



Operating Policies:

SS1-07.06

Effective Date:

10/26/2007

Reviewed 7/2025 Revised 7/2025

COMPLAINT PROCESS

I. PURPOSE:

This procedure outlines a process by which clients, family members, community providers, stakeholders, or staff can voice their complaints concerning Center services or Center operations.

II. POLICY:

This policy and procedure provides guidelines that ensure prompt investigation and fair resolution of the issues identified.

III. DEFINITIONS:

Appeal

A process that allows clients, family, community providers and stakeholders to ask for a review of a grievance resolution that did not meet their expectations or did not satisfactorily address their concerns. A systematic means in which an individual can challenge the reduction, denial or termination of a Center service or services.

Complaint

A verbal and/or written statement made by a client, family, community provider or stakeholder concerning problems with a service provider or the service delivery system.

Client Rights Department

A department within the Center that has the responsibility to assist clients, family, community provider or stakeholders to resolve problems or concerns related to the provision of services, and to investigate allegations of rights infringements.

Grievance

A process that allows clients, family, community provider and stakeholders to address concerns about the services provided by the Center. For the purpose of this procedure, the terms complaint and grievance have the same meaning and are interchangeable.

<i>Legally Authorized Representative (LAR)</i>	A person authorized by law to act on behalf of an individual and who may include a parent, guardian, or managing conservator of a child, guardian of an adult, or personal representative of a deceased individual.
<i>Problem</i>	An issue or concern that can be addressed by program staff or a program manager. If a problem cannot be resolved at that level, a complaint may be filed.
<i>Resolution</i>	An agreement, compromise or acknowledgement that a complaint has been resolved to the satisfaction of the person who voiced that initial complaint.

IV. PROCEDURES:

Any client, family, community provider, stakeholder, or staff who has a problem with a service provider or the service delivery system is encouraged to discuss the issue with a manager or supervisor of the program where the problem occurred. Issues that generally fall into this category may be:

- provision of services;
- service coordination;
- service schedules;
- request to change service provider;
- length or types of services;
- additional services needed;
- quality of services.

The manager, supervisor, or designee of the program must attempt to negotiate a resolution of the problem. For issues such as additional services, length and types of services the Center's Utilization Management Department may be involved in the negotiation.

A. Client Education

At the time of admission and annually thereafter, clients will receive verbal and written information concerning their right to file a complaint or an appeal, and information about the complaint and appeal process. Should major changes occur in the complaint or grievance process, clients will receive written information advising them of the changes. That notification will occur no later than 30 days after the changes have been implemented. Clients will receive verbal and/or written information concerning their right to a fair hearing concerning Medicaid and Medicare issues. Following the Center's "Medicaid Fair Hearing" policy, the service coordinator or case manager will assist the client, or the client's LAR, to file a request for a hearing. If the concern does not fall in the purview of Medicare/Medicaid the service coordinator will direct the client or LAR to a more appropriate entity to address their concern.

B. Initiating a Complaint

If a client, family, community provider, stakeholder, or staff has a problem or concern with a service provider or systems process he or she can seek remedy by contacting the

manager/supervisor of the service provider or the program. Complaints about service schedules, frequency and length of services, requests to change a service provider, may be directed to a manager or program supervisor. Complaints about denial of services or reduction of services should be directed to the Client Rights Department. For complaints that are medical in nature, and include clinical decisions, staff from the Client Rights Department will forward the data to the Chief Medical Officer for consideration. Request for change in service provider will be forwarded to identified management staff in the program. If no resolution can be worked out at the program level, or if a person does not want to avail him or herself of the opportunity to resolve the problem at the program level, a complaint can be made directly to the Center's Client Rights Department. Clients may also file complaints directly with the appropriate state or federal regulatory agency and will be assisted in doing so upon request. Complaints will not result in retaliation or barriers to service. The staff of Tropical Texas Behavioral Health (TTBH) will not restrict, discourage or interfere with client communication with an attorney or with the appropriate state or federal regulatory agency for the purposes of filing a complaint.

Any person who has a complaint about Center services or Center operations may contact the Client Rights Department in person, in writing, or by phone at 1-800-687-7048, the office of the Ombudsman with Health and Human Service Commission (HHSC) at 1-800-252-8154 or the Texas Department of Insurance at 1-800-252-3439. Staff from the Client Rights Department will contact the caller during business hours of the next business day or in accordance with specific instructions left by the caller. All complaints, except allegations of abuse, neglect or exploitation, will be investigated by the Client Rights Department. Allegations of abuse, neglect or exploitation involving a client of the Center, will be reported to the Texas Department of Family and Protective Services (DFPS) at 1-800-647-7418 immediately, but in no more than one hour after suspicion or knowledge of an incident. Texas Health & Human Services Commission Complaint & Intake, Mail Code E249 P.O. Box 149030 Austin, TX 78714-9347 Complaint hotline: 1-800-458-9858, Option #6 E-Mail: cii.SA@hhsc.state.tx.us Investigations of abuse, neglect or exploitation will be completed as soon as possible, but no more than thirty (30) calendar days following their initiation, unless significant extenuating circumstances exist.

