

Complaints, Grievances, and Fair Hearings

If a provider or KAS does something that you are unhappy about or do not agree with, you can tell KAS or the Department of Human Services what you are unhappy about or that you disagree with what the provider or KAS has done. This section describes what you can do and what will happen.

Complaints

What Is a Complaint?

A Complaint is when you tell KAS that you are unhappy with ACAP or your provider or do not agree with a decision by KAS.

Some things you may complain about:

- You are unhappy with the care you are getting.
- You cannot get the service or item you want because it is not a covered service or item.
- You have not gotten services that KAS has approved.
- KAS involuntarily disenrolled you from ACAP.

What Can I Do Before I File a Complaint?

Before you file a Complaint with KAS if you want to, you can call KAS's Complaint and Grievance Department and ask the Complaint and Grievance Department to investigate the issue or problem and try to fix it. The Complaint and Grievance Department will let you know what happened within 7 days of you telling your issue or problem to the Complaint and Grievance Department. You can ask for a written copy of the resolution. If the Complaint and Grievance Department cannot fix the issue or problem, you can file a Complaint. You do not need to ask the Complaint and Grievance Department to investigate the issue or problem and try to fix it before you file a Complaint.

Complaint Process

What Should I Do If I Have a Complaint?

To file a Complaint:

- Call KAS at 717-220-1465 or 1-877-501-4715 (toll free) and tell KAS your Complaint
- Fax your Complaint to KAS at 1-717-220-1727
- Email your Complaint to KAS at kascomplaintgrievance@keystonehumanservices.org
- Write down your Complaint and send it to KAS or hand deliver it to KAS at the following address:

3700 Vartan Way
Harrisburg, PA 17110
Attention: Complaint and Grievance Department

Your provider can file a Complaint for you if you give the provider your consent in writing to do so.

When Should I File a Complaint?

Some Complaints have a time limit on filing. You must file a Complaint within **60 days of getting a notice** telling you that

- KAS has decided that you cannot get a service or item you want because it is not a covered service or item.
- KAS will not pay a provider for a service or item you got.
- KAS did not tell you it's decision about a Complaint or Grievance you told KAS about within 30 days from when KAS got your Complaint or Grievance.
- KAS has denied your request to disagree with KAS's decision that you have to pay your provider.

You must file a Complaint **within 60 days of the date you should have gotten a service or item** if you did not get a service or item. The time by which you should have received a service or item is listed below:

* Your PCP must see you within 7 days of when you call for a routine appointment and your specialist must see you within 7 days of referral to the specialist.

* If you have an urgent medical or behavioral condition, your PCP or a Behavioral Specialist must see you within 24 hours of when you call for an appointment and your other specialists must see you within 24 hours of referral to the specialist.

* If you have an emergency, the provider must see you immediately or refer you to an emergency room.

You may file all other Complaints at any time.

What Happens After I File a Complaint?

After you file your Complaint, you will get a letter from KAS telling you that KAS has received your Complaint, and about the First Level Complaint review process.

You may ask KAS to see any information KAS has about the issue you filed your Complaint about at no cost to you. You may also send information that you have about your Complaint to KAS at the following address:

3700 Vartan Way
Harrisburg, PA 17110
Attention: Complaint and Grievance Department

You may attend the Complaint review if you want to attend it. KAS will tell you the location, date, and time of the Complaint review at least 10 days before the day of the Complaint review. You may appear at the Complaint review in person, by phone, or by videoconference. If you decide that you do not want to attend the Complaint review, it will not affect the decision.

A committee of 3 or more people, including at least 1 person who does not work for KAS, will meet to decide your Complaint. The KAS staff on the committee will not have been involved in and will not have worked for someone who was involved in the issue you filed your Complaint about. If the Complaint is about a clinical issue, either a licensed doctor or a professional with autism experience will be on the committee.

KAS will mail you a notice within 30 days from the date you filed your Complaint to tell you the decision on your Complaint. The notice will also tell you what to do if you do not like the decision.

