

# ATTACHMENT 3.D

## DA/SSA GRIEVANCE OR APPEAL FORM

*If you are dissatisfied with your agency, a member of its staff, or decisions about services that you receive, you may complete this form and give it to the agency's grievances & appeals coordinator so that issues can be resolved reasonably quickly. This form is made available for your convenience, but you may write your concerns down in any way you choose. Or, if you prefer, you may talk to the grievances & appeals coordinator about your concerns.*

- **We encourage you to express your dissatisfaction openly.**
- **Your concerns are considered confidential.**
- **Your services will not be affected if you file a grievance or appeal an action.**
- **No staff member will treat you poorly if you express your concerns.**
- **You are entitled to an agency decision regarding your concerns and reasons for the agency's decision.**

Name: \_\_\_\_\_ (required in order to provide a response)

Address: \_\_\_\_\_ or e-mail \_\_\_\_\_

Telephone #: \_\_\_\_\_ (if preferred) Date: \_\_\_\_\_

*(X) What best describes your concerns? If your concerns are about a denial, reduction, or stoppage of service, please give as much detail as possible. If your concerns are about the agency or staff, please describe the issues.*

The following categories may help, but you are not limited to this list:

| <u>Examples of Grievance Issues:</u>  | <u>Examples of Appeal Issues:</u>  |
|---|--|
| <ol style="list-style-type: none"><li>1. <input type="checkbox"/> Dissatisfaction with a staff/contractor</li><li>2. <input type="checkbox"/> Dissatisfaction with management</li><li>3. <input type="checkbox"/> Dissatisfaction with program decision</li><li>4. <input type="checkbox"/> Dissatisfaction with policy decision</li><li>5. <input type="checkbox"/> Dissatisfaction with quality of services</li><li>6. <input type="checkbox"/> Dissatisfaction with accessibility of services</li><li>7. <input type="checkbox"/> Dissatisfaction with timeliness of response</li><li>8. <input type="checkbox"/> Dissatisfaction with services not offered or not available</li></ol> | <ol style="list-style-type: none"><li>1. <input type="checkbox"/> Denial or limited authorization of a requested covered service.</li><li>2. <input type="checkbox"/> Reduction, suspension, or termination of an authorized service or service plan</li><li>3. <input type="checkbox"/> Denial, in whole or in part, of payment for a service</li><li>4. <input type="checkbox"/> Failure to provide services in a timely manner</li><li>5. <input type="checkbox"/> Failure to provide clinically indicated covered services</li><li>6. <input type="checkbox"/> Denial of request for covered services outside Medicaid network</li></ol> |

Describe your concerns and what steps you have taken to resolve the problem so far. \_\_\_\_\_

