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### **POLICY OVERVIEW:**

Community Access, Inc. (CA) is committed to facilitating the resolution of any grievance in an equitable and expedient manner. The following Grievance Policy and Procedures are made available to all who receive services from CA upon entry into housing or other programs.

### **SCOPE:**

The Grievance Policy and Procedures covers participants in all CA programs.

### **DEFINITIONS:**

**Grievance:** complaint (verbal or written) regarding CA program services which requires administrative intervention above the program level.

**Non-Grievance:** Complaints about other program participants would not be considered grievances and should be mediated by program staff or addressed by property management, potentially as a lease violation. Maintenance, repair, or other property management issues would also not be considered a grievance. All property maintenance related issues need to be submitted as a work order by calling 877-248-7455. This is the only mechanism to address property management issues, and all these issues will be processed in order of urgency. Response time will often depend on the nature of the issue, and in particular, the potential need for specialty supplies, equipment, or labor. Any complaints about Property Management should be addressed to the Director of Property Management. Please note: if Property Management has not successfully resolved a participant complaint or a program participant is not satisfied with the resolution of a property management complaint, the program participant may notify the Department of Housing Preservation and Development (HPD) by calling 311. In most cases, the participant will be asked to provide contact information to report a problem.

**Program Participant:** any tenant or resident in CA housing, guest at a Crisis Support Program or individual receiving services at any CA non-residential program including Howie the Harp, Blueprint, EVA, Care Coordination, ACT, IMT, AHI, Self-Direction, or the Art Collective.

### **POLICY:**

All program participants/tenants at Community Access are encouraged to voice concerns, complaints and suggestions about CA program services. CA expects program participants to speak up if: they feel that their rights as a resident, tenant or participant of a CA program have been violated; an employee does not respect their right to create their own goals or makes a decision regarding services that they



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do not agree with; an employee conducts him/herself in a manner that is not professional or inconsistent with the values of Community Access; an employee acts in a way that would be considered abusive or neglectful; or, they have other concerns regarding services.

Many issues that are raised can be addressed and resolved at the program level by a Service Coordinator, Assistant Director or Program Director; however, if concerns are not addressed or not handled effectively, participants have the right to file a formal grievance which will be addressed by CA administration as outlined in the procedures below. Grievances may be filed in writing using the Grievance Documentation Form or any other piece of paper, via email, or they can be communicated verbally. Staff are available to assist in filing a grievance if it is needed. Assistance may include language translation or assistance with reading and writing. If anonymity is desired, a complaint/grievance may be filed anonymously in writing in a sealed letter given to any staff member or by contacting CA's Confidential Reporting Line (646) 722-9398. Issues considered non-grievances are not addressed through the grievance process outlined here. Please consult with your Department Head or Property Management when dealing with non-grievance issues as outlined above.

Throughout all steps of the grievance process, participants will be encouraged to give their input as to an acceptable resolution to the complaint/grievance. This input will always be considered and, whenever possible, included in the final resolution and recommendations.

All grievances will be responded to in a timely fashion. Grievances and Appeals will receive a written response for the complainant within 30 days whenever possible. Health Home participants will also receive a verbal response as required. For care coordination participants, if the grievance involves care coordination staff or services, the grievance documentation will also be forwarded to CBC and reported directly to NYS Department of Health in the Incident Reporting and Monitoring System (IRAMS).

A program participant may not always receive detailed information regarding the disposition of the grievance as there may be information that is confidential in nature that cannot be shared. A program participant has the right to appeal any determination made on a grievance if he/she feels the grievance was not resolved to his/her satisfaction. The process for appeals is detailed in the procedures below and includes appeals up to the funding source or governmental department with oversight of the program. It is recommended that program participants follow the steps in order to resolve all grievances effectively as early on in the process as possible.

All grievance appeals will be tracked and analyzed by the Quality Improvement department to ensure that they are responded to in a timely fashion and resolutions are appropriate and effective.

### **PROCEDURES:**



The following steps should be taken to effectively resolve complaints and grievances that are made at Community Access.

### 1. Initial Complaint:

Before a formal grievance is filed with Community Access' administration, a complaint may be handled at the program level. A program participant should report the issue to his/her Service Coordinator, the Assistant Director or the Program Director or any other staff member with whom he/she feels comfortable. A Grievance Report Form may be used for this report; however it is not required. The program staff should report the issue to the Program Director, unless the Director is named in the complaint, and the Program Director is responsible for investigating and finding an appropriate resolution. If the complaint is made about a Program Director, the complaint should be brought immediately to the Director's supervisor. Complaints regarding abuse or neglect or issues of similar magnitude would be considered serious grievances and should be escalated immediately to Step 3 below in which they are filed as Grievances with the Quality Improvement Department. For OMH licensed programs, these serious grievances may also require reporting to the Justice Center (see Incident Reporting Policy & Procedures Appendix A).

If necessary, the Program Director should also inform his/her direct supervisor and seek guidance in responding to the grievance. The Program Director is responsible for reporting back to the program participant regarding the resolution within ten business days. At this level, the report may be verbal or in writing, depending on the nature of the complaint. If the resolution requires a plan of action, this will be done in writing and follow-up and completion of action steps should be documented and dated. The Program Director is responsible for keeping track of all complaints handled successfully at the program level.

### 2. Complaint Appeal:

If 30 days, but not more than 60 days, have passed since the creation of an action plan to resolve a complaint and a program participant is not satisfied with the resolution of the complaint, a complaint appeal may be filed. To file a complaint appeal, the program participant should take one of the following steps:

- Document the grievance on a Complaint/Grievance Documentation Form and submit to the Department Head overseeing the program.
- Contact the-Department Head overseeing the program by phone or email to file a grievance.



