

GRIEVANCE PROCEDURE FOR CONSUMERS

POLICY:

It is the policy of Aspire that a system is provided to consumers to express and receive response to any concerns/grievances they may have regarding care given at Aspire.

This system is to be implemented when normal discussion does not resolve the concern that the consumer may have.

PURPOSE:

To provide a structured process for receiving and resolving consumer grievances.

PROCEDURE:

1. The consumer submits written or verbal complaint to staff. The staff member receiving the grievance will assist the consumer in filling out the grievance form if assistance is needed.
2. The staff will then submit the report to the unit director within two (2) working days for review and action.
3. The unit director's investigation and response to the consumer, in person, by phone, or by letter will be made within five (5) working days.
4. If the grievance is not able to be resolved at the unit level with the respective director, the Chief Clinical Officer (CCO) or Senior Director (depending upon service affected) will review the grievance and have five (5) working days to respond to the stakeholder in person, by phone, or by letter.
5. If the grievance has remained unsolved, the CCO or Senior Director will forward it to the Medical Executive Committee for final resolution. The consumer will be notified in person, by phone, or by letter of the results of the review.
6. The total processing time will occur within thirty (30) working days from the initial grievance date.
7. All grievances whether resolved or not will be reported in the Medical Executive Committee for review and monitoring.
8. The CCO /Senior Director may forward a copy of the grievance to the Medical Executive Committee if there is a question of provider

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- competency.
9. Stakeholder/Consumer Grievance forms will be available in the Access Center and at all secretarial stations.
 10. Notice of Grievance Policy will be posted in the Access Center and all client service areas.
 11. Additional consumer resources available include:
 - a. Indiana Mental Health Consumer Service Line – 1-800-901-1133
 - b. Indiana Disability Rights – 1-800-622-4845
 - c. Consumers will also be informed of the right to contact the Joint Commission. Contact information for the Joint Commission is on the Aspire web site and postings at each Aspire site where consumer services are offered.
 12. A consumer grievance will not affect the availability of services to that consumer.
 13. The Compliance Director will receive a copy of all grievances filed and will keep a record of all grievances filed for reporting to the Medical Executive Committee.
 14. The Compliance Director shall maintain a record per Aspire Policy on Record Retention of Grievances and their resolution.

Approved: Med/Exec. Comm. – 6-14-10

Revised: Med/Exec. Comm. – 9-7-11

Revised: Med/Exec. Comm. – 9-2-15

Revised: Med/Exec. Comm. – 10-17-16

Revised: Med/Exec. Comm. – 2-7-18

Attachment A – Grievance Policy

Attachment B – Grievance Report

Attachment “A”

**ASPIRE INDIANA
GRIEVANCE POLICY**

As a consumer of services at Aspire, you or your family have the right to file a grievance about the treatment that you are receiving from Aspire. A grievance is an issue or concern about some aspect of your care that you wish to resolve. If you feel that you have been unable to resolve your issue or concern with your treatment team or through normal billing or other administrative channels, we encourage you to file a grievance report. You may make your grievance report to your therapist, case manager, or doctor or any other staff member. We guarantee that we will respond to your grievance. That response will be within seven (7) working days for a non-emergency situation. We will respond immediately to an emergency situation.

An individual who has concerns about care and safety within Aspire that have not been satisfactorily addressed by Aspire may contact the Joint Commission. The Joint Commission accredits Aspire. The Joint Commission may be contacted at this toll free U.S. telephone number from 8:30 a.m. to 5:00 p.m. Central Standard Time on weekdays: 1-800-994-6610. You may also contact the Joint Commission via their website at www.jointcommission.org.

If you have concerns about your care, you may also call the toll free consumer service line of the Division of Mental Health and Addiction in Indiana: 1-800-901-1133 or Indiana Disability Rights: 1-800-622-4845.

Attachment "B"

**ASPIRE INDIANA
GRIEVANCE REPORT**

Name of Person Making Report _____

Telephone Number to Contact _____

Primary Consumer: Yes ___ No ___ Family Member: Yes ___ No ___

Other (describe) _____

Name of Consumer _____

Consumer's Date of Birth (for ID purposes) _____

Date of Report _____

Nature of Grievance _____

Location of Office to Which Grievance Pertains: _____

Personnel Involved _____

Referred to _____

Date of Referral _____

Resolution (use additional pages if needed) _____

Grievance Procedure for Consumers

Recorded by:

Name

Date

Copy to Unit Director for Investigation/Response
Forward to CCO or Senior Director if unable to be resolved
Send completed/resolved form to Compliance Director