Client Grievance Policy and Procedure

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Responsibility for Review: Director of Client Services

PURPOSE
The Client Grievance Policy has been established to ensure that our clients or client's authorized representative, hereafter referred to as "client" have an easy and accessible way to provide feedback and that they receive a timely, efficacious response.

SCOPE
Meals on Wheels of Hillsborough County (HCMOW) staff members will maintain a system for tracking, resolving, and reporting client complaints regarding its services, processes, procedures, and/or staff in accordance with New Hampshire Administrative Rules He-E 501 and He-E 502. HCMOW will ensure any filed complaints or concerns made by the client are available to BEAS upon request.

POLICY
HCMOW is committed to providing a safe and satisfying experience for older and disabled adults in Hillsborough County. The staff, volunteers and members of the Board of Directors pride themselves on the services provided and welcome all client comments, complaints, suggestions, and concerns as a way to improve their experiences and service delivery.

During the initial intake, clients are informed of and receive a document detailing their rights and responsibilities as a Meals on Wheels participant. Under this document, Participants have the right to "voice grievances, concerns or suggestions regarding service without fear of discrimination or reprisal."

In the event that a client has a grievance pertaining to service delivery or concerning an employee or volunteer of HCMOW, or alleges discrimination based on race, ethnicity, national origin, religion, sex, age, veteran status, sexual orientation, gender identity, disability or any other protected category, clients will have the right to submit a grievance without being subject to any adverse action.

The grievance process will not interfere in any way with the client's status in the program, or with other aspects of the program, and must be transmitted without alteration, interference or delay to the party responsible for receiving and investigating it.

Informal Appeals Procedure:

If a prospective client is determined ineligible for the Meals on Wheels program at the time of intake, they will be notified, in writing, by a HCMOW staff member via a Notice of Service Determination. This determination will indicate the reason(s) service was denied. The Notice of Service Determination lists two outlets for an appeal:

a) In accordance with NH Administrative Rule He.E 501.11 a client or client's authorized representative may request an administrative hearing regarding this decision. The request for appeal must be submitted in writing within 30 days of receiving the denial notice. Requests should be addressed to:

Department of Health and Human Services
Administrative Appeals Unit
105 Pleasant Street
Concord, NH 03301

b) Clients may also contact Meals on Wheels of Hillsborough County regarding this eligibility determination:

Meals on Wheels of Hillsborough County
PO Box 910
Merrimack, NH 03054
Attn: Client Services Department

Client Grievance Procedure:

1) The client will be directed to reach out to the Site Coordinator (SC) at the applicable site to express their grievance. Every attempt will be made to reach a mutually acceptable solution at this level. All communication must be documented in the client file.

2) If the grievance is not able to be resolved with the Site Coordinator, it may be elevated to the Director of Client Services or designee. The Director of Client Services or designee will follow up, at minimum, in writing within five (5) business days. All communication must be documented in the client file.

3) If the grievance remains unresolved, the client may put their grievance in writing and submit it to the President or designee of HCMOW. Upon receipt of the grievance, the President or designee will conduct an internal review and make a final determination. The final written determination must be sent out within 30 days of receipt of the written grievance. All communication must be documented in the client file.

4) If the grievance remains unresolved, the client may make an official complaint to the Bureau of Elderly and Adult Services. Complaints should be addressed to:

Department of Health and Human Services
105 Pleasant Street Concord,
NH 03301

Records

A written description of the complaint and subsequent related events will be maintained on file, including date and type of complaint, names of parties involved, names of responding staff and actions taken in response to the complaint.

RESPONSIBILITY

The Director of Client Services shall be responsible for making sure this policy is implemented successfully.