

BCBSS Certified Home Health Aide Services
GRIEVANCE COMPLAINT PROCESS

Clients who believe they have been improperly denied SSBG/PEER services or who are dissatisfied with the service they've receive under this program may take further action in the following order:

1. If informal discussions are not met with satisfaction, a client will be provided an opportunity to submit a written complaint by completing a "CLIENT COMPLAINT FORM". If a client wishes to file a verbal complaint [because client is unable to do so in writing], the home care supervisor will file the complaint on the client's behalf. The home care supervisor will acknowledge receipt of the complaint in writing within three (3) business days of receipt.
2. The home care provider will investigate the allegation. The client will be notified in writing within ten (10) business days of the initial grievance. The notification shall concur with the initial decision or reverse the decision based on additional information.
3. If the client is not satisfied with the home care provider's final decision, client may request, in writing, a hearing before the Area Agency on Aging (AAA). The written request must be filed within thirty (30) days of receipt of the above decision and be directed to the Bergen County Area Agency on Aging.
4. Upon receipt of written request for a hearing, the Area Agency on Aging will schedule a time for the client to appear before a review committee; the home care provider will also be notified. The hearing will be held within two (2) weeks of receipt of the written request at a location of mutual convenience to the parties.
5. At the hearing, the client will have the opportunity to present his/her case in a reasonable period of time, as determined by the review committee. An equal amount of time will be given to the home care provider to present its case.
6. Within ten (10) days of the hearing, the review committee will make a decision on the appeal and the AAA Director will notify the client of the decision in writing.
7. If the client does not agree with the local review committee's decision, the client may appeal the decision by contacting the NJS Division of Senior Affairs. This written request is to be submitted to: Assistant Commissioner, NJ Division of Senior Affairs, CN 807, Trenton, NJ 08625-0807. If the NJS Division of Senior Affairs rules that policies & procedures have been followed by the home care provider, the State will not overturn the decision of the local AAA review panel.



**BERGEN COUNTY
BOARD OF SOCIAL SERVICES**

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BCBSS Certified Home Health Aide Services

GRIEVANCE PROCEDURE

If you have any concerns about the services you are receiving through BCBSS Certified Home Health Aide Program, please know that BCBSS is available to assist you in resolving this problem. In order to assist you, please:

1. Call the case worker assigned to your case. If this person is not available or has not resolved the problem,
2. Call the Program Supervisor, Anne Marie Erngreen, at 201-368-4254
3. If the Supervisor is not available or able to resolve the problem, please call the Program Administrator, Allan Larobardier, at 201-368-4297
4. If you are still not satisfied with the resolution of your Grievance, you may file a formal complaint. To do so, see the attached Grievance Complaint Process.

Please sign below to acknowledge receipt of this procedure.

Thank you.

Home Care Program Supervisor

Client/Representative Signature: _____

Date: _____