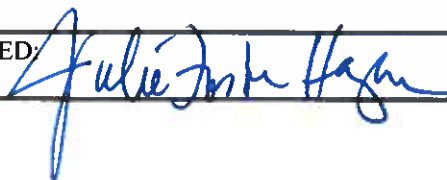


Office for Citizens with Developmental Disabilities (OCDD)	POLICY #: 602
SUBJECT: <b>Customer Complaints</b>	DEVELOPED BY: Complaint Workgroup
APPLICABLE DEPARTMENTS: OCDD Central Office, Local Governing Entities, and Supports and Services Center	
ADOPTED: 01/08/03	REVISED: 10/04/07; 10/01/12; 03/01/15; 11/01/18
APPROVED: 	

## 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 Central Office, local governing entities (LGEs) formally known as human services authorities and districts, the supports and services center and related programs (hereafter

OCDD – Customer Complaints	Policy #: 602	Adopted: 01/08/03; revised 10/04/07, 10/01/12, 03/01/15, 11/01/18
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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 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**

**APS** - Adult Protective Services

**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

**HSS** - Health Standards Section

**LDH** - Louisiana Department of Health

**LGEs** - Local Governing Entities (formally known as human services authorities and districts)

**Entities** - OCDD Central Office, the LGEs, the supports and services center and related programs

**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 Processing Application Users' 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 on the 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.
- 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 Individuals with Intellectual Disabilities (ICFs/IID): 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

## VII. PROCEDURES AND RESPONSIBILITIES

- A. All OCDD entities shall establish a procedure of assigning complaints.
- B. The OCDD entities shall refer to the OCDD/HSS/APS Decision Tree/Triage Chart (Appendix E) to transfer complaints to the appropriate entity.
- C. Complaints received in OCDD Central Office will be transferred to the LGE office where the participant resides. Only complaints not addressed or unsatisfactorily addressed by the LGE will be assigned to OCDD Central Office staff. The staff person who assigns OCDD Central Office complaints shall refer to the Complaint Assignment for OCDD Central Office document (Appendix F) to determine assignment.
- D. The staff person receiving a complaint shall take all of the following immediate actions:
  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).
- E. 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, who will notify LDH 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. After the referral is made to an external entity, the complaint shall be closed, and the complainant advised of this action in the response.]
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 (5) business days,
  - c. information obtained during attempts to resolve the complaint within fifteen (15) 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 (15) 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 (15) 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 for the following conditions:
    - (1) Complaint requires additional review by administrator or designee;
    - (2) Complaint requires that external documentation be obtained which may be delayed;
    - (3) Complaint requires follow-up with an entity or person who is unavailable;
    - (4) Complaint occurs during a declared emergency;

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- (5) Complaint is impacted by technical difficulties within the OCDD Complaints Database; and
- (6) Other - complaint affected by unexpected obstacles.
- b. Extensions may not be granted by the entity administrator or designee for the following conditions:
  - (1) Lack of assigned personnel at the LGE, support coordination agency or direct services provider;
  - (2) Lack of appropriate complaint training of personnel; and
  - (3) Complaint exceeding the timeliness standard.
- c. Extension 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 (15) calendar days with one additional extension for fifteen (15) calendar days approved if needed.
- 6. Respond to the complainant within five (5) business days of the response outcome, if the complaint was not reported anonymously.
- 7. Send a Complaint Response Action Letter (Appendix B) if the response is by letter; and
- 8. 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 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 and complete the Complaints Processing Quality Monitoring form (Appendix C) 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 (1) complaint was received, it shall be reviewed.
        - (b) If more than two (2) complaints were received, two (2) complaints shall be reviewed.
      - (2) For 11-30 complaints, at least four (4) complaints shall be reviewed.
      - (3) For 31-60 complaints, at least six (6) shall be reviewed.
      - (4) For 61-100 complaints, at least ten (10) complaints shall be reviewed.
      - (5) For more than 100 complaints, at least ten percent (10%) shall be reviewed.
  2. At least one (1) 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.
  4. The Quality Processing Quality Monitoring Summary (Appendix D) and reports generated from the *OCDD Complaint Database* shall be evaluated to identify trends and patterns for determining and initiating 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 (5%) of the total number of complaints from the OCDD entities on a quarterly basis and complete the Complaints Processing Quality Monitoring form (Appendix C) for each complaint;
  2. Assess whether the OCDD entity accepted and addressed each complaint according to the requirements of this policy;
  3. Evaluate the Complaints Processing Quality Monitoring Summary report (Appendix D) to identify 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

