

Persons receiving services in PermiaCare programs that are funded by the Department of State Health Services (DSHS) and/or the Department of Aging and Disability Services (DADS) have the right to a notification and appeals process. This not only applies to clients expressing their concerns or dissatisfaction with decisions concerning services/supports provided, but also applies to the denial or termination of services/supports. Persons will be notified in writing by PermiaCare of the process to appeal by requesting a review of the following decisions:

- A decision to deny the person services/supports at the conclusion of PermiaCare's procedure, which determines whether a person meets the criteria for the target population.
- Decision to terminate services/supports and follow along from PermiaCare or its contractor, if appropriate.
- Written notification must be given or mailed to the person within ten (10) working days of the date the decision was made.

The written notification must state the reason for the decision and explain that the person may contact either PermiaCare or its contractor; whichever is appropriate, within thirty (30) days of receiving notification if dissatisfied with the decision.

PermiaCare does not discriminate against any person on the basis of race, color, national origin, disability, or age in admission, treatment, or participation in its programs, services, and activities, or in employment. All PermiaCare facilities are wheelchair accessible. For further information, please contact the Human Resources Department at 432-570-3325.

Staff of PermiaCare shall not discourage, intimidate, harass, or seek retribution against clients who try to exercise their rights or file a grievance. PermiaCare shall not restrict, discourage, or interfere with an attorney or with a respective funding agency for purposes of filing a grievance.

Persons may file a grievance or appeal by writing to:

PermiaCare
401 East Illinois, Suite 403
Midland, TX 79701

If you need assistance with understanding the appeal process, please contact your case worker/service coordinator or the Client Rights Advocate.



NOTIFICATION OF APPEALS PROCESS

**FOR PERSONS RECEIVING
SERVICES/SUPPORTS FUNDED BY
THE TEXAS DEPARTMENT OF STATE
HEALTH SERVICES (DSHS) AND/OR
THE TEXAS DEPARTMENT OF AGING
AND DISABILITY SERVICES (DADS)
AND PROVIDED OR CONTRACTED
FOR BY PERMIACARE**

PermiaCare Mission Statement:

Our mission is to enhance the behavioral and developmental health and wellness of our community by helping people live their best lives.

Who Has the Right to Appeal?

Persons receiving services in PermianCare programs which are funded by the Texas Department of State Health Services (DSHS) and/or the Texas Department of Aging and Disability Services (DADS) have the right to a notification and appeals process. You have the right to appeal a decision made by PermianCare if:

1. You have been denied services and/or supports because you do not meet the criteria for the priority population, or
2. Services and/or supports have been terminated, or
3. Services and/or supports have been reduced including the amount, duration, or scope.

You will be notified that:

1. You have been denied services and/or supports, or
2. Your services and/or supports have been terminated, or
3. Your services and/or supports have been reduced.

You or your legally authorized representative will be given, or will receive in the mail, written notification detailing the reason for the decision to either deny, terminate, or reduce services within ten (10) working days of the date the decision was made.

A request that the decision be reviewed may be submitted. Persons dissatisfied with decisions may contact PermianCare Client Rights Advocate at 432-570-3333 or Toll Free at 888-570-3310.

If a person believes that PermianCare or its' contractor has made a decision to involuntarily reduce services by changing the amount, duration, or scope of services and/or supports provided, and is dissatisfied with that decision, then the person may request in writing that this decision be reviewed.

1. The review shall begin within ten (10) working days of receipt of the request for review, and be completed within ten (10) working days of the time it begins, unless an extension is granted by the Executive Director.
2. Also if the decision to involuntarily reduce services is related to a Crisis Service and the person requests in writing that this decision be reviewed, the review shall begin immediately upon receipt of the request and be completed within five (5) working days.
3. The review shall be conducted by an individual or individuals who are not involved in the initial decision.

The review shall:

1. Include a review of the original decision which led to the person's dissatisfaction.
2. Result in a decision to uphold, reverse, or modify the original decision.
3. Provide the person an opportunity to express his/her concerns in person, or by telephone, to the individual reviewing the decision.
4. Allow the person to have a representative talk with the reviewer, or submit his/her concerns in writing, on tape, or in some other fashion.

Following a review, PermianCare shall explain to the person in writing, and also in person or by telephone, if requested, the action PermianCare will take or, if no action will be taken, why the review did not change the decision or why it is believed that changing the action would not be in the person's best interest. This is the final step in the review process.

This does not preclude a person's right to reviews, appeals, or other actions that accompany other funds administered through PermianCare or its contractors, or to other appeals processes provided for by other state and federal laws, e.g., Medicaid Statutes; Texas Human Resources Code, Chapter 73.