

Client Rights and Grievance Procedure			
Standard	CARF 1.J.1.-3.	Last Revised/Reviewed	May 1, 2026

PURPOSE

Establish protocols and procedures related to the rights of clients and their ability to file a grievance.

PROTOCOL

People Places and Dreams (PPD) allows all clients to file a grievance if any of their rights are denied or abused.

The Client Advocate and Client Rights Officer at PPD is Deandra Johns. The Client Advocate and Client Rights Officer is available to assist clients in filing a grievance and can be reached at 216-910-9015 x 4 or djohns@peopleplacesanddreams.com, Monday through Friday from 9:00 a.m. - 5:00 p.m.

RESPONSIBILITY

All staff and trainees must adhere to this policy. The Client Rights and Grievance Policy will be provided to each client upon admission, with documentation stored in the client record. All staff will receive and review a copy of the client rights and grievance policy, and documentation of their agreement to comply with the policy will be kept in their personnel files.

DEFINITIONS

As per Ohio Administrative Code 5122-24-01:

- "Grievance" refers to a written complaint initiated verbally or in writing by a client or any other person or agency acting on behalf of the client, regarding the denial or abuse of their rights.
- "Reasonable" describes a standard for fairness and appropriateness under typical circumstances.
- "Client rights advocate" refers to an employee or a representative from the state long-term care ombudsman program, responsible for implementing the grievance procedure. The client may choose any employee to serve as their rights advocate.

GUARANTEED RIGHTS

In addition to receiving a copy of the Client Rights and Grievance Procedure, each client will also receive a list of their fundamental rights, as outlined in OAC 5122-26-18.

Each individual served also has the right to freedom from discrimination based on age, ancestry, color, disability, ethnicity, gender, gender identity or expression, genetic background, HIV/AIDS status, military status, national origin, pregnancy status, race, religion, sexual orientation, veteran status, or any other group protected by law.

PROCEDURES

Posting of Client Rights

1. The Client Rights Policy and Grievance Procedure will be posted in each location in which services are provided, including the Reception/Waiting area.
2. The policy will be posted in a conspicuous location that is accessible to persons served, their family or significant others, and the public. It will also be posted on PPD's website.
3. When a location is not under the control of PPD (e.g., a home or community setting) and it is not feasible to post the policy, the agency will ensure that copies are available at the location for each client that may request a written copy.
4. Additionally, your client rights policy and grievance procedure, with the client advocate's name, phone number, and email address needs to be posted on the PPD website.

Client Rights

1. The right to be treated with consideration and respect for personal dignity, autonomy, and privacy.
2. The right to reasonable protection from physical, sexual, or emotional abuse, neglect, financial or other exploitation, humiliation, retaliation, and inhumane treatment.
3. The right to receive services in the least restrictive, feasible environment.
4. The right to participate in any appropriate and available service consistent with an individual treatment plan, regardless of refusal of any other service, unless that service is a necessity for clear treatment reasons and requires the individual's participation.
5. The right to give informed consent, refusal, withdrawal of consent, and express choice for service delivery, release of information, concurrent services, composition of the service delivery team, and research projects, if applicable.
6. The right to participate in the development, review, and revision of one's own individualized treatment plan, and to receive a copy of it.
7. The right to freedom from unnecessary or excessive medication, and to be free from restraint or seclusion unless there is immediate risk of physical harm to self or others.
8. The right to be informed of, and to refuse, any unusual or hazardous treatment procedures.
9. The right to be advised of, and to refuse, observation by others and by techniques such as one-way mirrors, tape recorders, video recorders, television, movies, photographs, or other audio-visual technology. This does not prohibit closed-circuit monitoring of seclusion rooms or common areas, excluding bathrooms and sleeping areas.
10. The right to confidentiality of communications and personal identifying information, within the limitations and requirements for disclosure under state and federal laws and regulations.
 - a. With respect to an adult client receiving residential and withdrawal management substance use disorder services as described in rule 5122-29-09 of the Administrative Code, the right to confidentiality of communications includes the right to write or receive uncensored, unopened correspondence subject to the provider's rules regarding contraband when such rules do not conflict with federal postal regulations.
 - b. With respect to an unemancipated minor client receiving residential and withdrawal management substance use disorder services as described in rule 5122-29-09 of the Administrative Code, the right to confidentiality of communications includes the right to write or receive mail subject to the provider's policy regarding contraband and directives from the parent or legal guardian, when such rules and directives do not conflict with federal postal regulations.
11. The right to access one's own client record, unless access to certain information is restricted for clear treatment reasons. If access is restricted, the treatment plan documents the reason for the restriction, a goal to remove the restriction, and the treatment being offered to remove it.
12. The right to be informed in advance of the reason for terminating participation in a service or support, and to be provided a referral, unless the service or support is unavailable or not necessary.
13. The right to be informed of the reason for denial of a service.
14. The right to not be discriminated against for receiving services or supports on the basis of race, ethnicity, age, color, religion, gender, national origin, sexual orientation, physical or mental handicap, developmental disability, genetic information, human immunodeficiency virus status, or in any manner prohibited by local, state, or federal law.
15. The right to know the cost of services or support.

