

**CHAPTER 5: GRIEVANCE POLICY**

Each subcontractor must have a grievance procedure. This policy may be used or subcontractors can develop their own as long as it includes the same elements as this one. Each client must be given a written copy of the Grievance Procedure at his/her initial Ryan White eligibility appointment. These policies must be explained and clients must be given an opportunity to ask questions at this time and at their yearly eligibility appointments.

A form signed by the client, must be included in his/her chart stating that she/he has received copies of the Grievance Procedure. Subcontractors may use their own form or use the example form included in this manual. This can be on a separate form, included with a list of other policies received by the client, or included with the consent for services signed. This form must be signed each year.

**SOUTHWEST/PIEDMONT HIV CARE CONSORTIUM GRIEVANCE POLICY AND PROCEDURE**

Clients may file a grievance if a request for services offered under the Ryan White Part B Program is denied or if they have any complaint or concern about the services received through their service provider or the Consortium. Clients have 90 days from the date of denial of services or complaint about the services received to file a grievance.

**This policy only applies to services provided by the Southwest/Piedmont HIV Care Consortium funded under Part B of the Ryan White Program.** Issues arising from services provided with funds other than Ryan White Part B may not be addressed through this process. This includes prevention services, Ryan White Part A, C, or D services, Housing Opportunities for Persons with AIDS (HOPWA), or any other services not funded by the Southwest Piedmont HIV Care Consortium.

Situations in which a grievance may be filed:

- **Denial of Services:** A client is denied a service typically offered under the Ryan White Part B Program. A list of services offered with descriptions is in Chapter 3 of the S/PHCC Policy and Procedures Manual.
- **Unfair or Unequal Treatment:** Having a complaint or concern about a service received is when a client believes she/he has been treated unfairly or has received poor treatment by a service provider or by the consortium.
- **Breach of Confidentiality:** If a subcontractor discloses any information about a client without written consent.
- **Involuntary Discharge from Any or All Services:** Clients may be discharged with cause and notice. Clients must be made aware of any issues that may lead to an involuntary discharge in writing prior to being discharged.

Situations in which a grievance may not be filed:

- **Virginia Medication Formularies:** Being denied a medication that is not on either the Virginia ADAP or Non-ADAP Formularies. The process for adding medications is listed under chapter 3, medications.
- **Billing Deadlines:** The Ryan White Part B year begins on April 1 and ends on March 31 of each year. ALL billing must be submitted to VDH by May 30 of each year. Bills cannot be carried over from year to year.
- **Availability of Funds:** Denial of services or being placed on a waiting list due to a shortage of funds.
- **Subcontractor Personnel Issues:** The Council of Community Services as the Lead Agency of the Southwest/Piedmont HIV Care Consortium has no authority to reprimand any individual employee of any subcontractor or service provider.

**Grievance Process:**

1. This process begins AFTER a client has discussed the issue with the Ryan White Part B subcontractor and has been unable to resolve the situation in question.
2. Clients wishing to file a grievance must complete the Grievance Form. Copies are available from each service provider or from the Council of Community Services. Clients are welcome to contact the Council prior to filing a grievance by phone or email; however, without a signed form allowing the Council to begin an investigation into the complaint, the Council may take no action on the behalf of the client. Clients will receive a confirmation of receipt of the grievance within 7 days.
3. A representative from the Council of Community services will contact all parties and begin gathering information. The representative will attempt to resolve the issue between the parties within 15 days of receipt of the grievance form.
4. Failing to reach a resolution, the Council will convene a panel consisting of a client representative, a subcontractor representative and a lead agency representative within 30 days. No members of the panel will be an employee or a recipient of services form the subcontractor named in the grievance.
5. After the panel makes a decision on the grievance, the lead agency will issue the result in writing to all parties. The decision of the panel is final.

Grievance Forms must be mailed to: The Council of Community Services, c/o Robert Morrow, P.O. Box 598, Roanoke, VA 24004-0598. Please mark all such correspondence confidential on both sides of the envelope.

**GRIEVANCE POLICY SAMPLE ACKNOWLEDGEMENT OF RECEIPT**

I, \_\_\_\_\_ have received a copy of the Southwest/Piedmont HIV Care Consortium Grievance Procedure. I have had this policy explained to me and I have had an opportunity to have my questions answered. I understand that all services provided by the Southwest/Piedmont HIV Care Consortium are subject to the availability of funds and are not guaranteed beyond the availability of these funds.

I understand that all services provided by S/PHCC are subject to the availability of funds and are not guaranteed beyond the availability of these funds.

I been offered and **accepted** a written copy of S/PHCC Grievance Procedure.

I been offered and **declined** a written copy of S/PHCC Grievance Procedure.

\*Please check one of the above statements regarding S/PHCC Client Rights and Responsibilities Statement.

Date: \_\_\_\_\_ Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Witness: \_\_\_\_\_

Keep original in client’s file. Be sure to make copy for the client.

**SOUTHWEST PIEDMONT HIV CARE CONSORTIUM GRIEVANCE FORM**

Client Name: \_\_\_\_\_

Client Mailing Address: \_\_\_\_\_

Client Phone Number: \_\_\_\_\_

Date(s) Incident Occurred: \_\_\_\_\_

Name of Service Provider: \_\_\_\_\_

Brief Summary of Incident/Complaint: Please tell us what occurred, when it happened and who it involved. If the grievance involves a denial of services, include the service requested, cost of service, and medical necessity of service (you may summarize on a separate piece of paper and attach, also feel free to attach and include any document that may support your complaint).

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| 1. Have you reviewed the S/PHCC grievance policy and procedures?  | Yes | No |
| 2. Have you discussed this issue with the provider(s) involved?   | Yes | No |
| 3. Was there a satisfactory resolution proposed?  | Yes | No |
| 4. Do you wish to contact and discuss this issue confidentially with a client representative not associated with your service provider? | Yes | No |

In accordance with the grievance procedure adopted by the Southwest/Piedmont HIV Care Consortium and my Service Provider, I am submitting this grievance to the Council of Community Services as lead agent of the Consortium. I hereby authorize a representative of the lead agency to contact the provider listed above and discuss my complaint.

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Client filing this Complaint

Mail original to: Council of Community Services, c/o Robert Morrow, Director of Care Services, P.O. Box 598, Roanoke, VA 24004-0598. Mark both sides of the envelope confidential.