

LAS VEGAS TRANSITIONAL GRANT AREA

Effective March 1, 2025

TGA Provider Grievance Log

Provider Name: _____

Year: GY 2025 - 2026

Reporting Period: ☐ Mar-May ☐ June-Aug ☐ Sept-Nov ☐ Dec-Feb

Grievance: An oral or written communication, submitted by a client or their representative, which addresses issues with any aspect of Provider's operations, activities, or behavior that pertains to the availability, delivery, or quality of the service including utilization review decisions that are believed to be adverse to the client. The communication may be in whatever form of communication or language that is used by the client or their representative, but must state the reason for the client's dissatisfaction and the desired resolution

Client Identifier	Date Received	Grievance Type	Disposition Select One: Resolved/Appeal Requested	Disposition Date	# Days to Disposition

The count of calendar days begins with the receipt date and does not include the final date of disposition. (For Example, if a grievance was received Thursday March 8, 2015 and disposed of Tuesday March 12, 2015, the number of calendar days would be five (5) days.)

ACCESS		Interaction with Provider - CCSS Staff	
A1	Difficulty contacting Provider	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	Q2	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 Ryan White TGA	Q7	Other (describe)
D4	Request for medically unnecessary service	Client Rights	
D5	Payment to non-participating provider denied	CR1	Not informed of client rights
D6	Service authorization denied	CR2	Grievance 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)		