16. The right to be verbally informed of all client rights, and to receive a written copy upon request.
17. The right to exercise one's own rights without reprisal, except that no right extends so far as to supersede health and safety considerations.
18. The right to file a grievance.
19. The right to have oral and written instructions for filing a grievance, and assistance in filing a grievance if requested.
20. The right to investigation and resolution of alleged infringement of rights.
21. The right to be informed of one's own condition.
22. The right to consult with an independent treatment specialist or legal counsel at one's own expense.
23. The right to have access or receive a referral to legal entities for appropriate representation, self-help support services, and advocacy support services.
24. The right to access information pertinent to the person served in sufficient time to facilitate the person's decision-making.
25. The right to adherence to research guidelines and ethics when persons served are involved, if applicable.

Note: The above rights do not apply to clients receiving forensic evaluation service or attending a driver intervention program. See rules OAC 5122-26-18 for more details.

Abuse and Neglect

1. All staff, volunteers, and interns will be trained on both internal and external reporting of allegations of staff neglect and abuse of persons served. This training will also educate staff on their role as mandated reporters.
2. The Executive Director or designee will respond to these allegations immediately, or as soon as realistically possible.
3. In consultation with the Executive Director, the Executive Director or designee will place the employee on paid or unpaid administrative leave while an investigation is conducted.
4. Depending on the type of allegation, and per local, state, and federal laws, the investigation may take place internally or externally, and may involve the police or other authorities.
5. If the allegation(s) are found to have merit, appropriate disciplinary action, up to and including dismissal from employment, will be taken. Any employee misconduct or criminal conviction that bears a direct and substantial relationship to that employee's position may result in such action.

Client Grievance Procedures

If a client believes their rights have been denied or violated, they should follow the steps below.

1. They can first reach out to the Executive Director for an informal discussion. Often, the concern can be resolved at this level.
2. If the issue remains unsolved, the client may submit a formal grievance to any staff person, but the staff person is required to share the grievance with the Executive Director.
3. If warranted, the Executive Director will share the grievance and consult with the Executive Director.
4. An exception may be made to (2) and (3) above if the grievance involves the Executive Director.
5. The Executive Director will designate a Client Advocate who will be available to assist a client in filing a grievance. The Client Advocate's name, title, location, hours of availability, and telephone number will be included with the posting of client rights.

The current Client Advocate name and contact information is:

Deandra John, Client's Rights Advocate

djohn@peopleplacesanddreams.com
1701 Payne Ave, Cleveland, OH 44115
Phone: (216) 910-9015 x 7046
Available Hours: Monday through Friday from 9:00 a.m. - 5:00 p.m.

If the Client Advocate is unavailable, please file with the Clinical Director or Clinical Supervisor as a back up.

6. The grievance must be put in writing. If the client prefers to make the grievance verbally, the Client Rights Advocate will prepare a written version of the grievance. The written grievance must include the date, be signed by the client or the person filing the grievance on their behalf, or have an attestation from the Client Advocate confirming that the written grievance accurately represents the client's concerns.
7. If available, the grievance should include the date, approximate time, description of the incident, and names of individuals involved in the incident or situation.
8. While grievances cannot be made anonymously, the client can submit them confidentially to the Executive Director. The Executive Director must obtain permission from the clients before escalating the grievance further. The Client Advocate will keep these submissions and investigations confidential.
9. Within three working days of hearing the grievance, the Client Rights Officer will send a written acknowledgment of receipt to the client. This acknowledgment will include, but not be limited to:
 - Date grievance was received;
 - Summary of grievance;
 - Overview of grievance investigation process;
 - Timetable for completion of investigation and notification of resolution;
 - Treatment provider contact name, address and phone number.
10. PPD must respond to all grievances in writing within 20 business days from the date the grievance was filed. If any extenuating circumstances require an extension, the organization must document these in the grievance file and provide written notification to the client.
11. PPD will retain grievance records for at least two years. These records must include:
 - A copy of the grievance;
 - Documentation of the process used and the resolution or remedy of the grievance; and
 - Documentation of any extenuating circumstances, if applicable, for extending the resolution time beyond twenty business days.
12. If the client is not satisfied with the resolution, the client will be referred to the Executive Director.
13. At any time, clients or persons filing grievances on the client's behalf also have a right to file a grievance with any of the organizations listed below.
14. These outside organizations, with the mailing address and phone numbers of each, will be listed with the Grievance statement made available to clients.
15. Upon request, all relevant information about the grievance will be sent to one or more of the organizations specified.

FILING A GRIEVANCE EXTERNALLY

Ohio Department of Behavioral Health (ODBH) 30 East Broad Street, 36th Floor Columbus, Ohio 43215-3430 614-466-2596; 614-752-9696 TTY	Disability Rights Ohio 200 Civic Center Drive, Suite 300 Columbus, OH 43215-5923 614-466-7264
Cuyahoga County: Alcohol, Drug Addiction, and Mental Health Services Board of Cuyahoga County 2012 West 25th Street, Sixth Floor Cleveland, Ohio 44113 216-241-3400	Office for Civil Rights U.S. Department of Health & Human Services 233 N. Michigan Avenue, Suite 240 Chicago, IL 60601 312-886-2359; 312-353-5693 TDD
Franklin County: ADAMH Board 447 E Broad St, Columbus, OH 43215 614-224-1057	

DELEGATION OF AUTHORITY AND RESPONSIBILITIES

The Executive Director directs the overall operations of PPD. However, the Executive Director delegates the program's day-to-day administrative and clinical management to the Executive Director.

REFERENCES

CARF standards