

**EXHIBIT B**  
**MENTAL HEALTH ORGANIZATION (MHO) GRIEVANCE LOG**

1. Grievance means an oral or written communication, submitted by an OHP Member or an OHP Member Representative, which addresses issues with any aspect of the Contractor's or Provider's operations, activities, or behavior that pertains to 1) the availability, delivery, or Quality of Care, including utilization review decisions, that are believed to be adverse by the OHP Member; or 2) the denial, reduction, or limitation of Covered Services under this Agreement. The expression may be in whatever form or communication or language that is used by the OHP Member or the OHP Member Representative, but must state the reason for the dissatisfaction and the OHP Member's desired resolution.
2. An OHP Member, or OHP Member Representative, may relate any incident or concern to Contractor, Provider, or Subcontractor, by indicating or expressing dissatisfaction or concern, or by stating this is a Grievance that needs resolution.
3. Grievances are a source of information that may be used to evaluate the quality of access, Provider service, clinical care, or Contractor Service to OHP Members. Contractor shall have written policies and procedures for the thorough, appropriate and timely resolution of OHP Member Grievances, which include:
  - a. Documentation of the nature of the Grievance which shall include, at minimum:
    - 1.) A log of formal Grievances;
    - 2.) A file of written formal Grievances, and
    - 3.) Records of their resolution.
  - b. Analysis and investigation of the Grievance; and
  - c. Notification to the OHP Member of the disposition of the Grievance and the OHP Member's right to appeal the outcome of the Grievance or handling of a Grievance.
4. Contractor shall complete and submit the MHO Grievance Log on a quarterly basis within 60 calendar days of the end of each calendar quarter. Contractor shall record each Grievance once on the MHO Grievance Log. If the Grievance covers more than one category, Contractor shall record the Grievance in the predominant category.

5. Contractor shall send the MHO Grievance Log to Office of Mental Health and Addiction Services, Community Treatment Systems, 500 Summer St. NE, E86, Salem, OR 97301-1118.
6. If Contractor has questions about this report, Contractor may call the OMHAS OHP Mental Health Specialist at (503) 947- 5530.
7. If Contractor wants this report on diskette, Contractor may call (503) 947-5530.



Type of Grievance as you best understand the core issue following discovery

<b>ACCESS</b>		<b>Interaction with Provider, MHO, or Staff</b>
<b>A1</b>	Difficulty contacting Provider or MHO	<b>I1</b> Client feels not treated with dignity or respect
<b>A2</b>	Timely appointment not available	<b>I2</b> Client disagrees with staff or clinician response
<b>A3</b>	Convenient appointment not available	<b>I3</b> Lack of courteous service
<b>A4</b>	No choice of clinicians or clinician not available	<b>I4</b> Lack of cultural sensitivity
<b>A5</b>	Transportation or distance barrier	<b>I5</b> Other (describe)
<b>A6</b>	Physical barrier to Provider's office	<b>Quality of Service</b>
<b>A7</b>	Language barrier or lack of interpreter services	<b>Q1</b> Provider office unsafe
<b>A8</b>	Wait time during visit too long	<b>Q2</b> Provider office uncomfortable
<b>A9</b>	Other (describe)	<b>Q3</b> Client did not receive information about available services
	<b>Denial of Service, Authorization, or Payment</b>	<b>Q4</b> Excessive wait times on phone
<b>D1</b>	Desired service not available	<b>Q5</b> Phone call not returned
<b>D2</b>	Client wanted more service than offered/authorized	<b>Q6</b> Client doesn't like pre-authorization requirements
<b>D3</b>	Request for service not covered by OHP	<b>Q7</b> Other (describe)
<b>D4</b>	Request for medically unnecessary service	<b>Consumer Rights</b>
<b>D5</b>	Payment to non-participating provider denied	<b>CR1</b> Not informed of consumer rights
<b>D6</b>	Service authorization denied	<b>CR2</b> Grievance and appeal procedure not explained
<b>D7</b>	Other (describe)	<b>CR3</b> Access to own records denied
	<b>Clinical Care</b>	<b>CR4</b> Concern over confidentiality
<b>C1</b>	Client not involved in treatment planning	<b>CR5</b> Allegation of abuse
<b>C2</b>	Client's choice of service not respected	<b>CR6</b> Treatment discontinued without proper notification
<b>C3</b>	Disagreement with treatment plan	<b>CR7</b> Other (describe)
<b>C4</b>	Concern about prescriber or medication issues	
<b>C5</b>	Lack of response or follow-up	
<b>C6</b>	Lack of coordination among providers	
<b>C7</b>	Care not culturally appropriate	
<b>C8</b>	Client believed quality of care inadequate	
<b>C9</b>	Other (describe)	