

# Spotswood Office on Aging Client Grievance Procedures

## General Guidelines

There are three levels to the grievance process:

- 1) Initial appeal made directly to the service provider
- 2) OOA hearing
- 3) County review

A Client and/or Client's representative may file a grievance as a result of the following actions:

- Service denial or reduction/termination due to assessment or reassessment and/or dissatisfaction with services.

A service may be denied because:

- The service is not needed or appropriate based on assessment;
- An assessment indicates other Clients are deemed a greater priority for service;
- The requested service is not provided in a particular geographic location; or
- The services requested are limited or not provided due to resource shortages.

A service may be reduced because:

- Other Clients are deemed a greater priority for service;
- A reduction in need is indicated by reassessment;
- Insufficient funds to continue the service to the same number of clients at the higher level;  
or:
- Changes in hours of program operation

A service may be terminated because of:

- Other Clients are deemed a greater priority for service;
- Lack of program funds to continue service;
- The service is no longer needed or appropriate based on a reassessment;
- Not abiding by the existing policies and procedures regarding attendance; or
- The Client's disruption to a program, including physical or verbal abuse of agency staff

If the termination is based upon disruptive behavior of a participant, filing a complaint will not automatically stay the decision to terminate participation if the service provider has met the following conditions:

- The service provider has developed a definition of "disruptive behavior" which could lead to immediate termination from the program; has published this definition in policy, and has notified all participants of this policy and definition.
- This policy includes provision that disruptive behavior will result in immediate termination from the program.

NOTE: In case of termination because of disruptive behavior, rules must be posted prominently and all participants informed of these rules.

Clients who believe they have been improperly denied service or who are dissatisfied with the service provided may take action in the following order:

1. If informal discussions are not met with satisfaction, a Client should be provided an opportunity to submit a written complaint at the service provider level. The report should provide a section for the Client to describe the complaint (*see Client Complaint form*). If a Client telephones or makes an office visit to file a complaint because he/she is unable to complete a written complaint, the service provider should record the information (*see Grievance Report form*) on behalf of the Client. Indicate in the space provided on the form "how" the complaint was received.
2. The service provider shall acknowledge receipt of the complaint in writing within three (3) business days of receipt.
3. The service provider shall investigate the nature of the allegation, conduct a review of the decision from the informal review which may include contacting the Client, document findings and corrective action (if appropriate) in a written report within ten (10) business days of the initial grievance (*see Grievance Report*). The Client shall be notified in writing of the decision within ten (10) business days of the initial grievance. The notification shall concur with the initial decision or reverse the decision based on additional information. The notification should also include a statement describing the right to appeal to the OOA. Copies of all correspondence and documentation of telephone conversations shall be maintained (in the Client file or at the service provider location).
4. If the Client is not satisfied with the provider agency's final decision, he/she may request, in writing, a hearing before the Middlesex County Department on Aging. The written request shall be filed within thirty (30) days of receipt of the above decision and be directed to the Director of the Office on Aging. The appeal must contain an explanation why the service provider's response was unacceptable. The Client should also notify the service provider in writing of his/her intention to pursue the appeal to the Middlesex County Department on Aging. If necessary, assistance should be provided to the client in the submission of a written appeal.
5. Upon receipt of the written request for a hearing, the Director of the Office on Aging shall schedule a time for the Client to appear before a review committee and notify the person and service provider of the time. The hearing shall be held within two (2) weeks of the receipt of the written request at a location of mutual convenience to the participants, or in the home of the Client if necessary. The review committee shall consist of representation from the Office on Aging, the community, the Advisory Council and the local mediation agency, if one exists.
6. At the hearing, the Client shall have the opportunity to present his/her case in a reasonable period of time, as determined by the committee. An equal amount of time shall be granted to the service provider to present its case. The committee shall have the opportunity to question the participants in order to clarify the facts. Minutes of the hearing shall be taken and the original copy will be maintained by the Office on Aging.
7. Within ten (10) days of the hearing, the review committee shall make a decision on the appeal and the Office on Aging Director shall inform the Client of the decision in writing. The decision shall state factors, based on documentation presented at the hearing, and shall inform the Client of the procedures to request a review of the decision by the Middlesex County Department on Aging.

8. Within ten (10) days of receipt of the local decision, the Client may request a review of the decision by the Middlesex county Department on Aging. The request for County review shall be in writing and addressed to:  
Middlesex County Department on Aging  
75 Bayard Street – 5<sup>th</sup> Floor  
New Brunswick, NJ 08901
9. Within three (3) weeks of receipt of the request for review, the Executive Director of the Middlesex County Department on Aging shall:
  - a. Request a copy of the written procedures of the Office on Aging/Service Provider
  - b. Request a copy of the hearing minutes and supporting documentation from the Office on Aging
  - c. Review proceeding of the hearing and facts surrounding the appeal
  - d. Either confirm or reverse the local decision
  - e. Notify the Client in writing of the Department on Aging’s decisionThe written notification shall state the reasons for the decisions and is final and binding.

A review by the Middlesex County Department of Aging will be limited to assuring that the policies and procedures used are appropriate and have been applied and adhered to. If the policies and procedures have been followed, the Middlesex County Department of Aging would not overturn the decision of the Office on Aging review panel.



# GRIEVANCE REPORT

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Date complaint received: \_\_\_\_\_

How was complaint received?     Phone     Mail     Office Visit     Outreach

Name and telephone number of contact persons involved in complaint:

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

Description of complaint by client (or attach copy of Client Complaint Form):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe investigation:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Plan of action:

\_\_\_\_\_

\_\_\_\_\_

Date and method by which Client was notified of initial decision:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Service Provider

\_\_\_\_\_  
Date

# GRIEVANCE OUTCOME

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Summary of Grievance:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of Resolution of Grievance:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby agree that the above grievance has been resolved to my satisfaction.

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Service Provider

\_\_\_\_\_  
Date