



APPEALS AND HEARING PROCEDURE

If at any time you believe your rights have been denied, or you are displeased with the service you are receiving from LifeWorks NW, you have the right to file a grievance. You may also call and leave a message on our Grievance Line at 503-645-3581 X 2450. Your grievance will be kept confidential and will be addressed promptly. Filing a grievance will not result in denial of service or any other negative consequence. We recommend you discuss your grievance with the staff person involved. If you still feel your grievance has not been resolved, you may file a grievance in writing using this Grievance Form. If you need assistance filling out the form, call the LifeWorks NW receptionist for help at 503-645-3581, or ask a receptionist at the LifeWorks NW office where you receive services.

HOW TO FILE AN APPEAL AND REQUEST A HEARING

If you feel your grievance has not been resolved, you can request an appeal within 10 working days of the supervisor's response. Send the appeal request to the VP of Clinical Services at LifeWorks NW, 5415 SW Westgate Dr., Portland, OR 97221.

In circumstances where the matter of the grievance is likely to cause harm to the individual before the grievance procedures are completed, the individual or guardian of the individual may request an expedited review. The program administrator shall review and respond in writing to the grievance within 48 hours of receipt of the grievance.

The LifeWorks NW Grievance Committee, chaired by a Clinical Director, will meet to review all documents concerning your grievance and provide a written response to your appeal within ten (10) working days from the date your appeal is filed. You have the right to attend this meeting and you have the right to have someone attend this meeting with you to support and advocate for your concerns. You may also bring additional written information that you feel would be helpful.

If you are an Oregon Health Plan member, you may also file a grievance directly with Managed Care Plan. You may also file a grievance directly with the Oregon Health Plan using Form OHP 3001. This form is located in the lobby area, or you can ask a receptionist for assistance. If you are not an OHP member, you may contact your insurer by calling the number on the back of your insurance card.



RESPONSE TO APPEAL OF GRIEVANCE - LEVEL TWO

To be completed by Chair of Grievance Committee

Client Name: _____ Date of Meeting: _____

Date of Original Grievance: _____

Committee Members Present:

Name: _____ Program: _____

Name: _____ Program: _____

Name: _____ Program: _____

Others Present at Meeting:

Name: _____ Relationship to Client: _____

Name: _____ Relationship to Client: _____

Name: _____ Relationship to Client: _____

Summary of Appeal and Objections to Level One Grievance Action: _____

Summary of Level Two Action Plan: _____

Resolved Not Resolved

VP of Clinical Services: _____ Date: _____

cc: Client or Client Representative
Grievance Log
VP of Clinical Services

Attach this form to written grievance and to written appeal