

STATEWIDE ADVOCACY PROGRAMS

Disability Rights Connecticut (DrCT): 1-800-842-7303 (860-679-1546)

As Connecticut's Protection and Advocacy System "DrCT" protects the rights of people with disabilities.

Connecticut Legal Rights Project: 1-877-402-2299

CLRP attorneys and paralegals primarily advocate for people with psychiatric disabilities who receive services from DMHAS operated and contracted programs and facilities (<http://www.clrp.org/>)

Advocacy Unlimited: 1-800-573-6929

AU is a peer run non-profit organization which trains people to be self-advocates. (<http://www.mindlink.org>)



For more information on the DMHAS Grievance Procedure contact the DMHAS Office of the Commissioner **Client Rights & Grievance Specialist**

860-418-6933 Fax: 860-418-6691 Relay: 7-1-1
William.pierce@ct.gov

For more information on DMHAS programs and services go to the DMHAS website: <http://ct.gov/dmhas/>

Each DMHAS facility and contracted service provider designates a "Client Rights Officer" to address complaints and grievances and DMHAS maintains a list online:

<http://www.ct.gov/dmhas/publications/cro>

For information on advocacy, DMHAS client rights and grievance procedure: <http://ct.gov/dmhas/crg>

State of Connecticut Department of Mental Health and Addiction Services (DMHAS)

DMHAS Client Grievance Procedure Guide



DMHAS , Office Of the Commissioner
410 Capitol Avenue P.O. Box 341431
Hartford, CT 06134



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WHAT IS A GRIEVANCE?

A Grievance is a **written complaint** a DMHAS operated facility or program or a Mental Health and/or Substance Use Disorder treatment provider contracted by DMHAS: denied, involuntarily reduced or terminated services.

And/Or

A **written complaint** the provider or its staff:

- i. Violated rights provided by law or DMHAS directive
- ii. Treated the client in an arbitrary or unreasonable manner
- iii. Failed to provide services authorized by a treatment plan
- iv. Used coercion to improperly limit choice
- v. Failed to reasonably intervene when the client's rights are put at risk by another client in a setting controlled by the provider
- vi. Failed to treat the client in a humane and dignified manner

WHO CAN SUBMIT A GRIEVANCE?

1. Any client (even someone with a Conservator) can file a grievance and:
 - Ask staff to help write it.
 - Authorize a representative or advocate of his or her choice* to help pursue a grievance

A client is someone with a psychiatric or substance use disorder who is receiving services, has received services or is seeking services from a DMHAS facility, program or contracted provider of direct services.

2. A person or entity authorized by law can file a grievance on behalf of a client
*(*A provider may disallow a client's choice of an advocate on the grounds it is "clinically detrimental" if the client and other person receive services from the same provider)*

WHO SHOULD RECEIVE A GRIEVANCE?

Grievances are submitted to a facility or provider's Client Rights Officer (CRO) or designee. The CRO works with the person submitting the grievance to reach a resolution to the complaint.

THE DMHAS GRIEVANCE PROCEDURE DOES NOT COVER:

- Client to Client complaints
- Non-DMHAS funded entities
- Matters under the jurisdiction of the Psychiatric Security Review Board
- Allegations of a DMHAS Work Rule Violation and/or criminal statute violation

DMHAS complies with all applicable Federal Civil Rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. DMHAS does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

The DMHAS Client Grievance Procedure complies with Connecticut Regulations of DMHAS Concerning Fair Hearings: §17a-451(t)-1 through §17a-451(t)-15.

RETALIATION BY PROVIDERS AND STAFF IS PROHIBITED

HOW DOES THE GRIEVANCE PROCEDURE WORK?

A grievance is submitted to the provider's Client Rights Officer (CRO) or designee no later than **45-calendar** days after an action being complained unless the complaint is an **Accelerated Grievance***

Grievances submitted after 45-calendar days may be considered if the CRO determines there is good cause for the delay.

A Grievance should include:

- Description of the complaint; what happened; when and where; who was involved and names of witnesses if any
- Whether there was written notice that services were denied or involuntarily reduced or terminated
- Whether modified services were offered after an involuntary termination
- Suggestion/s on how the grievance may be resolved

The CRO has **7-calendar** days to acknowledge the grievance and provide a list of state-wide advocacy programs.

The provider has no later than **21-calendar** days to respond to a grievance unless:

- The grievance is an **Accelerated Grievance***
- The client agrees to an **Informal Resolution** proposed by the CRO
- The provider authorizes an additional **15-calendar** days for good cause

The CRO will work to resolve the matter and propose a written **Informal Resolution**.

The client has no more than **10-business** days to respond to a proposed **Informal Resolution** or the grievance will be considered withdrawn.

Accepting the informal resolution resolves the grievance

If the client does not accept the **Informal Resolution** or if the CRO does not believe one is possible, the client can present additional information to the provider's Executive Official or designee who will issue a **Formal Decision**.

If the client does not agree with the provider's **Formal Decision**, a **Commissioner's Review** may be requested in writing no later than **15-business** days after the **Formal Decision** is received. Upon completing the review, the Commissioner or designee will issue the Department's **Final Determination**.

If the grievance is due to a denial, involuntary reduction or termination of services and the client does not agree with the Department's **Final Determination**, a **Fair Hearing** can be requested.

*** ACCELERATED GRIEVANCE:** If a provider involuntarily reduces or terminates Opioid Substitution Therapy or involuntarily terminates an inpatient treatment program of 30-days or less, a client can file an **Accelerated Grievance** no later than 5-business days after receiving notification of the action. The provider must respond

REQUEST FOR CONTINUATION OF SERVICES: If a provider terminates services without a notice that includes an offer of modified services; the client can submit a written request for continuation to the DMHAS Commissioner no later than **5-business** days after receiving notice of the termination. Clients requesting a continuation of services need to file a grievance with the provider.

DMHAS CLIENT COMPLAINT AND GRIEVANCE FORM

(continued from other side)

I am seeking the following resolution:

(PLEASE ATTACH ADDITIONAL PAGES IF NEEDED)

I authorize the the Client Rights Officer (CRO) or designee of the above named provider responsible for handling grievances to take any action likely to assist in resolving this grievance including: interviewing me (with my advocate present) and all other parties; reviewing pertinent documents and proposing an informal resolution that may include offering options such as mediation between all parties.

(Signature of client or person legally authorized to act on the client's behalf) _____ (Date)

(Signature of Client Rights Officer or designee) _____ (Date received)

FOR MORE INFORMATION ON THE DMHAS GRIEVANCE PROCESS CONTACT:
Client Rights and Grievance Specialist, Department of Mental Health and Addiction Services,
410 Capitol Avenue 4th PO Box. 34134 Hartford, CT 06134 860-418-6933 or 1 800-445-7348 (#6933)
www.ct.gov/dmhas/crg

Confidentiality: This form is intended only for the use of the individual(s) to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law.

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