

**Policy Name/Subject:** CCS Client Grievance & Appeal Policy

**Policy Number:** 9200.01

**Cross Reference:** PA Code §5100.54

**Program/Applies to:** CONCERN Counseling Programs (CCS)

**Original Effective Date:** Sept 12, 2012                      **Revised Date:** March 17, 2015

**Purpose:** CONCERN's grievance policy includes provisions required by the Mental Health Procedure Act, PA Code 5100. PA state regulations, which govern mental health services, require that every client has the ability to file a grievance and appeal a grievance determination.

**Attachments:** CONCERN CCS Grievance Tracking Form  
CONCERN CCS Grievance Appeal Tracking Form

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**POLICY:**

It is CONCERN's policy that all clients have the right to express grievances regarding the mental health treatment that he or she is receiving or has received through CONCERN.

**DEFINITIONS:**

**Grievance:** A grievance is a complaint or an expressed concern about the quality of services or treatment you receive through CONCERN.

**Appeal:** An appeal is a request for a higher level of administration review the grievance decision. You are encouraged to file an appeal if you are not in agreement with the grievance decision.

**STANDARDS/PROCEDURES:**

1. The Grievance and Appeal Policy and Procedure is signed at the time of intake for each client receiving services through CONCERN.
  - The signed form is kept in each client's file and a copy is given to the client.
2. A grievance is a complaint or an expressed concern about the quality of services or treatment you receive through CONCERN. You are encouraged to file a grievance when you have already attempted to informally address the issue and it has not been addressed. The process is as follows:
  - a) First attempt to resolve the issue through informal methods.
  - b) If the issue is not resolved, you may file a grievance either orally or in writing directly to CONCERN staff.
  - c) The grievance will be provided to or communicated to the Supervisor of the program, or the Region Director if the grievance involves the supervisor, as soon as possible or within one business day.
  - d) Upon receipt of the grievance, the Supervisor or Region Director will begin tracking the grievance on the Grievance Tracking Form.
  - e) The Supervisor or Region Director will investigate the issue to attempt to find a resolution. The investigation may include phone or in person discussions with all persons involved, review of progress notes and other file documentation, and/or

- f) supervision. All pieces of the investigation will be documented on the Grievance Tracking Form.
  - g) A decision will be rendered to you within 48 business hours. A completed Grievance Tracking Form will be delivered in person or sent in the mail to you as well as filed in your CONCERN file.
3. An appeal is a request for a higher level of administration review the grievance decision. Clients are encouraged to file an appeal if you are not in agreement with the grievance decision. The process is as follows:
- a) If you are not in agreement with CONCERN's grievance decision, you may file an appeal within ten working days of receiving the grievance decision. You may file an appeal either orally or in writing directly to CONCERN staff.
  - b) The appeal will be provided to or communicated to the Region Director as soon as possible or within one business day.
  - c) Upon receipt of the appeal, the Region Director will begin tracking the appeal on the Appeal Tracking Form.
  - d) The Region Director will investigate the issue to attempt to find a resolution. The investigation may include phone or in person discussions with all persons involved, review of progress notes and other file documentation, review of the grievance decision, supervision, and/or a group meeting, and will be reviewed with the county administrator. All pieces of the investigation will be documented on the Appeal Tracking Form.
  - e) A resolution will be rendered to you within 48 business hours. The completed Appeal Tracking Form will be delivered in person or sent in the mail to you as well as filed in our CONCERN file. In addition, a copy will be retained on file at the Region Director Level.
4. You "have the right to the assistance of an independent person and witnesses in presenting his complaint" (PA Code § 5100.54, Article VII.) You can contact your local Mental Health/Mental Retardation program office, the managed care organization or insurance company that provides coverage for your mental health treatment, or an advocacy agency at any time to help you articulate your grievance or appeal. *If you need assistance locating any of the above named agencies, CONCERN staff can provide you the contact information.*

You may also contact the Office of Mental Health and Substance Abuse Services (OMHSAS) at:

1414 Cameron Street, 1<sup>st</sup> Floor  
 Harrisburg, PA 17103  
 Phone: 717-346-0549  
 Toll Free: 866-578-3659

\_\_\_\_\_  
 Client Signature (age 14 and older)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent/Guardian Signature (for clients under age 14)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 CONCERN staff

\_\_\_\_\_  
 Date

**CONCERN  
CCS GRIEVANCE TRACKING FORM**

Name of Client:

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Date of Birth:

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Date Grievance was received:

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Staff to whom the Grievance was reported:

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Method of report of Grievance:

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\*\*Please attach if written

Description of Grievance and previous informal method/steps taken to resolve issue:

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Date Supervisor or Region Director Received Grievance:

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Steps taken for investigation:

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Decision:

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Date client was provided with the resolution and method(s) of delivery:

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Please provide a copy of this form to the client and the Director of Behavioral Health and then attach to client's CREDIBLE file. Is the client satisfied with the Grievance Resolution?

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Does the client wish to appeal (Y/N)?

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Note: This is a sample form only – the actual form can be found at  
<S:\00.000 AGENCY\00.001 FORMS\02.300 CCS\CCS CLIENT GRIEVANCE TRACKING FORM.DOCX>

**CONCERN  
CCS CLIENT GRIEVANCE APPEAL TRACKING FORM**

Name of Client:

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Date of Birth:

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Date Appeal was received:

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Staff to whom the Appeal was reported:

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Method of report of Appeal:

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\*\*Please attach if written

Date and decision of grievance to which this appeal applies:

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Date Region Director received Appeal:

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Steps Taken for the Investigation:

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Resolution:

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Date client was provided with the resolution and method(s) of delivery:

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Please provide a copy of this form to the client and the Director of Behavioral Health and then attach to client's CREDIBLE file. Is the client satisfied with the appeal resolution?

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Does the client wish to appeal (Y/N):

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Note: This is a sample form only – the actual form can be found at  
<S:\00.000 Agency\00.001 Forms\02.300 CCS\CCS Client Grievance Appeal Tracking Form.docx>