

Donna Keddy
Authorized Signature

Number: APD-AR-13-098
Issue Date: 12/4/2013

Topic: Licensing

Due Date:

Subject: Complaint Resolution Process

Applies to (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input checked="" type="checkbox"/> Area Agencies on Aging | <input type="checkbox"/> Health Services |
| <input checked="" type="checkbox"/> Aging and People with Disabilities | <input checked="" type="checkbox"/> Office of Developmental
Disabilities Services(ODDS) |
| <input type="checkbox"/> Children, Adults and Families | <input type="checkbox"/> Other (please specify): |
| <input checked="" type="checkbox"/> County DD Program Managers | |

Action Required: The informational letter included with this Action Request is required to be added to all initial licensing and renewal licensing packets effective immediately. The informational letter must also be provided to any provider submitting a Medicaid Provider Enrollment Agreement at any time other than initial or renewal application.

Reason for Action: The 2013-2015 Collective Bargaining Agreement with SEIU, Local 503, OPEU, requires the Department of Human Services and the Oregon Health Authority to announce to providers at the time of initial Medicaid Enrollment and annually thereafter, the process for Providers to contact the staff designee with complaints. The informational letter explain the steps of the process and provides the contact information for the Complaint Resolution Coordinator and SEIU Member Resource Center.

Field/Stakeholder review: Yes No
If yes, reviewed by: Operations Committee

If you have any questions about this action request, contact:

Contact(s):	Connie Rush, APD AFH Licensing Program Coordinator		
Phone:	503-947-5163	Fax:	503-378-8966
E-mail:	connie.l.rush@state.or.us		

To: Adult Foster Home (AFH) Licensees represented by SEIU, Local 503

Re: Complaint Resolution Process

A complaint process procedure was created by the Department of Human Services and the Oregon Health Authority for complaints that are not covered by the Collective Bargaining Agreement to provide efficient and effective resolution of complaints from represented AFH licensees. This process does not replace other due process rights specified in the applicable Oregon Administrative Rules (OARs).

Procedure: Licensees must first attempt to resolve complaints with the manager of their local office. If there is no resolution to the complaint, licensees may file their complaint by completing the Adult Foster Home Provider Complaint Form, MSC 0944, and submitting it to the Provider Relations Unit of DHS. This form must be completed in its entirety in order to be processed. Licensees may request SEIU representation through the SEIU Member Resource Center (MRC) to assist and provide support during the Complaint Resolution Process.

Completed complaint forms received by the Provider Relations Unit will be fully researched and analyzed by the Adult Foster Home Provider Complaint Resolution Coordinator. The Coordinator is not responsible for making a decision or determination regarding the content of the complaint, rather facilitates and coordinates activities and discussions with DHS, OHA, the local office and/or SEIU to move toward resolution.

Contact Information:

[APD AFH Local Licensing Authority Contact List](#)
[DD AFH Local County Licensors List](#)

Complaint Resolution Coordinator

1-866-449-1250 or Provider.ComplaintResolution@state.or.us

SEIU Member Resource Center

1-877-637-2611

Adult Foster Home Provider Complaint Form, MSC 0944 can be found at:
<http://www.oregon.gov/dhs/spd/pages/provtools/afh-apd/forms.aspx>