

## **Informal Grievances and Appeals**

### **Definitions**

- Grievances are defined as complaints not related to a specific action.
- An action, as applicable to the PRIME program, is defined as the denial of a service, or the limitation, reduction, suspension, or termination of a previously authorized service including the type or level of services. An action does not include those decisions of a provider exercising his or her professional judgment.
- Appeals are defined as complaints related to specific actions taken by either the State or PCPs that result in denial of payment or services.
- Expedited appeals are those wherein the State determines that delays under the standard timeframe could jeopardize the individual's life or health.

### **Timeframes**

- Recipients have the right to file an appeal within 30 days of notification of the adverse action.
- Recipients have the right to a decision within 90 days after filing a grievance or appeal unless "expedited" status is determined.
- Expedited appeals must be resolved within 72 hours after the recipient provides the required supporting documentation.

### **Process**

Appeals may be accepted verbally but must be followed by filing a written, signed appeal unless "expedited" status is determined. Grievances may be accepted and resolved verbally or written. The State will make its determination through an informal investigation utilizing one or more but not limited to the following procedures:

- Mediation
- Documentation and record reviews
- Other

Recipients who have grievances/appeals that can not be resolved through the informal process will be informed of the formal appeals process (Fair Hearing).