**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>> waxaa soo gaartay cabashadaadii <<date>>. Waxaan xal ku raadineynaa ilaa iyo 90 maalmood, oo waxaad go'aan naga war heli doontaa <<date the MCO received the grievance + 90 calendar days>>. Haddii ay nagu qaadaneyso 90 maalmood ka badan, si qoraal ah ayaan kugu soo ogeysiineynaa.

Haddii aad wax jawaab ah naga heli weydo taariikhda <<date the MCO received the grievance + 90 calendar days>>, ama aan kuu soo diri weyno ogeysiis ah inaan wakhti dheeraad ah u baahan nahay, waxaad Department of Health Services (DHS) weydiisan kartaa in laguu eego cabashadaada. DHS waxaa arrimahan kala shaqeysa MetaStar, shirkad hawshan u sameysa si tayo leh oo hawshan noo qabata. Warqaddan qeybteeda ugu dambeysa ayey kuugu qoran yihiin siyaabaha aad ku soo codsan karto dibu-eegid.

**End of letter**:

Haddii aad naga heli weydo go'aan qoran oo ku saabsan cabashadaada taariikhdu markay tahay, <<date the MCO received the grievance + 90 calendar days>> waxaad MetaStar ka soo codsan kartaa in ay kuu eegaan cabashadaada laga bilaabo <<date the MCO received the grievance + 91 calendar days>>. Codsigaaga dibu-eegista waa in aad MetaStar ugu soo gudbiso boosto ahaan, fakis ahaan, ama boostada intarnetka (email) **kama-dambeys** <<date the MCO received the grievance + 90 calendar days + 45 calendar days>>.

Si aad MetaStar u weydiisato dibu-eegid, soo garaac 888-203-8338. Waxa kale oo aad DHS ka soo codsan kartaa dibu-eegista inaad ku hesho boosto ahaan, fakis ahaan, ama boostada intarnetka.

DHS Family Care Grievances

MetaStar

2909 Landmark Place

Madison, WI 53713

Fakis: 608-274-8340
Boostada Intarnetka (Email): dhsfamcare@dhs.wisconsin.gov

Codsigaaga soo raaci koobbiga ogeysiiskan.

**Caawimaad: Qofkee baa ku fahamsiin kara ogeysiiskan iyo xuquuqdaada?**

a. <<MCO name>> oo ah qof aqoon u leh xuquuqda xubnaha ayaa kugu wargelinaya xuquuqdaada kuguna caawinaya codsiga dacwad-dhageysiga DHS oo la shaqeyneysa MetaStar. Qofka aqoonta u leh xuquuqda xubnaha kuma metali karo marka dibu-eegis laguu sameynayo. Si aad ula xiriirto qof aqoon u leh xuquuqda xubnaha, soo garaac <<Member Rights Specialist phone number>>.

b. Qof kasta oo loo qabto adeegyada Family Care, Family Care Partnership, ama PACE (Program of All-Inclusive Care for the Elderly) waxaa caawimaad bilaash ah u haysa **ama wakiil ombudsman madaxbannaan**. Xafiisyada soo socda ayaa u hadla Family Care, Family Care Partnership, iyo xubnaha PACE :

**Dadka ay da'doodu tahay 18 ilaa 59:**

Disability Rights Wisconsin

Taleefan Bilaash ah: 800-928-8778

TTY: 711

**Dadka ay da'doodu tahay 60 iyo ka weyn:**

Wisconsin Board on Aging and Long Term Care

Taleefan Bilaash ah: 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**

Haddii aad wax jawaab ah naga heli weydo <<date the MCO received the grievance + 90 calendar days + number of additional extension days>>, waxaad Department of Health Service (DHS) weydiisan kartaa in laguu eego cabashadaada. DHS waxaa arrimahan kala shaqeysa MetaStar, shirkad hawshan u sameysa si tayo leh oo la qabaneysa hawshan. Warqaddan qeybteeda ugu dambeysa ayey kuugu qoran yihiin siyaabaha aad ku soo codsan karto dibu-eegid.

