



**PRAIRIE NORTH REGIONAL
HEALTH AUTHORITY**

POLICIES & PROCEDURES

Number: 15565(P)
Category: Continuing Care
Title: Client Right To Appeal Procedure

Approved by: VP Integrated Health Services

Source: Home Care Managers
Date Effective: December 18, 2008

Review Date:					
Initial:					

PROCEDURE

1. The client or client's family or advocate will notify in writing the Director Continuing Care Services or designate of their intention to appeal the District Assessment Committee's decision to not approve service request within five (5) working days of receiving notification of the District Assessment Committee's decision.
2. Upon receipt of the written notification of appeal, the appellant will be given the choice to engage in a conference which will be arranged by the Director Continuing Care Services or designate. The conference will be held within five (5) working days between the client and client's family or advocate and the Director Continuing Care Services and Manager of Home Care to discuss the assessment findings and other care options available. Clients and/or families may request the Quality of Care Coordinator to assist them through the stages of appeal.
3. If agreement is reached at the conference between representatives of Prairie North Regional Health Authority and the client and/or client's family or advocate no further action is required.
4. If agreement cannot be reached between representatives of Prairie North Regional Health Authority and client and family and/or advocate, a complete independent reassessment of client's need will be performed.
5. A complete reassessment will be conducted by an Assessor from another area within Prairie North Regional Health Authority within ten (10) working days following the conference. The appropriate assessment forms and a risk screening tool will be used.
6. Prairie North Regional Health Authority will reimburse the Assessor's expenses including but not limited to wages, meals, mileage and accommodation.
7. The client has the right to have family and/or advocate present during the assessment process.

8. The Director Continuing Care Services or designate will be responsible to arrange for the reassessment and notify the client and family of the arrangements.
9. The Assessor will present the assessment and risk screening tool to the Appeal Committee, and a copy of the assessment and screening tool will be sent to the client and/or family/advocate. Manager of area from which appeal originated shall not be present.
10. The appeal will be heard within five (5) working days following completion of the assessment.
11. The Appeal Committee will consist of Vice President Integrated Health Services, Prairie North Regional Health Authority and two other Home Care Managers.
12. The Appeal Committee will listen to presentations from results of the reassessment and the client or the client advocate.
13. The Appeal Committee will deliver its judgment in writing to both parties within the five (5) working days following the appeal hearing.
14. The Appeal Committee's decision is final and binding.
15. Services shall remain in place until after the appeal.