



Client Complaint Procedure & Appeal Process

As an individual who is applying for or receiving services, we hope that you are pleased with the decisions being made regarding those services. However, you have the right to disagree with decisions made about your care. These decisions would include being found ineligible for services, having services denied to you, having services discontinued, or having services provided which you feel are not in your best interests. In the case of applicants who lack the capacity to make a knowing and informed decision regarding their own care, their representative may appear on their behalf throughout the appeals process.

The formal process of filing a complaint process or an appeal hearing is outlined below. Please note that 'NWICA, Corp.' and 'Area Agency' are one in the same and are used interchangeably.

Step 1 - Informal Review

Discuss any problems or complaints informally with the Care Manager and the Care Manager Supervisor. This informal meeting may take place either at NWICA, Corp., at the applicant/customer's home, or virtually by call or web meeting. An advocate may accompany the applicant/customer. Within five (5) working days of the informal meeting, the Care Manager Supervisor must inform the applicant/customer in writing of the decision. The Care Manager Supervisor must inform the applicant or customer that he/she may appeal the decision in writing within 18 days of the date of the decision.

Step 2 - Agency Review

The agency review process begins when an applicant/customer or participant requests a review of the Care Manager Supervisor's decision by the HCBS Manager. This request must be made in writing within eighteen (18) calendar days of the previous Informal Review decision.

The applicant/customer will be given the opportunity to testify, present supporting materials, explain the reason for the disagreement with the action or decision and state what would be an acceptable alternative. Following the review, the Director of Elderly Services conducting the review will consider the comments of the applicant or customer.

Within five (5) working days, HCBS Manager will prepare the final decision in writing, which will include the findings of fact and the specific reason for the decision. The Chief Executive Officer, or designee, will review the decision prior to being mailed to the applicant/customer. The applicant/customer will be sent a copy of the decision by certified mail with a return receipt requested. The decision shall include information concerning the applicant or customer's option to appeal the decision at the state level, if dissatisfied with step two of the appeals process.





Step Three - Appeal Hearing at the State Level

Before seeking an appeal at the state level, the applicant/customer must have complied with NWICA, Corp.'s established policy and procedure on the appeals process. If the applicant/customer is dissatisfied with the decision reached at the agency review, the applicant/customer may appeal the decision by requesting a hearing at the state level.

The applicant/customer must make the request for an appeal hearing, in writing, to the Director of the BAIHS, within eighteen (18) calendar days of the date of the decision from the agency review. The request should include a statement regarding the issues the applicant/customer wishes to be reviewed and must be signed and dated.

Appeal Requests should be addressed to:

**Deputy Director
Bureau of Aging and In-Home Services
PO Box 7083, Room W454
Indianapolis, Indiana 46207-7083**

Administrative hearings will be conducted by Administrative Law Judges (ALJs) or hearing officers, appointed by the Commissioner. The Hearing procedures used by the DDARS shall be based on the provisions of the administrative procedures and orders act, IC 4-21.5.5-1 et seq.

- The DDARS representative shall notify the Service Provider and all other involved parties of the date, time and location of the hearing at least five (5) working days in advance of the Hearing, by certified mail.
- The Area Agency shall forward all relevant documentation to the DDARS representative.
- Testimony will be taken under oath or affirmation and the proceedings will be tape-recorded.
- Both Parties:
 1. May be represented by an attorney;
 2. May present documents as evidence;
 3. May present witness of their choosing;
 4. May cross examine any witness testifying for the opposite party;
 5. May submit additional written or oral statements; and
 6. May request the presence of an interpreter if the party does not speak the English language, or if, because of hearing, speaking or other disability communicating with other persons. The party must request an interpreter or other accommodation, in writing at the time the appeal request is filed.
- If the Service Provider wishes to have a transcript of the hearing, DDARS will transcribe the tape at the service provider's expense.
- If a party fails to attend a properly scheduled meeting, that party will be held in default and the appeal dismissed.





The hearing officer will issue a report within sixty (60) calendar days of the hearing, which will include the findings of fact, the reasons for the decision based on those findings of fact and specific recommendations for resolution to the Division Director.

The Deputy Director of the Division of Disability, Aging and Rehabilitative Services will then either affirm, modify or dissolve the hearing Officer's findings. The Area Agency and the applicant or customer will be notified of the Deputy Director's decision by mail.

Notification of actions shall be mailed by certified letter to the Area Agency and the Service Provider. Such notifications shall clearly indicate required actions and where applicable, any further appeal process.

Care Manager: _____ Phone: _____

Supervisor's Name: _____ Phone: _____

Revised October 2021

