MEMORANDUM

To: All Service Recipients, Family Members, Legal Representatives and Advocates

From: Stephen H. Norris, Deputy Commissioner
Division of Mental Retardation Services

Date: June 15, 2007

Subject: Complaint Resolution System

The Division of Mental Retardation Services (DMRS) has a complaint resolution system to address issues and concerns expressed by service recipients, their families, legal representatives, paid advocates and concerned citizens.

The DMRS wants to make sure that you are satisfied with your services and that you have an opportunity to express those issues or concerns regarding the service you receive.

The DMRS has asked that each contracted service provider maintain a complaint resolution system and contact person in an effort to resolve issues at a more direct level. This means that you may call this person about anything that concerns you related to the services that you receive from the service provider. If you feel that your problem has not been resolved and you are not satisfied with the response from your service provider or agency, you may contact your State Regional Complain Resolution Coordinator at:

East Tennessee
Chanelnh Quemore
Office 865-588-0508 ext. 228
Toll free 1-888-310-4613
Chaneth.Quemore@state.tn.us

Middle Tennessee
Sherry Baskerville
Office 615-884-6083
Toll free 1-800-654-4839
Sherry.Baskerville@state.tn.us

West Tennessee
Debbie Hammons
Office 901-745-7492
Toll free 1-866-215-3743
Debbie.Hammons@state.tn.us

You may also contact the statewide MR Toll Free Number at 1-800-535-9725 or Thomas O’Brien, Statewide Director of Complaint Resolution in Central Office at 615-253-5715.

Tennessee Law prohibits any harmful action occurring as a result of you reporting a complaint. The Division of Mental Retardation Services encourages you to express concerns regarding services.

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The Division of Mental Retardation Services (DMRS) has a Complaint Resolution System (CRS) to address unresolved issues regarding the quality of service and supports for service recipients funded through the Division of Mental Retardation Services (DMRS). The system operates under the basic tenets that service recipients are to be listened to in a respectful, compassionate and responsive manner.

This system is a collaborative effort between Providers, the DMRS Regional Office’s and the DMRS Central Office. The CRS adheres to the philosophy of assisting service recipients and others to resolve matters of concern at the most direct level possible. In order to efficiently and adequately address complaints, all DMRS Providers of Day, Residential, Personal Assistance and Independent Support Coordination Services shall develop and maintain an internal CRS that consists of both informal and formal processes.

The system is designed to respond to issues and concerns regarding the quality of services and supports expressed by service recipients, their families, legal representatives, paid advocates or concerned citizens. Service recipients can expect their issues and concerns to be addressed fairly, timely and effectively.

The CRS is not an avenue for reporting:

- Allegations of abuse, neglect or exploitation
- Provider on Provider complaints
- Provider staff on Provider complaints
- Provider complaints on DMRS staff
- Staff on staff complaints

Service recipients, their families, legal representatives, paid advocates or concerned citizens may contact the DMRS Regional Complaint Resolution Coordinator (CRC) whenever they have issues and concerns regarding the quality of service and supports for service recipients funded through the Division of Mental Retardation Services. DMRS has set a benchmark for resolution of complaints within 30 calendar days from the date the complaint is received by the Complaint Resolution Coordinator. Upon receipt of a complaint the CRC shall:

- Make contact with the complainant within 24 hours of receiving the complaint. This will serve as a means of formal introduction and information collection.
- Contact should be made first with the complainant for an accurate summary of issues prior to agency or provider contact.
- Collect information from the complainant.
➤ Inquire from the complainant whether attempts to resolve issues and concerns have been made.
➤ Explain the DMRS and provider’s CRS.
➤ Ascertain that complainant has or has not contracted the Provider.

• Complete a Record of Complaint.
• Assign a complaint number
• Enter into the Regional CRS Log.
• Contact the Provider’s CRC to:

➤ Inquire if provider is aware of the complaint and if so, ascertain what the provider has done so far or make the provider aware of the complaint
➤ Obtain information as to the provider’s plan of action
➤ Identify target date for resolution
➤ Inform the provider to send written notification of actions taken (mail, email, or fax) to the Regional CRC before the target date.

• The Regional CRC shall verify resolution with the complainant no later than 30 calendar days from receipt of complaint and follow-up with a confirmation letter.

• The Regional CRC can request additional time for resolution from the State Director of CRS for difficult cases. This will be decided on a case by case basis. Requests should be submitted in writing with justification.

• If the complaint has not been satisfactorily resolved through the Regional CRS process, the complainant and/or CRC may request assistance from the DMRS Director of Complaint Resolution.

