**Client Grievance Process**

Siyan’s grievance procedures are designed to enable you and/or your representative to express any concerns or dissatisfaction you have so that we can address them in a timely and efficient manner. At any time, should you wish to file a grievance, we are available to assist you. If you do not speak English, a bilingual staff member or translation services will be available to assist you with the process.

You will not be discriminated against because a grievance has been filed. Siyan will continue to provide you with all the required services during the grievance process. The confidentiality of your grievance will be maintained throughout the grievance process and information pertaining to your grievance will only be released to authorized individuals.

A grievance is defined as a complaint, either written or oral, expressing dissatisfaction with the services provided or the quality of participant care. A grievance may include, but is not limited to:

* The quality of services a Siyan participant receives during their course of treatment.
* Waiting times on the phone, in the waiting room or exam room.
* Behavior of any of the care providers or Siyan staff.
* Adequacy of Siyan’s facilities.
* A violation of a participant’s rights.

A representative is the person who is acting on your behalf or assisting you, and may include, but is not limited to, a family member, a friend, a Siyan employee or a person legally identified as Power of Attorney for Health Care/Advanced Directive, Conservator, or Guardian.

**Filing a Grievance**

The information below describes the grievance process for you and/or your representative to follow should you and/or your representative wish to file a grievance.

1. You can verbally discuss your grievance either in person or by telephone with Siyan’s staff members, the Program Director, or designee. The staff person will make sure that you are provided with written information on the grievance process and that your grievance is documented on the Grievance Report form. You will need to provide complete information of your grievance so the appropriate staff person can help to resolve your grievance in a timely and efficient manner. If you wish to submit your grievance in writing, please send your written grievance to:

**Siyan Clinical Corporation | Siyan Care Corporation | Siyan Clinical Research**

480 Tesconi Circle, Suite B

Santa Rosa, CA

**95401**

You may also contact our Program Director at (707) 206-7268, ext. 141, to request a Grievance Report form and receive assistance in filing a grievance. For the hearing impaired (TTY/TDD), please call (English) at 1-800-735-2929, or in Spanish, 1-800-855-3000. Siyan staff will provide you written information on the grievance process.

1. The staff person who receives your grievance will help you document your grievance (if your grievance is not already documented) and coordinate investigation and action. ALL information related to your grievance will be held in strict confidence and will not be disclosed to program staff or contract providers, except where appropriate to process the grievance. No reference that you have elected to file a grievance with Siyan will appear in your medical record.
2. You will be sent a written acknowledgement of receipt of your grievance within five (5) calendar days. Where necessary, the Program Director, or designee, will acknowledge your grievance by telephone and will clarify information provided on the Grievance Report Form or will obtain and document additional facts related to your grievance. Investigation of your grievance will begin immediately to find solutions and take appropriate action.
3. The Siyan staff will make every attempt to resolve your grievance within thirty (30) calendar days of receipt of your grievance. If you are not satisfied with that resolution, you and/or your representative have the right to pursue further action.
4. In the event resolution is not reached within thirty (30) calendar days, you and/or your representative will be notified in writing of the status and estimated completion date of the grievance resolution.

**Expedited Review of Grievances**

If you feel your grievance involves a serious or imminent threat to your health, including, but not limited to, potential loss of life, limb or major bodily function, severe pain, or violation of your participant rights, the Program Director, or designee, will expedite the review process to a decision within 72 hours of receiving your verbal and/or written grievance and request for expedition. In this case, you will be immediately informed by telephone of:

1. The receipt of your request for an expedited review.
2. Your right to notify the Department of Social Services of your grievance through the State hearing process.

**Resolution of Grievances**

Once Siyan has completed its investigation and has reached a final resolution of your grievance, you will receive written notification that will provide you with a report describing the reason for your grievance, a summary of actions taken to resolve your grievance, and options to pursue if you are not satisfied with the resolution of your grievance.

**Grievance Review Options**

If, after completing the grievance process, or participating in the process for at least thirty (30) calendar days, you and/or your representative are still dissatisfied with the resolution of your grievance, you may pursue the options described below. Note: If you feel that waiting thirty (30) calendar days represents a serious health threat, you and/or your representative need not complete the entire grievance process nor wait thirty (30) calendar days to pursue the options described below.

1. If you are covered by Medi-Cal only or by Medi-Cal and Medicare, you are entitled to pursue your grievance with the Department of Health Care Services, by contacting:

Integrated Systems of Care Division (ISCD)

[ISCDCompliance@dhcs.ca.gov](mailto:ISCDCompliance@dhcs.ca.gov)

1. **State Hearing Process**

At any time during the grievance process, per California State law, you may also request a State hearing from the California Department of Social Services by contacting or writing to:

California Department of Social Services State Hearings Division P.O. Box 944243, Mail Station 19-37 Sacramento, CA 94244-2430 Telephone: 1-800-952-5253 Facsimile: (916) 229-4410 TDD: 1-800-952-8349

If you want a State Hearing, you must ask for it within 90 calendar days from the date of receiving the letter for resolved grievance. You and/or your representative may speak at the State hearing or have someone else speak on your behalf such as someone you know, including a relative, friend, or an attorney. You may also be able to get free legal help. Upon request, Siyan staff will provide you with a list of legal services in your home community.

**Siyan’s Internal Procedures**

Siyan will assure that every grievance is managed consistently and that there is communication among the different individuals who are responsible for reviewing or resolving grievances. Siyan will maintain appropriate documentation, so the information can be utilized in Siyan’s Quality Improvement Committee. This process ensures that all participant concerns are addressed and resolved.