

At Community LIFE we are committed to assuring you are satisfied with the care you receive. If at any time you are dissatisfied with a service, you have the right to file a grievance or appeal. The information below, outlines the process.

If you would like to appoint a Representative to act on your behalf, visit our home page and download the CMS Appointment of Representative form by clicking the CMS Appointment of Representative link or click on the CMS Appointment of Representative download button on the Grievance and Appeals page.

Grievance Process

A grievance is a complaint, either oral or written, expressing dissatisfaction with service delivery or the quality of care furnished. Community LIFE will address grievances expressed informally and formally.

- You, your family member or legal representative may discuss or report your grievance/complaint with any Community LIFE staff or contract provider.
- Community LIFE staff will immediately aid you in completing a Community LIFE Grievance Form.
- You will be given an acknowledgement form related to your grievance.
- The Community LIFE employee will report the grievance to the IDT within five (5) working days of the date the grievance was received.
- The Center Manager will assign or work with team members to resolve the grievance within five (5) working days of the report to the IDT.
- If a solution is found by the team and agreed to by the you/your family member/legal representative within five working days, the complaint is resolved.
- If the IDT is unable to resolve the grievance within the five (5) business days, a written report will be sent to the President, or if the grievance involves medical care, to the Medical Director and copies to the Director of Operations and Director of Compliance for final action.
- The President or Medical Director will immediately review and approve or disapprove the team's written report and forward a copy of the approved report to you within five (5) working days. The report is considered to be the final disposition of the grievance. The report must be accompanied by a notice that contains a statement that if you are not satisfied with the outcome, you have thirty (30) calendar days to request a review by the Plan Advisory Committee.
- If you are not satisfied with the action taken as a result of your grievance, you may ask for a review by the Plan Advisory Committee in writing within thirty (30) calendar days of receipt of the final disposition of your grievance.
- The Plan Advisory Committee will send written acknowledgment of receipt of the grievance within five (5) working days to you, investigate, find a solution and take appropriate actions.
- The Plan Advisory Committee will send you a copy of a report containing a description of the grievance, the actions taken to resolve the grievance, and the basis for such action. The committee had thirty (30) working days from the day the grievance is filed

with the committee to complete its report and send it to you. If the decision is wholly or partially adverse to you, a copy of the report shall be forwarded immediately to the Department and the local AAA office.

- Community LIFE will continue to furnish all required services, authorized by the IDT, during the grievance process.

Appeals Process

An appeal is defined as your action taken with respect to Community LIFE's non-coverage of, or nonpayment for a service, including denials, reductions, or terminations of services.

- Upon denial of enrollment, at enrollment, at least annually after enrollment, and upon denial of payment or coverage of a service by the interdisciplinary team, Community LIFE will distribute written information on the appeal process.
- Individuals who are denied enrollment are notified by the President of their Appeal rights and instructions for requesting an appeal.
- Proposed involuntary disenrollments are considered automatic appeals and do not require a written request.
- Notification of Appeal Rights are provided to you when the IDT denies service requests that are made by you, or your designated representative to initiate services, or contests the reduction or termination of services, or non-coverage/payment for services by Community LIFE
- The IDT must explain any denial of request verbally and in writing and provide the specific reasons for the denial in understandable language. The Center Manager will send the participant/designated representative a written notice of denial of coverage or payment by the IDT.
- The verbal and written notices must explain the specific reasons for the denial and inform the you/your representative of your right to appeal the decision as specified in the appeal process, instruct you how to file an appeal, describe both the standard and expedited appeals processes including the right to, and conditions for obtaining expedited consideration of an appeal of a denial of services as specified in the grievance and appeal procedures, describe the right to, and conditions for, continuation of appealed services through the period of the appeal, if the services are currently being provided and the IDT is proposing to reduce or terminate those services, and you request continuation of the services and understands that you may be liable for the cost of the disputed services if the determination is not made in your favor.
- The Center Manager or Social Worker will inquire of you or assess the need for assistance with special communication needs, for example if you are unable to write your own request or language interpretation services are needed.
- If the IDT fails to provide you with timely notice of the resolution of the request or does not furnish the services required by the revised plan of care, this failure constitutes an adverse decision and Community LIFE must automatically process your request as an appeal.