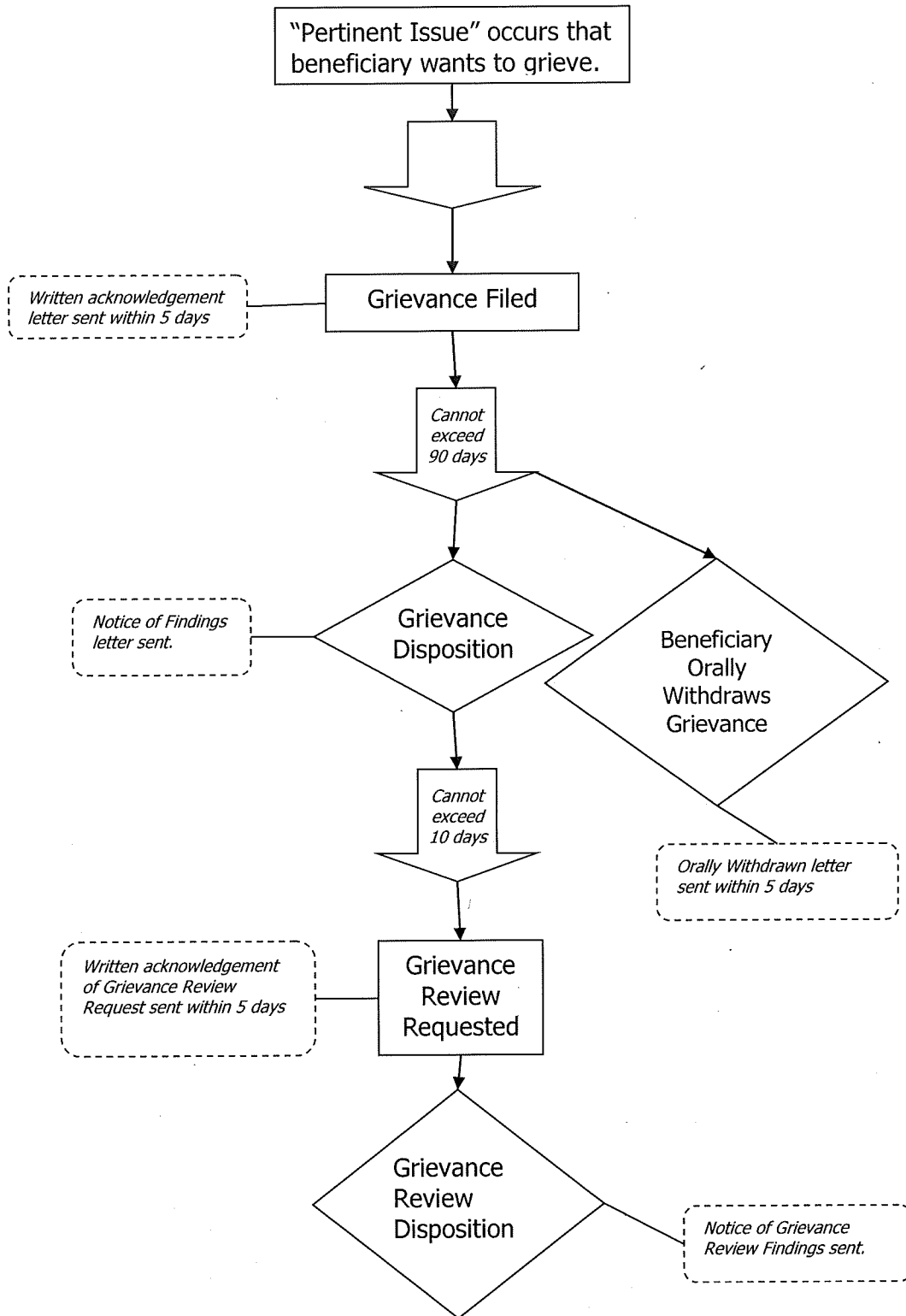
\_\_\_\_\_  
\_\_\_\_\_

How would you like to see the problem resolved? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Attachment 3. E**

