



Service Delivery Formal Complaint/Grievance Policy

Compliance Policy 31

Purpose

It is the purpose of this policy to describe the procedures for responding to a formal grievance about service delivery, to delineate documentation requirements; and to ensure compliance with the “Rights of Persons Served.”¹

Policy

It is the policy of Bergen’s Promise, Inc. to address every grievance related to service delivery in a respectful and expedient manner. All formal grievances shall be documented and reviewed to determine whether corrective actions and or process improvements are required when handled by supervisory or management staff. Filing a grievance will not result in retaliation of barriers to services.

Procedures:

Formal grievances regarding Providers shall be documented by the Care Manager on behalf of the family on the “Report of Quality Concern” (RoQC) <https://forms.gle/KGXvHR4sHS2zznv16> (see Appendix A). Documentation shall include name of complainant, type of complainant, (child, family, etc.), description of the grievance, actions taken to address/resolve the grievance, and disposition. When a RoQC form is submitted, the applicable Supervisor, the Corporate Compliance Officer and the Director of Community Resources will receive an email with a copy of the completed form.

In the event of a concern about the Care Manager or Supervisor, a link to the Formal Complaint/Grievance Family Form shall be shared with the family by the applicable Director of Care Management (DCM) when concerns cannot be addressed at the Child and Family Team (CFT) level.

English: <https://forms.office.com/r/KXs8RBgmLN> (Appendix B)

Spanish: <https://forms.office.com/r/EVEm3g5Qjd>

Description of a Service Delivery Formal Grievance

¹ Sec. 1.K.3. and 4.

A formal grievance related to service delivery can be described as any unsatisfactory concern or problem negatively impacting the relationship between staff and youth and their families and Bergen's Promise and or impeding delivery of services. Examples may include ethical concerns or behaviors, lack of timely response by care management staff, disrespect, discrimination, breach of confidentiality and/or privacy, failure to arrive at scheduled appointments without calling, etc.

Grievances about Bergen's Promise, Inc.

In the event there is a grievance regarding service delivery, the individual is encouraged to address the problem directly with the assigned Care Manager. The individual may elect to contact the Care Manager Supervisor directly instead, or if dissatisfied by the response of the Care Manager.

The Care Manager Supervisor has up to seven (7) business days to resolve the issue and follow up regarding the outcome(s). If the individual is not satisfied with the response by the Care Manager Supervisor, they may contact a Director of Care Management (DCM). The DCM has up to seven (7) business days to reach a resolution and inform the complainant, and/or provide the family with a link to the formal grievance form. Additionally, if the individual is still not satisfied with the resolution, they may contact the Chief Operations Officer (COO) who will follow up in seven (7) business days.

If the complainant still is not satisfied by the response they have received, they may contact the Chief Executive Officer (CEO) or contact the NJ Children's System of Care at 1-877-652-7624.

The resolution of all Formal Complaints and RoCQs will be overseen by the Compliance Committee, CCO, DCMs and, when applicable, the Community Resources Director (CRD) for appropriate tracking and recordkeeping and documented by the CMS on the Formal Complaint Resolution form. <https://forms.office.com/r/rMGQXjZqp5> (Appendix C)

Grievances about System Partners and or Providers

In the event the youth/family has a grievance about a Systems Partner or Provider they are encouraged to communicate their concerns directly to the provider and inform their Care Manager. The Care Manager shall inquire with the family as a means of follow up to determine whether the concern or grievance was resolved between the family and provider. If the problem persists, the Care Manager shall inform the Care Manager Supervisor and file a RoQC.

If the Care Manager Supervisor is unable to adequately resolve the provider-related problem, the DCM shall be informed. The DCM will consult with the CCO and CRD for final resolution. If a resolution is not made or there is a pattern of problems, at the discretion of the CCO, DCMs and CRD, the Clinician or the Provider Agency may be temporarily or permanently suspended from working with Bergen's Promise youth. The CRD will be responsible for maintaining up to date information on suspended clinicians/providers. If a Care Manager has a concern or grievance about a Systems Partner or other provider, she or he shall inform the Care Manager Supervisor and follow the above procedure.

NOTE: At any time during the Grievance Resolution Process, an individual may direct their concern to the agency CEO or COO.

Grievances related to decisions made by the Care Manager or Care Manager Supervisor concerning service delivery or the denial or termination of services may or may not be appropriate subjects for review by the CCO, DCMs and CRD. Any youth, applicant, or person who was enrolled within the last three (3) months, or their designee, parent or guardian shall have the right to seek review. Grievances should be directed to the agency's CCO, DCMs and CRD who will investigate each grievance within seven (7) business days and negotiate the resolution with the complainant. A written report of the findings and suggested resolution of the grievance will be prepared within seven (7) business days of the initial receipt. The report will be maintained in a file at Bergen's Promise.

In addition to the above, the following advocacy services are also available to you:

1. PerformCare (the DCF Contract Systems Administrator) at 1-877-652-7624
2. NJ DCF - Children's System of Care at 1-877-543-7864
3. NJ DCF - Division of Child Protection & Permanency at 1-877-NJ-ABUSE
4. NJ Division on Civil Rights at 1-609-292-4605

APPENDIX A Grievances about Providers (see CMRG)

Record of Quality Concern (RoQC)

Recorder's First Name *

.....

