**Required Grievance and Appeal Template Language**

**Issued by the Department of Health Services (DHS) for**

**use by Managed Care Organizations (MCOs)**

As directed by the DHS-MCO contract, MCOs are required to use DHS-issued template language in certain correspondence to members regarding grievances and appeals. MCOs should copy the applicable language below and paste it into the required communication.

**Acknowledgement of grievance receipt:** MCOs are required to send an acknowledgement of receipt letter when they receive a grievance from a member. DHS does not have a template letter for this notice. DHS does require MCOs to include the following language in their notice.

**Required Language**

<<MCO name>> tau txais koj daim ntawv hais qhov tsis txaus siab rau thaum <<date>>. Peb muaj sij hawm ntau txog 90 hnub los daws koj qhov tsis txaus siab, thiab peb yuav xa daim ntawv txiav txim siab tuaj rau koj kom txog thaum <<date the MCO received the grievance + 90 calendar days>>. Yog peb xav tau sij hawm ntau dua 90 hnub los txiav txim txog qhov no, peb yuav sau ntawv ceeb toom tuaj rau koj.

Yog koj tsis tau txais peb daim ntawv txiav txim rau thaum <<date the MCO received the grievance + 90 calendar days>>, los sis ib daim ntawv ceeb toom tuaj ntawm peb qhia rau koj tias peb xav tau sij hawm ntxiv, koj tuaj yeem hais mus rau Department of Health Services, DHS txhawm rau kom pab tshuaj xyuas rau koj qhov tsis txaus siab. DHS cog lus nrog MetaStar, ib lub koom haum tshuaj ntsuam xyuas kev ua tau zoo sab nrauv yuav los tshuaj xyuas txog qhov no. Cov lus qhia txog qhov yuav thov hais kom tshuaj ntsuam xyuas muaj nyob rau tom qab kawg ntawm tsab ntawv no.

**End of letter**:

Yog peb tsis sau ib daim ntawv txiav txim siab rau koj qhov tsis txaus siab xa tuaj rau koj kom txog thaum los sis ua ntej <<date the MCO received the grievance + 90 calendar days>> koj tuaj yeem hais mus rau MetaStar txhawm rau koj pab tshuaj xyuas koj qhov tsis txaus siab rau thaum <<date the MCO received the grievance + 91 calendar days>>. Koj daim ntawv thov yuav tsum muab xa mus, fej ntawv mus, los sis xa hauv email mus rau MetaStar **kom txog thaum los sis ua ntej** <<date the MCO received the grievance + 90 calendar days + 45 calendar days>>.

Xav thov hais kom MetaStar pab tshuaj xyuas koj qhov tsis txaus siab, hu rau 888-203-8338. Tej zaum koj kuj tuaj yeem xa mus, fej ntawv mus los sis xa email mus rau lub chaw DHS tshuaj xyuas.

DHS Family Care Grievances

MetaStar

2909 Landmark Place

Madison, WI 53713

Fej ntawv: 608-274-8340  
Email: [dhsfamcare@dhs.wisconsin.gov](mailto:dhsfamcare@dhs.wisconsin.gov%20)

Muab koj daim ntawv thov tso nrog daim ntawv theej no.

**Kev pab: Leej twg thiaj tuaj yeem pab qhia koj kom nkag siab txog daim ntawv ceeb toom no thiab koj cov cai?**

a. Tus kws tshwj xeeb <<MCO name>> paub zoo txog cov cai ntawm tus tswv cuab tuajj yem qhia koj member rights specialist can inform you of your rights and assist you with filing a request for DHS review with MetaStar. Tus kws tshwj xeeb paub zoo txog tus tswv cuab cov cai tsis tuaj yeem sawv cev tam rau koj txog qhov kev tshuaj ntsuam xyuas no. Xav hu rau ib tug kws pab tshwj xeeb txog tswv cuab cov cai, hu rau <<Member Rights Specialist phone number>>.

b. Ib tug neeg uas tau txais Family Care, Family Care Partnership, los sis cov kev pab ntawm PACE (Program of All-Inclusive Care for the Elderly) tuaj yeem tau txais kev pab dawb los ntawm ib tug **tug kws ywj pheej ombudsman**. Cov koom haum pab tswv yim nram no yog rau Family Care, Family Care Partnership, thiab cov tswv cuab ntawm PACE:

**Rau cov tswv cuab hnub nyoog 18 txog 59 xyoos:**

Disability Rights Wisconsin

Tus Xov Tooj Hu Dawb: 800-928-8778

TTY: 711

**Rau cov tswv cuab muaj hnub nyoog 60 xyoo thiab siab dua:**

Wisconsin Board on Aging and Long Term Care

Tus Xov Tooj Hu Dawb: 800-815-0015

TTY: 711

**Notice of extension of time to decide grievance**: MCOs are required to send a notice to a member when the MCO determines that they need more than the standard amount of time (90 calendar days) to make a decision on the member’s grievance. DHS does not have a template for this notice. DHS does require MCOs to include the following language in their notice.

