

CUSTOMER COMPLAINT, GRIEVANCE, APPEALS, AND NONRETALIATION POLICY

Customer complaints provide an opportunity to make quality improvements in Canvas Health's service delivery system. Canvas Health respects the rights of customers to voice complaints, grievances, and/or file an appeal, including the right to request a second opinion regarding treatment. It is the responsibility of all Canvas Health staff to proactively listen and respond to any complaint, grievance, or appeals request.

Authority:

[2022 MN Stat 245.94 Subd. 3 \(Powers of the Ombudsman\)](#)
[MN Rule 9520.0800, Subpart 6 \(Mental Health Center\)](#)
[MN Rules 9520.0926 \(Case Management\)](#)
[MN Rule 2150.7650 Subpart 3 \(Client complaints to the board\)](#)
[42 CFR 485.910 \(Community Mental Health Center\)](#)
[2022 MN Stat 245I.12 Subdivision 5](#)

Applicability:

All service recipients of Canvas Health services

Definitions:

Appeal-is a written request to review a decision made, due to customer dissatisfaction with the outcome of the complaint/grievance process.

Complaint- A client issue that can be resolved promptly (either immediately or within 24 hours) and informally by the staff members present at the time of the complaint. Complaints typically do not require investigation or peer-review process.

Grievance- A client issue that concerns unresolved issues, cannot be addressed immediately, may concern an alleged violation of patient rights, or that may involve a patient's request for response. Grievances may be submitted verbally or in writing.

Guidelines and Implementation

I. Receiving complaint

- A. Customer complaints and grievances may be received verbally or in writing. The staff member taking the complaint or grievance should be proactive in expressing their willingness to hear the complaint or grievance and attempt to resolve the customer's complaint and/or grievance.
- II. Documentation and follow up
 - A. All grievances are to be documented, (using the Customer Grievance and Appeals form), and submitted to the immediate supervisor, director of the service program in which the grievance was filed, no later than the end of the next business day.
 - B. Grievances are to be acknowledged to the customer in writing by the supervisor, director or other designated staff within three business days.
 - C. Grievances are to be resolved within 5 business days unless there are significant circumstances causing a delay of resolution. In such an instance, both the reason for the delay, as well as customer notification regarding the delay is to be documented.
 - D. Provide a written final response to the client's grievance containing the license holder's official response to the grievance within 15 business days of receiving a client's grievance. (MN Statue 245I.12 Subdivision 5)
 - 1. A final written response may be withheld if the following are satisfied: (1) client's grievance is determined to have no factual basis and is instead solely a presentation of the client's illness, (2) the client is otherwise satisfied with verbal communication received about the grievance, and (3) the Director of Quality, Risk Management & Compliance, the provider and the provider's supervisor agrees that a written response may exacerbate the situation.
- III. Appeals
 - A. Should a grievance not be resolved to the satisfaction of the customer, the customer is to be informed that they may request an appeal.
 - B. Appeals must be made in writing.
 - C. The appeal is reviewed by a Director, provider of psychiatry (in coordination with C-Team member), or C-Team member. If such a request is made, the Director or C-Team member, or provider of psychiatry, will be given copies of all documents relevant to the appeal for review, and will contact the customer to discuss the appeal and attempt a resolution.
 - D. At the end appeal determination, a written notification of the final outcome and resolution, including any clinical explanation for treatment, will be sent to the client
- IV. Resolution
 - A. Upon resolution, the Grievance and Appeals Form is to be submitted to the appropriate Director for review and signature, and then forwarded to the Director of Quality Management.
 - B. Trends in grievances will be reviewed quarterly by the Quality Management Team for quality assurance and improvement opportunities.
- V. Additional Options
 - A. Instead of, or in addition to this procedure, the customer may file a written complaint with
 - a. The appropriate State licensing board or State professional association.
 - 2. Minnesota Department of Human Services, Licensing Division.
 - 3. Minnesota Department of Health.

