

MEMBER GRIEVANCE POLICY

Policy:

Reliance Health is dedicated to preserving the human rights of members. The Member Grievance Policy shall be reviewed with all members during the intake process or program admission, annually thereafter, and upon request. The Member Grievance Policy shall be posted in a common area at each program site.

Procedure:

1. If you believe that your rights have been violated or denied and you would like to discuss your concern with Reliance Health, please contact:
Kate Caristo-Scalora, Reliance Health Corporate Compliance Officer
40 Broadway, Norwich, CT 06357
(860)887-6536, extension 214
2. The Corporate Compliance Officer will contact you within three (3) business days of when your concern was expressed. At this time the Corporate Compliance Officer will:
 - Review the Grievance Policy with you
 - Attempt to resolve your concern
3. Each member has the right to file a formal grievance. A grievance must be filled within 45 days of the incident you are expressing concerns about unless extenuating circumstances prevented you from filing the grievance within this time frame. All Reliance Health grievances are reviewed by the Eastern Regional Mental Health Board (ERMHB). The organization is *not* part of Reliance Health and will provide an unbiased review of your concerns. ERMHB will follow protocol outlined in the *CT Department of Mental Health & Addiction Services (DMHAS) Grievance Procedure*. For a copy of this procedure, you may contact the Consumer Rights Officer or view the procedure online at:
<http://www.ct.gov/DMHAS/cwp/view.asp?a=2902&q=335180>
4. If you would like to file a grievance, you may appoint an advocate, of your choice, to assist you with the grievance process. Some possible advocates include:
 - A friend or family member
 - A Reliance Health employee
 - The CT Department of Mental Health and Addiction Services Consumer Rights and Grievance Specialist: (860)418-6933
 - The Human Rights and Opportunities Commission: (800)477-5737 or TTY 860-541-3459
 - The Office of Protection and Advocacy: (800) 842-7303 (toll free CT only) or TTY 860-297-4380
 - The Connecticut Legal Rights Project: (877) 402-2299
 - The National Alliance on Mental Health (NAMI): (860) 859-4658
5. If you would like to file a formal grievance, you, your advocate or conservator of person should contact:
Deborah Walker, Reliance Health Consumer Rights Officer
Eastern Regional Mental Health Board
401 Thames River Pl # 105, Norwich, CT 06360
(860)886-0300

6. Reliance Health will cooperate with the Eastern Regional Mental Health Board (ERMHB) throughout all stages of the grievance process. If ERMHB is unable to resolve the grievance, it will be referred to CT Department of Mental Health & Addiction Services (DMHAS) Consumer Rights & Grievance Specialist.

MEMBER GRIEVANCE POLICY

I have received and understand the Grievance Policy.

Signature of Member

Date

Witness

Date

I have reviewed this policy on a yearly basis with an identified staff member from the program

Date: _____ Member Signature: _____

or

Policy reviewed with member and noted in a Progress Note for the chart

Date: _____ Staff Signature: _____

Date: _____ Member Signature: _____

or

Policy reviewed with member and noted in a Progress Note for the chart

Date: _____ Staff Signature: _____

Date: _____ Member Signature: _____

or

Policy reviewed with member and noted in a Progress Note for the chart

Date: _____ Staff Signature: _____

Date: _____ Member Signature: _____

or

Policy reviewed with member and noted in a Progress Note for the chart

Date: _____ Staff Signature: _____