**Required Language**

Yog koj tsis tau txais peb daim ntawv txiav txim rau thaum <<date the MCO received the grievance + 90 calendar days + number of additional extension days>>, koj tuaj yeem hais mus rau Department of Health Services, DHS txhawm rau kom pab tshuaj xyuas rau koj qhov tsis txaus siab. DHS cog lus nrog MetaStar, ib lub koom haum tshuaj ntsuam xyuas kev ua tau zoo sab nrauv yuav los tshuaj xyuas txog qhov no kom tiav. Cov lus qhia txog qhov yuav thov hais kom tshuaj ntsuam xyuas muaj nyob rau tom qab kawg ntawm tsab ntawv no.

**End of letter**:

Yog peb tsis sau ib daim ntawv txiav txim siab rau koj qhov tsis txaus siab xa tuaj rau koj kom txog thaum los sis ua ntej <<date the MCO received the grievance + 90 calendar days + number of additional extension days>> koj tuaj yeem hais mus rau MetaStar txhawm rau koj pab tshuaj xyuas koj qhov tsis txaus siab rau thaum <<date the MCO received the grievance + 90 calendar days + number of additional extension days +1 calendar day>>. Koj daim ntawv thov yuav tsum muab xa mus, fej ntawv mus, los sis xa hauv email mus rau MetaStar **kom txog thaum los sis ua ntej** <<date the MCO received the grievance + 90 calendar days + number of additional extension days + 45 calendar days>>.

Xav thov hais kom MetaStar pab tshuaj xyuas koj qhov tsis txaus siab, hu rau 888-203-8338. Tej zaum koj kuj tuaj yeem xa mus, fej ntawv mus los sis xa email mus rau lawv tshuaj xyuas.

DHS Family Care Grievances

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2909 Landmark Place

Madison, WI 53713

Fej ntawv mus: 608-274-8340  
Email: [dhsfamcare@dhs.wisconsin.gov](mailto:dhsfamcare@dhs.wisconsin.gov%20)

Muab koj daim ntawv thov tso nrog daim ntawv theej no.

**Kev pab: Leej twg thiaj tuaj yeem pab qhia koj kom nkag siab txog daim ntawv ceeb toom no thiab koj cov cai?**

a. Tus kws tshwj xeeb <<MCO name>> paub zoo txog cov cai ntawm tus tswv cuab tuajj yem qhia koj member rights specialist can inform you of your rights and assist you with filing a request for DHS review with MetaStar. Tus kws tshwj xeeb paub zoo txog tus tswv cuab cov cai tsis tuaj yeem sawv cev tam rau koj txog qhov kev tshuaj ntsuam xyuas no. Xav hu rau ib tug kws pab tshwj xeeb txog tswv cuab cov cai, hu rau <<Member Rights Specialist phone number>>.

b. Ib tug neeg uas tau txais Family Care, Family Care Partnership, los sis cov kev pab ntawm PACE (Program of All-Inclusive Care for the Elderly) tuaj yeem tau txais kev pab dawb los ntawm ib tug **tug kws ywj pheej ombudsman**. Cov koom haum pab tswv yim nram no yog rau Family Care, Family Care Partnership, thiab cov tswv cuab ntawm PACE:

**Rau cov tswv cuab hnub nyoog 18 txog 59 xyoos:**

Disability Rights Wisconsin

Tus Xov Tooj Hu Dawb: 800-928-8778

TTY: 711

**Rau cov tswv cuab muaj hnub nyoog 60 xyoo thiab siab dua:**

Wisconsin Board on Aging and Long Term Care

Tus Xov Tooj Hu Dawb: 800-815-0015

TTY: 711

**Grievance decision letter:** MCOs are required to make a decision on a member’s grievance and send notice to the member explaining the decision. DHS does not have a template letter for this notice. DHS does require MCOs to include the following language in their grievance decision letter.