4. Minnesota Office of the Ombudsman for Mental Health and Developmental Disabilities.
5. Case management clients have the right to a fair hearing under [Minnesota Statutes, section 256.045](#), if the county terminates, denies, or suspends case management services, or does not act within five days upon a request or referral for case management services.
6. If a customer's services are covered by a health care plan, they may also file a complaint/grievance with that entity.
 - a. Canvas Health staff will cooperate with informing customers of the names and addresses of any of these entities that the customer may wish to contact.
 - b. Contact information for customers to file complaints/grievances is made available in the printed information customers receive about Canvas Health and its services at the time of their initial intake.
- B. All Complaints to external bodies should be treated and documented as Grievances.
- VI. Grievances regarding a termination of services to Canvas Health clients in addition to the above mentioned also see [Termination of a Service to Client Policy](#)
- VII. Grievances regarding Mandated Reporting of Suspected Maltreatment Vulnerable Adults or Mandated Reporting of Suspected Maltreatment to Minors also see [Mandated Reporting of Suspected Maltreatment to Vulnerable Adults](#) or [Mandated Reporting of Suspected Maltreatment Minors Policy](#)
- VIII. Grievances about the privacy of customer data, access to customer data or requests to amend customer data
 - A. Must be reported to Canvas Health's Privacy Officer and handled in accordance with HIPAA Privacy Practices, Minnesota State Privacy Rules and Canvas Health's policies about Reporting Breaches of Client Confidentiality and Non-Retaliation for Complaints about Privacy.
 - B. Customers may also report complaints about HIPAA privacy violations to the Office of Civil Rights.
 - C. Customers are informed to whom to direct privacy complaints at Canvas Health and their right to file a complaint with the Federal government in the Notice of Privacy Practices given at intake.
 1. See [Access to Protected Health Information Policy](#), [Right to Amend Policy](#).
- IX. Grievances regarding allegations of discrimination
 - A. Any program participant, participant representative, or prospective participant who has reason to believe that they have been mistreated, denied services, or discriminated against in any aspect of services because of handicap may file a written grievance to the office of the Civil Rights Coordinator (CEO).
 1. The grievance must be in writing, contain the name and address of the person filing it, and briefly describe the action alleged to be prohibited by the regulations.
 2. The Civil Rights Coordinator will meet with the person who filed the grievance and any other involved persons or Canvas Health staff within fifteen (15) working days of receiving the grievance.
 3. A written report will be made of the process and outcome of this meeting by the Civil Rights Coordinator.
 4. Written records regarding the grievance will be kept according to the Records Retention Policy. Also see Equal Access Policy

- B. Grievances related to service animals should follow this procedure and additionally be directed to the Civil Rights Coordinator (CEO). See [Animal Policy](#)

X. Non-Retaliation

- A. Canvas Health staff will not discharge, discipline, threaten, take action or otherwise discriminate against, coerce, or penalize an individual who
1. Exercises any right or participates in any process under this policy or the Non-Discrimination Policy, including the filing of a complaint or grievance.
 2. Any customer or family member who
 - a. Files a complaint or grievance with Canvas Health or any outside agency, including the U.S. Secretary of Health and the Minnesota government agencies listed on the Canvas Health Patient Bill of Rights.
 - b. Testifies, assists, or participates in an investigation, compliance review, proceeding, or hearing by a government agency.
 - c. Opposes any unlawful act or practice, provided
 - i. The individual or person has a good faith belief that the practice opposed is unlawful.
 - ii. The manner of the opposition is reasonable and does not involve a disclosure of protected health information in violation of subpart E of 45 CFR 164.
 3. Canvas Health will not require individuals to waive their rights under 45 CFR 160.306 as a condition of the provision of treatment, payment, enrollment in a health plan, or eligibility for benefits.
- B. Procedures for handling complaints of retaliation or discrimination
1. Any staff member who hears from a client who feels that the client has experienced retaliation/discrimination as a result of exercising the client's rights, shall immediately make a report to the staff member's immediate supervisor and the Director of Quality, Risk Management & Compliance using the [PHI Security/Confidentiality Incident Report Form](#).

XI. Posting of Customer Complaint, Grievance and Appeals Procedure.

- A. Substance Use programs review, have the client sign and give clients a copy of the grievance procedure.
- B. Policy will be placed or referenced
1. For the general Public website
 - a. At each office location within the patient bill of rights.
 - b. On the Canvas Health website, which will also offer a portal for complaints or grievances
 - c. In the client's informed consent
 2. For Staff members
 - a. On the employee website

References:

[HR-3025 Employee Complaint Resolution Policy](#)
[HR-3081 Performance Improvement Policy](#)
[QA-4001 Access to Protected Health Information Policy](#)

Effective Date: 05/12/2023
Approval Date: 04/12/2023
Next Review: 04/12/2025

Reviewed by: Quality Management Committee
Approved by: Policy Review Committee

Policy Number: QA-4010

[QA-4007 Client Records and Privacy Policy](#)

[QA-4008 Client Rights Policy](#)

[QA-4016 Mandated Reporting of Suspected Maltreatment to Minors Policy](#)

[QA-4018 Non-Discrimination Policy](#)

[QA-4019 Patient Requests for Restrictions on Use or Disclosure of PHI](#)

[QA-4021 Right to Amend Protected Health Information Policy](#)

[QA-4031 HIPAA Notice of Privacy Practices](#)

[QA-4034 Reporting Security Breaches of Client Confidentiality and Privacy](#)

[SAF-5001 Animal Policy](#)

Attachments:

[Grievance and Appeals Form](#)

[Substance Use Division Grievance Procedure](#)

[PHI Security/Confidentiality Incident Report Form](#)

[Canvas Health Patient Bill of Rights](#)

Supersession:

Customer Complaint, Grievance and Appeals Policy 11/13/13, 5/1/2018, 4/13/2022

Nonretaliation for Consumers Complaints Policy 02/08/2017