



## Complaint and Appeal Policy

### **Purpose:**

To ensure the Aging and Disability Resource Center (ADRC) maintains and implements due process policies and procedures to review and resolve complaints and inform people of their appeal rights.

### **Objective:**

This policy describes the customer's right to file a complaint, and the process for resolving customer's complaints and appeals related to the work of the Aging and Disability Resource Center. The goal of the complaint and appeal procedure is to allow customers of the ADRC to exercise their due process rights with a simple and easily understood process.

The ADRC will cooperate with any review of appeals and complaints conducted by the Wisconsin Department of Health Services or external quality review agency.

### **Definitions:**

- 1. Complaint:** A grievance, difficulty, disagreement or dispute. An expression of dissatisfaction about a situation that the person making the complaint wants to see rectified.
- 2. Grievance:** A complaint.
- 3. Appeal:** An official written request to change the outcome of a determination related to eligibility for public benefits or the reduction, elimination or denial of services provided as part of a public benefit.
- 4. Complainant:** An ADRC customer, or person acting on the customer's behalf, expressing or filing a complaint.
- 5. Petitioner:** An ADRC customer, or person authorized to act on the customer's behalf, filing an appeal or fair hearing request.

### **Procedures:**

**Procedure for Informing and Assisting Customers in Exercising Their Rights.** Any ADRC customer, or person acting on a customer's behalf, may express or file a complaint. All ADRC staff will refrain from any reprisal or threat of reprisal against any individual registering a complaint.

All customers of the ADRC will be given the complaint and appeal brochure with information on their rights, the complaint procedure, and contact information for external advocacy agencies when:

- Staff have reason to believe the person is dissatisfied with service they have received;
- An individual has been found to be at a Non-Nursing Home or Functionally Ineligible level of care on the Long Term Care Functional Screen (LTCFS);

- The person requests the information on how to file a complaint.

Staff will explain the process and provide assistance as necessary in submitting a formal complaint or appeal.

In addition to the internal ADRC complaint process, customers utilizing the ADRC will be informed they are entitled to access an external review process through either the Wisconsin Department of Health Services (DHS) or the State Fair Hearings process or both. Customers may use any or all complaint and appeal processes outlined in this policy and in any order. If a customer does not specify if their grievance is formal or informal the ADRC will consider it to be an informal complaint.

***Informal Internal Complaint Process and Procedure.*** A customer may make an informal complaint verbally or in writing. Informal complaints may also be identified through suggestion boxes, surveys, phone calls, e-mail, etc. Any ADRC customer, or person acting on a customer's behalf, may use the informal complaint procedure. An informal complaint does not limit a customer from pursuing other complaint procedures, including legal actions.

ADRC staff who receive a complaint should encourage customers to discuss their concerns or complaints with the staff most directly involved. Customers can request that the person's supervisor be involved in this informal resolution process. Whenever possible, the ADRC will attempt to resolve any complaint at the time it is presented. The informal internal complaint process must be completed within ten business days of the date the complaint is received. Documentation of the complaint, steps taken toward resolution, and conclusions of the internal review should be completed and documented by staff in the ADRC. If the customer is not satisfied with the proposed solutions to his/her issue, the customer should be informed verbally and in writing of the formal complaint process. Assistance should be given to customers in understanding the process and in the completion of the formal complaint. Customers are not required to go through the informal process before utilizing the formal process described below. Customers have 10 days from the completion of the informal complaint process to appeal the decision and request a formal internal review.

***Formal Internal Complaint Process and Procedure.*** Formal complaints have an expectation that management will investigate and provide a written summary of findings, propose a resolution, and take action. It is preferred that the customer, or person acting on the customer's behalf, use the attached form to make a formal complaint. Utilizing the form helps to ensure that full information is provided and makes it easier for the ADRC to resolve the customer's concerns. However, customers can also use their own format for writing their complaint or can express their concerns verbally to the ADRC Director/Manager. The form/complaint may be returned by email, mail, or delivered to the ADRC office. Customers should make their formal complaint, either verbally or in writing, to the ADRC Director/Manager within 45 days of the occurrence of the event. An extension to the 45-day time limit will be granted by the ADRC Director/Manager for a good cause, e.g. the person was not given written notification to respond within 45 days, the person was on vacation or otherwise unable to receive his/her mail/email.

