



Title: Policy and Procedure	Page: 1 of 1
Section: 2 Human Resources	Date: June 1, 2018
Policy: HH2-4B Grievance Procedure and Appeals	Replaces: December 1, 2017

**Grievance Procedure and Appeals
Policy:**

FAMILY AND FRIENDS, LLP believe that each **CLIENTS/CONTRACTED EMPLOYEE** shall have an opportunity to present their complaints and/or grievance regarding treatment/care/services to the appropriate management through a grievance procedure. The company will ensure that all options are available to the **CLIENTS/CONTRACTED EMPLOYEES** in order resolve grievances and complaints. Under no circumstances shall our **CLIENTS/CONTRACTED EMPLOYEES** feel that **FAMILY AND FRIENDS, LLP** is not doing all that we as a company to maintain the confidentiality or relationships with them for properly using the grievance procedure.

Each Client receives in their Welcome Packet a copy of our Grievance Policy and the form needed to submit a Grievance. The Marketing Team during Initial Consultation review the Grievance Policy with each client and family member.

Each Contracted Employee reviews the Grievance Policy and form during Orientation and annually.

Procedure:

- A. The **CLIENTS/CONTRACTED EMPLOYEES** shall discuss the matter with the Nursing Supervisor and/or Office Manager **IMMEDIATELY** of the occurrence. The Supervisor and/or Office Manager shall attempt to resolve the matter and shall respond verbally with the **CLIENTS/CONTRACTED EMPLOYEES** documenting the discussion within twenty-four (24) hours. The contact number is 24-hour emergency line (888) 810-8652 (use directory to locate Supervisor extension) If the matter is not resolved, the **CLIENTS/CONTRACTED EMPLOYEES** may advance to the next step within two (2) business days which will be to discuss the matter with the Compliance Nursing Officer. The contact number to the Compliance Nursing Officer is (888) 810-8652 x 110. All correspondence whether verbal or via email/text must be documented in ClearCare Notes for the specified **CLIENTS/CONTRACTED EMPLOYEES**.
- B. The Compliance Officer shall attach a written copy and violation of the grievance and forward both to the Executive Board, who shall evaluate the grievance relevant to policy guidelines, past practice, and other relevant factors. The decision shall be rendered and communicated in writing to the **CLIENTS/CONTRACTED EMPLOYEES** within seven (7) business days of receipt. Client and PAO must contact the case manager of the appropriate agency within 24 hours of incident, Ohio Department of Health Complaint Unit @ (800) 669-3534, Trumbull County Adult Protective Services @ (330)392-3244 shall receive a copy of the findings as well as the report. Adult Protection Services (Trumbull County 330-392-3248 or Mahoning County 330-884-6952), or APS Central Ohio Counties: (614) 868-3884; M-F 8AM TO 4PM and ACHC (855)937-2242
- C. The Agency will conduct annual training to all **CLIENTS & EMPLOYEES** regarding our Grievance & Appeal Process.

Departments Involved in Development: Board of Directors, Compliance Committee, Legal Counsel
Reviewed by Executive Board and approved by the Board 06/01/18
Reviewed by Compliance Officer and approved 06/01/18
All previous versions are obsolete