



## Home and Community Based Waiver Services Support Intensity Scale Complaint Process

*This process provides specific directions on how to file and ask for resolution to a complaint related to the Supports Intensity Scale (SIS) Assessment.*

1. The Case Management Agency (CMA) shall provide a copy of this SIS complaint process to the member, guardian, authorized representative and family member, as appropriate, prior to the SIS assessment.
2. The member, the member's guardian, authorized representative and family member, as appropriate, may file a complaint regarding the SIS assessment either verbally or in writing by contacting the case manager.
3. Complaints shall be filed within thirty (30) calendar days of when the SIS assessment is conducted.
4. If a complaint is filed verbally, the case manager shall document the time, date, and details of the complaint in the member's record in the Department required data system.
5. The CMA shall make efforts to resolve the complaint and shall provide the complainant with a written response within ten (10) business days. The written response shall include information on how to file the complaint with the Department of Health Care Policy and Financing (HCPF) if the complainant is not satisfied with the resolution. If the complaint entails a request for a new SIS assessment, please follow the procedure as described in *Process for Approval to Conduct Another SIS Assessment (DAL#DD2010-6: June 17, 2010)*.
6. A summary of the response to the complaint shall be documented by the case manager in the member's record on the Department required data system.
7. If the complainant is not satisfied with the CMA resolution, the complainant may file the complaint with HCPF within fifteen (15) business days of receipt of the CMA's response.
8. HCPF will provide a written response to the complainant within fifteen (15) business days after receiving the complaint.