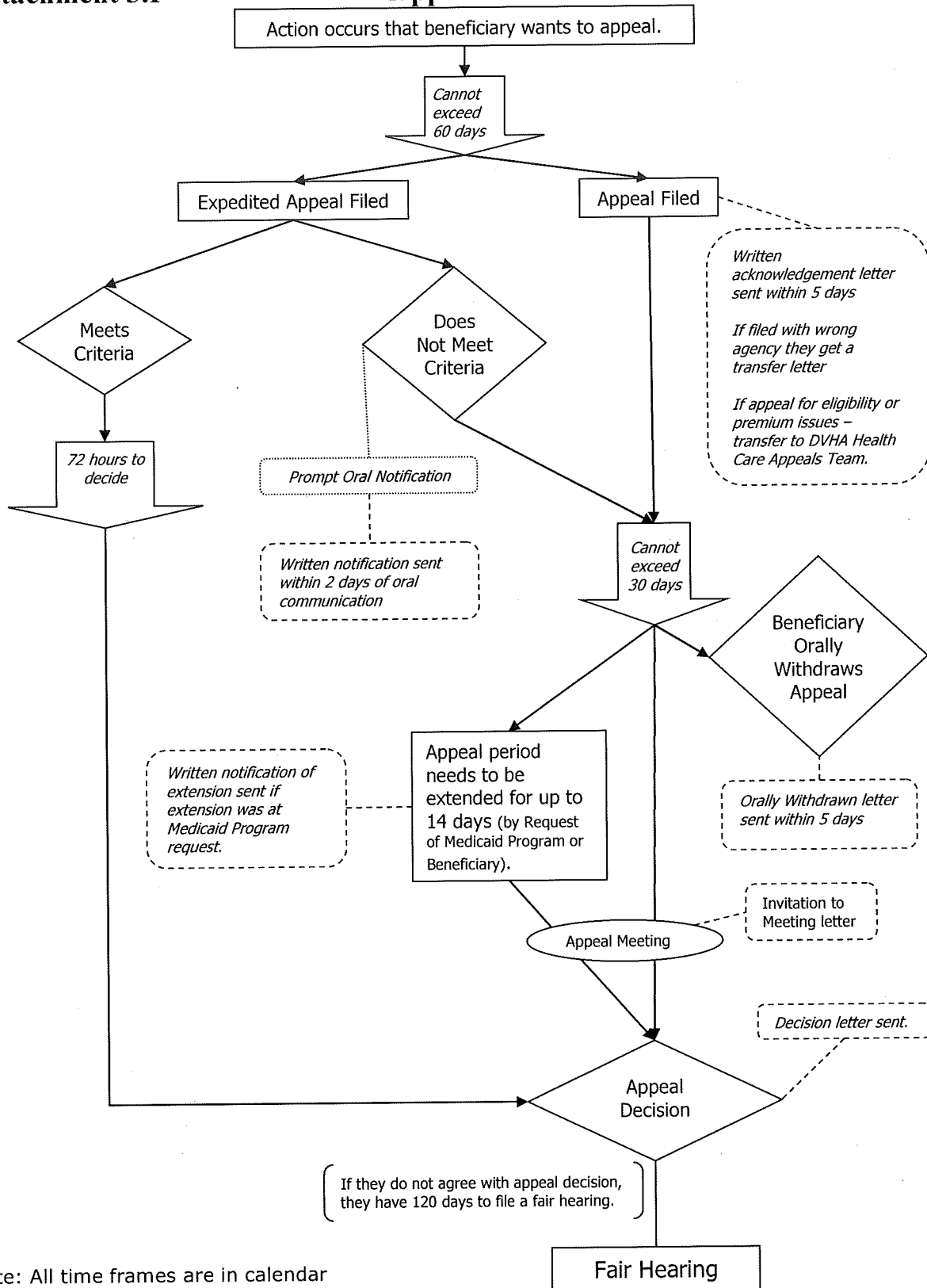
**Grievance Flow Chart**



Note: All time frames are in calendar days unless otherwise specified.

**Attachment 3.F**

**Appeal Flow Chart**



Note: All time frames are in calendar days unless otherwise specified.

**Attachment 3.G**  
**Sample Grievance Acknowledgement Letter**

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**Insert Letterhead**

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**If you need interpretation services...**

(Arabic) ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-899-9600x2. (French) ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-899-9600x2. (Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-899-9600x2. (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-899-9600x2. (Nepali) च्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्न भाषा सहायता सेवाहरू नि:शुल्क रूपमा उपलब्ध छ। फोन गर्नुहोस् 1-855-899-9600x2। (German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-899-9600x2. (Cushite) XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-855-899-9600x2. (Russian) ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-899-9600x2. (Portuguese) ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-899-9600x2. (Japanese) 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-855-899-9600x2 まで、お電話にてご連絡ください。 (Chinese) 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-855-899-9600x2。 (Italian) ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-899-9600x2. (Serbo-Croatian/Bosnian) OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-855-899-9600x2. (Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-899-9600x2. (Tagalog)

ထိုစဉ်က အကူအညီအတွက် အခမဲ့ ဘာသာစုံဖြင့် အကူအညီပေးနိုင်ပါသည်။ ဖုန်းနံပါတ် 1-855-899-9600x2။ (Thai)

December 20, 2017

[BENEFICIARY NAME]  
[BENEFICIARY ADDRESS 1]  
[BENEFICIARY ADDRESS 2]  
[CITY] [STATE] [ZIP]

Dear [BENEFICIARY NAME]:

We have received your grievance about:  
[GRIEVANCE ISSUE]

We will look into your grievance and mail you a letter by [GRIEVANCE DUE DATE].

