

## ACTS ADMINISTRATIVE POLICY

DEPARTMENT: OPERATIONS

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SUBJECT: GRIEVANCES AND APPEALS OF PERSONS SERVED

POLICY NO: AP-021

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**PURPOSE:** To establish a standard procedure for filing, investigating, responding to, tracking, and evaluating grievances submitted by persons who are receiving or have received services from ACTS, or from representatives, family members, or significant others.

**POLICY:** ACTS affirms the right of persons currently or previously receiving services, or their legal representatives or authorized designees, to communicate dissatisfaction with any aspect of services or providers; to make recommendations or suggestions related to services; and to receive a meaningful and timely response to any concerns. ACTS does not retaliate or take any discriminatory or intimidating action against a person or representative for exercising their rights to file a complaint or grievance. ACTS encourages and empowers staff to attempt, within their scope of practice, to resolve grievances at the first level received.

**SCOPE:**  FAC 65D-30     FAC 58A-5     FAC 65E.5.180  
 CARF Standards     Medicaid     Board Policy #0001     CFBHN

**RESPONSIBILITY:**

The Chief Executive Officer is responsible for the promulgation of this policy and annual review.

The Chief Operating Officer is responsible for conformance to this policy, and to review formal grievances and assist staff to resolve grievances.

The Quality Improvement Director (QI) is responsible for reviewing current standards established by rule, contract, licensing, or accreditation, and for recommending any revisions to this policy; to maintain data on complaints and grievances and report information to the Safety Risk and Compliance Committee; and to accept and follow up on any complaints or grievances filed directly with QI.

The Human Resource Director is responsible for providing or arranging staff training necessary to implement this policy.

The Program Administrators/Directors are responsible for implementation of this policy in programs they oversee, through structured supervision and clinical reviews; to receive and work toward resolution of grievances; and to support a culture of quality and responsiveness to persons served.

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All staff are responsible to respond to concerns, complaints, or grievances from persons served or family, friends and/or representatives as authorized by the person served; to submit documentation on all informal or formal grievances to their immediate supervisor; and are empowered to attempt to resolve issues, within their scope of practice.

The Maintenance Supervisor is responsible to oversee resolution of life/safety issues related to ACTS facilities and property.

### DEFINITIONS

**Appeal:** A formal request to reconsider the proposed resolution of a formal or informal grievance.

**Complaint or Informal Grievance:** Any verbal or written expression of dissatisfaction with any aspect of a service or service provider of ACTS that the person wishes to bring to the attention of program management for investigation and resolution, and **which is resolved to the person's satisfaction at the program level within five days.** Complaints by definition do not involve a life or safety issue or alleged illegal action by an employee(s), as these are automatically classified as grievances. This does not include concerns voiced by persons served which are addressed and resolved promptly at the program level.

**Grievance:** A formal written or verbal statement of dissatisfaction with service or care, based on the belief that the person has experienced **an unjust, unethical, discriminatory, or illegal act by any staff of ACTS** during the person's relationship with the agency, or a life or safety issue related to a facility or program of ACTS.

**Life/Safety Issues:** Anything in the environment that could cause significant physical harm to persons served, staff, or visitors. Examples of life and safety issues include, but are not limited to, broken glass, exposed wires or nails, razors or scissors left out on a unit, or broken door locks.

**Person or Person Served:** An individual who is receiving or has received services.

**Representative:** An individual acting on behalf of another, such as a parent or guardian, an involved family member, significant other, or friend.

**Resolution:** The timely and adequate acknowledgment, investigation, explanation, and conclusion to a complaint or grievance.

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Staff: For purposes of this procedure, staff includes paid employees of ACTS, contracted service providers or consultants, unpaid interns, and volunteers.

Supervisor: For purposes of this policy, defined as staff with responsibility to oversee a program and/or facility. Actual job titles may differ.

