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Title: Complaint Response Process

Applies to: Regional Offices, State Operated Waiver Programs and Habilitation Center Campuses, designated Division of DD Regional and State Quality Enhancement personnel.

Purpose: To establish the process for reviewing and responding to complaints received from the Office of Constituent Services.

Definitions:

Action Plan Tracking System (APTS): A DMH-DD centralized database utilized to track issues requiring resolution, as well as positive practices that are identified through Provider Relations and/or Quality Enhancement Functions. Issues tracked will be identified through indicators categorized by health, safety, rights, services, and money, in addition to the Missouri Quality Outcomes.

Client Rights Monitor: The person in the Office of Constituent Services designated to ensure that individuals' rights are protected.

Complaint: An informational report of dissatisfaction, individual grievance, and/or a suspicion/allegation of abuse and neglect requiring a response to the Office of Constituent Services.

Contract Provider: An agency or an individual that enters into a contract with the Department of Mental Health, Division of Developmental Disabilities, to provide direct or indirect services to individuals served by the Division.

Integrating Quality Functions: A Division of DD process that prescribes the systematic process for integrating and synthesizing information from all quality management functions to evaluate the performance of the service delivery system. This process assures the health and welfare of individuals while meeting their needs and supporting them to achieve personal goals.

Licensure and Certification: Provides DMH oversight for community providers serving persons with developmental disabilities. This oversight assures that providers maintain compliance with applicable state standards. Staff performs certification activities for those participating in the Division of DD Home and Community Based Waiver Programs.

Office of Constituent Services (OCS): Part of the DMH Director's Office that provides individual and family views in policy making, aids in access to services, and ensures that individuals' rights are protected.

Office of General Counsel (OGC): Part of the DMH Director's office that provides legal counsel for DMH, Investigative Unit, and Office of Constituent Services.

Outcome: The result of action to be taken as outlined in a plan that resolves issues, prevents recurrence, and increases opportunities for improvement in the TCM delivery system and implementation of the Missouri Quality Outcomes.

Quality Management Function: A process to monitor and affect services being provided, focusing upon health and welfare of individuals, meeting their needs, and supporting them to achieve personal goals.

- The primary Regional Office Statewide Quality Management Functions are: Support Monitoring, Incident Response System, Fiscal Review, Health Inventory Planning System (Nursing Review), Mortality Review, Self Advocates and Families for Excellence (SAFE) Review, Individualized Support Plan Review, and Licensure and Certification Survey assessment. In addition to the Regional Office Quality Management Functions, other functions within and outside the Department also provide information.
- The primary State Operated Programs Statewide Quality Management Functions are: Audit Individual Funds, Audit of Staff Notes, Certification Survey, ICF ID Survey, Incident Audit Tool, Individualized Support Plan Review, Meal Observation Tool, Monitoring Tool Observation, and Record Review. In addition to the State Operated Quality Management Functions, other functions within and outside the Department also provide information.

Regional Quality Enhancement Team: Staff designated at each Regional Office to monitor, track, trend, and report data from the quality enhancement functions, as well as respond to special requests for data based upon current standards, outcomes, and promising practices.

State Operated Programs (SOP) Quality Enhancement Directors: Staff designated at each Habilitation Center to monitor, track, trend, and report data from the quality enhancement functions, as well as respond to special requests for data based upon current standards, outcomes, and promising practices.

State Quality Enhancement Unit: Staff designated within the Division of Developmental Disabilities that oversee and implement statewide Quality Management Functions.

PROCEDURES

Office of Constituent Services Notification:

The Office of Constituent Services (OCS) shall notify the Division’s State Quality Enhancement Unit when complaints are received which have not originated from the Regional Offices, State Operated Waiver Programs or Habilitation Center Campuses. The OCS and the Division have agreed that:

- All complaints received by the Office of Constituent Services shall be e-mailed / copied to the DD Consumer Safety Coordinator and designated administrative support staff.
- The Office of Constituent Services shall include the complaint tracking number. OCS shall indicate in their correspondence when a reply is not required from the Division to resolve the complaint in the OCS tracking system.
- The Office of Constituent Services shall verify that the individual or service is associated with Division of DD before forwarding the complaint to the Division.

DD Facility Reporting Complaint:

If a complaint regarding a DMH individual originates from a Regional Office, State Operated Waiver Programs or Habilitation Center Campuses, and the State Oversight organization has notified Division of Health and Senior Services (DHSS) or Division of Social Services (DSS), the DD facility shall:

- Enter this incident into CIMOR-Event Management Tracking system (EMT).

- Notify the Division’s Coordinator for Consumer Safety.
- The Division’s Coordinator for Consumer Safety will review the EMT report to ensure completeness and notify the OCS of the EMT report number.
- When the DHSS or DSS report is received by the OCS, OCS may resolve the complaint based on information in the EMT report.