If you need more information about help during the Complaint process, see page 55.
--

What to Do to Continue Getting Services

If you have been getting a service or item that is being reduced, changed or denied and you file a Complaint verbally, or that is hand-delivered, faxed, emailed, or postmarked within 10 days of the date on the notice telling you that the services or items you have been receiving are not covered services or items for you, the services or items will continue until a decision is made.

If you get a letter telling you that you have been involuntarily disenrolled from ACAP and you file a Complaint verbally, or that is hand-delivered, faxed, emailed, or postmarked within 10 days of the date on the letter telling you that you have been involuntarily disenrolled from ACAP, you will continue to get services through ACAP until your Complaint is decided.

What If I Do Not Like KAS's Decision?

You may ask for a Fair Hearing if the Complaint is about one of the following:

- KAS's decision that you cannot get a service or item you want because it is not a covered service or item.
- KAS's decision to not pay a provider for a service or item you got.
- KAS's failure to decide a Complaint or Grievance you told KAS about within 30 days from when KAS got your Complaint or Grievance.
- You not getting a service or item within the time by which you should have received it.

- KAS's decision to deny your request to disagree with KAS's decision that you have to pay a provider.
- KAS's decision to involuntarily disenroll you.

You must ask for a Fair Hearing within **120 days from the date on the notice** telling you the Complaint decision. For information about Fair Hearings, see page 56.

Grievances

What Is a Grievance?

When KAS denies, decreases, or approves a service or item different than the service or item you requested because it is not medically necessary, you will get a notice telling you KAS's decision.

A Grievance is when you tell KAS you disagree with KAS's decision.

What Should I Do If I Have a Grievance?

To file a Grievance:

- Call KAS at 717-220-1465 or 1-877-501-4715 (toll free) and tell KAS your Grievance
- Fax your Grievance to KAS at 1-717-220-1727
- Email your Grievance to KAS at kascomplaintgrievance@keystonehumanservices.org
- Write down your Grievance and send it to KAS or hand deliver it to KAS at the following address:

3700 Vartan Way
Harrisburg, PA 17110
Attention: Complaint and Grievance Department

Your provider can file a Grievance for you if you give the provider your consent in writing to do so. If your provider files a Grievance for you, you cannot file a separate Grievance on your own.

When Should I File a Grievance?

You must file a Grievance within **60 days from the date you get the notice** telling you about the denial, decrease, or approval of a different service or item for you.

What Happens After I File a Grievance?

After you file your Grievance, you will get a letter from KAS telling you that KAS has received your Grievance, and about the Grievance review process.

You may ask KAS to see any information that KAS used to make the decision you filed your Grievance about at no cost to you. You may also send information that you have about your Grievance to KAS at the following address:

3700 Vartan Way
Harrisburg, PA 17110
Attention: Complaint and Grievance Department

You may attend the Grievance review if you want to attend it. KAS will tell you the location, date, and time of the Grievance review at least 10 days before the day of the Grievance review. You may appear at the Grievance review in person, by telephone, or by videoconference. If you decide that you do not want to attend the Grievance review, it will not affect the decision.

A committee of 3 or more people, including either a licensed doctor or a professional with autism experience and at least 1 person who does not work for KAS, will meet to decide your Grievance. The KAS staff on the committee will not have been involved in and will not have worked for someone who was involved in the issue you filed your Grievance about. KAS will mail you a notice within 30 days from the date you filed your Grievance to tell you the decision on your Grievance. The notice will also tell you what you can do if you do not like the decision.

If you need more information about help during the Grievance process, see page 55.
--

What to Do to Continue Getting Services

If you have been getting services or items that are being reduced, changed or denied and you file a Grievance verbally, or that is hand-delivered, faxed, emailed, or postmarked within 10 days of the date on the notice telling you that the service or item you have been receiving are being reduced, changed, or denied, the services or items will continue until a decision is made.

