

Childrens Clinics for Rehabilitative Services  
Ethics, Rights and Responsibilities  
Grievance Children’s Clinics for Rehabilitative Services  
Policy  
RCPPM, Chapter 60  
ADHS/CRSA Contract HP 361008  
Grievance System GS 7-9; GS 13; GS 18

---

Original Effective Date: 4/94

Reviewed/Revision Date (s): 3/95; 10/97; 3/06; 8/06; 12/06; 2/07; 4/07; 7/07; 12/07

Supersedes Policy #Complaint and Appeals 1.5.2 & Complaint Resolution- Care Delivery 1.5.2

Approval \_\_\_\_\_ Date \_\_\_\_\_  
Chief Executive Officer Signature

Approval \_\_\_\_\_ Date \_\_\_\_\_  
Department

---

**PURPOSE:**

Tucson Children's Clinics is committed to providing a specific and effective channel for patients and their families to seek solutions to their problems, concerns and needs.

**ORIGINATING REVIEW SOURCE:**

Patient and Family Services Manager, "Grievance Coordinator"

**POLICY:**

Tucson Children’s Clinics informs patients and families about the grievance process at the time of eligibility, by Patient Rights and Responsibilities posted throughout the clinic, on the web site, upon request, or when changes occur in the policy. Employees are educated about the process during new employee orientation and as needed. Providers are given a copy of the Grievance Policy at the time of contract, upon request, and are updated as changes occur.

Tucson Children’s Clinics defines grievance as a Children’s Rehabilitation Services (CRS) member’s expression of dissatisfaction with any aspect of their care other than the appeal of actions. A grievance may include, but is not limited to:

1. Quality of care or services provided.
2. Aspects of interpersonal relationships such as rudeness of a provider or employee or failure to respect the member’s rights.
3. It does not include an “action” which is a denial or limited authorization of a requested service. This would include, for example, the type and level of service; reduction, suspension, or termination of a previously authorized service; denial of any part of payment; failure to provide service in a timely manner; failure of the clinic to act within specified time frames; denial of member’s request to obtain services outside Tucson Children’s Clinics network when Tucson Children’s Clinics is the only service available.

Childrens Clinics for Rehabilitative Services  
Ethics, Rights and Responsibilities  
Grievance Children's Clinics for Rehabilitative Services  
Policy  
RCPPM, Chapter 60  
ADHS/CRSA Contract HP 361008  
Grievance System GS 7-9; GS 13; GS 18

---

Tucson Children's Clinics receives reviews and, when possible, resolves grievances, complaints and dissatisfactions from patients and their families in a timely fashion and in accordance with Children's Rehabilitation Services Administration (CRSA) guidelines. Individuals who make decisions on complaints or grievances will not have been involved in any previous level of review or decision-making. For medical necessity decisions or cases involving clinical issues, health professionals who have the appropriate clinical expertise in treating the member's condition or disease will make decisions.

### PROCEDURES:

1. **Process responsibility.** Unless otherwise noted, it is the Grievance Coordinator or designee that is responsible for all of this process.
2. **Record keeping.** All records in this process are filed separately from the medical record in a secure, designated area and are retained in reproducible format for a minimum of 6 years. Confidentiality of all member information is maintained throughout this process.
3. **Filing.**
  - a. Grievances may be filed orally or in writing.
  - b. Members may file a grievance with either Arizona Department of Health Services (ADHS)/CRSA, (150 N. 18<sup>th</sup> Ave. #330, Phoenix, Arizona 85007; 602-542-1860) or Tucson Children's Clinics (2600 N. Wyatt Dr. Tucson, Arizona 85712; 520-324-3052). A provider, acting on behalf of the member or parent/ guardian may also file a grievance on behalf of the member.
  - c. The Grievance Coordinator or designee is available to give reasonable assistance with all phases of this process. This may include, but is not limited to, help completing forms, use of the toll free phone number, 1-800- 231-8261 ext. 4-3052, or arranging translation services by bi-lingual staff members/providers or by use of the CyraCom System. Hearing impaired members or parents/guardians may communicate grievances via the Arizona Relay Service, 1-800-842-4681, and will be assisted by staff in all phases of the process through use of this system
  - d. No punitive action will be taken against a member, provider, or parent/guardian for filing or supporting a grievance.
  - e. All grievances will be filed on the Patient Feedback Form. These forms are located throughout the clinic and are in English and Spanish (Attachments 7 & 8; Patient Feedback Forms) and may be filled out by any one that is recognized as being able to file a grievance. Staff members receiving grievances by telephone, e-mail, in person or by any other means shall assist in filling out a Patient Feedback Form that details the grievance and submit it to the Coordinator.

