

**Ryan White Part B Program
Policy
Client Complaint/Grievance
And Procedure**
Revised 06/2013

The Nebraska Ryan White Part B Administrative Program is not a direct service provider. The program contracts with Providers to ensure that specific services are provided according to contractual agreements, state policies and federal HRSA rules and regulations regarding appropriate expenditure of Ryan White Part B funds.

The HRSA/HAB Fiscal and Program Monitoring Standards for Ryan White Part B Grantees (Monitoring Standards) will guide the oversight of Supportive Services by the NDHHS. The Monitoring Standards are attached to this document by reference. Annual fiscal and programmatic monitoring is required by regulation, both internally and by the NDHHS. <https://careacttarget.org/category/topics/program-monitoring>

Decisions made by Providers to cover a requested service are based on:

1. Client Eligibility
2. Federal Ryan White Part B and State Part B Program criteria/policies.
3. If approval is needed or requested beyond the direct provider level, approval is determined based on the providers presentation of the request which entails a description of the client's needs and circumstances and how these relate to a Part B covered service and the providers recommended action. Case-by-case decisions are necessary due to unusual or extenuating circumstances.

Note: There will always be a tendency to compare what one client may have received that seems similar to other client requests that are not approved. No two circumstances are the same. The bottom line is the request must meet Ryan White Part B criteria to be covered. Neither the Provider nor the Ryan White Part B Program Manager are allowed to discuss individual decisions for a client with another client. This both breaches confidentiality and is unprofessional practice.

4. Availability of funds.

A client has a right to make a complaint or concern regarding services received or not received from a Provider. Providers are not obligated to provide services not reimbursed or paid directly by the Ryan White Part B funds. In all cases, a client complaint or concern must be processed through the Provider's complete Grievance or Complaint process before being forwarded to the Ryan White Part B Program.

The only appropriate complaints or concerns that can be processed at the RW Part B level are:

1. Provider decisions that do not clearly conform to Ryan White Part B rules, coverage, or contract/subgrant criteria.

2. Concerns regarding Provider practices for Ryan White Part B eligible services that do not clearly follow agency protocols and could not be resolved at the Provider level.

Many times, complaints or concerns can be handled through informal discussions with the Providers by requesting further information, confirmation, or rationale for decisions. Providers are limited in what they can provide regardless of the severity of client needs. The Ryan White Part B program must conform to federal regulations and rules in order to receive federal funds for any coverage of services. Complaints or concerns regarding coverage issues that are clearly stated in rules or regulations will not be accepted for this process as there is no resolution that is possible. The only recourse for the client is to contact federal providers, Health Resources Services Administration, to share with them the unmet need(s) and to work with other private providers to attempt to procure additional needed services or resources.

While federal funding may allow for a broad range of services to be provided, the State has the power to limit the number of services provided to clients and establish financial limits on services based upon availability of funds.

PROCESS AND PROCEDURE FOR SUBMITTING COMPLAINTS/CONCERNS

1. Provide documentation that the complaint or concern has gone through all the Provider agency levels without resolution, i.e. a copy of the final response from the final level of appeal.
2. Provide the typed or legibly written complaint or concern which *must* include the following elements:
 - a. Name, address, and phone number of the person filing the complaint or concern.
 - b. Date, time and place the concern or complaint occurred.
 - c. Names of any other persons involved in the complaint or concern.
 - d. A specific description and details of the complaint or concern. If it is a coverage issue, specific reasons the decision is felt to be inappropriate and any supporting materials. If it is any other issue a complete and specific description of the issue, persons involved, actions, etc. Generalized complaints or concerns (i.e. discrimination) will not be accepted as no resolution can occur without specific information.
 - e. A signed consent or authorization for the Provider Agency to release any case notes concerning the complaint or concern to the Ryan White program.
 - f. A description of the desired outcome or resolution to the complaint or concern.
 - g. Signature and date.
3. For this Level I review, submit items 1 and 2 above to:

Lois Versaw, Client Services Coordinator
P.O. Box 95026
301 Centennial Mall South
Lincoln, NE 68509

NOTE: Complaints/concerns submitted to the State Ryan White Part B Program for review must be received no later than 60-days after the date of final action from the provider agency.

4. The Program Manager will review the complaint or concern and supporting documentation within 15 days of receipt. Actions that may be taken include:
 - a. A request for additional information from the client and/or Provider.
 - b. A request for a direct client interview.
5. Within 45 days of receipt, a written response will be issued to the client and copied to the Provider and HIV Programs Administrator.
6. The complaint or concern may step up to Level II to the Ryan White Program Administrator and Division Administrator. In the case of coverage decisions, if the decision is clearly supported by the Ryan White Part B criteria and fully explained by the Program Manager in the response in step 5, the concern or complaint will not advance to Level II.
7. The client will submit items 1, 2, and 5 as well as an explanation as to why the response in Step 5 was not acceptable. Submit to:

Sandra Klocke, Program Administrator, Ryan White Program
P. O. BOX 95026
301 Centennial Mall So.
Lincoln, NE 68509
8. Level II will utilize Steps 4 and 5 to review and respond to the client. The decision, actions, and/or responses at this level will be final. Further recourse to the client may be available through the Health and Human Services System Advocate.