

Exhibit F.

Client Grievance Procedures

Client Grievance Procedure

Developed: 1/7/2004

Revised: 8/1/05, 12/6/2006, 9/23/2009

Reviewed January 2007, August 2010

Title: Client Grievance Procedure

Purpose: To provide notice to services recipients of their right to an explanation and grievance of changes and denial of service. A client has a right to appeal an adverse decision when they:

- A. are dissatisfied with services they have received; are dissatisfied with the co-pay amount determined for them for services rendered; or when they have received notification of adverse action regarding termination, suspension or reduction of service under any federal or state program administered by the Area Agency on Aging (AAA), and
- B. have followed the grievance procedures of the Service Provider concerned, and
- C. wish to appeal an adverse action of a Service Provider to the AAAPP.

Procedure:

Medicaid Waiver clients have the right to request a fair hearing from the Department of Children and Families (DCAF) Office of Appeal Hearings in addition to or as an alternative to these procedures.

NOTICE TO THE RECIPIENT OF THE ADVERSE ACTION TO BE TAKEN AND EXPLANATION OF THE GRIEVANCE PROCEDURES FOR REVIEWING THAT DECISION

- The recipient must be informed by the decision maker of the action, in writing, no less than 10 calendar* days prior to the date the adverse action will be taken.
(Prior notice is not applicable where the health or safety of the individual is endangered if action is not taken immediately; however, notice must be made as soon thereafter as practicable.)
- Services cannot be reduced or terminated, nor any adverse action taken during the 10 day period.
- The Notice must contain:
 - a statement of what action is intended to be taken;
 - the reasons for the intended action;
 - an explanation of:
 - 1) the individual's right to a grievance review if requested in writing and delivered within 10 calendar* days of the Notice postmark (assistance in writing, submitting and delivering the request must be offered and available to the individual);
 - 2) in Medicaid Waiver actions, the individual's right to request a fair hearing from DCAF;
 - 3) the individual's right, after a grievance review, for further appeal;
 - 4) the right to seek redress through the courts if applicable;
 a statement that current benefits will continue if a grievance review is requested, and will continue until a final decision is made regarding the adverse action; and
 a statement that the individual may represent himself/herself or use legal counsel, a relative, a friend, or other qualified representative in the requested review proceedings.
- All records of the above activities must be preserved in the client's file.

Provider Procedure Upon Timely Receipt of a Written Request for Review

1. Within 7 calendar* days of the receipt of a request for review, the provider must acknowledge receipt of the request by a written statement delivered to the requester. This statement must also provide notice of:
 - the time and place scheduled for the review;
 - the designation of one or more impartial reviewers who have not been involved in the decision at issue;
 - the opportunity to examine, at a reasonable time before the review, the individual's own case record, and to a copy of such case record at no cost to the individual;
 - the opportunity to informally present argument, evidence, or witnesses without undue interference at a reasonable time before or during the review;
 - a contact person for any accommodations required under the Americans with Disabilities Act; and assistance, if needed, in order to attend the review; and the stopping of the intended action until all appeals are exhausted.
2. All grievance reviews must be conducted at a reasonable time, date and place by one or more impartial reviewers who have not been directly involved in the initial determination of the action in question.
3. The reviewer(s) must provide written notification to the requester, within 7 calendar* days after the grievance review, stating:
 - the decision, the reasons therefore in detail;
 - the effect the decision has on current benefits, if favorable, or the circumstances regarding continuation of current benefits until all appeals are exhausted;
 - the individual's right to appeal an adverse decision to the Area Agency on Aging by written request within 7 calendar* days, except in decisions involving the professional judgment of a legal assistance provider;
 - the availability of assistance in writing, submitting and delivering the appeal to the appropriate agency;
 - the opportunity to be represented by himself/herself or by legal counsel, a relative, a friend or other qualified representative;
 - for legal assistance service appeals, the individual's right to file a grievance with the Florida Bar regarding complaints related to the actual legal representation provided.

Procedure For Appeals Of a Grievance Review Decision Upon Timely Receipt of A Written Appeal to the Area Agency On Aging Of Pasco-Pinellas, Inc., (AAAPP) A Designated Aging and Disability Resource Center

1. Within 7 calendar* days of the receipt of a notice of appeal of a grievance review decision, the AAA must acknowledge receipt of the notice of appeal by a written statement delivered to the appellant. This statement must also provide notice of:
 - the time and place scheduled for the appeal;
 - the designation of one or more impartial AAA officials who have not been involved in the decision at issue;
 - the opportunity to examine at a reasonable time before the appeal the individual's own case record to date, and to a copy of such case record at no cost to the individual;
 - the opportunity to informally present argument, evidence, or witnesses without undue interference during the appeal;
 - assistance, if needed, in order to attend the appeal;
 - the stopping of the intended action until all appeals are exhausted.
2. All appeals of grievance reviews must be conducted at a reasonable time, date and place by one or more impartial AAA officials who have not been directly involved in the initial determination of the action in question.
3. The designated AAA official(s) must provide written notification to the requester within 7 calendar* days after considering the grievance review appeal, stating:
 - the decision, and the reasons therefore in detail;
 - the effect the decision has on current benefits, if favorable, or the circumstances regarding continuation of current benefits until all appeals are exhausted;
 - individual's right to appeal, if applicable.
4. Except for Medicaid Waiver actions, the decision of the AAA shall be the final decision; and the availability of assistance in requesting a fair hearing, including a notice regarding accommodations as required by the ADA.
5. All records of the above activities must be preserved and remain confidential. A copy of the final decision must be placed in the client's file.

