

CONSUMER COMPLAINTS

Every consumer of services from programs covered by the APS-WV ASO has the right to register complaints. APS Healthcare, in cooperation with DHHR and the Quality Improvement Councils has developed Complaint Policies and Procedures to ensure prompt response to and resolution of consumer complaints.

Consumers may contact the Consumer and Community Affairs Manager to discuss an issue or to register a complaint. Each complaint is documented on a complaint log and tracked through resolution. All consumer complaints will be responded to in a timely fashion and all written complaints will receive a written response.

Refer to the attached Policy and Procedure for further information.

POLICY AND PROCEDURE:

SUBJECT: Consumer Complaints

Drafted: 9/00
Revision Dates:
11/00, 01/10
Page 1 of 2

POLICY

While APS Healthcare WV does not directly interface with consumers regarding authorization, APS Healthcare will receive and refer Consumer complaints and/or provide consumers or family members with procedural information regarding specific provider concerns, client rights issues, and other general concerns related to Medicaid services. Complaints will be responded to in a timely and professional manner. Each complaint shall be documented on a complaint log by the Community and Consumer Affairs Manager (CCAM), to be reviewed by the Quality Improvement (QI) Coordinator.

DEFINITIONS

GENERAL COMPLAINT: Dissatisfaction formally communicated by a Consumer (verbally or in writing) to the APS Community and Consumer Affairs Manager about current services, concerns about specific provider staff members, or violations of their rights.

URGENT COMPLAINT: Complaint involving reportable conditions, allegations of physical or sexual abuse, medical neglect, inappropriate staff-consumer relationships or critical delay in services.

COMPLAINT LOG: Internal form documenting complainant, provider agency, date and time of complaint, nature of complaint, severity of complaint, APS staff member receiving complaint, and action taken.

CONSUMER: A person receiving services or seeking services from any of the programs covered by the APS-WV ASO. Typically these would include recipients of WV Medicaid or Waiver services, or Socially Necessary services through the Bureau for Children and Families.

PROVIDER: Agency, Private Practitioner or individual contracted with the State to provide Medicaid Services, Socially Necessary Services or Waiver Services covered by the APS-WV ASO.

POLICY AND PROCEDURE:

SUBJECT: Consumer Complaints

Drafted: 9/00

Revision Dates:

11/00, 01/10

Page 2 of 2

PROCEDURE

Verbal Complaints/Written Complaints

1. Complaints from consumers of WV Medicaid or Waiver services, or Socially Necessary services through the Bureau for Children and Families will be referred to the Community and Consumer Affairs Manager, who will document the contact information, the nature of the complaint, and the severity of the complaint on the complaint log. If the CCAM is unavailable, the staff will document the information and notify the CCAM within twenty-four hours for follow-up.
2. The Manager of Community and Consumer Affairs will determine the severity of the complaint and will:
 - respond immediately to urgent complaints;
 - respond within five working days to general complaints;
 - advise the consumer of their rights and protections; and
 - refer the consumer to the appropriate advocacy, resource or reporting agency;
 - ensure APS staff follows all State of West Virginia guidelines for reporting and resolving Consumer complaints of abuse; and/or
 - follow up to address any questions/concerns.
3. Any complaints specifically related to APS Healthcare - WV will be reviewed by the Quality Improvement Council for program development and/or corrective action and will be reported to the contract manager/DHHR
4. The Manager of Community and Consumer Affairs will forward completed complaint logs to the Q.I. Coordinator at the end of each month.
5. The Q.I. Manager will review the complaint logs to develop summaries and trend reports.
6. After consulting with the APS Healthcare WV Executive Director and Quality Improvement Coordinator, the Community and Consumer Affairs Manager will provide trend reports to DHHR as needed.
7. A summary of all complaints received and their disposition will be presented at the quarterly Quality Improvement Council meeting.