**Required Language**

**End of letter**:

Yog koj tsis pom zoo nrog peb daim ntawv txiav txim rau koj qhov tsis txaus siab, koj tuaj yeem hais mus rau Department of Health Services, DHS tshuaj xyuas. DHS cog lus nrog MetaStar, ib lub koom haum tshuaj ntsuam xyuas kev ua tau zoo sab nrauv yuav los tshuaj xyuas txog qhov no kom tiav. MetaStar yuav txiav txim siab rau zaum kawg.

Muab koj daim ntawv thov hais qhov tsis txaus siab xa mus, fej ntawv mus, los sis xa hauv email mus rau MetaStar **kom tsis pub dhau 45 hnub** tom qab koj tau txais daim ntawv ceeb toom no.

Xav thov hais kom MetaStar pab tshuaj xyuas koj qhov tsis txaus siab, hu rau 888-203-8338. Tej zaum koj kuj tuaj yeem xa mus, fej ntawv mus los sis xa email mus rau lawv tshuaj xyuas.

DHS Family Care Grievances

MetaStar

2909 Landmark Place

Madison, WI 53713

Fej ntawv: 608-274-8340

Email: [dhsfamcare@dhs.wisconsin.gov](mailto:dhsfamcare@dhs.wisconsin.gov)

Muab koj daim ntawv thov tso nrog daim ntawv theej no.

**Kev pab: Leej twg thiaj tuaj yeem pab qhia koj kom nkag siab txog daim ntawv ceeb toom no thiab koj cov cai?**

a. Tus kws tshwj xeeb <<MCO name>> paub zoo txog cov cai ntawm tus tswv cuab tuajj yem qhia koj member rights specialist can inform you of your rights and assist you with filing a request for DHS review with MetaStar. Tus kws tshwj xeeb paub zoo txog tus tswv cuab cov cai tsis tuaj yeem sawv cev tam rau koj txog qhov kev tshuaj ntsuam xyuas no. Xav hu rau ib tug kws pab tshwj xeeb txog tswv cuab cov cai, hu rau <<Member Rights Specialist phone number>>.

b. Ib tug neeg uas tau txais Family Care, Family Care Partnership, los sis cov kev pab ntawm PACE (Program of All-Inclusive Care for the Elderly) tuaj yeem tau txais kev pab dawb los ntawm ib tug **tug kws ywj pheej ombudsman**. Cov koom haum pab tswv yim nram no yog rau Family Care, Family Care Partnership, thiab cov tswv cuab ntawm PACE:

**Rau cov tswv cuab hnub nyoog 18 txog 59 xyoos:**

Disability Rights Wisconsin

Tus Xov Tooj Hu Dawb: 800-928-8778

TTY: 711

**Rau cov tswv cuab muaj hnub nyoog 60 xyoo thiab siab dua:**

Wisconsin Board on Aging and Long Term Care

Tus Xov Tooj Hu Dawb: 800-815-0015

TTY: 711

**Acknowledgement of appeal receipt:** MCOs are required to send out an acknowledgement of receipt letter when they receive an appeal from a member. DHS does not have a template for this notice. DHS does require MCOs to include the following language in their notice.

**Required Language**

<<MCO name>> tau txais koj cov lus thov kev txiav txim dua thaum <<date>>.

Peb muaj sij hawm ntau txog 30 hnub los daws koj daim ntawv thov hais kom rov qab txiav txim dua, thiab peb yuav xa daim ntawv txiav txim siab tuaj rau koj kom txog thaum <<date the MCO received the appeal + 30 calendar days>>. Yog peb xav tau sij hawm ntau dua 30 hnub los txiav txim txog qhov no, peb yuav sau ntawv ceeb toom tuaj rau koj. Yog koj tsis tau txais peb daim ntawv txiav txim siab xa tuaj kom txog rau thaum <<date the MCO received the appeal + 30 calendar days>>, los sis ib daim ntawv ceeb toom tuaj ntawm peb qhia rau koj tias peb xav tau sij hawm ntxiv, koj tuaj yeem thov hais taug xyuas kev ncaj ncees. Cov lus qhia txog qhov yuav thov hais kom taug xyuas kev ncaj ncees muaj nyob rau tom qab kawg ntawm tsab ntawv no.

