



**CITY OF PHILADELPHIA**  
*Department of Behavioral Health and Intellectual disAbility Services*  
*Promoting Recovery, Resilience & Self Determination*

**Jill Bowen, Ph.D.**  
Commissioner

**Tierra M. Pritchett, Ed.D. CHC**  
Deputy Commissioner

**H. Jean Wright II, Psy.D.**  
Deputy Commissioner

**Sosunmolu Shoyinka, M.D.**  
Chief Medical Officer

**Department of Behavioral Health and Intellectual disAbility Services (DBHIDS) Complaint Policy**

**EFFECTIVE DATE:** January 21, 2021

**REVISION DATE:** July 20, 2022

**SCOPE:**

This policy details the procedure by which complaints brought forth by those participating in services from a Behavioral Health Provider or Services funded by Philadelphia County and contracted with the Philadelphia Department of Behavioral Health and Intellectual disAbility Services (DBHIDS), the Eligible Individual (EI), are resolved.

Additionally, this policy includes complaints from providers contracted with DBHIDS and Eligible Individuals regarding DBHIDS processes and services received from DBHIDS employees.

**PROCEDURE STATEMENT (PURPOSE/INTENT):**

The purpose of this policy is to ensure that all recipients of DBHIDS services are treated fairly and that service providers are responsive to the needs of the participants, particularly as it relates to complaints, and resolution of said complaints, for the uninsured, underinsured, and undocumented.

**PROCEDURE AND APPROPRIATE USE:**

This procedure describes the process for reporting complaints involving Eligible Individuals, Personal Representatives, and Anonymous Individuals who currently receive or have received a publicly funded service from a provider contracted with DBHIDS. Additionally, this procedure describes the process for reporting complaints involving DBHIDS contracted providers, DBHIDS employees, or DBHIDS practices.

Eligible Individuals or Personal Representatives may file a DBHIDS Formal Complaint 24/7 in writing, verbally, and through alternative forms of communications, by following the procedures outlined in this document. Interpretation services are available to individuals making complaints who have limited English proficiency and/or who are Deaf or Hard of Hearing. Interpretation services can be telephonic 24/7, in-person at least four days in advance of the date that service is needed, and extend to translation of written communication using one of the following City’s Contracted vendors:

- **GLOBO Language Solutions LLC, call 267-318-4423** and use the assigned access code # as follows:
  - Behavioral Health Services – Provider and Program Management (PPM) and the Single County Authority (SCA) on Substance Use: 1002
  - Behavioral Health Special Initiative (BHSI): 1004
  - Intellectual disAbility Services (IDS): 1001
  - Planning Innovation: 1003
- **United Language Group, call one of the two numbers below:**
  - **Spanish: 800-578-0032**
  - **Any Language: 800-414-3357**
- **Deaf-Hearing Communication Center (DHCC), call 610-604-0452**

For more information regarding in person interpretation and document translation refer to the DBHIDS Language Access Policy.

Eligible Individuals or Personal Representatives shall be treated with patience and respect.

To protect your privacy, DBHIDS follows the City of Philadelphia HIPAA Policy Manual.

**To file a Formal Complaint with DBHIDS:**

- a. **Call** DBHIDS Complaints Line at **215-685-5458** and a DBHIDS representative will ask questions to complete the DBHIDS Formal Complaint Form on your behalf. Calls that are not answered will be returned within one business day.
- b. **Mail** the completed [DBHIDS Formal Complaint Form](#) to  
**Department of Behavioral Health and Intellectual disAbility Services  
Quality Management Unit  
1101 Market Street, 7<sup>th</sup> Floor  
Philadelphia, PA 19107**
- c. **Fax** the completed [DBHIDS Formal Complaint Form](#) to **215-685-4649**
- d. **Email** the completed [DBHIDS Formal Complaint Form](#) [DBHIDS.Complaints@Phila.gov](mailto:DBHIDS.Complaints@Phila.gov)
- e. **Electronically** submit the completed [DBHIDS Formal Complaint Form](#) on the DBHIDS website

**Formal Complaint Resolution Process:**

- 1) DBHIDS Quality Management will acknowledge receipt of the DBHIDS Formal Complaint Form within 5 business days in writing via the [Complaint Acknowledgement Notice](#).
- 2) If the Complaint is **Anonymous**, DBHIDS Quality Management will not be able to formally acknowledge receipt and the submission will be considered a *"Quality of Service Concern"* and not a Complaint. DBHIDS will proceed with the Review and the anonymous submission will not receive the findings/outcome of the Review and the decision.
- 3) During the Review, all parties involved in the Formal Complaint will have the opportunity to provide facts related to the complaint and to give their perspective.
- 4) The DBHIDS Complaint Reviewer will document the findings in writing in the [Formal Complaint Resolution Summary Form](#) and submit the findings to DBHIDS Quality Management Unit for review.
- 5) Formal Complaints will be processed using a tiered system.

**A. First Level DBHIDS Complaints**

The Quality Management Unit will notify the Eligible Individual/Personal Representative of the decision in writing via the [First Level Complaint Decision Notice](#) within 45 days from the day DBHIDS Quality Management receives the First Level Formal Complaint.

