

PERSONAL CARE SERVICES PROGRAM MEMBER GRIEVANCE INSTRUCTIONS

Name: Member Grievance (Policy Section 517.29) Purpose: To provide the member who is dissatisfied with the services they receive from a provider agency the right to file a grievance. The PC RN will explain the grievance procedure to all applicants/members at the time of initial application/reevaluation and provide a copy of a Member Grievance Form.

Top Section

1. Member must document last name, first name, Medicaid number, date(m/d/y), address and phone number.
 2. Legal representative (if applicable) must document their name, if applicable, and their address and phone number.
 3. **Statement of Complaint**, in the area provided the Member/Legal Representative (if applicable) must document the concern with the services and be as specific as possible.
 4. **Relief Sought**, in the area provided describe what would remedy your concern with services.
 5. **Level One Grievance** is sent to the Provider Agency. Level One Grievances do not go to the state.
 6. The agency has **10** business days after receipt of complaint to hold a meeting either in person or by phone with the member/legal representative (if applicable).
 7. Once the Provider Agency meets with the member/Legal Representative (if applicable) in person or by telephone to discuss the issue(s). The Provider Agency will notify the member/Legal Representative (if applicable) of their decision or action in response to the complaint.
 8. The member **may choose** to go to a level two grievance without going through a Level one and submit directly to the state.
 9. After the meeting, the agency has **5** days to respond to the complaint **in writing** using second page of Grievance Form. Documenting the following:
 - Date of meeting with member
 - Noting if the meeting was in person or on the phone
 - Date of Agency's decision or action taken.
 - The document must be signed by the Agency Director.
 10. The member will check one of two boxes indicating:
 - I am satisfied with the Level One Decision or;
 - I am not satisfied with the Level One Decision.
 - The document must be signed by the Member/Legal Representative (if applicable) signature and date.
1. **Level 2 Grievance** is submitted to the Bureau of Senior Services, 1900 Kanawha Boulevard East, Charleston, WV 25305, if Member/Legal Representative (if applicable) is not satisfied with

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agency's response. The member or legal representative (if applicable) must send both pages of the grievance form to the Bureau of Senior Services so the Bureau will have information about the complaint, and the agency's response for consideration in making their decision.

2. The Bureau of Senior Services has 10 days to contact the Member/Legal representative (if applicable) and the PC provider after receipt of the Grievance form to review the Level One Decision.

3. The Director of Medicaid Operations will notify you of the decision.

- Document date of Meeting/Discussion
- Date of Decision
- Signature
- Date Member or legal representative (if applicable) notified of Decision/Action Taken

4. Decision/Action Taken to be documented at the bottom of the form.