



Complaints and Grievances Protocol

INFORMING PARTICIPANTS OF THEIR COMPLAINT AND GRIEVANCE RIGHTS

A participant is defined as a person receiving services from Healthy Start, either as a Healthy Start participant or a MomCare client.

Healthy Start participants and MomCare clients are advised, through written information provided by the Healthy Start Coalition or a subcontracted provider, how to obtain help with a problem or concern related to their Healthy Start services. Information is given on how to file a complaint or grievance if the problem or concern cannot be resolved. The Healthy Start Coalition's written information contains the name, address, and telephone number for the participant to contact and register a complaint or grievance.

In the absence of a Healthy Start Coalition, this written information will be provided by the County Health Department.

COMPLAINTS

A complaint is defined as any expression of dissatisfaction by a participant, including dissatisfaction with the administration, or provision of services, as it relates to the quality of care provided. (See the Quality of Care Issues section.)

Registering a Complaint

When a participant expresses a dissatisfaction that requires follow-up, the person at the Coalition or the subcontracted provider's office receiving the complaint will document the details on a Healthy Start Services Complaint Summary Sheet. The person completing the form will forward the form to their immediate supervisor the same day the complaint is received. The supervisor will assign someone in their agency to investigate the complaint and assign a date for final findings and resolution within five working days of the date of the receipt of the complaint.

Action on a Complaint

The person assigned to investigate the complaint will call the participant and document the findings on the Healthy Start Services Complaint Summary Sheet. The Healthy Start Services Complaint Summary Sheet will then be reviewed by the supervisor who will indicate concurrence with the findings and resolution by dating and signing the form.



The person assigned to the complaint will then contact the complainant by phone or letter and inform her/him of the outcome. If resolution of the complaint requires assistance from outside parties, written consent of the complainant must be obtained prior to further action. This contact will be documented.

Documentation from contacts with any involved party of the complaint (i.e., document date, time, name of person and information received) will be attached to the Healthy Start Services Complaint Summary Sheet.

If the supervisor and the complainant cannot agree to a mutual resolution, the complainant will have the right to a mediator (or a meeting) with the Coalition's grievance committee (typically consisting of the Healthy Start Coalition CEO, QA/QI Director, board members and at least 1 consumer). The mediation should take place prior to reporting the complaint to the Department of Health (DOH) and the Agency for Health Care Administration's (AHCA) MediPass Healthy Start Wavier State Advisory Board. Note, at anytime the complainant may request to contact DOH or AHCA.

Cross-referenced files and a log are kept, recording the name and address of each participant registering a complaint. A copy of the completed Healthy Start Services Complaint Summary Sheet is kept in the file.

The supervisor will send a copy of the de-identified completed Healthy Start Services Complaint Summary Sheet to the Healthy Start Coalition Chief Executive Officer within two working days after the resolution of the complaint.

GRIEVANCES

A grievance is defined as a written complaint submitted by or on behalf of a participant regarding the availability, delivery, or quality of services.

Filing a Grievance

All grievances must be submitted in writing and date stamped upon receipt. Written consent to release this information must be obtained from the participant.

Action on a Grievance

Upon receipt of a grievance, the Healthy Start Services Grievance Summary Sheet must be completed and the written grievance attached to the grievance summary sheet.

The person at the Coalition or the subcontracted provider's office receiving the grievance and completing the Healthy Start Services Grievance Summary Sheet will, within the same working day, forward the written grievance and the Healthy Start Services Grievance Summary Sheet to their immediate supervisor.



The supervisor, within the same working day, will review the grievance and the Healthy Start Services Grievance Summary Sheet, and notify the Healthy Start Coalition Chief Executive Officer.

The supervisor is responsible for resolving operational type grievances. He/she will provide a written response to the grievant within thirty days from the initial receipt of the written grievance.

Cross-referenced files and a log are kept, recording the name and address of each participant registering a grievance. A copy of the completed Healthy Start Services Grievance Summary Sheet is kept in the file.

The grievant shall have the right to seek review of the grievance findings and recommendations to the Healthy Start Coalition, DOH, and AHCA's MediPass Healthy Start Waiver State Advisory Board.

Medical Care Compliant / Grievance / Quality of Care Issues

When a quality of medical care complaint or grievance is reported, the participant will be given the AHCA Consumer Hotline number, 1-888-419-3456, to call to register the complaint or grievance. The person at the Healthy Start Coalition office or the subcontracted provider's office who receives the complaint or grievance will help to facilitate the call as needed. The person at the Healthy Start Coalition office or the subcontracted provider's office who receives the complaint will report it to their supervisor, who will report the complaint or grievance, within the same working day, to the Healthy Start Coalition Chief Executive Officer or designee. The Healthy Start Coalition Executive Offices or designee will, within two working days, notify the Department of Health Contract Manager and AHCA's District Medicaid Office and the Healthy Start MomCare Network Contract Manager. AHCA will be responsible for any investigation and follow up on all medical care grievances.



HEALTHY START SERVICES COMPLAINT SUMMARY SHEET

Date Received: _____ Received By: _____
Name and Title

Last Name of Complainant , First Name, Middle Initial

Address (Number, Street, Apartment)

City, State and Zip Code

Home Phone Work Phone Medicaid I.D. Number

Type of Complaint: _____

Name and Telephone Number of Person or Care Provider Involved (If Applicable)

Name Telephone Number

Summary of Complaint: (Include Witness(es) if Applicable)_____

Supervisor complaint referred to: _____ Date: _____

Assigned to by supervisor: _____ Date: _____

Investigation and Findings: _____

Actions taken: _____

Supervisor Review: _____ Date: _____
Signature and Title

Date Copy Sent to Healthy Start Coalition Chief Executive Officer: _____



HEALTHY START SERVICES GRIEVANCE SUMMARY SHEET

Date Received: _____ Received By: _____
Full Name and Title

Last Name of Grievant First Name Middle Initial

Address (Number, Street, Apartment)

City, State and Zip Code

Home Phone Work Phone Medicaid I.D. Number

Type of Grievance: _____

Name and Telephone Number of Person or Care Provider Involved (If Applicable)

Name Telephone Number

Summary of Grievance: (Include Witness(es) if Applicable) _____

Supervisor Notified: _____ Date: _____ Time: _____

Supervisor Review: _____ Date: _____ Time: _____
Signature and Title

Healthy Start Coalition Chief Executive Officer Notified By: _____

Date: _____ Time: _____

Investigation and Findings: _____

Actions taken: _____