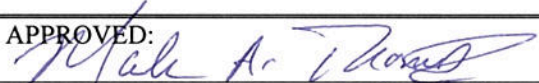


Office for Citizens With Developmental Disabilities (OCDD)	POLICY #: 602
SUBJECT: Customer Complaints	DEVELOPED BY: Complaint Workgroup
APPLICABLE DEPARTMENTS: OCDD Central Office, Human Services Authorities/Districts and Supports and Services Center	
ADOPTED: 01/08/03	REVISED: 10/04/07; 10/01/12; 04/01/15
APPROVED: 	REVIEWED: 4-1-15

CUSTOMER COMPLAINT POLICY

I. POLICY STATEMENT

It is the policy of the Office for Citizens with Developmental Disabilities (OCDD) to receive and take actions relative to customer complaints, concerns or dissatisfaction. Complaints will be addressed with an appropriate degree of respect, urgency, and thoroughness and in accordance with the requirements of this policy.

Data related to complaints will be collected and evaluated for continuous improvement of services. Procedures will be established to insure uniformity and consistency in the acceptance, disposition, reporting and recording of complaints in order to promote standardized statewide reporting of complaint information and data. The *OCDD Complaint Database* will serve as the established mechanism for collecting all complaint information. See the OCDD Data System Complaint Process Application User Guide which can be found at the OCDD Integrated Applications website at <https://ocdd.dhh.louisiana.gov>.

II. REFERENCES

- La. R.S. 28:451 et seq., The Developmental Disability Law, June 25, 2005
- 20 United States Code 1471 et seq., Individuals with Disabilities Education Improvement Act (IDEA), Part C Early Intervention Program for Infants and Toddlers, 2004
- OCDD Quality Enhancement Process, Policy # 603
- EarlySteps Program:
 - OCDD EarlySteps Program policies approved by the U.S. Department of Education, revised June 2009
 - OCDD EarlySteps Program Policy # 403

III. APPLICABILITY

This policy applies to all complaints received by OCDD, including verbal, written, or otherwise communicated, by any person regarding services or activities administered by OCDD's central office, the human services authorities and districts, the supports and services center and related programs (hereafter referred to as "all OCDD entities"). The complaint may be focused on any service, factor(s) related to the delivery of a service, staff, or any

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developmental disabilities services issue.

All complainants are encouraged to report their complaints, as soon as possible, to an appropriate OCDD entity. It is the responsibility of the complainant to provide sufficient information in order for the entity receiving the complaint to take appropriate action(s).

IV. PURPOSE

This policy will provide direction for establishing uniformity and consistency in the acceptance, disposition, reporting and recording of all complaints in order to promote standardized statewide reporting of complaint information and data. Direction is also provided for evaluation of responses to complaints and formulation of strategies for continuous improvement of services. This policy provides specific procedures for handling complaints (See Section VII. PROCEDURES AND RESPONSIBILITIES) as well as specific procedures for quality management of complaint procedures and data (See Section VIII. QUALITY MANAGEMENT PROCEDURES).

V. DEFINITIONS/ACRONYMS

Complaint - a concern, dissatisfaction, or dispute expressed through written or verbal communication or expressed through other means, such as assistive devices, regarding:

- care;
- supports and services;
- action or inaction of staff;
- department or agency requirement, regulation or policy; or
- other circumstances affecting quality of care or quality of life, including allegations of rights violations.

Complainant - the person who makes the complaint (which could be a person inquiring about, applying for, or receiving services or a person who previously received services), as well as his or her family, advocate, direct service provider, support coordination agency; or other person who reports matter(s) of concern, dissatisfaction, etc.

Customer - a person who inquires about, applies for and/or receives services or a person who previously received services, as well as his or her family/advocate/direct service provider/support coordination agency

DHH - Department of Health and Hospitals

Entities - OCDD's central office, the human services authorities and districts, the supports and services center and related programs

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La. R.S. - Louisiana Revised Statute

OCDD - Office for Citizens with Developmental Disabilities

Outcome - the results of a formal complaint process

Participant - a person who participated in the OCDD Determination Process for System Entry, met the criteria for a developmental disability, and currently receives or previously received developmental disabilities services [Note: Term is utilized in OCDD Data System Complaint Process Application User Guide.]

