

## XI. BHH Designated Provider Agency Satisfaction

The CT Partners for Integrated Care greatly values the opinions of all BHH designated provider agencies in the BHH provider network, and relies on their feedback to improve the content, quality, and delivery of BHH Initiative services.

To gather valuable feedback, the CT Partners for Integrated Care will administer an annual BHH Designated Provider Agency Satisfaction Survey.

It is our goal to collect and analyze feedback on satisfaction with the CT Partners for Integrated Care's performance from 100% of the BHH designated provider agencies. Results of the surveys will be shared with the appropriate state Departments and necessary changes will be implemented by the CT Partners for Integrated Care, based on the feedback.



## XII. BHH Designated Provider Agency and Enrollee Complaints and Grievances

BHH designated provider agencies and enrollees are welcome to contact the CT Partners for Integrated Care Provider Relations Department regarding inquiries, complaints, grievances, and/or compliments by phone, fax, or mail:

BHH Designated Provider Agencies and Member Services toll-free number: 1-844-551-2736

Fax: 860-638-5302

Mail: CT Partners for Integrated Care  
c/o Advanced Behavioral Health, Inc.  
Attn: BHH Provider Relations  
213 Court Street  
Middletown, CT 06457

General inquiries regarding information or assistance are handled either at the time of the call, or within 1 business day after receipt of the inquiry.

Complaint: verbal or written communication from a BHH designated provider agency, member, or member representative, expressing dissatisfaction with the service requirements, services received from CT Partners for Integrated Care, agreements, reports, or a general concern.

The CT Partners for Integrated Care will address and respond to all complaints within 30 calendar days from the filing date. Complaints will be tracked and reported to the State Departments quarterly or as requested.

Grievance: verbal or written communication expressing dissatisfaction with the outcome of a filed complaint.

The CT Partners for Integrated Care will address and respond to all grievances within 30 calendar days from the filing date. Grievances will be tracked and reported to the State Departments quarterly or as requested.

## XII. BHH Designated Provider Agency and Enrollee Complaints and Grievances

At any time, a BHH designated provider agency, member, or member representative may file a complaint expressing concerns about the services they are providing or receiving through the Behavioral Health Home Initiative. Complaints play an important role in informing the continuous quality improvement process and ultimately provide an opportunity for overall improvement. A BHH designated provider agency, member, or a member representative may file a formal grievance when they are dissatisfied with the outcome of a complaint resolution.

### Process and Timelines:

Complaints and grievances are handled in a similar manner regardless of whether they are submitted by a BHH designated provider agency, member, or member representative. In addition, the submission, handling and response processes are similar for complaints and grievances:

<u>Action</u>	<u>Timeline</u>
Complaint filed	Anytime
Grievance filed	Within 90 days of complaint resolution notification
Written acknowledgement of receipt sent	Within five (5) calendar days
Investigation of complaint (and additional info in the case of a grievance)	Within thirty (30) days of receipt of complaint or grievance
Notification of final resolution sent	Within thirty (30) days of receipt of complaint or grievance

