



## **OUR PROCESS FOR COMPLAINTS & FEEDBACK**

The best way for us to know if we are meeting your needs is for you to tell us. If there is a problem or concern, we want to know about it. You will not be treated badly or disrespectfully for doing so. For specific information, please see your intake handout on Grievances and appeals, which outlines all of your options.

You can file a complaint or give us feedback verbally or in writing. If the matter is about your provider or our agency, then you can file the complaint with us. You also have the opportunity to file with the CCO or the Health Services Division.

### **Here is what to do if you have a complaint:**

- Fill out the Complaint Form. You can get this form from your provider, or the treatment agency.
  - Explain the problem or concern, stating what you would like done about it. Use more paper as needed.
  - You may want help filling out the form. Your provider or someone else at the agency can help you. A staff member can help you write information on the form using your own words.
  - Return the form to our Complaint Office if the problem or concern is about your provider or agency. If it is about your Health Plan return it to the plan indicated on your Card.

### **OR You can:**

- Talk directly to the office involved. If the problem or concern is about your provider or the treatment agency, talk with them. If the matter is about your health plan, then talk with the office indicated on the back of your card.
  - For whichever office you contact, tell them you want to give feedback or file a complaint. They may ask you to talk with a specific person in the office whose job it is to receive complaints.
  - Explain the problem or concern, and say what you want done about it. They will ask how you can be reached. This is so that they can get more information from you about the issue should they need it, it is also so they can tell you their decision about the matter.

### **Your Complaint is Confidential**

Your complaint will be kept confidential. This is required by federal and state laws and rules. Only the treatment agency, your provider, your health plan and/or the Health Systems Division of the Oregon Department of Human Services can look at, share and discuss your complaint. They can do this also for certain other required purposes. You do not need to sign an authorization for this.

You can have someone else file a complaint for you. If this person is an authorized Member Representative, you do not need to sign an authorization form. They can look at, share and discuss your confidential information to help investigate and resolve your complaint. If the person is not an authorized Member Representative, then you must sign an authorization form.

A grievant, witness, or staff member of a provider may not be subject to retaliation by a provider for making a report or being interviewed about a grievance or being a witness. Retaliation may include but is not limited to dismissal or harassment, reduction in services, wage, or benefits, or basing service or performance review on the action. The grievant is immune from any civil or criminal liability with respect to the making or content of grievance made in good faith.

Individual and their legal guardian may appeal entry, transfer, and grievance decisions as follows:

- If the individual or guardian is not satisfied with the decision, the individual or guardian may file an appeal in writing within ten working days of the date of the program administrator's response to the grievance or notification of denial for services. The appeal shall be submitted to the Division.
- If request, program staff shall be available to assist the individual;
- The Division shall provide a written response within ten working days of the receipt of the appeal; and
- If the individual or guardian is not satisfied with the appeal decision, they may file a second appeal in writing within ten working days of the date of the written response of the Division Director.

**Here is what happens when we receive a complaint:**

We will find out the details and facts of the matter. We will try to complete this process within 5 working days. If we need more time than this, we will notify you in writing. We will tell you why and how much more time will be needed. The longest amount of time for the complaint process is 30 calendar days.

During this process, we will review the information on the Complaint Form. If we need more information from you, we will contact you right away. We may look at your mental health records. If the matter is about a provider, we may talk with them. If there are other people involved, we may talk with them also. We may need you to sign an authorization form for this; we will tell you right away what is needed.

When the process is completed, we will send you a written decision about the matter.