**End of letter**:

Haddii aad naga heli weydo go'aan qoran oo ku saabsan cabashadaada taariikhdu markay tahay <<date the MCO received the grievance + 90 calendar days + number of additional extension days>>, waxaad MetaStar ka soo codsan kartaa in ay kuu eegaan cabashadaada laga bilaabo <<date the MCO received the grievance + 90 calendar days + number of additional extension days +1 calendar day>>. Codsigaaga dibu-eegista waa in aad MetaStar ugu soo gudbiso boosto ahaan, fakis ahaan, ama boostada intarnetka (email) **kama-dambeys** <<date the MCO received the grievance + 90 calendar days + number of additional extension days + 45 calendar days>>.

Si aad MetaStar u weydiisato dibu-eegid, soo garaac 888-203-8338. Waxa kale oo aad soo codsan kartaa dibu-eegista inaad ku hesho boosto ahaan, fakis ahaan, ama boostada intarnetka (email).

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Madison, WI 53713

Fakis: 608-274-8340
Boostada Intarnetka (Email): dhsfamcare@dhs.wisconsin.gov

Codsigaaga soo raaci koobbiga ogeysiiskan.

**Caawimaad: Qofkee baa ku fahamsiin kara ogeysiiskan iyo xuquuqdaada?**

a. <<MCO name>> oo ah qof aqoon u leh xuquuqda xubnaha ayaa kugu wargelinaya xuquuqdaada kuguna caawinaya codsiga dacwad-dhageysiga DHS oo la shaqeyneysa MetaStar. Qofka aqoonta u leh xuquuqda xubnaha kuma metali karo marka dibu-eegis laguu sameynayo. Si aad ula xiriirto qof aqoon u leh xuquuqda xubnaha, soo garaac <<Member Rights Specialist phone number>>.

b. Qof kasta oo loo qabto adeegyada Family Care, Family Care Partnership, ama PACE (Program of All-Inclusive Care for the Elderly) waxaa caawimaad bilaash ah u haysa  **ama wakiil ombudsman madaxbannaan**. Xafiisyada soo socda ayaa u hadla Family Care, Family Care Partnership, iyo xubnaha PACE :

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Disability Rights Wisconsin

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TTY: 711

**Dadka ay da'doodu tahay 60 iyo ka weyn:**

Wisconsin Board on Aging and Long Term Care

Taleefan Bilaash ah: 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**:

Haddii aad ku qanci weydo go'aanka cabashadaada, waxaad Department of Health Service (DHS) weydiisan kartaa dibu-eegid. DHS waxaa arrimahan kala shaqeysa MetaStar, shirkad hawshan u sameysa si tayo leh oo la qabaneysa hawshan. MetaStar ayaa gaareysa go'aan kama-dambeys ah.

Codsigaaga ah dibu-eegista waa in uu MetaStar ku soo gaaro boosto ahaan, fakis ahaan, ama boostada intarnetka (email) **waana in lagu helo ilaa 45 maalmood** ka dib markaad hesho ogeysiiskan.

Si aad MetaStar u weydiisato dibu-eegid, soo garaac 888-203-8338. Waxa kale oo aad soo codsan kartaa dibu-eegista inaad ku hesho boosto ahaan, fakis ahaan, ama boostada intarnetka (email).

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Codsigaaga soo raaci koobbiga ogeysiiskan.

**Caawimaad: Qofkee baa ku fahamsiin kara ogeysiiskan iyo xuquuqdaada?**

a. <<MCO name>> oo ah qof aqoon u leh xuquuqda xubnaha ayaa kugu wargelinaya xuquuqdaada kuguna caawinaya codsiga dacwad-dhageysiga DHS oo la shaqeyneysa MetaStar. Qofka aqoonta u leh xuquuqda xubnaha kuma metali karo marka dibu-eegis laguu sameynayo. Si aad ula xiriirto qof aqoon u leh xuquuqda xubnaha, soo garaac <<Member Rights Specialist phone number>>.

b. Qof kasta oo loo qabto adeegyada Family Care, Family Care Partnership, ama PACE (Program of All-Inclusive Care for the Elderly) waxaa caawimaad bilaash ah u haysa **ama wakiil ombudsman madaxbannaan**. Xafiisyada soo socda ayaa u hadla Family Care, Family Care Partnership, iyo xubnaha PACE:

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Wisconsin Board on Aging and Long Term Care

Taleefan Bilaash ah: 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>> waxay heshay racfaankaagii <<date>>.

