



Consumer Grievance Procedure

POLICY STATEMENT:

Aspire Indiana Health, provides a system for consumers to express and receive response to any concerns they may have regarding care given at Aspire. This system is to be implemented when all avenues of communication within the client's clinical team have been exhausted with no resolution.

Note: Employees, board members and volunteer consumers are to follow the same procedure as all consumers as described in this policy. An employee, board member, or volunteer, is prohibited from filling out a grievance for services provided to an emancipated minor, family member or friend. For emancipated minors, adult family members or friends, the employee, board member, or volunteer, will guide the consumer to use the procedure outlined below.

PROCEDURE:

1. The consumer submits a written or verbal complaint to staff. The staff member receiving the grievance will assist the consumer in filling out the grievance form if assistance is needed. In the event the consumer requests to speak to someone outside of the unit or practice area, the Patient Experience Coordinator will be contacted to initiate further action with the consumer to assist in resolving the complaint. The phone number for consumers to call is 317-606-3705.
2. The staff will then submit the Grievance Form to the Patient Experience Coordinator through the use of email, patientexperience@aspireindiana.org, as soon as possible and within one (1) working day for review and action. Grievance forms will be maintained as confidential unless sharing is deemed necessary to arrive at resolution.
3. The Practice Manager (or unit Clinical Director) will complete their review in coordination with the Patient Experience Coordinator. The Patient Experience Coordinator and/or Practice Manager will respond to the consumer, in person, by phone, or by letter as soon as possible and in no case longer than three (3) working days.
4. If the grievance is not able to be resolved as described above, the Senior Director of the service area or Vice President in collaboration with the Senior Director, Quality Improvement and Patient Experience Coordinator will review the grievance and have

two (2) working days to jointly respond to the stakeholder in person, by phone, or by letter.

5. If the grievance has remained unsolved, the **Senior Director, Quality** will forward it to the Medical Executive Committee for final resolution. The consumer will be notified in person, by phone, or by letter of the results of the review within thirty (30) working days from the initial grievance date.
6. All grievances whether resolved or not will be reported in the Medical Executive Committee for review and monitoring. The complaint data collected and analyzed by the Patient Experience Coordinator will be shared monthly at the Medical Executive Committee meeting.
7. The Vice President /Senior Director may forward a copy of the grievance to the Medical Executive Committee if there is a question of provider competency.
8. Stakeholder/Consumer Grievance forms will be available at all front desk stations and published on the Aspire Indiana Health website.
9. Notice of Grievance Policy will be posted in each service location.
10. Additional consumer resources available include:
 - a. Indiana Mental Health Consumer Service Line – 1-800-901-1133
 - b. Indiana Disability Rights – 1-800-622-4845
 - c. Consumers will also be informed of the right to contact the Joint Commission. Contact information for the Joint Commission is on the Aspire web site and postings at each Aspire site where consumer services are offered.
11. A consumer grievance will not affect the availability of services to that consumer.
12. The Patient Experience Coordinator will receive a copy of all grievances filed and will keep a record of all grievances filed for reporting to the Medical Executive Committee and the Services and QI committee of the Board. The record of all grievances will be maintained per Aspire Policy on Record Retention of Grievances and the resolution to each.

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Revised: Aspire Indiana Board of Directors - 4-27-22

Revised: 11/27/2023

Attachment A – Grievance Policy - handout

Attachment B – Grievance Report

Attachment “A”

ASPIRE INDIANA GRIEVANCE POLICY

As a consumer of services at Aspire, you or your family have the right to file a grievance about the treatment that you are receiving from Aspire. A grievance is an issue or concern about some aspect of your care that you wish to resolve. If you feel that you have been unable to resolve your issue or concern with your treatment team or through normal billing or other administrative channels, we encourage you to file a grievance report. You may make your grievance report to your therapist, case manager, or doctor or any other staff member. We guarantee that we will respond to your grievance. That response will be within three (3) working days for a non-emergency situation. We will respond immediately to an emergency situation.

An individual who has concerns about care and safety within Aspire that have not been satisfactorily addressed by Aspire may contact the Joint Commission. The Joint Commission accredits Aspire. The Joint Commission may be contacted at this toll free U.S. telephone number from 8:30 a.m. to 5:00 p.m. Central Standard Time on weekdays: 1-800-994-6610. You may also contact the Joint Commission via their website at www.jointcommission.org.

If you have concerns about your behavioral health care, you may also call the toll free customer service line of the Division of Mental Health and Addiction in Indiana: 1-800-901-1133 or Indiana Disability Rights: 1-800-622-4845.

Attachment "B"

**ASPIRE INDIANA
GRIEVANCE REPORT**

Name of Person Making Report _____

Telephone Number to Contact _____

Primary Consumer: Yes ___ No ___ Family Member: Yes ___ No ___ Other (describe)

Name of Consumer _____

Consumer's Date of Birth (for ID purposes) _____

Date of Report _____

Nature of Grievance _____

Location of Office to Which Grievance Pertains: _____

Personnel Involved _____

Referred to _____

Date of Referral _____

Resolution (use additional pages if needed) _____

Recorded by:

Name _____ Date _____

Copy to Practice Manager or Unit Director for Investigation/Response and the Patient Experience Coordinator
Forward to Senior Director of location, VP, and Sr. Director of Quality if unable to be resolved
Send completed/resolved form to Patient Experience Coordinator