For Medicaid clients, the Client Rights Department will forward to the appropriate Managed Care Organization (MCO) in the format requested any complaints and appeals within three (3) business days of receipt. TTBH will forward the related information as required by the MCO.

C. Investigating and Resolving the Complaint

TTBH will make all reasonable efforts to resolve all complaints promptly and appeals within thirty (30) days after receipt. Staff from the Client Rights Department will take all information about the complaint, including staff involved, dates and times, or other pertinent data, and will thoroughly investigate the issue. With input from the complainant and/or the complainant's legally authorized representative (LAR) the department or staff involved in the complaint, a resolution will be attempted. If no resolution can be found at this level, Client Rights Department staff will contact the manager or coordinator of the department involved to assist with a resolution of the complaint. If a resolution has been found, the client or the client's LAR is notified by phone of the resolution and a follow-up letter, summarizing the complaint and its resolution, will be mailed within seven business days of receiving the complaint. If no resolution can be worked out the client will be informed, verbally and in writing, of the appeal process.

If staff from the Client Rights Department receives information from a client, family or community stakeholder that is a complaint and an appeal, the complaint aspect is investigated by staff from the Client Rights Department while the appeal is forwarded, with all pertinent information, to the appropriate state or federal regulatory agency.

D. Appeals Process

If at the conclusion of the complaint investigation the complainant is dissatisfied with the resolution offered, or if no resolution can be worked out, the complainant may initiate an appeal process by letting staff from the Client Rights Department know that an appeal is requested.

Within three (3) days of notification of the request for an appeal Client Rights Department staff will forward the initial complaint and all documentation collected during the investigation of the complaint, as well as the proposed resolution of the complaint to the Office of the Ombudsman with Health and Human Service Commission (HHSC) if the complaint involves staff or issues from Mental Health Services, and/or Intellectual Disabilities. The Office of Ombudsman will review all documentation and, if needed, conduct an additional investigation and review the resolution worked out by staff from the Client Rights Department. The Office of the Ombudsman will recommend changes in the resolution or uphold the resolution previously developed. Within ten (10) days the Office of the Ombudsman will notify the Client Rights Department staff of the status of the appeal. The ruling of the Office of the Ombudsman is final for the internal complaint process. Upon resolution of the complaint, the Client Rights Department staff will notify the complainant within 24 hours of the disposition of their complaint. A letter, summarizing the final outcome and information about the complainant's right to file a complaint with the Consumer Rights Office is mailed to the complainant within ten (10) working days.

Staff from the Client Rights Department will cooperate with the staff from the Office of the Ombudsman with Health and Human Services (HHSC) to work toward a resolution of the complaint. Appeals will be resolved within ten (10) working days of the time the appeal was initiated, unless an extension is granted by the Center's Chief Executive Officer (CEO).

E. Expedited Appeals

If the appeal centers around an issue that could have significant impact on health and safety concerns for the complainant, then the appeals process can be expedited and the timeframes for actions are limited to a maximum of three (3) days.

F. Right to Contact Oversight Entities

Any client, family, community provider, stakeholder, or staff has the right to contact any of the oversight entities directly and does not have to seek remedy of his or her complaint through the Center's Client Rights Department before contacting the oversight entities. The Client Rights Department must assist clients, family or community stakeholders with information about the right entity to contact and provide pertinent information such as telephone numbers and addresses. The Client Rights Department will assist and provide support to client in the following:

1. file a grievance about any violation of client rights or Commission rules;

2. submit a grievance in writing and get help writing it if they are unable to read or write; and
3. request writing materials, postage, and access to a telephone for the purpose of filing a grievance.

G. Documentation

At the conclusion of the complaint process the information is documented and all pertinent hardcopies of data, collected during the investigative process, is maintained in the Client Rights Department. A summary report of complaints received, and their resolutions will be submitted on a monthly basis to the Executive Management Team (EMT), and the Board of Trustees and on a quarterly basis to the Performance Improvement and Compliance Committee (PICC). Appropriate management staff addresses trends and/or specific areas of repeat complaints.

