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BACKGROUND:

The Code of Colorado Regulations, 7.000.71, Anti-Discrimination, found in Volume 7 of the Colorado Department of Human Services regulations, requires that Counties administer all social service programs in compliance with all federal requirements related to anti-discrimination (provided below).

There are specific guidelines related to grievances regarding child dependency and neglect cases. Section 19-3-211 of the Colorado Revised Statutes (C.R.S.), requires each county to establish a process to review grievances against county personnel in child dependency and neglect cases. This statute requires the county to convene a panel of citizens if the County Director cannot satisfactorily resolve the grievance. If the Citizen Review Panel cannot satisfactorily resolve the grievance, a panel of County Commissioners (City Council) must review the case and make a recommendation to the County Director for resolution. The procedures related to the Citizen Review Panel found in this document apply only to grievances regarding child dependency and neglect cases.

In addition, there are specific guidelines for grievances regarding Food Assistance cases. In Volume 4 of the Colorado Department of Human Services regulations, 4.4010.6, Complaint Procedures, outlines the requirements for Counties with regard to grievances and complaints for Food Assistance and prohibits discrimination on the basis of age, race, color, sex, disability, religious creed, national origin or political belief in eligibility determination and distribution of Food Assistance benefits.

The Denver Regional Council of Governments (DRCOG) also requires specific procedures for complaints and appeals related to the DRCOG Area Agency on Aging (AAA) programs. Broomfield HHS participates in the National Family Caregiver Program and Transportation Services program, which are administered through DRCOG.

Federal Requirements Related to these Policies:

Title 45 of the Code of Federal Regulations Part 80, 84 and 91, Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title II of the Americans with Disabilities Act (ADA), and the Age Discrimination Act of 1975 prohibit HHS employees from excluding, denying benefits, or otherwise discriminating against anyone seeking services on the basis of race, religion, color, creed, political belief, national origin, gender, age, or the presence of a disability. The policies below establish a process for an individual to file a complaint if he or she feels that his or her rights under these federal regulations have been violated.

POLICIES:

1. Any individual who believes he or she has been discriminated against by an employee or program of the Broomfield Health and Human Services Department (HHS), according to the federal and state anti-discrimination laws, may file a grievance or complaint with HHS.
2. The individual filing the grievance or complaint is afforded the opportunity to have that grievance or complaint reviewed by HHS.
3. Whenever possible, grievances or complaints filed against a program or employee of the Broomfield Health and Human Services Department should be received in writing and addressed to the Department Director. If an individual indicates that he or she wishes to file a grievance or complaint of discrimination, he or she must be provided the attached Grievance/Complaint form. However, the individual is not required to use this form as long as he or she provides all of the necessary information.
4. If the person is unwilling to put his or her grievance or complaint in writing, the HHS employee to whom the allegation is made shall document the complaint in writing on the Grievance/Complaint form and make every effort to secure the information specified in 5 (a through f) below.
5. Complaints or grievances must include all of the following information:
 - a. The name, address and telephone number or other means of contacting the person alleging discrimination.
 - b. The location and name of the office, program or person which is accused of discriminatory practices.
 - c. The nature of the incident or action, or the policy or aspect of program administration that led the person to allege discrimination.
 - d. The basis for the alleged discrimination (age, race, color, sex, handicap, religious creed, national origin, or political beliefs).
 - e. The name(s) and title(s), if appropriate, of person(s) who may have knowledge of the alleged discriminatory act.
 - f. The date(s) on which the alleged discriminatory action(s) occurred.
6. The complainant shall be advised that a complaint may not be investigated unless it includes the information specified in 5 (a through f) above.
7. The complaint shall be date-stamped immediately upon receipt by HHS.
8. Guidelines for grievances or complaints:
 - a. Clients are excluded, by statute, from filing a grievance related to eligibility determination or eligibility for any program – unless the grievance is related to civil rights.
 - b. Individuals may not file a grievance that interferes with or modifies the process of civil or criminal investigations, or to seek relief from any court action.
 - c. Grievances must be submitted within 180 days from the date of the alleged discriminatory act(s).
9. Recommendations to resolve a grievance are limited to actions within the authority of the county Director of Health and Human Services, such as case reassignment, personnel training, and disciplinary action concerning an HHS employee. If disciplinary action is initiated against an HHS employee as a result of such recommendations, the employee shall be entitled to the rights, including procedural rights to appeal, that the employee has through the personnel merit system.
10. If applicable, persons selected to serve on a panel to review a grievance or complaint will have access to child abuse or neglect reports (if applicable) and any information from the complete case file that they deem pertinent to the grievance. These documents shall be used solely for review of the grievance. Persons selected to review a grievance or complaint may not divulge or make public any confidential information contained in the reports. Identifying information about the person who reported the child abuse or neglect shall be withheld from the reports provided to persons selected to review a grievance or complaint.
11. If applicable, the Citizen Review Panel may, at the request of the complainant, the HHS department, or the subject of the grievance, take informal testimony submitted voluntarily and without fee by experts or other individuals or from other city or county that may be pertinent to the grievance.

