

BAAS POLICY RELEASE (PR)	
PR NUMBER:	24-22
TO:	All Bureau of Adult and Aging Staff; Melissa Hardy; Kerrileigh Schroeder; Dawn Tierney, Case Management Agency Managers; All Choices for Independence Case Managers and Providers
FROM THE OFFICE OF:	Bureau Chief of Adult and Aging Services (BAAS), Wendi Aultman
SIGNATURE:	
SUBJECT:	Grievance Reporting and Management
EFFECTIVE DATE:	Immediately

SUMMARY

This Policy Release (PR) releases the process and procedure for grievance reporting and management.

BACKGROUND

On August 19, 2024, Administrative rule He-E 310 *Rights of Individuals Receiving Choices For Independence in the Community*, was adopted. The administrative rule requires for Bureau of Adult and Aging Services (BAAS) to have a formal process for individuals to file a grievance relating to Choices For Independence (CFI) program.

DEFINITIONS

- “Grievance” means an expression of dissatisfaction or complaint on behalf of a participant related to the department’s administration of CFI or a provider’s performance of CFI services regardless of whether remedial action is requested.
- “Participant” means an individual who has applied for or is receiving CFI services. For the purposes of this policy participant can refer to an individual that the participant has selected to act on their behalf for the purpose of resolving a grievance.

POLICY

Participants have the right to report grievances. Grievances can be reported by **any individual** including but not limited to the participant, a participant’s guardian or family member, an employee, contractor, consultant or volunteer for the Department of Health and Human Services (DHHS) or a Choices For Independence (CFI) provider.

Submission of Grievances

Grievances can be submitted by using BAAS Form 3123, *Grievance Report*, by writing a statement or by verbal submission such as a phone call. Grievances can be reported and submitted to BAAS by:

- Email- Attach BAAS Form 3123, a written statement or providing a statement in the email, to BAASQualityManagement@dhhs.nh.gov ;
- Mailing the grievance through U.S.P.S. using BAAS Form 3123 or providing a written statement to:
Bureau of Adult and Aging Services
Attn: Quality Coordinator
105 Pleasant Street, Concord, NH 03301;
- Verbalizing the grievance by telephone to **603-271-2240**; or

- By faxing the grievance using BAAS Form 3123 or a written statement to **603-271-4643**, Attn: Quality Coordinator.

Processing and Recording Grievances

BAAS Form 3123

When the Quality Coordinator receives a grievance and it was not submitted using Form 3123, *Grievance Report*, they will log the information for record keeping purposes by completing Form 3123 and attaching the email or written statement that was initially submitted.

The Quality Coordinator will notify the grievance reporter within 5 business days that BAAS is acting on the grievance. The Quality Coordinator will also contact the participant and explain the grievance resolution process.

The Quality Coordinator will consider whether the grievance needs to be referred to another agency having responsibility for the grievance. The Quality Coordinator will refer grievances as follows:

Grievances Involving	Will be Referred to
Abuse, neglect, self-neglect, or exploitation	Adult Protective Services
Criminal Activity	Appropriate Law Enforcement Agency
Long-term care facilities	Long Term Care Ombudsman
Licensed Health Care Providers	Bureau of Health Licensing

If another agency indicated above agrees to investigate the grievance, the Quality Coordinator will close the grievance out on their end and complete BAAS Form 3126, *Notification Of Grievance Resolution*. If the other agency does not agree to investigate the grievance within 5 business days of the referral the Quality Coordinator will proceed with the resolution process as outlined below.

The participant or the individual acting on behalf of the participant will choose to either have an informal grievance resolution or to proceed with a formal grievance investigation. The grievance option is recorded on the bottom of Form 3123.

Once Form 3123 is fully completed it will act as a cover page to either BAAS Form 3124, *Informal Grievance & Resolution Report* or to BAAS Form 3125, *Grievance Investigation Report*.

BAAS Form 3124

If the participant or individual acting on behalf of the participant chose the ***informal process with no investigation***, the Quality Coordinator will schedule a follow up meeting as agreed upon with the participant, and any other appropriate parties, unless informal resolution was achieved during initial contact.

The Quality Coordinator will complete Form 3124 after the initial meeting or the scheduled follow up meeting (if it was needed) and complete Form 3126, *Notification of Grievance Resolution*.

BAAS Form 3125

If the participant chose the investigation process, the Quality Coordinator will investigate the grievance to determine the circumstances of the situation and submit a report to the BAAS Bureau Chief on the grievance and, if applicable, any systemic factors that played a role in the grievance.

Upon completion of investigation and resolution of grievance the Quality Coordinator will complete BAAS Form 3126, *Notification Letter To Reporters*.

BAAS Form 3126

This letter is completed after the completion of either BAAS Form 3124, *Informal Grievance* **OR** BAAS Form 3125, *Grievance Investigation Report*. If participants had an informal grievance resolution, a copy of Form 3124 will be sent to them as a summary.

