



UMASS CORRECTIONAL HEALTH
MASSACHUSETTS DEPARTMENT
OF CORRECTION

POLICY & PROCEDURES MANUAL

NO:	12.00
Approved:	
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Susan J. Martin Director, Health Services Division, DOC	Date
<i>John S. Binley</i>	3/23/04
John S. Binley, Program Director, UMCH	Date
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Arthur Brewer, MD Medical Director, UMCH	Date

TITLE: Clinical Grievance Mechanism Page 1 of 5

PURPOSE:

To describe the process for the management of informal (verbal) and formal (written) inmate grievances concerning health services.

POLICY:

The UMass Correctional Health program (UMCH) policy and procedure will be used to manage informal and formal inmate grievances regarding health services. All complaints, correspondence and inquiries pertaining to healthcare that are received from family of inmates, advocates (with the exception of specific advocates as approved by DOC Health Services for direct contact with UMCH Site Health Services Administrators), legislators and attorneys will be forwarded to the Department of Correction (DOC) Health Services Division for follow-up. The scope of this policy includes complaints from inmates concerning health services provided by UMCH staff, subcontractors, specialty referrals, and facilities used by the UMCH.

The grievance and appeal process is not to be used for obtaining emergency treatment. If an inmate has a condition requiring immediate attention, the inmate should access medical or mental health care by informing DOC personnel so he/she can be escorted for immediate medical or mental health treatment.

PROCEDURE:

1: **Informal Grievances**

- a. All clinical grievances will be managed at the site level. The Health Services Administrator (HSA) will have overall responsibility for the management of inmate grievances. Review and follow-up of inmate grievances may be delegated to the Director of Nursing (DON) Mental Health Director (MHD) or designee.

- b. Inmates will be encouraged, but not required, to bring clinical concerns to the attention of the HSA/DON/MHD or designee through informal means such as Management Access (Happy Hour) or via the sick slip process. Inmates may file a UMCH Inmate Grievance and Appeal Form at any time.
- c. The HSA/DON/MHD or his/her designee will discuss the concern directly with the inmate, when clinically appropriate. The HSA/DON/MHD or designee will respond verbally to the inmate regarding informal grievances within 5 business days (Monday-Friday and not including legal holidays).
- d. If the inmate is not satisfied with the response, the inmate will be given instructions on how to file a formal grievance. Information on the process for filing grievances and appeals is included in inmate orientation to the HSU (Health Services Unit) and is also posted in the HSU and Inmate Law Libraries.

2. Formal Grievances:

- a. A Formal Grievance must be filed within ten (10) business days of the incident or situation, within ten (10) business days of the inmate becoming aware of the incident or situation, or within 10 business days of the date on which the inmate receives a response to an informal complaint (as described in I.c.), whichever is later. Whenever a grievance is returned to the inmate for improper format, the inmate shall have an additional three business days from the date of receipt to file a grievance in proper format.
- b. The time periods referred to for the filing of a grievance or the response to an inmate grievance may be extended if the HSA determines that the initial period is insufficient to make an appropriate decision or if the inmate presents a legitimate reason for requesting an extension. The extension period may be granted for up to ten (10) business days.

The UMCH Inmate Grievance and Appeal Form must be used. All grievances must be legible and contain the following information:

- i. Facility Name
 - ii. Inmate First & Last Name
 - iii. Inmate DOC ID Number
 - iv. Date of Birth
 - v. Date of Grievance (if multiple dates or date unknown, write "multiple or unknown" and explain in Summary of Grievance.
 - vi. Housing Unit
 - vii. Summary of Grievance (Facts)
 - viii. Remedy Requested
 - ix. Inmate Signature & Date
- c. UMCH Grievance and Appeal Forms will be available in the Health Services Unit (HSU) and on the housing units, including the special management units. HSU staff rounding on the special management units may supply UMCH Grievance and Appeal forms to an inmate upon request of the inmate.

- d. Completed forms may be filed during Management Access (Happy Hour), by placing the form in the sick call box, or by using the prison mail system. The grievance must be addressed to the attention of HSA. For inmates in special management units, forms may be handed to rounding HSU staff.
- e. The HSA/DON/MHD or designee will review and respond in writing to all formal grievances.
- f. The response will include a copy of the original grievance and instruction on how to file an appeal.
- g. Formal written grievances are reviewed by the HSA or his/her designee and a response will be given within 10 business days.