Waxaan racfaankaaga xal ugu raadineynaa ilaa iyo 30 maalmood, oo go'aankana waxaad naga heli doontaa <<date the MCO received the appeal + 30 calendar days>>. Haddii ay nagu qaadaneyso 30 maalmood ka badan, si qoraal ah ayaan kugu soo ogeysiineynaa. Haddii aad go'aan naga heli weydo kama-dambeys <<date the MCO received the appeal + 30 calendar days>>, ama aad naga heli weydo ogeysiis kuu sheegaya inaan wakhti dheeraad ah rabno, waxaad soo codsan kartaa dacwad-dhageysiga gobolka. Warqaddan qeybteeda ugu dambeysa ayey kuugu qoran yihiin siyaabaha aad ku soo codsan karto dacwad-dhageysiga gobolka.

**End of letter**:

Haddii aad naga heli weydo go'aan qoran oo ku saabsan racfaankaaga taariikhdu markay tahay <<date the MCO received the appeal + 30 calendar days>>, waxaad soo codsan kartaa dacwad-dhageysiga gobolka laga bilaabo <<date the MCO received the appeal + 31 calendar days>>. Codsigaaga dacwad-dhageysiga waa in aad Wisconsin Division of Hearings and Appeals (DHA) ugu soo dirto boostada ama fakis ahaan **kama-dambeys** <<date the MCO received the appeal + 30 calendar days + 90 calendar days>>.

Haddii aad soo codsato dacwad-dhageysi, waxaa dacwaddaada kuula kulmaya Garsooraha Dacwooyinka Dowladda (Administrative Law Judge ama ALJ). Waxaa ku soo raaci kara qof kuu hadla, saaxiib, xubin qoyskaaga ka mid ah ama markhaati. Waxa kale oo aad dacwad-dhageysiga ku soo bandhigi kartaa caddeyn iyo inaad adigu hadasho.

<<MCO name>>’s oo ah qof aqoon u leh xuquuqda xubnaha ayaa kugu caawinaya buuxinta codsiga dacwad-dhageysiga gobolka. Si aad ula xiriirto qof aqoon u leh xuquuqda xubnaha, soo garaac <<member rights specialist phone number>>. Waxaa dacwad-dhageysiga kuu sameynaya mid ka mid ah xafiisyada ombudsman madax bannaan oo ku qoran dhinaca hoose ama aad ka heleyso intarnetka [www.dhs.wisconsin.gov/library/f-00236.htm](http://www.dhs.wisconsin.gov/library/f-00236.htm).

Codsigaaga oo buuxsan iyo koobbiga ogeysiiskan u soo dir warqad ahaan adigoo soo sheegaya in aad rabto dacwad-dhageysi:

Family Care Request for Fair Hearing

Wisconsin Division of Hearings and Appeals

PO Box 7875

Madison, WI 53707-7875

Fakis: 608-264-9885

**Caawimaad: Qofkee baa ku fahamsiin kara ogeysiiskan iyo xuquuqdaada?**

a. <<MCO name>> oo ah qof aqoon u leh xuquuqda xubnaha ayaa kugu wargelinaya xuquuqdaada, kugu caawinaya buuxinta iyo dirista racfaankaaga oo qoran iyadoo uu kugu caawin doono codsigaaga dacwad-dhageysiga gobolka. Qofka aqoonta u leh xuquuqda xubnaha kuguma metali karo kulanka Guddiga Cabashada iyo Racfaanka (Grievance and Appeal Committee) ama dacwad-dhageysiga gobolka. Si aad ula xiriirto qof aqoon u leh xaquuqda xubnaha, soo garaac <<Member Rights Specialist phone number>>.

