

SUBJECT:	RIGHTS, RESPONSIBILITIES AND ETHICS		
POLICY TITLE:	GRIEVANCE-BEHAVIOR HEALTH PROGRAMS		
RESPONSIBLE PARTY:	CHIEF COMPLIANCE OFFICER & DIRECTOR OF QUALITY		
POLICY #:	RI 201.01	EFFECTIVE DATE:	09/96
# OF PAGES:	03	REVISION/APPROVAL DATE:	01/18
APPROVED BY:	DENISE ENSDORFF, PRESIDENT & CEO		

APPLICABLE LAWS, REGULATIONS AND/OR STANDARDS:

Federal Laws:

[42 CFR 438 Part F Grievance System](#)

State Laws:

[A.R.S. § 36-3413. Grievance and appeal process](#)

[A.R.S. § 36-3283\(D\). Powers and duties of an agent](#)

Regulations:

A.A.C. R9-10-909. Client Rights

A.A.C. R9-21-201-211. Rights of Persons with Serious Mental Illness

A.A.C. R9-34-201-225. Appeal, Grievance, and Hearing for an Enrolled Person

COA Standards:

[CR 1: Protection of Rights and Ethical Obligations](#)

[CR 3: Grievance Procedures](#)

POLICY:

Clients are afforded the right to grieve the treatment/services received and request and/or receive information about any alternative services or agencies available. Clients are informed of their right to file a grievance as part of their Client Rights. The grievance procedure is provided to the client, along with the Client Rights at the time of admission.

PROCEDURES:

1.0

The client, family and/or guardian, will be involved in every aspect of the treatment, care and services provided. It is the intention and philosophy of AzCA that such involvement will create a team relationship between all staff, clients, and family members which will avoid conflict and grievance. However, when a client, family and/or guardian is not satisfied and wishes to lodge a formal complaint the following AzCA grievance procedures will be followed;

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Step One: Within 2 working days of receiving a request from a client to use the grievance procedure the therapist or other staff receiving the complaint will document the complaint on the Critical Incident Report Form and attach any additional information from the client. At this time, the client is also given another copy of this grievance procedure.

- a) The Incident Report Process is implemented: the client and those named in the grievance must meet within 5 working days of having initiated the Incident Report to attempt resolution. If resolved, no further action is needed. Documentation of such will be entered on/attached to the Critical Incident Report, entered in the record and given to the client.
- b) If the client is not satisfied with the results of step one, he/she will request within 5 working days of the previous meeting, to proceed to Step Two. The request is addressed to the Program Supervisor.

Step Two: Within 7 working days of the client's request, the Program Supervisor will review the grievance, provide opportunity for complainant to be heard and respond, in writing, to the client and include a copy of the response in the case record. If the client is not satisfied with the results of Step Two, he/she will request, in writing, within 5 working days of receipt of the above letter to proceed to Step Three. The request is addressed to the Program Director.

Step Three: Within 7 working days of receipt of the client's request, the Program Director or delegate will review the grievance and respond, in writing, to the client with a copy of the response in the case record. If the client is not satisfied with Step Three, he/she will request, in writing, within 7 working days of receipt of the above letter to proceed to Step Four. The request is directed to the Vice President of Behavioral Health.

Step Four: Within 10 working days of receipt of the client's request, the Vice President will review the grievance and respond, in writing, to the client with a copy of the response in the case record. If the client is not satisfied with step four, he/she will request, in writing, within 7 working days of receipt of the above letter to proceed to step five. The request is directed to the Chief Executive Officer.

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Step Five: Within 14 working days of receipt of the client's request, the Chief Executive Officer will review and address the complaint. The findings of the Chief Executive Officer are final and will be communicated to the client in writing. **

The Chief Executive Officer or designee will summarize and present all Step 3 and Step 4 aggregate data to the Executive Leadership Team, quarterly at the Risk Management meeting and to the Program Committee of the Board of Directors annually for their review and recommendations.

** Grievances may also be addressed to the following and/or any other funding source related to their service including the local Regional Behavioral Health Authority (current list is attached to the Client Rights Form).

2.0

Clients may grieve dissatisfaction with the care, treatment, services, admission, discharge, transfer issues, fees charged for services, or any other displeasures. AzCA will not discharge nor discriminate, in any way, against any client by whom, or on whose behalf, a complaint has been submitted or who has participated in a complaint investigation process. Clients may provide an advocate in order to understand, exercise and protect their rights. They have the right to provide their own legal counsel and all other requirements of due process.

3.0

A client may request to use the Grievance Procedure at any time. It shall be the responsibility of the assigned primary service provider to assist the client, his or her family, the advocate (if applicable) with the entire process. If the primary service provider is the subject of the grievance the Program Director will appoint a staff member to assist the client.

3.1 Another copy of the grievance procedure will be given to the client at the time a grievance is initiated.

3.2 The client will receive a written response that includes documentation of the response in the case record.

