

| POLICY AND PROCEDURE | |
|---------------------------------------|---|
| TITLE: | Ryan White Part A Grievance Policy |
| SCOPE: | Columbus Public Health and/or Columbus Transitional Grant Area (TGA) Ryan White Part A Sub-Recipients |
| CONTACT PERSON & DIVISION: | Sean Hubert, Ryan White Part A Director |
| ORIGINAL DATE ADOPTED: | May 2017 |
| LATEST EFFECTIVE DATE: | April 25, 2017 |
| REVIEW/REVISION DATE(S): | April 25, 2017, July 24, 2018 |
| REVIEW FREQUENCY: | Every Five Years |
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| BOH APPROVAL DATE: | N/A |

PURPOSE

The intent of this document is to provide the process to be followed when a client is unsatisfied with the outcome of the grievance filed with a Columbus Transitional Grant Area (TGA) Ryan White Part A Program sub-recipient.

POLICY

All Columbus TGA Ryan White Part A Program sub-recipients must adhere to their own established system for grievances about the operation of the service program. Complaints and grievances against the sub-recipient related to Ryan White Part A grant-supported services will be properly recorded and communicated to Columbus Public Health upon request. Additionally, sub-recipients are required to inform clients that unresolved grievances related to Ryan White Part A grant-supported services can be directed to 614.645.2273 (CARE) for further instructions.

Columbus Public Health Ryan White Part A Program provides direct services for medical case management, non-medical case management and early intervention services. To avoid any conflicts of interest, clients who have a grievance related to a concern and/or who feel their rights have been violated by Columbus Public Health's Ryan White Part A services may directly file a grievance with the Columbus Public Health Compliance Officer. The grievance may be filed in writing and should be submitted to the Occupational Safety and Health Officer, 240 Parsons Avenue; Columbus, OH 43215 or JLAlban@columbus.gov. The occupational safety and health officer, who is not funded by Ryan White, is responsible for investigating the incident and determining the outcome. The outcome determined by the occupational safety and health officer regarding grievances about Columbus Public Health's Ryan White Part A services will be considered final.

Columbus Public Health is responsible for accepting grievances from clients related to an unresolved/unsatisfied outcome of a grievance filed with a Columbus TGA Ryan White Part A sub-recipient. Furthermore, Columbus Public Health is responsible for informing the client of how to file a grievance with Columbus Public Health, the Ryan White Part A Program, and Ryan White Part A Program sub-recipients, investigating the grievance, and making a final determination on the outcome.

BACKGROUND

The Columbus TGA Ryan White Part A Program is funded by the Health Resource and Services Administration (HRSA) to prevent the spread of HIV by assuring that HIV-positive individuals are linked to and retained in medical care for the purpose of achieving viral suppression. Medical and support services are available to eligible individuals through this program, including medical transportation services. This goal is achieved through partnering with health and social service organizations throughout Franklin County to provide HIV-related services. In addition, Columbus Public Health provides direct services.

GLOSSARY OF TERMS

Recipient is City of Columbus, Columbus Public Health, Clinical Division, Sexual Health Promotion, Ryan White Part A Program.

Grievance is an official statement of complaint over something believed to be wrong or unfair.

Health Resource and Services Administration (HRSA) is the federal administrator of the Ryan White grant to Columbus Public Health.

Sub-Recipient is a government, non-profit agency, or other entity in which Columbus Public Health awards a sub-grant.

Transitional Grant Area (TGA) is the area served by Columbus Ohio which includes Delaware, Fairfield, Franklin, Licking, Madison, Morrow, Pickaway, and Union counties.

PROCEDURES & STANDARD OPERATING GUIDELINES

- I. All clients accessing services through the Columbus TGA Ryan White Part A Program may file a grievance (following the associated sub-recipient's grievance procedures) at any time with an associated Columbus TGA Ryan White Part A sub-recipient if they have a concern and/or feel their rights have been violated.

