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2009 NW 67th Place, Gainesville, FL 32653-1603 • 352.955.2200

February 5, 2014

TO: Columbia, Hamilton and Suwannee Transportation Disadvantaged Coordinating Board Grievance Committee

FROM: Lynn Godfrey, AICP, Senior Planner

SUBJECT: Grievance Committee Meeting Announcement

The Columbia, Hamilton and Suwannee County Transportation Disadvantaged Coordinating Board Grievance Committee will meet Wednesday, February 12, 2014 **at 11:00 a.m. or as soon thereafter as possible** in the **Library Meeting Room of the Suwannee River Regional Library located at 1848 Ohio Avenue South, Live Oak, Florida (location map attached).**

The purpose of this meeting is to hear two grievances concerning transportation services provided by Suwannee Valley Transit Authority. All Committee members are encouraged to attend this meeting.

Attached is the meeting agenda and supporting materials. If you have any questions, please do not hesitate to contact me at extension 110.

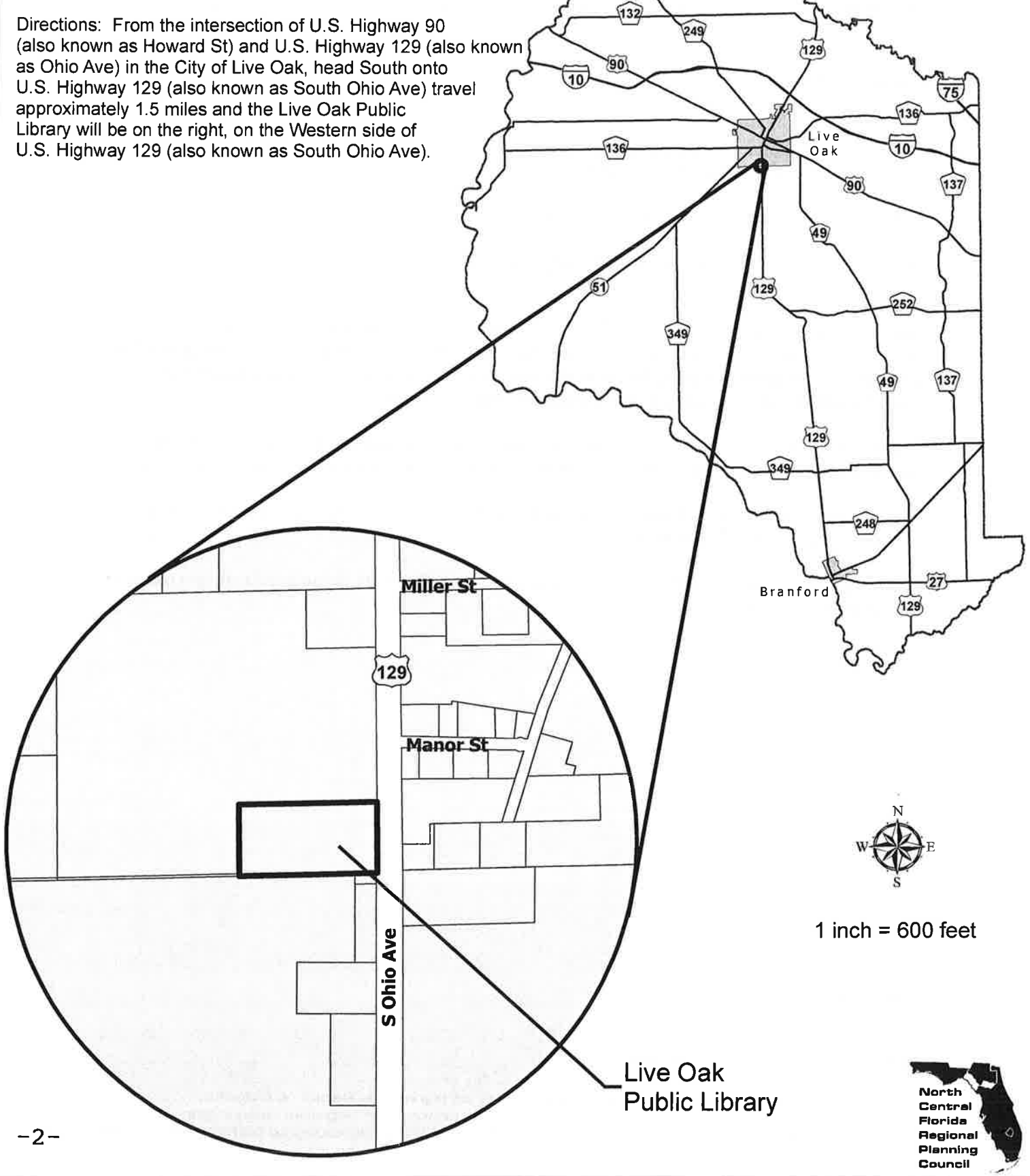
Please contact Suwannee Valley Transit Authority at 386.362.5332 if you need transportation to and from the meeting.

Attachment

t:\lynn\td2014\colhamsuw\memos\griev21214.docx

Live Oak Public Library
1848 South Ohio Ave
Live Oak, Florida 32064

Directions: From the intersection of U.S. Highway 90 (also known as Howard St) and U.S. Highway 129 (also known as Ohio Ave) in the City of Live Oak, head South onto U.S. Highway 129 (also known as South Ohio Ave) travel approximately 1.5 miles and the Live Oak Public Library will be on the right, on the Western side of U.S. Highway 129 (also known as South Ohio Ave).



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COLUMBIA, HAMILTON AND SUWANNEE
TRANSPORTATION DISADVANTAGED COORDINATING BOARD
GRIEVANCE COMMITTEE

MEETING ANNOUNCEMENT AND AGENDA

Library Meeting Room
Suwannee River Regional Library
1848 Ohio Avenue South
Live Oak, Florida

Wednesday
February 12, 2014
11:00 a.m. or as soon thereafter as possible

I. CALL TO ORDER

A. Introductions

B. Presentation of Grievances - Mr. Richard Todd
Mr. LJ Johnson

C. Response to Grievances - Suwannee Valley Transit Authority

D. Committee Discussion/Recommendations

E. Proposed Amendments to Grievance Procedures

Enclosed are amendments to the Grievance Procedures proposed by Suwannee Valley Transit Authority

II. ADJOURNMENT

If you have any questions concerning the enclosed materials, please do not hesitate to contact Lynn Godfrey, Senior Planner, at 1.800.226.0690, extension 110.

t:\lynn\td2014\colhamsuw\agendas\21214griev.docx

GRIEVANCE FORM

Name: Richard E. Todd

Mailing Address: 118 NW Jerre Place Lake City, Fla. 32055

E-Mail Address: LAKECITYKID270@AOL.COM

Daytime Telephone Number: 368-438-5403 Cell-

Which of the following programs sponsor your transportation service (check all that apply):

Florida Agency for Health Care Administration/Medicaid ____
Florida's Transportation Disadvantaged Program X
Other (specify) ____

Grounds for Grievance

Please describe the basis for your grievance. Provide the date(s) of the occurrence(s) and any supporting documentation. The definitions for grievances and service complaints are provided below:

Please See Attached Pages

Grievance means a written complaint to document any concerns regarding the operation or administration of services provided by Florida's Coordinated Transportation System by the Community Transportation Coordinator, subcontracted transportation operators, the Designated Official Planning Agency, or the Board. A grievance may also be a service complaint that has been left unresolved for more than 45 days.

