Indiana Department of Health

Policies and Procedures

Title: Ryan White HIV/AIDS Program Statewide Grievance Policy and Procedure	**Policy #**: 01-25
Scope: ☐ All Staff ☒ Limited Staff: RW Part B Funded Agencies	**Approvals**: Mark Schwering, RW Part B Director
Effective dates: 01-Jan-25	

Purpose

The HIV Services Program Statewide Grievance Policy is intended to address issues occurring within all agencies receiving funds from the HIV Services Program or occurring when services are directly delivered by the HIV Services Program. These issues may include perceived violations of the agency's (or the HIV Services Program's) established policies, breaches of confidentiality, or concerns about the quality of services being provided to the specific client registering the grievance. The agency (or the HIV Services Program) is not expected to address complaints lodged by one client in reference to another client's issues; neither is it expected to address complaints regarding other agencies or external programs.

Definitions

A grievance procedure for the Ryan White HIV/AIDS program is a set of steps that agencies may follow when a client has a concern, or grievance, regarding agency's work or employee.

Policy Statement

Clients receiving Indiana Department of Health's (IDOH) Ryan White Part B services have the right to register formal complaints regarding the HIV Services Program or services funded by the HIV Services Program and will not be denied these services based upon such complaints. The scope of this policy is directly applicable to all clients receiving services from the HIV Services Program or receiving services funded by the HIV Services Program. These services, being delivered through an agency, include all clients engaged with HIV Services and clients of any other services or activities funded by the HIV Services Program in Indiana.

Procedures and Responsibilities

If the client is dissatisfied with the outcome of the grievance, the liaison will immediately obtain the client's statement with signature indicating dissatisfaction with the proposed resolution and will direct the Grievance Policy Concern Form as the official submission to the HIV Supportive Services Program Manager at the Indiana Department of Health (IDOH) within 14 days. The liaison will include the Grievance Policy Concern Form and all relevant documentation for review to fully inform IDOH.

Once any unresolved matters are submitted, the HIV Supportive Services Program Manager will review all submitted materials regarding the reported concern. IDOH will have 30 days thereafter to further investigate. The program manager will attempt to contact the client by telephone to further discuss the circumstances of the complaint. The program manager will contact the staff at the funded agency submitting the grievance (if applicable). All documents to be submitted to the Indiana Department of Health's HIV Services Program HIV Supportive Services Program Manager via email: Supportiveservices@health.in.gov.

Legal Authorities and References

REFERENCES: Policy Clarification Notice (PCN) # 16-02
https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf

Forms

Grievance Policy Concern Form