

Statewide Grievance Policy

The client has the right to register formal complaints regarding HIV Services Program and will not be denied these services based upon such complaints. Each care site must process all service complaints in accordance with the Statewide Grievance Procedure. This Grievance Policy must be prominently displayed within the agency (and any satellite offices) and must be presented to the client during the initial assessment interview.

The standardized grievance procedure is intended to address issues within the ADAP Program, services only program, support services program, and any mailings or communication from the state to enrolled clientele of any programming. These issues may include perceived violations of the program's established policies, breaches of confidentiality, or concerns about the quality of services being provided to the specific client registering the grievance. The agency is not expected to address complaints lodged by one client in reference to another client's issues; neither is it expected to address complaints regarding other agencies or external programs.

The agency must ensure that the client can expect services to continue without disruption, and without a reduction in frequency or quality, during and after the grievance process. The client must also be informed that accompaniment by an advocate (e.g., co-worker, friend, family member, Comprehensive HIV Services Planning and Advisory Council consumer representative, etc.) at each step of the grievance process is permissible and that the complaint may be withdrawn by the client at any time.

Further, the client must be assured that if, at any point in the process, the issue concerns parties that are normally expected to review client grievances, the agency shall proceed to the next highest level of review.

Statewide Grievance Procedure

This standardized grievance procedure is intended to address issues within the ADAP Program, services only program, support services program, and any mailings or communication from the state to enrolled clientele of any programming. These issues may include perceived violations of the program's established policies, breaches of confidentiality, or concerns about the quality of case management services being provided to the specific client registering the grievance. The agency is not expected to address complaints lodged by one client in reference to another client's issues; neither is it expected to address complaints regarding other agencies or external programs.

Each agency must designate a liaison for client complaints. The liaison will work with the client to ensure that each step of this procedure is completed and documented appropriately. The liaison is responsible for the routing of the complaint to each successive level of review. The liaison must be a non-aligned, unbiased staff member (e.g., an office manager). Case management and supervisory staff may not serve as liaisons.

If, at any time, the program management staff at ISDH believes that the following steps are not being followed by the agency, the grievance will be immediately elevated to ISDH for a final, binding decision.

Step 1

The client presents with a concern or complaint that specifically relates to the HIV Services Program.

Immediately upon expression of a concern or complaint, the client will be directed to the agency's liaison to obtain the HIV Client Concern Form. The liaison is responsible to explain each step of the grievance procedure to the client and to assist in the proper completion of the form. This form is deliberately formatted and worded to limit the length of the complaint and to compel the client to succinctly describe the issue of concern. It is imperative that the description be clear and manageable. Attachments are not acceptable. The completed form must be returned to the liaison by the client within 30 days of the incident. (See the Appendix for the standardized form.) **Go to Step 2.**

Step 2

The liaison directs the Concern Form to the Care Coordinator.

The liaison will review the form for completeness and timeliness on the day that it is received from the client. Late or incomplete forms will not be accepted. Complete and timely forms will be forwarded to the client's identified Care Coordinator within **two working days** of receipt of the form from the client. The liaison will also forward one copy of the complaint to the HIV Care Coordination Program Manager at the Indiana State Department of Health for monitoring. The Care Coordinator will review the Concern Form and is to attempt to meet face-to-face with the client to resolve the matter. This meeting must be scheduled within **five working days** of receipt of the form from the liaison.

In meeting with the client, the Care Coordinator should make all reasonable efforts to resolve the concern to the client's satisfaction. The liaison should be available to witness the meeting (at the client's discretion) and to immediately prepare the documentation following the meeting.

If the matter is resolved, the client will sign the Concern Form, indicating satisfaction with the proposed resolution. The liaison will then place the completed Concern Form in the client's confidential chart and forward an electronic copy to the HIV Care Coordination Program Manager. Additional documents collected during the course of the process should be housed in files that are separate from both the client's confidential chart and any personnel records. **Stop.**

If the client is dissatisfied with the outcome of the meeting with the Care Coordinator, the liaison will immediately obtain the client's signature indicating dissatisfaction with the proposed resolution and will

direct the Concern Form to the case management supervisor within **two working days** of the meeting with the Care Coordinator. **Go to Step 3.**

Step 3

The liaison directs the Concern Form to the case management supervisor.

The case management supervisor will review the Concern Form and is to attempt to meet face-to-face with the client to resolve the matter. This meeting must be scheduled within **five working days** of receipt of the form from the liaison.

In meeting with the client, the case management supervisor should make all reasonable efforts to resolve the concern to the client's satisfaction. The liaison should be available to witness the meeting (at the client's discretion) and to immediately prepare the documentation following the meeting.

If the matter is resolved, the client will sign the Concern Form, indicating satisfaction with the proposed resolution. The liaison will then place the completed Concern Form in the client's confidential chart and forward an electronic copy to the HIV Support Services Program Manager. Additional documents collected during the course of the process should be housed in files that are separate from both the client's confidential chart and any personnel records. **Stop.**

If the client is dissatisfied with the outcome of the meeting with the case management supervisor, the liaison will immediately obtain the client's signature indicating dissatisfaction with the proposed resolution and will direct the Concern Form to the designated grievance committee within **two working days** of the meeting with the case management supervisor. **Go to Step 4**

Step 4

The liaison directs the Concern Form to the designated grievance committee.