Recorder's Last Name *

.....

Recorder's title *

▼

Recorder's Department *

▼

Recorder's Supervisor *

Choose ▼

<https://docs.google.com/forms/d/1ytyMGHUjzalKAV1jgyITdc0n1zxXP37UnDrrT6qzRo/edit#response=ACYDBNhmahTRHBEX9Thv4CwXMpqL5nbrAo...> 1/6

Today's Date *

MM DD YYYY

__ / __ / __

Date you first became aware of this issue: *

MM DD YYYY

__ / __ / __

Type of Quality Concern *

Other quality concern type

Please list

.....

If a Provider Related Concern, please enter Agency name

.....

Quality concerns in this report include: (Check all that apply) *

- Boundary issues/unprofessionalism
- Progress notes late/missing
- Encounter form discrepancies
- Lack of communication/contact
- Failure to initiate services
- No show/late to CFT meetings
- Premature transition from services
- Lack of services
- Breach of privacy/HIPAA
- Other:

Details about the Concern

Cyber ID *

Enter 'NA' if this report is not youth-related.

.....

Youth's Last Name *

Enter 'NA' if this report is not youth-related

.....

Youth's First Name *

Enter 'NA' if this report is not youth-related.

.....

Originator's Last Name *

Please complete if the report is COMPLAINT-RELATED, otherwise enter as 'NA'

.....

Originator's First Name *

Please complete if the report is COMPLAINT-RELATED, otherwise enter as 'NA'

.....

Statement of the Quality Concern *

Please include details (e.g., timeline, individual clinician's name and title, if applicable, dates of communications)

.....

Action(s) Taken to Resolve at the CFT level *

Check all that apply

- Chart review/audit
- Provider service review (e.g., progress notes, reassignment of provider, informal/formal corrective action)
- Individual supervision
- Reassignment of Care Manager
- CFT with Supervisor
- Accommodation granted/denied (please explain below)
- Resource/alternate funding provided
- Other:

Additional details on action(s) taken at the CFT level or other follow-up, if applicable

.....

Areas for Improvement: *

Check all that apply

- CFT development
- CFT communication
- Staff documentation
- Staff job performance
- Provider collaboration
- Quality of provider service
- Community resource gaps
- Ethical concerns (e.g., boundaries, behavior)
- Cultural competence concerns
- Health and safety concerns
- Other:

Plan for Improvement (provide as much detail as possible): *

.....

Please be sure to check the box below to "Send me a copy of my responses."

This form was created inside of Bergen's Promise, Inc..



APPENDIX B Grievances about the Care Manager or Supervisor (see Website-Contact-FamilyGrievanceForm)



Formal Complaint/Grievance Family Form

It is the policy of Bergen's Promise, Inc., to address every grievance related to service delivery in a respectful and expedient manner.

* Required

1. Today's Date *

Please input date (M/d/yyyy)



2. Youth's Last Name: *

Enter your answer

3. Youth's First Name: *

Enter your answer

4. Complainant's Last Name: *

Enter your answer

5. Complainant's First Name: *

Enter your answer

Next



* Required

Section

6. Date this issue first arose: *

 

7. Complaint is about *(Please check all that apply):* *

- Care Manager
- Care Manager Supervisor
- Another Member of Your Child and Family Team
- Other

8. Details of your Complaint/Grievance (please include names and dates): *

9. How would you like the matter resolved? *

Back

Next



Formal Complaint/Grievance Family Form



* Required

Section

10. Signature Parent/Guardian/Youth 18+ *

11. Signature Date *

 

You can print a copy of your answer after you submit

Back

Submit

APPENDIX C (see Compliance SharePoint Site)

Formal Complaint/Grievance Outcome/Resolution

* Required

1. Today's Date *

 

2. CYBER ID: *

3. CM Last Name: *

4. CM First Name: *

5. CMS Last Name: *

6. CMS First Name: *

Enter your answer

7. Youth's Last Name: *

Enter your answer

8. Youth's First Name: *

Enter your answer

9. Complainant's Last Name: *

Enter your answer

10. Complainant's First Name: *

Enter your answer

Next

**Formal Complaint/Grievance
Outcome/Resolution**



* Required

Section

11. Date Complaint was filed: *

Please input date (M/d/yyyy) 

12. Statement of Grievance is about *(Please check all that apply):* *

- Boundary issues/unprofessionalism
- Lack of communication/contact
- Failure to start services
- No show/late to meetings/early conclusion of meeting
- Ending services too soon
- No services available
- Breach of privacy/HIPAA
- Other

13. Actions Taken (Please check all that apply): *

- Chart Review/Audit
- Provider Service Review (e.g., progress notes, reassignment of provider, informal/formal corrective action)
- Individual Supervision
- Reassignment of Care Manager
- CFT with Supervisor
- Resource/Alternative Funding Provided
- Other

14. Actions taken at the CFT level or other follow-up, if applicable:

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Submit