Appendix C: Complaints Processing Quality Monitoring

Appendix D: Complaints Processing Quality Monitoring Summary

Appendix E: Decision Tree Guide

Appendix F: Complaint Assignment for OCDD Central Office

**OCDD COMPLAINT FORM**

Appendix A (Policy #602)

INTAKE INFORMATION				
Staff Taking Complaint - First Name:		Last Name:		
		Staff Personnel Number: <b>P</b>		
Date of Complaint: ____/____/____ Month    Date    Year		Time of Complaint: ____:____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. Hour : Minutes		
Entity Taking Complaint:			Method of Receipt:	
<input type="checkbox"/> MHSD	<input type="checkbox"/> ImCal	<input type="checkbox"/> FPHSA	<input type="checkbox"/> OCDD CO	
<input type="checkbox"/> CAHSD	<input type="checkbox"/> CLHSD	<input type="checkbox"/> JPHSA	<input type="checkbox"/> Resource Center	
<input type="checkbox"/> SCLHSA	<input type="checkbox"/> NLHSD	<input type="checkbox"/> EarlySteps	<input type="checkbox"/> S&S Center	
<input type="checkbox"/> AAHSD	<input type="checkbox"/> NDHSA	<input type="checkbox"/> MyPlace	<input type="checkbox"/> Other _____	
			<input type="checkbox"/> Phone	
			<input type="checkbox"/> Mail	
			<input type="checkbox"/> Face-to-face	
			<input type="checkbox"/> Email	
			<input type="checkbox"/> FAX	
COMPLAINANT INFORMATION				
<input type="checkbox"/> Check if Complainant chooses to be <b>Anonymous</b>		<input type="checkbox"/> Check if Complainant is an <b>OCDD Participant</b>		
Otherwise, provide the following information about the person making the complaint:				
Complainant's Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	First Name:		Last Name:	
Street address:		Email address:		
City:	State:	Zip:		
Best Time to Call: ____:____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. Hour : Minutes	Preferred Method of Contact: <input type="checkbox"/> Home Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Mobile Phone <input type="checkbox"/> Email <input type="checkbox"/> Letter <input type="checkbox"/> Face to Face			
Home phone no.: (    )	Work phone no.: (    )	Mobile phone no.: (    )		
PARTICIPANT INFORMATION #1 (Complete if participant is not complainant.)				
Context: <input type="checkbox"/> Complaint made on behalf of participant <input type="checkbox"/> Co-Target <input type="checkbox"/> Involved Participant <input type="checkbox"/> Witness		Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	First Name:	Last Name:
Street Address (If different):		Phone no.: (    )		
City:	State:	Zip:		
Social Security no.:	Date of Birth: /    /	Gender:	Legal Status:	
Residential Provider Name (if applicable):		Participant's Relationship to Complainant:		
Street address:		Phone no.: (    )		
City:	State:	Zip:		

**OCDD COMPLAINT FORM**

Appendix A (Policy #602)