Resolution - to bring a successful conclusion with the complainant to the outcome of his/her complaint which involves his/her satisfaction with the explanation(s) or clarification(s) provided, the action(s) taken, or the referral to another agency for resolution

Response - the action(s) taken to address the complaint

VI. GENERAL REQUIREMENTS

- A. All OCDD entities shall establish procedures to assure that the requirements of this policy are met.
- B. All complaints shall be addressed regardless of the method chosen by a person to register a complaint or the focus of the complaint.
- C. When a person reports a concern or dissatisfaction, it is not necessary that the word “complaint” be used in order to accept, assign, record, and follow-up as a complaint.
- D. The complainant may elect to remain anonymous; the complaint shall be accepted and addressed.
- E. A complaint may be made in person or communicated by telephone, facsimile, electronic or postal mail to any OCDD entity.
- F. A privacy complaint regarding health information shall be directed to the OCDD Central Office Health Insurance Portability and Accountability Act (HIPAA) Privacy Officer.
- G. All OCDD staff persons who receive a complaint shall utilize and enter all data into the *OCDD Complaint Database* including documentation of all actions taken relative to the acceptance, assignment, and recording of all complaints received by OCDD, as well as related follow-up activities and quality management procedures.

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- H. It is the responsibility of OCDD to seek a successful resolution for each complaint. However, it is recognized that a complaint may not result in an outcome that is acceptable to the complainant. In such instances, it is the goal of OCDD that all options be exhausted by the entity responding to the complainant in order to obtain the optimum level of complainant satisfaction.
- I. All OCDD entities shall generate and utilize the *OCDD Complaint Database* to evaluate complaint responses to determine and initiate appropriate strategies for the continuous improvement of services under their scope of authority and responsibility.
- J. The staff of OCDD entities shall comply with HIPAA regulations regarding personal health information and other state statutory and regulatory requirements for reporting and acting upon complaints, including state licensing laws and regulations.
- K. This policy is not intended to change or replace already existing complaint mechanisms established by direct service provider and support coordination agencies or other OCDD affiliates.
- L. Adherence to this policy does not take the place of other data reporting requirements in complying with federal and state statutes, regulations, policies, or state and national survey requests.
- M. In addition to adhering to this policy, all OCDD entities shall comply with the following federal and state laws, regulations, and policies, which are pertinent to the particular program(s) they administer.
 - Intermediate Care Facilities for Persons with Developmental Disabilities ICFs/DD: Title 42 Code of Federal Regulations Section 440.260
 - Home and Community-Based Services (HCBS) for persons with developmental disabilities: Approved 1915 (c) Home and Community-Based Services Waiver Complaint Databases
 - New Opportunities Waiver
 - Children’s Choice Waiver
 - Supports Waiver
 - Residential Options Waiver

VII. PROCEDURES AND RESPONSIBILITIES

- A. The staff person receiving a complaint shall take all of the following immediate actions:

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1. Accept the complaint;
 2. Obtain as much information as possible;
 3. Discuss any request(s) of the complainant for confidentiality or other concerns;
 4. Obtain from the complainant a brief description of the complaint and a clear statement of what action would constitute an acceptable outcome for his/her complaint; and
 5. Document the receipt of the complaint and establish a complaint case either by:
 - a. Entering the information into the *OCDD Complaint Database* utilizing the OCDD Integrated Data System, or
 - b. Completing the OCDD Complaint Form (Appendix A).
- B. The staff person who receives or who is assigned a complaint for follow-up action shall comply with all of the procedures outlined below:
1. Notify OCDD Central Office and DHH Executive Management by the close of the business day in which the complaint was received when the complaint involves possible media attention, legal action, or the involvement of police, law enforcement or public official(s);
 2. Assign and initiate action on the complaint within two business days of receipt of the complaint:
 - a. Internally for follow-up actions, or
 - b. Externally, by referral to the appropriate entity [NOTE: Complaints received that do not fall under the purview of OCDD (i.e., Bureau of Health Services Financing/Medicaid - Health Standards or Program Integrity Sections, Department of Social Services - Louisiana Rehabilitation Services, etc.) shall also be accepted and recorded as a complaint and referred to the relevant agency or department.];
 3. Document in the *OCDD Complaint Database* all pertinent information and actions taken within designated timelines, including:
 - a. information recorded on the OCDD Complaint Form (Appendix A) within five business days if not recorded when complaint was initially received,
 - b. assignment of the complaint within five business days,
 - c. information obtained during attempts to resolve the complaint within