Upon completion of all above forms, the Quality Coordinator will maintain a system for grievance recording.

DESCRIPTION OF REVISIONS MADE TO FORMS

The following forms have been completely restructured to abide by the requirements in He-E 310: BEAS Form 3124 and 3124(i), *Informal Complaint Reporting*, BEAS Form 3125 and 3125(i), *Complaint Record*, BEAS Form 3126 and 3126(i), *Notification Letter To Reporters*.

TRAINING

No special training is planned or needed.

FORMS INSTRUCTIONS

<u>Remove and Destroy</u>	<u>Insert/Replace</u>
None	BAAS Form 3123, <i>Grievance Report</i> , PR # 24-22
None	BAAS Form 3123 (Sp), <i>Grievance Report-Spanish</i> , PR # 24-22
None	BAAS Form 3123(i), <i>Instructions For Grievance Report</i> , PR # 24-22
BEAS Form 3124, <i>Informal Complaint Reporting Record</i> , All Prior Versions	BAAS Form 3124, <i>Informal Grievance & Resolution Record</i> , PR # 24-22
BEAS Form 3124(i), <i>Informal Complaint Reporting Record</i> , All Prior Versions	BAAS Form 3124(i), <i>Instructions for Informal Grievance & Resolution Record</i> , PR # 24-22
BEAS Form 3125, <i>Complaint Record</i> , All Prior Versions	BAAS Form 3125, <i>Grievance Investigation Report</i> , PR # 24-22
BEAS Form 3125(i), <i>Instructions for Complaint Record</i> , All Prior Versions	BAAS Form 3125(i), <i>Instructions for Grievance Investigation Report</i> , PR # 24-22
BEAS Form 3126, <i>Notification Letter to Complaint Reporters</i> , All Prior Versions	BAAS Form 3126, <i>Notification of Grievance Resolution</i> , PR # 24-22
BEAS Form 3126, <i>Instructions for Notification Letter to Complaint Reporters</i> , All Prior Versions	BAAS Form 3126(i), <i>Instructions for Notification of Grievance Resolution</i> , PR # 24-22

IMPLEMENTATION

This policy is effective immediately. All prior versions of forms listed must be recycled and the new versions used **immediately**. Place an order through the DHHS Warehouse/Logistics via the District Office's Quarterly Forms Order (QFO) for BAAS Form 3123 *Grievance Report*, when a supply is needed.

BAAS Form 3123, as well as its the Spanish translated version of BAAS Form 3123, will also be available electronically on the DHHS website at www.dhhs.nh.gov/forms-documents-0.

BAAS Forms 3123, 3123(Sp), 3124, 3125, 3126 and the associated instructions, will also be available internally, for Department staff only, on the (N:) drive upon release of this PR.

DISTRIBUTION

This PR will be distributed according to the electronic distribution list for BAAS policy releases and will be available internally on the DHHS (N:) drive for staff to access and on the DHHS website at [Bureau of Adult and Aging Services \(BAAS\) General Memos \(GM\) and Policy Releases \(PR\) | New Hampshire Department of Health and Human Services \(nh.gov\)](http://Bureau of Adult and Aging Services (BAAS) General Memos (GM) and Policy Releases (PR) | New Hampshire Department of Health and Human Services (nh.gov)) for public access.

FILING A GRIEVANCE WITH THE BUREAU OF ADULT AND AGING SERVICES (BAAS)

What is a 'Grievance' ?

A grievance is used by any individual to express the dissatisfaction or file a complaint on behalf of a participant or group of participants related to the Bureau of Adult and Aging Services (BAAS) administration of the Choices For Independence (CFI) program or a provider's performance of CFI services regardless of whether remedial action is requested.

How to file a 'Grievance' ?

Grievances can be submitted by using this form, BAAS Form 3123, *Grievance Report*, by writing a statement or by verbal submission such as a phone call. Grievances can be reported and submitted to BAAS by:

- Email- Attach BAAS Form 3123, provide a written statement or provide a statement in the email, to BAASQualityManagement@dhhs.nh.gov ;
- Mailing the grievance through U.S.P.S. using this form or sending a written statement to:
Bureau of Adult and Aging Services
Attn: Quality Coordinator
105 Pleasant Street, Concord, NH 03301
- Verbalizing the grievance by telephone to **603-271-2240**; or
- By faxing the grievance using BAAS Form 3123 or a written statement to **603-271-4643**, Attn: Quality Coordinator.

What to expect after submitting the 'Grievance' ?

Once the grievance is received, you will be contacted by the BAAS Quality Coordinator within 5 business days. The Quality Coordinator will confirm receipt of grievance and explain the grievance process.