b. Qof kasta oo loo qabto adeegyada Family Care, Family Care Partnership, ama PACE (Program of All-Inclusive Care for the Elderly) waxaa caawimaad bilaash ah u haysa  **ama wakiil ombudsman madaxbannaan**. Xafiisyada soo socda ayaa u hadla Family Care, Family Care Partnership, iyo xubanaha PACE :

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**Required Language**

Haddii aad go'aan naga heli weydo kama-dambeys <<date the MCO received the appeal + 30 calendar days + number of additional extension days>>, waxaad soo codsan kartaa dacwad-dhageysiga gobolka. Warqaddan qeybteeda ugu dambeysa ayey kuugu qoran yihiin siyaabaha aad ku soo codsan karto dacwad-dhageysiga gobolka.

**End of letter**:

Haddii aad naga heli weydo go'aan qoran oo ku saabsan racfaankaaga taariikhdu markay tahay <<date the MCO received the appeal + 30 calendar days>>, waxaad soo codsan kartaa dacwad-dhageysiga gobolka laga bilaabo <<date the MCO received the appeal + 31 calendar days>>. Codsigaaga dacwad-dhageysiga waa in aad Wisconsin Division of Hearings and Appeals (DHA) ugu soo dirto boostada ama fakis ahaan **kama-dambeys** <<date the MCO received the appeal + 30 calendar days + 90 calendar days>>.

Haddii aad soo codsato dacwad-dhageysi, waxaa dacwadaada kuula kulmaya Garsooraha Dacwooyinka Dowladda (Administrative Law Judge ama ALJ). Waxaa ku soo raaci kara qof kuu hadla, saaxiib, xubin qoyskaaga ka mid ah ama markhaati. Waxa kale oo aad dacwad-dhageysiga ku soo bandhigi kartaa caddeyn iyo inaad adigu hadasho.

<<MCO name>> oo ah qof aqoon u leh xuquuqda xubnaha ayaa kugu caawinaya buuxinta codsiga dacwad-dhageysiga gobolka. Si aad ula xiriirto qof aqoon u leh xuquuqda xubnaha, soo garaac <<member rights specialist phone number>>. Waxaa dacwad-dhageysiga kuu sameynaya mid ka mid ah xafiisyada ombudsman madax bannaan oo ku qoran dhinaca hoose ama aad ka heleyso intarnetka [www.dhs.wisconsin.gov/library/f-00236.htm](http://www.dhs.wisconsin.gov/library/f-00236.htm).

Codsigaaga oo buuxsan iyo koobbiga ogeysiiskan u soo dir warqad ahaan adigoo soo sheegaya in aad rabto dacwad-dhageysi:

Family Care Request for Fair Hearing

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PO Box 7875

Madison, WI 53707-7875

Fakis: 608-264-9885

**Caawimaad: Qofkee baa ku fahamsiin kara ogeysiiskan iyo xuquuqdaada?**

a. <<MCO name>> oo ah qof aqoon u leh xuquuqda xubnaha ayaa kugu wargelinaya xuquuqdaada kuguna caawinaya codsiga dacwad-dhageysiga gobolka. Qofka aqoonta u leh xuquuqda xubnaha kuguma metali karo kulanka Guddiga Cabashada iyo Racfaanka (Grievance and Appeal Committee) ama dacwad-dhageysiga gobolka. Si aad ula xiriirto qof aqoon u leh xaquuqda xubnaha, soo garaac <<Member Rights Specialist phone number>>.

b. Qof kasta oo loo qabto adeegyada Family Care, Family Care Partnership, ama PACE (Program of All-Inclusive Care for the Elderly) waxaa caawimaad bilaash ah u haysa  **oo madaxbannaan ombudsman**. Xafiisyada soo socda ayaa u hadla Family Care, Family Care Partnership, iyo xubnaha PACE

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