

HomeCare Services, Inc. of Dallas County

Consumer Grievance and Appeal Policy and Procedures

Policy

HomeCare Services, Inc. is committed to resolving consumer grievances in a quick, fair and impartial manner. We believe that it is every employee's responsibility to listen and respond to consumer grievances.

The following procedure has been adopted by the HomeCare Board of Directors, in compliance with The Consumer Protection Division of the Iowa Department of Justice.

We will strive to resolve all consumer related disagreements with an informal discussion between the consumer, concerned others and the HomeCare Director and/or designee.

Procedure

Steps of Grievance and Appeal

1. The grievance will be discussed orally between the consumer and the Director and/or designee.
2. If the consumer is not satisfied with the results of the oral discussion, they will be mailed a Consumer Report of Concern Form and a written copy of the Consumer Grievance and Appeal Policy and Procedures. Within three (3) days of receipt, the consumer must complete and return the form to:

**HomeCare Services, Inc.
101 N. 9th St.
Adel, IA 50003**

3. Upon receiving the written form, the HomeCare Services, Inc. Board of Directors Chairperson will collect all pertinent information from the consumer, concerned others and HomeCare Services employees. When all the information has been received; the Chairperson will review the information and make a recommendation within five (5) working days to the Director and/or designee regarding the action(s) to be taken.
4. If there is continuing dissatisfaction of either party, the case and information will be presented to the HomeCare Services, Inc. Board of Directors. This meeting will be scheduled within five (5) working days of the notification and notification of the meeting time and place will be given to all concerned parties. All parties will receive notification of the decision made by the Board of Directors within three (3) working days after the meeting.
5. The consumer may appeal to a higher level if the previous decision remains unsatisfactory. Refer to the appendix, as to where the appeal is to be sent and the procedure for submission.
6. The appeal will be handled according to the higher level's policy. Both the consumer and HomeCare Services, Inc. will be notified of their decision.

Appendix

An appeal to a higher level can be made to one of the following, based on the program the appeal is pertaining to:

- 1. HIPAA** – Must be filed within 180 days following the agency’s decision and be in writing. The complaint must include the name of the entity the client feels made the violation and the subject of the alleged violation.

Send by certified mail with return receipt requested to:

**Office of Civil Rights
U.S. Dept. of Health and Human Services
601 East 12th Street
Room 248
Kansas City, MO 64106**

- 2. Home Care Aide Program** – Must be submitted no later than ten (10) days following the agency’s decision and be in writing. The complaint must include the name of the entity the client is filing the complaint against and the details of the complaint.

Send by certified mail with return receipt requested to:

**The Division of Community Health
Center for Local Public Health Services & Health Improvement
Iowa Department of Public Health
Lucas State Office Building
321 E. 12th Street
Des Moines, IA 50319**

- 3. Nutrition Program** – Must be submitted no later than ten (10) days following the agency’s decision and be in writing. The complaint must include the name of the entity the client is filing the complaint against and the details of the complaint.

Send by certified mail with return receipt requested to:

**Aging Resources of Central Iowa
% Nutrition Services Director
5835 Grand Avenue
Suite 106
Des Moines, IA 50312-1437**

- 4. Transportation Program** – Must be submitted no later than ten (10) days following the agency's decision and be in writing. The complaint must include the name of the entity the client is filing the complaint against and the details of the complaint.

Send by certified mail with return receipt requested to:

**Heart of Iowa Regional Transit Authority
% Executive Director
2824 104th Street
Urbandale, IA 50322**

