

Title: Complaint and Grievance Policy					Number: 1010.v2
Policy Owner: Compliance and CQI Director	Old Number: N/A	Effective Date: 3/15/2018	Date Revised: 3/14/2018	Rev # 2	Page 1 of 7

1.0 BACKGROUND AND PURPOSE

The Jewish Social Service Agency and Premier Homecare (collectively “JSSA” or “the agency” for purposes of this policy) is committed to creating a positive working environment and promoting effective working relationships. JSSA encourages open and transparent communications so that difficulties arising during service or employment can be resolved quickly and fairly. This policy seeks to support the achievement of this goal by providing a process for resolving grievances. In order to do so, JSSA:

- Provides appropriate mechanisms to raise complaints and grievances
- Offers a robust framework for managing and resolving complaints and grievances

The complaint and grievance procedure is not a substitute for respectable day to day communication where employees and clients are encouraged to discuss and resolve working issues daily. It is expected that the majority of issues will be resolved through discussion without recourse to formal procedures.

JSSA ensures that all parties are treated fairly, equally, and with dignity and respect without discrimination on the grounds of race, nationality, ethnic or national origins, gender identity, marital status, disability, age, sexual orientation, and political or religious belief. Additionally, all reasonable adjustments will be made to the operation of this procedure for clients and employees with a disability.

2.0-3.0 APPLICABILITY AND SCOPE

This policy applies to all employees, volunteers, consultants, contractors, vendors, business associates and Board members (collectively “employee” or “staff” for purposes of this policy) and clients who wish to make a complaint or grievance.

4.0 POLICY

4.1 Policy Statement

Every client and employee must be treated fairly and with respect. When this does not occur the matter shall be addressed quickly and professionally via appropriate procedures.

The goals of JSSA’s complaint and grievance system are as follows:

- To protect clients and employees from unfair treatment and unsafe working conditions
- To resolve conflicts at the earliest possible step to the satisfaction of all involved
- To smooth business operations by removing conflicts from the day-to-day operations
- To comply with federal, state, or local laws or regulations, and internal policies and procedures

4.2 Definitions

- **Complaint:** A verbal expression of dissatisfaction or concern.
- **Grievance:** A formal written statement regarding a wrong or hardship suffered (real or perceived).

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4.3 Rights and Responsibilities

All persons have the right to:

- Make a complaint or grievance to a supervisor or program director, another staff member of JSSA at an appropriate level, to the Director of Compliance and Continuous Quality Improvement (CQI), to the Compliance Hotline, or to an applicable regulatory body
- Make a complaint or grievance without fear of retaliation, penalty, or loss of service
- Be treated with respect and impartiality and provided with support throughout the process
- Have the principles of natural justice and procedural fairness observed. This means:
 - Complaints must be fully described by the person with the grievance
 - The person who is the subject of concern must be informed of all the allegations
 - The person who is the subject of concern must have a full opportunity to put forward their case
 - All parties to the complaint must have the right to be heard
 - All relevant submissions and evidence must be considered
 - Irrelevant matters must not be taken into account
 - The decision-maker must be impartial, fair and just
- Investigations and proceedings that are conducted honestly, fairly and without bias
- No undue delay in investigations and proceedings

It is the responsibility of all parties involved in a complaint or grievance to participate fully in the resolution process in good faith. Confidentiality must be respected and maintained at all times within the constraints of the need to fully investigate the matter, subject to any legal requirements for disclosure and consistent with the principles of natural justice.

Please see the Code of Ethics and Professional Conduct, Whistleblower Policy, Compliance Hotline Policy, and Confidentiality Policy for additional information. Clients may also refer to Clients Rights and Responsibilities in their intake paperwork for additional information and contact information for making a complaint or grievance.

4.4 Procedure

A client or employee may withdraw a complaint or grievance at any point in the procedure.

Expressing a Complaint

The first level of the complaint and grievance procedure is to attempt to resolve the issue with the person directly or with his/her supervisor. A client or employee may approach a JSSA staff member to discuss a concern or make a complaint. This does not need to be in writing and it is anticipated that most complaints can

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be resolved at this level. The client or employee is encouraged to attempt to resolve the complaint as close to the source as possible, generally discussing the issue with the person involved directly.

A client or employee may approach other JSSA staff members to discuss a concern or make a complaint (e.g., person directly involved, program supervisor, program director, Human Resources, Director of Compliance and Continuous Quality Improvement or Chief Executive Officer, etc.). The JSSA staff member has a responsibility to take prompt and reasonable action to try to resolve the complaint and advise the client or employee of this Policy. If necessary, the staff member may ask for assistance from or refer the client or employee to an appropriate staff member, such as the program supervisor or Program Director.

The staff member should record the details of the complaint, the client or employee involved, and any actions taken to resolve the complaint. The details can be recorded in an informal way, e.g. in a written, (legible) note, however appropriate confidentiality must be maintained.

