



## Contra Costa HIV/AIDS & STD Program Grievance Policy & Consent to Services

These procedures were developed to provide guidelines for the systematic receipt, documentation, evaluation, resolution and response to client or provider grievances.

### I. DEFINITION

A grievance is defined by the Contra Costa HIV/AIDS & STD Program as a Client complaint or expression of dissatisfaction regarding service delivery, or any expression of dissatisfaction by the service provider.

### II. PROCEDURES

- A. Client or service provider expresses dissatisfaction verbally or in writing.
- B. Contra Costa HIV/AIDS & STD Program staff member will attempt to resolve situation with the client or service provider.
- C. If this is not possible, then the Contra Costa HIV/AIDS & STD Program staff who receives complaint shall notify the Quality Assurance Coordinator who will document the complaint in the Grievance Log. The Grievance Log shall include the following information: (1) Client ID# (not name), (2) Nature of Complaint, (3) Identification of those involved, (4) Date Complaint received & by whom, (5) Summary of follow-up activities, (6) Date grievance referred to QA Committee, if necessary & (7) Date of resolution.
- D. The Quality Assurance Coordinator will be responsible for collecting relevant information about the grievance, for taking action to resolve the grievance and for documenting all progress.
- E. The Quality Assurance Coordinator will attempt to resolve the complaint between the parties involved. If no satisfaction results, and disenrollment or termination of s contract might be appropriate, the Quality Assurance Coordinator will present the situation to the Quality Assurance Committee for a decision.
- F. Thirty days after expressing grievance, clients or service providers will receive in writing all grievance facts and decisions.
- G. All information, including Grievance Log, will be sent to appropriate contract monitors thirty days after the end of the month.
- H. This procedure will be provided to each client and attached to all contracts.

For Medi-Cal Waiver Clients only: Initial if you have discussed and been provided with a copy of the State Fair Hearing Appeal Process and Notice of Action forms \_\_\_\_\_

**If this procedure is not clear, or you have any questions, please call (925) 313-6771.**

I have read the Grievance Policy & consent to the Medical Case Management services from the Contra Costa HIV/AIDS & STD Program.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Case Manager's Signature

