



Broward Behavioral Health Coalition, Inc.	
Policy Title: Complaint and Grievance	
Policy Number: BBHC.0014	Contract Section (s): Contract No. JH343
Effective Date: May 16, 2013	Revision Date: July 31, 2023
Responsible Department: Continuous Quality Improvement (CQI)	
Approved by: Caren Longsworth, Director of Quality Improvement	
Signature: <small>DocuSigned by:</small> <i>Caren Longsworth</i> <small>7A4D59B701D0479...</small>	Date: <u>8/6/2023</u>
Approved by: Silvia Quintana, Chief Executive Officer	
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Policy: It is the policy of the Broward Behavioral Health Coalition, Inc. (BBHC) to provide an opportunity for any person served/concerned party in the community to submit a complaint and/or grievance regarding the BBHC organization and/or subcontracted service providers.

Purpose: The purpose of this policy is to ensure an objective process and review for handling all complaints and/or grievances regarding the BBHC's system of care. This may include complaints and/or grievances regarding the BBHC organization, and/or subcontracted service providers. This policy will ensure that the process for submitting a complaint is readily available and is understandable to all, specifically to any persons served.

Procedure: BBHC will manage the Continuous Quality Improvement (CQI) for the provider network and document, track and investigate complaints and/or grievances. BBHC's Continuous Quality Improvement (CQI) Department will provide follow-up on reported complaints and/or grievances received and by completing an analysis of all complaints and grievances. BBHC will report on trends, actions taken and how they were implemented, recommendations specifying areas needing performance improvement, and outcomes. These reports will be completed at least quarterly. In addition, BBHC staff are trained on the Complaints and Grievance Policy and process during their employee orientation and annually. Copies of the form are readily available in the BBHC reception area and on the BBHC website.

Origin of Complaints: A complaint may be received from any stakeholder in the community such as: Department of Children and Families (DCF), other state and local agencies, community representatives and organizations, subcontracted providers, persons served, and their families. Complaints investigated by BBHC include those pertaining to providers funded by BBHC and/or persons served. Complaints received about a provider and/or person served that BBHC does not fund, due to HIPAA (Health Insurance Portability and Accountability) and Privacy Laws, will be forwarded to the appropriate agency's CQI Department for investigation. BBHC will only accept and investigate complaints filed within one year of the incident date.

Complaints not filed within the established timeframe may be accepted if the Director of Quality Improvement or BBHC's Management determines there is an acceptable reason for not filing a complaint in a timely fashion or if BBHC approves the exception.

Reporting Process: For complaints reported directly to any BBHC staff, they will complete the BBHC Complaint Form (see Attachment I) for tracking and monitoring purposes. The CQI Coordinator will then enter the complaint into the Complaint Log (Attachment II). Complaints may be received either in writing or verbally. The BBHC CQI Coordinator will be notified within one (1) business day of any complaint received. Referenced forms can be found at the BBHC reception office or on the website.

The BBHC CQI Coordinator will review the complaint received and forward it to the Director of Quality Improvement within one (1) business day via the BBHC Complaint Form.

The BBHC CQI Coordinator will notify the involved parties of the receipt of the complaint within one (1) business day.

For a complaint generated against the Managing Entity's CEO, the complaint must be filed in writing and directed to BBHC's Board of Directors, Executive Board Committee for review.

Complaint Responsibilities and Resolution Process:

- 1) Upon receipt of complaint the CQI Coordinator initiates a fact-finding inquiry. BBHC will review fact findings which may include:
 - a) Request and review of documents that support the review of the complaint
 - b) Interviews of person served with relevant information related to the complaint
 - c) Review of contract, all relevant federal and state regulations, as well

as adopted policies

- d) Any other action deemed appropriate and/or necessary by the Quality Department with the purpose of verifying the complaint
- 2) Upon review, the communication containing the official resolution will be sent to the complainant and other parties involved within 30 business days of receipt of the complaint.
- 3) Upon completion of sending the complainant the communication, the complaint will be closed, and documentation will be maintained in BBHC's Complaints File.
- 4) Within the written communication, the complainant and other party involved will be informed of their right to submit a grievance within 30 days of receiving the resolution if they disagree with the resolution. They must follow BBHC's Grievance Process, described below.
- 5) BBHC will log and track all complaints for analysis purposes.

GRIEVANCE PROCESS:

If the complainant and other party involved is not satisfied with the resolution, they may move to the next level and submit a grievance to BBHC, at which time the complaint will be re-opened.

- 1) The BBHC Director of Quality Improvement will notify the Managing Director of Administration and the Chief Executive Officer of any complaints not satisfactorily resolved, which resulted in a grievance.
- 2) BBHC will complete any necessary action or fact-findings within fifteen (15) business days of receipt.
- 3) The CQI Coordinator will update the previous report to include a section on the grievance process and submit a new letter of findings to the complainant. Upon submission of the letter, the grievance will be closed, and documentation will be maintained in BBHC's Complaints File, which is maintained by BBHC's CQI Coordinator.
- 4) For grievances generated from a complaint against the Managing Entity, the grievance must be filed in writing and directed to BBHC's CEO for review.
- 5) For grievances generated from a complaint against the Managing Entity's CEO, the grievance must be filed in writing and directed to BBHC Board of Directors' Executive Board Committee, for review.

