MEMBER GRIEVANCE POLICY FOR RELIANCE HEALTH OUTPATIENT SERVICES (RHOS) & MEDICATION MANAGMENT

Policy: Reliance Health is dedicated to preserving the human rights of members. The Grievance Policy shall be reviewed with all members receiving services from Reliance Health Outpatient Services and Medication Management during the intake process or program admission, annually thereafter, and upon request. The Member Grievance Policy shall be posted in a common area at each program site.

Procedure:

- The Compliance Officer shall serve as the Reliance Health Consumer Rights Officer. Consumer Rights Officer Contact Information: Kate Caristo-Scalora c/o Reliance Health, 40 Broadway, Norwich, CT 06360 (860)887-6536, ext. 214
- 2. The Chief Operating Officer shall serve as the Consumer Rights Officer in the Compliance Officer's absence.

Chief Operating Officer Contact Information: Mike VanVlaenderen c/o Reliance Health, 40 Broadway, Norwich, CT 06360 (860)887-6536, ext. 256

3. A member, their conservator of person, and/or an advocate (*) appointed by the member has the right to file a formal grievance within forty five (45) calendar days of when the action being grieved has occurred. 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.

(* 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)

- 4. A grievance is a *written* complaint regarding one or more of the following actions taken by Reliance Health, its employees, interns and/or volunteers:
 - Denial, involuntary reduction or termination of services.
 - Violation of a member's rights guaranteed by the law.
 - The member has been treated in an arbitrary or unreasonable manner.
 - Failure to provide services identified in the member's Clinical Treatment Plan
 - 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.
 - A member or their property was not treated with respect.
 - Failure to treat a member in a humane and dignified manner.
 - Any violation of a member's rights identified in the Member Statement of Rights

Revised: 8/09, 7/14, 10/16, 5/18, 8/18, 1/19, 10/19, 1/20

P:\Agency Forms\Charting Forms and Requirements\Chart Forms\Section I- Orientation-Signatures-Intake-Medication Forms This grievance procedure does *not* cover:

- Grievances involving other Reliance Health programs. The Consumer Rights Officer will identify the Reliance Health policy appropriate for the program.
- Member to member conflicts. When a conflict has occurred at a Reliance Health program, the 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.
- 5. Any member and/or conservator of person who believes that their rights have been violated or denied, shall be referred to the Consumer Rights Officer (CRO).
- 6. The Consumer Rights Officer will attempt contact a member and/or conservator of person within three (3) business days of when their concern was expressed. At this time of initial contact, the Consumer Rights Officer will:
 - Attempt to resolve the concern
 - Review the Grievance Policy with the member
- 7. If the member and/or their conservator of person choses to file a formal grievance, it must be submitted to the Consumer Rights Officer in writing. The Consumer Rights Officer, another Reliance Health employees and/or advocate of the member's choice may help the member write their grievance. The written grievance must include:
 - A description of the compliant; that includes; 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
- 8. The Consumer Rights Officer shall contact the member, their conservator of person, and/or advocate, within seven (7) calendar days to acknowledge that the grievance was received and provide the following list of statewide advocacy programs:

<u>Advocacy Unlimited, Inc.</u> 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 Video Phone: (860)509-4992	Local: (860)297-4300	Fax: (860)296-0055

Revised: 8/09, 7/14, 10/16, 5/18, 8/18, 1/19, 10/19, 1/20 P:\Agency Forms\Charting Forms and Requirements\Chart Forms\Section I- Orientation-Signatures-Intake-Medication Forms 9. Reliance Health shall respond to the 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 the member and impacted Reliance Health programs to develop an *Informal Resolution*. Once a proposed solution has been identified, the Consumer Rights Officer will send a written *Informal Resolution* to the member.

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

If the member does 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*.