Service complaint means routine incidents that occur on a daily basis, are reported to the driver or dispatcher, or to other individuals involved with the daily operations, and are resolved within the course of a reasonable time period suitable to the complainant.

Improvements Needed

Please provide an explanation of the improvements needed to address the grievance:

Please See Attached Pages

Signature: Richard P. Todd

Date: 12-3-13

Please submit to:

North Central Florida Regional Planning Council
Transportation Disadvantaged Program
Coordinating Board Grievance Committee
2009 NW 67 Place
Gainesville, FL 32653-1603

Reason For Grievance

I have used Suwanee Valley Transit Authority as my means of transportation to and from my doctors and Therapy appointments for close to four years. In this time I have had several occasions when the vehicle that was to pick me up either arrived late or more than the supposed two hours in advance.

Most of the time the vehicle is late as it was on Nov.25, 2013.I have standing appointments at Shands Lakeshore Hospital in Lake City, Florida for Wound Care, debridement and bandaging, of a Diabetic Ulcer in the bottom of my right foot. This care is needed to try to keep me from having to have the foot Amputated at the ankle. On this date, the van, had not arrived by Nine Forty-Five AM, to take me to my Ten Thirty AM appointment. When I called for an ETA. is was told the vehical would be there at Ten Forty-Five AM. I told the person who I was speaking to that was not OK and I needed to be there on time or I might not get the treatment as the Out Patient Care Units were closing early so the employees could get home early to prepare for their Thanksgiving Day meals, gatherings. I was transferred to another person who had saw the problem where the other dispatcher had not, and arranges for another the vehical, a full sized Greyhound style bus, would arrive in five minutes. It did show up when I was told.

This has happened many times before and even when the van shows up an hour or more early, I then have had to ride as far South as Branford Fla. so they can pick up some one who's appointment is later than mine so they can sit at the office and wait for the correct time. Then after my appointments are done, I call for my ride home and then go to the hospital cafe and have a nice lunch and then still have to wait as much as a hour or more before someone arrives to take me home.

Another item you should know about is the fact that some of the vehicles being used need repairs and have for some time. One of the vans needs brakes very bad as they can be heard screeching each time the van stops. I mentioned this to Mr Bill Steel, and he said it was the dust from the Asbestos Brake Linings cause the squeeling. It was my impression that Asbestos was Illegal to use in any application in the USA and has been for sometime. Even if it is legal for use as brake linings, it would/ should not be for use on a Passenger Vehicle as that same dust could and does filter up into the passenger area and could cause Mesophilioma in a passenger. One of the Grayhound size busses has had a cracked side window since it was purchased and to my knowledge it still hasn't been replaced by the factory and could fall out at any time, injuring a rider.

I spoke to Mr Steel at a meeting I attended of these things and was told" Our vehicles are INSPECTED every Six Hundred miles or hours, I forget which. Again, to my knowledge Inspected and Repaired are two different things, are they not?

Another item to look into is the fact that if a client needs to go to a specialist that is not available in Lake City, Fla. Suwanee Valley Transit will not take the client nor arrange alternate transportation to said specialist. Nor will Suwanee provide transportation to another areas, ie: Live Oak, Gainesville, Jacksonville, if the service provide is not satisfactory to the patient, or does not accept the clients Insurance provider. I need other foot care and a Urologist and can not get them as, #1 the only Podiatrist serving Lake City did nothing to help heal my foot condition in the full year I went to him before being sent to my current Wound Care by the surgeon my Primary Doctor sent me to to have the wound

surgically debrided, deeper than they can go in the wound clinic. #2 The only Urologist in Lake City does not accept Medipass, my insurance provider, There are Urologist in Gainesville who do accept it, but I can not get to them as I can not ride to Gainesville on Suwanee vehicles, though they take others there for appointments and to the Mall, on the Federally funded vehicles, for some reason I do not qualify for this service.

Suggestions For Improvement

It has been suggested to me to suggest, Suwanee sets up a Zone System for service. Say I live west of Lake City, which I do, and need to go to the Eastern side of town for an appointment. Lets say I have to cross through four different zones to arrive at my appointment office. I would need to change vehicles three times to get to the office going and again change vehilcals three times to arrive home again. While this sounds good, each transfer would entail stopping the vehicles and my waiting for the proper vehicle for the zone I'm now in to come to pick me up. I would have to do this twice more before arriving at destination and again to get home. Each of these changes would take more time for waiting and add more chance of being late and not served when I did arrive. Also Suwanee claims it barely has enough vehicles for the number of riders they now have and they are getting more riders everyday and each day vehilcals and drivers are out of service, adding more time and confusion.

Suwanee used to have a group of Vendor Transportation Providers, but they stopped using them. I was told this was because Suwanee believed the vendor providers were charging them for rides they did not really provide and the fact could

not be proved. This is an easy one to correct. When a vendor is sent to pick up a rider, have the rider sign a log that he/she was actually in the vehicle. I used to drive a Taxi and we had to make note of each passenger we carried. This is the easiest way to prove they really gave the ride as the Driver would not be allowed to sign for the passenger and each signature would be different and a short phone call could be used to verify this if a question arises. I fail to see this as to have happened in the first place as the vendor drivers, as do the drivers for Suwanee Valley Transit, do not get paid by the rider or trip but a fixed hourly rate of payment, so who, except the Provider owner, would benefit from faking rides. If this is a fact that this happened, why weren't those responcable for doing so shut down and arrested for Fraud?

Suwannee Valley Transit Authority (SVTA) Staff Review

Date: February 3, 2014

Event: Columbia, Hamilton, Suwannee Transportation Disadvantaged Coordinating Board (LCB) Grievance Committee Meeting

Agenda Item: Grievance by Mr. Richard E. Todd dated 3 Dec 2013.

Complaint (condensed):

1. Mr. Todd reports his vehicle was late for initial trip pickup on 25 Nov 2013. [***UNFOUNDED***]
2. Mr. Todd reports in the last 4 years he has experienced several occasions when his vehicle arrived late or was too early for pickup (more than 2 hours). [***UNSUBSTANTIATED***]

SVTA Findings: Receipt of this specific allegation and concern from Mr. Richard Todd was first learned by SVTA management on 17 Dec 2013. The following is what SVTA records show.