• The Regional CRC will provide the DMRS Director of Complaint Resolution or designee with all information relative to previous attempts to resolve the complaint.

• If the complaint has not been satisfactorily resolved through the Regional and Central Office Complaint Resolution processes, the complainant may request mediation by contacting the DMRS Director of Protection From Harm.

• DMRS Director of Complaint Resolution will follow up with telephone calls to complainants to determine if satisfaction of resolution occurred. These monthly calls will consist of a 10% sample of the previous quarter’s complaints.

• The Regional CRC will provide monthly trending and follow up reports to the Regional and Central Offices Quality Management Committee. The Regional Quality Management committee reviews on a monthly basis trends and patterns regarding complaints received during the time period of review. This information will be used by Agency Teams in their facilitation of technical assistance to provider agencies; and will be used by Regional Office Management staff to determine necessary actions needed in response to regional trends.

• The DMRS Director of Complaint Resolution will compile regional CRS data to analyze statewide trends and patterns.
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All Division of Mental Retardation Service (DMRS) Providers shall develop a Complaint Resolution System (CRS). The CRS is a collaborative effort between Providers and DMRS to address issues and concerns expressed by service recipients, their families, legal representatives, paid advocates or concerned citizens.

The CRS adheres to the philosophy of assisting service recipients and others to resolve matters of concern at the most direct level possible. Furthermore, it is the intent of the CRS to maintain and promote compassion, understanding, and fairness in seeking resolution to issues or concerns that may arise.

In order to efficiently and adequately address complaints, all DMRS Providers shall develop and maintain an internal CRS that consists of both informal and formal processes.

Informal Process

All staff within the system, including Providers, DMRS Regional Office, and DMRS Central Office, has the responsibility to listen and respond to problematic issues expressed by or on behalf of service recipients. Most problems can be resolved informally.

If informal resolution cannot be achieved, the service recipient, their families, legal representatives, paid advocates, and concerned citizens can file a formal complaint with the service providers designated CRS contact person. The goal of the CRS is to bring issues and concerns to resolution, timely, efficiently and adequately.

Formal Process

All DMRS Providers are required to develop and implement complaint resolution procedures in accordance with the DMRS Provider Manual. (Section 18.3.)

Providers shall develop and implement an internal policy and procedure for receiving and responding to complaints. The policy and procedure shall include, but is not limited to, the following provisions:

A. Assurance that each contracted service provider identifies and maintains a CRS contact person for addressing issues and concerns.

B. Assurance that service recipients, their families and legal representatives receive information concerning the Provider and DMRS Complaint Resolution System. This information should identify both the Provider and DMRS contact person and their contact information.

Date: 12/8/2005
C. Assurance that if the complainant and the Provider are unable to resolve the issue, either party may contact the DMRS Regional Office Complaint Resolution Coordinator (CRC) for assistance.

D. Assurance that retaliation against anyone reporting a complaint to the Provider or DMRS is strictly prohibited.

E. Maintenance of a logging system with the following information:
   - Date Complaint Received
   - Contact information (Telephone numbers, etc)
   - Name of Complainant (Service Recipient, family, legal representatives, paid advocates, and concerned citizens)
   - Name of Service Recipient
   - Agency and ISC Involved
   - Service Recipient's funding source (Optional – for tracking)
   - Description of Complaint
   - Description of Resolution
   - Date of Resolution
   - Date Provider confirmed resolution with complainant

F. Provider shall confirm resolution with the complainant no later than 30 days from receipt of complaint. If satisfaction is not achieved, the Provider will present the complainant with contact information for the DMRS Regional Complaint Resolution Coordinator.

G. Management staff shall review the complaint resolution system to identify trends and patterns and initiate actions as indicated.

H. All CRS records shall be available upon request to DMRS.

Date: 12/8/2005
However, if state-funded services are denied for reasons other than the availability of funding, the appeal shall be decided by the Regional Office. The appeal process is initiated by filing a written appeal within 30 days of the notice of denial. The Regional Office will provide a copy of the report of findings to the provider and the individual or organization that is appealing. The appeal shall be heard by an impartial panel of three or more individuals who are not connected to the decision-making process. The panel shall make a determination based on the evidence presented. If the appeal is denied, the individual or organization may request a review by the State Office. The State Office will conduct a review and make a final decision. If the appeal is still denied, the individual or organization may file a complaint with the State Office. The State Office will conduct an investigation and make a determination. If the appeal is still denied, the individual or organization may file a lawsuit in court. The court will conduct a hearing and make a determination.