



Recipients Grievance Policy

AEIC
CASE MANAGEMENT LLC

ADVOCATE. EDUCATE. AND INVOKE CHANGE

RECIPIENT GRIEVANCE POLICY

AUDIENCE

All recipients of AEIC CASE MANAGEMENT, LLC.

PURPOSE

To guarantee recipient satisfaction and establish appropriate protocols for handling recipient dissatisfaction.

POLICY

AEIC CASE MANAGEMENT, LLC (AEIC, LLC) acknowledges the dignity of and will protect the rights of all recipients served as well as their families. This agency will ensure that each recipient has a freedom of choice with regard to selecting providers of services, including AEIC CASE MANAGEMENT, LLC. All participation in AEIC's supports and services is voluntary and no recipient will be forced to receive services for which he or she is eligible.

AEIC operates in accordance with Title VI and VII of the Civil Rights Act of 1964, as amended, and the Vietnam Veterans Readjustment Act of 1974 and all requirements imposed by or pursuant to the regulations of the US Department of Health and Human Services. This means that all individuals are accepted and that all services and facilities (waiting rooms, restrooms, etc.) are available to persons without regard to race, color, religion, age, sex, or national origin.

Each recipient of our services and/or parent shall have the opportunity to participate in any meeting involving the assessment of needs or the planning of care for that individual.

Except as required by law, no information, written or verbal, concerning the recipient or his/her family shall be released or requested without a signed, dated, and witnessed statement made by the recipient, or his/her agent, authorizing AEIC CASE MANAGEMENT, LLC to do so. The statement of authorization shall indicate, by name to whom and from whom the information will be transmitted and for what purpose.

RECIPIENT GRIEVANCE PROCEDURES

As a recipient, you have the right to voice a grievance against the manner in which you are treated without fear of reprisals. When doing so, you should follow the appropriate chain of command. For example, if you have a problem with a staff member working with you or your family.

1. You should first discuss it with that person.
2. If the result is not satisfactory, bring the problem to the attention of their supervisor and/or the Office Manager.

3. If the appropriate individual does not respond within 5 working days in writing or verbally to your satisfaction, then the complaint should be presented to the Office Manager.

4. The Office Manager shall respond within 5 working days.

5. If the resolution is not to your satisfaction, then the complaint shall be presented to the Board of Directors (when applicable), who will hold a meeting with the complainant to produce a decision.

6. If the recipient is not satisfied with the decision made by the company, the recipient may exercise their rights to access the final point of resolution.

7. AEIC Case Management will provide the client with a copy of our grievance policy and procedures upon admission and revision should a client wish to file a grievance. Texas Health Steps Complaint Phone Number is 1-877-847-8377.

Please let us know if you are not happy with AEIC CASE MANAGEMENT, LLC, your services, or any decisions that are made about your treatment. You have the right to file a grievance about anything you are not happy with. A grievance can be about anything other than a decision by AEIC CASE MANAGEMENT, LLC to deny, limit or change a service that you or your provider requested. This is your right. You do not need to worry that you will be treated badly for making a grievance. We want to make sure that you are treated fairly and receive the best service possible. This is one way you can stand up for yourself and your rights. It also helps us make our services better for you and others. You also have a right to appeal. This means you can ask for a review of an AEIC CASE MANAGEMENT, LLC action or decision about what services you get. Call, AEIC CASE MANAGEMENT, LLC at 1-877-396-3330.

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GRIEVANCE PROCEDURE AND CLIENTS' RIGHTS

Each recipient or guardian has the right to a fair hearing of complaints. Any Grievance should first be discussed with the therapist/supervisor. If the result is unsatisfactory, the client may give an official complaint in writing to the Clinical Director who will investigate the complaint or allegation and provide documentation of results to the guardian. Recipients are encouraged to exercise their rights and are free to make complaints without fear of retaliation.

These rights include:

1. to be informed of the client's rights and responsibilities at the time of admission or within 24 hours of admission;
2. to have a family member, chosen representative and/or his or her own physician notified of admission to the Behavioral Health Service provider at the request of the client;
3. to receive treatment and medical services without discrimination based on race, age, religion, national origin, gender, sexual orientation, or disability;
4. to be treated with personal dignity and respect;
5. to be free from abuse, neglect, exploitation, and harassment;
6. to receive care in a safe setting;
7. to receive the services of a translator or interpreter, if applicable, to facilitate communication between the client and the staff;
8. to be informed of the health status and to participate in the development, implementation and updating of my treatment plan;
9. to make informed decisions regarding my care by the myself or the parent or guardian, if applicable, in accordance with federal and state laws and regulations;
10. to participate or refuse to participate in experimental research, if I choose to do so I will provide written consent to such participation, or when a parent or legal guardian provides such consent, when applicable, in accordance with federal and state laws and regulations;
11. to be informed, in writing, of the policies and procedures for filing a grievance and their review and resolution;
12. to submit complaints or grievances without fear of reprisal;

13. to have my information and medical records, including all computerized medical information, kept confidential in accordance with federal and state statutes and rules/regulations;
14. to be given a copy of the program's rules and regulations upon admission;
15. to receive treatment in the least restrictive environment that meets my needs;
16. to not be restrained or secluded in violation of federal and state laws, rules, and regulations;
17. to be informed in advance of all estimated charges and any limitations on the length of services at the time of admission or within 72 hours (if applicable);
18. to receive an explanation of treatment or rights while in treatment;
19. to be informed of the: a. nature and purpose of any services rendered; b. the title of personnel providing that service; c. the risks, benefits, and side effects of all proposed treatment and medications; d. the probable health and mental health consequences of refusing treatment; and e. other available treatments which may be appropriate;
20. to accept or refuse all or part of treatment, unless prohibited by court order or a physician deems a danger to self or others or gravely disabled;
21. to have a copy of these rights, which includes the information to contact the Texas Health Step Complaint Number during routine business hours. C. The residential or outpatient clinic provider shall 1. a copy of the clients' rights on the premises that is accessible to all clients; and 2. give a copy of the clients' rights to each client upon admission and upon revision.

While the complaint process specified above has been developed as a means of cooperatively resolving complaints, you may at any time register your complaint with the following agencies and seek their assistance in achieving resolution:

Call Your Health Plan

If you don't have a health plan, call Medicaid helpline at 800-335-8957

Office of the Ombudsman

P. O. Box 13247

Austin, TX 78711-3247

Phone: 877-787-8999

Relay Texas for people with a hearing or speech disability: 7-1-1 or 800-735-2989

Online: Online Submission Form <http://bit.ly/ComplaintSubmission>

Fax: 888-780-8099

Mental Health Advocacy Service

512-693-2000

Recipient Grievance Form

Case #: _____

Reporting

Party/Parties: _____

Date of Incident: _____

Date of Report: _____

Acute/Pervasive _____

Description of

Grievance: _____

Reporting Party/Parties Signature

Date

Office Manager/Clinician Signature

Date

Witness Signature

Date

Date referred to owner: _____