**If the Eligible Individual/Personal Representative is not satisfied with the outcome of the First Level Complaint, the Eligible Individual/Personal Representative can file a Second Level Complaint within 45 days of receipt of the First Level Complaint Decision Notice using the same means used for the initial complaint (See # 1 above).**

**B. Second level DBHIDS Complaints**

Second Level Complaints are reviewed by the Director of the DBHIDS Division of Behavioral Health or the Director of the DBHIDS Division of Intellectual disAbility Services, and DBHIDS Quality Management. A [Second Level Complaint Decision Notice](#) will be sent to the individual within 45 days from the day DBHIDS Quality Management receives the Second Level Formal Complaint.

**If the Eligible Individual/Personal Representative remains dissatisfied with the outcome of the Second Level Complaint, a Third Level Complaint may be filed within 45 days of receipt of the Second Level Decision Letter by request by any of the same means used for the initial complaint (See # 1 above).**

### C. Third Level DBHIDS Complaints

Third level Complaints are reviewed by the DBHIDS Chief Medical Officer and DBHIDS Quality Management. A Third Level Complaint Decision Notice will be sent to the individual within 45 days from the day DBHIDS Quality Management receives the Third Level Formal Complaint.

**If the Eligible Individual/Personal Representative remains dissatisfied with the outcome of the Third Level Complaint, they should contact the Office of Mental Health and Substance Abuse Services:**

**Office of Mental Health and Substance Abuse Services**

**1001 Sterigere Street, Building # 48 | Norristown, PA 19401**

**Phone: 610-313-5844 | Fax: 610.313.5845**

#### **Provider Dispute Resolution Process:**

1. DBHIDS Quality Management will acknowledge receipt of the DBHIDS Formal Complaint Form from Providers Contracted with DBHIDS within 5 days in writing via the Provider Dispute Acknowledgement Notice.
2. The DBHIDS Provider Dispute Resolution Review Committee will review the Complaint and determine a resolution.
3. During the review, all parties involved in the complaint will have the opportunity to provide facts related to the complaint and to give their perspective.
4. The DBHIDS Provider Dispute Resolution Review Committee Division Lead will document the findings in writing in the Provider Dispute Resolution Summary Form and submit the findings to DBHIDS Quality Management Unit for review.
5. Membership to the DBHIDS Provider Dispute Resolution Review Committee includes leadership from each division of DBHIDS, including a representative from HR when the complaint is against a DBHIDS employee.
6. The Quality Management Unit will notify the Provider Contracted with DBHIDS of the resolution in writing via the Provider Dispute Decision Notice.

Documents related to all Complaints, including correspondence, will remain on file for seven years.

#### **DEFINITION(S):**

Formal Complaint: A dispute or objection regarding a DBHIDS employee, Behavioral Health Provider or Behavioral Health Program contracted with DBHIDS, the coverage, operations, or management of a Philadelphia County Funded Provider or Program which has been filed with DBHIDS. The term does not include grievances. DBHIDS Complaints can be filed by uninsured, underinsured, and undocumented individuals. Medicaid members should call CBH Member Services Department at 888-545-2600 24/7 to file a complaint.

Quality of Service Concern: An anonymous dispute or objection regarding a DBHIDS employee, Behavioral Health Provider or Behavioral Health Program contracted with DBHIDS, the coverage, operations, or management of a Philadelphia County Funded Provider or Program which has been filed with DBHIDS. This term does not include grievances. The anonymous submission will not receive the findings/outcome of the Review and the decision. DBHIDS Quality of Service Concerns can be filed by uninsured, underinsured, and undocumented individuals.


DBHIDS Funded Services: Services funded through the County Offices of Mental Health, Addiction Services/the Single County Authority, and IDS.

Eligible Individual: An uninsured, underinsured, and undocumented Philadelphia resident participating in services from a DBHIDS Provider or Program contracted with DBHIDS. When that person is a child (under the age of 18), there is explicit inclusion of the family/legal guardian in all rights granted to the member.

Personal Representative: An individual designates by the Eligible Individual to represent the Eligible Individual through the complaint process. The Eligible Individual must notify DBHIDS of this assignment in writing via the [DBHIDS Appointment of Personal Representative Form \(APRF\)](#) which will be forwarded upon designation. *The DBHIDS APRF must be completed and returned within seven days, or the Complaint will be handled as a Quality-of-Service Concern.* This form will include the signature of the Eligible Individual, and Personal Representative as well as date signed and address and telephone number of the representative. A new APRF will have to be completed for each new complaint process.

DBHIDS Complaint Reviewer: A DBHIDS employee who carries out the inquiry to a formal complaint, collecting and analyzing evidence, and interviewing witnesses.

DBHIDS Provider Dispute Resolution Review Committee: A group of DBHIDS leaders who carry out the inquiry to a formal complaint, collecting and analyzing evidence, and interviewing witnesses.

<b>UNIT DIRECTOR APPROVAL:</b>	<b>DATE:</b>
<b>COMMISSIONER, OR COMMISSIONER DESIGNEE, APPROVAL</b> 	<b>DATE:</b> August 4, 2022