

Therapeutic Living Services, Inc.

Grievance Policy and Procedure

205 - CP

CONSUMER COMMENT, COMPLAINT AND GRIEVANCE PROCESS

Policy: The Consumer Comment, Complaint and Grievance Process is one of the tools TLS uses to monitor and improve the quality of clinical care provided for consumers. This policy and the accompanying form is available at all TLS program sites. This process is designed to ensure that consumer comments and concerns are responded to in a consistent and timely fashion. The policy is therefore intended to empower consumers by creating a procedure that provides for an official voice in the management and continuous quality improvement of the agency. The form is designed to allow for many types of comments ranging from praise to grievance.

There are two types of Comments, Complaints and Grievances. The first type surrounds consumer issues and the second type surrounds staff issues. It is important that each of these types is heard but the channel for hearing them is different.

Procedure:

Regarding consumer issues:

1. Consumers and other concerned persons should make reasonable attempts to resolve any and all complaints with the program staff who are involved in the complaint.
2. If the complaint is not resolved to the consumer's satisfaction the grievance procedure should then be implemented using the Consumer Comment, Complaint and Grievance form.
3. Completed forms regarding policies and procedures should be given to the Residential Services Manager, or the Clinical Manager.
4. The TLS Grievance Committee then reviews the comment, complaint, grievance, or appeal and then responds to the concern(s) within three (3) business days.
5. A Grievance Committee representative will meet with the author of the grievance to discuss the response within two (2) days.
6. If the author of the grievance is not satisfied with the response, they may appeal the decision of the Grievance Committee to the TLS Executive Director in person.
7. If the author of the grievance is still not satisfied with the response, they may appeal the decision in person to the TLS Board of Directors via the Client Care Committee.
8. Finally, if the author of the grievance is not satisfied with the response of the TLS Board of Directors, they may appeal the decision to the NM Department of Health, or to their Managed Care Organization.
9. At any time in the process the consumer has the opportunity to have an Ombudsman either represent them or assist them with support. Federal and State law and regulation will be observed regarding the protection of confidential consumer information.

The TLS Grievance Committee is composed of the TLS Clinical Manager, the QI/Intake Specialist, the Program Manager, the Therapist, the Community Support Worker, the House

Approved by TLS BOD 01/27/2014
Reviewed & Approved by TLS BOD 02/22/2016
Reviewed & Approved by TLS BOD 07/25/2016
Reviewed & Approved by TLS BOD 07/24/2017
Reviewed & Approved by TLS BOD 12/01/2017
Reviewed & Approved by TLS BOD 07/25/2018
Reviewed & Approved by TLS BOD 08/06/2019
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Supervisor and the Residential Services Manager as applicable. The Clinical Manager chairs the committee.

Regarding staff issues:

1. Consumers and other concerned persons should make reasonable attempts to resolve any and all complaints with the staff member(s) involved in the complaint.
2. If resolution cannot be reached with the staff member, all consumer comments, complaints, and grievances should be written using the Consumer Comment, Complaint, and Grievance form and given to the employee's supervisor either directly, or in a sealed envelope.
3. The supervisor will meet with the consumer filing the complaint and discuss specific concerns within 2 business days of receiving the complaint.
4. The supervisor will then talk with the staff member and any other witnesses mentioned by the consumer or the staff member; thoroughly investigating the complaint. This investigation should be complete within five (5) business days of receipt of the complaint.
5. The supervisor will then decide what course of action should be taken with the staff member. Maintaining staff confidentiality is critical and the details of the decision may not be shared with the consumer. The supervisor will meet with the consumer to generally talk about the complaint and what some of the findings were.
6. If the consumer doesn't feel that appropriate action was taken with the staff member, they can then file a written appeal to the next person in the chain of command in question. The next person in the chain of command, should meet with the consumer within two (2) business days of receiving the appeal.
7. After discussing the situation with the consumer and the staff member's supervisor, appropriate recommendations will be made within five (5) business days of receipt of the appeal.
8. If the consumer is still not satisfied with the decision, the consumer will repeat this process up the chain of command through the appropriate program Director. Should the issue still not be resolved to the consumer's satisfaction, the consumer can request that the appeal be heard by the TLS Executive Director.
9. The next level of the appeal process is the TLS Board of Directors.
10. Finally, if the author of the grievance is not satisfied with the response of the TLS Board of Directors, they may appeal the decision to the NM Department of Health, or to their Managed Care Organization.
11. At any time in the process, the consumer has the opportunity to have an Ombudsman either represent them or assist them with support. Federal and State law and regulation will be observed regarding the protection of confidential consumer information.

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CONSUMER COMMENT, COMPLAINT, APPEAL AND GREIVANCE FORM

The administration and staff at TLS welcome comments and feedback from all consumers of our services their families, and other visitors. Comments may include complaints, suggestions, opportunities for improvement, and compliments or words of appreciation. The form should be completed as soon as possible by the respondent and then routed to appropriate person for review. If the consumer is not satisfied with the result of the process they have the right to submit an appeal as outlined in the TLS Policy. Please see Policy 302 – CP for further information.

PLEASE PRINT

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE # _____ RELATIONSHIP TO TLS _____

REPORTED TO: _____ DATE _____

POSITION/LOCATION _____

CHECK TYPE OF FEEDBACK: complaint, appeal, grievance suggestion Other

ISSUE/COMMENTS:

(Continue on the back if necessary).

Policy/Procedure

Staff Member Grievance

Form given to TLS

Form given to supervisor

Grievance Committee Representative

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To be filled out by Grievance Committee Representative or Supervisor as Applicable

Recommendations : _____

_____.

Action: _____

Reviewed by: _____	Date: _____
Reviewed by: _____	Date: _____
Reviewed by: _____	Date: _____
Reviewed by: _____	Date: _____
Reviewed by: _____	Date: _____
Reviewed by: _____	Date: _____

Appeal (if applicable) reviewed by: _____ **Date:** _____

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