



GRIEVANCE PROCESS INFORMATION FOR PARTICIPANTS/FAMILY

“What do I do if I am not satisfied with Bienvivir’s service delivery or the quality of care furnished to me, medical or non-medical, including administrative?”

The staff at Bienvivir want to be sure you are satisfied with the care and all the services you receive. We want you to tell us right away if you are not satisfied.

What is a Grievance? A Grievance (complaint) is the action you take when you verbally express or write about medical or non-medical care you are receiving or have received, which you are not satisfied with.

Grievance Process

1. You, your family, or your representative may express a Grievance (complaint) at any time, orally or in writing, to any staff member. We take your Grievance seriously and will work toward resolving your concern.
2. Within 13 days of filing your Grievance, you will receive a written notice indicating that we have received your complaint. Your Grievance will be assigned to the appropriate Department Supervisor for a Resolution.
3. You will receive a written response regarding the Resolution of your Grievance within 30 days of filing your Grievance. If necessary, a family conference will be scheduled to discuss the Resolution with you and/or your caregiver.
4. During the Grievance process, BIENVIVIR will continue to provide services to you.
5. You will not be treated differently because you have filed a Grievance, nor will you be admonished by staff for filling a Grievance.
6. All Grievances will be treated in a confidential manner.
7. If your Grievance is categorized as abuse, neglect, or exploitation, the Bienvivir staff member receiving the allegation or observing the event will make a *verbal* report to the appropriate agency on the same day and inform the Center Director that such a report has been made.



APPEALS PROCESS INFORMATION FOR PARTICIPANTS AND FAMILY

What is an Appeal? An Appeal is an action taken by you with respect to the organization's non-coverage of, or non-payment for a service, including denials, reductions, or termination of services.

“What do I do if I am denied a service or payment for a service?”

Appeals Process

1. You, your family, or your representative may express an Appeal at any time, orally or in writing, to any staff member.
2. You will receive a written notice from Bienvivir indicating your Appeal has been received. The Appeals process and time frames will be included in the letter. Your Appeal will be reviewed and resolved as expeditiously as your health condition requires, but no later than 30 days from the time your Appeal was received.
3. If you believe that your life, health, or ability to regain maximum function is seriously jeopardized without the service, you may request an expedited Appeal. We will respond to your expedited Appeal within 72 hours. This time frame may be extended up to 14 calendar days if you request an extension or the State Administering Agency agrees that a delay would be in your best interest.
4. Upon receipt of Appeal, the PACE Center Director will schedule the Appeal for review by an impartial third party who was not involved in the original decision and who does not have a stake in the outcome of the Appeal. The impartial third party will then review the Appeal and render a final decision.
5. You have the right to present evidence related to the Appeal in person as well as in writing.
6. The PACE Center Director will inform you in writing of the impartial third party's decision of the Appeal.
7. If the resolution to the Appeal is favorable to you then Bienvivir will furnish the services described in the Appeal.
8. If the Resolution to the Appeal is unfavorable, the PACE Center Director will inform you in writing of your right to Appeal to Centers for Medicare Medicaid Services and/or The Texas Health and Human Services Commission and the process. Bienvivir will assist you if you need assistance.
9. Bienvivir staff will not treat you differently because you have filed an Appeal, nor will you be admonished by staff for filing an Appeal. All Appeals will be treated in a confidential manner.
10. Bienvivir will continue to furnish all required services during the Appeals process. Bienvivir will not terminate or reduce disputed services while an Appeal is pending if the Medicaid participant request that they be continued, with the understanding that the participant may be liable for the cost of those services if the Appeal is not resolved in his or her favor.