

GRIEVANCE POLICY AND PROCEDURES

Escambia County Transportation Disadvantaged Coordinating Board & Community Transportation Coordinator

As described in the "Local Grievance Guidelines for Transportation Disadvantaged Services" dated 6/7/93, the following Grievance process is set forth.

The following details the process that the Coordinator and the Coordinating Board will use to address complaints regarding service and other transportation related matters:

COMMUNITY TRANSPORTATION COORDINATOR GRIEVANCE PROCESS

1. **Service Complaints:** Any service complaints received by the Coordinator will be immediately investigated and every effort made to seek an appropriate and prompt resolution.

A file will be kept on all service complaints received, and monthly reports generated that will help in identifying any emerging patterns or complaints; e.g., multiple complaints about a particular driver or reservationist, excessive late pickups, unclean vehicles, smoking or eating permitted on vehicles, etc. By promptly identifying areas of deficiency, the Coordinator will be in a position to work with local staff or with the service provider to make the necessary corrections or adjustments to alleviate the situation. A summary of service complaint statistics shall be available to the LCB at least quarterly.

2. **Grievance Policy:** Any person with an unresolved service complaint shall be advised of the formal grievance procedure of the CTC and have a written copy of this grievance procedure made available to them. The grievance policy and procedures shall be included in the Transportation Disadvantaged Service Plan. The Transportation Disadvantaged Commission Ombudsman Hotline phone number will be included as a step in the grievance procedure.

The formal grievance shall, at a minimum, contain a written record of the grievance and include the following:

- a. Name and Address of the complainant.
- b. A statement of the grounds for the grievance and supplemented by supporting documentation, made in a clear and concise manner.
- c. An explanation by the complainant of the improvements needed to address the complaint.

All formal grievances submitted to the CTC shall be mailed to:

Public Works Department, Trans & Traffic Ops Division
Donald A. Christian III
3363 West Park Place
Pensacola, FL 32505
Phone: 850.595.3436
dachrist@co.escambia.fl.us

A summary of all formal grievances will be given by the Coordinator at the next regularly scheduled LCB meeting.

A written copy of the CTC's, transportation subcontractors', and coordination contractors' rider policies and grievance procedures shall be made available to anyone on request.

The telephone number for accessing information for making a service complaint or formal grievance must be posted in plain view in every vehicle (including vehicles used under coordination contracts).

All documents pertaining to the grievance process will be made available, upon request, in a format accessible to persons with disabilities.

In addition to the Grievance procedures, a grievance/complaint may be submitted to the Commission for Transportation Disadvantaged Ombudsman Program/TD Hotline at 1-800-983-2435.

All formal grievances received by the LCB pertaining to the operation of services under the CTC will be passed on to the CTC for their response, which shall be included in the LCB's response.

3. If not resolved at this level, the complaint will be presented to Pensacola Bay Transportation Board of Directors for final hearing and determination.
4. Aggrieved parties with proper standing may also have recourse through Chapter 120, Florida Statutes, the administrative hearing process or through the judicial court system.

LOCAL COORDINATING BOARD GRIEVANCE PROCESS

1. The local coordinating board grievance process is open to addressing concerns by any person or agency including, but not limited to purchasing agencies, users, potential users, private-for profit operators, private non-profit operators, CTCs, designated planning agencies, elected officials and drivers.
2. Grievances must be written and contain the following:
 - a. The name and address of the complainant
 - b. A statement of the grounds for the grievance, supplemented by supporting documentation, and made in clear and concise manner
 - c. An explanation by the complainant of the improvements needed to address the grievance.
3. A written copy of this grievance procedure will be made available to anyone, upon request.
4. All formal grievance shall be sent to:

Chair, Escambia County Transportation Disadvantaged Coordinating Board
Attention: Transportation Disadvantaged Planning
PO Box 11399
Pensacola, Florida 32524-1399
1-800-226-8914

5. The Transportation Coordinating Board Grievance Committee will be called to hear the grievance and respond to the grievant in writing within 60 calendar days. The response will provide explanation or recommendations regarding the grievance. The local coordinating board has powers to hear a grievance and advise, but not to make a determination or adjudicate.
6. The grievance committee must review all grievances and report accordingly to the full local coordinating board.
7. All documents pertaining to the grievance process will be made available, upon request, in a format accessible to persons with disabilities.
8. If the local coordinating board receives a grievance pertaining to operation of services under the CTC, that grievance should be passed to the CTC for their response to be included in the local coordinating board response.

MEDICAID GRIEVANCE SYSTEM

Medicaid defines the process for addressing Complaints, Appeals, Grievances, and Fair Hearings as “*Medicaid Grievance System.*” The Planning Agencies and Local coordinating boards are the extension of the Commission in each locale, tasked with implementing the Transportation Disadvantaged program, including the Medicaid transportation Contract, at the local level.