The ADRC has 10 business days from the day it receives the complaint to respond.

The ADRC Director/Manager will arrange to meet with the customer, and if different, the complainant and any staff person named in the complaint. When a complaint is related to Elder Benefit Services (EBS), the ADRC Director/Manager will share a copy of the complaint with the Benefit Specialist Supervising Attorney who is responsible for the EBS' individual case handling. The ADRC Director/Manager:

1. Will identify and clarify the matter or issues and explain the process for resolving the complaint.
2. Offer the complainant assistance in putting the complaint in writing if this has not already occurred.
3. Provide a copy of the complaint to the complainant.
4. Schedule a meeting at a mutually agreed to time.
5. Attempt to resolve the complaint at the scheduled meeting.
6. If resolution in this initial meeting is not possible, conduct an inquiry into the incident or conditions that led to the complaint. This inquiry is to gather additional information with the intent of resolving the complaint.

If further inquiry/investigation is necessary, the ADRC Director/Manager's response may include interviews with relevant persons, a record review, or other efforts that are necessary to form an accurate and factual basis for the resolution of the complaint. The director will prepare a written report that summarizes the complaint, and a finding of the complaint as either founded (a violation has occurred) or unfounded (the complaint is without merit). Specifically, the written report will include:

1. A decision of either founded or unfounded.
2. The name of the contact person for the complaint;
3. The date the decision was reached;
4. A summary of the steps taken on behalf of the customer to resolve the issues;
5. Information on how the customer files for an external review by the Department or how the customer appeals the decision through the Fair Hearing process, if he/she disagrees with the decision;
6. If the complaint is founded, specific recommendations for resolving the issue. Where appropriate, the recommendations will include a time line for carrying out the changes;
7. If the complaint is unfounded, and the director/manager has identified issues that appear to affect the quality of ADRC services, suggestions for improvement;

The ADRC Director/Manager will complete his/her inquiry and the report within 15 days from the date the formal complaint was first presented. Copies of the report will be sent to the customer and complainant if different than that customer. If the ADRC Director/Manager, the customer and the complainant, agree to the facts, conclusions and recommendations of the report, the complaint is considered to be resolved. If the complainant disagrees with the facts, conclusions or recommendations, the supervisor may attempt to seek an agreeable resolution. If this is not possible, the complainant will be

informed about the Formal *External Review* Process.

**External Review Process and Procedure.** An External Review is a complaint made to the Wisconsin Department of Health Services with the expectation that the appropriate agency will complete a timely review, investigation and analysis of the facts in an attempt to resolve concerns and problems expressed by a complainant. The ADRC will inform customers of the external complaint resolution review process through the Wisconsin Department of Health Services at any time upon request of the customer or after the internal complaint resolution process is concluded but not resolved.

1. Complaints related to services provided by an ADRC should be made directly to the Wisconsin Department of Health Services by writing, calling, or e-mailing:

Aging and Disability Resource Center Complaints  
Office for Resource Center Development  
Division of Public Health  
Wisconsin Department of Health Services  
P.O. Box 7851  
Madison WI 53707-785 1

Phone: 608.266.2536

Fax 608.267.3203

[E-mail: DHSRCteam@wisconsin.gov](mailto:DHSRCteam@wisconsin.gov) (Please indicate "ADRC of \_\_\_\_\_ Complaint" in the subject line)

2. Grievances Relating to Services provided by a Managed Care Organization or an IRIS Consultant Agency should be directed to MetaStar. MetaStar is authorized by the Department of Health Services (DHS) to review all appeals and grievances that are submitted to DHS by or on behalf of members or participants enrolled in the following programs:

- Family Care
- Family Care Partnership
- Program of All-Inclusive Care for the Elderly (PACE)
- Include, Respect, I Self-Direct (IRIS)

Acting on behalf of DHS, MetaStar reviews members' or participants' appeals and grievances related to each program's covered benefits as well as appeals concerning eligibility and enrollment matters.

