

HIV Services Program Statewide Grievance Policy

POLICY BACKGROUND

Clients receiving Indiana Department of Health's HIV Service Program-funded services have the right to register formal complaints regarding the HIV Services Program or services funded by the HIV Services Program and will not be denied these services based upon such complaints. The scope of this policy is directly applicable to all clients receiving services from the HIV Services Program or receiving services funded by the HIV Services Program. These services being delivered through an agency; includes all clients engaged with HIV Services and clients of any other services or activities funded by the HIV Services Program in Indiana.

Every agency funded by the HIV Services Program must have a written procedure outlining how to manage client grievances and complaints, including who is involved at each level of review. The agency's procedure will reference this HIV Services Program Statewide Grievance Policy.

The HIV Services Program Statewide Grievance Policy is intended to address issues occurring within all agencies receiving funds from the HIV Services Program or occurring when services are directly delivered by the HIV Services Program. These issues may include perceived violations of the agency's (or the HIV Services Program's) established policies, breaches of confidentiality, or concerns about the quality of services being provided to the specific client registering the grievance. The agency (or the HIV Services Program) is not expected to address complaints lodged by one client in reference to another client's issues; neither is it expected to address complaints regarding other agencies or external programs. Please follow up with any funded Service Providers prior to sending any grievance to IDOH.

Agencies must establish a grievance liaison to review the submitted grievances. The agency (or the HIV Services Program) must ensure that the client can expect services to continue without disruption, and without a reduction in frequency or quality, during and after the grievance process.

Grievances that are unable to be resolved at the agency's highest level of review may be referred to the Indiana Department of Health's HIV Services Program, HIV Support Services Program Manager. Further, the client must be assured that if, at any point in the process, the issue concerns parties that are normally expected to review client grievances, the agency shall proceed to the next highest level of review.

Statewide Grievance Procedure

BACKGROUND

The HIV Services Program Statewide Grievance Procedure is intended to address issues occurring within all agencies receiving funds from the HIV Services Program or occurring when services are directly delivered by the HIV Services Program. These issues may include perceived violations of the agency's (or the HIV Services Program's) established policies, breaches of confidentiality, or concerns about the quality of services being provided to the specific client registering the grievance. The agency (or the HIV Services Program) is not expected to address complaints lodged by one client about another client's issues; neither is it expected to address complaints regarding other agencies or external programs.

Each agency must designate a liaison for client/service provider complaints. The liaison will work with client to ensure that each step of this procedure is completed and documented appropriately. The liaison is responsible for the routing of the complaint to each successive level of review.

If the client is dissatisfied with the outcome of the grievance, the liaison will immediately obtain the client's statement with signature indicating dissatisfaction with the proposed resolution and will direct the Concern Form as the official submission to the HIV Support Services Program Manager at the Indiana Department of Health within 30 days. The liaison will include the Concern Form and all relevant documentation for review to fully inform IDOH

PROCEDURE

Upon receipt, the HIV Support Services Program Manager will review all submitted materials regarding the matter. Once the internal process at the agency is complete; please submit any resolutions and all documents that have not been resolved to IDOH within 14 days of the dissatisfied grievance. IDOH will have 30 days thereafter to resolve and further plan. The Program Manager will attempt to contact the client by telephone to further discuss the circumstances of the complaint. The Program Manager will contact the staff at the funded agency submitting the grievance (if applicable). Please submit all documents to the Indiana Department of Health's HIV Services Program HIV Support Services Program Manager via email: Supportiveservices@isdh.in.gov .

Documentation of process and outcome

All records related to a client grievance shall be maintained in files distinctly separate from both the client chart and are considered confidential and should be maintained in a secure location.

REFERENCES: Policy Clarification Notice (PCN) # 16-02

https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf

Concern Form

This form is to be used on behalf of clients and Service Providers to submit grievances regarding the level of service quality, violation of program policies, or breaches of confidentiality.

Please complete the following information:

Your Name _____ Today's Date _____
Your Care Site _____
Grievance Liaison _____ Date of Incident _____

Briefly describe the incident or concern:

Briefly describe your expected resolution to this problem or concern:

Sign your name _____

Your signature here provides consent for release of information regarding this grievance to IDOH and other appropriate parties.

Liaison Signature _____

The signature of Grievance Liaison

THIS PAGE – Agency Use Only	Designated liaison for this grievance	
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Step 2	Initial Date : _____
Result	Description of proposed resolution _____
Client is satisfied with resolution <input type="checkbox"/> Client is dissatisfied with resolution <input type="checkbox"/>	
Satisfied client signature _____	Date _____
Dissatisfied client signature _____	Date _____

Step 3	Date this form provided to Liaison _____	Date of meeting: _____
Result	Description of proposed resolution _____	
Client is satisfied with resolution <input type="checkbox"/> Client is dissatisfied with resolution <input type="checkbox"/>		
Satisfied client signature _____	Date _____	Dissatisfied client signature _____
		Date _____

Step 4	Date this form provided to grievance committee or management _____	Date of meeting with client _____
	Date of committee decision to liaison _____	Date of meeting with client _____
Result	Description of proposed resolution _____	
Client is satisfied with resolution <input type="checkbox"/> Client is dissatisfied with resolution <input type="checkbox"/>		
Satisfied client signature _____	Date _____	Dissatisfied client signature _____
		Date _____

Step 5	Date this form provided to board of directors _____	Date of meeting with client _____
	Date of board decision to liaison _____	Date of meeting with client _____
Result	Description of proposed resolution _____	
Client is satisfied with resolution <input type="checkbox"/> Client is dissatisfied with resolution <input type="checkbox"/>		
Satisfied client signature _____	Date _____	Dissatisfied client signature _____
		Date _____

Step 6	Date mailed to IDOH _____	Date received by ISDH _____	Date of IDOH decision _____
Result	See attached directive _____		
Agency has received this decision <input type="checkbox"/> Client has received this decision <input type="checkbox"/>			
Liaison signature _____	Date _____	Client signature _____	Date _____