- 6) If the complainant is not satisfied with the decision rendered from the grievance, the complainant can indicate that in writing to BBHC's Chief Executive Officer, within five (5) business days, in which case, the grievance will be forwarded, along with a summary of the case, to the BBHC Board of Directors for consideration. The BBHC Board will review the materials and provide a formal response by the next Board Meeting.
- 7) A resolution letter will be sent via certified mail to the complainant and a copy will be placed in BBHC's Complaints File. As part of the final resolution document, the complainant will be informed of his/her right to appeal the decision to the DCF Substance Abuse Mental Health (SAMH) Program, if they are not satisfied with the resolution.

Critical Incidents - Any complaints received that indicated potential immediate and/or imminent danger, harm, abuse, neglect, media involvement or any potentially high-risk incident will be reported immediately to the BBHC CQI Department. If the CQI Coordinator is not available, the Director of Quality Improvement, the Managing Director of Administration, and the CEO shall be duly notified, in that order. As indicated, based on the nature and information obtained, BBHC will notify appropriate authorities which may include calling in a report to the Florida Abuse Hotline, notifying local law enforcement, deploying 911 emergency services, and notifying the DCF SAMH Program Office.

Record Retention - A record of all complaints and grievances shall be maintained for at least six (6) years by BBHC. The record shall include the initial complaint, the written reports of the review/investigation, and the correspondence reporting the decision.

Complainant - No reprisals of any kind shall be taken by any party against any aggrieved person, any representative of an aggrieved person, or any other participant in the grievance process. If it is determined that some reprisal has been attempted and implemented, it will warrant an immediate and severe response. Complaints and grievances will be reviewed by the Department of Children and Families periodically.

If at any time during this process the complainant feels their rights and needs are not being met, a formal complaint of discrimination may be followed with the following:

Assistant Staff Director Civil Rights
DCF Office of Inspector General, Office of Civil Rights
1317 Winewood Blvd
Building 5, 2nd Floor
Tallahassee, FL 32399-0700
(850) 487-1901

United States Department of Health and Human Services (HHS)
Office for Civil Rights

Atlanta Federal Center, Suite 3870
 61 Forsyth St. SW
 Atlanta, GA 30303-8909
 (404) 562-7881

REFERENCES: None

ATTACHMENTS:

BBHC Complaint Form
 BBHC Complaint Investigation Report

DEFINITIONS:

Complaint: A complaint is filed if one feels that a network service provider or facility mistreated him or her, this includes if the person believes that someone has violated their rights while they were seeking or receiving behavioral health services.

Grievance: A grievance is filed if one is not satisfied with the resolution of the complaint.

REVISION LOG

REVISION	DATE
Concordia's Behavioral Health has been replaced with Carisk Behavioral Health.	4/17/2019
Removed the responsibility of investigating Complaints and Grievances from Carisk's Quality Improvement Department to BBHC.	6/12/2020
Revisions and additions updated.	5/1/2021
Reviewed policy added verbiage to address complainants and complaint respondent's responsibilities and rights.	7/20/2021
Added verbiage regarding receipt/notification of complaint to the involved parties within one (1) business day of receipt. Updated Complaint notification form and added as an appendix. Removed the complaint log from the appendix.	7/27/2022
Reviewed, updated Director of Quality Improvement and Managing Director of Administration titles. Grammatical updates made.	7/31/2023

The Director of Quality Improvement and Chief Executive Officer are responsible for all content in this policy.



Complaint/Grievance Form

Date Complaint/Grievance Received: _____

Date Complaint/Grievance Entered in BBHC Complaint/Grievance Log: _____

BBHC Staff Who Received Complaint/Grievance: _____

Name of Complainant: _____

Agency/Affiliation: _____

Method of Complaint/Grievance Submission: Written/Phone/Other – Specify: _____

Nature of Complaint/Grievance (what happened, where, when, persons involved, concerns, actions taken, authorities contacted).

Staff Assigned _____

Date _____

Follow up action taken

Signature _____

Date _____



COMPLAINT FOLLOW-UP REPORT

COMPLAINT DETAIL					
Provider Name		Date of Complaint		Complaint #	
Complaint:					
Comments:					
Summary of Investigation					
Provider Name		Follow up Actions:			
BBHC Staff					
Provider Attendee(s)					
Review Summary	<input type="checkbox"/> Staff Interviews:		<input type="checkbox"/> Policy Review:		
	<input type="checkbox"/> Client Interviews:		<input type="checkbox"/> Case File Review:		
Summary:					
Conclusions and Recommendations:					
FINDINGS / RECOMMENDATIONS / STATUS					
<input type="checkbox"/> No Findings Identified <input type="checkbox"/> Findings Identified <input type="checkbox"/> Corrective Action Plan Recommended <input type="checkbox"/> No Further Review/Action Indicated					
Prepared By:				Date:	
Title:					