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- fifteen calendar days of receipt of the complaint,
 - d. efforts to resolve the complaint within fifteen calendar days of receipt of the complaint, and
 - e. any extensions granted beyond fifteen calendar days of receipt of the complaint, if applicable;
 - 4. Coordinate as needed with all OCDD entities, state and governmental agencies and departments, and non-governmental agencies and providers to facilitate response actions for the complaint;
 - 5. Complete actions to attempt the resolution of the complaint case within fifteen calendar days of receipt of the complaint, unless an extension is granted (See notations below);
 - a. Extensions may be granted only by the entity administrator or designee.
 - b. Extensions shall be granted for completion of response action(s) and response outcome(s) as approved by the administrator or designee for no more than fifteen calendar days with additional extensions approved if needed.
 - 6. Send a Complaint Response Action Letter (Appendix B) to the complainant within five business days of the response outcome, if the complaint was not reported anonymously; and
 - 7. Determine closure criteria for each complaint as follows:
 - a. Utilize information from the initial contact with the complainant to determine what action was requested or expected,
 - b. Evaluate the complainant's expectation with the outcome achieved,
 - c. Assess whether all practical and viable options or remedial actions have been exhausted,
 - d. Determine the response outcome that most accurately describes the response action taken and enter this action into the *OCDD Complaint Database*, and
 - e. Close each complaint in the *OCDD Complaint Database* once the above criteria are met for that complaint.

VIII. QUALITY MANAGEMENT PROCEDURES

- A. Each OCDD entity shall utilize complaint information and data from the *OCDD*

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Complaint Database including the following for quality management and continuous improvement of services:

1. Number and types of complaints reported;
 2. Complaint actions taken;
 3. Timeliness of complaint actions taken;
 4. Timelines of responses to complainants; and
 5. Analyses of pattern and trends related to complaints.
- B. Each OCDD entity shall conduct Complaint Quality Reviews (Reviews) to assure that all requirements of this policy (OCDD Policy #: 602) were followed.
1. Each responsible agency must assign specific staff to conduct the Reviews.
 - a. Staff responding to complaints shall not be assigned responsibility for conducting the Reviews.
 - b. The following minimum number of Reviews shall be conducted quarterly:
 - (1.) For 0-10 complaints received in a quarterly period:
 - (a.) If only one complaint was received, it shall be reviewed.
 - (b.) If more than two complaints were received, two complaints shall be reviewed.
 - (2.) For 11-30 complaints, at least four complaints shall be reviewed.
 - (3.) For 31-60 complaints, at least six shall be reviewed.
 - (4.) For 61-100 complaints, at least ten complaints shall be reviewed.
 - (5.) For more than 100 complaints, at least ten percent (10%) shall be reviewed.
 2. At least one complaint from each complaint category shall be included in the sample for the Review whenever possible.
 3. The Reviews shall include contacting the complainants to assure their satisfaction with the information contained in the Response Action Letter.
 4. The reports generated from the *OCDD Complaint Database* shall be evaluated to identify trends and patterns for determining and initiating

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appropriate strategies for improving services.

- C. Central Office quality enhancement staff shall conduct the following oversight activities to assure that all OCDD entities consistently comply with the requirements of this policy:
1. Review a minimum of five percent of the total number of complaints from the OCDD entities on a quarterly basis;
 2. Assess whether the OCDD entity accepted and addressed each complaint according to the requirements of this policy;
 3. Evaluate reports to identifying trends and patterns concerning the responses taken on the complaints received;
 4. Evaluate the trends and patterns and make recommendations for training, technical assistance, or strategies for improving services; and
 5. Support all OCDD entities in their complaint response processes, trainings, technical assistance needs, and strategies for improving services.