1. Mr. Todd is currently receiving transportation for Medicaid sponsored non-emergency transportation, including the trip used in his example. For the trip Mr. Todd specifically identified, our records show the initial leg of Mr. Todd's trip to the doctor was scheduled for a 9:55am pickup with a 10:20 drop-off for a 10:30 doctor's appointment. SVTA's records show Mr. Todd was picked up at 10:06am and dropped off at 10:24am. The actual p/u time was well within the 1 hour window, and the drop off time was 6 minutes before his appointment time. No problem of being late is found.
2. The current approved standard for on-time performance by the SVTA Board of Directors, the LCB, and the Florida Commission for the Transportation Disadvantaged (CTD) is 90 percent for all completed trips. Additionally, the established pickup windows are 1 ½ hours ahead of scheduled p/u time to 1 hour after scheduled p/u time. During the 12 month period prior to November 30, 2013, SVTA's operations had an on- time performance of 90.7%. The average on-time performance for initial trip p/u and d/o for Mr. Todd in the last year has been 93.6%. In the last year, only 1 of 86 trips for Mr. Todd's was actually picked up more than two hours ahead of scheduled p/u time. One other trip in this period had an error related to am vs pm time.

Summary:

For the example trip Mr. Todd provided, SVTA records reflect Mr. Todd was not late in arriving at his appointment time. Overall, SVTA's on-time performance for all Medicaid riders the year prior to the time period in question is within SVTA, CTD, and LCB adopted performance standards. In addition, SVTA's on-time performance for Mr. Todd's trips for the year prior to the period in question is also within adopted standards.

SVTA Recommendation:

In an effort to preserve limited public resources and valuable time of CTCs, Planning Agency staff and volunteer LCB Board members, while maintaining a system of due process, SVTA recommends considering a change in the grievance process to perform some preliminary investigation and validation about a complaint or grievance prior to calling a grievance committee meeting. Changes included in forthcoming TDSP update.

TRANSMISSION VERIFICATION REPORT

TIME : 01/21/2014 11:08
NAME : OFFICEMAX
FAX : 3867528528
TEL :
SER.# : 000J9H168374

DATE,TIME	01/21 11:04
FAX NO./NAME	13529552209
DURATION	00:03:03
PAGE(S)	06
RESULT	OK
MODE	STANDARD ECM

FAX Transmission

Number of pages including cover sheet 7

Attention: Lynn Godfrey, AICP, Senior Planner

Date: 21 JAN 2014

Company: North Central Florida Regional Planning Council

From: LJ Johnson, Medicaid Rider/Citizen Advocate

Phone: 1-352-955-2200 ext. 110

Company:

Fax: 1-352-955-2209

Phone: 1-386-438-5278

email: ljjohnson5714@yahoo.com

Comments: Please sent copies to:

All Board Members, Grievance Committee Members, Steve Lilker, Karen Summerset, Steve Holmes

OfficeMax IMPRESS PRINT CENTER

Email: servicescenter1089@officemax.com

Phone: 386-752-7830
Fax: 386-752-8528

WHEREFORE

IT IS ALSO MY RESPONSIBILITY TO EXPOSE ANY POOR PRACTICES OF SVTA

COMPLAINT / GRIEVANCE JANUARY 2014

TO: ALL PARTIES THAT NEED TO KNOW

FROM: LJ JOHNSON
MEDICAID RIDER &
CITIZEN ADVOCATE - USER REPRESENTATIVE
TRANSPORTATION DISADVANTAGED COORDINATING BOARD

DATE: JANUARY 21, 2014

RE.: COMPLAINT/GRIEVANCE FOR DECEMBER 2013 *AND* JANUARY 2014

AS AN ADVOCATE

IT IS MY RESPONSIBILITY to understand the needs of those I represent whom have intellectual and/or multiple disabilities, recognize their needs and to represent their interest as if they were my own. I also believe:

- Every person's life has inherent value and worth.
- People with disabilities have been segregated, isolated, and very often abused, neglected, or disadvantaged.
- Many people with disabilities are in very difficult, oppressive situations; many are poor, and could be described as 'living on the edge.'
- *ALL* people should be treated with dignity and respect.
- *We believe* that a sense of justice and compassion can lead people to stand by, for, and with people who are vulnerable, oppressed, or disadvantaged.
- ***We believe that one person* CAN *make a difference!***

WHEREFORE

*IT IS ALSO MY RESPONSIBILITY TO **EXPOSE ANY** POOR PRACTICES OF SVTA*

TO WIT: One of the Advocates *principle aims* is to draw attention to any *deficiencies* in the statutory services (e.g. to follow agreed local policies, state policies, CTD policies, Medicaid policies, and Medicaid policies; inadequacies in provision; and shortcomings in a professional practice or service.)

THEREFORE:

I draw ATTENTION to *RECURRENT PROBLEMS ENCOUNTERED WITH SVTA.*

- Reports not presented in a timely manner for review;
- Board members and riders not properly briefed prior to meetings;
- Important proposals made at meetings for which the board and riders have not been prepared;
- Production of inadequate, inaccurate and partial minutes of meetings (including SVTA Board meetings.)
- Abrasive and a confrontational manner of SVTA's Administration.

The inability, reluctance or refusal of SVTA to directly answer questions has been conspicuous and a frustrating problem since before I became a *Citizen Advocate.*

It has been made apparent that when SVTA has had their defects pointed out, they have become retaliatory toward those who would file a complaint/grievance and those that would help them by bullying and intimidating actions against them.

Following is what started as a *Verbal Complaint* made to SVTA Dispatcher Sara. This was followed by a *Verbal Complaint* made to an SVTA Driver Supervisor, Ken.

12-16-2013 MONDAY

I had an appointment in Gainesville at Shands Teaching Hospital (STH) with the Dental Clinic that I scheduled with SVTA, **confirmation number 703105.** The time of the appointment was for 10:00 a.m.. I was expecting an SVTA driver to pick me up to take me to the LCVA Medical Center to catch the Route 1 Driver, Carl, to go to my appointment. About 7:20 a.m. I was getting worried about my pick up. I called SVTA and spoke with Sara, the dispatcher, and asked where my ride was. She said, 'Parrish should be there any minute to get you.'

I responded, 'Whoa! Parrish is not supposed to pick me up.' Sara responded, 'Let me call Parrish' and put me on hold. When she returned to the phone, I was informed the Parrish had left a voice mail on Saturday, December 14th that they **would not** be picking me up.

The business office of SVTA was not yet open this time of the morning and voice mails had not been checked. Sara did confirm the voice mail left by Parrish. She called Carl, the Gainesville driver, over the radio and confirmed that he would add me to his manifest if I could get to the LCVA.

I explained that Parrish and I had a history dating back to July 5th of 2005 and due to my lawsuit, they don't want anything to do with me. I asked Sara to 'Flag' my record that Parrish is not suppose to pick me up at anytime for my healthcare appointments.

Sara told me to call her back if I could not get to the LCVA. I barely made it to the VA. My truck coasted into the parking lot and into a parking space at the VA. I had run out of gas.

When I boarded the bus for Gainesville, Bill Steele called Carl over the radio to find out if I made it.

I would have missed my dental appointment had I not made it to the VA. I would have been kicked out of the dental program and not allowed to go back for a whole year (calendar date) for continued dental care.

WHEREAS SVTA Administration has been aware of the history between Parrish and me, it is my belief that was another form of retaliation and harassment.

12-18-2013 WEDNESDAY

I had an appointment with Dr. Mathis at 7:45 a.m., **confirmation number 703107.** SVTA driver Jimmy 121 picked me up late and made me late to my appointment. I tried to tell Jimmy that he was going to make me late. He wanted to argue. I told him, 'I refuse to set here and argue with you.'