Clients with a concern and/or who feel their rights have been violated by Columbus Public Health's Ryan White Part A services may directly file a grievance with the Columbus Public Health Occupational Safety and Health Officer. The grievance may be filed in writing and should be submitted to the Occupational Safety and Health Officer, 240 Parsons Avenue; Columbus, OH 43215 or JLAlban@columbus.gov. The occupational safety and health officer, who is not funded by Ryan White, is responsible for investigating the incident and determining the outcome. The outcome determined by the occupational safety and health officer regarding grievances about Columbus Public Health's Ryan White Part A services will be considered final.

- II. Columbus TGA Ryan White Part A Program sub-recipients must adhere to their own established system for grievances about the operation of the service program. Complaints and grievances against the sub-recipient related to Ryan White Part A grant-supported services will be properly recorded and communicated to Columbus Public Health upon request. Additionally, sub-recipients are required to inform clients that unresolved grievances related to Ryan White Part A grant-supported services can be directed to 614.645.2273 (CARE) for further information.
- III. Clients with a complaint related to an unresolved/unsatisfied outcome of a grievance filed with a Columbus TGA Ryan White Part sub-recipient may file a grievance with Columbus Public Health within thirty (30) business days

of the final notice from the sub-recipient by completing the Ryan White Part A Grievance Form (See Appendix A) and submitting it via:

- A. Email, to sexualhealth@columbus.gov; or
- B. Letter, to Columbus Public Health; C/O Ryan White Program Director; 240 Parsons Avenue, Room 214B; Columbus, Ohio 43215.

Clients may also call 614.645.2273 (CARE) to receive further instruction.

- IV. Clients choosing to file a grievance with Columbus Public Health may complete the Ryan White Part A Grievance Form (Appendix A) and provide the following information:
 - A. Client's legal first and last name;
 - B. Client's date of birth;
 - C. Client's preferred method of contact and contact information;
 - D. Identification of the Ryan White sub-recipient for whom the grievance is regarding;
 - E. The date, time, and individuals involved in the incident leading to a grievance;
 - F. A description of the cause for the grievance filed with a Columbus TGA Ryan White Part A sub-recipient, with as much detail as possible;
 - G. A description of the outcome of the grievance filed with a Columbus TGA Ryan White Part A sub-recipient (if possible, include a copy of a written outcome from the sub-recipient); and
 - H. A proposed solution to the grievance.
- V. Columbus Public Health is responsible for receiving client grievances and will do the following:
 - A. Review the grievance to assure all required information is included. If any information is missing, three attempts will be made to reach the client to obtain missing information. If the client does not respond to any of the attempts, the grievance will be closed.
 - 1. Notify and educate clients on the process of filing a grievance with the associated sub-recipient, if the client has not already filed and received a decision on a grievance with the sub-recipient.
 - 2. Notify the client that the grievance is outside of the time period permitted by the policy and the outcome provided by the associated sub-recipient will be final if the client files a grievance after thirty (30) business days of the final notice from the sub-recipient.
 - B. Investigate the grievance and complete the Ryan White Part A Grievance Investigation Form (See Appendix B). The investigation may include contacting the associated sub-recipient and reviewing the client's file, interviewing professionals involved with the client's case, reviewing the sub-recipient's agency/program policies and procedures, and/or reviewing any materials used by the sub-recipient to determine the outcome of the grievance filed.
 - C. Determine the outcome of the grievance and provide a decision to the client, using their preferred method of communication, within twenty-one (21) business days of receipt of the grievance.
 - D. Provide a written decision to the associated sub-recipient within twenty-one (21) business days of receipt of the grievance.
- VI. Decisions by Columbus Public Health are final regarding grievances filed by a client about a complaint related to an unresolved/unsatisfied outcome of a grievance filed with a Columbus TGA Ryan White Part sub-recipient.

