the outcome. If resolution of the complaint requires assistance from outside parties, written consent of the complainant must be obtained prior to further action. This contact will be documented.

Documentation from contacts with any involved party of the complaint (i.e., document date, time, name of person and information received) will be attached to the Healthy Start Services Complaint Summary Sheet.

If a mutual resolution cannot be agreed to between the supervisor and person filing a complaint, the client will have the right to a mediator or a meeting with the coalition's grievance committee (typically consisting of Coalition Director, board members and at least 1 consumer) prior to reporting to the Department of Health (DOH) and Agency for Health Care Administration's Medipass Healthy Start Wavier State Advisory Board. Note, at any time the client may request to contact DOH, CONNECT, HSMN and the Agency for Health Care Administration (AHCA).



Cross-referenced files and a log are kept, recording the name and address of each client registering a complaint. A copy of the completed Healthy Start Services Complaint Summary Sheet is kept in the file.

The supervisor will send a copy of the complainant's completed and de-identified Healthy Start Services Complaint Summary Sheet to the Healthy Start Coalition Executive Director within two working days after the resolution of the complaint.

#### ***Medical Care Complaint***

When a quality of medical care complaint is reported, the supervisor will, within the same working day, report the complaint to the Healthy Start Coalition's Executive Director. The Healthy Start Coalition's Executive Director, will, within two working days, advise AHCA's District Medicaid Office and the HSMN contract manager. AHCA will be responsible for any investigation and follow up on all medical care complaints.

### **GRIEVANCES**

A grievance is defined as a written complaint submitted by or on behalf of a client regarding the: availability, the delivery, or quality of services.

#### ***Filing a Grievance***

All grievances must be submitted in writing and date stamped upon receipt. Written consent to release this information is obtained from the client.

#### ***Action on a Grievance***

Upon receipt of a grievance, the Healthy Start Services Grievance Summary Sheet (Exhibit VI attached) is completed and the grievance is attached.

The person receiving the grievance and completing the Healthy Start Services Grievance Summary Sheet will, within the same working day, notify their immediate supervisor and forward the written grievance and the Healthy Start Services Grievance Summary Sheet to the supervisor.

The supervisor will review the grievance and the Healthy Start Services Grievance Summary Sheet, and, within the same working day, notify the Healthy Start Coalition's Executive Director.

The supervisor is responsible for resolving operational type grievances. He/she will provide a written response to the grievant within thirty days from the initial filing by the client.

Cross-referenced files and a log are kept, recording the name and address of each client registering a grievance. A copy of the completed Healthy Start Services Grievance Summary Sheet is kept in the file.

The client shall have the right to seek review of the grievance findings and recommendations to the Healthy Start Coalition, HSMN, and AHCA's Medipass Healthy Start Waiver State Advisory Board.

#### ***Medical Care Grievance***

When a quality of medical care grievance is reported, the supervisor will report the grievance, within the same working day, to the Healthy Start Coalition's Executive Director. The Healthy Start



Coalition’s Executive Director, will, within two working days, notify the Agency for Health Care Administration’s District Medicaid Office and the HSMN Contract Manager. AHCA will be responsible for any investigation and follow up on all medical care grievances.



HEALTHY START SERVICES COMPLAINT SUMMARY SHEET

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Last Name of Complainant First Name MI

\_\_\_\_\_  
Address (Number, Street, Apartment)

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Home Phone Work Phone Medicaid I.D. Number

Type of Complaint: Operational \_\_\_\_\_ Medical \_\_\_\_\_ Other \_\_\_\_\_

Name and Telephone Number of Person or Care Provider Involved (If Applicable)

\_\_\_\_\_  
Name Telephone Number

Summary of Complaint: (Include Witness(es) if Applicable) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Supervisor complaint referred to: \_\_\_\_\_ Date: \_\_\_\_\_

Assigned to by supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Investigation and Findings: \_\_\_\_\_

\_\_\_\_\_  
Actions taken: \_\_\_\_\_

\_\_\_\_\_  
Supervisor Review: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Supervisor Signature and Title

Date Copy Sent to Healthy Start Coalition Executive Director: \_\_\_\_\_



HEALTHY START SERVICES GRIEVANCE SUMMARY SHEET

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_  
Full Name and Title

Last Name of Grievant	First Name	MI
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Address (Number, Street, Apartment) \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

Home Phone	Work Phone	Medicaid I.D. Number
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Type of Grievance: Operational\_\_\_\_ Medical\_\_\_\_ Other\_\_\_\_\_

Name and Telephone Number of Person or Care Provider Involved (If Applicable)

Name	Telephone Number
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Summary of Grievance: (Include Witness(es) if Applicable)\_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Supervisor Notified:\_\_\_\_\_ Date\_\_\_\_\_ Time:\_\_\_\_\_

Supervisor Review:\_\_\_\_\_ Date:\_\_\_\_\_ Time:\_\_\_\_\_

\_\_\_\_\_  
Signature

Healthy Start Coalition Executive Director Notified By:\_\_\_\_\_

Date: \_\_\_\_\_ Time:\_\_\_\_\_

Investigation and Findings: \_\_\_\_\_

\_\_\_\_\_



Actions taken: \_\_\_\_\_

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