1. **Grievance Process**
Resolve each Grievance within ninety (90) Calendar Days; the planning agency/local coordinating board shall notify the customer, in writing, within thirty (30) Calendar Days of the resolution of the Grievance.
2. Notice of resolution shall include the results and date of the resolution. In addition it must include:
 - Notice of the right and information on how to request a Medicaid Fair Hearing;
 - Provide the Commission with a copy of the written notice of resolution upon request;
3. No punitive action will be taken against a beneficiary, physician or other Health Care Provider. The CTC/STP must provide the Commission with a report detailing the total number of Grievances received. The PA/LCB may extend the Grievance resolution time frame by up to fourteen (14) Calendar Days.
4. If the LCB/CTC/STP requests the extension, the beneficiary must be given written notice of the reason for the delay.
5. **Filing Requirement**
The beneficiary or provider must file a Grievance, verbally or in writing, within one (1) year after the date of occurrence that initiated the Grievance.
6. **Appeal Process**
Confirm in writing all inquiries seeking an Appeal, unless the beneficiary or provider requests an expedited resolution.
 - If the resolution is in favor of the beneficiary, provide the services as quickly as the customer’s health condition requires.
 - A reasonable opportunity must be provided to present evidence in person or in writing.
 - Allow the beneficiary an opportunity to examine the beneficiary’s case file.
 - The beneficiary (or rep) shall be considered parties to the Appeal.
 - Continue the beneficiary’s Transportation Services if:
The beneficiary files the Appeal in a timely manner, meaning on or before the later of the following:
Within ten (10) Business Days of the date on the notice of Action (add five [5] Business Days if the notice is sent via Surface Mail); or

The intended effective date of the CTC/STP proposed Action
The Appeal involves the termination, suspension, or reduction of a previously authorized Transportation service;
The Transportation was for a Medicaid compensable service ordered;
The authorization period has not expired; and/or
The Medicaid Beneficiary requests extension of Transportation Services.

7. Provide written notice of the resolution of the Appeal, including the results and date of the resolution within two (2) Business Days after the resolution. For decisions not wholly in the customer's favor, the notice of resolution shall include:
- Notice of the right to request a Medicaid Fair Hearing;
 - Information about how to request a Medicaid Fair Hearing, including the DCF address necessary for pursuing a Medicaid Fair Hearing;
 - Notice of the right to continue to receive Transportation Services pending a Medicaid Fair Hearing;
 - Information about how to request the continuation of Transportation Services; and
 - Notice that if the CTC/STP Action is upheld in a Medicaid Fair Hearing, the customer may be liable for the cost of any continued Transportation Services.
 - Provide the Commission with a copy of the written notice of disposition upon request.
 - No punitive action will be taken against a beneficiary, physician or other Health Care Provider.
 - Provide the Commission with a report detailing the total number of Appeals received.
 - If the CTC/STP continues or reinstates the beneficiary's Transportation Services while the Appeal is pending, the CTC/STP must continue providing the Transportation Services until one (1) of the following occurs:
 - The beneficiary withdraws the Appeal;
 - Ten (10) Business Days pass from the date of the STP's notice of resolution of the Appeal if the resolution is adverse to the customer and if the customer has not requested a Medicaid Fair Hearing with continuation of Transportation Services until a Medicaid Fair Hearing decision is reached;
 - The Medicaid Fair Hearing panel's decision is adverse to the beneficiary; or
 - The authorization to provide services expires, or the beneficiary meets the authorized service limits.
 - If the final resolution of the Appeal is adverse to the beneficiary, the CTC/STP may recover the costs of the services furnished from the beneficiary while the Appeal was pending, to the extent that the CTC/STP furnished the services solely because of the requirements of this Section.
 - If the CTC/STP did not furnish services while the Appeal was pending and the Appeal panel reverses the CTC/STP decision to deny, limit or delay services, the CTC/STP must authorize or provide the disputed services promptly and as quickly as the beneficiary's health condition requires.
 - If the CTC/STP furnished services while the Appeal was pending and the Appeal panel reverses the CTC/STP decision to deny, limit or delay services, the CTC/STP must pay for disputed services in accordance with State policy and regulations.

8. Filing Requirements

- The beneficiary must file an Appeal within thirty (30) Calendar Days of receipt of the notice of the CTC/STP's Action.
- The beneficiary may file an Appeal either verbally or in writing. If the filing is verbal, the beneficiary must also file a written, signed Appeal within thirty (30) Calendar Days of the verbal filing. The CTC/STP shall notify the requesting party that it must file the written request within ten (10) Business Days after receipt of the verbal request. For verbal filings, time frames for resolution of the Appeal begin on the date the CTC/STP receives the verbal filing.
- The PA/LCB shall resolve each Appeal not to exceed forty-five (45) Calendar Days from the day the PA/LCB received the initial Appeal request.
- If the resolution is in favor of the beneficiary, the CTC/STP shall provide the services as quickly as the beneficiary's health condition requires.
- The PA/LCB may extend the resolution time frames by up to fourteen (14) Calendar Days if the beneficiary requests an extension, or the PA/LCB documents that there is a need for additional information and that the delay is in the beneficiary's best interest.
- If the PA/LCB requests the extension, the PA/LCB must give the beneficiary written notice of the reason for the delay.
- The PA/LCB must provide written notice of the extension to the beneficiary within five (5) Business Days of determining the need for an extension.

