

**MARTIN COUNTY  
TRANSPORTATION DISADVANTAGED PROGRAM  
COMPLAINT & GRIEVANCE PROCEDURES**

**Adopted: March 7, 2011**

CTD OMBUDSMAN  
**HELP-LINE: 1-800-983-2435**  
Florida Commission for the  
Transportation Disadvantaged  
605 Suwannee St., MS-49  
Tallahassee, FL 32399-0450  
[www.dot.state.fl.us/ctd](http://www.dot.state.fl.us/ctd)

## INTRODUCTION

The purpose of this document is to provide transportation disadvantaged riders with a course of action to remedy the situation in which a complaint or grievance arose. This document also serves as the local grievance system as mandated by Chapter 427, Florida Statutes and Rule 41, Florida Administrative Code. It complies with requirements set forth in §641.511, F.S.; 42 CFR 431.200; and 42 CFR 438.

Unless otherwise noted, these procedures apply to both transportation disadvantaged and Medicaid beneficiary riders. As documented below, *only Medicaid beneficiaries have the right to request a Medicaid Fair Hearing.*

During the complaint, grievance, and appeal process the rider or his/her representative has the right to contact the Commission for the Transportation Disadvantaged (CTD) by:

- Phone: TD Helpline 1-800-983-2435
- Mail: Florida Commission for the Transportation Disadvantaged  
605 Suwannee St., MS-49  
Tallahassee, FL, 32399-0450  
[www.dot.state.fl.us/ctd](http://www.dot.state.fl.us/ctd)

If a customer or Medicaid beneficiary is unable to submit a written complaint, grievance, or appeal, the Community Transportation Coordinator (CTC) will assist the customer/beneficiary in submitting such a request.

**The CTC shall ensure no punitive action is taken against the customer/ beneficiary, his/her representative, or other persons involved in the processes listed below.**

All records of the complaint, grievance, appeal, and Medicaid Fair Hearing processes, to include the Coordinator's, Grievance & Appeal Committees' reports, will be maintained by the Coordinator and made available upon request.

## DEFINITIONS

*Action* – The denial or limited authorization of a requested service, including the type or level of service;  
the reduction, suspension or termination of a previously authorized service;  
the denial, in whole or in part, of payment for a service;  
the failure to provide services in a timely manner, or the failure to act within the timeframes provided in 42 CFR 438.408 (as described within this document).

*Appeal* – Requests for review of an *Action* taken by the Community Transportation Coordinator or the Subcontracted Transportation Provider.

*Complaint* – Expressions of dissatisfaction related to the quality of care provided by a provider or any matter other than an *Action* that can be resolved at the Point of Contact rather than through filing a formal *Grievance*.

*Grievance* – Expressions of dissatisfaction about any matter other than an *Action*.

*Medicaid Fair Hearing* – Administrative process which allows a Medicaid Beneficiary to request the State to reconsider an adverse decision made by the Commission for the Transportation Disadvantaged or the Subcontracted Transportation Provider.

## **RESPONSIBLE PARTIES**

### *Community Transportation Coordinator*

Medical Transportation Management, Inc.  
Crexent Business Center  
850 NW Federal Hwy, Suite 202  
Stuart, FL 34994  
1-800-836-7034

Local Coordinating Board for the  
Transportation Disadvantaged  
c/o Martin MPO  
2401 SE Monterey Road  
Stuart, FL 34996  
772-221-1498

## **COMMITTEES**

The Local Coordinating Board (LCB) for the Transportation Disadvantaged appoints membership of the Grievance Committee as follows:

- (1) An Area Agency on Aging Representative;
- (1) A Florida Department of Transportation Representative;
- (1) A Florida Agency for Health Care Administration Representative;
- (1) A Citizen Advocate; and
- (1) A Disadvantaged citizen over 60.

At least 3 Committee members must be present during the meeting to render a decision.

