

**MILLE LACS BAND OF OJIBWE
HEALTH AND HUMAN SERVICES POLICY & PROCEDURE**

Department: Substance Use Disorder-Administration

Policy Number: HHS-SUD-ADM 8102

Policy Title: Grievance / Complaint Procedure

Attachments:

Revision History: 3/2018, 1/2020

Revised by/Date: Mark Watters/Holly Hunter 8/3/2021

Approved by:

Date:

Mark Watters, Substance Use Disorder Director



8/4/2021

Approved by:

Date:

Nicole Anderson, Commissioner of HHS



8-6-2021

POLICY STATEMENT: Mille Lacs Band of Ojibwe's Substance Use Disorder Department clients have the right to voice concerns without retaliation from staff or have it interfere with their program of recovery.

PURPOSE: The purpose of this policy is to ensure program staff make every effort to assist, develop, process, and settle a client's grievance at the level closest to the problem; appealing to higher levels as necessary.

PROCEDURE:

- A. Clients can freely voice complaints and recommend changes without being subject to coercion, discrimination, reprisal, or unreasonable interruption of care, treatment and services.
- B. The grievance procedure is available to clients, former clients, client relatives, client guardians, visitors and/or authorized representatives.
- C. The grievance procedure is explained to clients and/or their authorized representative at the time of admission/service initiation. Clients are informed they have a right to file a complaint with the state authority and/or accrediting body.
- D. The grievance procedure is posted in a conspicuous place and made available upon the client's request. A posted document includes the telephone number and address of all pertinent agencies where a report can be filled- if the number is not available, staff will ensure the client/family or requesting individual will be given the number requested. Reports can be filed with – however not limited to the Minnesota Chippewa Tribe Health and Human Services Treatment Center Licensing Authority; the Office of the Ombudsman for Mental Health and Developmental Disabilities; the Board of Behavior Health and Therapies, and, when the program has a Supervised Living Facility (SLF) license, the phone number for the Office of Health Facilities Complaints.
- E. Initial response to client will be within 24 hours of the receipt of the grievance. At each step thereafter, the license holder must respond within 72 hours.

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F. Submission of a grievance /complaint

1. When a client communicates a complaint to staff, staff will assist the client in attempting to resolve the issue informally with the staff directly involved or responsible for the individual’s care. As appropriate, the complaint will be referred to the treatment team for response and resolution.
2. If a complaint cannot be resolved informally, staff as requested or needed, will help the client develop and process a formal written grievance using the Quality and Compliance Feedback Form.
3. Step 1:
The nature of the grievance, the client’s suggested solution and efforts to resolve the grievance are identified on the Grievance form. The completed form is returned and given to the appropriate staff member(s) for written response within 72 hours.
Step 2:
If an acceptable resolution cannot be attained, the grievance is given to the appropriate staff’s Supervisor who will review it and propose a resolution to the client.
Step 3:
If an acceptable resolution has not been reached at the supervisory level, the Substance Use Disorder or Treatment Director will attempt to resolve the grievance
Step 4:
If the issue is unresolved at the local facility the designated staff will forward the grievance to The Quality and Compliance Department.


G. If the grievance alleges that maltreatment of a minor or vulnerable adult has occurred, the staff member shall follow policy regarding Reporting of Maltreatment.

H. Appeals

1. Clients do not have to follow the procedure as outlined in part F, to file a complaint/ grievance.
 - a. Clients have the option to directly contact the Advocate in the Ombudsman’s Office or communicate with other agencies listed in part D, above.
 - b. Clients who do not believe their grievance was satisfactorily resolved have the option to directly contact the agencies and persons listed in part D.

I. Record keeping and reporting:

1. A copy of each completed written grievance is retained for a minimum of seven years.
2. Data is collected and reported as requested.

Internal and/or External References	HHS –ADM-QC 3203 Incident Reporting Minnesota Rules 9530.6540 MCT Ordinance 19, XVI 1602
Compliance - Posting Date	8/6/2021 
Replaces – Policy Number	
Next Review - Due Date	