



DIVISION OF DEVELOPMENTAL DISABILITIES  
Olympia, Washington

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TITLE: CLIENT COMPLAINTS POLICY 5.03

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Authority: WAC 388-823-1100 *How do I complain to DDD about my services or treatment?*  
[Executive Order 03-01 \(4\) - Service Delivery](#)  
Centers for Medicare and Medicaid (CMS) Protocols – Monitoring Participant Health and Welfare

Reference: DSHS Administrative Policy 8.11, *Complaint Resolution and Response Standards*

## **BACKGROUND**

In March 2005 the Aging and Disability Services Administration (ADSA) issued the *Complaint/Grievance Policy for the Home and Community Services Division (HCS) and the Division of Developmental Disabilities (DDD)*. This policy provides the administration with a consistent process for tracking and responding to complaints made by clients and/or their families, legal representatives, or advocates.

## **PURPOSE**

This policy establishes procedures for implementing the ADSA Complaint/Grievance Policy within DDD. The policy provides direction to division employees on required follow up related to complaints made by clients, families, and advocates.

## **SCOPE**

This policy applies to all division employees.

Complaints that are within the scope of this policy include complaints about DDD services and supports, division employees, contracted service providers, and client interactions and relationships.

The following types of complaints are outside the scope of this policy as they are addressed through separate processes:

1. Allegations of abandonment, abuse, neglect, exploitation, and financial exploitation of a child or vulnerable adult. These must be reported immediately to Adult Protective Services (APS), the Complaint Resolution Unit (CRU), or Child Protective Services (CPS), as appropriate;
2. Client disputes about services that have been denied, reduced, suspended, or terminated. These are resolved through the Administrative Hearing process;
3. Client disputes about services that have been requested or authorized through an exception to rule (ETR) which have been denied, reduced, or terminated. Disputes about ETRs are handled by a separate ETR committee; and
4. Complaints received from DSHS Constituent Services. Follow the requirements and process described in DSHS Administrative Policy 8.11, *Complaint Resolution and Response Standards*.

## **DEFINITIONS**

**Grievance** means an allegation by a client or the client's legal representative that the client has been treated unfairly. The intent of grievance guidelines is to resolve the dispute. Clients may file grievances without fear of reprisal.

**Complaint** means an allegation of a violation of DDD policy or procedures related to client supports or services by a Division client or customer. The complaint expresses dissatisfaction with a specific action or service of DDD.

## **POLICY**

- A. DDD staff will strive to address complaints at the lowest possible level. Complaints can be received at any level of the organization. However, the complaint will be referred back to the Case Resource Manager/Social Worker (CRM/SW) for action, unless the complainant specifically requests it not be.
- B. Legal authorization from the client or a personal representative is required to share information with persons outside DSHS unless otherwise authorized by law. Authorization from the client is not required when responding to correspondence assignments or inquiries from the Governor's Office as part of the administration of DSHS programs.
- C. Communication to complainants will be made in their primary language if necessary.

- D. DDD will maintain a complaint tracking database to log and track complaints as specified in the Procedures section of this policy.

### **PROCEDURES**

- A. Direct complaints concerning services in the DDD Residential Habilitation Centers (RHCs) and State Operated Living Alternatives (SOLA) to the Regional Administrator (RA) in the respective region.

B. **RHC Based Complaints**

The process for responding to client complaints received in the RHCs is as follows:

1. Habilitation Plan Administrator (HPA)/ Attendant Counselor Manager (ACM) Level in ICF/MR Facilities or Social Worker (SW)/Nursing Supervisor (NS) Level in NF Facilities
  - a. HPAs, SWs, ACMs, and NSs solve problems and resolve complaints as a daily part of their regular duties of supporting RHC clients. Documentation of these activities will be made in the specific resident's record.
  - b. If the complainant does not feel the complaint or problem has been resolved and requests a review, the HPA/SW or ACM/NS will give his/her supervisor's name and telephone number to the complainant.
2. Supervisor Level
  - a. Upon receipt of an unresolved complaint, the supervisor has ten (10) work days to attempt to resolve the issue. If the response will take longer than ten (10) days, the supervisor must contact the complainant and give a reasonable estimated date of response.
  - b. If resolution is reached, the supervisor must document the outcome in the resident's record.
  - c. If the complainant does not feel that the problem has been resolved and she/he wants a further review, the supervisor will give the complainant the Superintendent's name and telephone number and document this in the resident's record.
3. Superintendent Level
  - a. On receipt of an unresolved complaint, the Superintendent will work to resolve the issues within ten (10) work days. If the response will take

longer than ten (10) work days, the Superintendent must contact the complainant and give a reasonable estimated date of response.

