PSHA Appeals, Fair Hearings, and Grievances For Medicaid Members

This document provides information on filing for appeals, fair hearings, and grievances for Medicaid Members enrolled in or considered for Permanent Supportive Housing Assistance.

Prior to filing appeals or grievances, people can ask for more information about decisions by speaking with or writing to the PSHA Program Manager at the **Office of Economic Opportunity,** 280 State Drive, Waterbury, VT 05671-1050, telephone: (802)-863.6354.

Appeals

To appeal means to ask the Department to review its decision about your eligibility. If you wish to appeal, you must do so within 90 days of the postmark date of the decision letter.

If the decision you receive is to reduce or end benefits or services you are currently getting and you want your benefits or services to continue during your appeal, you must request this at the time you make your appeal. If you get benefits or services during your appeal, you may be asked to pay for them if the appeal is not decided in your favor.

Emergency expedited appeals may be requested in situations when you believe that the time for a regular appeal could risk your life or health.

Who to Contact:

To initiate an appeal, please write to the Permanent Supportive Housing Program Manager, Office of Economic Opportunity, 280 State Drive, Waterbury, VT 05671-1050, or call 802.863.6354. A sample appeal request form can be found on our website. All appeals should include your name, contact information, Medicaid member number, and the reason for your appeal.

You can ask a family member, a friend, or another person (such as a case manager) to help you request an appeal or a fair hearing, or to file a grievance. You will need to tell the State that you want this person to act on your behalf. That person can also represent you during the process.

For legal assistance or help solving a problem, call your local Vermont Legal Aid Office at 1-800-889-2047 or the Office of Health Care Advocate at 1-800-917-7787. Their services are free.

If you disagree with the response to your request, you may request a fair hearing from the Agency of Human Services.

Fair Hearings

A fair hearing is a legal process where the Human Services Board will hear your case and decide if we have made the right decision.

- You must go through the internal appeal process before you can ask for a fair hearing.
- You must ask for a Fair Hearing within 120 days from the date of the appeal decision letter.
- If you are told that your benefit is changed because of a change in federal or state law, an internal appeal will not be granted, but you may ask for a fair hearing.
- If the decision you received is to reduce or end benefits or services you are currently getting and you want your benefits or services to continue during your fair hearing, you must request this at the time you file your fair hearing request. If you get benefits or services during your fair hearing, you may be asked to pay for them if the fair hearing is not decided in your favor.

Who to Contact for a Fair Hearing:
Please call the Vermont Health Connect, Green Mountain Care Customer Support Center at 1-800-250-8427 (TDD/TTY) 1-888-834-7898.

Grievances

A Grievance is a complaint about things other than actions (service authorizations), like the quality of services being delivered, access to those services, or being adversely affected after exercising your rights. When concerns arise, you should first talk with their local case manager or provider. If things cannot be resolved this way, you can ask your OEO case manager for support navigating the conflict. Next, you could work with Agency leadership to file a grievance aligned with the agency's procedures.

If, despite these efforts you can't work out your differences with your provider, you may file a grievance by emailing or calling the PSHA Program Manager at the Office of Economic Opportunity.

If you filed a grievance and are not happy with the way it was addressed, you may ask for a Grievance Review within 11 days from when the notice was mailed. A neutral person will review your grievance to be sure that the process was handled fairly.

This document includes important information. If you need interpretation services call 802.863.6354

(Arabic) 1-855-247-3092 3092-247-855-1 هذه الوثيقة تتضمن معلومات هامة. إذا كنت ترغب خدمات الترجمة الفورية اتصل برقم

(**Bosnian**) Ovaj dokument sadrži važne informacije. Ako su Vam potrebne usluge tumačenja, pozovite 802.863.6354.

(**Burmese**) ဤစာရွက်စာတမ်းတွင် အရေးကြီးသော အချက်အလက်များ ပါဝင်ပါသည်။ အကယ်၍ သင်သည် ဘာသာပြန်ဝန်ဆောင်မှုများ လိုအပ်ပါက 802.863.6354 သို့ ဖုန်းခေါ်ဆိုပါ။

(**French**) Ce document contient des informations importantes. Si vous avez besoin de services d'interprétation, appelez le 802.863.6354

(**Kirundi**) Iyi nyandiko irimwo amakuru ahambaye. Mugire woba ushaka imfashanyo yo gusigurirwa, hamagara uyu murongo 802.863.6354.

(**Nepali**) यस कागजातमा महत्वपूर्ण जानकारी समावेश गरिएको छ। यदि तपाईंलाई दोभाषे सेवाको आवश्यकता छ भने 802.863.6354 मा कल गर्नुहोस्।

(**Somali**) Dukumentigan waxa ku jira macluumaad muhiim ah. Haddii aad u baahan tahay adeegyo turjumaan, wac 802.863.6354.

(**Spanish**) Este documento contiene información importante. Si usted necesita servicios de interpretación, llame al 802.863.6354.

(**Swahili**) Hati hii ina taarifa muhimu. Ikiwa unahitaji huduma za ukalimani, piga simu 802.863.6354.

(**Vietnamese**) Tài liệu này chứa thông tin quan trọng. Nếu quý vị cần dịch vụ thông ngôn, hãy gọi 802.863.6354.