What If I Do Not Like KAS's Decision?

You may ask for a Fair Hearing. You must ask for a Fair Hearing from the Department of Human Services **within 120 days of the date on the notice** telling you the Grievance decision. For information about Fair Hearings, see page 56.

Expedited Complaints and Grievances

What Can I Do If My Health Is at Immediate Risk?

If your provider believes that waiting 30 days to get a decision about your Complaint or Grievance could harm your health, you or your provider may ask that your Complaint or

Grievance be decided more quickly. For your Complaint or Grievance to be decided more quickly:

- You must ask KAS for an early decision by calling KAS at 717-220-1465 or 1-877-501-4715 (toll free), faxing a letter to 717-220-1727, or sending an email to kascomplaintgrievance@keystonehumanservices.org.
- Your provider should fax a signed letter to 717-220-1727 within 72 hours of your request for an early decision that explains why KAS taking 30 days to tell you the decision about your Complaint or Grievance could harm your health.

If KAS does not receive a letter from your doctor or dentist and the information provided does not show that taking the usual amount of time to decide your Complaint or Grievance could harm your health, KAS will decide your Complaint or Grievance in the usual time frame of 30 days from when KAS first got your Complaint or Grievance.

What Happens After I File an Expedited Complaint or Grievance?

A committee of 2 or more people, including at least 1 person who is a licensed doctor or a professional with autism experience, will meet to decide your Complaint or Grievance. The KAS staff on the committee will not have been involved in and will not have worked for someone who was involved in the issue you filed your Complaint or Grievance about.

You may attend the expedited Complaint or Grievance review if you want to attend it. You can attend the review in person but may have to appear by phone or by videoconference because KAS has a short amount of time to decide the expedited Complaint or Grievance. If you decide that you do not want to attend the Complaint or Grievance review, it will not affect the decision.

KAS will tell you the decision about your Complaint or Grievance within 72 hours from when KAS gets your request for an early decision, unless you ask KAS to take more time to decide your Complaint or Grievance. You can ask KAS to take up to 14 more days to decide your Complaint or Grievance. You will also get a notice telling you the reason(s) for the decision and what to do if you do not like the decision.

If you do not agree with the Expedited Complaint or Grievance decision, you may ask for an expedited Fair Hearing by the Department of Human Services.

You must ask for a Fair Hearing within **120 days from the date on the notice** telling you the expedited Complaint or Grievance decision.

What Kind of Help Can I Have with the Complaint and Grievance Processes?

If you need help filing your Complaint or Grievance, a staff member of KAS will help you. This person can also represent you during the Complaint or Grievance process. You do not have to pay for the help of a staff member. This staff member will not have been involved in any decision about your Complaint or Grievance.

You may also have a family member, friend, lawyer or other person help you file your Complaint or Grievance. This person can also help you if you decide you want to appear at the Complaint or Grievance review.

At any time during the Complaint or Grievance process, you can have someone you know represent you or act for you. If you decide to have someone represent or act for you, tell KAS, in writing, the name of that person and how KAS can reach him or her.

You or the person you choose to represent you may ask KAS to see any information KAS has about the issue you filed your Complaint or Grievance about at no cost to you.

You may call KAS's toll-free telephone number at 1-877-501-4715 if you need help or have questions about Complaints and Grievances, you can contact your local legal aid office or call the Pennsylvania Health Law Project at 1-800-274-3258.

Local Legal Aid Offices	
Chester County Legal Aid of Southeastern Pennsylvania	1-877-429-5994 (800) 326-9177
Cumberland County MidPenn Legal Services	1-800-822-5288 (800) 326-9177
Dauphin County MidPenn Legal Services	1-800-932-0356 (800) 326-9177
Lancaster County MidPenn Legal Services	1-800-732-0025 (717) 299-0971

Persons Whose Primary Language Is Not English

If you ask for language services, KAS will provide the services at no cost to you.

