HIV Care and Treatment Program
CAREAssist Grievance Policy and Form

The grievance process applies to any decision by the CAREAssist program which may adversely affect the client's eligibility for assistance. Grievances may only be filed for:

- Denial of eligibility to participate in the CAREAssist program
- Denial of a request for CAREAssist program assistance
- Denial of a request for exception
- Termination of assistance for program violations

Clients may begin the grievance process by completing a "CAREAssist Grievance Form." The form must be postmarked, or received by the CAREAssist program, within fifteen (15) days of the date of the decision being grieved. If filed after that time, the grievance must be accompanied by a written explanation for the delay.

The CAREAssist program will notify the client when we receive the client's grievance. If the client has not received notice that we received the client's grievance within ten (10) business days of sending it to the CAREAssist program, it is the client's responsibility to contact us to determine if it has been received. The CAREAssist program is not responsible for grievances that we do not receive and will not respond to a grievance we do not receive unless the client contacts us within thirty (30) days of the date of the decision being grieved.

Once the grievance is received, the CAREAssist Program will determine the merit of the grievance. If the grievance is determined to have merit the CAREAssist program will schedule a date and time to hear the grievance in a formal meeting process. Federal regulations governing the CAREAssist program allows clients the opportunity to present written objections before a person other than the person who made or approved the decision.

More information on concerns, complaints and the grievance process can be found on the program website at:
https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/HIVSTDVIRALHEPATITIS/HIVCARETREATMENT/CAREASSIST/Pages/Forms.aspx#complaints

Mail or Fax completed CAREAssist Grievance Form to:

CAREAssist Program
800 NE Oregon St. #1105
Portland, OR 97232
Fax: 971-673-0177

CAREAssist Grievance Form

Grievant name: _____ Phone: _____

Grievant address: _____

Grievance statement (Provide a short statement identifying the CAREAssist decision being grieved)**:**

Grievance detail (Provide a concise statement of facts related to the grievance, including dates and persons involved – attach a continuation page, if necessary)**:**

Remedy sought by the grievant (Be specific as to what resolution you are seeking)**:**

Grievance signature: _____ Date: _____

Send completed form to: CAREAssist Program
800 NE Oregon St. Suite 1105
Portland, OR 97232

or FAX to: 971-673-0177

For office use only

Date grievance form received: _____ Received by: _____