APS Healthcare

# TRAUMATIC BRAIN INJURY (TBI) WAIVER

## A Handbook for TBI Waiver Participants

**TRAUMATIC BRAIN INJURY (TBI) WAIVER PROGRAM**

## A Handbook for TBI Waiver Participants

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## Program Overview

The Traumatic Brain Injury (TBI) Waiver Program is a home and community based program that provides care in the home. In order to qualify for this program, you must have the same level of care needs as someone living in a nursing home. By choosing the TBI Waiver Program, you are choosing to receive services at home and engage in community activities such as doctor appointments, grocery shopping, etc. Medical and financial eligibility must be re-determined every year.

**Person Centered Planning:** The services that you receive are based on YOU and your assessed needs and preferences. Do people listen to you? Do you have choices? Do your services meet your unique needs? These are important things to discuss with your Case Manager.

**Participant Rights:** As a Participant of the TBI Waiver Program, you have certain rights.

- Right to choose to participate in this program and right to choose providers
- Right to withdraw from the program at any time
- Right to be treated with respect and dignity and be free from harm
- Right to file a grievance if you have a problem with your services
- Right to a Fair Hearing if you are denied services or your services are reduced

**Participant Responsibilities:** You have responsibilities as a Participant of the TBI Waiver program.

- You must notify your Personal Attendant Agency if you will not need services on a particular day. (Examples: you are in the hospital, out of town, etc.). Please give 24-hour notice when possible.
- If you need to make changes to your schedule, you must contact the Personal Attendant Agency. You should not call the personal attendant directly.
- You must notify your agencies of any change in residence or phone number.
- You must agree to home visits (Example: Case Manager, Personal Attendant, state or state-contracted staff). Visits will be scheduled with notice. (Some visits to monitor your personal attendant may be unannounced).
- Once a year, an Assessment Coordinator from APS Healthcare must evaluate you in your home for TBI Waiver medical eligibility. At least every six months, the Case Manager and Personal Attendant Agency representative will come to your home to discuss your needs. It is your responsibility to participate in these events.
- You are responsible for making sure your home is a safe place for people to work.
- You are responsible for treating your personal attendant and other agency staff with respect.

## Covered Services

**A. Case Management**
**B. Personal Attendant Services**
  **1. Direct Care Support**
  **2. Transportation**
**C. Cognitive Rehabilitation Therapy**
**D. Participant-Directed Goods and Services (Personal Options Participant Only)**

**A. Case Management:** The Case Management Agency you choose will provide you with a Case Manager who will help you. Your Case Manager is responsible for:

- Arranging Waiver and other services to meet your needs
- Calling you each month to see if your needs have changed and to make sure your current services are meeting your needs
- Making visits to your home at least every six months
- Helping with your yearly medical and financial eligibility determinations
- Working with you to develop a Service Plan that addresses all of your needs
- Advocating for you to protect your rights
- Helping you with the Fair Hearing process, if needed

**B. Personal Attendant Services: Direct Care Support and Transportation**

**1. Direct Care Support**

The Personal Attendant Agency that you choose will hire the Personal Attendant, as well as:

- Make sure the personal attendant has training
- Make sure the personal attendant passes a criminal background check

Personal Attendant Service direct care staff functions include:

- Assisting with activities of daily living
- Assisting with errands and community activities
- Reporting significant changes in your condition to the Personal Attendant Service agency (or PPL) and your Case Manager
- Prompting for self-administration of medications

Some of the things a Personal Attendant **CANNOT** do include:

- Caring for or changing sterile dressings
- Irrigating a colostomy
- Administering tube feedings
- Taking care of tracheotomy tube
- Suctioning
- Giving injections, including insulin
- Administering medications, prescribed or over-the-counter
- Making judgments or giving advice on medical or nursing questions
- Applying heat

2. **Transportation**
   Transportation reimburses Personal Attendant direct care staff who take you to community activities or who perform essential errands for or with you.

