Healthy Start Coalition of Jefferson, Madison and Taylor Counties, Inc.
Complaint and Grievance Procedure

INFORMING CLIENTS OF THEIR COMPLAINT AND GRIEVANCE RIGHTS

A client is defined as a person receiving services from Healthy Start.

Healthy Start clients are advised, through written information provided by the Healthy Start Provider, how to obtain help with a problem or concern related to their Healthy Start services. Information is given on how to file a grievance if the problem or concern cannot be resolved. The Healthy Start Provider provides a brochure to all newly enrolled participants with the name, address and toll-free telephone number for the client to contact and register a complaint or grievance. (1-844-234-8529)

COMPLAINTS

A complaint is defined as any expression of dissatisfaction by a client, including dissatisfaction with the administration, or provision of services, which relates to the quality of care provided. All complaints are received from the complainant through the Coalition's toll-free grievance line.

Registering a Complaint

When a client expresses a dissatisfaction that requires follow-up, the person receiving the complaint will document the details on a Healthy Start Services Complaint Summary Sheet (Attachment). The person completing the form will give the form to the Coalition Executive Director the same day the complaint is received. The Executive Director will investigate the complaint and assign a date for final findings and resolution within five working days of the date of the receipt of the complaint.

Action on a Complaint

The Executive Director, after investigating the complaint will document the findings on the Healthy Start Services Complaint Summary Sheet. The Healthy Start Services Complaint Summary Sheet will then be sent to the Provider's Healthy Start Program Manager who will indicate concurrence with the findings and resolution by dating and signing the form. The Executive Director will then contact the complainant by phone or letter and inform her of the outcome. If resolution of the complaint requires assistance from outside parties, written consent of the complainant must be obtained prior to further action. This contact will be documented.

Documentation from contacts with any involved party of the complaint (i.e., document date, time, name of person and information received) will be attached to the Healthy Start Services Complaint Summary Sheet.

If a mutual resolution cannot be agreed to between the Coalition, provider and person filing a complaint the client will have the right to a mediator or a meeting with the Coalition's Grievance Committee (typically consisting of Provider Healthy Start Program Director, Coalition board members and at least 1 consumer) prior to reporting to the Department of Health (DOH) and Agency for Health Care Administration's Healthy Start Wavier State Advisory Board. Note at any time the client may request to contact DOH and the Agency for Health Care Administration.

Cross-referenced files and a log are kept, recording the name and address of each client registering a complaint. A copy of the completed Healthy Start Services Complaint Summary Sheet is kept in the file with the final resolution documented.

GRIEVANCES

A grievance is defined as a written complaint submitted by or on behalf of a client regarding the: availability, the delivery, or quality of services.

Filing a Grievance
All grievances must be submitted in writing by the client and date stamped upon receipt. Written consent to release this information is obtained from the client.

Action on a Grievance
Upon receipt of a grievance, the Healthy Start Services Grievance Summary Sheet (Attachment) is completed by the Provider's Healthy Start Program Manager and the grievance is attached.

The person receiving the grievance and completing the Healthy Start Services Grievance Summary Sheet will, within the same working day, notify the Coalition Executive Director and forward the written grievance and the Healthy Start Services Grievance Summary Sheet to the Coalition.

The Coalition Executive Director will review the grievance and the Healthy Start Services Grievance Summary Sheet, and, within the same working day, confer with the Provider on a mutually agreed upon resolution.

The Provider is responsible for resolving operational type grievances. He/she will provide a written response to the grievant within thirty days from the initial filing by the client.

Cross-referenced files and a log are kept, recording the name and address of each client registering a grievance. A copy of the completed Healthy Start Services Grievance Summary Sheet is kept in the file with the final resolution documented.

The client shall have the right to seek review of the grievance findings and recommendations from the Healthy Start Provider, Coalition, Florida Department of Health and Agency for Health Care Administration's Healthy Start Waiver State Advisory Board.

HEALTHY START SERVICES COMPLAINT SUMMARY SHEET

Date Received: _____ Received By:_____
Name and Title

_____
Last Name of Complainant First Name MI

_____
Address (Number, Street, Apartment)

_____
City, State and Zip Code

_____
Home Phone Work Phone Medicaid I.D. Number

Type of Complaint: Operational_____Other_____

Name and Telephone Number of Person or Care Provider Involved (If Applicable)

_____
Name Telephone Number

Summary of Complaint: (Include Witness(es) if Applicable)_____

_____

_____

Supervisor complaint referred to:_____Date:_____

Assigned to by supervisor:_____Date:_____

Investigation and Findings:_____

_____

Actions taken: _____

Supervisor Review:_____Date:_____
Signature and Title

Date Copy Sent to Healthy Start Provider Executive Director:_____

HEALTHY START SERVICES GRIEVANCE SUMMARY SHEET

Date Received: _____ Received By:_____
Full Name and Title

_____
Last Name of Grievant First Name MI

_____
Address (Number, Street, Apartment)

_____
City, State and Zip Code

_____
Home Phone Work Phone Medicaid I.D. Number

Type of Grievance: Operational_____Other_____

Name and Telephone Number of Person or Care Provider Involved (If Applicable)

_____
Name Telephone Number

Summary of Grievance: (Include Witness (es) if Applicable)_____

_____

_____

Supervisor Notified:_____Date_____Time:_____

Supervisor Review:_____Date:_____Time:_____
Signature

Healthy Start Provider Executive Director Notified By:_____

Date:_____Time:_____

Investigation and Findings:

_____

Actions taken: _____