I have to be at this appointment on time, 7:45 a.m., which puts me there 15 minutes prior to my procedure that starts at 8:00 a.m. to 8:30 a.m.. If I am not there on time, I will have to make a new appointment.

01-02-2014 THURSDAY

I had an appointment with Dr. Mathis at 7:45 a.m., **confirmation number 721113.** Jimmy 121 driver for SVTA, bus number 12, made me late again. Following is a description of what happened.

On this morning, I was standing on Canadian Crutches on the road in front of my home ready for pick up at about 7:30 a.m.. When Jimmy arrived, I boarded the bus and was informed by the driver that he had to go back and pick up a woman that was not ready at 7:00 a.m. when he arrived at her house.

There was a lady on board in a wheelchair. She informed me she was ready two (2) minutes after Jimmy arrived to pick her up. She could not understand why this other woman was not ready to go. Both women had to go to Gainesville for their appointments.

Jimmy went back and picked up the woman *and* her escort that were not ready at 7:00 a.m.. She had no visible walking impairment or walking/riding aids.

At this time, Jimmy decided to go to the VA before taking me to my appointment because the Gainesville bus was there early. I tried to tell Jimmy he was going to make me late for my appointment. His reply was, 'Oh no. You'll be on time.'

When Jimmy left the woman's house, he proceeded to Hwy. 90 East, turned westbound on 90. He proceeded to SE McCray where he turned southbound to proceed to Baya East. He was doing 40 mph in a densely populated residential neighborhood that was posted with a 25 mph speed zone.

His speed was not only a violation of the law, but it is a violation of SVTA guidelines for the safety of their riders.

Upon arriving at the VA, Jimmy parked in a manner that was blocking traffic. Carl had to get out of his bus, come to Jimmy's bus and ask him to move to the drop off circle in front of the outpatient entrance. After moving the bus, he then had to unload the lady in the wheelchair, taking more time. When he called dispatch, he was given a drop off time of 7:44 a.m. for the two women.

This made me late for my appointment with Dr. Mathis. I told them I was going to call in a complaint on the driver since this was the second time in a row he made me late for my appointment. They allowed me to be seen this time, even though I was late.

NOTE: ALL RIDERS GOING TO GAINESVILLE ARE INFORMED TO BE READY 1 TO 2 HOURS PRIOR TO 8:00 a.m. IN ORDER TO CATCH THE ROUTE 1 BUS AT THE LCVA FOR APPOINTMENTS GOING TO GAINESVILLE.

After my appointment, I called SVTA dispatcher Sara and explained what had happened. I even provided the initials and rider code of the woman that was not ready on time. Sara said, '*I don't understand why he (Jimmy) would have gone back to pick her up.*' The woman should have been listed as a '**NO SHOW**'. Sara told me to stay on the line, and she was transferring me to Ken, the driver's supervisor.

I informed Ken I was making a Verbal Complaint against Jimmy 121 bus 12 and explained to him everything that had happened.

Ken said, 'You need to make your complaint to Administration.' I told him with the history between myself and SVTA, **I do not trust** the Administrator Gwendolyn Pra, the Director of Operations Bill Steele or their new employee Floyd. (I don't know Floyd's last name or title.) I feel that I took appropriate action by making a Verbal Complaint to him. I believe Bill Steele was still in at his home out of state.

After I got off the phone with Ken, I called Lynn Godfrey in Gainesville and provided her with all of the above information just to make sure it was documented.

01-03-2014 FRIDAY

I received a call from Ken with SVTA. He informed me that Bill Steele had called and directed him to tell me that if I wished to make a complaint, I had to submit it to him in writing.

Due to the time limit for filing a *written complaint*, it has been more than ten days of the incidents, they would have dismissed and if they responded....SVTA would have informed me it was invalid.

I called Bucky Nash and requested a waiver for having to file a written complaint. His basic response was I should put it in written form.

I informed Bucky Nash *that nowhere in* ***The Medicaid Contract*** *or in the* ***Policy and Procedures of the CTD for Complaints and Grievances*** *does it state it has to be written. The* ***Medicaid Contract*** *does state that a complaint* ***can be verbal.***

WHEREFOR due to the history of *RETALIATION and HARASSMENT* of SVTA against me, LJ Johnson, I also file an additional Grievance against SVTA.

The current Administrator Gwendolyn Pra, Director of Operations Bill Steele and their new employee Floyd ***SHOULD NOT*** be the ones allowed to handle complaints from riders.

The Administrator and Director of Operations have already proven not only to me but employees of other agencies that they are bullies and like to intimidate others. Those who have assisted me in the past can attest to the truth of my statement.

01-12-2014 SUNDAY

Be it known to *ALL PARTIES THAT NEED TO KNOW* that once again this shows the abuse of the Administrator Gwendolyn Pra and Director of Operations William 'Bill' Steele to turn a blind eye and a deaf ear for just treatment of a rider that *has* tried to seek justice for the actions of their employee(s) and also dealing with the safety issue listed above.

I am now changing my above listed complaint to a Grievance.

Thank you for your time and consideration of this document.

LJ Johnson
Medicaid Rider &
Citizen Advocate - User Representative
Transportation Disadvantage Coordinating Board

DATE: January 21, 2014

ps: Please copy to all parties that have a need to know

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Suwannee Valley Transit Authority
1907 Voyles St., S.W.
Live Oak, FL 32064
January 30, 2014

Mr. L. J. Johnson
237 NE Campus Place
Lake City, Florida 32055

Medicaid # [redacted]
DOB: [redacted]

Dear Mr. Johnson:

The Agency for Healthcare Administration has notified me that they have reviewed your eligibility for non-emergency medical transportation, and have determined that you are eligible for these services.

In view of their determination, I am writing to rescind the denial of services letter which was provided to you at the most recent regional local coordinating board meeting on October 23, 2013.

Pursuant to your most recent trip reservation (confirmation no. 731304), SVTA plans to arrive next at your above-styled address to pick you up at or around 7:53 am for your medical appointment at 8:30 am on Monday, February 3, 2014.

If you have need of further information about your transportation, please advise us.

Sincerely,

Gwendolyn H. Pra

Gwendolyn H. Pra
Agency Administrator

ghp

Lynn Godfrey

From: Lynn Godfrey
Sent: Friday, January 31, 2014 10:58 AM
To: Gwendolyn Pra (Gwendolyn.Pra@RideSVTA.com)
Cc: Marlie Sanderson; Scott Koons; bill.steele@RideSVTA.com; Alana McKay (mckaya@ahca.myflorida.com); Commissioner Nash (bucky_nash@columbiacountyfla.com); karen.somerset@dot.state.fl.us; LJ Johnson (ljjohnson5714@yahoo.com); Holmes, Steven
Subject: Addendum to Mr. LJ Johnson's Grievance

Gwen:

Mr. LJ Johnson has requested SVTA's inclusion of his Medicaid number on written correspondence dated January 30, 2014 as an addendum to his grievance.

Please let me know if you have any questions.

