



Member Grievance Procedure Guide for CT Department of Mental Health & Addiction Services (DMHAS) Funded Programs

Who should I contact if I have concerns about my services and/or would like to file a grievance?

If you believe that your rights have been violated or denied and you would like to discuss your concern, please contact the Reliance Health Consumer Rights Officer:

Nicole Reynolds
c/o Reliance Health, 40 Broadway, Norwich, CT 06360
(860)887-6536, ext. 275

The Reliance Health Consumer Rights Officer shall contact you within three (3) business days of when the concern was expressed to:

- Attempt to resolve the concern
- Review the *Member Grievance Procedure for DMHAS Funded Programs*

What is a grievance?

A grievance is a *written* complaint regarding one or more of the following actions taken by Reliance Health DMHAS funded programs, its employees, interns and/or volunteers:

- Denial, involuntary reduction or termination of services.
- Violation of a member's rights guaranteed by the law or a DMHAS directive.
- The member has been treated in an arbitrary or unreasonable manner.
- Failure to provide services identified in the member's Integrated Recovery Plan or Residential Service Agreement.
- Coercion was used to improperly limit a member's choice.
- Failure to reasonably intervene when a member's rights are put at risk by another member at Reliance Health site, program or activity.
- Failure to treat a member in a humane and dignified manner.

Which Reliance Health programs receive DMHAS funding?

Community Support Program (CSP)	Teamworks	Penobscot Place
Transportation	Career Services	Supported Employment
Norwich Recovery Coach Program	Joe's Place	Community Apartment Program (CAP)
Outreach to Homeless Services	LEAP	Young Adult Services
Transitional Living Community I & II	Bridge	Doreen's Place
Supportive Housing Programs	Bozrah	Individual Support Program
Respite	Montville	

Who can submit a grievance?

Any member and/or their conservator can submit a grievance.

If you would like to file a grievance, you may also appoint an advocate, of your choice (*), to assist you with the grievance process.

(* Reliance Health may disallow a member's choice of an advocate on the grounds it is "clinically detrimental" if the member and their advocate receive services from the same provider)

How does the grievance procedure work?

1. All grievance must be submitted, in writing, within forty-five (45) calendar days of when the action being grieved has occurred. If needed, Reliance Health employees and/or your advocate may help you write the grievance. The written grievance should include:
 - A description of the complaint; what happened, when and where, who was involved, and, if applicable, the names of witnesses.
 - If applicable, whether there was written notice that services were denied or involuntarily reduced or terminated.
 - If applicable, whether modified services were offered after an involuntary termination.
 - Suggestion(s) on how the grievance may be resolved

Grievances may be submitted *after* 45 calendar days if the Consumer Rights Officer determines there were extenuating circumstances which prevented the grievance from being filed within the required timeframe.

2. The Consumer Rights Officer will respond to the grievance within (7) calendar days to acknowledge that the grievance was received and provide the following list of statewide advocacy programs:

Advocacy Unlimited, Inc.

114 West Main St., Suite 201, New Britain, CT 06051

Toll Free in CT: 1(800)573-6929 Local: (860)505-7581

Fax: (860)259-5731

Disability Rights Connecticut

846 Wethersfield Ave., Hartford, CT 06114

Toll Free in CT: 1(800)842-7303 Local: (860)297-4300

Fax: (860)296-0055

Video Phone: (860)509-4992

3. Reliance Health shall respond to your written grievance within twenty-one (21) calendar days of when it was received unless Reliance Health determines that an additional fifteen (15) calendar days is needed due to good cause.

During this timeframe, the Consumer Rights Officer will work with you and impacted Reliance Health programs to develop an *Informal Resolution*. Once a proposed solution has been identified, the Consumer Rights Officer will send you a written *Informal Resolution*.

You shall have ten (10) business days to respond to the written *Informal Resolution* or the grievance will be considered withdrawn. If you accept the resolution, the grievance will be considered resolved.

If you do not accept the *Informal Resolution* or the Consumer Rights Officer does not believe one is possible, the member can present additional information to the Chief Executive Officer or her designee who will issue a *Formal Decision*.

4. If a member and/or their Conservator of Person does not agree with *Formal Decision*, (s)he may request the Connecticut Department of Mental Health & Addiction Services complete a *Commissioner's Review* within fifteen (15) business days of when the *Formal Decision* was received. To request this review, contact:

Client Rights and Grievance Specialist

DMHAS Office of the Commissioner

410 Capitol Avenue, PO Box 341431, Hartford, CT 06134

Phone: 860-418-7000

Fax: 860-418-6691

Upon completing the review, the Commissioner will issue the Department's *Final Determination*.

If the grievance is due to the denial, involuntary reduction, or termination of services, and the member does not agree with the *Final Determination*, the member may request that the Connecticut Department of Mental Health and Addiction Services conduct a *Fair Hearing*.

How do I file a complaint if my concern is *not* considered a formal grievance?

This grievance procedure does *not* cover:

- Grievances involving Reliance Health programs not funded by DDS. If you have a concern regarding another program, the Consumer Rights Officer will identify the Reliance Health policy to address your concern.
- Member to member conflicts. When a conflict has occurred at a Reliance Health program, the Program Director will assist the members with the resolution process.
- Concerns regarding other agencies. When a member expresses a concern regarding another agency, Reliance Health will attempt to help the member identify the appropriate channel to address their concern.
- Matters under the jurisdiction of the Psychiatric Security Review Board (PSRB). These matters should be referred to the PSRB.
- Allegations of criminal statute violations. These matters should be referred to law enforcement.



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I have received and understand the Member Grievance Procedure Guide.

Signature of Member or

Date

If applicable, Conservator of Person

Date

Witness

Date

I have reviewed this policy on a yearly basis with an identified staff member from the program

Signature of Member or

Date

If applicable, Conservator of Person

Date

Witness

Date

I have reviewed this policy on a yearly basis with an identified staff member from the program

Signature of Member or

Date

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