An informal response will generally be given verbally to the client or employee. The client or employee should be informed that a grievance procedure is also available to them if they are unsatisfied with the outcome of the complaint process.

The staff member involved is to provide details of the complaint to their supervisor or Program Director including the essential details of the complaint, when it was made, what steps have been taken to resolve the complaint, and whether the client or employee has been informed of the outcome. This should be done ensuring appropriate confidentiality is maintained and as soon as is reasonable to ensure data regarding complaints is recorded and shared with the Program Director and Director of Compliance and Continuous Quality Improvement, as necessary.

If the concern has not been resolved to a satisfactory level through the complaint process, the Program Director is to forward the complaint to the Director of Compliance and Continuous Quality Improvement for investigation and recommendation. The complaint then becomes a formal grievance.

Filing a Grievance

Once it has been established that the concern could not be resolved through the complaint process, a grievance is made formally in writing and must contain at least the following details:

- Client’s name and contact details.
- A description of the concern or issue, including where, when and who was involved.
- A description of the steps already taken to try to resolve the matter.
- An indication of the client’s or employee’s desired outcome.

On receipt of a written grievance, the Program Director will provide the client or employee with their contact details or details of the designated JSSA staff member.

The Program Director or designee will liaise with the client or employee and all other relevant staff to ensure the grievance is resolved. Where the grievance involves allegations against a JSSA staff member, the Program Director will inform the Chief Human Resources Officer. Where necessary, the Chief Executive Officer will be consulted and have the final determination in the outcome of a grievance.

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All written grievances should be forwarded immediately to the Director of Compliance and Continuous Quality Improvement for possible investigation and recommendation. The Director of Compliance and Continuous Quality Improvement will log details of the written complaint or grievance through JSSA’s internal complaint and grievance tracker.

The client or employee filing the grievance will have the opportunity to formally present their case. This may be done in writing or verbally, and may involve clarification of the initial complaint or grievance. The Program Director or designee will typically facilitate this meeting.

Upon completion of the investigation, the Program Director or designee will provide the client or employee with a response in writing, informing them of the outcome of the grievance and the reasons for any decisions.

The client or employee will normally be provided with a response within thirty (30) business days from when the formal grievance was received. The Program Director or designee should keep the client or employee informed of the progress of the grievance resolution or if there are any delays in the resolution process.

Once the grievance process has been finalized, all documentation, including the written grievance, meeting notes and disciplinary memos are to be forwarded to the Director of Compliance and Continuous Quality Improvement for recording and logging in JSSA’s internal complaint and grievance tracker.

Additional Avenues for Complaints or Grievances

Clients and employees may remain anonymous at their personal option when they do not feel comfortable raising concerns through traditional management or contractual channels. In this event, clients and employees are encouraged to contact the Compliance and Ethics Hotline. See Section 4.5 for additional information.

The client or employee will also be advised of his/her rights to pursue the matter with external authorities if they so wish; see Section 4.4.1 below. Contact information for additional resources and regulatory bodies is provided in client’s intake paperwork and posters containing this information is hung in client common areas as well.

4.4.1 Contact Information for Common External Authorities by State

MARYLAND RESIDENTS

For concerns related to the health care or treatment that the client or a member of their family received or did not receive, they should contact the following:

- Department of Behavioral Health/Health and Mental Hygiene
 - Mental Health Services: (410) 402-8060, Toll-free 877-402-8220; or
 - Developmental Disabilities Programs: (410) 402-8094, Toll-free 877-402-8220
- Maryland State Department of Education
 - Main Office: (410) 767-1446, Toll-free 800-535-0182
- Division of Rehabilitation Services
 - Main Office: (410) 554-9442, Toll-free 888-554-0334, TTY (443)798-2840
- Developmental Disabilities Administration
 - Main Office: (410) 767-5600, Toll-free 877-463-3464, TTY 800-735-2258

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- Client Assistance Program (CAP) – *(Hospice patients only)*
 - Maryland State Department of Education: Division of Rehabilitation Services
 - Main Office: (410)554-9361, Toll Free 800-638-6243, Fax (410)554-9362, Email cap.dors@maryland.gov
- Office of Health Care Quality - *(Hospice patients only)*
 - Spring Grove Hospital: Toll-Free 800-492-6005 or fax (410) 402-8277
- Community Health Accreditation Program (CHAP) - *(Hospice patients only)*
 - Main Office: Toll-Free 800-656-9656, (202) 862-3413 or fax (202) 862-3413

For concerns related to (Medicaid/Medicare) fraud, waste and abuse please contact the following:

- Department of Health and Mental Hygiene
 - Main Office: 866-770-7175; or
- Office of Inspector General
 - Main Office: Toll-Free 800-447-8477
- Office of the Attorney General
 - Medicaid/Medicare Fraud Control Unit: (410) 576-6521

For concerns related to discrimination please contact the following:

- U.S. Department of Health and Human Services, Office of Civil Rights
 - Main Office: Toll-Free 800-368-1019, TTY 800-537-7697

