



DIVISION OF DEVELOPMENTAL DISABILITIES
Olympia, Washington

TITLE: CLIENT COMPLAINTS/GRIEVANCES POLICY 5.03

Authority: 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

The Aging and Disability Services Administration (ADSA) occasionally receives grievances or complaints about the services it provides or a concern about a client's safety, rights or quality of care. On March 2, 2005 ADSA issued a management bulletin publishing the *Complaint/Grievance Policy for the Home and Community Services Division (HCS) and the Division of Developmental Disabilities (DDD)* to ensure that its divisions had a consistent process for tracking and responding to complaints made by clients and/or their families or advocates.

PURPOSE

This policy establishes procedures for implementing the ADSA Complaint/Grievance Policy within DDD.

SCOPE

This policy applies to all DDD Field Services offices, State Operated Living Alternatives (SOLA), and Residential Habilitation Centers (RHC).

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 directed 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 Fair Hearing procedure.
3. Client disputes about services that have been requested or authorized through an exception to rule (ETR) that have been denied, reduced, or terminated.
4. Complaints regarding the Infant Toddler Early Intervention Program (ITEIP). Requests for mediation services, citizen's complaints, and administrative proceeding/due process for infants and toddlers with disabilities (ages birth to three) and their families, will be directed 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. These will be handled according to the requirements of DSHS Administrative Policy 8.11, *Complaint Resolution and Response Standards*.

POLICY

- A. DDD staff will strive to address grievances/complaints at the lowest level possible. Complaints can be received and addressed 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 of 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 administration of DSHS programs.
- C. Communication to complainants will be made in their primary language if needed.
- D. DDD will maintain an automated complaint tracking database to log and track complaints as specified in the Procedures section of this policy.

PROCEDURES

- A. The following procedures describe the handling of client complaints at four levels:
 1. Case Resource Manager/Social Worker Level;
 2. Supervisor Level;

3. Regional Administrator (RA) Level; and
 4. Central Office Level
- B. Complaints concerning services in the DDD Residential Habilitation Centers (RHCs) and State Operated Living Alternatives (SOLA) will be directed to the Regional Administrator in the respective region.
- C. Case Resource Manager/Social Worker Level
1. Case Resource Managers (CRM) and Social Workers (SW) solve problems and resolve complaints as a daily part of their regular case management activities. This activity will be documented in the client record as appropriate.
 2. If the complainant does not feel that the complaint or problem has been resolved, and he/she wants to have the complaint reviewed by a supervisor, the CRM/SW will give his/her supervisor's name and telephone number to the complainant.
- D. Supervisor Level
1. 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 10 days, the supervisor will make an interim contact with the complainant and give a reasonable estimated date of response.
 2. If resolution is reached, the supervisor will document the outcome in the client record.
 3. If the complainant still does not feel that the complaint/problem has been resolved, and he/she wants to have the complaint reviewed by the RA, the supervisor will give the RA's name and telephone number to the complainant. The supervisor will also enter the complaint information in the automated DDD Complaint Tracking (CT) database.
- E. Regional Administrator Level
1. Upon receipt of an unresolved complaint, the RA will assign a staff to investigate and resolve the issue within 10 working days. If the response will take longer than working 10 days, the RA or designee will make an interim contact with the complainant and give a reasonable estimated date of response.
 2. If resolution is achieved, the assigned Regional staff will:
 - a. Document the outcome in the CT database and the client record; and

- b. Notify the complainant and all parties involved and document the notification in the client record.
3. If the matter is not resolved, and the complainant wants a review by DDD Central Office, the RA or designee will document the outcome in the CT database and give the name and telephone number of the Chief, Office of Quality Programs and Services (OQPS) to the complainant. The RA should also notify the OPQS Chief by phone or email of the potential contact.

F. Central Office Level

1. Upon receipt of an unresolved complaint, the OQPS Chief or designee will ensure the complaint has been entered in the database and has ten (10) working days to investigate and resolve the issue. If the response will take longer than ten (10) days, the OQPS Chief will make an interim contact with the complainant and give a reasonable estimated date of response.
2. The OQPS Chief will document the outcome in the CT database and notify the complainant and all parties involved. The OQPS Chief will send a written summary to the Region for inclusion in the client record.

G. Complaint Tracking Database

1. Entries in the CT database must include:
 - a. Date the complaint was received;
 - b. Name and phone number of person receiving the complaint;
 - c. Complainant name, contact number, and relationship to client;
 - d. Client name and identification number;
 - e. The specific complaint;
 - f. Who the complaint was assigned to;
 - g. Due date; and
 - h. Outcome.

2. The OQPS 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 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: 9/12/2005