

GRIEVANCE OVERVIEW

In accordance with the Participant Rights Statement, participants, their families and advocates, as well as Medicaid are offered the opportunity to report a complaint or formal grievance. You have a right to receive assistance in this process and will not be penalized in any way because you have filed a complaint or a grievance. Complaints and/or grievances may be filed as a result of problems with training, service delivery, supervision, funding, planning, service barriers, staff, environmental concerns, etc. LHC has a rigorous internal process for assuring quality services and resolving complaints and grievances in a prompt fashion. Complaints and grievances will be resolved as quickly as possible, and have resolution facilitated at the lowest possible level.

Complaint and grievance reports will be handled with the utmost confidentiality. The report will remain amongst the Administrative team and the people involved in any corrective actions. The content or context of the report, with personally-identifiable information redacted, may be used as training material or reviewed by the Quality Assurance Committee as decided by the Administrative team.

Informal complaints can be filed orally or in writing and can be made directly to the staff or the supervisor of the program or staff involved. Every reasonable effort will be made to have these resolved quickly, within 2-5 business days. The Compliance Administrator will be provided with a brief write-up stating the primary concern, date, and type of resolution.

A formal grievance is made by calling or submitting a written complaint directly to the Compliance Administrator or designee. If requested, program staff shall be available to assist the individual filing the grievance. Paper documents are available at the front desk or from LHC staff. The agency's goal is to have grievances investigated, with a decision made within 10 business days; however, depending on the circumstances, it may take up to, but no more than, 30 days from receipt of the grievance.

The grievance process is as follows:

1. The Compliance Administrator or designee will document receipt within 5 business days and review the grievance.
2. The Compliance Administrator will notify the person(s) submitting the grievance of its acceptance within 5 business days.
3. The Compliance Administrator or designee may reach out to the person(s) submitting the complaint for additional information within 5 business days. The person(s) will then have an additional 10 business days to provide the requested information.
4. Any grievance made by a participant and their family must be documented and placed in their file.
5. The Compliance Administrator or designee will develop an implementation plan for any substantiated grievance to address any changes necessary within 30 calendar days.
6. The Compliance Administrator or designee will report findings of the investigation to the participant/guardian or advocate within 30 calendar days of receipt of a formal grievance.
7. At any time, the participant and their family may also request an administrative hearing with the State Office of Mental Health and Addictions (see Notice of Hearing Rights).

In circumstances where the matter of the grievance is likely to cause harm to the individual before the grievance procedures are completed, the individual or guardian of the individual may request an expedited review. The program

administrator shall review and respond in writing to the grievance within 48 hours of receipt of the grievance. The written response shall include information about the appeal process.

The grievant is immune from any civil or criminal liability with respect to the making or content of a grievance made in good faith. Individuals have the right to appeal any decision within ten working days of the date of the Compliance Administrator or designees response. Response to the appeal will be provided within ten working days of receipt. A second appeal may be filed within ten working days of the date of the written response to the Program Director.

If appropriate, the Compliance Administrator or designee will notify the participant and or person(s) filing the grievance report of the corrective action plan.

Contact any of the following below to file a complaint:

- Compliance Administrator
Laurel Hill Center
2145 Centennial Plaza
Eugene OR 97401
541-485-6340
- OHA/AMH Health Systems Division
500 Summer Street NE
Salem OR 97301
1 (800) 273-0557
- Lane County Behavioral Health (CMHP)
2411 Martin Luther King Jr Blvd
Eugene OR 97401
541-682-3608
- Disability Rights Oregon
511 SW 10th Ave #200
Portland OR 97205
- 503-243-2081
1 (800) 452-1694
TTY users dial 711
- Governor's Advocacy Office
500 Summer ST NE E-17
Salem OR 97301
503-945-6904
- Trillium Community Health Plans
555 International Way Building B
Springfield OR 97477
(877) 600-5472
- PacificSource OHP
555 International Way
Springfield, OR 97477
(541) 686-1242

LHC Problem-Solving Form

Today's Date: _____

Participant Name: _____ Date of Birth: _____

Phone #: _____

Behavioral Health Provider Name: _____

Date of Incident (when applicable): _____

Please explain the issue:

Ideas to help solve the issue:

Signature of person completing form: _____

Did anyone help you fill out this form? Print their name: _____

**Return form to: Laurel Hill Center, Attn: Compliance Administrator
2145 Centennial Plaza, Eugene, OR 97403**

For use by LHC Compliance Administrator

PROBLEM RESOLUTION

Date of Original Problem-Solving Form: _____

Date of Incident (when applicable): _____

Participant Name: _____

Phone #: _____