

NorthCare Customer Services Complaint/Grievance Tracking Form Instructions for Substance Abuse Providers

When completing the form with a consumer over the phone, explain to the consumer that you are completing a form and if there is a pause – you are simply writing in the information they are giving you.

Name of Caller: Simply who you are receiving the complaint/grievance from.

Phone #: Again, the phone number of the person you are talking to (or receiving the complaint/grievance from).

Relationship/Organization: Provide the relationship to the consumer that this complaint/grievance is regarding. It may be a family member or it could be a staff member from an agency.

Consumer: Name of the consumer the complaint/grievance is regarding.

Consumer Phone #: This number is collected in case the consumer needs to be called.

Date of Birth (DOB): Please provide the DOB for the consumer this complaint is regarding. If the DOB is not available, use today's date.

Medicaid: Indicate if the consumer is Medicaid or not. If the consumer has Medicaid, this form must be completed and sent to Sally Olson, Member Services at NorthCare. If the consumer does not have Medicaid, please track in your own QI/Customer Service system.

Medicaid #: The Medicaid number is needed for tracking. This is to ensure “unduplicated” numbers.

Board: Name of the Community Mental Health Agency or Substance Abuse Agency receiving the complaint.

Site/Program: Name and site of the program that the complaint/grievance is pertinent to. (Many of the CMHSPs and SA agencies have numerous sites in different counties.)

County: Indicate which county the complaint/grievance is about.

Population: Please check the correct box.

Received Information Via: How was the complaint received? Over the phone, through email, or face-to-face.

Staff Receiving Complaint: The person receiving the complaint & filling out the form.

Date of Complaint Received: Date complaint received. If a Medicaid recipient, fax (225-5149) to Sally Olson at NorthCare Network within 24 hours of receiving. This is important due to timeliness guidelines requiring the complaint/grievance be resolved within 60 days.

Time: What time was the complaint/grievance received.

Reference #: Only use if the consumer does not have Medicaid. It is recommended that you use the following to create a reference number: Year (05), Month (9), day (29), two digit code for program (SA) (Note: All substance abuse providers should use SA.) and consumer initials (SO). 05929SASO

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Nature of the Inquiry/Complaint: Please choose one. The definitions are included on the form.

Specific Concern: Write in what the issue is. Be as specific as possible.

Date Issue Occurred: This may be different than the date you receive the complaint. For example: A concern brought up about the crisis line. The date and time of the call you allow an individual to pull up the actual notes from that call.)

Time: Time the issue/concern occurred.

Address of Consumer or Guardian: **This must be completed if it is a Medicaid consumer.** The BBA mandates that a written letter is sent with the resolution of the complaint/grievance to the Medicaid consumer.

RESOLUTION PROCESS:

If MEDICAID recipient, fax (906) 225-5149 to Sally Olson within 24 hours of receiving complaint.

If Referred to Recipient Rights: If the issue is referred to Recipient Rights, the RR department will track and become responsible for the complaint/grievance. Nothing further needs to be done with the complaint by Customer Services.

If Non-Medicaid Recipient: The rest of the form is optional if it is not a Medicaid recipient. The form is recommended to allow for follow up through your local Quality Improvement committee.

Name/Title: Include the names of all individuals involved in resolving the complaint/grievance.

Date of FINAL resolution: Date the complaint/grievance is resolved.

Date of disposition mailed: It is recommended that a written disposition be mailed to all consumers regarding the outcome of the complaint/grievance.

Summary of Resolution: Please indicate the resolution OR attach the letter mailed to the consumer.