

KNOW YOUR GRIEVANCE RIGHTS

CLIENT GRIEVANCE POLICY AND PROCEDURES

MIAMI-DADE COUNTY RYAN WHITE PROGRAM (PART A, MAI, AND EHE)

YOUR RIGHT TO BE HEARD

If you have a problem with your care, services, or how staff treat you, you have the right to file a grievance. A **grievance** is a formal complaint about a service, action, or decision made by your service provider. You can request a complete copy of the *Ryan White Program Grievance Policy and Procedures*, for more details.

Examples include:

- Being told you are not eligible for the program
- Denial of medical care or support services
- Poor quality of care
- Not satisfied with how services are provided

FIVE STEPS TO RESOLVE A CONCERN OR FILE A GRIEVANCE

STEP

01

TALK TO YOUR SERVICE PROVIDER

Start by sharing your concern with the staff providing your service. Many concerns can be solved quickly by talking with them.

Agency Name: _____

Contact Person: _____

Email: _____

Telephone: _____

STEP

02

FILE A GRIEVANCE WITH YOUR SERVICE PROVIDER

If your concern is not resolved, you may file a formal grievance. Ask for the *Ryan White Program Client Grievance Form* and request help to complete it, if needed. Your service provider must confirm receipt of your grievance within 3 days, keep a record of it, review it, and respond within 30 calendar days.

STEP

03

CONTACT THE COUNTY

If your grievance is still not resolved, contact the Miami-Dade County Ryan White Program within 10 business days of your service provider's decision.

Miami-Dade County, Office of Management and Budget

Grants Coordination / Ryan White Program

Email: RyanWhiteProgram@miamidade.gov

Telephone: 305-375-4742

STEP

04

APPEAL THE COUNTY'S DECISION

If you are not satisfied with the County's decision, you may appeal in writing within 10 business days of receiving it. An independent panel will review your appeal and send a final written decision.

STEP

05

ESCALATE TO HRSA

If you have completed all the steps above and still feel your grievance is not resolved, the County can provide contact information for the program's funder - the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB).

YOUR RIGHTS ARE PROTECTED

Your grievance will be handled respectfully and professionally. Help is available if you need assistance. You will not lose services or be penalized for filing a grievance. You will receive a written response within required timeframes.