Complaint Initial Response (2 business days) :

1. The Division’s Coordinator for Consumer Safety, or designee, shall e-mail and/or fax information regarding the complaint to the staff of Regional Office, State Operated Waiver Program, or Habilitation Center Campus designated on the “Complaint Notification List”, the Division Director of Quality Enhancement, and the DD Division Director.
2. The Regional Director, Superintendent, or their designee, will determine and respond in writing to the designated Quality Enhancement Team member of any complaint forwarded to Division of DD that requires a response to resolve with OCS. Written response from the Regional Office, State Operated Waiver Programs or Habilitation Center Campus may be in electronic format via e-mail, CIMOR-EMT number, or with the attached optional form. The designated Quality Enhancement Team member will review the initial response to ensure all the questions below are answered and forward the initial response to the Division’s Coordinator for Consumer Safety for review and correspondence with OCS within 2 business days of receiving the complaint from the Division’s Coordinator for Consumer Safety or designee.
 - a. Initial written responses shall include answers to the following questions:
 - a) What code did the Regional Office, State Operated Waiver Program or Habilitation Center Campus assign for the OCS complaint report?
 - i. **Information** - An informational report of dissatisfaction which may include but not be limited to: violation of a DMH standard, contract provision, rule or statute, or a practice or service is below customary business or medical practice. This requires follow up for resolution with OCS. If during follow-up it is discovered that the complaint meets criteria for entry into the Event Management Tracking system (EMT), then the complaint must be entered into CIMOR-EMT.
 - ii. **Grievance** - Individual receiving services reporting a violation of client rights per RSMo 630.110 & RSMo 630.115. This requires entry into CIMOR-EMT and a decision for Clinical/QE review.
 - iii. **Suspicion/Allegation of Abuse & Neglect** - Neglect, misuse of funds/property, physical abuse, sexual abuse, or verbal abuse has occurred as defined in 9 CSR 10-5.200, DOR 2.205 & 2.210. This requires entry into CIMOR-EMT and a decision for an Inquiry review.
 - b) What immediate action has been taken by the agency, and/or Regional Office, State Operated Waiver Programs or Habilitation Center Campus to assure the individual’s health, safety, and rights?
 - i. Who was contacted and when? (i.e., individual receiving services, complainant, provider, school, other agencies such as DHSS or DSS, phone call, visit, etc.)
 - ii. What follow up was, or is, being done? If none, please explain.
 - iii. Where is the documentation regarding the follow up located? (CIMOR, log notes, APTS, individual plan, provider file, etc.)

Or

- c) If it is discovered that the person is not receiving services from DMH, or the individual does not receive services from an agency, Regional Office or SOP that is licensed, certified, accredited, in

possession of deemed status and/or funded by the department, the Quality Enhancement Team member will review the written response and the complaint will be returned to the Division's Coordinator for Consumer Safety to refer back to OCS who will complete proper notification.

Complaint Resolution Procedure (10 business days):

1. Within 10 business days personnel designated by each DD facility will complete follow up to each complaint requiring a response to resolve with DMH Office of Constituent Services.
2. To resolve a complaint the following must be evident:
 - a. There is documentation that the DD facility addressed all issues of the complaint.
 - i. Documentation for complaints coded as "Information" may be in the form of an e-mail, "optional" form, or EMT entry when the complaint meets criteria.
 - ii. Documentation for complaints coded as "Grievance" and "Abuse/Neglect" must be entered into the EMT database.
 - b. There is documentation that the DD facility has assured and, when needed, monitors for continued assurance around the health/safety of the individual.
 - i. For complaints meeting criteria for entry into the EMT database, this is documented in the Clinical/QE or when coded as "Abuse/Neglect" in the Inquiry screen.
 - c. Completeness of the EMT entry. If the complaint meets criteria for entry into the system QE staff is to ensure the following is complete.
 - i. All Notifications are entered.
 - ii. Original CATS # and complaint description are entered into the EMT description screen, or if the event is already entered, the corresponding complaint can be added to the Clinical/QE or Inquiry decision screen for the existing event entry.
 - iii. A DMH-DD review of the event in the system is complete.
 - iv. Decisions and documentation of follow up actions taken by the DD facility/agency are entered;
 - a) Clinical/QE Review decision for those complaints that are coded as "information" but still meet criteria for entry into EMT.
 - b) Clinical/QE Review decision for those complaints that are coded as "grievance"
 - c) Inquiry decision for those complaints which are coded as "abuse/neglect".
 - d) Plan of Action decision for those complaints which result in a DD facility requesting/requiring measurable action to be taken within an established timeframe by an employee or organization that will minimize the potential reoccurrence of the event.
 - e) Investigation Request decision when the inquiry establishes reasonable cause of abuse/neglect.
3. Personnel designated by each DD facility will notify the designated Quality Enhancement Team member when all of the issues of the complaint have been addressed and documented. The designated Quality Enhancement Team member will review all documentation for completeness and forward the request for resolution and supporting information to the Division's Coordinator for Consumer Safety.
4. The Division's Coordinator for Consumer Safety will conduct a final review of the written response or EMT entry and submit for resolution with Office of Constituent Services.

Quality Enhancement

For complaints that are coded as information, and Regional Office, State Operated Waiver Programs and Habilitation Center Campuses follow-up indicates issues related to health, environment/safety, rights, services; this information should be forwarded to the designated Regional Office/SOP personnel for entry into the DMH-DD centralized database.

Complaint data will be reviewed on an annual basis to monitor timelines for initial and resolution response, identify trends and/or issues that require remediation.

Authority:

9 CSR 10-5.200 <http://www.sos.mo.gov/adrules/csr/current/9csr/9c10-5.pdf>

DOR2.205 <http://dmh.mo.gov/docs/diroffice/dors/DOR2.205-Abuse-NeglectDefinitions-InvestigationProcedures-Penalties-StateOperatedFacilities.pdf>

DOR2.210 <http://dmh.mo.gov/docs/diroffice/dors/DOR2.210-AbuseandNeglectDefinitionsandProcedures-CommunityProviderFacilities.pdf>

RSMo 630.165 <http://www.moga.mo.gov/statutes/C600-699/6300000165.HTM>

RSMo 630.110 <http://www.moga.mo.gov/statutes/C600-699/6300000110.HTM>

RSMO 630.115 <http://www.moga.mo.gov/statutes/C600-699/6300000115.HTM>