The LCB also appoints membership of the Appeal Committee as follows:

- (1) An LCB Member,
- (1) An MPO Staff Member, and
- (1) A CTC Staff Member.

Members of the Appeal Committee may not have been involved in the determination of the initial action. Members must be able to meet within 72 hours notice in order to address Expedited Appeal Requests.

## **COMPLAINT PROCEDURES**

### **FIRST LINE OF RESOLUTION PROCESS**

1. Community Transportation Coordinator (CTC) representative receives verbal or written complaint from customer within 90 calendar days of incident.
2. CTC representative documents complaint and works to resolve complaint within 15 business days.
3. If unable to resolve within 15 business days, CTC extends for an additional 10 business days. The CTC provides notice to customer of extension and the reasons for the extension.
4. Once complaint is resolved, CTC provides written notification of the resolution to customer within 5 business days. Include the following in written notice:
  - The action the CTC has taken or intends to take.
  - The reasons for this action.
  - Notice of right to file a grievance through Grievance Committee.
  - Information on the CTD Ombudsman Program.
5. CTC forwards copy of the notification of the resolution to Chairperson of the Local Coordinating Board (LCB) and the MPO Administrator.

## **GRIEVANCE PROCEDURES**

### **SECOND LINE OF RESOLUTION PROCESS**

1. CTC receives verbal or written grievance within 1 year of incident.
2. CTC forwards copy of grievance to Chairperson of the LCB and the MPO Administrator. Upon receipt of the grievance, the CTC will have up to 10 business days to schedule the initial Grievance Committee meeting. The meeting must be held within 15 business days of the initial filing of the grievance. Further meetings may be held at the discretion of the Committee.
3. The CTC will provide all relevant documents to the Grievance Committee at least 3 business days prior to the meeting(s). At least 3 Committee members must be present during the meeting.
4. If unable to resolve within 90 calendar days, the Grievance Committee extends for an additional 14 calendar days. The CTC provides notice to customer of the extension and the reasons for the extension.

5. Once grievance is resolved, CTC provides written notification of the resolution to customer within 30 calendar days. Include the following in the written notice:

- The action the CTC has taken or intends to take.
- The reasons for this action.
- Notice of right to file an appeal and, if a Medicaid beneficiary, request a Medicaid Fair Hearing.
- The procedures for exercising these rights.
- The circumstances for which an expedited appeal is available and the procedures to request it.
- Notice of right to have benefits continue pending resolution of the appeal, how to request exercise this right, and the circumstances under which the customer would be required to pay the costs of these services.
- Information on the CTD Ombudsman Program.

6. The CTC forwards copy of the notification of the resolution to the Chairperson of the Local Coordinating Board (LCB), the MPO Administrator, and the Florida Commission for the Transportation Disadvantaged (CTD) upon request.

## **APPEAL PROCEDURES**

### **THIRD LINE OF RESOLUTION PROCESS**

1. The CTC receives verbal or written appeal within 30 calendar days of the customer's receipt of notice of action. If request is made verbally, CTC notifies customer within 10 business days of need to file written request. The CTC acknowledges the receipt of the appeal in writing.

2. The CTC forwards a copy of the appeal to the Chairperson of the LCB, the MPO Administrator, and the CTD. Upon receipt of the appeal, the CTC will have up to 10 business days to schedule the initial Appeal Committee meeting. The meeting must be held within 15 business days of the initial filing of the appeal. Further meetings may be held at the discretion of the Committee.

3. The CTC will provide all relevant documents to the Appeal Committee at least three 3 business days prior to the meeting(s). At least three 3 Committee members must be present during the meeting.

4. If unable to resolve within 45 calendar days, the Appeal Committee extends for an additional 14 calendar days. The CTC provides notice to customer of the extension and the reasons for the extension.

5. Once the appeal is resolved, CTC provides written notification of the resolution to customer within 2 business days. Include the following in the written notice:

- The action the CTC has taken or intends to take.

