

AGED AND DISABLED WAIVER FORMS INSTRUCTIONS

Form Name: Aged and Disabled Waiver Participant Grievance (Policy Sections 501.30)

Purpose: To provide the participant who is dissatisfied with the services he/she receives from a provider agency the right to file a grievance. The UMC RN will explain the grievance procedure to all applicants/members at the time of initial application/reevaluation and provide a copy of a ADW Participant Grievance Form. Service providers will only afford participants a grievance procedure for services that fall under the particular service provider's authority; example a CM agency may not conduct a grievance procedure for a Personal Attendant agency.

Top Section

1. Participant must document last name, first name, Medicaid number, date (mm/dd/yy), address and phone number.
2. Legal representative must document his/her name, if applicable, and address and phone number.
3. Statement of Complaint, in the area provided the Participant/Legal Representative 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 or Public Partnerships, PPL. 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 participant/legal representative.
7. Once the Provider Agency meets with the participant/Legal Representative in person or by telephone to discuss the issue(s), the Provider Agency will notify the member/Legal Representative of their decision or action in response to the complaint.
8. The ADW Participant 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/PPL has 5 days to respond to the complaint in writing using second page of Grievance Form. Documenting the following:
 - Date of meeting with participant
 - Noting if the meeting was in person or on the phone
 - Date of Agency's/PPL's decision regarding
 - The document must be signed by the Agency Director or PPL representative.
10. The participant 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 Signature and date.

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11. Level 2 Grievance is submitted to the Bureau of Senior Services (BoSS), 1900 Kanawha Boulevard East, Charleston, WV 25305, if Participant/Legal representative is not satisfied with agency/PPL's response. The participant 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/PPL's response in order to make their decision.

12. BoSS has 10 days to contact the Participant/Legal representative and the ADW provider after receipt of the Grievance form to review the Level One Decision.

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

- Document date of Meeting/Discussion
- Date of Decision
- Signature
- Date Participant notified of Decision/Action Taken.

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