Grievance Notice

Autumn Counseling Services, LLC is committed to providing quality services designed to meet client's needs and to respect client's rights. If you or any person acting on your behalf believes that your needs are not being met within the scope of treatment or that your rights have been violated, you may file a grievance with the provider, your coordinated care plan, or the Health Systems Division regarding any aspect of your treatment.

If you have a concern or complaint, ask your clinician to help you resolve the problem. If your clinician is not available, ask administrative staff to help you. If you are not satisfied with the resolution, write a formal grievance. These grievances can be submitted to the Operations Manager. An investigation by the Operations Manager will be conducted within 30 calendar days or sooner, if possible. During this time, the Operations Manager will you and all appropriate parties. The Operations Manager will discuss possible resolutions with you and will then take action to resolve all valid aspects of the grievance. The Operations Manager will place in your record a copy of the grievance, a summary of investigation results, and a description of actions taken. You have a right to review this information.

Expedited Grievances: In circumstances in which the matter of the grievance is likely to cause harm to the individual before the grievance procedures outlined in these rules are completed, the individual or guardian may request an expedited review. The Operations Manager will review and respond in writing to the grievance within 48 hours of receipt of the grievance.

A grievant, witness, clinician, supervisor, or staff member of Autumn Counseling Services, LLC must not be subject to retaliation by a provider for making a report or being interviewed about a grievance or being a witness.

Appeals

Individuals and their legal guardians have the right to appeal entry, transfer, and grievance decisions as follows:

- If you are unsatisfied with the decision, you can file an appeal in writing within 10 working days of the date of the Operations Manager's response to the grievance or notification of denial for services.
- Your appeal must be submitted to the Health Systems Division at the Oregon Health Authority
    - If requested, the program can assist the individual in submitting an appeal to Health Systems Division

If the individual or guardian is not satisfied with the appeal decision, they may file a second appeal in writing within 10 working days of the date of the written response to the Health Systems Division at the Oregon Health Authority.

If your treatment is paid for by public or private insurance, you can also file an appeal with your insurance company.

Contact information:

The Behavioral Health Division/Oregon Health Authority: 503-945-5772
https://www.oregon.gov/oha/HSD/AMH-LC/Pages/Complaints.aspx
Disability Rights Oregon: Voice: 503-243-2081; TTY users: dial 711
Trillium CCO: 877-600-5472
Healthshare CCO: 503-416-8090
The Governors Advocacy Office: 800-442-5238

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