

REQUIREMENTS FOR REPORTING COMPLAINTS & GRIEVANCES RECEIVED BY THE ALABAMA MEDICAID AGENCY

Intake

**ALABAMA MEDICAID AGENCY
LTC PROGRAM MANAGEMENT UNIT**

**COMPLAINT RELATED
TO DENIAL OF WAIVER
SERVICES**

**COMPLAINT RELATED
TO FINANCIAL
ELIGIBILITY**

**COMPLAINT RELATED TO
PROVIDERS,
WORKERS, OR OPERATING
AGENCY (OA)**

**LONG TERM CARE
ADMISSIONS/RECORDS
UNIT**

**ELDERLY DISABLED
CERTIFICATION
DIVISION DISTRICT
OFFICE**

**LONG TERM CARE
QUALITY ASSURANCE UNIT**

THE APPROPRIATE STAFF MEMBER WILL REVIEW THE INFORMATION RECEIVED AND MAKE A DECISION WITHIN SEVEN (7) WORKING DAYS. IF A DECISION CANNOT BE REACHED, ADDITIONAL INFORMATION WILL BE REQUESTED.

RESOLUTION WILL BE REACHED WITHIN SEVEN (7) WORKING DAYS FROM RECEIPT OF THE ADDITIONAL INFORMATION WITH A RESPONSE DISSEMINATED TO ALL PARTIES INVOLVED.

IF THE INDIVIDUAL IS NOT SATISFIED WITH THE DECISION MADE BY AMA AND ADSS THEY HAVE THE RIGHT TO REQUEST AN INFORMAL CONFERENCE WITHIN 30 DAYS FROM THE DATE OF THE LETTER.

IF THE INDIVIDUAL IS NOT SATISFIED WITH THE INFORMAL CONFERENCE DECISION, THEY HAVE 30 DAYS FROM THE DATE OF THE LETTER TO REQUEST A FAIR HEARING.