



RESOLUTION OF PARTICIPANT INCIDENTS, GRIEVANCES AND APPEALS

Policy: PSL Services shall make every effort to ensure the highest possible standard of individualized supports, risk assessment and flexibility to meet the needs and desired outcomes of participants served by its programs. To that end, PSL shall ensure that all incidents, complaints or grievances are addressed in a respectful, appropriate and timely manner.

Procedure:

1. Peregrine shall maintain an open door policy at all levels of agency services. Administrators, Supervisors, Program Managers and Direct Support Professionals alike will consistently make themselves available to listen to participant concerns or ideas; and will seek opportunities to connect with program Participants to foster relationships that encourage open communication.
2. PSL shall create regular opportunities for input from program participants through Person Centered Planning, Team Meetings, Tenants' Councils, Consumer Board meetings, Agency Planning, Participant membership on the Board of Directors, and routine Quality Assurance measures.
3. PSL shall make every effort to resolve concerns, complaints or grievances informally, appropriately and expeditiously as they arise. All grievances or complaints not able to be reasonably addressed within two weeks will be forwarded to the QA Coordinator for review.
4. PSL shall designate a Quality Assurance Manager. The QA Coordinator shall be responsible for regular review of programs and policies affecting services for Participants. The QA Coordinator and Director of Programs shall maintain an open door policy for hearing grievances and complaints from Participants and/or concerns from Support Professionals or other parties regarding programs for Participants.
5. A Participant may file a complaint or grievance at any time by contacting the Director of Programs, the QA Coordinator, the Executive Director, the Clinical Director, or his/her Program Manager or Supervisor. A complaint does not need to be in writing. PSL shall make every effort to interpret and respond to complaints or grievances made by participants who have communication barriers.
6. PSL shall maintain a procedure for reporting and tracking all incidents affecting participants served by the agency. This procedure shall be in compliance with DHHS reporting requirements. The QA Coordinator shall review all reportable incidents and work with the Clinical Director and Program Managers to assure appropriate resolution. While PSL's Director of Programs shall be the primary contact for the Office of Advocacy, assisted by the HR Manager as necessary, the QA Coordinator shall also work with DHHS on investigations or review of incidents where appropriate.



7. The QA Coordinator shall investigate any unresolved grievances or incident reports. The Executive Director shall be kept informed of the progress of the investigation. An investigation may include interviews with participants and staff, record review, risk assessment, team meeting and/or outside consultation. A report of findings and recommendations shall be made within 30 days to the Executive Director and the appropriate Program Managers. Program Participants will be notified of findings and actions to be taken by a means most appropriate to the individual.
 8. Should the Participant(s) not be satisfied with the findings and actions taken by the agency, s/he may appeal the decision to the Executive Director. If the participant does not agree to the resolution, the Executive Director may recommend s/he request mediation or file a formal grievance with DHHS.
 9. All Participants served by DHHS have the right to a formal Grievance and Appeal Procedure and will be made aware of that right at least annually by PSL . If at any time a Program Participant wishes to pursue mediation or a formal grievance, s/he will be supported to initiate the process by the QA Coordinator.
 10. PSL shall provide a plain language version of this policy - and the support to read it - for all Program Participants who wish to have one.
- I received a copy and had the opportunity to review it with a support staff and ask questions I was offered a copy of the full text of the law if and when I want it.

Reviewed by and with this date: ____/____/_____

Agency Representative – Signature/Title

Signature of Program Participant/Guardian



Please read this short paragraph to help your clients better understand this policy

PSL has a policy that helps us to support you and meet your needs. You can speak to anyone in the agency at any time. You will also have many opportunities for meetings to talk about what you want or need for supports. If you feel like your issues are not being addressed you may talk to the Associate Director, MH Manager or Quality Assurance Coordinator. If you are still do not agree with the answer you can meet with the Executive Director and if you do not like this response you can file a complaint with DHHS.