The Office of the Health Care Advocates may be able to help you. They can be reached at 1-800-917-7787.

If you have any questions, please feel free to call me at [INSERT PHONE NUMBER] Monday through Friday, except holidays.

Sincerely,

[Staff Name]  
Grievance & Appeal Coordinator  
cc: file

DVHA 220GCCA-G2  
12/17

**Attachment 3.H**  
**Sample Grievance Withdrawal Letter**

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**Insert Letterhead**

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**If you need interpretation services...**

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-899-9600x2. (Arabic)

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-899-9600x2. (French)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-899-9600x2. (Spanish)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-899-9600x2. (Vietnamese)

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्न भाषा सहजता सेवाहरू निःशुल्क रूपमा उपलब्ध छ। फोन गर्नुहोस् 1-855-899-9600x2। (Nepali)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-899-9600x2. (German)

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-855-899-9600x2. (Cushite)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-899-9600x2. (Russian)

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-899-9600x2. (Portuguese)

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-855-899-9600x2 まで、お電話にてご連絡ください。 (Japanese)

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-855-899-9600x2。 (Chinese)

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-899-9600x2. (Italian)

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-855-899-9600x2. (Serbo-Croatian/Bosnian)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-899-9600x2. (Tagalog)

ที่หมาย: ถ้าพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-855-899-9600x2. (Thai)

December 20, 2017

[BENEFICIARY NAME]  
[BENEFICIARY ADDRESS 1]  
[BENEFICIARY ADDRESS 2]  
[CITY] [STATE] [ZIP]

Dear [BENEFICIARY NAME]:

We have received your request to withdraw your grievance. We will stop looking into your grievance about:  
[GRIEVANCE ISSUE].

Thank you for contacting us. If you have any further questions, please feel free to call me, at [INSERT PHONE NUMBER] Monday through Friday, except holidays.

Sincerely,

[Staff Name]  
Grievance and Appeal Coordinator

cc: file

Grievance Orally Withdrawn Letter



**Attachment 3.J**  
**Sample Appeal Forwarded to Other Agency Letter**

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**Insert Letterhead**

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**If you need interpretation services...**

ملحوظة: إذا كنت تتحدث ذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-899-9600x2. (Arabic)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-899-9600x2. (French)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-899-9600x2. (Spanish)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-899-9600x2. (Vietnamese)

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू नि:शुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-855-899-9600x2। (Nepali)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-899-9600x2. (German)

XIYYEEFFANNA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-855-899-9600x2. (Cushite)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-899-9600x2. (Russian)

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-899-9600x2. (Portuguese)

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-855-899-9600x2 まで、お電話にてご連絡ください。 (Japanese)

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-855-899-9600x2。 (Chinese)

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-899-9600x2. (Italian)

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-855-899-9600x2. (Serbo-Croatian/Bosnian)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-899-9600x2. (Tagalog)

टिप्पण: ถ้าพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-855-899-9600x2. (Thai)

December 20, 2017

[MEMBER NAME]  
[MEMBER ADDRESS 1]  
[MEMBER ADDRESS 2]  
[CITY] [STATE] [ZIP]

Dear [MEMBER NAME]:

We received your appeal request for:  
[APPEAL ACTION]

We are not the agency to decide this appeal. We have forwarded it to [PROPER AGENCY] because they handle these appeals. You will hear from them soon. All appeals have a 30-day time frame to be decided, but may take another 14 days if more time will help you. Your appeal should be decided by [DUE DATE].

If you have any questions, please feel free to call [PROPER COORDINATOR] at [PHONE NUMBER] Monday through Friday, except holidays.

The Office of the Health Care Advocates may be able to help you with your appeal. They can be reached at 1-800-917-7787.

