

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

1. Complaint 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 Complaint that needs resolution.
3. Complaints 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 Complaints, which include:
  - a. Documentation of the nature of the Complaint which shall include, at minimum:
    - 1.) A log of formal Complaints;
    - 2.) A file of written formal Complaints and Grievances, and
    - 3.) Records of their resolution.
  - b. Analysis and investigation of the Complaint; and
  - c. Notification to the OHP Member of the disposition of the Complaint and the OHP Member's right to appeal the outcome of the Complaint or handling of a Complaint.
4. Contractor shall complete and submit the MHO Complaint Log on a quarterly basis within 60 calendar days of the end of each calendar quarter. Contractor shall record each Complaint once on the MHO Complaint Log. If the Complaint covers more than one category, Contractor shall record the Complaint in the predominant category.

5. Contractor shall send the MHO Complaint Log to Office of Mental Health and Addiction Services, Community Services Section, PO Box 14250, Salem, OR 97309-0740.
6. If Contractor has questions about this report, Contractor may call the OMHAS Quality Assurance Specialist at (503) 945- 9829.
7. If Contractor wants this report on diskette, Contractor may call (503) 945-9447.



**Type of Complaint** 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>	Complaint 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)		