Lynn Franson-Godfrey, AICP
Senior Planner
North Central Florida Regional Planning Council
2009 NW 67th Place, Gainesville, FL 32653-1603
Voice: 352.955.2200, ext. 110
Fax: 352.955.2209

Suwannee Valley Transit Authority (SVTA) Staff Review

Date: February 3, 2014

Event: Columbia, Hamilton, Suwannee Transportation Disadvantaged Coordinating Board (LCB) Grievance Committee Meeting

Agenda Item: Grievance by Mr. L.J. Johnson dated 21 Jan 2013 and 31 January 2014.

Complaint (condensed):

1. An SVTA subcontractor (Parrish) refused Mr. Johnson's trip out of retaliation and harassment. ***[UNFOUNDED]***
2. 12-18-2013 trip was late for appointment. ***[UNFOUNDED]***
3. 1-2-2014 trip was late for appointment. ***[UNFOUNDED]***
4. Reports not presented in a timely manner for review. ***[OUTSIDE OF SVTA'S SCOPE RETURNED TO NCFRPC]***
5. Board members and riders not properly briefed prior to meetings. ***[OUTSIDE OF SVTA'S SCOPE RETURNED TO NCFRPC]***
6. Important proposals made at meetings for which the board and riders have not been prepared. ***[OUTSIDE OF SVTA'S SCOPE RETURNED TO NCFRPC]***
7. Production of inadequate, inaccurate and partial minutes of meetings (including SVTA Board meetings) ***[OUTSIDE OF SVTA'S SCOPE RETURNED TO NCFRPC]***
8. Abrasive and confrontational manner of SVTA's Administration. ***[OUTSIDE OF SVTA'S SCOPE RETURNED TO NCFRPC]***
9. Does not want to file complaints in writing. ***[OUTSIDE OF SVTA'S SCOPE RETURNED TO NCFRPC]***
10. Claims SVTA violated HIPAA regulations by including his Medicaid number in a letter to him. ***[UNFOUNDED]***

SVTA Findings: Receipt of these matters was first presented in writing to SVTA management on 21 January 2014 by email from the NCFRPC. The following is what SVTA records show or understand.

1. The 12-16-2013 trip rejection over the weekend thru phone message by subcontractor (Parrish) created a situation that was ripe for something to go wrong. SVTA missed the cancellation message. SVTA dispatch staff and driver corps were quick to respond to the problem once it was identified. Mr. Johnson did make his appointment on time.
2. Our records on the 12-18-2013 trip shows the actual drop-off was 7:50. This was 5 minutes after desired drop-off time, but 10 minutes ahead of procedure appointment time. No serious problem is noted.

3. Our records on the 1-2-2014 trip show an actual drop-off of 7:27 which is 18 minutes ahead of the scheduled appointment time. We were not late.
4. SVTA is not responsible to provide any reports to Mr. Johnson. It is an LCB business matter.
5. SVTA is not responsible to brief LCB members or riders prior to LCB meetings. It is an LCB business matter.
6. It is clear Mr. Johnson does not understand important proposals. Also, as a board member and occasional rider he is indeed unprepared. It appears Mr. Johnson has been misled to believe it is his responsibility to draw attention to problems encountered with SVTA. We do not understand this to be his responsibility on the LCB. He is responsible to offer ideas, information and assistance including solutions and unmet needs. It serves no useful purpose to be insulting, or combative. SVTA is not responsible for matters related to his comprehension abilities; communication skills; or problem solving ability. Appointing productive members to an LCB and successfully providing them training and staff support is not SVTA's responsibility.
7. SVTA does not prepare minutes for LCB. This is an LCB business matter.
8. As Mr. Johnson points out "all people should be treated with dignity and respect". SVTA is intolerant of persons who continually present themselves in a manner that is insulting, degrading, inappropriate, racially charged or otherwise presents a threat to the safety and welfare of its employees, other riders, and the public at large. If an action or response to Mr. Johnson was ever provided in an abrasive or confrontational "tone", it would be the result of the same being initiated by him. This would not be retaliation, but rather a reflection of the style, methods and manner he initiates.
9. Mr. Johnson acknowledges he was asked to file a written complaint to Bill Steele. He chose not to, and waited to file a grievance instead. Mr. Johnson has followed proper procedures in filing complaints in the past, thus the proper procedure is well known to him.
10. A letter addressed to Mr. Johnson contained his Medicaid number. HIPAA regulations do not prohibit the use of a beneficiary's Medicaid number in correspondence to the beneficiary or to other Medicaid Providers. Electronic correspondence containing Medicaid numbers between Medicaid providers or the beneficiary is also not prohibited. SVTA has only provided this letter to Mr. Johnson and to other Medicaid providers. No violation of HIPAA has occurred by SVTA.

Summary:

For the three example trips Mr. Johnson provided, SVTA records reflect Mr. Johnson did not miss any appointments. Overall, SVTA's on-time performance for all Medicaid riders the year prior to the time period in question is within SVTA, CTD, and LCB adopted performance standards.

Four of Mr. Johnson's condensed grievance topics are related to items SVTA is not responsible for.

Two of Mr. Johnson's grievance topics are self-created.

One of Mr. Johnson's grievances is about a regulatory violation in which he is incorrect.

SVTA Recommendations:

A. In an effort to preserve limited public resources and valuable time of CTCs, Planning Agency staff and volunteer LCB Board members, while maintaining a system of due process, SVTA recommends considering changes in the complaint and grievance process to perform some preliminary investigation and validation about a complaint or grievance prior to calling a grievance committee meeting. Such changes have been included in the February TDSP update.
B. Though Mr. Johnson's qualification to even be a sitting member of this LCB, while he does remain on the LCB, he should be directed to receive training on his role and responsibilities. SVTA reminds all concerned that a training packet from which members could learn their role IAW FAC 41-2, has been created and available since July 2013. SVTA recommends that the LCB consider having this training packet be formally presented at an upcoming meeting.

Lynn Godfrey

From: McKay, Alana E. [Alana.McKay@ahca.myflorida.com]
Sent: Friday, January 31, 2014 11:17 AM
To: Lynn Godfrey
Subject: Grievance Committee
Attachments: safeguards.pdf

Good morning Lynn,

Would you please make copies of the attached information regarding HIPAA and electronic transmission for the grievance committee members.

I spoke with Mr. Johnson concerning this new addition to his grievance, but he felt differently about the matter.

Thank you,
Alana

Alana McKay - SENIOR HUMAN SERVICES
PROGRAM SPECIALIST

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Field Office 3 - Alachua -
14101 NW Hwy 441 Alachua, FL 32615
386-462-6229 (Office) - 386 418-5370 (Fax)
Alana.McKay@ahca.myflorida.com

SAFEGUARDS

This is one of a series of companion documents to *The Nationwide Privacy and Security Framework for Electronic Exchange of Individually Identifiable Health Information* (Privacy and Security Framework). This guidance document provides information regarding the HIPAA Privacy Rule as it relates to the Safeguards Principle in the Privacy and Security Framework.

SAFEGUARDS PRINCIPLE: Individually identifiable health information should be protected with reasonable administrative, technical, and physical safeguards to ensure its confidentiality, integrity, and availability and to prevent unauthorized or inappropriate access, use, or disclosure.

