



Policies & Procedures

Subject: Grievance Procedure

No: C.5

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Approved:

VP, Strategy & Service Development

Purpose:

It is the policy of NEXUS-FACTS to afford its clients the opportunity to pursue a resolution to any concerns in a structured format that provides fair and equitable process. We inform our clients of the grievance process through initial intake paperwork and laminated signs detailing the grievance process throughout the clinic. The grievance procedure is through the intake packet and with signs posted in the building outlining the grievance process. Former clients, and their authorized representatives may also submit a grievance to Nexus-FACTS if they so choose.

Grievance Policy Issued to Clients:

As a client you are encouraged to voice your complaint and/ or grievances if you believe your rights as a client have been violated. NEXUS-FACTS encourages the resolution of day-to-day issues informally between you and your primary staff. If the problem cannot be resolved to your satisfaction, your primary staff will advise you of the grievance procedure outlined in this written plan.

You, your guardians, or your attorney may file a grievance without interference.

When you want to file a grievance, if needed you will be given another copy of this procedure.

When you file a grievance, you will in no way be subject to disciplinary action or reprisal in any form, including denial of services, loss of privileges, or retaliation.

During the formal grievance process, you may be helped by a representative of your choice. You will also be entitled to review any material obtained in the process of the grievance, except where it would violate another client's confidentiality. You have the right to present witnesses with information pertinent to the grievance and are entitled to receive written findings and recommendations.

The burden of proof is on NEXUS-FACTS to demonstrate compliance with policies and standards to ensure your rights.

For grievances related to services not covered by your insurance, there is a separate grievance procedure, and we can provide you with information on the process.

Policy Oversight/Owner:

Procedures:

The Steps of Grievance Process

LEVEL ONE - CLINIC LEVEL

1. A written grievance will be filed with the director of the clinic if the client cannot resolve the issue informally.
2. If the grievance involves the Clinical Director or there is an allegation of misconduct by an associate, the grievance will go directly to Agency (Level II).
3. The Clinical Director, or designee, will contact in writing within 3 business days of filing the grievance, acknowledgement of receipt of the grievance and offer a meeting (in-person or virtual) with them to work toward a resolution with the client. In the event, the client does not agree or is unwilling to meet with the Clinical Director or designee, then the Clinical Director may extend the prerequisite time frame to accommodate the client's documented request.
4. The Clinical Director will issue a written response to the client within 10 business days of filing the grievance.
5. The client's record will reflect documentation of the grievance, the meeting with the client, and the outcome of the meeting.
6. A Copy of resolved Level I grievance is filed for data analysis and knowledge management.

APPEAL OF INITIAL DECISION

LEVEL TWO - AGENCY LEVEL

If the client is unsatisfied with the findings at the Clinic level, the client or consented representative may appeal the decision in writing or verbally to the Executive Director within 5 days of receiving the decision from the clinic. Clinical Director will be notified of the Agency (Level II) grievance. The Executive Director's designee will compile information and present their findings to the Executive Director. The information being collected will entail and not be restricted to:

1. Discussion with the client
2. Review of the client's record
3. Discussion with clinical director or
4. Any additional associates

The Executive Director will review the client's medical chart and make written recommendations directly to the Clinical Director for follow up within 5 business days of receipt of the appeal.



Policies & Procedures

1. Any action taken against the grieving client will be interrupted until a final determination of the investigation is made at the agency.

Exceptions:

* The Executive Director can make an exception if the medical benefit outweighs the postponement. In these unique situations, a clinical note will indicate the reason for the exception in the client's record.

* If the Executive Director and Clinical Director agree a client must be immediately discharged, due to imminent health and safety issues, then action against the client will not be interrupted until an investigation is complete. The clinic will make every effort to refer or transfer the client to another program or level of care if there are ongoing medical and/or psychological concerns.

2. The Executive Director will decide as to whether there is a need for any additional investigation at the organizational level or with external parties.

3. The Executive Director's findings will be documented.

APPEAL OF AGENCY GRIEVANCE OR COMPLIANCE TEAM DECISION

LEVEL III - EXTERNAL

If the client is not satisfied with the Level II - Agency Decision, then the client will be instructed to contact the Board Chair for further assistance. The Board Chair will attempt to resolve the client's grievance a final time. If the Board Chair cannot resolve the matter internally, then they will provide the client with phone numbers to the appropriate independent external agencies.

Department of Human Services, Licensing Division (651) 431-6500

[Minnesota Department of Human Services, Licensing Division | Licensing Regulations Database \(hhs.gov\)](https://www.hhs.gov/licenses-regulations/compliance/)

Office of Ombudsman for Mental Health and Developmental Disabilities (651) 757-1800

<https://mn.gov//ombdd>

Department of Health, Office of Health Facilities Complaints (651) 281-9796

www.health.state.mn.us/facilities/regulation/ohfc/appeals.html

Board of Social Work (612) 617-2100

<https://mn.gov/boards/social-work>

Board of Psychology (612) 617-2230

<https://mn.gov/boards/psychology>

Board of Behavioral Health (651) 201-2756

[https://Behavioral Health and Therapy \(BBHT\), Board of / Minnesota Board of Behavioral Health and Therapy \(mn.gov\)](https://Behavioral Health and Therapy (BBHT), Board of / Minnesota Board of Behavioral Health and Therapy (mn.gov))

Board of Marriage and Family Therapy (612) 617-2220

[https:// Minnesota Board of Marriage and Family Therapy \(mn.gov\)](https:// Minnesota Board of Marriage and Family Therapy (mn.gov))



Policies & Procedures

A formal written response will be provided to the client from the Board Chair.

All staff will be trained in the implementation of the grievance process.

Any grievance against specific staff will be handled in accordance with personnel policies.

The Quality Assurance Coordinator or designee will maintain a grievance log, which contains:

- Date of complaint
- Nature of complaint
- Final resolution of complaint

References:

COA CR 1 – Client Rights & Responsibilities

MN Statutes 245I.12, 245I.03, subd. 2