**C. Cognitive Rehabilitation Therapy**

Cognitive Rehabilitation Therapists will work with you to help you improve your functioning ability, memory, attention and organizational skills. They will work to help you strengthen or re-learn patterns of thinking and behaving and learn how to compensate for impairments caused by the traumatic brain injury.

**D. Participant Directed Goods and Services**

Participant Directed Goods and Services are equipment, services, or supplies not otherwise provided through the Waiver Program that address an identified need in your Service Plan. This option is only available if the Personal Options service delivery model was chosen.

If Personal Options was chosen, you must budget for approved goods or services within your assigned budget. Public Partnerships, LLC (or PPL) will assist you with utilization of Participant Directed Goods and Services.

**Problems with service delivery**
Contact your provider agency to discuss any problems with service delivery. To report abuse, neglect or exploitation contact West Virginia Protective Services by calling 1-800-352-6513. (In an emergency, call 911).

## Service Delivery Options

You have a choice in how you receive your services through the TBI Waiver. There are two options for service delivery: Traditional Agency Services and Personal Options- the Participant-Directed Service Model. You have the right to transfer between the service options at any time.

**Traditional Agency Services:**

- You may choose to receive Case Management, Personal Attendant Services (direct care and transportation) and Cognitive Rehabilitation Therapy
- These services are provided by the Medicaid approved agency/agencies that you choose
- The Provider agency has the responsibility to secure, hire, discipline, manage, set work schedule and set wages for staff
- Provider agency is responsible for making sure staff have required credentials/ training
- Staff are employees or contractors of the Provider agency
- All services (except Participant-directed Goods and Services) are available under this model

**Personal Options: (Participant-Directed Program)**

- Participant-Direction is a person-centered service delivery system where you will have greater choice and control over the services you receive and the individuals who provide them
- Participant-Direction increases choice and control but also increases responsibility
- You will have the opportunity to exercise employer authority and budget authority
  - Employer Authority: Control over the Participant-Directed Services and the individuals who provide them
  - Budget Authority: Control over how the participant-directed portion of the budget is spent
- You are the employer – you will secure, hire, discipline, manage, set work schedule and set wages for the staff you choose to serve you
- You choose services within the Participant-Directed program. The services are: Personal Attendant Services (direct care and transportation) and Participant Directed Goods and Services
- You will be able to purchase approved goods or services that address your independence and health and safety needs
- You will direct your own services with or without the assistance of a legal or non-legal representative
- Public Partnerships, LLC (PPL) provides financial management and resource consulting for Participants who choose Personal Options
- PPL will assist you with all the payroll and tax services including processing timesheets and invoices and withholding State and Federal Taxes

**About Public Partnerships, LLC (PPL)**

- PPL is the largest provider of financial management services for participant direction in the US since 1999

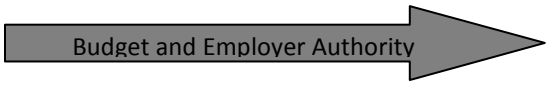
- PPL currently provides services in 21 states & the District of Columbia and manages payroll services for 40,000 participants-directed employees

- PPL provides Resource Consulting to assist you with:
  - Information, Assistance and Program Orientation
  - Employer & Employee Enrollment
  - Assisting in Spending Plan Development
  - Monitoring and Reporting
- PPL assists as a Fiscal/Employer Agent Services
  - Accounting
  - Verification of Provider/Vendor Qualifications (CPR, CBC)
  - Payroll
  - Accounts Payable
  - Tax Services
  - Reporting
- PPL assists with Customer Service on a daily basis

The following table describes the roles and responsibilities of each model:

**WV Traumatic Brain Injury Waiver Service Delivery Model Crosswalk**

| Budget and Employer Roles and Responsibilities | Traditional | Personal Options |
|---|---|---|
| Who is the employer of record? | Provider Agency | Participant |
| Who is the managing employer? | Provider Agency | Participant/Representative |
| Who is responsible to recruit employees? | Provider Agency | Participant/Representative |
| Who is responsible to hire employees? | Provider Agency | Participant/Representative |
| Who is responsible to train employees? | Provider Agency | Participant/Representative |
| Who determines employee wages? | Provider Agency | Participant/Representative |
| Who verifies the criminal background check of potential employees? | Provider Agency | Public Partnerships, LLC |
| Who verifies citizenship status of potential employees? | Provider Agency | Participant/Representative |
| Who determines the work schedule of employee? | Provider Agency | Participant/Representative (**Exempt from overtime) |
| Who supervises employees? | Provider Agency | Participant/Representative |
| Who evaluates employee performance? | Provider Agency | Participant/Representative |
| Who discharges employees, when necessary? | Provider Agency | Participant/Representative |
| Who reviews & approves employee timesheets? | Provider Agency | Participant/Representative |
| Who prepares & distributes employees' payroll including withholding, filing and depositing of Federal and state income taxes? | Provider Agency | Public Partnerships, LLC |
| Who generates required financial reports for state and/or local government, as required? | Provider Agency | Public Partnerships, LLC |
| Who arranges workers' compensation and other insurance, as required? | Provider Agency | Not Required |
| Who monitor that the services are provided in accordance with the Service Plan and meet Medicaid requirements? | Provider Agency and Participant/Representative | Participant/Representative |
| Who verifies that employees meet qualifications? | Provider Agency | Public Partnerships, LLC |
| Who monitors the Participant's budget? | Provider Agency | Participant/Representative Public Partnerships, LLC |
| Who processes payments for participant-directed goods & services? | Not Available | Public Partnerships, LLC |
| What are the covered services available to the Participant? | Case Management Personal Attendant (Direct care support and transportation) and Cognitive Rehabilitation Therapy | Case Management Personal Attendant (Direct care support and transportation), Cognitive Rehabilitation Therapy, Participant -Directed Goods and Services |




Public Partnerships, LLC. Is contracted by WV DHHR Bureau for Medical Services to fulfill the Fiscal/Employer Agent role.
**Employees/staff hired through Personal Options are exempt from overtime under the homecare companion exemption granted by the United States Supreme Court.

**Grievance**

If you are dissatisfied with the services you receive from a provider agency, you have the right to file a grievance. You will be given a Participant Grievance Form at the time of your initial application or re-evaluation for medical eligibility. In the grievance form, you will describe the concerns you have with your services, as well as what would remedy these concerns.

If you use Traditional Agency Services, send the completed Participant Grievance Form to the Provider Agency with whom you are filing the grievance. If you use Personal Options, contact Public Partnerships (PPL) to begin the grievance process for a Level One grievance. Contact APS Healthcare for a Level Two grievance.

The Provider Agency or PPL will meet with you in person or by phone call to discuss the issue(s). The Provider Agency or PPL will notify you of the decision or action in response to your complaint. The Level One grievance does not come to APS Healthcare first. You may go to a Level Two Grievance without first going through a Level One.

**Level One Grievance: TBI Waiver Provider Agency**
The provider has ten business days to hold a meeting, either in person or by phone, after receiving your grievance form. The agency then has five days after the meeting to respond in writing to the grievance. If you are not satisfied with the agency's decision, you may request that the grievance be submitted to APS Healthcare for a Level Two review and decision.

**Level Two Grievance: APS Healthcare**
APS Healthcare has ten business days from receipt of the Participant Grievance Form to contact you and the provider agency to review the Level One decision. Level Two decisions will be based on Medicaid policy and/or health and safety issues.

**Fair Hearing:** May be requested if:

- You are not given the choice of home and community-based services as an alternative to institutional care
- You are denied the services of your choice or providers of your choice
- Your services are denied, suspended, reduced or terminated

**Transfer:** At any time, you have the right to request a transfer:

- To a different service delivery option (Traditional Services or Personal Options)
- To a different Case Management Provider Agency
- To a different Personal Attendant Service Agency
- To a different Cognitive Rehabilitation Therapy Agency

If you are interested in transferring, you may contact your Case Manager, Personal Attendant, Cognitive Rehabilitation Therapist or APS Healthcare. You can change one or more agencies. Personal Option transfers are processed by APS Healthcare. The transfer should take no longer than 45 calendar days from the date the Participant Request to Transfer Form is received at APS Healthcare.