**End of letter**:

Yog peb tsis xa ib daim ntawv txiav txim siab rau koj daim ntawv thov hais kom rov qab txiav txim dua tuaj rau koj kom txog thaum los sis ua ntej <<date the MCO received the appeal + 30 calendar days>> koj tuaj yeem thov hais kom taug xyuas kev ncaj ncees rau thaum <<date the MCO received the appeal + 31 calendar days>>. Koj yuav tsum muab koj daim ntawv thov hais kom taug xyuas kev ncaj ncees xa mus, fej ntawv mus rau Wisconsin Division of Hearings and Appeals (DHA) **kom txog rau thaum los sis ua ntej** <<date the MCO received the appeal + 30 calendar days + 90 calendar days>>.

Yog koj thov hais kom taug xyuas kev ncaj ncees, koj yuav muaj ib tug Kws Lij Choj (Administrative Law Judge, ALJ) ywj pheej sab nrauv los pab koj. Koj tuaj yeem coj ib tug neeg pab tswv yim, phooj ywg, neeg hauv tsev los sis ib tug neeg tim khawv tuaj pab koj. Koj puav leej nthuav qhia tau tej pov thawj thiab teev lus hauv lub rooj sib hais.

<<MCO name>> tus kws tshwj xeeb paub zoo txog tswv cuab cov cai tuaj yeem pab koj sau daim ntawv thov hais kom taug xyuas kev ncaj ncees. Xav hu rau ib tug kws pab tshwj xeeb txog tswv cuab cov cai, hu rau <<member rights specialist phone number>>. Koj kuj tuaj yeem tau daim ntawv foos thov hais kom taug xyuas kev ncaj ncees los ntawm ib ntawm cov chaw ua hauj lwm ywj pheej Ombusman uas muaj npe nyob tom qab kawg ntawm daim ntawv ceeb toom no los sis rau hauv online [www.dhs.wisconsin.gov/library/f-00236.htm](http://www.dhs.wisconsin.gov/library/f-00236.htm).

Xa tsab ntawv thov los yog tsab ntawv sau daim ntaw thov hais kom taug xyuas kev ncaj ncees thiab ib daim ntawv theej ntawm daim ntawv ceeb toom no xa mus rau:

Family Care Request for Fair Hearing

Wisconsin Division of Hearings and Appeals

PO Box 7875

Madison, WI 53707-7875

Fej ntawv: 608-264-9885

**Kev pab: Leej twg thiaj tuaj yeem pab qhia koj kom nkag siab txog daim ntawv ceeb toom no thiab koj cov cai?**

a. Tus kws tshwj xeeb <<MCO name>> paub zoo txog tswv cuab cov cai tuaj yeem qhia koj txog koj cov cai thiab xa koj daim ntawv thov hais kom rov qab txiav txim dua mus thiab pab koj sau daim ntawv thov hais kom taug xyuas kev ncaj ncees. Tus kws tshwj xeeb paub zoo txog tswv cuab cov cai tsis tuaj yeem sawv cev tau tam koj rau ntawm ib lub rooj sib tham nrog peb Pawg Kws Hais Qhov Tsis Txaus Siab thiab Thov Hais Kom Rov Qab Txiav Txim Dua (Grievance and Appeal Committee) los sis lub rooj taug xyuas kev ncaj ncees. Xav tiv toj rau tus kws tshwj xeeb paub zoo txog tswv cuab cov cai, hu rau <<Tus Kws Tshwj Xeeb Paub Zoo Txog Tswv Cuab Cov Cai tus nab npawb xov tooj>>.

b. Ib tug neeg uas tau txais Family Care, Family Care Partnership, los sis cov kev pab ntawm PACE (Program of All-Inclusive Care for the Elderly) tuaj yeem tau txais kev pab dawb los ntawm ib tug **tug kws ywj pheej ombudsman**. Cov koom haum pab tswv yim nram no yog rau Family Care, Family Care Partnership, thiab cov tswv cuab ntawm PACE:

**Rau cov tswv cuab hnub nyoog 18 txog 59 xyoos:**

Disability Rights Wisconsin

Tus Xov Tooj Hu Dawb: 800-928-8778

TTY: 711

**Rau cov tswv cuab muaj hnub nyoog 60 xyoo thiab siab dua:**

Wisconsin Board on Aging and Long Term Care

Tus Xov Tooj Hu Dawb: 800-815-0015

TTY: 711

**Notice of extension of time to decide appeal:** MCOs are required to send a notice to a member when the MCO determines that they need more than the standard amount of time (30 calendar days) to make a decision on the member’s appeal. DHS does not have a template for this notice. DHS does require MCOs to include the following language in their notice.