Childrens Clinics for Rehabilitative Services  
 Ethics, Rights and Responsibilities  
 Grievance Children's Clinics for Rehabilitative Services  
 Policy  
 RCPDM, Chapter 60  
 ADHS/CRSA Contract HP 361008  
 Grievance System GS 7-9; GS 13; GS 18

---

#### 4. Basic administrative processes for handling grievances

- a. All written grievances will be date-stamped as of arrival date.
- b. All grievances to be reviewed by the Coordinator or designee.
- c. A decision will be made by the Coordinator if the issue is Quality of Care (QOC) or Non-Quality of Care (Non-QOC). A QOC concern exists if there is any potential harm to the member. QOC cases will fall into one of the categories and subcategories specified in Attachment 11. Non-QOC cases will fall outside those categories. A Non-QOC concern means an allegation, upon review, was determined to not be a medical/service quality of care issue or concern.
- d. If judged to be a QOC issue a severity level will be assigned according to the criteria as outlined on Attachment 10. Initial severity levels of 2, 3, or 4 will be reported to ADHS/CRSA immediately.
- e. All grievances, both QOC and Non-QOC, will be entered in the QOC database by the Coordinator. This tracking log will be completed on the data base using ADHS/CRSA approved forms. Interventions implemented to resolve the grievance or to prevent similar incidences, and the resolution status of "substantiated", "non-substantiated", and "unable to substantiate" will be recorded on the tracking log.
- f. Acknowledgment of the grievance will be made orally or in writing within 5 business days of receipt if judged to be Non-QOC. (See Attachment #3; Non-QOC Acknowledgement Letter) However, if the grievance is judged to be a potential Quality of Care issue, acknowledgement will be in writing. (See Attachment #1; QOC Acknowledgement Letter-English or Attachment #2; QOC Acknowledgement Letter-Spanish). An exception will occur if the grievance is resolved within one week. In that case, a resolution letter only will be sent.
- g. Resolution and/or disposition of all grievances, based on investigation, will occur as soon as possible from the date of the referral, including written and/or documented telephone communication to the complainant. Most grievances should be resolved within ten (10) business days; but, in no case, longer than ninety (90) calendar days. Communication of resolution of potential QOC concerns will be by written response. (See Attachment #4; QOC Resolution Letter-English or Attachment #5; QOC Resolution Letter-Spanish). These letters will provide detail to ensure that all covered, medically necessary care needs are met. In addition, resolution of Non-QOC will be written. (See Attachment #6; Non-QOC Resolution Letter)

#### 5. Basic resolution process

- a. All employees are empowered to address concerns brought to their attention. If assistance is needed, the employee may seek help from their manager or director or contact the Grievance Coordinator at 324-3052. Employees will complete a Patient Feedback form and submit it to the Coordinator as per (2 e) under "Filing". This applies to all complaints/grievances.

Childrens Clinics for Rehabilitative Services  
 Ethics, Rights and Responsibilities  
 Grievance Children's Clinics for Rehabilitative Services  
 Policy  
 RCPMP, Chapter 60  
 ADHS/CRSA Contract HP 361008  
 Grievance System GS 7-9; GS 13; GS 18