<b>PARTICIPANT INFORMATION #2</b> (Complete if participant is not complainant.)					
Context: <input type="checkbox"/> Complaint made on behalf of participant <input type="checkbox"/> Co-Target <input type="checkbox"/> Involved Participant <input type="checkbox"/> Witness		Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss		First Name: _____ Last Name: _____	
Street address (If different): _____				Phone no.: _____ (        )	
City: _____			State: _____		Zip: _____
Social Security no.: _____		Date of Birth:        /        /		Gender: _____ Legal Status: _____	
Residential Provider Name (if applicable): _____			Participant's Relationship to Complainant: _____		
Street address: _____				Phone no.: _____ (        )	
City: _____			State: _____		Zip: _____
<b>PARTICIPANT INFORMATION #3</b> (Complete if participant is not complainant.)					
Context: <input type="checkbox"/> Complaint made on behalf of participant <input type="checkbox"/> Co-Target <input type="checkbox"/> Involved Participant <input type="checkbox"/> Witness		Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss		First Name: _____ Last Name: _____	
Street Address (If different): _____				Phone no.: _____ (        )	
City: _____			State: _____		Zip: _____
Social Security no.: _____		Date of Birth:        /        /		Gender: _____ Legal Status: _____	
Residential Provider Name (if applicable): _____			Participant's Relationship to Complainant: _____		
Street address: _____				Phone no.: _____ (        )	
City: _____			State: _____		Zip: _____
<b>TARGET INFORMATION</b>					
<b>Target type:</b> <input type="checkbox"/> CST <input type="checkbox"/> EarlySteps <input type="checkbox"/> Flexible Family Fund <input type="checkbox"/> ICF/IID Programmatic Unit <input type="checkbox"/> Individual Family Support <input type="checkbox"/> LGE Services <input type="checkbox"/> LGE Staff <input type="checkbox"/> Medicaid <input type="checkbox"/> Non-service related <input type="checkbox"/> OCDD Central Office Services		<input type="checkbox"/> OCDD Central Office Staff <input type="checkbox"/> Other <input type="checkbox"/> Other Participant <input type="checkbox"/> Personal Care Attendant or Direct Care Staff (not OCDD employee) <input type="checkbox"/> Private ICF/IID <input type="checkbox"/> Private Provider Agency <input type="checkbox"/> Professional Medical, Dental, Behavioral, Therapy Services		<input type="checkbox"/> Request for Services Registry <input type="checkbox"/> Resource Center <input type="checkbox"/> Resource Center Staff <input type="checkbox"/> S & SC Services <input type="checkbox"/> S & SC Staff <input type="checkbox"/> Support Coordinator <input type="checkbox"/> System Entry <input type="checkbox"/> Vocational Services <input type="checkbox"/> Waiver	

**OCDD COMPLAINT FORM**

Appendix A (Policy #602)

Target Person Name: First: Last:	Target Entity:
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Comments:

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SERVICE CLASSIFICATION		
<b>Service Type:</b> <input type="checkbox"/> Children's Choice Waiver <input type="checkbox"/> Children's Choice Waiver/Self-Direction <input type="checkbox"/> Community Support Team <input type="checkbox"/> EarlySteps <input type="checkbox"/> Flexible Family Fund <input type="checkbox"/> Individual Family Support <input type="checkbox"/> Money Follows the Person <input type="checkbox"/> New Opportunities Waiver	<input type="checkbox"/> New Opportunities Waiver/Self-Direction <input type="checkbox"/> Not related to service <input type="checkbox"/> Other service: <hr/> <input type="checkbox"/> Private Intermediate Care Facility (ICF/IID) <input type="checkbox"/> Public Intermediate Care Facility (ICF/IID)	<input type="checkbox"/> Residential Options Waiver <input type="checkbox"/> Residential Options Waiver/Self-Direction <input type="checkbox"/> Resource Center Services <input type="checkbox"/> Supports Waiver <input type="checkbox"/> Vocational

**COMPLAINT DETAILS**

Describe Complaint:

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**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:** Local Governing Entity (LGE) Developmental Disabilities Director, Supports and Services Center Administrator/designee or OCDD Central Office staff

**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: *(List actions)*

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. LGE/S&SC File (if applicable)  
Direct Service Provider/Support Coordinator (if applicable)  
Referral Agency (if applicable)  
QE Director (if applicable)  
Client Rights Officer (if applicable)  
Administrator

Re-issued: 11/01/18

**COMPLAINTS PROCESSING QUALITY MONITORING**

Office Monitored: <input type="checkbox"/> LGE <input type="checkbox"/> PSSC <input type="checkbox"/> OCDD CO		Date of Complaint: / /	Practitioner:		
Fiscal Year:	Quarter: <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup>		Complaint Number:		
Type/Topic of Complaint:		Participant's First Name:    Last Name:			
Reviewer:		Date of Review: / /			
MONITORING RESULTS					
Enter the review results of the sample record for the following conditions:		Yes or N/A	No	If no, explain	
1. Did staff select the correct complaint category?					
2. Timelines Criteria		<b>All timelines criteria must be met for compliance.</b>			
a. Did staff record complaint in OCDD Complaint Database within five (5) business days?					
b. Did staff assign complaint within two (2) business days?					
c. Was complaint resolved within 15 calendar days of receipt?					
d. Was complaint resolved within any extension(s) granted beyond 15 calendar days?					
<b>Timelines Criteria Met:</b>					
3. Policy Requirements		<b>All policy requirements must be met for compliance.</b>			
a. Did staff obtain from the complainant a brief description of the complaint?					
b. Did staff obtain a clear statement of what action would constitute an acceptable outcome for his/her complaint?					
c. Did staff document the receipt of the complaint and establish a complaint case entering the information into OCDD Complaint Database?					

