

# Consumer Complaint, Grievance & Appeal Procedure

## What Are Your Rights?

- You have the right to file a grievance or appeal if you are dissatisfied with your treatment or services.
- NKHS cannot treat you poorly or deny you services as a result of filing a grievance or an appeal.

## What is a Complaint?

There may come a time when you are not satisfied with your service and you want to address your concerns. You can speak with any staff member about a complaint you have. A complaint will be handled within NKHS. If you are not satisfied with the NKHS response, you can then file a formal grievance. You do not need to file a complaint before filing a grievance.

- You are dissatisfied about aspects of interpersonal relations - rudeness, failure to be respected, staff not conducting themselves properly or the quality of care you are receiving.
- The complaint is resolved in one response by NKHS staff.
- Complaints may be made orally or in writing by the consumer to any NKHS staff.

## How Do I File a Grievance or an Appeal?

You may file a grievance or appeal orally or in writing. Any staff who provides your services can assist you. A form is not required, but if you choose, you can use the form on the back of this brochure. You may also contact the Grievance and Appeals Coordinator at NKHS.

### *When Will I Hear Back?*

*NKHS must acknowledge your grievance or appeal, in writing, within 5 days. Grievances must be resolved, with written notification, within 90 days. Appeals must be resolved, with written notification, within 30 days. If your rights are being violated, NKHS is not following timelines, or you need further assistance, please contact the Department of Mental Health at 802-241-0090.*

## Where Can I Get More Information?

Keri Riley-Pickford, Director of Operations and Compliance Officer

(802) 334-6744 | (802) 748-3181 | Confidential Compliance Hotline (802) 334-8003

[NKHS.org](http://NKHS.org) | [Kriley-pickford@NKHS.net](mailto:Kriley-pickford@NKHS.net)

**Department of Mental Health website:**

<http://mentalhealthvermont.gov/about/grievance>

## What is a Grievance?

A grievance is a way to report an issue with the quality of your services. Grievances are reported to the Department of Mental Health or to DAIL. Examples might include:

- Staff was rude to you
- You received poor service
- Service is not meeting your needs
- You don't have choices in your services
- You disagree with a rule or a policy
- You disagree with what is in your treatment plan

***There is no time limit to file a grievance.***

## What is an Appeal?

An appeal is a way to report your disagreement with a decision or an action. This is different from a grievance.

- You are denied a service
- You are denied entry to a program
- You do not agree that something should be removed from your services

***You have 60 days to file an appeal.***



**If you are dissatisfied with your agency, a member of its staff, or decisions about services that you receive, you may complete this form and give it to the agency's grievances & appeals coordinator so that issues can be resolved reasonably quickly. This form is made available for your convenience, but you may write your concerns down in any way you choose. Or, if you prefer, you may talk to the grievances & appeals coordinator about your concerns.**

- **We encourage you to express your dissatisfaction openly.**
- **Your concerns are considered confidential.**
- **Your services will not be affected if you file a grievance or appeal an action.**
- **No staff member will treat you poorly if you express your concerns.**
- **You are entitled to an agency decision regarding your concerns and reasons for the agency's decision.**

Name: \_\_\_\_\_ (required in order to provide a response)

Address: \_\_\_\_\_ or e-mail \_\_\_\_\_

Telephone #: \_\_\_\_\_ (if preferred) Date: \_\_\_\_\_

*(X) What best describes your concerns? If your concerns are about a denial, reduction, or stoppage of service, please give as much detail as possible. If your concerns are about the agency or staff, please describe the issues.*

The following categories may help, but you are not limited to this list:

<u>Examples of Grievance Issues:</u>	<u>Examples of Appeal Issues:</u>
<ol style="list-style-type: none"> <li>1. <input type="checkbox"/> Dissatisfaction with a staff/contractor</li> <li>2. <input type="checkbox"/> Dissatisfaction with management</li> <li>3. <input type="checkbox"/> Dissatisfaction with program decision</li> <li>4. <input type="checkbox"/> Dissatisfaction with policy decision</li> <li>5. <input type="checkbox"/> Dissatisfaction with quality of services</li> <li>6. <input type="checkbox"/> Dissatisfaction with accessibility of services</li> <li>7. <input type="checkbox"/> Dissatisfaction with timeliness of response</li> <li>8. <input type="checkbox"/> Dissatisfaction with services not offered or not available</li> </ol>	<ol style="list-style-type: none"> <li>1. <input type="checkbox"/> Denial or limited authorization of a requested covered service.</li> <li>2. <input type="checkbox"/> Reduction, suspension, or termination of an authorized service or service plan</li> <li>3. <input type="checkbox"/> Denial, in whole or in part, of payment for a service</li> <li>4. <input type="checkbox"/> Failure to provide services in a timely manner</li> <li>5. <input type="checkbox"/> Failure to provide clinically indicated covered services</li> <li>6. <input type="checkbox"/> Denial of request for covered services outside Medicaid network</li> </ol>

Describe your concerns and what steps you have taken to resolve the problem so far: \_\_\_\_\_

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How would you like to see the problem solved? \_\_\_\_\_

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\_\_\_\_\_ Date Received at NKHS

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Initials: \_\_\_\_\_