### PERFORMANCE AND DOCUMENTATION STANDARDS

1. During orientation to services, staff shall provide information to persons served, and if applicable, parents/guardians or other involved family/significant others, about the right to express concerns and how to access the formal complaint and grievance process. This includes information about external agencies that accept complaints or grievances, including funders, licensing or regulatory organizations, and advocacy groups. Staff shall provide this explanation in a language understood by the person served and others as applicable. This shall occur at intake, unless the person is unable to participate due to physical or emotional conditions, in which case, this occurs as soon as possible once the person is able to participate.
2. Staff shall consult with the supervisor or appropriate member of senior management if they believe that what a person presents as a concern is more appropriate to address through the complaint or grievance process. The decision to file a complaint or grievance always rests with the person or parent/guardian if applicable, except in cases of life/safety issues per 65E-5.180, Florida Administrative Code (F.A.C.).
3. A person may designate a representative to file grievances on his/her behalf. The person served must sign a Release of Information before ACTS may disclose any confidential information, including disposition of the grievance, to the representative.
4. Persons may file informal or formal grievances verbally or in writing, and may deliver grievances in person, or by phone, mail, email, fax, or secure messaging through the ACTS website. The QI Director or designee is responsible to check phone messages and email at least once each business day to retrieve grievances filed by phone or electronically.
5. Any staff person may accept a grievance, and is encouraged to attempt to resolve the grievance, if appropriate, within that person's scope of practice and authority. Staff shall route all received complaints and grievances, whether resolved or not, to the program supervisor according to program procedures.

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6. Persons are not required to submit complaints or grievances in writing but are encouraged to do so to ensure correct and complete information. If the person declines to file in writing, staff shall complete a written grievance form based on information the grievant provides. If the grievant is present, staff shall ask them to sign the completed form and provide the person with a copy. However, the person is not required to sign the form to initiate the grievance.
7. Persons may also file grievances through external agencies. These include the following: The Florida Abuse Hotline (1.800.962.2873), Disability Rights Florida (1.800.342.0823), the United States Department of Health and Human Services (1.404.562.7886), the Florida Department of Children & Families Office for Civil Rights (1.850.487.1901), or the funder of their services, e.g., Central Florida Behavioral Health Network (1.877.355.2377). ACTS shall post contact information for these organizations in common areas and near telephones that are accessible to persons served. The QI Director or designee receives grievances that are filed through any external agencies and forwards them to the appropriate Chief Administrator within one business day of receipt.
8. At no time will any staff, contractors, volunteers, or others working on behalf of ACTS retaliate or take any intimidating or discriminatory action against a person for filing a grievance, or for exercising any rights granted under federal or state laws, including HIPAA privacy regulations. Filing a complaint or grievance does not affect the person's right to receive services from ACTS.
9. ACTS staff may communicate resolutions of complaints/informal grievances verbally to the grievant. Formal grievance resolutions must be provided in writing. The written notice shall include an explanation of the reasons for the proposed resolution, as well as the procedure for appeal.
10. Whenever possible, concerns, complaints, and grievances should be resolved within the program prior to the person leaving services. In any event, staff members must adhere to the following response times:
  - a. In accordance with 65E-5.180, Florida Administrative Code (F.A.C.), Life/Safety issues are automatically classified as grievances and must be addressed immediately and resolved as soon as possible.
    - i. Upon receipt of a life/safety issue, staff shall notify the supervisor or on-call manager immediately, and if able, take appropriate action to resolve the issue.

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- ii. The supervisor, or staff as directed, will notify any other departments as needed to address the situation (e.g., maintenance, medical), and notify the division Chief/Administrator and QI within one hour by email.
    - b. Complaints/informal grievances are by definition resolved within **five days**; otherwise, they are considered active grievances.
    - c. The program supervisor/administrator shall send all active grievances to the appropriate Chief/Administrator within **one business day** of receipt, or after a complaint becomes a grievance due to lack of successful resolution, with a copy to QI.
    - d. The Chief/Administrator has **ten business days** after receiving notice of an unresolved grievance to investigate and propose a resolution. This timeframe may be extended up to five additional business days with approval of the grievant.
    - e. If a grievance is not successfully resolved at that level, the grievant may appeal to the QI Director. The QI Director has **ten business days** after they receive the grievance to investigate and propose a resolution.
    - f. If a grievance is not successfully resolved at that level, the grievant may appeal to the CEO. The CEO may elect to offer the grievant the option of further review by the Board of Directors of ACTS, either by a standing or ad hoc board committee at its next scheduled meeting, or at a meeting convened for this purpose. In either case, such review shall occur no later than **20 business days** after referral to the Board.
    - g. Staff may mail, email, or hand-deliver a written response to the grievant within **three business days** after final disposition. In the event the grievant cannot be contacted or does not respond to contact attempts, this shall be documented and filed with the grievance form.
  - 11. For purposes of tracking and monitoring for compliance, supervisors shall forward all documentation related to complaints/informal grievances to the QI Director or designee within five business days of receipt, and documentation related to formal grievances within 24 hours of receipt, by interoffice mail or email. Information to be reported includes, but is not limited to:
    - a. Date and time the complaint or grievance is filed or received by staff
    - b. The nature of the complaint
    - c. The name and identifier of the grievant
    - d. The name of the staff person assigned to investigate the complaint
    - e. The date the grievant was notified of the staff person assigned to investigate the complaint
    - f. The due date for the written response