Persons with Disabilities

KAS will provide persons with disabilities with the following help in presenting Complaints or Grievances at no cost, if needed. This help includes:

- Providing sign language interpreters;
- Providing information submitted by KAS at the Complaint or Grievance review in an alternative format. The alternative format version will be given to you before the review; and
- Providing someone to help copy and present information.

Department of Human Services Fair Hearing

In some cases you can ask the Department of Human Services to hold a hearing because you are unhappy about or do not agree with something KAS did or did not do. These hearings are called “Fair Hearings.” You can ask for a Fair Hearing after KAS decides your Complaint or decides your Grievance.

What Can I Request a Fair Hearing About and By When Do I Have to Ask for a Fair Hearing?

Your request for a Fair Hearing must be postmarked within **120 days from the date on the notice** telling you KAS’s decision on your Complaint or Grievance about the following:

- The denial of a service or item you want because it is not a covered service or item.
- The denial of payment to a provider for a service or item you got, and the provider can bill you for the service or item.
- KAS’s failure to decide a Complaint or Grievance you told KAS about within 30 days from when KAS got your Complaint or Grievance.
- The denial of your request to disagree with KAS’s decision that you have to pay your provider.
- The denial of a service or item decrease of a service or item, or approval of a service or item different from the service or item you requested because it was not medically necessary.
- You’re not getting a service or item within the time by which you should have received a service or item.
- KAS’s decision to involuntarily disenroll you.

You can also request a Fair Hearing within 120 days from the date on the notice telling you that KAS failed to decide a Complaint or Grievance you told KAS about within 30 days from when KAS got your Complaint or Grievance.

How Do I Ask for a Fair Hearing?

Your request for a Fair Hearing must be in writing.

Your request for a Fair Hearing needs to include the following information:

- Your (the participant’s) name and date of birth;

- A telephone number where you can be reached during the day;
- Whether you want to have the Fair Hearing in person or by telephone;
- The reason(s) you are asking for a Fair Hearing; and
- A copy of any letter you received about the issue you are asking for a Fair Hearing about.

You must send your request for a Fair Hearing to the following address:

Department of Human Services
 Adult Community Autism Program
 Complaint, Grievance and Fair Hearings
 P.O. Box 2675
 Harrisburg, Pennsylvania 17105-2675

Or fax it to: 717-265-7761

Or email it to: RA-acap@pa.gov

What Happens After I Ask for a Fair Hearing?

You will get a letter from the Department of Human Services’ Bureau of Hearings and Appeals telling you where the hearing will be held and the date and time for the hearing. You will receive this letter at least 10 days before the date of the hearing.

You may come to where the Fair Hearing will be held or be included by phone. A family member, friend, lawyer or other person may help you during the Fair Hearing. You **MUST** participate in the Fair Hearing.

KAS will also go to your Fair Hearing to explain why KAS made the decision or explain what happened.

You may ask KAS to give you any records, reports and other information about the issue you requested your Fair Hearing about at no cost to you.

You may call KAS at 717-220-1465 or 1-877-501-4715 (toll free) if you need help or have questions about Fair Hearings, you can contact your local legal aid office or call the Pennsylvania Health Law Project at 1-800-274-3258.

Local Legal Aid Offices	
Chester County Legal Aid of Southeastern Pennsylvania	1-877-429-5994 (800) 326-9177
Cumberland County MidPenn Legal Services	1-800-822-5288 (800) 326-9177
Dauphin County MidPenn	1-800-932-0356

Legal Services	(800) 326-9177
Lancaster County	1-800-732-0025
MidPenn Legal Services	(717) 299-0971

When Will the Fair Hearing Be Decided?

The Fair Hearing will be decided within 90 days from when you filed your Complaint or Grievance with KAS, not including the number of days between the date on the written notice of KAS’s Complaint decision or Grievance decision and the date you asked for a Fair Hearing.

