

Complaint and Grievance Processes

Effective Date: July 1, 2003

Purpose: To respond to complaints and grievances voiced by clients.

Policy:

It is the policy of the CAREAssist program to consistently respond with diligence to concerns voiced by clients about the administration of the CAREAssist program or policy issues regarding the program. Any person is free to raise any concerns or complaints and may do so without fear of retribution. Persons lodging complaints are entitled to the complaint being handled in an expedient, confidential, sensitive and non-judgmental manner.

Complaint Policy

Whenever possible, verbal complaints will be resolved informally. Concerns and complaints will be resolved in the least formal manner using a variety of approaches, including meetings and telephone conversations.

Complaint Procedure

1. If possible, the person making the complaint should speak to their CAREAssist Caseworker first. The person voicing the concern should clearly explain their complaint and communicate what they feel needs to occur for the complaint to be resolved. The complaint and any agreed resolution must be documented in writing.
2. If the person feels uncomfortable discussing the complaint with their CAREAssist Caseworker, they are encouraged to lodge their complaint directly with the HIV Care and Treatment Program Manager. The Manager will in turn discuss the complaint with the relevant staff member.
3. The staff members involved will take all reasonable steps to bring a satisfactory resolution of the concern or complaint without undue delay. Where resolution is not immediate, staff members will keep those involved updated via verbal or written progress reports. The Program would expect to have most complaints resolved within 10 working days.
4. Documented complaints regarding the CAREAssist program will be filed and kept by the HIV Care and Treatment Program Manager. A brief summary of the complaint, its resolution and the date of resolution will be documented in writing by the CAREAssist Caseworker or the HIV Care and Treatment Program Manager.

5. Should the client lodging the complaint remain dissatisfied with the outcome of this process, they will be offered the opportunity to discuss directly with the Director of Pharmaceutical Programs.

Grievance Policy

Grievances must regard decisions, which affect a client's eligibility, amount, or length of time of assistance, and/or termination of assistance for program violations. Grievances must be in writing and must be directed to the HIV Care and Treatment Program Manager.

The Grievance Process applies to any decision by the CAREAssist program, which may adversely affect the client's eligibility for assistance, including denial of re-certification or program termination. Grievances may only be filed for:

- a. Denial of eligibility to participate in the CAREAssist program.
- b. Denial of a request for CAREAssist program assistance.
- c. Denial of a request for exception.
- d. Termination of assistance for program violations.

Grievance Procedure

In order to initiate a Grievance, the client must complete the CAREAssist Grievance Form. A completed CAREAssist Grievance Form must be postmarked, or received by the CAREAssist program, within fifteen (15) days of client's notification of determination. If filed after that time, the grievance must be accompanied by a written explanation for the delay. The CAREAssist program, at its sole discretion, will decide whether the client had good cause for filing the grievance late. Good cause consists of hospitalization, serious illness, or other circumstances beyond the client's control, which significantly impaired their ability to file the grievance in a timely manner.

Determination of Merit

The CAREAssist program will determine the merit of the grievance based on review of client records; case notes; discussion with the CAREAssist worker, the HIV Care and Treatment Program Manager and the client's HIV case manager when applicable; and/or any other pertinent information necessary to determine if the grievance has validity. If the grievance is determined to have no merit, a written notification of this finding will be sent to the client and HIV case manager when available, via certified mail within five (5) business days of the determination. In cases where the client is

dissatisfied with the outcome, clients will be referred to the Oregon Health Authority Ombudsman.

Program Grievance Examination

If the grievance is determined to have merit and no decision can be made based on the documentation alone, the CAREssist program will schedule a date and time to hear the grievance.

The grievance examination meeting will be scheduled no later than fifteen (15) days after the determination of merit.

Written notification of the time and place of meeting, accompanied by a copy of the grievance, shall be sent by certified mail to the complainant and the complainant's representative (when available, the client's HIV case manager) if any identified.

1. Venue: The grievance examination meeting will be convened by the CAREssist program at the Portland State Office Building, 800 NE Oregon St. #1105 Portland, OR 97232 unless otherwise stated.
2. Panel: The panel may consist of the CAREAssist Caseworker, the HIV Care and Treatment Program Manager and the Director of Pharmaceutical Services. The client's HIV case manager, when available, will not sit on the panel but may be invited to attend. All members of the panel will be required to sign an Oregon Health Authority, Office of Disease Prevention and Epidemiology, Statement of Confidentiality before the hearing begins.
3. Due Process: The client will be afforded a fair and impartial examination of the information, which provides the basic safeguards of due process. Such due process must include:
 - a) The opportunity to examine, before the meeting, all of the documents, records, and CAREAssist program rules relevant to the grievance
 - b) The right to present evidence and arguments in support of the grievance
 - c) The right to dispute evidence presented in support of the determination of eligibility, assistance, or termination under appeal
 - d) The right to reasonable accommodations for persons with disabilities to participate in the examination meeting
 - e) The right to language translation and interpretation if necessary

- f) The right to request the support of an independent advocate who may be a friend, family member, or other supporter, to assist the client in the grievance process and attend the meeting with the client
- g) The right to a decision within ten (10) business days based only on the evidence presented at the meeting, unless additional information is requested by the panel (such requests shall be made in writing and copied to all parties unless such request is made during the grievance meeting)
- h) Written notification to the client of the final decision by the meeting panel to be sent certified mail, return receipt requested to the client and copied by regular mail to the client's HIV case manager when applicable. A decision will not be made at or during the meeting. Whenever possible, the Program will make the final written decision available in the client's preferred language.

Representation

The client may elect to be represented by an advocate. If the client seeks legal representation, the CAREAssist program will be required to involve OHA legal council, which may delay, alter or end proceedings described in this section.

Failure to Appear

Should the client fail to appear for the scheduled grievance meeting he/she will be in automatic default, leaving the challenged program termination or action to stand.

Conduct of Hearings

The HIV Care and Treatment Program Manager will conduct the grievance meeting. The grievance meeting will be conducted in an orderly fashion. Failure to comply with the directives of the HIV Care and Treatment Program Manager, by any participant in the meeting, may result in an exclusion from the meeting.

Request for Reasonable Accommodation

Any special accommodations required by the client, including translators, should be designated on the Grievance Form. Requests not specified on the Grievance Form must be submitted in writing and received by the CAREAssist program no less than three (3) business days prior to the meeting.

Grievance Meeting Decisions

After the meeting, the panel will deliberate and make a final decision. The decision will be made in writing and will include the reasons for the decision cited by the grievance panel. The decision will be sent to the client via certified mail, return receipt requested, within ten business days. When applicable, a copy will be sent to the client's HIV case manager. A copy of the decision will be maintained in the central CAREAssist grievance file and the client's CAREAssist file.

The outcome of the grievance hearing will not affect any rights the client may have to a trial or other review in any judicial proceedings, which may be brought in the matter. In cases where the client is dissatisfied with the outcome, clients will be referred to the Oregon Health Authority Ombudsman.

The complainant will have the right to withdraw his/her complaint at any time. The withdrawal will be presented in writing to the CAREAssist program. The client must be notified in writing, via return receipt US Mail, of the date that the withdrawal was received by the CAREAssist program. A copy of the withdrawal will be kept in the central CAREAssist grievance file, along with a copy in the client's CAREAssist file.

The parties may at any time, before, during or after the grievance meeting, enter into a written stipulation, which resolves the issues being grieved. The stipulation must be submitted to the HIV Care and Treatment Program Manager.