



Client Complaint Process & 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 'CoAction' and 'Area Agency' are one in the same and are used interchangeably.

Complaint Process

CoAction evaluates each client complaint looking for the best possible resolution as quickly as possible. To evaluate the complaint, it may be necessary for CoAction to request additional information from the complainant and/or to obtain information from other sources. You may communicate a concern or complaint by phone, email, or submit it in writing to your Care Manager or one of the Management Staff, which includes the Care Manager Supervisor and/or the Director of Aging Services. The Responsible party that obtains your complaint or concern will contact you within 24 hours in an attempt to come to a possible resolution.

Please call 800-8267871 to file a complaint through CoAction. You may also file a complaint with the Indiana Division of Aging, which has oversight of this agency. Contact information is as follows:

Division of Aging Complaint Hotline—1-888-698-0003

Or you may contact:

**Lauren Perry, Provider Relations Director
Indiana Division of Aging**

402 W. Washington St. Rm. 454
Indianapolis, IN 46204-7083
(317) 232-7132
lauren.perry@fssa.in.gov

Appeals Process

Step 1 - Informal Review

Discuss any problems informally with the Care Manager and the Care Manager Supervisor. This informal meeting may take place either at CoAction or the applicant/customer's home. 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 Case 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 Director of Aging Services. 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 Aging Services will consider the comments of the applicant or customer.

Within five (5) working days, the Director of Aging Services will prepare the final decision in writing, which will include the findings of fact and the specific reason for the decision. The Executive Director, or his/her 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 CoAction'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 Division of Aging, 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
Division of Aging
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 Division of Aging shall be based on the provisions of the administrative procedures and orders act, IC 4-21.5.5-1 et seq.

- The Division of Aging 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 Division of Aging 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.
 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, Division of Aging 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 Aging 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 action shall be mailed by certified letter to the Area Agency and the Service Provider. Such notification shall clearly indicate required actions and where applicable, any further appeal process.

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