

<b>HEALTH CARE AND REHABILITATION SERVICES</b>	
<b>Policies</b>	
<b>Policy Number:</b> 4.A.2 Page 1 of 1	<b>Effective Date:</b> 10-01-03 <b>Revisions:</b> 09-26-08 <b>Reviewed:</b> 03-13-12; 06-04-13; 12-05-15; 1-3-2019
<b>Applies to:</b> All HCRS Programs	<b>Contact Person:</b> Chief Operating Officer
<b>Section:</b> Client Rights <b>Policy:</b> <b>Grievance and Appeals</b>	

**POLICY:**

It is the policy of Health Care and Rehabilitation Services of Southeastern Vermont, Inc. (HCRS) that any grievance or appeal regarding services and/or support raised by a client, parent, family member, guardian, or person acting on behalf of the client, who does so with his/her express permission, will be given due consideration.

**DEFINITIONS:**

An **appeal** is a request for review of denial, reduction, or eligibility for service.

A **grievance** is a complaint not related to service denial, reduction, or eligibility. Rather, it is notice of dissatisfaction with staff, programs, policies, quality, timeliness and accessibility of service, or services not available. To be a grievance, the person filing the grievance must request a written response from the agency.

A **complaint** is when a client expresses dissatisfaction orally or in writing about aspects of interpersonal relationships, for example: rudeness, failure to be respectful, staff misconduct, or poor quality of care. The client does not want a formal written response to his/her complaint.

*Notices of full state procedures can be found in the Grievance & Appeal Manuals published by: DAIL for developmental disabilities programs and ADAP for substance abuse programs. The Grievance & Appeal Coordinator will provide copies upon request. For the latest DMH Manual Addendum, visit the DMH website at [mentalhealth.vermont.gov](http://mentalhealth.vermont.gov).*

**Approvals:**

George Karabakakis \_\_\_\_\_ Date \_\_\_\_\_  
Chief Executive Officer

Matthew Garcia \_\_\_\_\_ Date \_\_\_\_\_  
Board President