

# **YORK/ADAMS DRUG & ALCOHOL COMMISSION**

## **GRIEVANCE AND APPEAL PROCESS FOR SCA FUNDED INDIVIDUALS**

### **POLICY:**

If an individual disagrees with an administrative or financial decision or action made by, or on behalf of, the SCA (Single County Authority) and is seeking reconciliation due to the inability to resolve the issue, the individual has a right to file a grievance. The process for filing a grievance is indicated below.

### **GRIEVANCE:**

All grievances must be in written format and submitted to York/Adams Drug & Alcohol Commission (YADAC) as the SCA for York and Adams counties. Grievance and appeals may be submitted for the following:

- Denial or termination of services;
- Level of care determination;
- Length of stay in treatment;
- Violation of civil or human rights; and
- Breach of confidentiality

In the event an individual grieves a treatment funding decision related to a reduction or termination of services or length of stay in treatment, YADAC is required to continue funding treatment services at the current level of engagement until the appeal is resolved. This applies to all treatment services, including the provision of Medication Assisted Treatment (MAT).

By reading and signing this document, the individual is notified of their rights to:

- File a grievance
- Have access to all documentation pertaining to resolution of a grievance within the confines of state and federal confidentiality regulations.
- To be involved in the appeal process and have representation by means of an advocate, attorney, or any other individual chosen by the individual at each level of appeal.

### **LEVEL I:**

An individual may initiate a grievance by writing to YADAC. A panel made up of YADAC staff or a supervisory level staff person, none of whom are directly involved in the dispute, will review the grievance and obtain additional information as necessary. A decision by YADAC must be rendered within seven days upon receipt of the grievance at each level of appeal. In addition, the individual and DDAP (Department of Drug & Alcohol Programs) will be notified by YADAC of the grievance outcome within seven (7) days of the decision using the DDAP approved Grievance and Appeal Reporting Form, which is published on DDAP's website ([www.ddap.pa.gov](http://www.ddap.pa.gov)). No individual identifying information is to be included or attached to this form. YADAC will also advise the individual of their right to further appeal this decision, if desired, and the process for the next level of grievance. YADAC will document the grievance in the individual's file.

**FINAL LEVEL:**

Complaints, grievances or appeals that cannot be resolved at YADAC’s level may be directed to the York/Adams Mental Health & Intellectual and Developmental Disabilities Program; York/Adams Drug and Alcohol Commission; York/Adams Health Choices Management Unit Advisory Board. This independent review board consists of an odd number of members, no less than 3, who have no financial, occupational, or contractual relationship with YADAC. The Department of Health, DDAP, the Department of Public Welfare, or the members of YADAC’s governing body (County Executive, County Commissioners, or governing Board of Directors) may not serve as the independent review board or hearing panel. A decision by the panel chairperson must be rendered within 7 days of receipt of the grievance. YADAC’s director will then submit the decision in writing to the individual and to DDAP within 7 days. The decision is to be documented using the DDAP approved Grievance and Appeal Reporting Form, which is published on DDAP’s website ([www.ddap.pa.gov](http://www.ddap.pa.gov)). No individual-identifying information is to be included or attached to this form.

This level of appeal requires signed consents from the individual so that confidential individual information relating to the appeal can be provided to the review board for the purpose of rendering a decision on the appeal. Access to confidential records must be in accordance with state and federal confidentiality regulations.

**RECORDS:**

YADAC will maintain a record of all grievances and complaints received which may include dates, actions taken, and resolution and shall adhere to record retention requirements set forth by DDAP and as required by the federal Health Insurance Portability and Accountability ACT of 1996 (HIPPA.)

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Your signature below certifies the following:

- This Grievance and Appeal Process has been read and/or discussed with you.
- You understand this process.
- A copy of this process has been offered to you.

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Individual Signature

Date

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Witness Signature

Date

I have accepted a copy of this form. (Check one)

Yes \_\_\_\_\_ No \_\_\_\_\_