- b. The Superintendent may choose to delegate the investigation and/or resolution to others, including, but not limited to, the following:
  - 1) An alternative supervisor; or
  - 2) An appropriate investigator who can act as a “third party”; or
  - 3) A DDD Special Investigator; or
  - 4) The RHC Human Rights Committee who may act as a hearing body and recommend a resolution.
- c. If resolution is reached, the assigned person/party must:
  - 1) Document the outcome in the resident’s record and the DDD Complaint Tracking (CT) database; and
  - 2) Notify the complainant and all parties involved of the resolution.
- d. If the matter is not resolved to the complainant’s satisfaction and the complainant wants further review, the appropriate Regional Administrator must address the issue following the same steps as outlined in section C3 below.
- e. If the complaint is new and made directly to the Regional office, refer the complaint to the appropriate RHC and initiate steps 1, 2, and 3 above.

### C. **Community Based Complaints**

The process for responding to community based complaints is as follows:

- 1. **Case Resource Manager/Social Worker (CRM/SW) Level**
  - a. Case Resource Managers (CRM) and Social Workers (SW) solve problems and resolve complaints as a daily part of their regular case management activities. The CRM/SW will document these activities in the client’s Service Episode Record (SER).
  - b. If the complainant does not feel the complaint or problem has been resolved and requests a review by a supervisor, the CRM/SW will give his/her supervisor’s name and telephone number to the complainant.

2. Supervisor Level

- a. Upon receipt of an unresolved complaint at the CRM/SW level, the supervisor has ten (10) work days to attempt to resolve the issue. If the response will take longer than ten (10) days, the supervisor must contact the complainant and give a reasonable estimated date of response.
- b. If resolution is reached, the supervisor must document the outcome in the SER.
- c. If the complainant does not feel that the problem has been resolved and the complainant wants a further review, the supervisor will give the complainant the RA's name and telephone number and document this in the SER.

3. Regional Administrator (RA) Level

- a. On receipt of an unresolved complaint, the RA will assign a staff to investigate and resolve the issue within ten (10) work days. If the response will take longer than ten (10) work days, the RA or designee must contact the complainant and give a reasonable estimated date of response.
- b. The assigned staff must enter the complaint information in the DDD CT database.
- c. If resolution is reached, the assigned staff must:
  - 1) Document the outcome in the CT database and the SER; and
  - 2) Notify the complainant and all parties involved.
- d. If the matter is not resolved to the complainant's satisfaction and she/he wants a review by DDD Central Office, the RA or designee must document this in the CT database and give the name and telephone number of the Chief, Office of Quality Programs and Services (OQPS) to the complainant.
- e. If the complaint is new and made directly to the RA or assigned staff, refer the complaint back to the CRM/SW and follow steps 1, 2, and 3 above. Only enter information into the CT database if it is necessary for further action to be taken by Central Office.

4. Central Office Level
  - a. On receipt of an unresolved complaint, the Division Director or designee must check that the complaint has been entered in the database. If the response will take longer than ten (10) work days, the assigned staff must contact the complainant and give a reasonable estimated date of response.
  - b. If resolution is reached, the assigned staff must document the outcome in the CT database and notify the complainant and all parties involved.
  - c. If the complaint is new and made directly to Central Office, the Director or designee will refer the complaint back to the RA to initiate steps 1, 2, and 3 above. Only enter information in the CT database if it is necessary for further action to be taken by Central Office or the Regional Administrator.
  - d. Once the new complaint is resolved, the person who originally received the complaint will document the outcome in the CT database and notify the complainant and all parties involved.

D. Information entered in the CT database must be:

1. Entered by the management staff receiving the complaint;
2. Once action is taken, the follow up to the complaint must be entered by the person who originally entered the complaint;
3. Complete and sufficient information for a reviewer to understand the results; and
4. Reviewed by the Office of Quality Programs and Services during its monitoring review cycle.

### **EXCEPTIONS**

Any exceptions to this policy must have the prior written approval of the Division Director.

### **SUPERSESSON**

DDD Policy 5.03  
Issued September 16, 2009

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Approved: /s/ Linda Rolfe  
Director, Division of Developmental Disabilities

Date: January 3, 2011