



STATE OF CONNECTICUT  
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

A Healthcare Service Agency



**DMHAS CLIENT GRIEVANCE PROCEDURE AND FAIR HEARING SUMMARY**

A Department of Mental Health and Addiction Services (DMHAS) Client Grievance is your written complaint that a DMHAS operated or DMHAS contracted mental health or substance use disorder service provider: Denied, Involuntarily Reduced or Involuntarily Terminated services or a written complaint you believe the provider or its staff:

- i. Violated rights provided by law or DMHAS directive
- ii. Treated you in an arbitrary or unreasonable manner
- iii. Failed to provide you services authorized by a treatment plan
- iv. Used coercion to improperly limit your choice
- v. Failed to reasonably intervene when your rights were put at risk by another client in a setting controlled by the provider
- vi. Failed to treat you in a humane and dignified manner

**THE DMHAS CLIENT GRIEVANCE PROCEDURE:**

1. You may submit a grievance to the provider's Client Rights Officer (CRO) no later than 45 calendar days after a complaint occurred unless the CRO determines good cause for a late submission. Grievances should include your complaint and suggested remedy. You do not need to use a form. But, one will be provided by the CRO.
2. The provider has no later than 21 calendar days to address your grievance unless an additional 15 calendar days is authorized for good cause in writing by the provider's Chief Executive Officer or designee or your grievance is an Accelerated Grievance or the CRO reasonably suspects a violation of a personnel policy, work rule or criminal statute.
3. The CRO acknowledges your grievance and works with you to propose a written **Informal Resolution**. You have 10 business days to consider the Informal Resolution which does not affect the time the provider has to address your grievance.
4. If you do not agree with the Informal Resolution or if one cannot be proposed, the CRO will prepare a report for you and the provider's Chief Executive Officer or designee. The Chief Executive Officer or designee reviews the grievance giving you the opportunity to present additional information before issuing the provider's written **Formal Decision**.
5. You may submit a written request for a Commissioner's Review of your grievance no later than 15 business days after receiving the provider's Formal Decision. You may also submit a request for a Commissioner's Review if the provider fails to respond to your grievance or an Informal Resolution is not carried out. The DMHAS Commissioner's designee conducts the review and issues a **Final Determination** which completes the DMHAS Client Grievance Procedure.

**DENIAL, INVOLUNTARY REDUCTION OR INVOLUNTARY TERMINATION OF SERVICES:**

Regulations of Connecticut State Agencies Sections 17a-451(t)-1 through 17a-451(t)-20

- **Accelerated Grievance:** You may submit an Accelerated Grievance to your provider within 5 business days of being notified Opioid Substitution Therapy is involuntarily reduced or terminated or you were involuntarily discharged from an inpatient substance use disorder treatment program of 30 days or less. The provider has no later than 5 business days to issue a Formal Decision unless the provider's Chief Executive Officer or designee authorizes an additional 5 business days in writing with advance notice to you.
- **Continuation of Services:** You may submit a written request to the DMHAS Commissioner for a Continuation of Services no later than 5 business days from when you received notice services were involuntarily terminated and you were not offered modified services and after you submit a grievance to the provider. The Commissioner or Commissioner's designee reviews your request and can order services continue, be modified or terminated. This determination may remain in effect while your grievance is being addressed.
- **Fair Hearing:** You may submit a written request for a Fair Hearing to the DMHAS Commissioner no later than 30 calendar days after a Final Determination regarding Denial, Involuntary Reduction or Involuntary Termination of services is mailed to you.

***The DMHAS Client Grievance Procedure does not apply to matters within the jurisdiction of the Psychiatric Security Review Board.***

***You may pursue other remedies to your complaint outside of the DMHAS Client Grievance Procedure  
If you have questions or need help, speak to a Client Rights Officer; call an advocacy organization or seek legal advice.***

**STATEWIDE ADVOCACY ORGANIZATIONS:**

<b><u>Advocacy Unlimited (AU):</u></b>	<b>1-800-573-6929</b>	<b>860-505-7581</b>
<b><u>Connecticut Legal Rights Project (CLRP):</u></b>	<b>1-877-402-2299</b>	<b>860-262-5030</b>
<b><u>Disability Rights Connecticut (DRCT):</u></b>	<b>1-800-842-7303</b>	<b>860-297-4300</b>

**CLIENT RIGHTS OFFICER:**

***Information on the DMHAS grievance procedure including a list of Client Rights Officers can be found on the DMHAS website:  
<http://www.ct.gov/dmhas/crg>***

*DMHAS and other federally funded healthcare providers complies with federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (Affordable Care Act Section 1557).*

***ENGLISH AND SPANISH COPIES OF THIS NOTICE ARE POSTED BY DMHAS OPERATED AND DMHAS CONTRACTED SERVICE PROVIDERS IN EVERY SERVICE LOCATION, CLIENT LOUNGE, WAITING AREA AND UNIT***

***This notice is available upon request in other formats and languages.***

**DMHAS Office of the Commissioner  
410 Capitol Ave 4th Floor P.O. Box 341431 Hartford, CT 06134  
Phone: 860-418-7000 Fax: 860-418-6691 TTY: 888-621-3551 (Relay Connecticut: 7-1-1)**