---

- b.** Grievances received by the Grievance Coordinator will be distributed for resolution to the manager, director or administrator most closely associated with the source of the complaint. Coordinator will follow up to ensure grievance is being researched and moving toward resolution.
- c.** If a complaint or grievance is received about care rendered by a member of the medical staff, the situation will be referred to the Medical Director to follow up with the provider involved and report the findings back to the Grievance Coordinator. If the complaint involves any activity requiring peer review, then that situation will also be referred to the Medical Director who will report the results back to the Grievance Coordinator.
- d.** If a complaint or grievance is received concerning any delegated service provider, the Corporate Compliance Director will be notified to investigate the situation along with the Grievance Coordinator. The results of any action taken including correction action plans or cancellation of the contract will be recorded on the grievance log with report to the Utilization Management/Quality Management (UM/QM) Committee.
- e.** A grievance must be filed on behalf of a member and investigated by the Grievance Coordinator or designee, when notified of a level two QOC issue discovered during the appeal process.
- f.** To complete the resolution process, The Grievance Coordinator will document each grievance, to include when and from whom it was received, determine whether there is a QOC concern, assign a severity level and priority status (See Attachment 10 & 13 respectively), and, in general, guide the grievance resolution process. This process may include:
  - i. Determining and implementing appropriate interventions.
  - ii. Developing an action plan to reduce/eliminate the likelihood of the issue reoccurring.
  - iii. Monitoring and documenting the success of interventions.
  - iv. Assigning new approaches when necessary. Trying different or additional approaches if original intervention is unsuccessful or if additional actions are required to fix the system.
  - v. Incorporating successful interventions into daily operations to eliminate reoccurrence of complaint.
  - vi. Arranging in-services with attendance sign-in sheets and notes.
  - vii. Developing new policies and/or procedures.
  - viii. Follow-up with the member that includes but is not limited to assistance as needed to insure that the immediate health care needs are met.
  - ix. Assignment of a QOC resolution status defining case outcome as substantiated, unsubstantiated or unable to substantiate as defined in Attachment 12.
- g.** If indicated, the issue will be referred/reported to the appropriate regulatory/licensing agency, Child or Adult Protective Services, and ADHS/CRSA for further research, review or action. In addition, the issue may be referred to the ADHS/CRSA Peer Review Committee.
- h.** Tucson Children's Clinics will notify the appropriate regulatory/licensing board or agency and ADHS/CRSA when a health care professional's, organizational provider's, or other

Childrens Clinics for Rehabilitative Services  
Ethics, Rights and Responsibilities  
Grievance Children's Clinics for Rehabilitative Services  
Policy  
RCPPM, Chapter 60  
ADHS/CRSA Contract HP 361008  
Grievance System GS 7-9; GS 13; GS 18

---

- provider's affiliation with their network is suspended or terminated because of quality of care issues. If the case was received from ADHS/CRSA or if ADHS/CRSA desires to review the investigative steps and proposed resolution, Tucson Children's Clinic will submit the entire file with all documentation to ADHS/CRSA. Coordinator to follow up with this process.
- i.** All complaints will be reviewed with a Medical Director. A log of the review and the Medical Director(s) involved will be maintained and sent to ADHS/CRSA on a monthly basis. Topics to be reviewed with the Medical Director include review of all grievances, severity levels assigned, interventions made, and the final resolutions. A copy of the log is attached. (See Attachment #9; Medical Director's Log)
  - j.** Copies of the tracking log and/or database in addition to all grievances and letters involved in the process will be sent to ADHS/CRSA by the 15<sup>th</sup> of each month.
  - k.** If ADHS/CRSA identifies potential deficiencies and need for a Corrective Action Plan (CAP) defined as: (A written work plan that includes goals and objectives, steps to be taken and methodologies to be used to accomplish CAP goals and objectives, and staff responsible to carry out the CAP within established timeframes. CAPS are generally used to improve performance of the CRS Regional Contractor and/or its providers, to enhance activities and the outcomes of the activities, or to resolve a deficiency), then Tucson Children's Clinics will execute an appropriate plan.
  - l.** The Grievance Coordinator will document closure of the complaint review. A closing severity level higher than initial severity level will be reported immediately to ADHS/CRSA.
  - m.** Ongoing information concerning the nature and frequency of complaints will be collected and trended on a quarterly basis and reported to the UM/QM, Committee to identify and resolve service delivery issues. Both QOC and Non-QOC issues will be documented on the grievance log and reported to UM/QM who will monitor the grievance process. This will include reviewing interventions, analyzing the data and reviewing trends. The grievance process will also be monitored by a monthly review of all grievances by the Medical Director and reported on the Medical Director's Log which is sent to ADHS/CRSA monthly.