

ADMINISTRATIVE REGULATION

CUMBERLAND RIVER BEHAVIORAL HEALTH, INC.

SUBJECT: GRIEVANCE PROCEDURE FOR CLIENTS RECEIVING BEHAVIORAL HEALTH AND/OR SUBSTANCE ABUSE SERVICES

POLICY: Cumberland River Behavioral Health, Inc. ("CRBH") has established a grievance and appeal process to ensure clients, their legal representatives or family members have an opportunity to present a complaint related to services provided to the client by CRBH.

PROCEDURE:

1. When a client, their legal representative or family member of a client wishes to make a complaint about a decision or action of CRBH, the individual making the complaint (hereinafter "the complainant") will contact the program director/team leader to discuss the complaint. An attempt to informally work out the problem should be made.
2. If the informal discussion fails to resolve the complaint, the program director/team leader, will assist the complainant with the appeal process by following the steps below.
3. If the complainant does not choose to contact the program director/team leader, or the complaint involves the program director/team leader, then the complainant may contact the CRBH Ombudsman to assist with the appeal process by following the steps below.

Step 1.

The program director/team leader will assist the complainant in submitting the complaint either in written form by the complainant or, if the complaint is made verbally, the program director/team leader will make a written record of the complaint with as much detail as necessary to adequately explain the nature of the complaint, the parties involved and a means of communicating with the complainant. The program director/team leader will forward the complaint to the Clinical Director/Center Director no later than (5) working days after receipt of the complaint. The program director/team leader, and Clinical Director or Center Director will contact the complainant, either telephonically or by way of an in-person meeting, no later than (5) working days from the date the Clinical Director/Center Director receives the complaint.

Step 2.

If Step 1 is not satisfactory, the complaint will be forwarded to the Human Resources Director. If resolution is not achieved by the Human Resources Director, then the individual shall proceed to Step 3.

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Step 3.

If the complaint is not resolved at Step 2, the complaint will be forwarded to the CRBH Executive Director. The Executive Director will meet with the individual and legal representative, if any, and significant others such as the program director/team leader; Clinical director/Center Director; Human Resources Director for resolution of the complaint. If

the individual is not satisfied with the outcome, then the complaint shall be forwarded to the last Step within the organization.

Step 4.

If the complaint has not been resolved utilizing Steps 1-3, the next option as far as this administrative procedure is concerned will be to forward the complaint to the CRBH Board of Directors.

4. In the event the complaint has not been resolved after utilizing steps 1-4 listed in procedure number 2, then the individual has the right to seek external assistance and file the complaint to outside resources. Of course, the individual has the right to seek external assistance at any time throughout the grievance/appeal process, including legal counsel of their own choosing.
5. This Grievance Policy, along with the attached list of external sources, will be provided to and explained to each client in a language they understand as part of the CRBH intake package as noted on the CRBH General Consent and Acknowledgment Form.

Updated June 29, 2015

Reviewed: 05/20/20

Reviewed and Revised: 02/23/2022

Reviewed and Revised: 08/01/2022

Reviewed: 07/24/2023

LIST OF AGENCY CONTACTS

The following agencies/offices are available to help you, with issues regarding rights, abuse, money, and medical situations. Staff are available to help you access these agencies, if you need assistance.

Cumberland River Behavioral Health, Inc. Ombudsperson P.O. Box 568 Corbin, KY 40502 Phone: (606) 528-7010	CABINET FOR HEALTH AND FAMILY SERVICES 275 E. Main Street Frankfort, KY 40621 Phone: (502) 564-5497 or 1-800-372-2973 TTY for hearing impaired (800) 627-4702
Department for Community Based Services (DCBS) 275 E. Main St. 3W-A Frankfort, KY 40621 Phone:(502) 564-3703 Fax:(502) 564-6907	Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID) 275 E. Main St. 4W-F Frankfort, KY 40621 Phone:(502) 564-4527 Fax:(502) 564-5478
Division of Protection and Permanency (DCBS) 275 E. Main St. 3E-A Frankfort, KY 40621 Phone:(502) 564-6852 Fax:(502) 564-4653	Adult Protective Services (DCBS) 275 E. Main St. 3E-A Frankfort, KY 40621 Phone:(502) 564-7043 - for general APS questions Fax:(502) 564-3096 Toll Free:(877) 597-2331 - to report abuse/neglect/exploitation or request services
Division of Guardianship (DAIL) 275 E. Main St. 3E-E Frankfort, KY 40621 Phone:(502) 564-2927 Fax:(502) 564-5703	Department for Medicaid Services (DMS) 275 E. Main St. 6W-A Frankfort, KY 40621 Phone:(502) 564-4321
Medicaid Member Services 275 E. Main St. 6EC Frankfort, KY 40621 Phone:(800) 635-2570 Fax:(502) 564-3852	Michelle P. Waiver/SCL Waiver Supports for Community Living 275 E. Main Street, 4CF Frankfort, KY 40601 (502) 564-7700 (502) 564-8917
Participant Directed Services (DAIL) Division of Long-Term Services and Supports 275 E. Main St. 6W-B Frankfort, KY 40621 Phone:(502) 564-7540	Division of Program Integrity (DMS) Department of Medicaid Services 275 E. Main St. 6E-A Frankfort, KY 40621 Phone:(502) 564-5472
Social Security Administration 140 Flynn Avenue Frankfort, KY 40601 Local Number: 1-866-964-1724 National Toll-Free: 1-800-772-1213 TTY: 1-502-226-4519	Kentucky Association of Sexual Assault Programs P.O. Box 4028, Frankfort, KY 40604 Phone Number: (502) 226-2704 Toll-Free Number: (866) 375-2727 TDD: KY Relay Service: 711 or (800) 648-6057
Commonwealth Office of the Ombudsman kyombud@ky.gov 209 St. Clair Street, Frankfort, Kentucky 40601 Phone: (866) 596-6283	The Joint Commission 1 Renaissance Blvd. Oakbrook Terrace, IL 60181 Phone: 1-800-994-6610 www.jointcommission.org