IX. APPENDICES

Appendix A: OCDD Complaint Form

Appendix B: Complaint Response Action Letter

INTAKE INFORMATION

Staff Taking Complaint - First Name: _____ Last Name: _____ Staff Personnel Number: P _____

OCDD _____ (Specify whether HS District or Authority/S & S Center/CO is taking the complaint.)

Date of Complaint ____ / ____ / ____ Receipt Method of Complaint – CHOOSE ONE: ☐ Mail

Month Date Year

☐ Face to faceTime of Complaint: ____:____ Choose ☐ A.M. or ☐ P.M.☐ Fax

Hour:Minutes

☐ Email☐ Telephone**COMPLAINANT INFORMATION**☐ Check if Complainant is an **OCDD Participant**☐ Check if Complainant chooses to be **Anonymous**,
otherwise, provide the following information about the person making the complaint:Complainant's Title ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss

Name: _____

First

Last

Address: _____

Number

Street

Apartment #

City

State

Zip Code

Phone Number: (____) ____ - ____ Best Time to Call: _____

Work Number: (____) ____ - ____ E-mail: _____ @ _____

Mobile Number: (____) ____ - ____ Role of Complainant: _____

PARTICIPANT INFORMATION (complete if participant is not complainant)

Participant Name: _____

Social Security #: ____ - ____ - ____

Date of Birth: ____ / ____ / ____

Legal Status: _____

Residential Provider Name: (if applicable) _____

Residential Provider Address: _____ City _____ Zip _____

COMPLAINT TOPIC RELATED TO SERVICE CLASSIFICATION/PROVIDER/OTHER SERVICE THE**PARTICIPANT IS RECEIVING**

CHECK ALL THAT APPLY

☐ Not related to service☐ Children's Choice Waiver☐ New Opportunities Waiver☐ Residential Options Waiver☐ Supports Waiver☐ Request for Services Registry☐ Community Support Team☐ RO/A/D Staff☐ RO/A/D☐ Support Coordination☐ EarlySteps☐ Vocational☐ Flexible Family Fund☐ Family Support☐ Self-Direction☐ Money Follows the Person☐ Private Intermediate Care Facility
(ICF/DD)☐ Public Intermediate Care Facility
(ICF/DD)☐ Nursing Home☐ Resource Center☐ Professional service _____☐ Other service _____

COMPLAINT DETAILS**Describe Complaint:**

Staff Assigned Complaint: _____ **Date Assigned:** _____**ACTION TAKEN ON COMPLAINT (IF ANY)**
(Include any and all dates)

SAMPLE COMPLAINT/RESPONSE ACTION LETTER
**(To be generated by the OCDD Complaint Database Application in text format on
appropriate letter head)**

Date: Date letter is mailed (auto populated by database)

To: Person/Complainant (auto populated by database)
Address (auto populated by database)
City, State, Zip code (auto populated by database)

From: District/Authority Community Service Administrator or Supports and Services
Center Administrator/designee

Re: Complaint *This section contains information concerning the nature of complaint (e.g., late cash subsidy check, staff not reporting to work, not being treated with respect, etc.) The information is taken (auto populated) from complaint notes in the OCDD Complaint Database Application. You can also modify/add/delete additional information as needed.*

Letter Body: We thank you for bringing your complaint to our attention. In response, the following action(s) has been taken: *This section includes the specific actions taken to attempt to resolve the complaint. The information is taken (auto populated) from the Response Action Section of the OCDD Complaint Database Application. You can also modify/add/delete additional information as needed.*

We hope that the action(s) taken to respond to your complaint is(are) satisfactory. If you have any questions or additional concerns please contact (name of contact person) at (contact number).

C.C. HS District or Authority/S&SC File
Direct Service Provider/Support Coordinator (if applicable)
Referral Agency (if applicable)
QE Director (if applicable)
Client Rights Officer (if applicable)
Administrator

Policy Update: 04/01/15