**COMPLAINTS PROCESSING QUALITY MONITORING**

Enter the review results of the sample record for the following conditions:	Yes or N/A	No	If no, explain.
d. Did staff notify OCDD Central Office or LDH Executive Management if the complaint involves media, legal action or involvement of law enforcement?			
e. Did staff 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?			
<b>Policy Requirements Met:</b>			
<b>4. Appropriate Actions Taken</b>		<b>All appropriate actions must be taken for compliance.</b>	
a. Did staff send a complaint response to the complainant with the response outcome?			
b. Did staff close the complaint according to OCDD – Customer Complaints policy?			
c. Was complainant satisfied, if possible, with the outcome according to the Desired Resolution?			
<b>Appropriate Actions Taken Met:</b>			
5. Did staff refer the complaint to the appropriate agency or department?			
<b>RECOMMENDATIONS</b>			
<input type="checkbox"/> Additional follow-up required <input type="checkbox"/> Staff training <input type="checkbox"/> Change to appropriate category <input type="checkbox"/> None			
<input type="checkbox"/> Other (Please explain):			
<b>ADDITIONAL REVIEW COMMENTS</b>			





**COMPLAINTS PROCESSING QUALITY MONITORING SUMMARY**  
**Office for Citizens with Developmental Disabilities (OCDD)**

<b>Enter the review results of the sample records for the following conditions:</b>	<b>Reviews Correct Yes or N/A</b>	<b>Total Reviews</b>	<b>Percentage Correct</b>
4. Appropriate Actions Taken	<b>All appropriate actions must be taken for compliance.</b>		
a. Did staff send a complaint response to the complainant with the response outcome?			
b. Did staff close the complaint according to OCDD - Customer Complaints policy?			
c. Was complainant satisfied, if possible, with the outcome according to the Desired Resolution?			
<b>Total Appropriate Actions Taken:</b>			
5. Did staff refer the complaint to the appropriate agency or department?			
<b>REVIEWER RECOMMENDATIONS</b>			
What type of trends and patterns emerged from the sampling review? <hr/> <hr/> <hr/> <hr/> <hr/>			
Did any actions or quality initiatives result from the review? If yes, describe. <hr/> <hr/> <hr/> <hr/> <hr/>			
<b>Reviewer Comments/Recommendations</b> <hr/> <hr/> <hr/> <hr/>			

## **COMPLAINT DECISION TREE GUIDE**

**DISCLAIMER:** This document should be used as a guide to determine where complaints should be referred; however, the list is not all-inclusive. There may be other complaints not included that should be handled accordingly. This document is not meant to supersede any other policies or operational instructions that may apply.

### **ABUSE AND NEGLECT**

Louisiana Law and OCDD Waiver Services require Support Coordination and Direct Services staff to report all incidents, accidents, or suspected cases of abuse, neglect, or exploitation to the on-duty supervisor immediately. Additionally, the waiver Direct Service Provider shall submit an incident report using the OCDD incident reporting system. The incident must also be reported to the appropriate agency below and documented in the submitted incident report: (Note: Documentation in the incident report alone does not constitute fulfilling the requirement to notify the appropriate protective services agencies.)

#### **Department of Children and Family Services (Ages 0-17): 1-855-4LA-KIDS (1-855-452-5437)**

\*Health Standards must also be contacted if abuse by a provider is suspected.

#### **Adult Protective Services (APS) (Ages 18-59): 1-800-898-4910**

Any type of abuse, neglect, or financial exploitation [including improper use of a Supplemental Nutrition Assistance Program (SNAP) card by a Direct Service Worker (DSW)].

