

Understanding 1915(c) Home and Community Based Services Waivers What Does This Mean to Me? Your Rights as a Waiver Participant

1915(c) Home and Community Based Services waiver participants can voice disagreements with the Cabinet for Health and Family Services, providers, or their waiver services. Below is a list of the options and when and how to use them.

Grievance or Complaints

- A **grievance** is when you are unsatisfied with the Cabinet for Health and Family Services or a provider for failing to adhere to waiver operating procedures, regulations, or waiver requirements.
 - **Grievances** may include but are not limited to, the quality of care or services you receive, a problem with a provider or an employee, a violation of your rights as a waiver participant, or a dispute about the time it takes to make service decisions.
- A **complaint** is when you are unsatisfied with your waiver service delivery or experience.
 - **Complaints** may include but are not limited to not liking waiver policies or regulations, waiver services, or service limits.
- You can file a grievance or a complaint at any time. All sides and available facts will be considered. You cannot be treated differently or disenrolled from the waiver for submitting a grievance or complaint.
- To file a grievance or complaint, you can fill out the [Grievance and Complaint Form](#) and send it to the operating agency of the waiver or service delivery method in which you are enrolled.

I have a grievance or complaint about...	Send your form to...
Acquired Brain Injury Acquired Brain Injury Long Term Care Model II Waiver	Department for Medicaid Services 1915cWaiverHelpDesk@ky.gov (844) 784-5614
Home and Community Based Waiver Participant Directed Services in any waiver	Department for Aging and Independent Living HCBInquiries@ky.gov (877) 315-0589
Michelle P. Waiver Supports for Community Living Waiver	Department for Behavioral Health, Developmental and Intellectual Disabilities DDID.info@ky.gov (502) 564-7700

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Reconsideration

- A **reconsideration** is a request to take a second look at a decision made about your waiver case.
- You can only request a reconsideration when you receive a denial. This could be a denial of level of care or a denial of a service your case manager requested for you. In the case of a denial, you will receive a letter explaining what was denied and your rights.
- Carewise Health reviews most reconsideration requests for the Cabinet for Health and Family Services. Staff **who were not involved** in the original determination will complete the reconsideration review.
- To request a reconsideration, you must submit your request in writing. The request must be postmarked or dated and timestamped within 14 calendar days of the date on your denial notice. Your case manager can submit the reconsideration request for you or you can mail it to:

Gainwell Technologies
Attn: UM
656 Chamberlin Avenue
Frankfort, Kentucky 40601

- Be sure to include any additional information that may be helpful
- You will receive a notice when your reconsideration is complete letting you know what was decided.

Reconsiderations for Legally Responsible Individual Review Requests

- If you self-direct your services using the Participant Directed Services delivery method you can request to hire a Legally Responsible Individual as your employee. If this request is denied, you can request a reconsideration. The process is a little different than other reconsiderations.
 - The Department for Aging and Independent Living reviews requests to hire a legally responsible individual as an employee. If your request is denied and you ask for a reconsideration, they will take a second look at your request.
 - To ask for a reconsideration of your request to hire a legally responsible individual, you must submit your request in writing. The request must be postmarked or dated and timestamped within 14 days of the date on your denial letter. The request must be sent to:

Department for Aging and Independent Living
275 E. Main Street, 3E-E
Frankfort, Kentucky 40621
DAIL.LRI.Recon@ky.gov

You will receive a notice when your reconsideration is complete letting you know what was decided.

Appeals

- You can file an **appeal** when you disagree with a decision made about your waiver case.
- You can only request an appeal when you receive a denial. This could be a denial of level of care, denial of a service your case manager requested for you, or denial of a request to hire a legally responsible individual. In the case of a denial, you will receive a letter explaining what was denied and your rights. After you request an appeal, there will be an administrative hearing to determine if the denial should stay the same or be changed.
- To file an appeal, you must write a letter to the Department for Medicaid Services requesting an administrative hearing. The request must be postmarked or dated and timestamped within 30 calendar days of the date on your denial notice.
- Only a participant or the participant's authorized representative, such as a guardian or legally designated power of attorney may make this request. Appeals should be sent to:

Department for Medicaid Services
ATTN: Administrative Hearing Request
275 East Main Street 6E-D
Frankfort, Kentucky 40621
DMS.Hearings@ky.gov

If you have questions about filing an appeal, you can call (502) 564-9394.

- If you are currently receiving waiver services and **your appeal request is postmarked or dated and timestamped within ten calendar days of the date on the denial notice**, you may be able to continue receiving waiver services while your appeal is reviewed.
- You have the right to review the case record relating to the denial and submit additional information in support of your claim.
- At the hearing, waiver participants, applicants, authorized representatives or guardians may be represented by legal counsel, a relative, a friend, or other spokesperson or you may represent yourself.
- If you have questions about an appeal you have filed, contact the Office of the Attorney General at (502) 564-6621.