The designated grievance committee will review the Concern Form and is to attempt to meet face-to-face with the client to resolve the matter. This meeting must be scheduled within **ten working days** of receipt of the form from the liaison. The grievance committee must be composed of a minimum of five individuals, two of whom must be HIV services consumers; it is strongly recommended that the committee also include a representative from the case management staff. Committee members must sign the agency's confidentiality statement as well as a "conflict of interest" agreement created by the agency. The composition of the grievance committee is to be a matter of public record. The Care Coordinator and the case management supervisor may not be members of the committee and may not be present during the meeting between the client and the committee unless invited by the client; however, they may be consulted by the committee prior to or following the client meeting.

In meeting with the client, the grievance committee should refrain from making an immediate decision but should gather as much pertinent information from the client as possible. The liaison will witness the meeting and will immediately prepare the documentation following the meeting.

The committee is allowed up to **five working days** from the date of the meeting to consider the matter, at which time a decision must be provided to the liaison in writing. The liaison will notify the client in person of the decision within **five working days**.

If the matter is resolved, the client will sign the Concern Form, indicating satisfaction with the proposed resolution. The liaison will then place the completed Concern Form in the client's confidential chart and forward electronic copies to the HIV Support Services Program Manager and the agency's board chairperson (if applicable). Additional documents collected during the course of the process should be housed in files that are separate from both the client's confidential chart and any personnel records. **Stop.**

If the client is dissatisfied with the outcome of the meeting with the grievance committee, the liaison will immediately obtain the client's signature indicating dissatisfaction with the proposed resolution and will direct the Concern Form to the agency's board of directors within **two working days** of the liaison's notice to the client of the grievance committee's decision. **Go to Step 5.** (If the agency does not have an accessible board of directors, the appeal will be directed to the HIV Support Services Program Manager at ISDH; see Step 6.)

Step 5

The liaison directs the Concern Form to the agency's board of directors.

The board of directors is to attempt to meet face-to-face with the client to resolve the matter. This meeting must be scheduled within **fifteen working days** of submission of the written request. The Care Coordinator, the case management supervisor, and members of the grievance committee may be present during this meeting, and they may be consulted by the board following the client meeting.

In meeting with the client, the board should refrain from making an immediate decision but should gather as much pertinent information from the client as possible. The liaison will witness the meeting and will immediately prepare the documentation following the meeting.

The board is allowed up to **ten working days** from the date of the meeting to consider the matter, at which time a decision must be provided to the liaison in writing. The liaison will notify the client in person of the decision within **five working days**.

If the matter is resolved, the client will sign the Concern Form, indicating satisfaction with the proposed resolution. The liaison will then place the completed Concern Form in the client's confidential chart and forward electronic copies to the HIV Support Services Program Manager and the agency's board chairperson. Additional documents collected during the course of the process should be housed in files that are separate from both the client's confidential chart and any personnel records. **Stop.**

If the client is dissatisfied with the outcome of the meeting with the grievance committee, the liaison will immediately obtain the client's signature indicating dissatisfaction with the proposed resolution and will direct the Concern Form to the HIV Support Services Program Manager at the Indiana State Department of Health within **two working days** of the liaison's notice to the client of the board of directors' decision. The liaison will include with the Concern Form all relevant documentation of the preceding levels of review in order to fully inform the review at ISDH. **Go to Step 6.**

Step 6

The liaison directs the Concern Form to the HIV Support Services Program Manager.

Upon receipt, the HIV Support Services Program Manager will review all submitted materials regarding the matter. If necessary, the Program Manager will attempt to contact the client by telephone to further discuss the circumstances of the complaint. The Care Coordinator, the case management supervisor, and members of the grievance committee may be consulted for clarification of particular issues. Other parties, including staff within the Division of HIV/STD, may also be consulted. The Program Manager is allowed up to **fifteen working days** to consider the matter, at which time a written decision must be provided to the client and the agency's liaison.

The decision of the Program Manager is final. For purposes of program continuity and efficiency, the agency may not process the same complaint by the same client more than one time. Copies of all materials supplied to the Program Manager related to the grievance will be archived at ISDH in secure files separate from all contract-related files. Additional documents collected by the agency during the course of the process should be housed in files that are separate from both the client's confidential chart and any personnel records. **Stop. End of process.**

Documentation of process and outcome

All records related to a client grievance (with the exception noted below) shall be maintained in files distinctly separate from both the client chart and the employees' personnel files. Grievance files are considered confidential and should be maintained in a secure location.

When applicable, a statement of the fact that an employee was named in a client grievance may be placed in that employee's personnel file along with a description of the resolution of the grievance. (The client's name is not to appear in the personnel file.) This statement is not to be considered, on its face, as a reprimand or disciplinary action. If any discipline is warranted, it must be documented separately.

Further, once a grievance is filed, the agency's liaison is to deal directly and impartially with the client on all matters related to the complaint. The Care Coordinator must refrain from discussing the matter with the client. Addressing the grievance is not "case management" and is not an appropriate use of the Care Coordinator's time.

Corrective Actions

If the process results in a directive for corrective action being issued by ISDH to the agency, the agency must comply with the directive within the stated period of time. Directives may include mandatory staff and management training, agency policy adjustments, staff changes, and other mandates designed to prevent the filing of similar grievances. Directives for corrective action are not subject to negotiation.