#### **Elderly Protective Services (Ages 60 +): 1-833-577-6532**

Any type of abuse, neglect, or financial exploitation (including improper use of a SNAP card by a DSW). If the suspect is the employee of a paid provider, the discoverer must report the allegation to APS for triage to Health Standards Section.

#### **Supplemental Nutrition Assistance Program (SNAP or Food Stamps) Fraud: 1-888-LAHELP-U (1-888-524-3578)**

#### **Local Law Enforcement**

Participant or DSW is engaging in illegal activities or participant is the victim of a crime. Allegations of abuse of a child (under the age of 18) by either DSW or family.

### **MEDICAID FRAUD AND ABUSE**

When Local Governing Entity (LGE) staff detects patterns of abusive or fraudulent Medicaid billing, a report shall be made directly to Medicaid Program Integrity.

#### **Program Integrity**

Provider Fraud Complaints: 1-800-488-2917

Participant Fraud Complaints: 1-888-342-6207

Support Coordination (SC) Agencies should contact the LGE with issues concerning Medicaid Fraud and Abuse. The LGE office will then report Medicaid Fraud issues to Program Integrity and/or the Attorney General.

Provider and participant issues include, but are not limited to, the following examples:

- Provider unable to show documentation of services provided upon request in accordance with the Plan of Care.
- DSW living in the home of the participant.
- Participant transported to DSW's home while providing services.
- DSW not on shift; however, timesheets and progress notes reflect he/she was on duty.
- Provider is unable to show documentation of services provided upon request in accordance with the Plan of Care.
- Altered documentation.
- Poor record keeping.
- Provider failed to check Health Standards and Office of Inspector General (OIG) exclusion databases and DSW Registry at time of hire.
- Service provider bills for hours employee did not provide services.
- Billing for services, supplies, or equipment which are not rendered to, or used for, Medicaid patients.
- Billing for supplies or equipment which are clearly unsuitable for the patient's needs or are so lacking in quality or sufficiency for the purpose as to be virtually worthless.
- Claiming costs for non-covered or non-chargeable services, supplies, or equipment disguised as covered items.
- Duplicate billing of the Medicaid Program or of the recipient, which appears to be a deliberate attempt to obtain additional reimbursement.
- Arrangements by providers with employees, independent contractors, suppliers, and other, and various devices such as commissions and fee splitting, which appear to be designed primarily to obtain or conceal illegal payments or additional reimbursement from Medicaid.

### **Recipient Fraud**

- The misrepresentation of facts in order to become or remain eligible to receive benefits under Louisiana Medicaid.
- The transferring (by a recipient) of a Medicaid Eligibility Card to a person not eligible to receive services under Louisiana Medicaid or to a person whose benefits have been restricted or exhausted, thus enabling such a person to receive unauthorized medical benefits.
- The unauthorized use of a Medicaid Eligibility Card by a person not eligible to receive medical benefits under Medicaid.

### **Provider Abuse**

- The provision of services that are not medically necessary.
- Flagrant and persistent overuse of medical or paramedical services with little or no regard for the patient's medical condition or needs or for the doctor's orders.
- The unintentional misrepresentation of dates and descriptions of services rendered, of the identity of the recipient of the services, or of the individual who rendered the services in order to gain a larger reimbursement than is entitled.
- The solicitation or subsidization of anyone by paying or presenting any person money or anything of value for the purpose of securing patients. [Note: Providers, however, may use lawful advertising that abides by Bureau of Health Services Financing (BHSF) rules and regulations.]

### **Recipient Abuse**

- Unnecessary or excessive use of the prescription medication benefits of Louisiana Medicaid.
- Unnecessary or excessive use of the physician benefits of the program.
- Unnecessary or excessive use of other medical services and/or medical supplies that are benefits of the program.

## **LICENSING AND REGULATORY ISSUES**

### **Health Standards Section: 1-800-660-0488**

Health Standards enforces regulatory compliance of health care providers and receives complaints regarding noncompliance with federal and/or state regulations, which fall under the purview of the state survey agency. Health Standards also has the responsibility of administering the Direct Service Worker Registry.