PROCEDURES:

Following are the procedures that HHS employees are required to follow with regard to grievances or complaints alleging discrimination received by the department. The procedures for grievances and complaints regarding cases related to child dependency and neglect, for cases related to Food Assistance, for consumers in the National Family Caregiver and Transportation Services programs, and for the CSBG program are specifically outlined below as are the procedures for all other grievances and complaints.

The following procedures apply only to grievances or complaints alleging discrimination related to cases of child dependency and neglect:

1. Once a written grievance or complaint is received, it is to be immediately date-stamped with the correct date and time of receipt.
2. If a verbal grievance or complaint is made to an HHS employee, that employee must document the grievance or complaint in writing on the Grievance/Complaint form and attempt to obtain all of the required information from the person alleging the discriminatory act(s).
3. All grievances or complaints must be immediately submitted to the Department Director.
4. The Department Director will provide a copy of the grievance or complaint to the appropriate division manager.
5. The division manager must first attempt to resolve the grievance.
6. All grievances unresolved by a division manager must be returned to the Department Director within 5 working days from the date of initial receipt of the complaint by HHS.
7. The Department Director may find it necessary to interview staff or other individuals involved in the case, review case files and other documents. The Department Director must issue a written decision within 15 working days of the Director's initial receipt of the written complaint. The case is closed if the complainant agrees with the written decision issued by the Department Director.
8. If the complainant is not satisfied with the Department Director's response, the complainant may submit a written request within 5 working days from the receipt of the Department Director's response requesting a review by the Citizen Review Panel. The written request from the complainant must include a proposed resolution to his or her complaint.
9. Members of the Health and Human Services Advisory Committee (HHSAC), who are appointed by Council, as well as any other persons as required in statute (see Code of Colorado Regulations 7.200.3), shall serve as the Citizen Review Panel for the purposes stated in these policies and procedures.
10. The Department Director must submit the complainant's request and proposed resolution for the complaint to the Citizen Review Panel within 5 days of receipt of the request.
11. The Citizen Review Panel must complete their review of the grievance, the department's response, and the complainant's requested resolution and provide a written response to the Department Director and the complainant within 30 calendar days from the receipt of the request from the Department Director.
12. If the Department Director and the complainant agree with the Citizen Review Panel's response, the department issues a written final decision and the case is closed.
13. If the Department Director or complainant disagrees with the response, the Department Director or complainant, within 5 calendar days, may request a City Council panel be convened to review the complaint.
14. The panel of City Council members must be convened within 15 working days of the request to review and respond. The City Council panel must make a final decision and submit a written decision containing its recommendation and the basis for its recommendation to the Department Director and any employee who is the subject of a grievance within 10 working days of the review. Recommendations by Council shall be limited to actions within the authority of the County Director, including, but not limited to, recommendations for case reassignment, personnel training, and disciplinary action concerning an HHS employee.
15. The Department Director shall issue a written final decision that shall include the plan for implementation of the Council's final decision. The final decision shall be submitted to the complainant, the Citizen Review Panel, the panel of Council members and any employee who is the subject of a grievance. The case is then closed.
16. The Department shall prepare a final report to the Citizen Review Panel within 30 days after the issuance of the final decision that shall include the disposition of the grievance referred to the citizen review panel. Any employee who is the subject of the grievance shall also receive a copy of the final report.

The following procedures apply only to grievances or complaints alleging discrimination related to cases related to Food Assistance:

1. Once a written grievance or complaint is received, it is to be immediately date-stamped with the correct date and time of receipt.
2. If a verbal grievance or complaint is made to an HHS employee, that employee must document the grievance or complaint in writing on the Grievance/Complaint form and attempt to obtain all of the required information from the person alleging the discriminatory act(s).
3. All grievances or complaints must be immediately submitted to the Department Director.
4. The division manager must first attempt to resolve the grievance.
5. All grievances unresolved by a division manager must be returned to the Department Director within 5 working days from the date of initial receipt of the complaint by HHS.
6. The Department Director may find it necessary to interview staff or other individuals involved in the case, review case files and other documents. The Department Director must issue a written decision within 15 working days of the Director's initial receipt of the written complaint. The case is closed if the complainant agrees with the written decision issued by the Department Director.
7. If the complainant is not satisfied with the Department Director's response, the complainant shall be advised that he or she has the right to contact the CDHS regarding the complaint.
8. When requested to do so by the CDHS, HHS shall provide information to CDHS regarding the complaint.