SAFEGUARDS AND THE HIPAA PRIVACY RULE

The Safeguards Principle in the Privacy and Security Framework emphasizes that trust in electronic health information exchange can only be achieved if reasonable administrative, technical, and physical safeguards are in place. The HIPAA Privacy Rule supports the Safeguards Principle by requiring covered entities to implement appropriate administrative, technical, and physical safeguards to protect the privacy of protected health information (PHI). See 45 C.F.R. § 164.530(c). (See also the HIPAA Security Rule at 45 C.F.R. §§ 164.308, 164.310, and 164.312 for specific requirements related to administrative, physical, and technical safeguards for electronic PHI.)

The Privacy Rule's safeguards standard assures the privacy of PHI by requiring covered entities to reasonably safeguard PHI from any intentional or unintentional use or disclosure in violation of the Privacy Rule. The safeguards requirement, as with all other requirements in the Privacy Rule, establishes protections for PHI in all forms: paper, electronic, and oral. Safeguards include such actions and practices as securing locations and equipment; implementing technical solutions to mitigate risks; and workforce training.

The Privacy Rule's safeguards standard is flexible and does not prescribe any specific practices or actions that must be taken by covered entities. This allows entities of different sizes, functions, and needs to adequately protect the privacy of PHI as appropriate to their circumstances. However, since each covered entity chooses the safeguards that best meet its individual needs, the types of protections applied may not be the same across all participants exchanging electronic health information to or through a health information organization (HIO), and some participants may not be covered entities.

When covered entities and others participate in electronic health information exchange with a HIO, the actual exchange of information may be facilitated and even enhanced if all participants adopt and adhere to the same or consistent safeguard policies and procedures. To that end, the flexibility of the Privacy Rule would allow covered entities and the HIO, as their business associate, to agree on appropriate, common safeguards that would apply to their electronic exchange of information. In addition, as a requirement of participation in the electronic health information exchange with the HIO, these commonly agreed to safeguards also could be extended to other participants, even though they are not covered entities. For example, HIO participants may agree to use a common set of procedures and mechanisms to verify the credentials of and to authenticate persons requesting and accessing information through the network or to apply the same standard training for persons who utilize the network.

Common safeguards policies can be formalized through a business associate agreement, data sharing agreement, or any other contract mechanism, and may include enforcement mechanisms and penalties for breaches and violations. A HIO also may establish and centrally control the exchange network, network equipment, and exchange conduits, so that the exchange process itself is protected by a single set of safeguards and security mechanisms.

Frequently Asked Questions

Q1: Does the HIPAA Privacy Rule permit a covered health care provider to e-mail or otherwise electronically exchange protected health information (PHI) with another provider for treatment purposes?

A1: Yes. The Privacy Rule allows covered health care providers to share PHI electronically (or in any other form) for treatment purposes, as long as they apply reasonable safeguards when doing so. Thus, for example, a physician may consult with another physician by e-mail about a patient's condition, or health care providers may electronically exchange PHI to and through a health information organization (HIO) for patient care.

Q2: How may the HIPAA Privacy Rule's requirements for verification of identity and authority be met in an electronic health information exchange environment?

A2: The Privacy Rule requires covered entities to verify the identity and authority of a person requesting protected health information (PHI), if not known to the covered entity. See 45 C.F.R. § 164.514(h). The Privacy Rule allows for verification in most instances in either oral or written form, although verification does require written documentation when such documentation is a condition of the disclosure.

The Privacy Rule generally does not include specific or technical verification requirements and thus, can flexibly be applied to an electronic health information

exchange environment in a manner that best supports the needs of the exchange participants and the health information organization (HIO). For example, in an electronic health information exchange environment:

- Participants can agree by contract or otherwise to keep current and provide to the HIO a list of authorized persons so the HIO can appropriately authenticate each user of the network.
- For persons claiming to be government officials, proof of government status may be provided by having a legitimate government e-mail extension (e.g., xxx.gov).
- Documentation required for certain uses and disclosures may be provided in electronic form, such as scanned images or pdf files.
- Documentation requiring signatures may be provided as a scanned image of the signed documentation or as an electronic document with an electronic signature, to the extent the electronic signature is valid under applicable law.

Q3: Does the HIPAA Privacy Rule permit health care providers to use e-mail to discuss health issues and treatment with their patients?

A3: Yes. The Privacy Rule allows covered health care providers to communicate electronically, such as through e-mail, with their patients, provided they apply reasonable safeguards when doing so. See 45 C.F.R. § 164.530(c). For example, certain precautions may need to be taken when using e-mail to avoid unintentional disclosures, such as checking the e-mail address for accuracy before sending, or sending an e-mail alert to the patient for address confirmation prior to sending the message. Further, while the Privacy Rule does not prohibit the use of unencrypted e-mail for treatment-related communications between health care providers and patients, other safeguards should be applied to reasonably protect privacy, such as limiting the amount or type of information disclosed through the unencrypted e-mail. In addition, covered entities will want to ensure that any transmission of electronic protected health information is in compliance with the HIPAA Security Rule requirements at 45 C.F.R. Part 164, Subpart C.

Note that an individual has the right under the Privacy Rule to request and have a covered health care provider communicate with him or her by alternative means or at alternative locations, if reasonable. See 45 C.F.R. § 164.522(b). For example, a health care provider should accommodate an individual's request to receive appointment reminders via e-mail, rather than on a postcard, if e-mail is a reasonable, alternative means for that provider to communicate with the patient. By the same token, however, if the use of unencrypted e-mail is unacceptable to a patient who requests confidential communications, other means of communicating with the patient, such as by more secure electronic methods, or by mail or telephone, should be offered and accommodated.

Patients may initiate communications with a provider using e-mail. If this situation occurs, the health care provider can assume (unless the patient has explicitly stated otherwise) that e-mail communications are acceptable to the individual. If the provider feels the patient may not be aware of the possible risks of using unencrypted e-mail, or has concerns about potential liability, the

provider can alert the patient of those risks, and let the patient decide whether to continue e-mail communications.

Q4: Does the HIPAA Privacy Rule allow covered entities participating in electronic health information exchange with a health information organization (HIO) to establish a common set of safeguards?

A4: Yes. The Privacy Rule requires a covered entity to have in place appropriate administrative, technical, and physical safeguards to protect the privacy of protected health information (PHI), including reasonable safeguards to protect against any intentional or unintentional use or disclosure in violation of the Privacy Rule. See 45 C.F.R. § 164.530(c). Each covered entity can evaluate its own business functions and needs, the types and amounts of PHI it collects, uses, and discloses, size, and business risks to determine adequate safeguards for its particular circumstances.

With respect to electronic health information exchange, the Privacy Rule would allow covered entities participating in an exchange with a HIO to agree on a common set of privacy safeguards that are appropriate to the risks associated with exchanging PHI to and through the HIO. In addition, as a requirement of participation in the electronic health information exchange with the HIO, these commonly agreed to safeguards also could be extended to other participants, even if they are not covered entities. A common or consistent set of standards applied to the HIO and its participants may help not only to facilitate the efficient exchange of information, but also to foster trust among both participants and individuals.