The ADRC will, upon request provide assistance to IRIS participants or MCO members residing in the ADRC service area in filing complaints for external review. Information on filing a complaint with MetaStar can be found at:

<http://www.metastar.com/services/external-quality-review/appeals-and-grievances/>

**Appeal Process and Procedure.** An appeal is an official request to change the outcome of a determination related to eligibility for public benefits or the reduction, elimination

or denial of long-term care services covered under Wisconsin Medicaid, Family Care, Partnership or IRIS. A Fair Hearing occurs before an impartial administrative law judge in which the petitioner or the petitioner's representative presents the reasons why an action or inaction by the Department, a county agency, an ADRC or an ICA or MCO in the petitioner's case should be corrected.

If a person is determined functionally ineligible for Medicaid long term care services, the ADRC staff will send the Notice of Denial of Functional Eligibility with appeal rights to the customer. If a person meets a non-nursing home level of care, the ADRC staff will send the Notice of Non-Nursing Home Level of Functional Eligibility with appeal rights to the customer. A customer may directly appeal to the Office of Hearings and Appeals within 45 calendar days after receipt of notice of a decision/adverse action or failure to act regarding the following types of appeals:

- Appeals regarding functional ineligibility determinations including a determination of a non-nursing home level of care.
- Appeals regarding financial ineligibility determinations for long term care benefits.

These requests for a Fair Hearing must be filed in writing, using one of the forms listed below, with the Division of Hearings and Appeals in the Department of Administration:

Request for Fair Hearing  
c/o DOA Division of Hearings and Appeals P.O. Box 7875  
Madison WI 53707.7875  
Phone: 608.266.3096  
608.264.9853 (TTY)  
Fax 608.264.9885

Forms:

Request for a State Fair Hearing Aging and Disability Resource Center (ADRC)  
<http://www.dhs.wisconsin.gov/forms/F0/f00236a.doc>

Request for a State Fair Hearing  
<http://www.dhs.wisconsin.gov/forms/F0/f00236.doc>

**Training.** The ADRC will train staff to support customers in this process and be empathic, supportive, and professional. All staff will encourage customers to express their concerns as a way to address ongoing quality improvement within the ADRC. The ADRC will train staff on steps necessary to investigate complaints. ADRC staff will be familiar with all advocacy organizations available to members and when customers should be referred. Staff will be familiar with policies and procedures for filing a complaint to fully and adequately assist customers with their complaints. The ADRC will train staff on the Fair Hearing process.

**Continuous Quality Improvement.** All complaints related to the work of the ADRC will be tracked in such a way to allow systematic review of complaints. Data will be analyzed for trends and used to devise methods to improve customer service. Complaint data will be shared with staff. Board members will be included in the summary review of complaints to help them identify unmet needs within the service

area of the ADRC and to assist in identifying areas in need of quality improvement. Annually, complaint information will be shared with ORCD to identify statewide issues and quality improvement opportunities.

**Aging and Disability Resource Center of Douglas County**

**COMPLAINT FORM  
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To help us ensure that we understand your complaint and can respond promptly, please complete this form and return to:

**Aging & Disability Resource Center of Douglas County  
1316 North 14<sup>th</sup> Street, Suite 327  
Superior, WI 54880**

**YOUR NAME:** \_\_\_\_\_

**NAME OF CUSTOMER:** \_\_\_\_\_  
(if you are filing a complaint on behalf of another individual)

**YOUR ADDRESS:** \_\_\_\_\_  
Street address, apartment number (if any)

\_\_\_\_\_  
City, State, Zip Code

**YOUR PHONE NUMBER:** \_\_\_\_\_

**PLEASE DESCRIBE YOUR COMPLAINT:**

**Please be as specific as you can.** Include any names or dates as this may help resolve your complaint. You can use the back of this form or attach additional information to describe your complaint. You can also ask the ADRC for help in completing this form by calling 715-395-1234.

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Aging and Disability Resource Center of Douglas County

**COMPLAINT FORM  
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**Please tell us HOW WOULD YOU LIKE TO SEE YOUR COMPLAINT RESOLVED:**

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Signature \_\_\_\_\_ Date: \_\_\_\_\_

