

## State Agency Grievance Process

The **State Agency Grievance** process is for current KanCare members or applicants who have an official complaint with the KanCare Clearinghouse or state agency. These grievances are filed with the Kansas Department of Health and Environment - Division of Health Care Finance (Medicaid agency).

### Possible subjects or examples of a State Agency Grievance might be:

- For individuals who have already submitted an Eligibility Grievance to the Clearinghouse, but that grievance have not been resolved.
- For individuals in the eligibility process (application or renewal) that have a grievance about an issue with someone other than the Clearinghouse (example: an employee at Working Healthy, or an HCBS Waiver Team member at KDADS).
- For members who have submitted grievances to the MCO because they have been unable to obtain culturally appropriate care; they can submit a second grievance with KDHE-DHCF.

## STATE AGENCY GRIEVANCE

**What is a Grievance?** A grievance is an expression of dissatisfaction about anything other than an action. If you have a problem concerning such things as customer service, access to care, or your rights and dignity, you may file an official complaint, or grievance.

**What a Grievance is NOT?** A grievance is an expression of dissatisfaction about any matter other than an action. **An Action** is when a managed care organization (MCO) such as Amerigroup, Sunflower or United, or a state agency such as Kansas Department of Health and Environment, Kansas Department of Aging and Disability Services or Kansas Department of Children and Families:

- Denies or limits a service you want;
- Reduces, suspends or terminates a service you are getting ;
- Fails to authorize a service in the required time; or
- Fails to respond to a grievance or appeal in the required time.

-Portions taken from United 2015 Member Handbook, p.43

Dissatisfaction about **an action** can be appealed (see information packet on KanCare Appeals and Hearings).



KanCare Ombudsman Office  
Phone: Toll Free: 1-855-643-8180  
TTY: 771  
Email: [KanCare.Ombudsman@ks.gov](mailto:KanCare.Ombudsman@ks.gov)  
Website: [www.kancare.ks.gov/kancare-ombudsman-office](http://www.kancare.ks.gov/kancare-ombudsman-office)

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## How do I file a State Agency Grievance?

- Write to the Kansas Department of Health and Environment– Division of Health Care Finance (KDHE - DHCF) about it; or
- Ask a representative of your choice to write to KDHE – DHCF

If you ask a provider or other person to call or write to KDHE-DHCF, you will need to include written approval for them to represent you. You can find the **Medical Representative Authorization Form** at:

[http://www.kdheks.gov/hcf/data\\_requests/download/KC6100MedicalRepresentativeAuthorizationForm\\_EN.pdf](http://www.kdheks.gov/hcf/data_requests/download/KC6100MedicalRepresentativeAuthorizationForm_EN.pdf)

## To file a State Agency Grievance, write to KDHE:

**Mail to:**  
Medicaid Eligibility Grievances  
Kansas Department of Health and Environment  
Division of Health Care Finance  
Attention: Dorothy Noblit  
900 SW Jackson, 9<sup>th</sup> floor  
Topeka, KS 66612

## State Agency Grievance Worksheet

There is no special form required to submit an official grievance. You may use the following Grievance Worksheet as a script to guide you on the phone, in writing a letter, or you may mail or fax this worksheet as an alternative to a phone call or letter to submit your official State Agency Grievance. This worksheet is an organizational tool only, and does not provide legal advice.



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## State Agency Grievance Worksheet

I am submitting this Eligibility Grievance to: \_\_\_\_\_

### Applicant/Member Contact Information

KanCare Applicant/Member Name (Please Print) \_\_\_\_\_

Medicaid ID# or Case# \_\_\_\_\_

KanCare Applicant/Member Street Address or PO Box: \_\_\_\_\_ Apt #: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

### Grievance Description

There is no special form required to submit an official State Agency Grievance. However, the KanCare Ombudsman office suggests that you write out your story with a clear time line marking the specific event that occurred as well as any difficulties that occurred due to that event.

Description of the event for which you are submitting a grievance (If you need more room, attach additional pages.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Printed Name of Member (or parent/guardian)\***

Date: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Member (or parent/guardian)\***

\*Relationship to Member:     Self                       Parent             Guardian         POA

Other (explain): \_\_\_\_\_

\*If you are representing the KanCare applicant/member, have you submitted the Medical Representative Authorization form with this worksheet? \_\_\_\_\_