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- g. The written disposition of the complaint
  - h. The date the written response was given to the grievant

### 12. Documentation

- a. The ACTS Grievance Form shall be completed at each level of review. Documentation shall reflect the determination made, and the title and credentials of all staff that participated in or reviewed the process.
- b. The original Grievance Form and all accompanying documents are to be forwarded to the QI Director upon resolution.
- c. All records of grievance documentation are maintained in the QI Department for seven years and are stored and disposed of in accordance with the ACTS Record Management policy and procedures.

13. Staff members who are the subject of a complaint or grievance may not lead or be involved with a team assigned to investigate that grievance. They may participate in subsequent performance improvement initiatives arising from the investigation.

14. The QI Director or designee is responsible to log and track all complaints and grievances and their resolution, and to report this data to the Safety, Risk, and Compliance Committee as part of its standing agenda. QI may classify multiple grievances from one person, if related to the same program or provider or within the same episode of care, as one grievance.

- i. The Committee utilizes aggregate data to identify opportunities to improve satisfaction and reduce risk for persons served and for staff.
- ii. The Committee may invite program staff to attend a meeting to discuss specific questions or performance improvement initiatives.

15. The Corporate Compliance Officer (Safety Risk and Compliance Committee Chair) or designee reports aggregate data on complaints and grievances to the ACTS Board of Directors.

16. **Fair Hearing:** A grievant may be entitled to request a Fair Hearing at any time during the grievance process. The grievant may qualify for a Fair Hearing if a request for service has been denied, or he/she believes that the request was not acted upon in a timely manner. **Medicaid recipients may request a fair hearing at any time. Requests should be directed in writing to: Office of Public Assistance Appeals Hearings, 1317 Winewood Boulevard, Building 5, Room 203, Tallahassee, FL 32399-0700. Reference to the right to a Fair Hearing must be included in all correspondence during the grievance process.**

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17. A person may file a HIPAA-related grievance using this procedure, or directly with the Agency's HIPAA Privacy Officer, or directly with the Department of Health and Human Services Office for Civil Rights. Requests should be directed in writing to: DHHS OCR, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, D.C. 20201 or by telephone to the OCR Hotlines-Voice: 1-800-368-1019. Reference to the right to file with DHHS must be included in all correspondence during the grievance process.
18. Deaf and Hard of Hearing Services: Customers and potential customers or companions who are deaf or hard of hearing and who believe that they have been discriminated against may file a written or oral complaint of discrimination within 180 days of the alleged discriminatory act as follows:
- a. A grievant (including a person receiving services, a companion, employee or member of the public) can file a complaint and/or grievance internally or externally using this procedure.
  - b. Internal complaints are filed with the ACTS Single Point of Contact, who is the QI Director.
  - c. External complaints may be filed with one of the agencies listed below:

Department of Children and Families (DCF)

Office of Civil Rights

1317 Winewood Blvd.

Building 1, Room 110

Tallahassee, FL 32399-0700

(850) 487-1901; TDD (850) 922-9220; Fax (850) 921-8470

United States Department of Health and Human Services (HHS)

Attention: Office for Civil Rights

Atlanta Federal Center, Suite 3B70

61 Forsyth Street, N.W.

Atlanta, Georgia 30303-8909

(404) 562-7888; TDD (404) 331-2867; Fax (404) 562-7881

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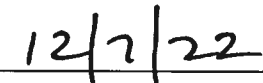
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United States Department of Justice  
Office for Civil Rights – Office of Justice Programs  
810 7<sup>th</sup> Street, N.W.  
Washington, DC 20531  
(202) 307-0690; TDD/TTY (202) 307-2027  
Fax (202) 616-9865

United States Department of Justice  
Civil Rights Division – Disability Rights Section  
1425 New York Avenue  
Washington, DC 20530  
(800) 514-0301; TDD/TTY (800) 514-0383

- d. A grievant, complainant, and all witnesses and other participants must be advised of their right to request reasonable accommodation for any phase of the complaint process. All correspondence sent to participants shall contain information on requesting accommodations.
- e. Employees alleging violation of Title I of the ADA must file a complaint within 365 days of the alleged violation.
- f. Employees, persons, or companions alleging violation of Title II of the ADA must file a complaint within 180 days of the alleged violation.

  
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Chief Executive Officer, Asha Perera

  
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Date