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- Set up an appointment with the Department Head to file the grievance directly.

If asked, any program staff member must provide the program participant with the Complaint/Grievance Document form and contact information for the appropriate Department Head to assist them with filing a complaint appeal. Staff should also provide assistance in translation, reading or writing if a person would like to file a complaint appeal. Staff who assist with the filing of a complaint appeal must treat information obtained as confidential, and not share the information or discuss the complaint with the person(s) named in the complaint or with others at the site unless it is a part of an investigatory process.

If required by contract, a complaint and/or grievance, along with the resolution, may also need to be reported to the contracting agency, e.g. CBC for Care Coordination. A meeting should be set up with the complainant within ten business days and the initial investigation and resolution should be completed by the appropriate Department Head within ten business days of this meeting whenever possible. The Quality Improvement Department or Human Resources Department should be consulted as necessary to assist with the investigation or resolution. The person responsible for investigation will maintain documentation regarding the investigation and its conclusions. The person investigating will also respond to the complainant in writing when the investigation is complete to provide as much information as possible about the determination that is made. Health Home participants will also be notified verbally. Information regarding other tenants or staff disciplinary actions cannot be shared due to confidentiality restrictions. Possible resolutions may include programmatic or policy changes, mediation meetings between the program participant and the staff member(s) involved, staff education or disciplinary action, or, if the complaint cannot be substantiated, there may be a determination that no action is required.

### 3. Formal Grievance

If a program participant is not satisfied with the disposition of the complaint appeal, he/she has the right to appeal the decision to the Quality Improvement Department. To do this, he/she should contact the Quality Improvement Department and set up an appointment to discuss the grievance and the previous resolution(s). The meeting should be scheduled within ten business days of the Quality Improvement Department being notified. Care Coordination participants may appeal directly to CBC. As noted above, complaints regarding potential abuse or neglect or issues of similar magnitude would be considered serious grievances and should be escalated directly to Quality Improvement. For OMH licensed programs, these serious grievances may also require reporting to the Justice Center (see Incident Reporting Policy & Procedures Appendix A).

The Quality Improvement Department will review available documentation and may initiate a new



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investigation to gather further details based on the information provided. All grievances addressed by Quality Improvement are documented in the Quality Improvement Grievance Tracking Document which tracks steps taken during the appeal review and the describes any determination/recommendations that are made.

The Quality Improvement Department will propose a new resolution and recommendations or affirm the previous resolution and recommendations based on the review and investigation and respond in writing to the complainant within 30 days of the initial meeting with Quality Improvement.

#### 4. Final Appeal – Grievance Committee

If after 45 days from the resolution date of the first appeal, the program participant remains unsatisfied with the effectiveness of the resolution made by the Quality Improvement Department, a request may be made to have the grievance reviewed by the Grievance Committee. This request should be made in writing to the Director of Quality Improvement and should include a brief description of the grievance, the reason why the outcome is unsatisfactory and the resolution that is being sought. The Director of Quality Improvement will review the request with the Chief Program Officer and make a decision regarding whether or not a review before the Grievance Committee is warranted within 10 business days and if so, an appropriate Grievance Committee will be convened within the following 30 days. If it is determined that a Grievance Committee is not warranted, they may propose an alternative resolution if warranted, and put the recommended measures into effect.

The Grievance Committee may be comprised of members of CA staff, members of the CA executive team and Peers. The composition may vary based on the nature and magnitude of the grievance. Nobody who works for or participates in the program involved in the grievance may sit on the Grievance Committee.

The Grievance Committee will receive the Final Appeal request and all grievance documentation and appropriate investigatory materials prior to the committee meeting. At the Grievance Committee review, the committee will hear a presentation of the issue from the program participant. The Grievance Committee may also request presentations from other parties involved, including potential witnesses or others with relevant information.

After all parties have been heard, the Grievance Committee will make a decision regarding the outcome of the grievance and may make further recommendations for resolution. The decision of the Grievance Committee will be sent in writing to the complainant within 10 business days after the Committee meeting and review. The Committee's decision is final. Decisions made by the Grievance Committee will not be binding on future grievances unless they are officially incorporated into CA policies or procedures.



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### Additional Assistance

If a program participant remains unsatisfied about the outcome of their grievance, they may file a complaint with the program funder. At any point in the grievance process, a program participant may contact any of the following agencies for assistance:

New York State Justice Center (for OMH Licensed Programs) – (855) 373-2122

New York City, Department of Health and Mental Hygiene, Department of Consumer Affairs – (347) 396-7194 or 311

New York State Office of Mental Health, Customer Relations – (800) 597-8481

\*CBC Director of Quality Assurance, Improvement and Systems Integration (Care Coordination Participants) – (646) 930-8836

New York Lawyers for Public Interest – (212) 244-4664

MFY Legal Services – (212) 417-3700

DSS/HRA Central Complaint Unit ---(718)291-4141

### Grievance Tracking and Analysis:

All formal grievances will be tracked by the Quality Improvement Department and analyzed annually with regard to frequency and trends and to ensure that resolutions are effective. Grievance tracking will also be made available to auditors and funders when requested.

### RELATED POLICIES:

INCIDENT REPORTING POLICIES AND PROCEDURES: APPENDIX A

CBC Policy and Procedure Manual: Grievance Resolution Process