**Case Closures:** Your TBI Waiver services may stop at any time due to the following reasons:

- You choose to stop your services
- You move out of state

- You are no longer medically eligible for services
- You are no longer financially eligible for services
- You have not received any services for 180 continuous days
- Your home is determined to be an unsafe environment for staff to work
- Your needs can no longer be safely met with Waiver services

## Other State Medicaid Plans that you can access when you are approved for the TBI Waiver Program:

Note: In addition to the Covered Services offered under the TBI Waiver Program you may be eligible for other State Medicaid Plans. **Please request assistance from your Case Management Agency regarding accessing additional State Medicaid Plans.**

### Covered Services

**The WV Medicaid Program pays for medically-necessary covered health services. The fact that a provider prescribes, recommends, or approves medical care does not in itself make the care medically necessary or a covered service. For all WV Medicaid State Plan services, all eligibility requirements must be met and prior authorization may be required.**

The following is a limited listing of services covered by the WV Medicaid Program for adults 21 years of age or older. For a comprehensive listing of all Medicaid State plans go to http://www.dhhr.wv.gov/bms/Pages/ProviderManuals.aspx

1. **Behavioral Health Clinic and Rehabilitation--**mental health assessments, psychological testing, service plan development, professional and supportive counseling (individual or group), pharmacologic management, injections (psychotropic medications), ACT, day treatment, crisis intervention, behavior management, and transportation.

2. **Chiropractic Services--**manual manipulation for subluxation of the spine and certain diagnostic radiological examinations related to chiropractic services.

3. **Dental Services--**for adults 21 years of age and older, services are limited to emergent procedures to treat fractures, reduce pain, or eliminate infection. Surgical procedures associated with orthodontic treatment shall be covered even if the member exceeds 21 years of age AND the needed surgery is documented in the original orthodontic request.

4. **Durable Medical Equipment/Medical Supplies—**includes items such as wheelchairs, walkers, hospital beds and oxygen.

5. **Ambulatory Surgical Centers and Birthing Centers--**includes minor surgical procedures performed under local anesthesia. Birthing centers are reimbursed by Medicaid only for those services related to uncomplicated newborn delivery.

6. **Home Health—**includes skilled nursing care on an intermittent basis, physical therapy, speech-language pathology services, and occupational therapy subsequent to the initiation of physical therapy.
7. **Hospice Services**—includes services related to a terminal condition which are palliative rather than curative in nature.
8. **Outpatient Occupational and Physical Therapy**
9. **Orthotics and Prosthetics**
10. **Pharmacy Services**—includes medications and certain medical supplies.
11. **Practitioner Services--**includes physician evaluation and management, anesthesia, surgery, obstetrics and gynecology, and radiology.
12. **Podiatry Services**—includes foot and ankle care.
13. **Psychological Services**—includes Individual Psychotherapy, Family Psychotherapy, Group Psychotherapy, Psychiatric Diagnostic Interview, and Psychological Testing.
14. **Rural Health Clinics and Federally Qualified Health Centers**
15. **Transportation**—includes Air Ambulance, Ground Ambulance, Non-Ambulance Transport and Paramedic Intercept for Advanced Life Support.
16. **Vision Services**—includes examination, diagnosis, treatment, and management of ocular and adnexal pathology. This includes diagnostic testing, treatment of eye disease or infection, specialist consultation and referral, comprehensive ophthalmologic evaluations, and eye surgery (but not cosmetic surgery). Visual examinations to determine the need for eyeglasses are covered for children only.
17. **Radiology Services—**includes diagnostic x-ray tests and therapeutic procedures**;** CT, MRI, MRA and PET Scans; radiation oncology**;** Bone Density Tests**;** Nuclear medicine services; Ultrasound; Radiopharmaceutical and contrast materials and one interpretation/report per radiology procedure.
18. **Laboratory** Services—includes diagnostic and therapeutic laboratory and pathology procedures.
19. **Speech and Audiology Services—**includes Speech-Language Therapy services limited to specific medical/surgical conditions and Augmentative Communication/Speech Generating Systems or Device**.** Audiology services are not available to members over the age of 21.

