

Grievances and Appeals Policy

Foothills Counseling is committed to providing quality treatment services designed to meet client needs and to respect clients' rights. Compliant with OAR 309-019-0215, any individual or parent or guardian receiving services may file a grievance with the provider, the individual's coordinated care plan, or the Division. A written grievance procedure will be provided to each individual or guardian at the initial intake session and any assistance that may be needed to understand the document will be given to the individual.

Procedure

1. The clinician reviews the Grievance and Appeals Policy with each new client and answers any questions regarding this process. In signing the Acknowledgement of Receipt of New Patient Orientation Packet form, the client is acknowledging such actions have taken place.
2. The Grievance and Appeals Policy is offered to each new client during intake, and the Grievance Notice is posted next to the client's rights poster.
3. Formal grievances will be submitted to the Operations Director. The Operations Director will investigate as needed, consult when appropriate, and respond to the client as quickly as possible. Documentation of the grievance and the accompanying response will be documented in the client's file.

Grievance Statement

Foothills Counseling is committed to providing quality services designed to meet clients' needs and to respect clients' rights. If you or any person acting on your behalf believes that your needs are not being met within the scope of treatment or that your rights have been violated, you may file a grievance with the provider, your coordinated care plan, or the Health Systems Division regarding any aspect of your treatment.

If you have a concern or complaint, ask your clinician to help you resolve the problem. If your clinician is not available, ask administrative staff to help you. If you are not satisfied with the resolution, write a formal grievance. These grievances can be submitted to the Operations Director, and they are logged and forwarded the day they are received. An investigation by the Operations Director will be conducted within 30 calendar days or sooner, if possible. The individual submitting the grievance will receive updates at least every 7 days and the final outcome within 45 days of the original grievance. The written grievance must include a statement of the problem, the date(s) of occurrence, a list of persons involved, and any other pertinent details that will clarify the nature and circumstances of the grievance. You may suggest potential resolutions.

The Operations Director will speak with you and all other appropriate parties in investigating your grievance within 30 calendar days. The Operations Director will discuss possible resolutions with you and will then take action to resolve all valid aspects of the grievance. The resolution will be pursued in a timely manner. The Operations Director will place in your record a copy of the grievance, a summary of investigation results, and a description of actions taken. You have a right to review this information. Aspects of this information that could violate the privacy rights of staff or other clients may be withheld from your record.

Expedited Grievances: In circumstances in which the matter of the grievance is likely to cause harm to the individual before the grievance procedures outlined in these rules are completed, the individual, or guardian of the individual, may request an expedited review. The Operations Director will review and respond in writing to the grievance within 48 hours of receipt of the grievance. The written response must include information about the appeal process.

Retaliation

A grievant, witness, clinician, supervisor, or staff member of Foothills Counseling must not be subject to retaliation by a provider for making a report or being interviewed about a grievance or being a witness. Retaliation may include, but is not limited to, dismissal or harassment, reduction in services, wages or benefits, or basing service or a performance review on the action.

Immunity

The grievant is immune from any civil or criminal liability with respect to making or the content of a grievance made in good faith.

Appeals

Individuals and their legal guardians have the right to appeal entry, transfer, and grievance decisions as follows:

- If you are unsatisfied with the decision, you can file an appeal in writing within 10 working days of the date of the Operations Director's response to the grievance or notification of denial for services.
- If your treatment is paid for by public or private insurance, you can also file an appeal with your insurance company. Your appeal must be submitted to the Health Systems Division at the Oregon Health Authority.
- Foothills Counseling will be available to assist in responding to the appeal, if requested.
- The Health Systems Division must provide a written response within 10 working days of the receipt of the appeal.
- If the individual or guardian is not satisfied with the appeal decision, they may file a second appeal in writing within 10 working days of the date of the written response to the Health Systems Division at the Oregon Health Authority.

Contact information for Appeals:

Eastern Oregon CCO: 503-765-3521

Oregon Health Plan: 503-947-5804

Disability Rights Oregon: Voice: 503-243-2081; TTY users: dial 711

Health Systems Division at the Oregon Health Authority: 503-945-5763

Governor's Advocacy Office: 503-945-6904