

**INTELLECTUAL/DEVELOPMENTAL DISABILITIES WAIVER  
PROGRAM APPLICANT/ MEMBER GRIEVANCE**

<b>Program Applicant/Member Information</b>			
Last Name	First Name	Middle Init	Medicaid #
Date	Address		Phone
<b>Legal Representative Information (if applicable)</b>			
Name	Address	Phone	
		Email	

<b>Statement of Complaint</b>
<b>Explain as specifically as possible the issue(s) causing dissatisfaction. (Additional pages or supporting documents may be submitted if needed.)</b>

<b>Relief Sought</b>
<b>Describe what you want to be done to resolve the issue(s). Please be specific.</b>

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Level One Grievance: Issues regarding the amount or quality of services are typically resolved by communicating directly with the service delivery agency. For traditional services, the Level One Grievance must be sent to the provider agency. For Personal Options, the Level One Grievance must be sent to Public Partnerships (PPL). The provider agency or PPL will meet with you in person or by phone to discuss the issue(s). The provider agency or PPL will notify you of the decision or action taken in response to your complaint. KEPRO is not involved in Level One Grievances.

Level Two Grievance: If you are not satisfied with the decision/action taken by the provider agency or PPL, you may escalate the grievance to Level Two by submitting the grievance form and any supporting documentation to KEPRO. Please note, you may submit a Level Two Grievance without going through Level One.

**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

\_\_\_\_\_  
 Applicant/Member/Legal Representative Signature      Date

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**LEVEL TWO GRIEVANCE RESPONSE**

If you are not satisfied with the Level One response by the Provider Agency or PPL, or if you choose not to submit a Level One Grievance, you may proceed to Level Two. Please submit to: KEPRO, 1007 Bullitt Street, Suite 200, Charleston, WV 25301. KEPRO will contact you within 5 business days of receipt of the Grievance Form.

Date of Meeting/Discussion \_\_\_/\_\_\_/\_\_\_\_\_

Date of Decision \_\_\_/\_\_\_/\_\_\_\_\_

Signature \_\_\_\_\_

Date of Notification to Participant/Legal Representative \_\_\_/\_\_\_/\_\_\_\_\_

Decision/Action Taken