

BALTIMORE MENTAL HEALTH SYSTEMS, INC.

ADMINISTRATIVE POLICIES AND PROCEDURES MANUAL

Procedure Name:	Complaints-Consumer/Provider	Section: Administration
Effective Date:	April 2004	Review/Revisions: 8/09

Approval: _____
Jane Plapinger/President & CEO

POLICY

It is the policy of Baltimore Mental Health Systems Inc. (BMHS) that all consumers be treated with dignity and respect. Consumers, including family, advocates and interested others who believe their rights or the rights of another have been violated or become involved in a dispute with a mental health provider in Baltimore City have the right to file a complaint or grievance against that provider. When appropriate, BMHS staff will encourage complainant to first talk with the provider. If unable to resolve the matter with the provider, BMHS staff shall make every effort to assist the complainant in addressing their concerns. BMHS, in collaboration with the Public Mental Health System (PMHS), supports family involvement; however, we recognize that confidentiality statutes may limit or prohibit staff from reporting findings from the investigation of a grievance/complaint to the family member.

BMHS will work with providers to resolve all complaints filed against BMHS. It is the expectation that providers in the PMHS attempt to resolve complaints/concerns within their organization through their internal policy.

PROCEDURE

1. A BMHS Quality Management Coordinator (QMC) shall coordinate the logging and processing of all formal complaints.
2. Complaints may be made telephonically, in writing, or in person. The BMHS receptionist shall log telephonic complaints in the Help Call Log and direct the complainant call to a QMC, or, in the absence of a QMC, to an available BMHS Services Manager. All written complaints are stamped with the date of receipt, logged in the Help Call Log and forwarded to a QMC for review and response.
3. The BMHS staff member receiving the call shall complete all relevant information requested on the Complaint Form and include any information that will assist the QMC in conducting an investigation, if needed, without the need to call the complainant. The completed complaint form shall then be forwarded to a QMC and the information logged in the QI database.
4. Complaint forms are available in the Forms Folders at the receptionist desk; in the QI office and on the shared drive at: O:\WPDOCS\COMMON\Forms\Complaint FormTemplate1.16.09.doc.

5. All complaint investigations are to be completed within five (5) business days. This time period will be extended if a site visit is required in order to complete the initial investigation; however, the period of investigation should not exceed twenty-one (21) business days.
6. A QMC will follow up with complainant within three (3) business days of resolution to determine if they were satisfied with the outcome of their complaint.
7. If BMHS is unable to resolve the issue to the satisfaction of the complainant, the complaint/grievance will be directed to the Director, Office of Compliance at the Mental Hygiene Administration (MHA).
8. On a quarterly basis, a QMC shall forward a summary of complaint/grievance investigations to the MHA Office of Managed Care Compliance, using the MHA CSA Complaint Reporting Form. BMHS management shall receive a copy.
9. If a provider's complaint or concern involves an interaction with a BMHS staff person, the provider will be encouraged to first attempt to resolve the issue with the BMHS staff person. If the issue cannot be resolved at that level, the next level of management will intervene. Should the provider and BMHS be unable to reach a resolution, the matter will be forwarded to the BMHS President & CEO.
10. Complaints regarding the President & CEO of the organization shall be directed to the Board of Directors.

EXCLUSION

This process does not address the resolution of the following types of complaints concerns and/or grievances:

1. A consumer or provider disagreement with a denial of a requested service is addressed in the Grievance Policy in the Administrative Service Organization (ASO) Provider Manual, which can be found on the ASO's website. The process for filing an appeal of a clinical denial of service is outlined in detail.
2. Issues of suspected abuse or neglect by State statute must be referred to the local Department of Social Services for investigation.
3. Complaints of professional misconduct are to be referred to the appropriate Professional Licensing Board.
4. Issues of billing irregularity or suspected fraud are to be referred to the MHA Office of Managed Care Compliance, and upon their review, may be forwarded to the Medicaid Fraud Unit.
5. Life safety issues and complaints regarding hospitals and residential treatment centers are to be referred to the Office of Health Care Quality (OHCQ) for investigation.