

## **NOTICE OF COMPLAINT AND APPEAL/GRIEVANCE PROCESS**

**AGING & DISABILITY RESOURCE CENTER OF SOUTHWEST WISCONSIN-South**  
*Serving Grant, Green, Iowa and Lafayette Counties*

### **CONSUMER COMPLAINTS, APPEALS AND GRIEVANCES RELATED TO SERVICE OR TREATMENT RECEIVED AT THE AGING & DISABILITY RESOURCE CENTER**

If you are not happy with the service you received at the Aging & Disability Resource Center; feel that you were treated unfairly or discriminated against; or disagree with decisions made or actions taken, you have the right to file a complaint/grievance or appeal.

If you have a complaint, grievance or appeal, you can tell any staff person at the Aging & Disability Resource Center and ask for their help in filing it, or you can contact the local ADRC Manager/Supervisor for assistance.

If you would rather get help from someone outside of the Aging & Disability Resource Center to help you file and resolve a complaint/grievance or appeal, you can contact the following advocate agency:

Access to Independence (Green County Only)  
2345 Atwood Ave.  
Madison, WI 53704  
Telephone: 608-242-8484  
Telephone Toll Free: 800-362-9877

or

Independent Living Resources (Grant, Iowa and Lafayette Counties)  
149 E. Mill Street  
Richland Center, WI 53581  
Telephone: (608) 647-8053  
Telephone Toll Free: (877) 471-2095

You can also have a friend, relative or anyone else you choose help you in filing and resolving a complaint/grievance or appeal.

When you contact us about a complaint/grievance or appeal, we will ask you to put it in writing. We have a form to use for this purpose, or you can write your complaint on a piece of paper. If you need help, staff at the Aging & Disability Resource Center can assist you if needed.

Your complaint/grievance or will be given to the local ADRC Manager/Supervisor right away.

The Manager/Supervisor will contact you as soon as possible to discuss the complaint/grievance or appeal; review the options available to resolve the issue; and offer assistance.

The options available to resolve a complaint/grievance or appeal include:

- 1) Informal Internal Complaint. This option is intended to promote understanding, bridge differences and identify and resolve problems on a less formal basis than the other appeal/grievance options. If you choose this option, the local ADRC Manager/Supervisor will talk with you on the phone or meet with you in person to discuss and try to resolve the problem within ten business days. You can have anyone you want at the meeting with you. Following your contact with the local ADRC Manager/Supervisor, you will receive a letter that reviews your complaint and how it was resolved.
- 2) Formal Internal Complaint. If you prefer a more formal process *or* if you have tried the informal internal appeal process and are still dissatisfied, you can file a formal internal complaint/grievance or appeal. If you choose this option, the local ADRC Manager/Supervisor will make arrangements for you to meet with a Review Committee to discuss and try to resolve the problem within 15 business days. You can have anyone you want at the meeting with you. Following the meeting you will receive a letter that reviews your complaint/grievance or appeal and how it was resolved.
- 3) Formal External Review of Process and Procedure. At any time before, during or after the internal processes described above, you can choose to file a formal external complaint either verbally or in writing with the Wisconsin Department of Health Services. You can contact the Department at:

ADRC Quality Assurance Specialist  
Office for Resource Center Development/Division of Long Term Care  
Wisconsin Department of Health Services  
P.O. Box 7851  
Madison, WI 53707-7851  
Telephone: (608) 266-2536  
Fax: (608) 267-3203  
Email: [DHFSRCTeam@wisconsin.gov](mailto:DHFSRCTeam@wisconsin.gov) (put "ADRC Complaint" in subject line)

The Department will complete a review within twenty (20) business days of receipt of a request for review from a complaint, unless the individual and the Department agree to an extension for a specified period of time.

- 4) Request for Fair Hearing. If your complaint relates to your application for long-term care benefits, you can file an appeal/grievance directly with the State Fair Hearing process *if* you have received a notice of decision, or there has been a failure to act regarding one of the following:
  - determination of ineligibility for long-term care benefits;
  - determination of cost sharing for long-term care benefits;
  - determination in regard to divestment, treatment of trust amounts, and protection of income and resources of a couple for maintenance of the "community" spouse;
  - failure to provide timely services and support.

Your appeal must be filed within 45 days of the receipt of notice or failure to act.

For matters other than those listed above, the formal external appeal process must be used first, before using the State Fair Hearing process. Requests for fair hearing must be put in writing (please use form: Division of Hearing and Appeals: DHA-28, available at the ADRC) and either mailed or faxed to:

Family Care Request for Fair Hearing  
c/o DOA Division of Hearings & Appeals  
P.O. Box 7875  
Madison, WI 53707-7875  
Phone: (608) 266-3096 (608) 264-9853 (TTY)  
Fax: (608) 264-9885

## COMPLAINTS/GREVIANCES AND APPEALS RELATED TO LONG TERM CARE PROGRAMS

If you are found eligible for and enroll in a long-term care program, including Family Care or IRIS, and are dissatisfied about the services you receive, decisions that are made or how you are treated, you may wish to exercise your right to file a complaint or appeal. If so, the Aging & Disability Resource Center staff can give you the information you need to file a complaint, or apply for a State Fair Hearing. If you need help to file your complaint or appeal, the staff at the Aging and Disability Resource Center can assist you, or can help connect you to other organizations that provide advocacy, complaint investigation, mediation, and assistance with appeals for people who are participating in long-term care programs.