CITATIONS

N/A

CONTRIBUTORS

The following people contributed to the authorship of this document:

1. Stacy Herman, LSW, Lead
2. Caitlin Kapper, MPH

APPENDICES

Appendix A: Ryan White Part A Grievance Form
Appendix B: Ryan White Part A Grievance Investigation Form

REFERENCE FORMS

N/A

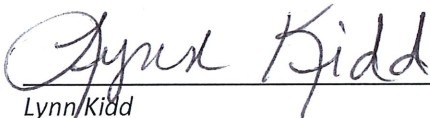
SIGNATURES

I have reviewed this document and endorse it as the Ryan White Part A Grievance Policy:



David Andrist Date
Planning Council Chair

8, 21, 18



Lynn Kidd
Planning Council Chair

8, 21, 18

Date



Terence Theis
Planning Council Chair

8, 21, 18

Date



Sean Hubert
Ryan White Director

8, 21, 18

Date

Appendix A: Ryan White Part A Grievance Form

Date: ____/____/____

1. Client Information

Legal Name: _____

Date of Birth: ____/____/____

Street Address: _____

City: _____

County: _____

Zip Code: _____

Contact Phone Number(s): _____

E-mail Address: _____

Preferred Method(s) of contact: ☐ Call ☐ Text (if applicable) ☐ E-mail ☐ Letter

May confidential messages be left on voicemail? ☐ Yes ☐ No

If YES: What information can we leave? ☐ Name ☐ Number ☐ Agency Information ☐ Information Related to Grievance

2. Ryan White Part A Sub-Recipient Information

Which Ryan White Part A sub-recipient is the grievance against?

☐ AIDS Healthcare Foundation

☐ Equitas Health

☐ Fairfield Healthcare Professionals (Dr. Murry)

☐ Nationwide Children's Hospital (FACES)

☐ OSU Internal Medicine

Have you filed a grievance with the agency checked above? ☐ Yes ☐ No

If NO: If you have a concern or feel your rights have been violated, please file a grievance with the sub-recipient checked above. It is not necessary to complete this form. Contact 614.645.2273 with questions.

If YES: Did you receive an official outcome of your grievance from the agency checked above? ☐ Yes ☐ No

If NO: Please contact the agency checked above to find out the status of your grievance.

If YES: Please complete the rest of this form.

3. Statement of Grievance

Date of Incident: ____/____/____

Time of Incident: _____ ☐ AM ☐ PM

Who was involved in the incident? (Please list names and title/relationship to client, if applicable)

What happened? (Provide as much detail as possible to describe the concern)

What was the Ryan White Part A sub-recipient's outcome to the grievance? (If possible, attach a copy of the written outcome)

What do you believe would be the best solution to this grievance?

4. Sign Off

Name of Individual Completing Form

Signature

____/____/____
Date

CPH Office Use Only:

Date Grievance Received: ____/____/____

Grievance Solution:

Appendix B: Ryan White Part A Grievance Investigation Form

Ryan White Part A Grievance Investigation Form

Name of Complainant: _____

Grievance Regarding the following Ryan White Part A Sub-Recipient:

- ☐ AIDS Healthcare Foundation ☐ Equitas Health ☐ Fairfield Healthcare Professionals (Dr. Murry)
☐ Nationwide Children's Hospital (FACES) ☐ OSU Internal Medicine

Dates of Attempts to Contact Complainant for Information: ☐ NA

____/____/____ ____/____/____ ____/____/____

Name of Investigator(s): _____

1. Summary of Grievance

2. Sub-Recipient Resolution to Grievance (written outcome from sub-recipient may be attached)

3. Method of Investigating Grievance (titles of documents reviewed, individuals interviewed, etc.)

4. Summary of Findings (identify the specific policy, rule, regulation, and/or agreement that was violated, if applicable)

5. Recommendation

Based upon the evidence that has been collected it is recommended:

6. Sign Off

Signature of Investigator

____/____/____
Date

CPH Office Use Only:

Date of Response to Complainant: ____/____/____

Method of Response: ☐ Call ☐ Text (if applicable) ☐ E-mail ☐ Letter

Date of Response to Sub-Recipient: ____/____/____