Transportation Disadvantaged Grievance Procedures

July 26, 2013

Columbia, Hamilton and Suwannee Transportation Disadvantaged Coordinating Board

Transportation Disadvantaged Grievance Procedures

Approved by the

Columbia, Hamilton and Suwannee
Transportation Disadvantaged Coordinating Board

2009 NW 67th Place
Gainesville, FL 32653-1603
www.ncfrpc.org/mtpo
352.955.2000

_____

Bucky Nash, Chair

with Assistance from

North Central Florida Regional Planning Council
2009 NW 67th Place
Gainesville, FL 32653-1603
www.ncfrpc.org
352.955.2200

July 26, 2013

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Table of Contents

Appendices

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Chapter I: Columbia, Hamilton and Suwannee Transportation Disadvantaged Coordinating Board Grievance Procedures

A. Preamble

The following sets forth the procedures for the Columbia, Hamilton and Suwannee Transportation Disadvantaged Coordinating Board to address grievances from agencies, users, potential users, sub-contractors, and other interested parties concerning Florida's Coordinated Transportation System.

B. Agency Description

The Columbia, Hamilton and Suwannee Transportation Disadvantaged Coordinating Board, herein after referred to as the Board, is a public body appointed by the North Central Florida Regional Planning Council serving as the Designated Official Planning Agency as authorized by Section 427.015, Florida Statutes.

C. Definitions

Transportation disadvantaged means those persons who because of physical or mental disability, income status, or age are unable to transport themselves or to purchase transportation and are, therefore, dependent upon others to obtain access to health care, employment, education, shopping, social activities, or other life-sustaining activities, or children who are handicapped or high-risk or at-risk as defined in Section 411.202, Florida Statutes.

Agency means an official, officer, commission, authority, council, committee, department, division, bureau, board, section, or any other unit or entity of the state or of a city, town, municipality, county, or other local governing body or a private nonprofit transportation service-providing agency.

Community Transportation Coordinator means a transportation entity recommended by a metropolitan planning organization, or by the appropriate designated official planning agency as provided for in Section 427.011, Florida Statutes in an area outside the purview of a metropolitan planning organization, to ensure that coordinated transportation services are provided to the transportation disadvantaged population in a designated service area.

Coordinating Board means an advisory entity in each designated service area composed of representatives appointed by the metropolitan planning organization or designated official planning agency, to provide assistance to the community transportation coordinator relative to the coordination of transportation services.

Coordination means the arrangement for the provision of transportation services to the transportation disadvantaged in a manner that is cost-effective, efficient and reduces fragmentation and duplication of services.

Designated Official Planning Agency means the official body or agency designated by the Commission to fulfill the functions of transportation disadvantaged planning in areas not covered by a Metropolitan Planning Organization. The Metropolitan Planning Organization shall serve as the designated official planning agency in areas covered by such organizations.

Designated Service Area means a geographical area recommended by a designated official planning agency, subject to approval by the Florida Commission for the Transportation Disadvantaged, which defines the community where coordinated transportation services will be provided to the transportation disadvantaged.

Florida's Coordinated Transportation System means a transportation system responsible for coordination and service provisions for the transportation disadvantaged as outlined in Chapter 427, Florida Statutes.

Grievance means a written complaint to document any concerns regarding the operation or administration of services provided by Florida's Coordinated Transportation System by the Community Transportation Coordinator, subcontracted transportation operators, the Designated Official Planning Agency, or the Board. A grievance may also be a service complaint that has been left unresolved for more than 45 days.

Memorandum of Agreement is the state contract for transportation disadvantaged services purchased with federal, state or local government transportation disadvantaged funds. This agreement is between the Florida Commission for the Transportation Disadvantaged and the Community Transportation Coordinator and recognizes the Community Transportation Coordinator as being responsible for the arrangement of the provision of transportation disadvantaged services for a designated service area.

Service complaint means routine incidents that occur on a daily basis, are reported to the driver or dispatcher, or to other individuals involved with the daily operations, and are resolved within the course of a reasonable time period suitable to the complainant. All service complaints shall be recorded and a summary of complaints should be provided by the Community Transportation Coordinator on a quarterly basis, to the Board.

Transportation Disadvantaged Service Plan means an annually updated plan jointly developed by the Designated Official Planning Agency and the Community Transportation Coordinator which contains a development plan, service plan and quality assurance components. The plan shall be approved and used by the local Coordinating Board to evaluate the Community Transportation Coordinator.

D. Purpose

(1) The Board shall appoint a Grievance Committee to serve as a mediator to process, and investigate complaints from agencies, users, potential users of the system and the Community Transportation Coordinator in the designated service area, and make recommendations to the Board for the improvement of service.

(2) The Board shall establish procedures to provide regular opportunities for issues to be brought before the Grievance Committee and to address them in a timely manner. Members appointed to the Grievance Committee shall be voting members of the Board.

(3) The Grievance Committee and the Board shall have the authority to hear and advise on grievances. When an entity makes a determination of the rights, duties, privileges, benefits, or legal relationships of a specified person or persons, it is exercising "adjudicative" or "determinative" powers. Deciding a grievance between two independent parties may fall within these parameters, depending on the nature of the grievance. Chapter 427, Florida Statutes grants no adjudicative powers to anyone.

E. Membership

(1) The Chair, subject to approval by the Board, shall appoint five (5) voting members to a Grievance Committee. The membership of the Grievance Committee shall include broad geographic representation from members of the local Coordinating Board representing the counties in the service area.

(2) Term limits on the Grievance Committee may coincide with term limits on the Board.

F. Officers

(1) The Grievance Committee shall elect a Chair and Vice-Chair.

G. Meetings

(1) The Grievance Committee may meet as often as necessary to fulfill their responsibilities. The Grievance Committee may meet following Board meetings to hear complaints.

(2) Notice of Meetings. Notices and agendas shall be sent to all Grievance Committee members and other interested parties at least two (2) weeks prior to each Grievance Committee meeting. Such notice shall state the date, time and the place of the meeting.

(3) Quorum. At all meetings of the Grievance Committee, the presence in person of a majority of the voting members shall be necessary and sufficient to constitute a quorum for the transaction of business. In the absence of a quorum, those present may, without notice other than by announcement at the meeting, recess the meeting from time to time, until a quorum shall be present. At any such recessed meeting, any business may be transacted which might have been transacted at the meeting as originally called.

(4) Voting. A majority vote is required for actions by the Grievance Committee. As required by Section 286.012, Florida Statutes, all Grievance Committee members, including the Chair, must vote on all official actions taken by the Grievance Committee except when there appears to be a possible conflict of interest with a member or members of the Grievance Committee.

(5) Conflict of Interest. In accordance with Chapter 112 (Part III), Florida Statutes, "No county, municipal, or other public office shall vote in an official capacity upon any measure which would inure to his or her special private gain or loss, or which the officer know would inure to the special private gain or loss of a principal by whom he or she is retained, of the parent organization or subsidiary of a corporate principal which he or she is retained, of a relative or of a business associate. The officer must publicly announce the nature of his or her interest before the vote and must file a memorandum of voting conflict on Ethics Commission Form 8B with the meeting's recording officer within 15 days after the vote occurs disclosing the nature of his or her interest in the matter."