**Required Language**

Yog koj tsis tau txais peb daim ntawv txiav txim siab xa tuaj kom txog rau thaum <<date the MCO received the appeal + 30 calendar days + number of additional extension days>>, koj tuaj yeem thov hais taug xyuas kev ncaj ncees. Cov lus qhia txog qhov yuav thov hais kom taug xyuas kev ncaj ncees muaj nyob rau tom qab kawg ntawm tsab ntawv no.

**End of letter**:

Yog peb tsis xa ib daim ntawv txiav txim siab rau koj daim ntawv thov hais kom rov qab txiav txim dua tuaj rau koj kom txog thaum los sis ua ntej <<date the MCO received the appeal + 30 calendar days>> koj tuaj yeem thov hais kom taug xyuas kev ncaj ncees rau thaum <<date the MCO received the appeal + 31 calendar days>>. Koj yuav tsum muab koj daim ntawv thov hais kom taug xyuas kev ncaj ncees xa mus, fej ntawv mus rau Wisconsin Division of Hearings and Appeals (DHA) **kom txog rau thaum los sis ua ntej** <<date the MCO received the appeal + 30 calendar days + 90 calendar days>>.

Yog koj thov hais kom taug xyuas kev ncaj ncees, koj yuav muaj ib tug Kws Lij Choj (Administrative Law Judge, ALJ) ywj pheej sab nrauv los pab koj. Koj tuaj yeem coj ib tug neeg pab tswv yim, phooj ywg, neeg hauv tsev los sis ib tug neeg tim khawv tuaj pab koj. Koj puav leej nthuav qhia tau tej pov thawj thiab teev lus hauv lub rooj sib hais.

<<MCO name>> tus kws tshwj xeeb paub zoo txog tswv cuab cov cai tuaj yeem pab koj sau daim ntawv thov hais kom taug xyuas kev ncaj ncees. Xav hu rau ib tug kws pab tshwj xeeb txog tswv cuab cov cai, hu rau <<member rights specialist phone number>>. Koj kuj tuaj yeem tau daim ntawv foos thov hais kom taug xyuas kev ncaj ncees los ntawm ib ntawm cov chaw ua hauj lwm ywj pheej Ombusman uas muaj npe nyob tom qab kawg ntawm daim ntawv ceeb toom no los sis rau hauv online [www.dhs.wisconsin.gov/library/f-00236.htm](http://www.dhs.wisconsin.gov/library/f-00236.htm).

Xa tsab ntawv thov los yog tsab ntawv sau daim ntaw thov hais kom taug xyuas kev ncaj ncees thiab ib daim ntawv theej ntawm daim ntawv ceeb toom no xa mus rau:

Family Care Request for Fair Hearing

Wisconsin Division of Hearings and Appeals

PO Box 7875

Madison, WI 53707-7875

Fej ntawv: 608-264-9885

**Kev pab: Leej twg thiaj tuaj yeem pab qhia koj kom nkag siab txog daim ntawv ceeb toom no thiab koj cov cai?**

a. Tus kws tshwj xeeb <<MCO name>> paub zoo txog tswv cuab cov cai tuaj yeem qhia koj txog koj cov cai thiab pab sau koj daim ntawv thov hais kom taug xyuas kev ncaj ncees. Tus kws tshwj xeeb paub zoo txog tswv cuab cov cai tsis tuaj yeem sawv cev tau tam koj rau ntawm ib lub rooj sib tham nrog peb Pawg Kws Hais Qhov Tsis Txaus Siab thiab Thov Hais Kom Rov Qab Txiav Txim Dua (Grievance and Appeal Committee) los sis lub rooj taug xyuas kev ncaj ncees. Xav tiv toj rau tus kws tshwj xeeb paub zoo txog tswv cuab cov cai, hu rau <<Member Rights Specialist phone number>>.

b. Ib tug neeg uas tau txais Family Care, Family Care Partnership, los sis cov kev pab ntawm PACE (Program of All-Inclusive Care for the Elderly) tuaj yeem tau txais kev pab dawb los ntawm ib tug **tug kws ywj pheej ombudsman**. Cov koom haum pab tswv yim nram no yog rau Family Care, Family Care Partnership, thiab cov tswv cuab ntawm PACE:

**Rau cov tswv cuab hnub nyoog 18 txog 59 xyoos:**

Disability Rights Wisconsin

Tus Xov Tooj Hu Dawb: 800-928-8778

TTY: 711

**Rau cov tswv cuab muaj hnub nyoog 60 xyoo thiab siab dua:**

Wisconsin Board on Aging and Long Term Care

Tus Xov Tooj Hu Dawb: 800-815-0015

TTY: 711