Instructions – Grievance Form

Service recipients who have had a reduction of services or denial of services have a right to file a grievance. Providers must maintain documentation regarding reduction or denial of services. Applicants who are denied eligibility for services also have a right to file a grievance.

An applicant or service recipient has a right to file a grievance within fifteen (15) calendar days of written notification of the Denial/Reduction of services.

1. The applicant or service recipient must mark the program box for which they are filing a grievance.
2. The applicant or service recipient must document last name, first name, date (mm/dd/yy), complete home address, phone number with area code (ex. (000)000-0000), legal representative's name (if applicable), legal representative's home address (if applicable), legal representative's phone number with area code (ex. (000)000-0000) (if applicable).

Level One

1. **Statement of Complaint:** In the area provided, the applicant or service recipient must document their grievance as specific as possible.
2. **Relief Sought:** In the area provided, the applicant or service recipient must document what they would like to resolve their grievance.
3. The applicant or service recipient must mail/deliver the Level One Grievance Form to the provider agency.
4. The provider agency has seven (7) business days from the date they receive a Grievance Form to make an initial contact to schedule a meeting by telephone (or in person if all parties are in agreement), with the applicant or service recipient filing the grievance.
5. The provider agency must document the date of the Level One meeting (mm/dd/yy).
6. The provider agency must mark whether the meeting was held in person or by conference call.
7. The provider agency has seven (7) business days to issue a decision in writing following the meeting.

8. **Provider Agency Decision or Action Taken:** In the area provided, the provider agency must document the decision or action taken in regards to the grievance and all relevant information that supports their decision/action.
9. The provider agency must document the date (mm/dd/yy) they notified the applicant or service recipient in writing of the decision/action.
10. List all other participants.
11. The provider agency director (or designee) must sign and date (mm/dd/yy) the Level One decision.
12. The applicant or service recipient must mark either they are satisfied with the Level One decision or that they are not satisfied with the Level One decision. The applicant or service recipient must sign and date (mm/dd/yy).

If the service recipient is unsatisfied with the Level One decision they shall file their Grievance Form requesting a Level Two with the provider agency board of directors within seven (7) business days of the Level One decision.

Level Two

1. The agency board of directors has seven (7) business days from the date they receive a Grievance Form to make an initial contact to schedule a meeting by telephone (or in person if all parties are in agreement), with the applicant or service recipient filing a grievance.
2. The agency board of directors must document the date of the Level Two meeting (mm/dd/yy).
3. The agency board of directors must mark whether the meeting was held in person or by conference call.
4. The agency board of directors must document any other information requested and or provided by the applicant, service recipient and the provider agency.
5. **Board of Directors Decision or Action Taken:** In the area provided, the agency board of directors must document the decision or action taken in regards to the grievance and all relevant information that supports their decision/action.
6. The Board of Directors has seven (7) business days to issue a decision following the meeting.
7. The agency board of directors must document the date (mm/dd/yy) they notified the applicant or service recipient in writing of the decision/action.
8. List all other participants.
9. The agency board of directors must sign and date (mm/dd/yy) the Level Two decision.
10. The applicant or service recipient must mark either they are satisfied with the Level Two decision or that they are not satisfied with the Level Two decision. The applicant or service recipient must sign and date (mm/dd/yy).

If the applicant or service recipient is unsatisfied with the Level Two decision they shall file their Grievance Form requesting a Level Three with the Bureau within seven (7) business days of the Level Two decision. The Level Three Grievance must be sent to the West Virginia Bureau of Senior Services, 1900 Kanawha Boulevard, East, Charleston, WV 25305.

Level Three

1. The State Review Team has seven (7) business days from the date they receive a Grievance Form to make an initial contact to schedule a meeting by telephone (or in person if all parties are in agreement), with the applicant or service recipient filing the grievance.
2. The State Review Team must document the date of the Level Three meeting (mm/dd/yy).
3. The State Review Team must mark whether the meeting was held in person or by conference call.
4. The State Review Team must document any other information requested and or provided by the service recipient, the provider agency or the agency board of directors.
5. **State Review Team Decision or Action Taken:** In the area provided, the state review team must document the decision or action taken in regards to the grievance and all relevant information that supports their decision/action.
6. The State Review Team has seven (7) business days to issue a decision following the meeting.
7. The State Review Team must document the date (mm/dd/yy) they notified the service recipient in writing of the decision/action.
8. List all other participants.
9. The State Review Team members must sign and date (mm/dd/yy) the Level Three decision.

NOTE: If a provider bypasses the grievance procedure due to an individual that is threatening or violent, they must maintain documentation of the situation and the report to local law enforcement on file.

NOTE: If at any time an agency fails to respond to a grievant (service recipient) within the Grievance Policy guidelines, the grievant may appeal to the next grievance level.