Sincerely,

[Staff Name]  
Grievance and Appeal Coordinator

cc: File  
Other Agency Coordinator

Appeal Other Agency Forward Letter

**Attachment 3.K**  
**Sample Appeal Acknowledgment Letter**

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**Insert Letterhead**

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**If you need interpretation services...**

(Arabic) ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-899-9600x2. (French)  
ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-899-9600x2. (Spanish)  
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-899-9600x2. (Vietnamese)  
CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-899-9600x2. (Nepali)  
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ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-899-9600x2. (Cushite)  
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ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-899-9600x2. (Portuguese)  
ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-899-9600x2. (Japanese)  
注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-855-899-9600x2 まで、お電話にてご連絡ください。 (Chinese)  
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PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-899-9600x2. (Thai)  
เรียน: ถ้าพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-855-899-9600x2.

December 20, 2017

[MEMBER NAME]  
[MEMBER ADDRESS1]  
[MEMBER ADDRESS2]  
[CITY], [STATE] [ZIP]

Dear [MEMBER NAME]:

We received your appeal filed on [DATE] for:  
[ACTION]

We will hold a meeting to review the decision you are appealing. We will send you another letter letting you know when this meeting will take place. You may attend this meeting in person or by phone (toll-free). You may also ask your doctor or another person to attend the meeting by phone or in person. The appeal process should not take longer than 30 days, but may take another 14 days if more time will help you.

If you have any questions about your appeal or would like to take part in the meeting, you may contact me at [INSERT PHONE NUMBER] Monday through Friday, except holidays. You may send any additional information to me. If your doctor will be sending more information, please have him or her do so as soon as possible.

The Office of the Health Care Advocates can also help you with appeals. They can be reached at 1-800-917-7787.

Sincerely,  
[Staff Name]  
Grievance and Appeal Coordinator

Appeal Acknowledgement Letter

111/17



**Attachment 3.L**  
**Sample Appeal Decision Notice – Approved Letter**

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**Insert Letterhead**

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**If you need interpretation services...**

(Arabic) 9600-899-855-1 اتصل برقم 9600-899-855-1. ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان.

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ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-899-9600x2. (Portuguese)

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-855-899-9600x2 まで、お電話にてご連絡ください。 (Japanese)

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ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-899-9600x2. (Italian)

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-855-899-9600x2. (Serbo-Croatian/Bosnian)

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ສິບ: ດ້ານບຸກຄົນສາມາດໃຊ້ບໍລິການຊ່ວຍເຫຼືອທາງການໄ້ຮີ່ຟີ ໂທ 1-855-899-9600x2. (Thai)

December 20, 2017

[MEMBER NAME]  
[MEMBER ADDRESS 1]  
[MEMBER ADDRESS 2]  
[CITY] [STATE] [ZIP]

Re: Internal appeal regarding [ insert service] for

Dear [MEMBER NAME]:

Your appeal request has been *approved*.

If you are not satisfied with our answer, you may ask for an expedited fair hearing with the Human Services Board. If you want to ask for a Fair Hearing you must do so by [FH DATE]. To ask for a fair hearing, call Green Mountain Care Member services at 1-800-250-8427 or you can contact the Human Services Board directly at 802-828-2536 or write to:

Human Services Board  
14-16 Baldwin Street  
2<sup>nd</sup> Floor  
Montpelier, VT 05633-4302

If you request a fair hearing, you have the right to ask for continuing benefits. You need to ask for continuing benefits at the same time you request the fair hearing from Member Services or the Human Services Board. If you get services during your fair hearing, you may be asked to pay for them if the fair hearing is not decided in your favor.

The Office of the Health Care Advocates can help you with Fair Hearings. They can be reached at 1-800-917-7787.

If you have any questions, please feel free to call me at [INSERT PHONE NUMBER] Monday through Friday, except holidays.

