



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: 7/29/2024
Responsible Department: Continuous Quality Improvement (CQI)	
<p>Approved by: Caren Longsworth, Director of Quality Improvement</p> <p>Signature: <small>DocuSigned by:</small> <u>Caren Longsworth</u> <small>7A4D59B701D0479...</small> Date: 7/29/2024</p> <p>Approved by: Silvia Quintana, Chief Executive Officer</p> <p>Signature: <small>Signed by:</small> <u>silvia quintana</u> <small>38C7D57E4C654C4...</small> Date: 7/29/2024</p>	

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 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, sub-contracted

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.

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:

Step 1. Complaint/Grievance is Submitted to BBHC

A complaint may be received from any community stakeholder such as: Department of Children and Families (DCF), other state and local agencies, community representatives and organizations, subcontracted providers, persons served, and/or their families.

Step 2. BBHC Receives the Complaint/Grievance

Within one (1) business day of receiving the Complaint/Grievance the BBHC's CQI Coordinator reviews and forwards it to the Director of Quality Improvement via the BBHC Complaint/Grievance Form.

Step 3. BBHC's CQI Staff Assesses the Complaint

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.

Any complaints received that indicate potential immediate and/or imminent danger,

harm, abuse, neglect, media involvement or any potentially high-risk incident are reported immediately to the BBHC Management Team.

Based on the nature and information obtained, BBHC notifies appropriate authorities which may include calling in a report to the Florida Abuse Hotline, notifying local law enforcement, deploying 911 emergency services, notifying the DCF SAMH Program Office and the OIG.

Step 4. Initial Response

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

Step 5. Initiates and Completes an Investigation

- BBHC Staff initiates and completes a fact-finding inquiry. This may include:
- Request and review of documents that support the review of the complaint
- Interviews of complainant and others with relevant information related to the complaint
- Review of contract, all relevant federal and state regulations, as well as adopted policies
- Any other action deemed appropriate and/or necessary by the Quality Department with the purpose of verifying the complaint

Step 6. Identify a Resolution

Unsubstantiated: The investigation finds that there is insufficient evidence to support the complaint. In this case, no further action is taken. Sometimes recommendations for improvement in procedures or communication may be made.

Partially substantiated: The investigation finds that some aspects of the complaint are supported by evidence, while others are not. This can result in actions addressing the substantiated parts of the complaint.

Substantiated: The investigation finds that the complaint has merit and is supported by evidence. This could lead to disciplinary action, policy changes, or other corrective measures.

Corrective Action Plan (CAP): In some case a formal plan will be required to be submitted by the provider to correct an identified concern.

- Mediation: In some cases, complaints can be resolved through mediation between the parties involved, resulting in a mutually agreed-upon resolution.
- Policy or procedural changes: Even if a complaint is not fully substantiated, findings from the investigation might require the organization to review and revise its policies or procedures to prevent similar issues in the future.

- Training: If the investigation identifies areas where individuals or teams need additional training the outcome might include recommendations for training.
- No Further Review/Action Indicated: The investigation finds that the complaint does not warrant any action.

Step 7. Notify in Writing the Complainant and Any Other Party Involved

Complainant will be notified in writing as to the resolution of the complaint, if possible. 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.

Step 8. Closes the Complaint

Upon completion of sending the complainant the communication, the complaint is closed, and documentation is maintained in BBHC's Complaints File.

BBHC logs and tracks all complaints for analysis purposes.

GRIEVANCE PROCESS:

1. If the complainant and/or 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.
2. The BBHC Director of Quality Improvement notifies the Managing Director of Administration and Quality Improvement, and the Chief Executive Officer of any complaints not satisfactorily resolved, which resulted in a grievance.
3. BBHC will complete any necessary action or fact-findings within fifteen (15) business days of receipt.
4. 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.
5. 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.
6. 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 Committee, for review.

7. 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.
8. 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 Quality Improvement, 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. The Department of Children and Families will review complaints and grievances periodically.

No Retaliation - BBHC has a no retaliation policy – There must be no retaliation of any kind by any party against any person or representative who file a complaint/grievance or was part of that process. If it is determined that some retaliation has been attempted and implemented, it will warrant an immediate and severe response.

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:

DCF Office of Civil Rights
2415 North Monroe Street
Suite 400
Tallahassee, Florida 32303-4190
(850) 487-1901

United States Department of Health and Human Services (HHS)
 Office for Civil Rights
 200 Independence Avenue,
 S.W. - Washington, D.C. 20201
 1-800-368-1019, TDD: 1-800-537-7697

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 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 parties involved 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

<p>Reviewed, changed resolution from 30 business days to 30 days. Updated DCF and US Department Offices of Civil Rights addresses and phone numbers. Verbiage updated regarding the complaint and grievance processes. Updated title changes.</p>	<p>7/29/2024</p>
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The Director of Quality Improvement and Chief Executive Officer are responsible for all content in this policy.