

# **ACCESS RULE: GRIEVANCE SYSTEM REQUIREMENTS**

## **Establishing the System**

The state must establish a process through which a beneficiary who receives HCBS through a FFS delivery system can file a grievance regarding the state's or a provider's performance of:

- Person-centered planning; and
- Service requirements and HCBS settings requirements.

The state may have grievance system activities performed by a contractor or other government entity, provided the state retains responsibility for ensuring performance and compliance.

## **Definition of Grievance [42 CFR §441.301(c)(7)(ii)]**

A grievance is an expression of dissatisfaction or complaint related to the state's or a provider's performance of the person-centered planning and service plan requirements and the HCBS settings requirements, regardless of whether the beneficiary requests remedial action.

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## **General Requirements**

The state must:

- Have written policies and procedures for grievance processes.
- Provide beneficiaries with reasonable assistance in ensuring grievances are appropriately filed.
- Ensure punitive or retaliatory action is not taken or threatened.
- Accept grievances and requests for timeline extensions.
- Provide beneficiaries with appropriate notice and information.
- Review grievance resolutions with which beneficiaries are dissatisfied.
- Provide information on the grievance system to providers and subcontractors.

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## **Handling Grievances**

The process for handling grievances must:

- Allow beneficiaries to file a grievance orally or in writing.

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- Ensure decisions on grievances are not made by anyone previously involved in a review or decision making related to the problem.
  - Provide beneficiaries with reasonable opportunity to present evidence and testimony.
  - Provide beneficiaries, free of charge and in advance, with their own case files and any evidence used related to the grievance.
  - Provide beneficiaries, free of charge, with language services to support their participation in the grievance process.
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### **Timelines for Resolving Grievances**

The resolution timeframe may be extended by up to 14 calendar days if:

- The beneficiary requests the extension; or
- The state documents the need for additional information and shows the delay is in the beneficiary's best interest.

If the extension is initiated by the state, it must:

- Make reasonable efforts to provide prompt oral notice;
- Provide written notice within 2 calendar days of deciding to extend, explaining the reason;
- Resolve the grievance as expeditiously as the beneficiary's health condition requires.

The state must also:

- Notify the beneficiary of the resolution;
  - Maintain grievance records that include the nature of the grievance, dates, outcome, and identifying information;
  - Make records available to CMS upon request;
  - Conduct ongoing monitoring of grievance system records.
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**Compliance Timeline July 1, 2026**, in accordance with federal regulations.