- The assessing IDT member(s) will notify the Center Manager immediately if the 72-hour timeframe for assessment and notification of a service request approval or denial is not met. The Center Manager will inform the Director of Compliance. The Director of Compliance or their designee will process the request as an appeal. The automatic appeal can only be cancelled in writing.
- You or your designated representative must submit a request for an appeal of a service denial in writing to the Director of Compliance including the specific reasons that you believe that the services are necessary to maintaining the your health and/or maximum function.
- The Director of Compliance or designee will send written confirmation to you of your request for appeal within 24 hours of receipt of request.
- The Director of Compliance or designee will appoint an appropriately credentialed third party such as an independent review organization who was not involved in the original action and who does not have a stake in the outcome of the appeal to review the your appeal. Third party review may also be sought from Plan Advisory Committee membership or other sources appropriate (for example an expert in a particular field, a licensed MD for a decision within physician scope) to the service denial/reduction being appealed.
- To ensure timely processing of appeals, the Director of Compliance or designee will notify the third-party reviewer by email when appeal requests are uploaded to the third-party reviewer's server. The third-party reviewer will notify the Director of Compliance when the conference call for the appeal review is scheduled.
- The Director of Compliance or designee will send reasonable advance written notice to all parties including you and/or designated representative informing them of the opportunity to present evidence related to the dispute in person and in writing.
- Community LIFE will continue to deliver disputed services until a final determination is made if both of the following conditions apply: (1) Community LIFE is proposing to terminate or reduce currently furnished services, and (2) you understand they may be liable for the costs if the determination is not made in their favor. Community LIFE will continue to furnish to you all other required services.
- The Director of Compliance or designee will generate written report of the third-party review and the reviewers' conclusion. The report must include description of the appeal, actions taken by provider to address the issues, and outcome of the third-party review.
- You will receive a written notice of the final outcome of Community LIFE's Appeal determination. If the appeal is not resolved to your satisfaction Community LIFE will send you a copy of the appeal process and notice of Fair Hearing from the OLTL.
- The Director of Compliance or designee will notify you, in writing, of the outcome of the third-party review and resolution of the appeal as expeditiously as your health condition requires, but no later than 30 calendar days after receipt of appeal. Verbal notice may additionally be delegated to appropriate IDT members in situations where your health condition requires notice sooner than written notice can be provided. Written notice of the resolution of appeals will include notice and instructions for additional appeal rights through Medicare and Medicaid if the outcome is wholly-or partially adverse to you.

- If the third-party review determination is made in favor of the you, Community LIFE will continue to provide, or begin to provide services as expeditiously as possible.
- If the third-party review determination is wholly or partially adverse to you, The Director of Compliance or designee will forward a copy of the written report of the third-party review and copy of your notification to the Department and local AAA. CMS will be notified, per their instruction, through quarterly reporting via the Health Plan Management System (HPMS).

Expedited Appeal Process:

- For appeals in which the you, or your designated health care representative under law, believes that your life, health or ability to regain or maintain maximum function could be seriously jeopardized absent the services, the Director of Compliance or designee will arrange an expedited third (appropriately credentialed) party review of the appeal and respond to you as expeditiously as your health condition requires, but no later than 72 hours after receipt of the appeal. In situations where time is of the essence, services will be provided and covered according to the advice of the your attending hospital physician and the consent of you/your representative. An appropriately credentialed third party who was not involved in the original action and who does not have a stake in the outcome of the appeal will review your appeal.
- The President or designee may extend the 72-hour time frame up to 14 calendar days if you request an extension or by justifying to the Department that the delay is in you best interest.
- The Director of Compliance or designee will notify you of the resolution of an expedited appeal as expeditiously as your health condition requires, but no later than 72 hours after receipt of appeal. Notice to you will include the determination of third party reviewer and additional appeal rights through Medicare and Medicaid if the outcome is wholly or partially adverse to you.
- In addition to notice in writing, verbal notice may be delegated to appropriate IDT members in situations where your health condition requires notice sooner than written notice can be provided.
- If determination is made in your favor, Community LIFE will continue to provide, or begin to provide services as expeditiously as possible.
- If the third-party review determination is wholly or partially adverse to you, The Director of Compliance or designee will forward a copy of the written report of the third-party review and copy of your notification to the Department and local AAA. CMS will be notified, per their instruction, through quarterly reporting via the Health Plan Management System (HPMS).