Complaints regarding provider and DSW noncompliance with regulations should be reported to Health Standards. Possible regulatory issues include, but are not limited to, the following:

- DSW absent for period of time (when scheduled) with the individual. The appropriate protective services agency must also be contacted.
- DSW commits a crime with a waiver participant (if there is actual harm to the participant or participant is placed in danger or at risk). If abuse, neglect, or exploitation is suspected, this must be reported to the appropriate protective services agency.
- A pattern of Supported Independent Living (SIL) provider failing to pay monthly bills which results in possible eviction and utilities disconnected. If abuse, neglect, or exploitation is suspected, this must be reported to the appropriate protective services agency.

- Provider is unable to show documentation of services provided upon request in accordance with the Plan of Care. This should also be referred to Program Integrity.
- Provider has not provided required training.

## **EMPLOYMENT ISSUES**

### **Louisiana Workforce Commission**

Pay Issues: <http://www.laworks.net/LaborLawInfo.asp>

Worker's Compensation issues:

[http://www.laworks.net/WorkersComp/OWC\\_MainMenu.asp](http://www.laworks.net/WorkersComp/OWC_MainMenu.asp)

### **Louisiana Department of Justice**

Failure of provider to pay workers (in mass): 1-800-351-4889

## **OTHER ISSUES**

### **Local Governing Entity (LGE)**

The LGE should be contacted with the following concerns/issues:

- Questions regarding capacity of a participant to give informed consent and legal representatives.
- Provider has allowed someone other than the worker to clock in/out with the participant. This should also be reported to OCDD State Office and Program Integrity.
- Complaints regarding provider performance that have not caused harm to the participant. Complaints must be documented in the complaint system, and the LGE should require corrective action from the provider prior to closing the complaint.

### **Support Coordination (SC) Agency/LGE Responsibilities**

The SC Agency should be contacted for the following, and if not resolved, the LGE office should be contacted:

- Complaints about a Support Coordinator should be referred to the SC Supervisor or SC Program Manager.
- The family is interfering with the Plan of Care as written and not allowing staff to work as outlined in the Plan of Care. (Note: APS must also be contacted if the interference results in abuse or neglect to the participant.)
- Participant is dissatisfied with the number of service hours approved.
- Loss of services due to change in eligibility status.
- Participants evicted from their homes. (Note: Direct Service Provider to also report as a critical incident.)

- There are issues with participant's Representative Payee. (Note: Contact appropriate protective service agency if a licensed Service Provider is misusing funds and not sharing statements with participant.)
- Participant is dissatisfied with quality of service received, such as environmental modifications.
- Participant's home is in need of renovations.
- Comprehensive Plan of Care (CPOC) is not in the home.
- SIL participant's home has no food present. (Note: This includes basic staples. If the participant has suffered negative consequences as a result, the appropriate protective services agency must be contacted.)
- SIL Provider withholding mailbox and apartment key from individual.
- Service Provider takes participants in groups to outings.
- Service Provider not allowing participant to engage in community activities.
- Issues with participant insurance policies/beneficiaries.
- Utilities being cut off. (Note: If it is discovered that services are already cut off, report to APS for triage to HSS.)

**Provider**

The **Service Provider** should be contacted regarding the following, and the **SC Agency** should be contacted if not resolved:

- Progress notes/timesheets not in home.
- Home binder not in the home.
- DSW living in the home of the participant or bringing participant to DSW home while providing services. (Note: LGE and Program Integrity should also be contacted.)

**OCDD Central Office: 1-866-783-5553**

This office should be contacted for the following:

- Participant dissatisfaction with the status of placement on waiver registry.
- Violations of waiver or Medicaid policy.

OCDD is responsible for ensuring that the complaint is entered into the OCDD Complaint System and triaged appropriately.

## COMPLAINT ASSIGNMENT FOR OCDD CENTRAL OFFICE

A complaint expressed as a concern, dissatisfaction, or dispute (through written or verbal communication or other means such as assistive devices) regarding care, support and services, action or inaction of staff, department or agency requirement, regulation of policy, or other circumstances affecting quality of care or quality of life, including allegations of rights violations, should be initially referred to the Local Governing Entity (LGE) where the participant resides. Only those complaints either not addressed or unsatisfactorily addressed by LGE staff should be referred to the OCDD CO staff shown below:

Activity	Department contact title
Critical Incidents	Critical Incident Program Manager
SIMS database issues	SIMS Program Manager
Mortality Review Committee: (communications to and from re: death notices/communications, etc.)	Mortality Review Program Manager
Louisiana Guardianship	LA Guardianship Program Manager
Waiver questions / issues: <ul style="list-style-type: none"> <li>a. Children's Choice</li> <li>b. Self-Direction</li> <li>c. NOW</li> <li>d. ROW</li> <li>e. Supports Waiver</li> <li>f. Support Coordination</li> <li>g. Providers / FOC list</li> </ul>	<ul style="list-style-type: none"> <li>a. Children's Choice Waiver Program Manager</li> <li>b. Self-Direction Program Manager</li> <li>c. NOW Program Manager</li> <li>d. ROW Program Manager</li> <li>e. SW Program Manager</li> <li>f. SC Program Manager</li> <li>g. Provider Program Manager</li> </ul>
State Office Review Committee referrals	State Office Review Committee Facilitator
RFSR	RFSR Program Manager
SUN Screening (Including the need for Re-Screen)	SUN Screening Program Manager
Flexible Family Fund	Regional Operations Director
Individual & Family Support	
PASRR	
ICF/IID Certification	
System Entry	
Court/Custody/Placement	
National Voter Registration Act	
EarlySteps	The local Early Steps Program Monitor
My Place	My Place Program Manager
Quality Enhancement System and Plan	Quality Enhancement Program Manager
Human Services Accountability and Implementation Plan (HSAIP)	Quality Enhancement Program Manager
Contracts	Contracts Program Manager
Participant Services Database	OCDD Database Program Manager
ICF/IID CEAs and ICF/IID Programmatic Unit	ICF/IID Program Manager
Training and CMA	Training / CMA Program Manager
Pineville Support and Service Center	Deputy Assistant Secretary for PSSC
State-wide and/or executive level DD System issues	OCDD Deputy Secretary



## Comparison of Current Complaint Policy# 602 (Effective 4/1/2015) to Revised Complaint Policy# 602

Current Complaint Policy			Revised Complaint Policy		
Doc/Section	Page#		Doc/Section	Page#	
Policy# 602 III	1	... the human services authorities and districts,	Policy# 602 III	1-2	local governing entities (LGEs) formally known as human services authorities and districts
V	2	DHH - Department of Health and Hospitals	V	3	LDH - Louisiana Department of Health
V	2	[Note: This acronym is not in the current policy.]	V	3	LGEs – Local Governing Entities (formally known as human services authorities and districts)
V	2	Entities - OCDD's central office, the human services authorities and districts, the supports and services center and related programs	V	3	Entities - OCDD Central Office, the LGEs, the supports and services center and related programs
VI.C.	3	... follow-up as a complaint.	VI.C.	3	... follow-up on the complaint.
VI.M.	4	<ul style="list-style-type: none"> <li>o New Opportunities Waiver</li> <li>o Children's Choice Waiver</li> <li>o Supports Waiver</li> <li>o Residential Options Waiver</li> </ul>	VI.M.	5	Mixed I/DD Waiver
VII.B.2.b.	5	[Note: The statement is not in the current policy.]	VII.B.2.b.	6	After the referral is made to an external entity, the complaint shall be closed, and the complainant advised of this action in the response.
VII.B.5.a.-b.	6	<ul style="list-style-type: none"> <li>a. Extensions may be granted only by the entity administrator or designee.</li> <li>b. Extensions shall be granted for completion of response action(s) and</li> </ul>	VII.B.5.a.-b.	6-7	<ul style="list-style-type: none"> <li>a. Extensions may be granted only by the entity administrator or designee for the following conditions: (1) Complaint requires additional review by administrator or designee;</li> </ul>

