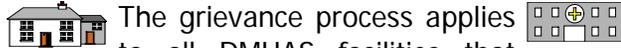


WHICH PROVIDERS AND SERVICES ARE COVERED BY THE PROCESS?

 The grievance process applies to all DMHAS facilities that provide direct mental health services, and to agencies that provide direct mental health services under a contract with DMHAS.

This procedure does **NOT** apply to matters within the exclusive jurisdiction of the Psychiatric Security Review Board.

WHAT ACTIONS ARE COVERED?

A grievance can be filed when a client believes that a staff member or agency has treated a client in an arbitrary or unreasonable manner; denied, involuntarily reduced or terminated services, or failed to provide services authorized by a treatment plan; used force to improperly limit a client's choice; failed to intervene reasonably to protect the grievant from the actions of another program participant; or violated other individual client rights.

WHO MAY FILE A GRIEVANCE?

 A grievance may be filed by a client, or by a person designated by the client, or a person authorized by law or by the Commissioner to act on the client's behalf. The person who files a grievance is called a 'grievant.'

Legal advocates who work for the Connecticut Legal Rights Project are available to assist, and when appropriate, represent DMHAS clients filing grievances.

WHEN MUST A GRIEVANCE BE FILED?

 A grievance must be filed within 45 days of the action that is the basis of the complaint, unless good cause is shown for filing at a later date.

IS THERE A PENALTY?

NO. Providers are specifically prohibited from retaliating against a grievant.

IS THERE A CERTAIN FORM?

NO. However, the grievance must be filed in writing with the agency's client rights officer (CRO). It is important that the grievance include a clear statement about three basic points: (1) the specific facts related to the action that is the basis of the complaint and the parties involved; (2) the individual right or rights that the client claims to be violated by the staff or agency action; (3) the action that the client wants the agency to take to resolve the grievance (the "remedy.")

HOW CAN A GRIEVANCE BE RESOLVED?

The client can request a number of remedies, depending on the nature of the grievance. Often the grievant will want two or three things done. For example, a person whose rights were violated by staff who involuntarily medicated the person in violation of state law may request an apology from staff, a written clarification of the agency or department policy on consent to medication, and training for staff to prevent future violations. **IT IS IMPORTANT**

THAT THE GRIEVANCE INCLUDES THE SPECIFIC ACTIONS THE GRIEVANT WANTS TO BE TAKEN. The agency may suggest alternative actions.

WHAT HAPPENS NEXT?

The CRO investigates a grievance by reviewing records and interviewing the people directly involved. A client who has an advocate should not discuss the matter with anyone else.

The CRO will try to mediate the grievance to reach an informal resolution acceptable to the parties involved. The grievant must respond to a proposal for an informal resolution within 10 days, or the grievance will be considered withdrawn. The grievant can accept the informal resolution, reject the proposal or withdraw the grievance.

If there is no informal resolution, the CRO will prepare and send a written report to the director of the provider agency and the grievant. The grievant will have an opportunity to speak with the director and present additional information. The head of the provider agency will then provide a written formal decision to the grievant.

 A formal decision must be issued by the agency within 21 days of the receipt of the grievance report from CRO. However, the head of the provider agency may authorize an additional 15 days in specific circumstances.

WHAT IF THE GRIEVANT IS NOT SATISFIED WITH THE FORMAL DECISION?

The grievant can file an appeal of the provider agency's decision within 15 days, although this time can be extended for good cause. In addition, if a formal decision is more than 7 days overdue, the grievant may treat that as a denial and file an appeal. An appeal must be in writing and state specifically the basis for the appeal. The appeal is filed with the DMHAS Central Office, Client Rights Division.

WHAT HAPPENS TO THE APPEAL?

DMHAS will conduct any investigation necessary to review the appeal. DMHAS will first try to resolve with an informal conference. Otherwise, DMHAS will issue a written decision within 15 days.

IS THE APPEAL THE FINAL DECISION?

The written decision from DMHAS is the final determination concerning the grievance unless it results in the (1) denial, (2) involuntary reduction or (3) termination of services. If the decision results in one of these three actions by the provider, the grievant has the right to a fair hearing. The grievant must mail a written request to DMHAS for a fair hearing within 30 days from the date that the appeal decision was mailed. The request must specify the services denied, involuntarily reduced or terminated, and the date of the appeal decision.

CAN THE CLIENT CHANGE HIS OR HER MIND AFTER A GRIEVANCE IS FILED?

YES. A grievant can withdraw or stop the grievance at any time. It is important, however, that the client takes such action voluntarily, and that the client is not influenced in any way by agency staff to withdraw the grievance. It is a good idea for a grievant to talk with an advocate before withdrawing a grievance.

CAN THE GRIEVANT BE REPRESENTED BY AN ADVOCATE?

YES. It is best, to speak to an advocate as early as possible, because the advocate can help clients understand both their rights and the process. Unlike Client Rights Officers, who work for the agency, advocates are independent; it is their job to represent the grievant in trying to get the result that he or she wants.

**For more assistance contact
Connecticut Legal Rights
Project, Inc.
Toll Free 1-877-402-2299
TTY 860-262-5066
www.clrp.org**

*The information in this flyer is effective as of
June 2016*



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THE DMHAS GRIEVANCE PROCESS



**LEGAL REPRESENTATION FOR PEOPLE
WITH MENTAL HEALTH CONDITIONS**