You may be eligible for Personal Care Services (Dual Provision of TBI Waiver and Personal Care Services), if you have direct-care needs that cannot be met through the TBI Waiver**. Your Case Manager will assist you in applying for Personal Care services.** Personal Care services cannot duplicate services provided by your Personal Attendant.

## Important Phone Numbers and Resources

West Virginia Protective Services Hotline (abuse/neglect/exploitation)
http://www.wvdhhr.org/bcf/children_adult/aps/report.asp
(In an emergency, call 911).
1-800-352-6513

West Virginia Center for Excellence in Disabilities (CED)
http://cedwvu.org/
1-888-829-9426

Brain Injury Association of West Virginia
http://www.biausa.org/WVirginia/
1-800-356-6443

West Virginia Division of Rehabilitation Services
http://www.wvdrs.org/
1-800-642-8207

If you or your legal representative would like to consult with legal counsel, the following provide free legal services to eligible persons

Legal Aid of West Virginia
http://www.lawv.net/
1-866-255-4370

West Virginia Advocates
http://wvadvocates.org/
1-800-950-5250

West Virginia Emergency Medical Services Technical Support Network
WV EMS TSN
http://www.wvoems.org/support/wv-ems-tsn
304-366-3022

Mountain State Justice
http://www.msjlaw.org/
1-800-319-7132

Case Manager Name: _____

Agency Name/Phone #:_____

Personal Attendant Name: _____

Agency Name/Phone #:_____ ____

Cognitive Rehabilitation Therapist (CRT) Name/Phone #_____

_____

CRT Agency Name/Phone #_____

Important things to tell my Case Manager:

_____

_____

Important things to tell my Personal Attendant:

_____

_____

Important things to tell my Cognitive Rehabilitation Therapist

_____

_____

Important things for my Service Plan:

_____

_____

Other:

_____

_____

_____

_____

## GLOSSARY OF TERMS--DEFINITIONS

**Abuse:** any action that intentionally harms or injures another person.

**Activities of Daily Living (ADL):** activities that a person performs during the typical course of a day, such as mobility, personal hygiene, bathing, dressing, eating, and skills required for community living.

**APS Healthcare Administrative Services Organization (ASO)**: the contract vendor, currently APS Healthcare, responsible for day-to-day operations and oversight of the TBI Waiver Program to include conducting the medical evaluations and determining medical eligibility for applicants and Participants of the program.

**Community Integration:** the provision of services which allows a person to live in his/her community and participate in the activities it offers to all citizens.

**Competency Based Curriculum:** a training program which is designed to give participants the skills they need to perform certain tasks and/or activities. The curriculum must have goals, objectives and an evaluation system to demonstrate competency in training areas.

**Emergency Plan:** a written plan which details who is responsible for specific activities in the event of an emergency, whether it is a natural or man-made incident.

**Environmental Maintenance:** activities such as light housecleaning, making and changing the Participant's bed, dishwashing, and Participant's laundry.

**Financial Exploitation:** illegal or improper use of an individual's resources. Obvious examples of financial exploitation include cashing a person's checks without authorization; forging a person's signature; or misusing or stealing a person's money or possessions. Another example is deceiving a person into signing any contract, will, or other legal document.

**Fiscal Agent:** the contract vendor, currently Molina Medicaid Solutions, responsible for claims processing and provider relations/enrollment.