H. Staff Education

Staff are educated about the client's right to file a complaint or appeal and are given information about the complaint and appeal process as part of their new employee orientation and annually thereafter. Should major changes occur in the complaint and grievance process, staff will receive in-service training during program specific staff meetings or through written communication.

I. Tracking of Complaint Data to Improve Services

Staff from the Client Rights Department will track information about complaints and appeals and monitor for trends and specific areas of concern. An annual analysis of complaints includes the causes, trends, patterns and/or concerns. An improvement plan is developed to reduce future complaints, or the outcome of the prior improvement plan are described. This analysis will be routed to PICC and the appropriate MCO when applicable.

Program staff will utilize the data to develop a plan of improvement, if warranted, and implement needed changes to address the areas identified by the data. The plan of improvement, which shows what actions will be taken and the date for implementation or completion is forwarded to the Client Rights Department. Client Rights Department will track the effectiveness of the plan of improvement and immediately advise the program manager if repeat complaints are received after changes have been implemented.

The Client Rights Department will maintain complaint and appeal logs for tracking, resolving and reporting complaints and appeals. The logs will include the date and reason of the initial complaint, the current status, the name of the reviewer, the date of the resolution and the final disposition.

V. REQUIRED DOCUMENTATION:

- Complaint and Appeals Tracking Logs

VI. REFERENCES:

- CARF Behavioral Health Standards Manual (2025):
 - Section 1: Aspire to Excellence, K: Rights of Persons Served
- Texas Administrative Code, Title 25, Part 1, Chapter 404, Subchapter E
- Texas Administrative Code, Title 25, Part 1, Chapter 414, Subchapter L
- Texas Administrative Code, Title 25, Part 1, Chapter 448
- Texas Administrative Code, Title 40, Part 1, Chapter 4
- Texas Administrative Code, Title 40, Part 1, Chapter 9, Subchapter B
- Tropical Texas Behavioral Health Policies:
 - SS1-07.02 Client Rights

VII. ATTACHMENTS:

- Complaint/Grievance Form
- Managed Care Organization (MCO) Complaint Process



COMPLAINT/GRIEVANCE FORM

Edinburg (956) 289-7000

Harlingen (956) 364-6500

Brownsville (956) 547-5400

Weslaco (956) 520-8800

To: NANCY OCHOA, Client Rights Officer

Date Received: _____
(Entered by Center Staff)

From (Individual Filing Complaint): _____ **Client #:** _____

Applicable Managed Care Organization: _____

Client Contact Information:

Client Name: _____
Address: _____ **Phone #:** _____

Date of Incident: _____ **Date Complaint/Grievance Filed:** _____

My Complaint/Grievance is:

I am requesting the following resolution:

TTBH USE ONLY

Actions Taken:

Resolution:

Complaint/Grievance resolved, no further action needed

Findings reviewed with the complainant

Copy of the form given to the complainant

No resolution found, referred to Client Rights Department

Date: _____

Date: _____

Date: _____

Signature, TTBH Staff

Complainant Signature



Managed Care Organization (MCO) Complaint Process

MCO members, service providers, or an authorized representative on a member's behalf may file a verbal or written complaint, at any time, with an MCO if a member is dissatisfied with their service provider, behavioral health plan, or the service delivery system. The MCO will notify members, acknowledging receipt of a complaint within five (5) days and will investigate, address, and notify you of the outcome, in writing, within thirty (30) calendar days from the date the complaint was received.

To file a complaint, contact your MCO at:

Driscoll Children's Health Plan

DCHP Member Services
Attn: Complaints Department
615 N Upper Broadway, Suite 1621
Corpus Christi, Texas 78401-0764
1-855-425-3247

Superior (Cenpatico)

Attn: Quality Improvement Department
504 Lavaca Street, Suite 850
Austin, Texas 78701
CHIP: 1-888-471-4357
STAR: 1-800-716-5650
STAR+PLUS: 1-800-466-4089

Molina Healthcare of Texas

Attn: Member Complaints
84 NE Loop 410, Suite 200
San Antonio, Texas 78216
1-866-449-6849

United Behavioral Health (Optum)

Customer Service
4212 San Felipe PMB 448
STAR: 1-888-887-9003
STAR+PLUS: 1-888-887-9003
STAR Kids: 1-877-597-7799

You may also file a complaint with:

Texas Department of Insurance (TDI)

P.O. Box 149104
Austin, Texas 78714-9104
1-800-252-3439

Medicaid members may also file a complaint with:

Texas Health and Human Services Commission (HHSC)

Health Plan Management –H-329
Attn: Resolution Services
P.O. Box 85200
Austin, Texas 78708-5200
1-866-566-8989