Sincerely,

[Staff Name]  
Grievance and Appeal Coordinator

cc: file

Appeal Decision Notice – Approved Letter

**ATTACHMENT 3.M**  
**SAMPLE NOTICE OF ADVERSE INTERNAL REVIEW OF APPEAL**

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**Insert Letterhead**

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**If you need interpretation services...**

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-899-9600x2. (Arabic)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-899-9600x2. (French)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-899-9600x2. (Spanish)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-899-9600x2. (Vietnamese)

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निमित्त भाषा सहायता सेवाहरू नि:शुल्क रूपमा उपलब्ध छ। फोन गर्नुहोस् 1-855-899-9600x2। (Nepali)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-899-9600x2. (German)

XIYYEEFFANNA: Afaan dubbattu Oroomiffa, tajaajjila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-855-899-9600x2. (Cushite)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-899-9600x2. (Russian)

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-899-9600x2. (Portuguese)

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-855-899-9600x2 まで、お電話にてご連絡ください。 (Japanese)

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-855-899-9600x2。 (Chinese)

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-899-9600x2. (Italian)

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-855-899-9600x2. (Serbo-Croatian/Bosnian)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-899-9600x2. (Tagalog)

टीपण: संतुलितपुस्तकानाभाषाकुशलसामानागोचरविचारवचनहेल्लोकागमनाईसंघ १०१ १-८५५-८९९-९६००x२. (Thai)

December 20, 2017

[MEMBER NAME]  
[MEMBER ADDRESS 1]  
[MEMBER ADDRESS 2]  
[CITY] [STATE] [ZIP]

Re: Internal appeal regarding [ insert service]

Dear [MEMBER NAME]:

Your appeal has been *denied*.

This decision was made based on:

If you have any questions, please feel free to call me at [INSERT PHONE NUMBER] Monday through Friday, except holidays.

If you are not satisfied with our answer, you may ask for a Fair Hearing with the Human Services Board. If you want to ask for a Fair Hearing, you must do so by [FH DATE]. To ask for a Fair Hearing, call Green Mountain Care Member services at 1-800-250-8427 or you can call the Human Services Board directly at 802-828-2536, you may also write to:

Human Services Board  
14-16 Baldwin Street  
2nd Floor  
Montpelier, VT 05633-4302

If you request a fair hearing, you have the right to ask for continuing benefits. You need to ask for continuing benefits at the same time you request the fair hearing from Member Services or the Human Services Board. If you get services during your fair hearing, you may be asked to pay for them if the fair hearing is not decided in your favor.

**Emergency (expedited) fair hearings may be requested in situations when you believe that the time for a regular fair hearing could seriously risk your life or health.**

The Office of the Health Care Advocates can help you with Fair Hearings. They can be reached at 1-800-917-7787.

Sincerely,

[Staff Name]  
Grievance and Appeal Coordinator

cc: file

Appeal Decision Notice – Denied Letter





If you have any questions, please feel free to call me at [INSERT PHONE NUMBER] Monday through Friday, except holidays.

Sincerely,

[Staff Name]  
Grievance and Appeal Coordinator

cc: File

Appeal Expedited Meets Criteria – Approved Letter

**ATTACHMENT 3.P**  
**SAMPLE LETTER DENYING REQUEST FOR EXPEDITED APPEAL**

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**Insert Letterhead**

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**If you need interpretation services...**

ملحوظة: إذا كنت تحتاج انكسر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-899-9600x2. (Arabic)  
ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-899-9600x2. (French)  
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-899-9600x2. (Spanish)  
CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-899-9600x2. (Vietnamese)  
ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्न भाषा सहायता सेवाहरू नि:शुल्क रूपमा उपलब्ध छ। फोन गर्नुहोस् 1-855-899-9600x2। (Nepali)  
ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-899-9600x2. (German)  
XIYYEEFFANNA: Afaan dubbattu Oromi ffa tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-855-899-9600x2. (Cushite)  
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-899-9600x2. (Russian)  
ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-899-9600x2. (Portuguese)  
注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-855-899-9600x2 まで、お電話にてご連絡ください。 (Japanese)  
注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-899-9600x2。 (Chinese)  
ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-899-9600x2. (Italian)  
OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-855-899-9600x2. (Serbo-Croatian/Bosnian)  
PAUNAWA: Kung nagsasalita kang Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-899-9600x2. (Tagalog)  
ထိမ်း: ထိုစကားပြောစကားကို အကူအညီပေးရန် အခမဲ့ ဘာသာပြန်ဝန်ဆောင်မှုကို အသုံးပြုနိုင်ပါသည်။ ဖုန်း 1-855-899-9600x2. (Thai)