The following procedures apply to the National Family Caregiver Program and the Transportation Services Program:

1. Broomfield Health and Human Services (HHS) is a contractor of the Denver Regional Council of Governments Area Agency on Aging (AAA). If a consumer has a grievance with Broomfield HHS, that consumer may submit a written complaint within 30 days from the time the problem occurred to the Area Agency on Aging Director, 1290 Broadway, Suite 700, Denver, CO 80203.
2. The AAA Director will investigate that complaint and will respond to the complainant in writing within fifteen (15) business days if receiving the complaint.
3. The written response from the AAA Director will include:
 - a. A summary of the concerns or issues expressed in the complaint
 - b. The results of the investigation into that complaint, and
 - c. If applicable, Broomfield HHS' resolution/response to that concern.
4. If the person filing the complaint is not satisfied with the AAA Director's resolution/response, he or she may appeal within 10 business days to Executive Director of the Denver Regional Council of Governments.
5. The Executive Director or their designee will review the written appeal, investigate the allegations and if warranted, meet with the person and/or with Broomfield HHS.
6. The Executive Director will send the complainant the findings of their investigation and/or resolution to the grievance in writing within 15 business days of the appeal.
7. If the person filing the complaint is not satisfied with the outcome of the appeal to the Executive Director, he or she may send a written appeal within 10 calendar days of the receipt of the Executive Director's decision to the Director of the Aging and Adult Services, 1575 Sherman Street, 10th Floor, Denver, CO 80203.
8. The State Unit on Aging (SUA) Director or their designee will review the complaint, the investigation process and the resolution to the complaint.
9. The SUA Director will provide a written response to the person filing the complaint within 30 calendar days of receipt of the appeal.
10. The Senior Services Division of Broomfield HHS will ensure that proper notice is given to consumers in the National Family Caregiver Program and the Transportation Services Program by posting the attached notice in key locations where consumers in these programs will have the opportunity to read them.
11. If an employee in HHS is informed that a consumer in one of these programs has a grievance and/or wishes to file a complaint, that employee will notify the person of these procedures and provide the person with a copy of the attached form.

The following procedures apply to grievances or complaints received by the department that are related to the Americans with Disabilities Act (ADA) and/or Section 504 of the Rehabilitation Act of 1973:

1. Individuals are to be informed about the Department's ADA and Section 504 Coordinator (designated as the Operations Manager).
2. Inquiries about the Department's ADA and Section 504 compliance are to be directed to the ADA and Section 504 Coordinator.
3. The ADA and Section 504 Coordinator will review the inquiry or complaint and respond within 10 business days.
4. If the individual is not satisfied with the response, the ADA and Section 504 Coordinator will notify the individual that he or she may file a complaint with the United States Department of Health and Human Services and provide all relevant information according to their needs.

The following procedures apply only to grievances or complaints related to CSBG eligibility determination:

1. The client shall receive written notification of denial of eligibility.
2. The client shall have 30 days to appeal decision in writing to the Operations Manager.
3. The Operations Manager shall address the appeal in accordance with the above Grievance Policy as applicable.

The following procedures apply to all other grievances or complaints received by the department that allege discrimination:

1. Once a written grievance or complaint is received, it is to be immediately date-stamped with the correct date and time of receipt.
2. If a verbal grievance or complaint is made to an HHS employee, that employee must document the grievance or complaint in writing on the Grievance/Complaint form and attempt to obtain all of the required information from the person alleging the discriminatory act(s).
3. All grievances or complaints must be immediately submitted to the Department Director.
4. The Department Director will provide a copy of the grievance or complaint to the appropriate division manager.
5. The division manager must first attempt to resolve the grievance.
6. All grievances unresolved by a division manager must be returned to the Department Director within 5 working days from the date of initial receipt of the complaint by HHS.
7. The Department Director may find it necessary to interview staff or other individuals involved in the case, review case files and other documents. The Department Director must issue a written decision within 15 working days of the Director's initial receipt of the written complaint.