9. Expedited Appeal Process

The PA/LCB shall establish and maintain an expedited review process for Appeals when the CTC/STP determines, the beneficiary requests or the provider indicates (in making the request on the beneficiary's behalf or supporting the beneficiary's request) that taking the time for a standard resolution could seriously jeopardize the beneficiary's life, health or ability to attain, maintain or regain maximum function.

- The beneficiary may file an expedited Appeal either verbally or in writing.
- CTC/STP must inform the beneficiary of the limited time available for the beneficiary to present evidence and allegations of fact or law, in person and in writing;
- Expedited Appeal must be resolved within seventy-two (72) hours after the CTC/STP receives the Appeal request;
- Provide written notice of the resolution to the beneficiary;
- Make reasonable efforts to provide verbal notice of disposition/ resolution to the beneficiary immediately after the Appeal panel renders a decision; and
- No punitive action will be taken against a beneficiary, physician or other Health Care Provider.
- If the CTC/STP denies a request for an expedited resolution of an Appeal, the CTC/STP must:
 - Transfer the Appeal to the standard time frame of no longer than forty-five (45) Calendar Days from the day the CTC/STP received the request for Appeal (with a possible fourteen [14] day extension);
 - Make reasonable efforts to provide immediate verbal notification of the CTC/STP denial for expedited resolution of the Appeal;
 - Provide written notice of the denial of the expedited Appeal within two (2) Calendar

- Days; and
- Fulfill all requirements set forth in the Appeal Process.

9. Expedited Appeal Committee

Recommendations for Members

- One LCB Member
- Planning Agency Staff Representative
- CTC/STP Staff that was not involved in initial action.

Things to Consider

- Committee Members cannot have been involved in the decision to take “action.”
- Committee Members need to have all background information.
- Committee Members must be able to meet and make a decision within 72 hours.
- Two LCB Members cannot be on Exp. Appeal Committee due to Sunshine Law restrictions on meeting notice timeframes.

Medicaid Grievance System Definitions:

Complaint process – How concerns regarding quality of service are addressed locally. (i.e. late pick-ups, driver concerns, vehicle condition)

Grievance process – How quality of service complaints that are unresolved to the satisfaction of the customer are addressed locally.

Action – Some form of reduction, limit, or denial of transportation services by CTC/STP.

Appeal process – The local procedure for addressing customer’s concerns regarding “actions” that have been taken.

Medicaid Fair Hearing process – The administrative process which allows a Medicaid Beneficiary to request the State to reconsider an adverse decision made by the CTC/STP.

COMMISSION FOR TRANSPORTATION DISADVANTAGED OMBUDSMAN PROCESS

1. The Commission for Transportation Disadvantaged maintains a toll free number for access to Ombudsman Staff. The toll free number 1-800-983-2435 is available Monday through Friday, 8:00 am to 5:00 pm, Eastern Time.
2. The Ombudsman staff will intake calls, listen to and document concerns of consumers, provide callers with information, refer callers to appropriate local area, and maintain a data base on information for callers.
3. All concerns regarding local Transportation Disadvantaged services will be referred to the appropriate staff for follow-up.
4. Ombudsman staff assist callers in resolving concerns by acting as an advocate or mediator on the callers behalf.

Definitions:

- a. **Service Complaint:** Service complaints are routine incidents that occur on a daily basis, are reported to the driver or dispatcher, or to other individuals involved with the daily operations, and are resolved within the course of a reasonable time period suitable to the complainant. Local service complaints are driven by the inability of the CTC or transportation operators, not local service standards established by the CTC and LCB. If the CTC is also an operator, their statistics on service complaints should be included. Local standards should be developed regarding the reporting and parameters of service complaints.
- b. **Formal Grievance:** A formal grievance is a written complaint to document any concerns or an unresolved service complaint regarding the operation or administration of TD services by the Transportation Operator, CTC, DOPA, or LCB. The Grievant, in their formal complaint, should demonstrate or establish their concerns as clearly as possible.
- c. **Hearing a Grievance:** Hearing a grievance shall be defined as listening to and/or investigating a grievance from a purely fact finding perspective without imposing restrictions or penalty on a third party. This first definition shall be the extent of the Grievance Committee and LCB's role in mediating a grievance.
- d. **Hearing and Determining a Grievance:** When an entity makes a determination of the rights, duties, privileges benefits, or legal relationships of a specified person or persons, it is exercising "adjudicative" or "determinative" powers. This second definition shall be the role of the CTC's organization ultimately ending with the Board of Directors, or whoever is legally responsible for the actions of the CTC.