3. Filing an Appeal

- a. An Inmate may appeal the decision of the HSA/DON/MHD to the UMCH Medical Director.
- b. An appeal must be filed within ten (10) business days from the receipt of the decision by the HSA. Whenever an appeal is returned to the inmate for improper format, the inmate shall have an additional three business days from the date of receipt to file an appeal in proper format.
- c. The time periods referred to for the filing of an appeal or the response to an inmate appeal may be extended if the UMCH Medical Director determines that the initial period is insufficient to make an appropriate decision or if the inmate presents a legitimate reason for requesting an extension. The extension period may be granted for up to ten (10) business days.
- d. An appeal is initiated by completing the UMCH Inmate Grievance and Appeal Form.
- e. UMCH Grievance and Appeal Forms will be available in the Health Services Unit (HSU) and on the housing units, including the special management units. HSU staff rounding on the special management units may supply UMCH Grievance and Appeal forms to an inmate upon request of the inmate.
- f. All appeals should be legible and must contain the following information:
 - i. Facility Name
 - ii. Inmate First & Last Name
 - iii. Inmate DOC ID Number
 - iv. Date of Birth
 - v. Date of Appeal
 - vi. Housing Unit
 - vii. Summary of Grievance and Reason for Appealing (Facts)
 - viii. Remedy Requested
 - ix. Inmate Signature & Date
- g. Whenever an appeal is returned to the inmate for improper format, the inmate shall have an additional three business days from the date of receipt to file an appeal in proper format.

- h. Appeals may be filed during Management Access (Happy Hour), by placing the form in the sick call box, or by using the prison mail system. The appeal must be addressed to the attention of HSA. For inmates in special management units, forms may be handed to rounding HSU staff.
- i. The HSA will review the appeal and forward it to the UMCH Medical Director.
- j. If the inmate chooses not to file the appeal with the HSA, the inmate may file the appeal directly with the UMCH Medical Director, by sending it to
UMass Correctional Health
One Research Drive – Suite 120C
Westborough, MA 01581

4. UMCH Medical Director Review of Appeal

- a. When an appeal is received, the UMCH Medical Director or designee, will verify it has gone through the appropriate process, as set forth in this policy.
- b. If the appeal has not gone through the appropriate process, the inmate will be referred via letter back to the HSA. The HSA will receive copies of all documents.
- c. If the appeal has gone through the appropriate process, the UMCH Medical Director will review the matter and a response will be given within 10 business days.
- d. The response will include a copy of the original appeal form and instruction on how to file an appeal with DOC Health Services.

5. Appeals to the Director of the DOC Health Services Division

- a. An inmate may appeal the decision of the UMCH Medical Director to the Massachusetts Department of Correction, Health Services Division.
Appeals must be directly forwarded to:
Director
Massachusetts Department of Correction
Health Services Division
12 Administration Rd.
P.O. Box 426
Bridgewater, MA 02324
- b. The Department of Correction, Health Services Division will review the appeal. Clinical consultation or peer review will be obtained as necessary in order to make a determination regarding the grievance. The decision of the Department of Correction, Health Services Division is final.

6. Abuse of the Grievance and Appeal Process

The HSA may report a pattern of abuse of the grievance process to the facility superintendent for appropriate action. A pattern of abuse includes:

- a. Filing grievances on non-medical issues
- b. Filing grievances that result in the disruption of the normal business of the HSU.

7. Transfer of Inmates

Grievances involving more than one facility will be managed in cooperatively by the HSAs of the facilities involved.

8. Tracking and Reporting of Grievances and Appeal

- a. Informal and formal grievances and appeals will be logged, tracked and reported to the UMCH Director of Performance Improvement.
- b. Data from Inmate Grievance and Appeal Tracking forms will be entered into and maintained in the Inmate Grievance and Appeal Database
- c. Reports will be produced for the quarterly facility UMCH/DOC meetings.

References:

National Commission on Correctional Health Care: Standards for Health Services in Prisons, 2003. P-A-11. American Correctional Association: Standards for Adult Correctional Institutions, 4th Edition, 2003. 4-4394. 103 DOC 491 "Inmate Grievances"

Inmate Grievance and Appeal Form

Facility: _____ Grievance Date: _____

Inmate First Name: _____ ID#: _____ Appeal Date: _____

Inmate Last Name: _____ Date of Birth: _____ Housing Unit: _____

Summary of Grievance or Reason for Appeal (Attach Additional Sheets As Necessary)

(This area is intentionally left blank for the inmate to provide a summary of the grievance or reason for appeal.)

Remedy Requested (Attach Additional Sheets As Necessary)

(This area is intentionally left blank for the inmate to specify the remedy requested.)

Inmate Signature: _____ Date: _____

(This area is intentionally left blank for the inmate's signature and date.)

- Completed forms may be filed with the HSA/DON/MED or placed in the Slot/Call Box for inmates in special management units; forms may be handed to rounding HSI staff.
- An inmate may appeal the decision of the HSA/DON/MED to the UMCH Medical Director.
- An appeal must be filed within ten (10) working days from the receipt of the decision by the HSA.
- Appeals should be filed with the HSA. For inmates in special management units, forms may be handed to rounding HSI staff.
- An inmate may file the appeal directly with the UMCH Medical Director by sending it to:
 Medical Director
 UMass Correctional Health
 One Research Drive - Suite 120C
 Westborough, MA 01581

Health Services Unit Use ONLY

Date Received:	Staff Recipient:	Routed To:
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