* In computing any period of time prescribed or allowed by these guidelines, the last day of the period so computed shall be included unless it is a Saturday, Sunday, or legal holiday, in which event the period shall run until the end of the next day which is neither a Saturday, Sunday, or legal holiday.

Effective: 2/26/04
Revised: 8/1/2005 , 12/6/2006, 9/23/2009
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IMPLEMENTATION PLAN FOR GRIEVANCE PROCEDURES

1. All service providers will develop and/or revise their grievance procedures adhering to the contractual requirements set forth by the Department of Elder Affairs and consistent with the Area Agency on Aging of Pasco-Pinellas, Inc.'s grievance procedures. The AAAPP serves as the designated Aging and Disability Resource Center (ADRC)
2. Provider grievance procedures must address grievances regarding client terminations, suspensions, or reductions in service; transfers or discharges; and adverse determinations relating to screening or annual review. This would include a person's right to grieve prior to them actually becoming a client. It is recommended that a separate grievance procedure be developed to deal with situations of persons who are not clients (i.e., a person on a waiting list).
3. At time of intake, service providers must inform clients in writing of their right to grieve and appeal decisions to the provider and then to the AAAPP, except in decisions involving Medicaid Waiver. Medicaid Waiver clients have a right to request a fair hearing from the Department of Children and Families (DCAF) in addition to or as an alternative to these procedures.
4. All service provider sites where older persons congregate should post the service provider and "Your Right to Appeal to the AAA" procedures in a location where there is public access.
5. Once a client appeal has taken place and a decision is made, the service provider must provide written notification of the decision to the client as well as a copy of the "Your Right to Appeal to the AAA". The provider must have the client sign the "Your Right to Appeal to the AAA" and place a copy of the signed and dated form in the client's file as proof that they were informed of their right to appeal to the AAA. On the same day as the Notice of Decision is mailed or given to the client, the provider must contact Sally Gronda, AAA Executive Director by fax or e-mail, with the name, address and phone number of the client who appealed.
6. An AAA representative will contact all clients whose names are received from providers as stipulated in #5 to insure their receipt of the "Your Right to Appeal to the AAA", to insure their understanding of their rights, and to determine their need for an impartial AAA representative to explain their rights.
7. During programmatic monitoring, AAA staff will review client files to insure that grievance procedures have been followed and that providers are properly notifying clients.

**YOUR RIGHT TO APPEAL TO
THE AREA AGENCY ON AGING OF PASCO-PINELLAS, INC.**

The Area Agency on Aging of Pasco-Pinellas, Inc. (AAAPP), a designated Aging and Disability Resource Center (ADRC), works hard with its service provider agencies to make sure that you are satisfied with the services you receive. You have the right to voice concerns/complaints and to file a grievance to your service provider without fear that care will be negatively affected. In the event that you file a grievance with your service provider and are not satisfied with their decision regarding your services, the following steps can be taken in the following order:

- 1) You have seven calendar* days following your receipt of notification of an adverse decision from your service provider to file a request to the Area Agency on Aging to appeal your provider's decision regarding your grievance. Your request must be submitted in writing. If you need assistance writing, submitting and/or delivering the appeal to the AAA, contact your service provider. Your appeal request should be forwarded to:

Sally D. Gronda, Executive Director
Area Agency on Aging of Pasco-Pinellas, Inc.
9887 4th Street North, Ste. 100
St. Petersburg, FL 33702

- 2) If you need assistance in understanding the appeal process to the AAA, immediately contact Sally Gronda at (727) 570-9696, ext. 266. Upon receiving this contact, an impartial representative for the AAA will contact you and provide an interpretation of the process of appeal to the AAA. This paragraph in no way affects the seven calendar* day time frame described in paragraph 1.
- 3) Upon receipt of your request to appeal, the Area Agency on Aging will notify you with the time and place scheduled for the appeal. You will have the opportunity to examine your records and to copy those records prior to the appeal. During the appeal procedure you will be able to discuss the matter and have witnesses, if you so desire. You may also be represented by an attorney or another representative. Transportation assistance, if needed, will be provided to you to attend the appeal.
- 4) The Area Agency on Aging will notify you in writing within seven calendar* days after a decision is made on the grievance review appeal. You will be informed of the reasons for the decision and the effect it has on your current benefits. The decision by the AAA is final unless you are a Medicaid Waiver client. If so, you have the right to request a fair hearing from the Department of Children and Families (DCAF) Office of Appeal Hearings in addition to or as an alternative to these procedures and assistance in requesting a fair hearing will be provided to you by the AAAPP.

Signature

Date

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