For Questions regarding this form, please contact the Quality Coordinator by email at
BAASQualityManagement@dhhs.nh.gov **or**
by calling 603-271-2240

GRIEVANCE REPORTING

Do You Wish To Remain Anonymous ? Yes or No

Important: If anonymous, skip contact info below and continue to 'Grievance Details'.

Please note if adequate details are **not received**, we may not be able to proceed any further due to lack of contact information.

GRIEVANT CONTACT INFORMATION

First and Last Name: _____

Address: _____

Telephone Number: _____

Email Address: _____

Was Grievance Reported By A Third Party ? Yes or No (If Yes, enter third party contact info below)

Third Party First and Last Name: _____

Third Party Contact Info: _____

Do You Have Someone Else Assisting You That You Would Like Us To Contact For Resolution? _____

Authorized Representative Name and Phone Number (if any): _____

GRIEVANCE DETAILS

Date Grievance Occurred: _____

Has This Grievance Been Reported Before ? Yes, Provide Approximate Date _____ or No

Outcome or Result of Prior Grievance ? _____

Enter Summary of Grievance

FOR BAAS USE ONLY

Grievance Received By:	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Mail	Date Received:	
<i>If Grievance was initially submit using alternative methods, a BAAS representative will complete this form for record keeping purposes.</i>			
Assigned Grievance Number:			
BAAS Representative Recording Grievance:		Position/Title:	
Does The Grievance Need To Be Referred Outside Of The CFI-LTC Unit ?		<input type="checkbox"/> Yes (If Yes, enter date and Unit/Agency below) Or <input type="checkbox"/> No	
If Grievance Is Referred Enter Date Of Referral?			
Where Was Grievance Referred:	<input type="checkbox"/> Adult Protective Services <input type="checkbox"/> Law Enforcement Agency <input type="checkbox"/> LTC Ombudsman <input type="checkbox"/> Licensing Authority <input type="checkbox"/> Other: _____		
If Reporter Is Not The Grievant, Enter Date Reporter Was Contacted:		Reporter Contacted By:	
Contacted Grievant On:		Grievant Contacted By:	
Participant Or Individual Acting On Behalf Of Participant Wishes To File a Grievance Using Which Method?		<input type="checkbox"/> Informal Grievance and Resolution: Form 3124 <input type="checkbox"/> Grievance Investigation: Form 3125	
Additional Info/Comments:			

INFORMAL GRIEVANCE AND RESOLUTION REPORT

For Internal DHHS Use
If investigation is needed use BAAS Form 3125
Also refer to Form 3123 for more information.

Name of BAAS Representative Completing Form: _____
Grievance Number: _____ Date This Form Is Being Completed: _____
Date Grievance Received: _____ Date Grievance Resolved: _____

GRIEVANCE SUMMARY

Date Grievance Occurred: _____

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RESOLUTION OF GRIEVANCE *(Include dates of any action(s) taken.)*

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ADDITIONAL INFORMATION

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GRIEVANT NOTIFICATION

Date BAAS Form 3126 Was Sent To Participant: _____
Name of BAAS Representative Notifying Participant: _____

PROPOSED RESOLUTION AND ACTION(S) TAKEN

Include dates of any action taken or future action needed.

INDIVIDUALS INTERVIEWED AND/OR INVESTIGATED - *Attach additional pages if needed*

Individual Number 1: _____

Address: _____

Contact Info: _____

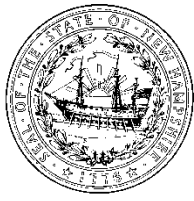
Summary of Information Provided By Above Individual (Include dates of specific events):

GRIEVANT NOTIFICATION

Date BAAS Form 3126 Was Sent to Grievant: _____

Name of BAAS Representative Notifying Grievant: _____

Upon Completion By the BAAS Representative:
Email completed form to BAASQualityManagement@dhhs.nh.gov



Lori A. Weaver
Commissioner

Melissa A. Hardy
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF LONG TERM SUPPORTS AND SERVICES
BUREAU OF ADULT AND AGING SERVICES

105 PLEASANT STREET, CONCORD, NH 03301
603-271-9203 1-800-852-3345 Ext. 19203 Fax: 603-271-4643
TDD Access: 1-800-735-2964 www.dhhs.nh.gov

Notification of Grievance Resolution

Dear

On _____ you submitted a grievance to the Bureau of Adult and Aging Services (BAAS) about

BAAS has investigated the grievance and taken action to resolve the matter in the following manner:

If you continue to have concerns in the future, you may submit another grievance to BAAS.

If you have any questions about this letter, please contact us via email at BAASQualitymanagement@dhhs.nh.gov or call us at 603-271-2240.

Sincerely,

CC:

Grievance Number: _____

*The Department of Health and Human Services' Mission is to join communities and families
in providing opportunities for citizens to achieve health and independence.*

BAAS 3126
Rev 12/24
PR 24-22
(X)