Handling a Request for Fair Hearing:

- You must utilize Community LIFE's internal appeal process prior to requesting a state fair hearing.

- A request for fair hearing must be made by you or your representative on the form provided by the Department. You must mail your request so that it is received by the Pennsylvania Department of Human Services Bureau of Hearings and Appeals within 30 calendar days of receipt of the notice of final outcome of Community LIFE's Appeal Process, to the following address:

Bureau of Hearing and Appeals

2 Gateway Center, Suite 1125

Pittsburgh, PA 15222-3594

AND, a copy of the request for fair hearing must be forwarded to Community LIFE at:

Community LIFE

Attention: Director of Compliance

2400 Ardmore Blvd., Suite 700

Pittsburgh, PA 15221

- Within two calendar days of receipt of the request for a fair hearing, the Community LIFE Director of Compliance, or designee shall:
 - Contact you or your representative to determine if you would like to attempt to resolve the hearing through an administrative review;
 - Forward a copy of the request, together with the advance notice to the Department of Human Services Bureau of Hearings and Appeals;
 - Notify the LIFE Lead staff member at OLTL.
- If a copy of the request for fair hearing is postmarked 10 calendar days of the your receipt of the notification of the final outcome, then Community LIFE will not implement the proposed action pending the outcome of the hearing. You may be liable for costs of the contested services if the hearing is not resolved in their favor.
- If the hearing is held, Community LIFE IDT members will be available during the hearing to present evidence supporting the proposed action.
- If the appeal is resolved informally before the hearing date, Community LIFE shall notify the Department and assist you to notify the Bureau of Hearings and Appeals. Such notification shall be accompanied by a statement signed and dated you or your representative that you are withdrawing the appeal and request for a fair hearing.
- You will be notified by the Bureau of Hearings and Appeals of the outcome of the appeal within 90 calendar days of the date you initially filed the appeal with the Department, excluding the time it takes you to request a fair hearing following notice of resolution from the Provider.
- If the state appeal meets the criteria for an expedited appeal process but was not resolved using the Provider's expedited appeal timeframes or the appeal was resolved wholly or partially adversely to the Participant using the Provider's expedited appeal

timeframes, then resolution is required by the Department within three working days from the Department's receipt of the hearing request.

- Community LIFE will furnish the disputed service as expeditiously as your health condition requires if a determination is made in your favor on appeal.
- The Community LIFE Director of Compliance, or designee will notify the LIFE Lead staff member at OLTL.
- Both you and your representative and Community LIFE will have an opportunity to request reconsideration of the administrative hearing by submitting request to the Secretary of the Department of Human Services or their designee within 15 calendar days from the date of the order. If the request for reconsideration is filed in a timely manner the action ordered by the Office of Hearings and Appeals will be stayed.
- In view of the automatic stay, Community LIFE will ascertain immediately after the 15th day whether you have filed for reconsideration by contacting the Office of Hearings and Appeals. If no reconsideration has been filed, Community LIFE will immediately implement the order.

Retention of Records:

- Community LIFE will retain a copy of the advanced notice and outcome for the appeal process for at least two years after the date of the action is implemented. If the implementation is postponed due to the fair hearing process, Community LIFE shall retain a copy of all the documentation the order of the Office of Hearings and Appeals for two years from the date of the order takes effect.

Grievance and Appeal requests can be made to:

East End
301 Meade Street
Pittsburgh, PA 15221
412-436-1298 – phone

412-436-1315 – fax

Homestead

491 E. Eighth Avenue

Homestead, PA 15120

412-464-2101 – phone

412-464-2102 – fax

McKeesport

4201 Walnut Street

Suite 1

McKeesport, PA 15132

412-664-1448 – phone

412-664-5078 – fax

Tarentum

702 Second Avenue

Tarentum, PA 15084

724-230-3240 – phone

724-230-3270 – fax

Logans Ferry

125 Logans Ferry Road

Suite 2

Lower Burrell, PA 15068

724-994-4740 – phone

724-124-4750 – fax

Bedford

9709 Lincoln Highway

Bedford, PA 15522

814-652-3220 – phone

814-652-3230 – fax