December 20, 2017

[BENEFICIARY NAME]  
[BENEFICIARY ADDRESS 1]  
[BENEFICIARY ADDRESS 2]  
[CITY] [STATE] [ZIP]

Dear [BENEFICIARY NAME]:

We received your emergency (expedited) appeal request for:  
[APPEAL ACTION]

Based on the information we have, we **do not agree** that taking 30 days to decide your appeal could seriously risk your life, health or ability to attain, maintain, or regain maximum function

Your appeal will now be decided in the standard 30-day time frame. Your appeal should be decided by [DUE DATE]. In some circumstances this time frame may be extended by 14 days if needed.

**We have scheduled a meeting for [MEETING DATE] at [TIME] at [insert location]** to discuss it. You, someone you choose to help you, and/or your doctor have the right to take part in person, by phone or in writing in the meeting. It is up to you to invite or tell those who are helping of the meeting's date, time, and place.

You, someone you choose to help you, and/or your doctor may give us more information that adds to or explains information that was already sent. You may look at the case file, including medical records and other documents or records, before the meeting. If you ask, we can send



you or your chosen representative copies of policies, procedures and relevant medical records, free of charge.

Please call me to let me know how you plan to attend the meeting. If you cannot attend this meeting in person, I can give you a toll-free telephone number that you can call to participate in the appeal meeting. If this date and time is not good and you would like to reschedule, please call me. If rescheduling results in us going over the 30-day limit, we will extend it by 14 days. If a meeting cannot be scheduled within the 30-day time limit plus the 14-day extension, we will have to make a decision without a meeting in order to comply with federal rules.

If you have any questions, please feel free to call me at [INSERT PHONE NUMBER] Monday through Friday, 7:45 a.m. to 4:30 p.m., except holidays.

If you disagree with this decision you may file a grievance by calling Green Mountain Care Member services at 1-800-250-8427.

Sincerely,

[Staff Name]  
Grievance and Appeal Coordinator

cc :File

Appeal Expedited – Does Not Meet Criteria Letter

**Attachment 3.Q**  
**Sample Appeal Orally Withdrawn Letter**

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**Insert Letterhead**

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**If you need interpretation services...**

(Arabic) ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-899-9600x2. (French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-899-9600x2. (Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-899-9600x2. (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-899-9600x2. (Nepali) ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्न भाषा सहजता सेवाहरू नि:शुल्क रूपमा उपलब्ध छ। फोन गर्नुहोस् 1-855-899-9600x2। (German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-899-9600x2. (Cushite) XIYYEEFFANNA: Afaan dubbattu Oromi ffa tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-855-899-9600x2. (Russian) ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-899-9600x2. (Portuguese) ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-899-9600x2. (Japanese) 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-855-899-9600x2 まで、お電話にてご連絡ください。 (Chinese) 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-855-899-9600x2。 (Italian) ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-899-9600x2. (Serbo-Croatian/Bosnian) OBAVJESTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-855-899-9600x2. (Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-899-9600x2. (Thai) หมายเหตุ: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-855-899-9600x2. (Thai)

December 20, 2017

[MEMBER NAME]  
[MEMBER ADDRESS 1]  
[MEMBER ADDRESS 2]  
[CITY] [STATE] [ZIP]

Dear [MEMBER NAME]:

We have received your verbal request to withdraw your appeal of:  
[APPEAL ACTION]

Based on you withdrawing your appeal, we will no longer act on your appeal

If you have any questions, or you wish to continue your appeal, please call me, at [INSERT PHONE NUMBER].

Thank you for contacting us.

Sincerely,

[Staff Name]  
Grievance and Appeal Coordinator  
cc: File

Orally Withdrawn Letter