If you requested a Fair Hearing because KAS did not tell you it’s decision about a Complaint or Grievance you told KAS about within 30 days from when KAS got your Complaint or Grievance, your Fair Hearing will be decided within 90 days from when you filed your Complaint or Grievance with KAS, not including the number of days between the date on the notice telling you that KAS failed to timely decide your Complaint or Grievance and the date you asked for a Fair Hearing.

The Department of Human Services will send you the decision in writing and tell you what to do if you do not like the decision.

If your Fair Hearing is not decided within 90 days from the date the Department of Human Services receives your request, you may be able to get your services until your Fair Hearing is decided. You can call the Department of Human Services at 1-800-798-2339 to ask for your services.

What to Do to Continue Getting Services

If you have been getting a service or item that is being reduced, changed or denied and you ask for a Fair Hearing and your request is hand-delivered or postmarked within 10 days of the date on the notice telling you KAS’s Complaint or Grievance decision, the service or item will continue until a decision is made.

If you filed a Complaint because KAS decided to disenroll you and you disagree with KAS’s Complaint decision and you ask for a Fair Hearing and your request is hand-delivered or postmarked within 10 days of date on the Complaint decision, you will continue to get services through ACAP until a decision is made.

Expedited Fair Hearing

What Can I Do If My Health Is at Immediate Risk?

If your provider believes that waiting the usual time frame for deciding a Fair Hearing could harm your health, you may ask that the Fair Hearing take place more quickly. This is called an

expedited Fair Hearing. You can ask for an early decision by calling the Department at 1-866-539-7689 (choose Option 2 for ACAP) or by faxing a letter to 717-265-7761. Your provider must fax a signed letter to 717-265-7761 explaining why taking the usual amount of time to decide your Fair Hearing could harm your health. If your provider does not send a letter, your provider must testify at the Fair Hearing to explain why taking the usual amount of time to decide your Fair Hearing could harm your health.

The Bureau of Hearings and Appeals will schedule a telephone hearing and will tell you it's decision within 3 business days after you asked for a Fair Hearing.

If your provider does not send a written statement and does not testify at the Fair Hearing, the Fair Hearing decision will not be expedited. Another hearing will be scheduled, and the Fair Hearing will be decided using the usual time frame for deciding a Fair Hearing.

Language Assistance Services

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call: **[717-220-1465] (TTY: 1-877-501-4715).**

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **[717-220-1465] (TTY: 1-877-501-4715).**

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **[717-220-1465] (телетайп: 1-877-501-4715).**

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **[717-220-1465] (TTY : 1-877-501-4715)。**

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **[717-220-1465] (TTY: 1-877-501-4715).**

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-717-220-1465** (رقم هاتف الصم والبكم: **1-877-501-4715**).

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् **[717-220-1465] (टिटिवाइ: 1-877-501-4715) ।**

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **[717-220-1465] (TTY: 1-877-501-4715)** 번으로 전화해 주십시오.

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អល គឺអាចមានសំរាប់ប្រើអ្នក។ ចូរ ទូរស័ព្ទ **[717-220-1465] (TTY: 1-877-501-4715)។**

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **[717-220-1465] (ATS : 1-877-501-4715).**

သတိပြုရန် - အကယုၣ် သ္တုၣ် ခုမ္မာစကား ကို ဝေၣ်ဟပါက၊ ဘာသာစကား အကူအညီ၊ အခဲဲ၊ သုၣ်အတြက စီစဉ်းဆၢၣ်ကုးပးပါမည့။ ဖုၣ်းနံပါတ် **[717-220-1465] (TTY: 1-877-501-4715)** သုၣ် ဝေၣ်ဆုၣ်ပါ။

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **[717-220-1465] (TTY: 1-877-501-4715).**

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **[717-220-1465] (TTY: 1-877-501-4715).**

লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নি:খরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে।
ফোন করুন **[717-220-1465]** (TTY: 1-877-501-4715)।

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në **[717-220-1465]** (TTY: 1-877-501-4715).

सुचना: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો **[717-220-1465]** (TTY: 1-877-501-4715).