



Grievance Policy & Procedure

Although informal resolution of program related problems is encouraged, Aura recognizes that there may be problems requiring formal consideration and resolution. We encourage clients to communicate openly and informally with treatment team supervisors. The filing of a complaint or grievance is a client's right and will in no way result in retaliation or a barrier to continue services.

Grievance: A formal dispute, stating dissatisfaction with quality of care, operations, or clinical quality, resulting in remedial action by the organization to resolve the request.

Complaint: Complaints should be submitted as described above. Formal complaints can be made verbally or in writing, describing the issues of concern and requesting action from Aura. No special form is needed and writing assistance will be made available if requested.

1. Aura allows for the filing of a grievance if clients are dissatisfied with the service they receive or the way they have received it.
2. Aura encourages clients to speak out about any disappointment with the services they receive, and every attempt shall be made to resolve the issue.
3. Although informal resolution of program related problems is encouraged, Aura recognizes that there may be problems requiring formal consideration and resolution. If the client is still not satisfied after a verbal complaint or if the issue is of a more serious nature the client may file a formal grievance in writing.
4. The subject of a formal complaint or grievance is to be dissatisfaction or concern about services or lack of services that are the responsibility of the Aura.
5. Aura will not engage in any form of retaliation against a client who files a grievance nor will the grievant be exposed to civil or criminal liability if the complaint is made in good faith.
6. Aura will not create barriers to services against a client who files a grievance.
7. Aura will provide each client or guardian a written copy of this policy upon entry to our program and assist clients to understand the grievance policies and procedures.
8. Aura will also post this policy in a conspicuous place.



Grievance Procedure

The steps for bringing up a complaint or filing a grievance are as follows:

1. Please communicate with your Supervisor about any concerns pertaining to the Behavior Technician, clinical program, or other initial concerns. If your concern is not resolved, then proceed to Step Two.
2. Bring the matter to the attention of a BCBA Supervisor either verbally or in writing. If your concerns are not addressed or you have concerns about the BCBA Supervisor, please proceed to Step Three.
3. Please communicate with your Executive Director about any concerns about your Clinician or about any concerns that you have elevated to the BCBA Supervisor that have not been addressed adequately. You may submit your concerns in writing addressed to:

Attn: Manvel Ter-Pogosyan, CEO

manvel@aurabehavior.com

1300 Ethan Way, Ste 200, Sacramento, CA 95825

916.800.2872

Once a Formal Complaint is Received: A written response to the grievance will be made within six (6) working days that will confirm receipt and, a minimum, verify that the grievance is being processed and investigated. However, Aura may take up to 30 days to complete a full investigation of a grievance.

When a formal complaint is received, it is to be reviewed by the Executive Director. Even if the situation can be immediately resolved by either treatment team staff or the assigned supervisor, the Director is still required to review the grievance. If necessary external review can be provided. The client is informed of the right to appeal the process at each step until the matter is resolved. After the review period, the client will be informed in writing regarding the actions that will be taking place or the outcome of the review.

Expedited Grievance: There are some situations in which the matter of grievance relates to 1) the immediate health and safety of the client; 2) prescribed medications or an important medical issue for the client; 3) an issue that cannot wait to be resolved in the regular timetable because of factors related to specific care of the client (but not client convenience or how strongly the client feels about the issue).

An expedited grievance can be done verbally or in writing, must state the reason(s) for an expedited review, must state what problems are likely to result if the normal grievance process is



used, and be submitted directly to the Executive Director. The written request for an expedited grievance will be reviewed by the Executive Director and a decision regarding the expedited process will be provided the client within 48 hours of the request being received. If the expedited process is denied by management staff, the client can appeal to the CEO and a decision on the expedited process will be given within 48 hours of being received by the CEO. In cases where the issue clearly meets the three criteria for an expedited process, Aura will approve the request as quickly as possible within the 48-hour time limit. If an expedited grievance is approved by the Agency, a written decision will be available within 48 hours of the expedited process being approved. If the issue is clearly an immediate concern, the decision will be made as quickly as possible within the 48-hour limit.

Appeals

Aura recognizes that individuals and their legal guardians may appeal entry, transfer, and grievance decisions. If the individual or guardian is not satisfied with the decision rendered by Aura, the individual or guardian may file an appeal in writing within ten working days of the date of the program administrator's response to: Health System's Division. Writing assistance will be made available if requested.

According to the state's Administrative Rules, Health System's Division shall provide a written response within ten working days of the receipt of the appeal; and one may file a second appeal in writing within ten working days of the date of the written response to the chief officer.