

**Notifications,
Complaints & Rights...
Oh My!**

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August, 2015

Individual Rights

- Senate Bill 22, 2013
- Provides rights for individuals while receiving Developmental Disability Services
- These rights are in addition to statutory and constitutional rights
- These do not alter legal rights between a parent or guardian

Notification of Rights

Notification of Rights must be provided to individuals and/or their legal guardians:

- *At the time of intake (within 10 days of intake)
- *Within 10 business days of receiving a completed application for eligible applicants (signature page does not need to be completed or returned at this time)
- *At the time of the LOC Assessment or annual review (signature page must be received)
- *On an annual basis (signature must be received)
- *As requested (signature must be received)
 - *Progress Note when offered/signature received*

Complaints

411-318-0015



What is a Complaint?

A complaint is:

- *An expression of dissatisfaction with a DD service

or

- *An allegation of circumstance or event contrary to law, rule, or policy

Who is responsible for addressing complaints?

- Local Programs –
 - * All Providers
 - * CIIS
 - * CDDP
 - * Brokerages
 - * Department
 - * Oregon Health Authority

Responsibility of Local Programs

- If a Local Program receives a complaint about another Local Program, the one receiving the complaint must assist the individual in filing a complaint with the appropriate program
- Assisting program must progress note actions of support but does not log complaint in their own log

Complaint Policies and Procedures

411-318-0015 (6)

Each Local Program must have written policies and procedures.

Policies and Procedures must include (but not limited to):

- Method and form used to submit a complaint – can be form 0946
- Process Local Program will use to review and resolve a complaint
- Time frames associated with responding (rule dictates maximum time limits)
- Documentation to use as a response by the Local Program

The Complaint Log



Complaint Log

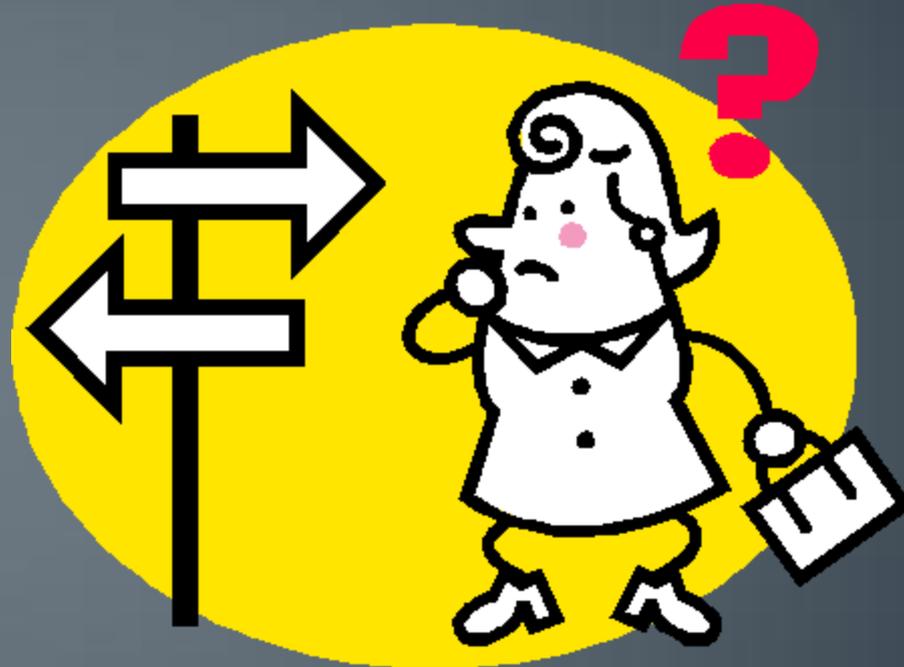
411-318-0015 (7)

All Local Program's must have a complaint log in which each complaint is logged

Logs must include:

- Name of individual complaint is in reference to
- Name of person making complaint (this may be the same)
- Name of person receiving complaint (Local Program)
- Nature of complaint
- Determination of whether the complaint raises to the level of a hearable issue
- Date Complaint was received
- Date Local Program issued acknowledgement letter
- Written outcome of complaint
- Date written outcome was sent

When does a complaint rise to the level of adding it to the Complaint Log?

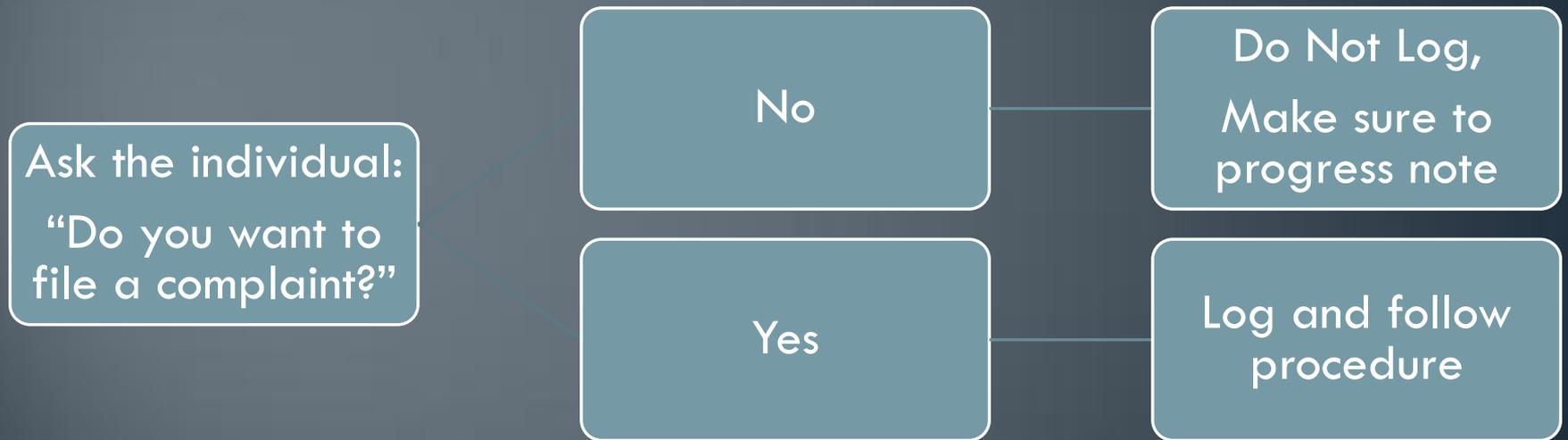


Scenario:

An individual calls and expresses dissatisfaction about meal options at their foster home. After a discussion with the individual about their concerns, you find yourself wondering...

Is this a formal complaint?

To log or Not to Log...



To Log or Not to Log...

Scenario:	Questions to ask:	Log on Complaint Log?
An individual or their representative express (either in writing or verbally) that they wish to file a complaint.	No additional clarification is needed.	Yes, log on Complaint Log
The individual/representative ask for (or are referred to) a supervisor).	No additional clarification is needed.	Yes, log on Complaint Log
An individual/representative calls to “vent” about dissatisfaction.	Ask the individual “Would you like to file a complaint?”	If yes, log on Complaint Log. If no, progress note that individual was offered the opportunity to file a complaint
An individual/representative requests a new Service Coordinator/Personal Agent	No additional clarification is needed.	Yes, log on Complaint Log
An individual/representative expresses dissatisfaction .	Has responding to this dissatisfaction required multiple calls, coordinating with multiple people, etc.?	If Yes, log on Complaint Log. If No, clarify that individual does not wish to file a complaint and progress note conversation.

Complaint or Hearing?

411-318-0015 (8)

Each complaint must be screened to determine if the issue is a hearable issue

- Is service denied, terminated, reduced or suspended?
- Is there dissatisfaction with Service Plan (could include disagreement with needs assessment)
- If hearable – was a Notification of Planned Action issued? (if ‘no’ a Notification of Planned Action must be issued)
- Individual has the right to file a complaint even if the issue is a hearable issue.
- Individual has the right to file a complaint and request a hearing if the issue is hearable – in this case, both complaint and hearing may be addressed simultaneously.

How to file a complaint:

Complaints can be filed either:



Verbally



In Writing
(email, letter, 0946)

Types of Complaints:

- Related to dissatisfaction with service (general):
 - May be filed with (which program)
 - Provider organization
 - CDDP, Brokerage or CIIS, or
 - Department (ODDS)
- Related to dissatisfaction with services from a Brokerage or CDDP:
 - May be filed with:
 - CDDP, Brokerage or
 - Department
- Related to dissatisfaction with CIIS
 - May be filed with:
 - CIIS, or
 - ODDS
- Related to dissatisfaction with the Department:
 - May be filed with:
 - ODDS
 - Oregon Health Authority (OHA)

So...What Happens Next?



Next Steps

411-318-0015 (10)

- Local Program sends an acknowledgment to the individual/representative – 5 days
- Provides opportunity for informal conference – should occur within 10 days.
 - Informal conference provides opportunity to resolve issue – outcome must then be summarized in written response
- Written outcome to individual and representative -45 days from receipt of complaint.

The Acknowledgement Letter

- Include:
 - Brief summary of complaint
 - Opportunity for informal discussion within next 10 days
 - Complaint received = day 1
 - Acknowledgement letter must be sent no later than day 5
 - Informal conference offered within 10 days from acknowledgement letter.
 - Individual does not need to accept offer of informal conference – we just need to offer opportunity
 - Contact person for the Local Program

Review of Complaint 411-318-0015 (10)(c)

- Review of complaint must include (but not limited to):
 - An investigation and record review by Program Director/ Director or designee
- Once the review of the complaint has been completed, a written outcome must be issued within 45 days. The written outcome must include (but not limited to):
 - Rationale for outcome
 - All reports and documents relied upon in outcome
 - Information that individual may review all reports and documents relied upon
 - Information about the right of the individual to request a review of the written outcome (appeal) (Notification of Rights document includes this)

Appeal/Review of Complaint

411-318-0015 (11)

- After Written Outcome is sent to the individual, they may request a review of the outcome decision.
- In order to Request a review:
 - Must be requested within 30 days of (receiving) the date that the written outcome was sent

Who reviews the request for review?

411-318-0015 (11)

- **Provider organization provided written outcome** 411-318-0015(11)(a)(A)
 - Local CDDP or Brokerage or CIIS
 - Department (ODDS)
- **CDDP, Brokerage or CIIS provided written outcome** 411-318-0015(11)(a)(B)
 - Department (ODDS)
- **Department provided written outcome** 411-318-0015(11)(a)(C)
 - Oregon Health Authority (OAH) – final review

Next steps...

What Happens with Request for Review

411-318-0015 (12)

- If a request for review is received within 30 days...
 - Same process for sending acknowledgement letter
 - Same process for informal conference within 10 days of sending acknowledgement letter
 - Resolution agreed upon? Send written outcome
 - Resolution not agreed upon? – full review must occur within 45 days of receipt of review request

Written outcome of Review

- By Program Director or Director of Department:
 - Investigation and record review
 - Then...
 - Written outcome to include:
 - Rational for determination
 - List of records, documents and other information relied upon for decision
 - Information about the right to review all documentation reviewed

Questions