

EXHIBIT B
MENTAL HEALTH ORGANIZATION (MHO) COMPLAINT LOG

1. Complaint means an oral or written communication, submitted by an OHP Member or an OHP Member Representative, which addresses issues with any aspect of the Contractor's or Provider's operations, activities, or behavior that pertains to 1) the availability, delivery, or Quality of Care, including utilization review decisions, that are believed to be adverse by the OHP Member; or 2) the denial, reduction, or limitation of Covered Services under this Agreement. The expression may be in whatever form or communication or language that is used by the OHP Member or the OHP Member Representative, but must state the reason for the dissatisfaction and the OHP Member's desired resolution.
2. An OHP Member, or OHP Member Representative, may relate any incident or concern to Contractor, Provider, or Subcontractor, by indicating or expressing dissatisfaction or concern, or by stating this is a Complaint that needs resolution.
3. Complaints are a source of information that may be used to evaluate the quality of access, Provider service, clinical care, or Contractor Service to OHP Members. Contractor shall have written policies and procedures for the thorough, appropriate and timely resolution of OHP Member Complaints, which include:
 - a. Documentation of the nature of the Complaint which shall include, at minimum:
 - 1.) A log of formal Complaints;
 - 2.) A file of written formal Complaints and Grievances, and
 - 3.) Records of their resolution.
 - b. Analysis and investigation of the Complaint; and
 - c. Notification to the OHP Member of the disposition of the Complaint and the OHP Member's right to appeal the outcome of the Complaint or handling of a Complaint.
4. Contractor shall complete and submit the MHO Complaint Log on a quarterly basis within 60 calendar days of the end of each calendar quarter. Contractor shall record each Complaint once on the MHO Complaint Log. If the Complaint covers more than one category, Contractor shall record the Complaint in the predominant category.

5. Contractor shall send the MHO Complaint Log to Office of Mental Health and Addiction Services, Community Services Section, PO Box 14250, Salem, OR 97309-0740.
6. If Contractor has questions about this report, Contractor may call the OMHAS Quality Assurance Specialist at (503) 945- 9829.
7. If Contractor wants this report on diskette, Contractor may call (503) 945-9447.

MHO COMPLAINT LOG

Mental Health Organization _____ Report Period: _____

An informal Complaint is defined as an incident or concern identified verbally related to a practitioner or staff member. This level of Complaint requires minimal research, and often is resolved through education, negotiation, mediation, case management, or change in policy.

A formal complaint is an incident or concern which is identified either verbally or in writing to the staff member(s) responsible for resolving Complaints and grievances and that require formal review by the Contractor's Quality Assurance Coordinator and/or Contractor's medical director. (Attach a brief narrative for formal Complaints).

Date Received	Type of Complaint (Select primary issue and write in item number from list)						Date of Resolution
	Access	Denial of Service, Authorization, or Payment	Clinical Care	Interaction with MHO, Provider, or Staff	Quality of Service	Consumer Rights	

Type of Complaint as you best understand the core issue following discovery

ACCESS		Interaction with Provider, MHO, or Staff	
A1	Difficulty contacting Provider or MHO	I1	Client feels not treated with dignity or respect
A2	Timely appointment not available	I2	Client disagrees with staff or clinician response
A3	Convenient appointment not available	I3	Lack of courteous service
A4	No choice of clinicians or clinician not available	I4	Lack of cultural sensitivity
A5	Transportation or distance barrier	I5	Other (describe)
A6	Physical barrier to Provider's office	Quality of Service	
A7	Language barrier or lack of interpreter services	Q1	Provider office unsafe
A8	Wait time during visit too long	Q2	Provider office uncomfortable
A9	Other (describe)	Q3	Client did not receive information about available services
Denial of Service, Authorization, or Payment		Q4	Excessive wait times on phone
D1	Desired service not available	Q5	Phone call not returned
D2	Client wanted more service than offered/authorized	Q6	Client doesn't like pre-authorization requirements
D3	Request for service not covered by OHP	Q7	Other (describe)
D4	Request for medically unnecessary service	Consumer Rights	
D5	Payment to non-participating provider denied	CR1	Not informed of consumer rights
D6	Service authorization denied	CR2	Complaint and appeal procedure not explained
D7	Other (describe)	CR3	Access to own records denied
Clinical Care		CR4	Concern over confidentiality
C1	Client not involved in treatment planning	CR5	Allegation of abuse
C2	Client's choice of service not respected	CR6	Treatment discontinued without proper notification
C3	Disagreement with treatment plan	CR7	Other (describe)
C4	Concern about prescriber or medication issues		
C5	Lack of response or follow-up		
C6	Lack of coordination among providers		
C7	Care not culturally appropriate		
C8	Client believed quality of care inadequate		
C9	Other (describe)		