VIRGINIA RESIDENTS

For concerns related to the health care or treatment that client or a member of their family received or did not receive please contact the following:

- Department of Behavioral Health and Developmental Services
 - Mental Health Services and Disability Services: (804) 382-3889; or
 - PAIMI Advisory Council or DD Programs: Toll-free 800-552-3692 or email info@dclv.org
- Department of Administration for Human Services
 - Main Office: (703)324-5630, TTY 711, Fax (703)324-7572

For concerns related to discrimination please contact the following:

- U.S. Department of Health and Human Services, Office of Civil Rights
 - Main Office: Toll-Free 800-368-1019, TTY 800-537-7697

4.5 Compliance and Ethics Hotline

The Compliance and Ethics Hotline has been established for complaints related only to noncompliance with federal, state, or local laws or regulations, and internal policies and procedures relating to illegal or unethical conduct. This service should not be used for less-than-serious suggestions, complaints, or concerns, such as criticisms regarding performance evaluations, hours of work, wages, raises, disagreements with peers or

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supervisor, etc. These types of matters should be addressed through the program supervisor, department head, or Human Resources.

Clients and employees are encouraged to provide as much specific information as possible including names, dates, places, and events that took place, and their perception of why the incident(s) may be fraudulent, unethical, illegal or dangerous. JSSA will conduct a prompt, discreet, and objective review or investigation.

4.5.1 Compliance Hotline Operations

The Compliance and Ethics Hotline uses an online case management system and a toll-free number, web address, facsimile, and an e-mail address which can be utilized by all JSSA clients and employees. All reports will be assigned a unique File ID with no identifying information unless the reporter chooses to leave information to identify him/herself. Upon submission of the report, the reporter may also use their unique File ID to get a status update on your report.

The confidential report will instantly and anonymously be forwarded to the Compliance and CQI Director. If the report involves misconduct on the part of the Compliance and CQI Director, the hotline vendor will automatically divert the concern to the Chairman of the Compliance Committee to investigate. If the report involves the Chief Executive Director, the Compliance and CQI Director will work directly with the Chairman of the Compliance Committee to investigate.

4.5.2 Compliance Hotline Confidentiality

Every effort will be made to protect the reporter’s identity by our hotline vendor. The information provided in a report may be the basis of an internal and/or external investigation conducted by JSSA and/or its counsel into the issue being reported. It is possible that as a result of the information provided in a report, the reporter’s identity may become known during the course of the investigation. The reporter’s anonymity will be protected to the extent possible by law.

4.6 Non-Retaliation

JSSA prohibits retaliation by or on behalf of the agency against clients and employees for making good faith complaints or grievances, reports or inquiries or for participating in a review or investigation under this policy. This protection extends to those whose allegations are made in good faith but proven to be mistaken. If a client or employee perceives that they are being retaliated against after making a report, this should be promptly reported to the Program Director, Human Resources or to the Director of Compliance and CQI. See the Whistleblower Policy for additional information.

4.7 Policy Compliance

Every employee has a responsibility to comply with this policy and to treat everyone who works here with dignity and respect. Any person who intentionally reports malicious and false allegations, abuses this policy, or anyone who takes retaliatory action against an individual who made a complaint or grievance, may receive disciplinary action, leading up to and including termination. Seeking redress of a trivial or vexatious issue through the complaint or grievance procedure will not be tolerated and may result in disciplinary action, leading up to and including termination.

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5.0 INTERNAL COMPLIANCE INVESTIGATIONS

The Compliance and CQI Director will retain documentation of all reports regarding possible compliance violations. He or she will also coordinate and consult with the Chief Executive Officer and outside counsel, as necessary, to determine, based on the subject matter of the possible violation and its severity, whether further investigation is necessary. If further investigation is necessary, the Chief Executive Officer or outside counsel will advise whether the Compliance and CQI Director should personally investigate the report, refer the report to an appropriate department for investigation, or engage an independent third party, such as independent legal counsel, to investigate the report. At a minimum, internal investigations will include a review of all material and relevant facts, as well as interviews, as appropriate. All employees, volunteers, consultants, vendors, business associates and board members are expected to cooperate fully with any requests made of them in connection with any such investigation and to provide truthful and accurate information.

6.0 RESPONSIBILITIES

The Compliance and CQI Director shall administer this policy and is authorized to make modifications to this policy to ensure that it is in compliance with local, state and federal laws or regulations.

7.0 QUESTIONS

Questions concerning the administration, interpretation or compliance of this policy or its application, particular compliance issues and their application to JSSA or to an employee should be directed to the Compliance and CQI Director.

Additional Resources:

- Code of Ethics and Professional Conduct
- Whistleblower Policy
- Compliance Hotline Policy
- Confidentiality Policy
- Client Rights and Responsibilities/Intake Paperwork

Version Control

Version Number	Date	Applicable Section	Comments	Approver/Todd Schenk, CEO
V.2	03/14/2018	Entire Policy	Revised and updated entire policy	