# Comparison of Current Complaint Policy# 602 (Effective 4/1/2015) to Revised Complaint Policy# 602

Current Complaint Policy		Revised Complaint Policy	
Doc/Section	Page#	Doc/Section	Page#
VII.B.6		VII.B.6-7	
	response outcome(s) as approved by the administrator or designee for no more than fifteen calendar days with additional extensions approved if needed.		<p>(2) Complaint requires that external documentation be obtained which may be delayed;</p> <p>(3) Complaint requires follow-up with an entity or person who is unavailable;</p> <p>(4) Complaint occurs during a declared emergency;</p> <p>(5) Complaint is impacted by technical difficulties within the OCDD Complaints Database; and</p> <p>(6) Other - complaint affected by unexpected obstacles.</p> <p>b. Extensions may not be granted by the entity administrator or designee for the following conditions:</p> <p>(1) Lack of assigned personnel at the LGE, support coordination agency or direct services provider;</p> <p>(2) Lack of appropriate complaint training of personnel; and</p> <p>(3) Complaint exceeding the timeliness standard.</p> <p>c. Extension 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 (15) calendar days with one additional extension for fifteen (15) calendar days approved if needed.</p>
	6. Send a Complaint Response Action Letter (Appendix B) to the		6. Respond to the complainant within five (5) business days of the response

## Comparison of Current Complaint Policy# 602 (Effective 4/1/2015) to Revised Complaint Policy# 602

Current Complaint Policy		Revised Complaint Policy	
Doc/Section	Page#	Doc/Section	Page#
			outcome, if the complaint was not reported anonymously.  7. Send a Complaint Response Action Letter (Appendix B) if the response is by letter; and
VIII.C.1	8	VIII.C.1	9
	complainant within five business days of the response outcome, if the complaint was not reported anonymously; and		1. Review a minimum of five percent (5%) of the total number of complaints from the OCDD entities on a quarterly basis and complete the Complaints Processing Quality Monitoring form (Appendix C) for each complaint;
IX.	8	IX.	9
	Appendix A: OCDD Complaint Form Appendix B: Complaint Response Action Letter  [Note: Appendices C-F are not included in the current policy; however, they will be addressed on page 5.]		Appendix A: OCDD Complaint Form Appendix B: Complaint Response Action Letter Appendix C: Complaints Processing Quality Monitoring Appendix D: Complaints Processing Quality Monitoring Summary Appendix E: Decision Tree Guide Appendix F: Complaint Assignment for OCDD Central Office
Appendix A - OCDD Complaint Form	1	Appendix A - OCDD Complaint Form	
	[Note: The item is not on the current form.]		Entity Taking Complaint: (Includes options to choose from such as LGEs, EarlySteps, OCDD CO, MyPlace, Resource Center, S&S Center and Other.)

## Comparison of Current Complaint Policy# 602 (Effective 4/1/2015) to Revised Complaint Policy# 602

Current Complaint Policy		Revised Complaint Policy	
Doc/Section	Page#	Doc/Section	Page#
	1		1
	1		1
	1		2
	1		2
Appendix B - Sample Complaint /Response Action Letter		Appendix B - Sample Complaint /Response Action Letter	1
			1

[Note: The item is not on the current form.]

[Note: The item is not on the current form.]

[Note: These sections are not on the current form.]

[Note: This section is not on the current form.]

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

**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*

Preferred Method of Contact: (Includes options to choose from such as Home phone, Work phone, email, letter and face-to-face.)

Participant's Relationship to Complainant: (Includes a blank to complete for this information.)

**PARTICIPANT INFORMATION #2 and PARTICIPANT INFORMATION #3:** (Includes a section to complete for two additional involved participants.)

**TARGET INFORMATION** (Includes a list of potential target types such as CST, EarlySteps, FFF, ICF/IID Programmatic Unit... etc. Also, the target's name, entity and comments are requested.)

**From:** Local Governing Entity (LGE)  
Developmental Disabilities Director,  
Supports and Services Center  
Administrator/designee or OCDD  
Central Office staff

**Letter Body:** We thank you for bringing your complaint to our attention. In response, the following action(s) has been taken: *(List actions)*



John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

# State of Louisiana

Louisiana Department of Health  
Office for Citizens with Developmental Disabilities

To: Julie Foster-Hagan, Deputy Assistant Secretary

From: Kedrick Kennedy

Date: 10/30/2018

Re: OCDD Policy 602 Customer Complaints

Attached, for your review and action, is Policy #602 Customer Complaints. Your signature on the first page of the policy approves the changes to the policy as noted below.  
**Policy 602-Customer Complaints**  
See attachment for changes made to this policy.  
Please return to me when complete or for any questions. Thank you

SUPERVISOR'S NAME

APPROVAL SIGNATURE

DATE NEEDED

Carol Lee

11/02/2018

Craig Gannuch

11/02/2018