**Fiscal Employer/Agent (FE/A):** the contract agent, currently Public Partnerships, LLC (PPL), under Personal Options, which receives, disburses, and tracks funds based on participants' approved service plans and budgets; assists participants with completing participant enrollment and worker employment forms; conducts criminal background checks of prospective workers; and verifies workers' information (i.e., social security numbers, citizenship or legal alien verification documentation). The FE/A also prepares and distributes payroll including the withholding, filing, and depositing of federal and state income tax withholding and employment taxes and locality taxes; processes and pays vendor invoices for approved goods and services, as applicable; generates reports for state program agencies, and participants; and may arrange and process payment for workers' compensation and health insurance, when appropriate.

**Home and Community Based Services (HCBS):** services which enable individuals to remain in the community setting rather than being admitted to a Long Term Care Facility (LTCF).

**Informal Supports (Informals):** Family, friends, neighbors or anyone who provides a service to a Participant but is not reimbursed.

**Instrumental Activities of Daily Living (IADL):** skills necessary to live independently, such as abilities used to shop for groceries, handle finances, perform housekeeping tasks, prepare meals, and take medications.

**Legal Representative:** a personal representative with legal standing (as by power of attorney, medical power of attorney, guardian, etc.).

**Neglect:** failure to provide the necessities of life to an individual. Neglect includes providing inadequate care or supervision to an individual, resulting in injury or harm.

**Participant-Direction:** the Participant, or his/her representative, has decision-making authority over certain services and takes direct responsibility to manage their services with the assistance of a system of available supports. Participant-Direction promotes personal choice and control over the delivery of waiver and state plan services, including who provides the services and how services are provided.

**Person-Centered Planning:** a process-oriented approach which focuses on the person and his/her needs by putting him/her in charge of defining the direction for his/her life,
Not on the systems that may or may not be available.

**Quality Management Plan:** a written document which defines the acceptable level of quality, for a waiver agency and describes how plan implementation will ensure this level of quality through documented deliverables and work processes.

**Resource Consultant:** an employee of PPL who assists Participants who choose Personal Options with the responsibilities of self-direction, such as developing a plan and budget to meet their needs; providing information and resources to help hire, train and manage employees; developing and maintaining a directory of eligible employees; providing information and resources to help purchase goods and services; connecting with a network of peer supports; helping to complete required paperwork for Personal Options; and helping the Participant select a representative to assist them, as needed.

## How to Report Abuse and Neglect

Any individual may report *known* or *suspected* cases of abuse, neglect, or emergency situations, including anyone who wishes to make a report on his or her own behalf. There are also certain groups who are required by law to report; these are referred to as mandatory reporters.

**Reports of abuse and/or neglect must be made to the Department of Health and Human Resources. These reports may be made directly to your local Department of Health and Human Resources office during normal business hours (8:30-5:00) or after hours to the 24-hour Hotline that is provided for this purpose: 1-800-352-6513.**

Any person, who, in good faith, makes a report of abuse, neglect, or emergency situations, will be free from any civil or criminal liability that might arise as a result of making such a report. The person who makes a report is not required to provide his or her name.

### Terms You Should Know (Related to reporting abuse and neglect)

**Caregiver**
An adult who has or shares actual physical charge or care of an individual on a full-time or temporary basis. A caregiver can be a health care provider, family Participant, or any person who accepts a supervisory role for an individual.

**Emergency Situation**
A situation or set of circumstances that presents an actual risk of death or serious injury to an individual.

**Financial Exploitation**
The illegal use or wasting of an individual's money, property, or other assets. Financial exploitation places the individual at risk of neglect by not having basic needs met.

**Neglect by Others**
Neglect is the failure to provide the necessities of life to an individual.

**Physical Abuse**
Physical abuse includes harm or the threat to harm an individual with physical pain or injury, or to imprison them.

**Self-Neglect**
Self-neglect is when an individual is unable to meet his or her own basic daily living needs.

**Sexual Abuse**
Sexual abuse is having or allowing others to have sexual contact without the person's consent.

**Verbal/Emotional Abuse** Speaking to or treating people in a way that causes emotional pain or distress. Causing or threatening to cause physical pain or injury, withholding food, water, and/or medical treatment or the threat of imprisonment or isolation. Emotional abuse includes yelling, name calling, ignoring or frightening a person. Nonthreatening teasing is not considered verbal abuse.

