



DIVISION OF DEVELOPMENTAL DISABILITIES
Olympia, Washington

TITLE: CLIENT COMPLAINTS POLICY 5.03

Authority: WAC 388-823-1100
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 provided 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.

SCOPE

This policy applies to all division employees.

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

1. Allegations of abuse, neglect, exploitation, abandonment, 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/Fair Hearing procedure.
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.
4. Complaints regarding the Infant Toddler Early Intervention Program (ITEIP). This includes requests for mediation services, citizen's complaints, and administrative proceeding/due process for infants and toddlers with disabilities (age birth to three) and their families. Direct the complainant to access the ITEIP website at <http://www1.dshs.wa.gov/iteip/> and select *Washington Federal Application Policies and Definitions, Section 4, Procedural Safeguards Policy*.
5. Complaints received from DSHS Constituent Services. Follow the requirements and process described in DSHS Administrative Policy 8.11, *Complaint Resolution and Response Standards*.

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. Complaints concerning services in the DDD Residential Habilitation Centers (RHCs) and State Operated Living Alternatives (SOLA) will be directed to the Regional Administrator (RA) in the respective region.
- B. Client complaints will be handled in the order listed below:

1. Case Resource Manager/Social Worker (CRM/SW) Level
 - a. Case managers and social workers 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) working 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 she/he 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) working days. If the response will take longer than ten (10) working 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 Complaint Tracking (CT) database.
 - c. If resolution is reached, the assigned staff must:
 - 1) Document the outcome in the CT database and the SER;
 - 2) Notify the complainant and all parties involved; and
 - 3) Document the notification in the SER.

- 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) working 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 database if it is necessary for further action to be taken by Central Office.
- d. Once the new complaint is resolved, the responsible person will document the outcome in the CT database and notify the complainant and all parties involved, including the CRM, so that information may be added in the SER.

- C. The Office of Quality Programs and Services will review complaints entered in the CT database during its monitoring review cycle. Regional Quality Assurance Managers will conduct periodic regional reviews of complaints and status.

EXCEPTIONS

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

SUPERSESSION

DDD Policy 5.03
Issued September 12, 2005

TITLE:

CLIENT COMPLAINTS

POLICY 5.03

DDD Policy 5.03
Issued April 13, 2000

DDD Policy 5.03
Issued October 29, 1993

Policy Directive 330.2
Issued November, 1986

Policy Directive 537
Issued December, 1982

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

Date: March 1, 2007