

# **Access Family Services (AFS) and Compass Adult Care (CAC) Grievance Policy**

## **I. POLICY:**

- A. It is the policy of Access Family Services and Compass Adult Care that persons served are encouraged to state complaints and/or grievances if they believe their rights have been violated, and to pursue a resolution to their concerns in a structured format that provides fair and equitable results through due process.

## **II. PROCEDURES:**

- A. Persons served will be fully informed of the grievance procedures during their orientation to services. In addition, they will receive a copy of their rights that will provide an overview of this process for later reference.
- B. Day-to-day issues affecting the persons served shall be resolved informally between the person served and the primary staff member responsible for his/her service coordination. If the problem or complaint is not resolved to the satisfaction of the person served, the Quality Assurance Director will adhere to the guidelines contained in this policy and assist the person served in accessing the procedures necessary to resolve the concern.
- C. Persons served have the right to due process with regard to grievances, and the organization will afford every reasonable opportunity for informal and/or formal resolution of the grievance.
- D. Persons who may bring grievances include, but are not limited to:
  - 1) The person served.
  - 2) The guardian of the person served.
  - 3) The attorney, designated representative, or a representative of a rights protection or advocacy agency of the person served.
- E. A grievant shall in no way be subject to disciplinary action or reprisal, including reprisal in the form of denial or termination of services, loss of privileges, or loss of services as a result of filing a grievance.
- F. Notices summarizing a person's right to due process in regard to grievances, including the process which grievances may be filed and copies of forms to be used for such purpose, shall be available within each facility and program area.
- G. Each person served will be informed of his/her right to grieve and the right to be assisted throughout the grievance process by a representative of his/her choice, in a manner designed to be understandable to the person served.

- H. During a formal grievance procedure, the person served will have the right to the following:
- 1) Assistance by a representative of his/her choice.
  - 2) Review of any information obtained in processing the grievance, except that which would violate the confidentiality of another person served.
  - 3) Presentation of evidence of witnesses pertinent to the grievance.
  - 4) Receipt of complete findings and recommendations, except those that would violate the confidentiality of another person served.
- I. In all grievances the burden of proof shall be on Access Family Services and Compass Adult Care to show compliance or remedial action to comply with the policies and procedures established to ensure the rights of persons served.
- J. All findings of a formal grievance procedure shall include:
- 1) A finding of fact.
  - 2) A determination regarding the adherence of the organization, program, or employee, or the failure to adhere, to specific policies or procedures designed to ensure the rights of persons served.
  - 3) Any specific remedial steps necessary to ensure compliance with organizational policies and procedures.
- K. The steps of a formal grievance are as follows:
- 1) Formal grievances shall be filed first with the supervisor/director of the service unit or program in which the grievance arises.
  - 2) The supervisor/ director is responsible for ensuring that a copy of the grievance is forwarded to both the Access Family Services and Compass Adult Care President and Quality Assurance Director.
  - 3) The supervisor/director of the service unit or program will meet with the grievant, and/or representatives, immediately following the filing to brainstorm resolution of any related issues that may get in the way of full participation in services. Actions may include, but not be limited to, a change in direct care providers or an adjustment in programming schedules and/or program environments.
  - 4) Access Family Services and Compass Adult Care will issue a formal written response to the grievant, and/or the designated representatives,

within five working days, excluding weekends or holidays, of the complaint.

L. The steps to appeal a written response to a grievance:

- 1) If the grievant is unsatisfied with the findings of the written response to a grievance, he or she may appeal the decision to the Quality Assurance Director within five days, excluding weekends or holidays.
- 2) The Quality Assurance Director will issue a formal written response to the grievant, and/or the designated representatives, within five working days, excluding weekends or holidays, of the complaint.
- 3) If the grievant is unsatisfied with the findings of the written response, he/she will be referred to a third party outside of the organization. Third parties may include organizations such as children's or adult protective services, professional licensing boards, nursing home ombudsmen, or other appropriate organizations that may serve as an advocate for the person served.

M. All staff members of Access Family Services and Compass Adult Care will be trained in the implementation of this policy and procedures during orientation, and will receive ongoing training of the procedures to ensure the process is applied in a comprehensive manner if a grievance is filed.

N. Grievances regarding the actions of specific staff members will be handled in accordance with personnel rules and contract provisions. No disciplinary action may be taken, nor facts found with regard to any alleged employee misconduct, except in accordance with applicable personnel rules and contract provisions.

O. A Grievance Log will be maintained by the Access Family Services and Compass Adult Care detailing the nature of the complaint, relevant information obtained in the investigation, and the outcome of the process. All information contained will maintain the confidentiality of the participants in the process. This record will be reviewed annually by the Executive Leadership Team to determine if there are trends in the complaints, and to identify areas to initiate performance improvement activities.

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Designated Authority

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Date