



Tell Me More About... Addressing My Concerns

What can you do if you are unhappy with your experience in your program?

If you enroll in a long-term care program like Family Care, Partnership, PACE (Program of All-Inclusive Care for the Elderly), or IRIS (Include, Respect, I-Self Direct) and you are unhappy with a decision, one of the first steps is to say something. If you are enrolled in Family Care, Partnership or PACE, you can talk with your care team about your concerns. If you are enrolled in IRIS, you can talk with your IRIS consultant agency or fiscal employer agent. Concerns can often be resolved without filing an appeal or grievance. If you cannot resolve your concern, you can file an appeal or grievance.

How can your concern be resolved?

To begin the process you can:

- Talk to your care team, IRIS consultant, or fiscal employer agent about your concerns.
- File a grievance with the managed care organization (MCO), IRIS Consultant Agency (ICA), or fiscal employer agent (FEA).
- File an appeal with the MCO, ICA, or FEA.
- File a State Fair Hearing if your concern is about a financial eligibility decision or cost share calculation.

A **grievance** is your way to express your dissatisfaction to the MCO, ICA, or FEA about any concern except for an “adverse benefit determination.” You can file a grievance at any time.

An “**adverse benefit determination**” is a decision made by the MCO, ICA, or FEA, that is sent to you. Some examples of times when an adverse benefit determination will be sent to you include when the MCO, ICA or FEA:

- Denies you functional eligibility (nursing home level of care, non-nursing home level of care).
- Denies you authorization for a requested service that is in your benefits package.
- Reduces, suspends, or terminates a previously authorized service.
- Denies you or a provider payment.

If you receive an adverse benefit determination, you can **appeal** it with the MCO, ICA, or FEA. An appeal is your request for the adverse benefit determination to be reviewed. You must file an appeal within 60 days of the date on the written adverse benefit determination.





If your concern is about a financial eligibility decision or a cost share calculation, you can request a State Fair Hearing. You can't file a grievance or appeal for a financial eligibility decision or cost share calculation. A State Fair Hearing is an administrative hearing in front of a state administrative law judge (ALJ) where the ALJ asks you questions and obtains information from you in order to make a decision about your concern.

Your family, a friend, or a provider may file an appeal or grievance on your behalf when they have your permission or your guardian's permission.

Each program will provide you with appeal and grievance procedures. No agency involved may treat you differently because you filed an appeal, grievance, or requested a fair hearing.

Are there other agencies that can help?

The Department of Health Services contracts with an agency, MetaStar, to operate an appeal and grievance hotline. MetaStar works on the department's behalf to resolve participant appeals and grievances. MetaStar also provides concurrent reviews for IRIS-related appeals accepted by the Division of Hearings and Appeals. During the concurrent review process, MetaStar works with the participant and IRIS partner agencies to try to come to a mutually agreeable outcome prior to a hearing. MetaStar's contact information is listed below.

DHS Grievances
c/o MetaStar
2909 Landmark Place
Madison, WI 53713

Hotline phone number: 888-203-8338
Fax: 608-274-8340

Is there an advocate that can help?

Ombudsmen are advocates who are available to respond to your concerns in a timely fashion. The Ombudsmen will typically use informal negotiations to resolve your issues. The following agencies provide Ombudsman services to MCO members and IRIS participants.

For people ages 18 to 59:
Disability Rights Wisconsin
Toll Free: 800-928-8778
TTY: 711
<https://disabilityrightswi.org/program/family-care-and-iris-ombudsman-program/>

For people age 60 and older:
Wisconsin Board on Aging
and Long Term Care
Toll Free: 800-815-0015
TTY: 711
<https://longtermcare.wi.gov/Pages/Ombudsman.aspx>

