



## **Notice of Complaint and Grievance Process**

If you are not happy with the service you received at the Aging & Disability Resource Center of Eau Claire County; 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 or grievance.

If you have a complaint or grievance, you can tell any staff person at the Aging & Disability Resource Center and ask for their help in filing it, or you can contact a supervisor or the Aging & Disability Resource Center Director for assistance. We are committed to resolving any problems at the local level and encourage you to first contact Aging & Disability Resource Center staff to discuss your concern.

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

### **Board on Aging & Long-Term Care**

1402 Pankratz Street  
Suite 111  
Madison, WI 53704-4001  
608-246-7001  
Email: [BOALTC@ltc.state.wi.us](mailto:BOALTC@ltc.state.wi.us)  
Web site: <http://longtermcare.state.wi.us/home>

### **Center for Independent Living of Western Wisconsin**

2920 Schneider Avenue East  
Menomonie, WI 54751  
715-233-1070 Voice / TTY or Toll free 1-800-228-3287 Voice / TTY  
715-233-1083 Fax  
Email: [cilww@cilww.com](mailto:cilww@cilww.com)  
Web site: <http://www.cilww.com/>

## **Disability Rights Wisconsin**

801 Hammond Avenue

Rice Lake, WI 54868

715-736-1232 or Toll-Free 877-338-3724

TTY 888-758-6049

Fax 414-736-1252

Web site: <http://www.disabilityrightswi.org>

## **Coalition of Wisconsin Aging Groups**

2850 Dairy Drive, Suite 100

Madison, WI 53718

608-224-0606 or Toll free 1-800-366-2990 and 1-888-758-6047 TTY/Texnet

608-224-0607 Fax

Email: [cwag@cwag.org](mailto:cwag@cwag.org)

Web site: <http://www.cwag.org/>

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

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

Your complaint or grievance will be given to the immediate supervisor right away.

The supervisor or Aging & Disability Resource Center Director will contact you to discuss the complaint or grievance; review the options available to resolve the issue; and offer assistance.

The options available to resolve a complaint or grievance include:

- 1) Informal Internal Appeal: This option is intended to promote understanding, bridge differences and identify and resolve problems on a less formal basis than the other complaint or grievance options. If you choose this option, within ten business days a supervisor or the Aging & Disability Resource Center Director will talk with you on the phone or meet with you in person to discuss and try to resolve the problem. You can have anyone you want with

you at the meeting. Following your contact with the supervisor or Aging & Disability Resource Center Director, you will receive a letter that reviews your complaint and how it was resolved.

2) Formal Internal Appeal: If you prefer a more formal process *or* if you have tried the Informal Internal Appeal process and are still dissatisfied, you can either file a Formal Internal Appeal or attend a Aging & Disability Resource Center board meeting and bring your complaint to their attention during the “Public Comments” agenda item. If you choose the Formal Internal Appeal option, within 15 business days the Aging & Disability Resource Center Director will arrange to meet with you in person to discuss and try to resolve the problem. You can have anyone you want with you at the meeting. Following the meeting you will receive a letter that reviews your complaint or grievance and how it was resolved. If you choose the Aging & Disability Resource Center Public Comments option, you can find out the date and time of the next meeting either by calling the Aging & Disability Resource Center or the Eau Claire county web site:  
<http://www.co.eau-claire.wi.us/agendas/agendas.asp>

3) Formal External Appeal. At any time before, during or after the internal processes described above, you can choose to file a Formal External Appeal with the Department of Health & Family Services. The Department has given primary responsibility for handling appeals to an outside organization called MetaStar. You can contact MetaStar at:

Family Care/ADRC Complaints  
c/o MetaStar  
2909 Landmark Place  
Madison, WI 53713  
Telephone: (888) 203-8338 (HOTLINE)  
Fax: (608) 274-8340  
E-Mail: [famcare@dhfs.state.wi.us](mailto:famcare@dhfs.state.wi.us)

If you file a complaint or grievance with MetaStar, they will acknowledge receiving your complaint or grievance within 5 days of its receipt; contact you to get your input about it; and try to make a decision about it no later than 20 business days after it was received.

4) Access to the State Fair Hearing process.

You have the right to directly appeal to the State Fair Hearing process within 45 calendar days after receipt of notice of a decision or failure to act regarding the following types of grievances:

- Determination of ineligibility for the publicly funded long-term care benefits;
- Determination of cost sharing for the publicly funded 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 of a managed care organization to provide timely services and support.

To apply for a State Fair Hearing, contact:

Family Care Request for Fair Hearing  
c/o DOA Division of Hearing & Appeals  
P.O. Box 7875  
Madison, WI 53707-7875  
Phone 1-608-266-3096 or 1-608-264-9853 TTY  
Fax: 1-608-264-9885

5) For all other matters, the Department of Health & Family Services review process, MetaStar, must be utilized prior to using the State Fair Hearing process.

7/1/08



**COMPLAINT OR GRIEVANCE FORM**

Customer Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Have you asked someone outside of the Aging & Disability Resource Center to help you with filing and resolving the complaint or grievance? \_\_\_ Yes \_\_\_ No

If yes, please indicate who will assist you:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Please describe your complaint or grievance: \_\_\_\_\_

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Requested remedy (what are your ideas on how this issue can be resolved?):

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Type of resolution requested:

- Informal internal appeal
- Formal external appeal
- Formal internal appeal
- State Fair Hearing
- Aging & Disability Resource Center Board meeting

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Name of Customer

Submit this form to: **Aging & Disability Resource Center**  
**Eau Claire County Courthouse**  
**721 Oxford Ave, Room #1550**  
Eau Claire, WI 54703