

STATE OF CONNECTICUT DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES



A Healthcare Service Agency

DMHAS CLIENT GRIEVANCE PROCEDURE AND FAIR HEARING SUMMARY

If you have a complaint, you can ask for help from the designated Client Rights Officer of a DMHAS operated or funded mental health or substance use treatment service provider.

You have the right to file a GRIEVANCE if a DMHAS operated or funded service provider denies, involuntarily reduces or terminates services, or if you believe the provider or provider's staff*:

- i. Violated rights provided to you by law or DMHAS directive
- ii. Treated you in an arbitrary or unreasonable manner
- iii. Failed to provide services authorized by a treatment plan
- iv. Used coercion to improperly limit your choice
- v. Failed to reasonably intervene when your rights were put at risk by another client in a setting controlled by that provider
- vi. Failed to treat you in a humane and dignified manner

* This procedure does not apply to matters within the jurisdiction of the Psychiatric Security Review Board or entities which are not covered service providers.

If you are filing a grievance due to denial, involuntary reduction or termination of services the following summary of procedures apply. (See Regulations of Connecticut State Agencies § 17a-451(t)(1) et seg for detailed procedures)**:

- 1. You should submit a written grievance to the provider's Client Rights Officer (CRO) or designee no later than <u>45-calendar days</u> after the receipt of notice of action complained of unless the CRO decides there is good cause for late filing.
- 2. The provider's grievance review, disposition and decision of the head of the covered service provider, if necessary, will be completed no later than <u>21 calendar days</u> from when your grievance was received by the CRO, unless the head of the covered service provider authorizes an additional <u>15 calendar days</u>, with written notice to you, or the grievance is an "Accelerated Grievance", or the CRO reasonably suspects a violation of a DMHAS work rule, personnel policy or criminal statute.
- 3. The CRO will acknowledge your grievance and take any action necessary to review the grievance and reach an informal resolution with you. You will have <u>10-business days</u> to consider a proposed informal resolution. This time is not counted as part of the <u>21-calendar days</u> for the provider to resolve your grievance.
- 4. If you do not agree with the informal resolution, the CRO will prepare a written report for review by the head of the covered service provider and you may present additional material prior to a decision being issued. If you do not agree with the provider's decision, you will have <u>15-business days</u> from when you receive that decision to file a written request for review by the DMHAS Commissioner. The Commissioner or designee will make the Department's final determination of your grievance.

** You have not later than 30-calendar days after receiving the Department's final determination to request a "Fair Hearing".

You have <u>5-business days</u> to file an <u>Accelerated Grievance</u> with your provider once you are notified that Opioid Substitution therapy is involuntarily reduced or terminated or if substance use disorder inpatient treatment of 30-days or less is terminated. The provider must issue a decision no later than <u>5-business days</u> after receiving your <u>Accelerated Grievance</u>.

If your provider involuntarily terminates services without offering you modified services, you can apply for continuation of those services by filing a written request with the DMHAS Commissioner no later than <u>5-business days</u> after receiving notice of the change and after you file a grievance. While your grievance is being reviewed, the Commissioner or designee may uphold the provider's decision to terminate or order services continued or modified.

Statewide Advocacy Programs:

- <u>Connecticut Office of Protection and Advocacy For Persons with Disabilities</u>: 1-800-842-7303 "P&A" protects the rights of people with disabilities including individuals with mental illness and substance use conditions who are living in the community or are in institutional settings (including hospitals, skilled nursing facilities and prisons)
- <u>Connecticut Legal Rights Project</u>: 1-877-402-2299 CLRP attorneys and paralegals primarily work in DMHAS operated programs and facilities for people with mental illness

Advocacy Unlimited: 1-800-573-6929

CLIENT RIGHTS OFFICER:

FOR MORE INFORMATION ABOUT THE GRIEVANCE PROCEDURE CALL:

DMHAS Client Rights and Grievance Specialist, 1-800-446-7348 (#6933) -- 860-418-6933 TTY: 888-621-3551

Department of Mental Health and Addiction Services, Office of the Commissioner, 410 Capitol Avenue, 4th Floor PO Box 341431 Hartford, CT 06134

You can find an updated Client Rights Officer list on the DMHAS Website: http://www.ct.gov/dmhas

ALL DMHAS OPERATED AND FUNDED PROVIDERS SHALL POST A COPY OF THIS SUMMARY IN: EVERY UNIT, SERVICE LOCATION AND CLIENT LOUNGE

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