- The reasons for this action.
- Notice of the right to file a grievance with the CTD.
- If a Medicaid beneficiary, notice of right to request a Medicaid Fair Hearing.
- The procedures for exercising these rights.
- If applicable, notice of right to have benefits continue pending resolution of the Medicaid Fair hearing, how to request exercise this right, and the circumstances under which the customer would be required to pay the costs of these services.
- Information on the CTD Ombudsman Program.

6. The CTC forwards a copy of the notification of the resolution to the Chairperson of the Local Coordinating Board (LCB), the MPO Administrator, and the CTD.

### **EXPEDITED APPEAL PROCEDURES**

1. The CTC receives verbal or written request for an expedited appeal within 30 calendar days of the customer's receipt of notice of action. The request must be based on conditions which would seriously jeopardize the customer's life, health, or ability to attain, maintain or regain maximum function.

2. The CTC must notify the customer of the limited time available to provide allegations of fact or law. The CTC acknowledges the receipt of the appeal in writing.

3. The CTC forwards a copy of the request for an expedited appeal to the Chairperson of the LCB, the MPO Administrator, and the CTD. The CTC will have up to 72 hours (3 calendar days) to schedule an Appeal Committee meeting, review relevant evidence, and to resolve the Expedited Appeal.

5. Once the appeal is resolved, the CTC makes reasonable efforts to provide immediate verbal notification to the customer of the resolution. The CTC also provides written notification of the resolution to customer within 2 business days. Include the following in the written notice:

- The action the CTC has taken or intends to take.
- The reasons for this action.
- Notice of the right to file a grievance with the CTD.
- If a Medicaid beneficiary, notice of right to request a Medicaid Fair Hearing.
- The procedures for exercising these rights.
- If applicable, notice of right to have benefits continue pending resolution of the Medicaid Fair hearing, how to request exercise this right, and the circumstances under which the customer would be required to pay the costs of these services.
- Information on the CTD Ombudsman Program.

6. The CTC forwards copy of the notification of the resolution to the Chairperson of the Local Coordinating Board (LCB), the MPO Administrator, and the CTD.

## **MEDICAID FAIR HEARING RESPONSIBILITIES**

1. The CTC or CTD receives the request for a Medicaid Fair Hearing from a Medicaid beneficiary or his/her representative within 90 calendar days of the notice of action of a grievance or appeal.
2. The CTC will continue to provide transportation services while the Medicaid Fair Hearing is pending if:
  - The Medicaid beneficiary requested a hearing within 10 business days of the notice of action (extend for an additional 5 business days if sent via surface mail);
  - The request was made prior to or on the intended effective date of the proposed action;
  - The hearing involves the termination, suspension, or reduction of a previously authorized treatment;
  - The authorization period has not expired; or
  - The beneficiary requests an extension of transportation services.
3. If the CTC continues transportation services, the CTC must continue to provide these services until:
  - The Medicaid beneficiary withdraws the request for a hearing;
  - The request was not made within the specified time frame;
  - The Medicaid Fair Hearing decision is adverse to the beneficiary; or
  - The beneficiary's authorization for medical treatment expires or the authorized medical treatment limit has been reached.
4. If the CTC provided services pending a Medicaid Fair Hearing resolution and the decision is adverse to the beneficiary, the CTC may recover the costs of the services provided.
5. If the CTC did not provide services pending a Medicaid Fair Hearing resolution and the decision reverses the action to deny, limit or delay services, the CTC must authorize or provide services as quickly as the beneficiary's health condition requires. The CTC must also pay for disputed services in accordance with State policy and regulations.

ADOPTED THIS 7<sup>th</sup> DAY OF MARCH, 2011

MARTIN COUNTY LOCAL COORDINATING BOARD for the  
TRANSPORTATION DISADVANTAGED

Attest: Margaret L. Brassard

Michael M. Mortell  
Michael Mortell, Chairman