CONNECTED FAMILIES NH
UNDER THE GOVERNANCE OF CHESHIRE COUNTY
MOVING FORWARD TOGETHER

Grievance Policy

I. Purpose

Connected Families NH, a Care Management Entity (CME), provides care coordination services, such as: Fast Forward, Transitional Enhanced Care Coordination (TrECC), Brief Enhanced Care Coordination (BrECC) and Early Childhood Wraparound (ECW). We believe the individuals and families we serve have the right to receive respectful and responsive services in a safe environment. We also understand that children, youth, families, and/or guardians must have a way to file a grievance when they believe services are not being delivered in a respectful and responsive family-driven manner. This document details how to file a grievance.

A grievance is a complaint that can be made about something the children, youth, families, and/or guardians do not like. It may be a concern about the rules, the people they have had contact with, or the environment in which they were served.

This grievance policy is posted in the Connected Families NH office and on our agency website.

Connected Families NH values client feedback and the opportunity to address concerns. Filing a grievance will not negatively impact the care that you receive.

II. Procedure

If the children, youth, families, and/or guardians have a problem (concern) or grievance, the following steps should be taken:

Step 1. The children, youth, families, and/or guardians may talk to their Care Coordinator, and/or the Supervisor, as a means of resolving the concern(s).

Step 2. If the Care Coordinator and/or the supervisor were not able to help resolve the problem or grievance, the children, youth, families, and/or guardians may contact the Regional Manager. The Regional Manager will respond to the client verbally or in writing within five (5) business days.

Step 3. If the Regional Manager was not able to resolve the problem or grievance, the client may submit a written email or verbal grievance to the Director, Dennis Calcutt, by phone 603-313-5295 or by email: dcalcutt@co.cheshire.nh.us

_____ Date: _____
Client Signature (18 + older)

_____ Date: _____
Parent/Guardian Signature

_____ Date: _____
Connected Families NH Coordinator Signature