**How to Contact APS Healthcare, Inc. TBI Waiver Program Staff**

Mail: 100 Capitol Street, Suite 600
Charleston, WV 25301
Manager, TBI Waiver Program
Main phone: 866-385-8920
Fax: 866-607-9903
Website: www.apshealthcare.com

# TRAUMATIC BRAIN INJURY (TBI) WAIVER PROGRAM
# MEMBER REQUEST TO TRANSFER

**MEMBER INFORMATION:**

Last_____ First _____ Middle Initial _____

Street Address _____

City _____ State_____ Zip Code _____ County _____

Date of Birth ____/____/_____ Medicaid Number: __ __ __ __ __ __ __ __ __ __ __

Phone Number: (  ) __ __ __-__ __ __ __

Legal Representative _____
(If applicable)

Phone Number: (  ) __ __ __-__ __ __ __ (  ) __ __ __-__ __ __ __
Home Cell

**My Current Providers are:**

Case Management Agency _____

Personal Attendant Services _____

Service Preferences:

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|---|---|---|---|---|---|---|---|
| Hours per day: | | | | | | | |

☐ TRADITIONAL AGENCY TRANSFER

I wish to transfer from my current provider:

- ☐ Case Management Agency
- ☐ Personal Attendant Service Agency

☐ PERSONAL OPTIONS TRANSFER

- ☐ I wish to transfer **from Personal Options** to a Traditional Agency Model.
- ☐ I wish to transfer **from the Traditional Agency** Model to Personal Options.

I want to transfer because _____

I understand that I will be contacted by APS Healthcare, Inc. to explain the transfer process and my freedom of choice options.

_____ _____
Member/Legal Representative Signature Date

Fax Form To:
APS Healthcare, Inc.
1.866.607.9903

# TRAUMATIC BRAIN INJURY WAIVER
# MEMBER GRIEVANCE

| Last Name | First Name | Middle Initial: | Medicaid # |
|---|---|---|---|
| Date | Address | | Phone |
| Legal Representative Name, if applicable | Address | | Phone |

**Statement of Complaint (Describe your concern with your services)**

| |
|---|
| |

**Relief Sought (Describe what would remedy your concern with services)**

| |
|---|
| |

The Level One Grievance: For traditional services, the grievance must be sent to the provider agency related to your compliant. For Personal Options, the grievance must be sent to Public Partnerships (PPL). The Provider Agency or PPL will meet with you in person or by phone call to discuss the issue(s). The Provider Agency or PPL will notify you of the decision or action in response to your complaint. The Level One grievance does not come to APS Healthcare, Inc. first. A Member may go to a Level Two Grievance without going through a Level One.

# TRAUMATIC BRAIN INJURY WAIVER
# MEMBER GRIEVANCE

**LEVEL ONE GRIEVANCE RESPONSE**

Date of Level One Meeting with Agency Director or PPL: ___/___/_____ ☐ In Person OR ☐ Conference Call

Provider Agency or PPL Decision or Action Taken Date of Decision___/___/_____

| |
|---|
| |

_____ _____
Provider Agency Director or PPL Signature Date

☐ I am satisfied with the Level One Decision

☐ I am not satisfied with the Level One Decision

_____ _____
Member/Legal Representative Signature Date

**LEVEL TWO GRIEVANCE RESPONSE**

The Level Two Grievance: If you are not satisfied with the Level One response by the Provider Agency or PPL, you may proceed to Level Two. Send to: APS Healthcare, Inc., 100 Capitol Street, Suite 600, Charleston, WV 25301. Level Two decision will be based on Medicaid policy and/or health and safety issues. The _____ will notify you of the decision.

Date of Meeting/Discussion ___/___/_____ Date of Decision ___/___/_____

Signature _____ Date of Notification to Member___/___/_____

| Decision/Action Taken |
|---|
| |