In cases where a grievance involves the private or personal interests of a member of the Grievance Committee, such member shall be disqualified from hearing such grievance. If a Grievant claims a conflict between the Grievant and a Grievance Committee member, the Grievance Committee member identified as having a conflict shall recues themselves from hearing the grievance. No member of the Grievance Committee shall appear before the Grievance Committee as an agent or attorney for any person.

(6) Proxy Voting. Proxy voting is not permitted.

(7) Parliamentary Procedures. The Grievance Committee will conduct business using parliamentary procedures according to Robert's Rules of Order, except when in conflict with these Grievance Procedures.

H. Administration

(1) Staff Support. The North Central Florida Regional Planning Council shall provide the Grievance Committee with sufficient staff support and resources to enable the Grievance Committee to fulfill their responsibilities.

(2) Minutes. The North Central Florida Regional Planning Council is responsible for maintaining an official set of minutes for each Grievance Committee meeting.

I. Duties

The Grievance Committee shall make recommendations to the Board, the Community Transportation Coordinator, and/or to the Florida Commission for the Transportation Disadvantaged for improvement of service.

J. Procedures

(1) The grievance procedures shall be open to addressing concerns by any person or agency including but not limited to: purchasing agencies, users, potential users, private-for-profit operators, private-nonprofit operators, Community Transportation Coordinators, Designated Official Planning Agencies, elected officials, and drivers. The grievant, in their formal complaint, should demonstrate or establish their concerns as clearly as possible.

(2) The Board must make a written copy of the grievance procedures available to anyone, upon request. All documents pertaining to the grievance process will be made available, upon request, in accessible format. The following procedures are established to provide regular opportunities for grievances to be brought before the Grievance Committee.

(3) Should an interested party wish to file a grievance with the Board, that grievance must be filed in writing within ninety (90) days after the occurrence of the event giving rise to the grievance. The grievance shall be sent to:

Columbia, Hamilton and Suwannee Transportation Disadvantaged Coordinating Board
Grievance Committee
2009 N.W. 67th Place
Gainesville, FL 32653-1603

(4) If requested, the North Central Florida Regional Planning Council staff will provide assistance to individuals in preparing written grievances.

(5) The grievance should try to demonstrate or establish a clear violation of a specific law, regulation, or contractual arrangement. Copies of pertinent laws and regulations may be obtained from North Central Florida Regional Planning Council staff.

(6) The grievance shall include:

a. the name, address and telephone number of the Complainant;

b. a statement of the grounds for the grievance and be supplemented by supporting documentation, made in a clear and concise manner; and

c. an explanation by the Complainant of the improvements needed to address the complaint.

(7) If the Board receives a grievance pertaining to the operation of services by the Community Transportation Coordinator, that grievance shall be forwarded to the Community Transportation Coordinator for a written response. The Community Transportation Coordinator's written response shall be provided to the Grievance Committee at least one week prior to the Grievance Committee meeting to hear such grievance.

(8) If the Complainant does not want to be contacted by the Community Transportation Coordinator concerning the grievance before the grievance is heard, the Community Transportation Coordinator is prohibited from contacting the Complainant.

(9) Within fifteen (15) working days following the date of receipt of the formal grievance, North Central Florida Regional Planning Council staff shall advise the Grievance Committee of the grievance to schedule a hearing on the grievance and inform the Complainant of the hearing date.

(10) The Grievance Committee shall meet to hear the grievance within forty-five (45) calendar days from the date of receipt of the grievance.

(11) North Central Florida Regional Planning Council staff shall send notice of the Grievance Committee's scheduled hearing in writing to the local newspaper of greatest circulation, the Complainant and other interested parties.

(12) All involved parties have a right to present their views to the Grievance Committee, either orally or in writing. In addition, all parties may present evidence.

(13) A written report and any recommendations of the Grievance Committee shall be provided to the Board. A copy of this report shall be provided to the concerned parties within ten (10) working days after the hearing on the grievance and no more than sixty (60) calendar days from the date of receipt of the formal grievance. The Grievance Committee's recommendation will stand unless the recommendation is changed by the Board.

(14) A written report shall also be provided to the Community Transportation Coordinator's Governing Board.

K. Appeals

(1) Appeals of recommendations by the Grievance Committee to the Board shall be made within twenty (20) working days from the date when the Grievance Committee makes a recommendation regarding a grievance. The appeal shall be mailed to:

Columbia, Hamilton and Suwannee Transportation Disadvantaged Coordinating Board
2009 N.W. 67th Place
Gainesville, FL 32653-1603

(2) The Complainant will be notified in writing of the date, time and place of the Board meeting where the appeal will be heard. This written notice will be mailed at least ten (10) calendar days in advance of the meeting.

(3) The Board will meet to hear the appeal and render its recommendation within thirty (30) calendar days of the date the appeal was filed. A written copy of the recommendation will be mailed to all parties involved within ten (10) calendar days of the date of the recommendation.

(4) Should a Complainant remain dissatisfied with the Board's decision, he or she may contact the Florida Commission for the Transportation Disadvantaged at the following address:

Florida Commission for the Transportation Disadvantaged
605 Suwannee Street, MS-49
Tallahassee, FL 32399-0450

(5) The Florida Commission for the Transportation Disadvantaged also has an Ombudsman Program to assist individuals with complaints. The toll-free Ombudsman Hotline is 1-800-983-2435. Chapter 427, Florida Statutes does not expressly confer the power or authority for the Florida Commission for the Transportation Disadvantaged to "hear and determine" a grievance between two (2) third parties. The Florida Commission for the Transportation Disadvantaged may choose to listen to grievances and it can investigate them from a fact-finding perspective. It cannot be the "judge" or "arbiter" of the grievance in the sense of determining that one party's version of the facts is right and the other is wrong, and order the wrong party to somehow compensate the right party. On the other hand, the grievance may bring to light a problem within "the system."

(6) If the grievance showed that one (1) of the parties with whom the Florida Commission for the Transportation Disadvantaged contracts was acting so aberrantly as to not be in compliance with its contract, the Florida Commission for the Transportation Disadvantaged could exercise whatever contractual rights it has to correct the problem.

(7) The Florida Commission for the Transportation Disadvantaged may take part in the grievance process, if it wants to, for purposes of listening to the grieving parties and gathering the facts of the matter. It may not decide the grievance, where doing so would amount to an exercise of adjudicative powers.

L. Medicaid Non-Emergency Transportation Program Grievance System

(1) The Florida Commission for the Transportation Disadvantaged and Medicaid Subcontracted Transportation Provider shall have a Grievance System in place that includes complaint and grievance processes. The Medicaid Subcontracted Transportation Provider must also have an appeal process and access to the Medicaid Fair Hearing System.

(2) The Florida Commission for the Transportation Disadvantaged Medicaid Grievance System is attached as Appendix A.

M. Suspension Reconsideration

(1) If a rider has been issued a notice of suspension by the Community Transportation Coordinator, they have ten (10) calendar days from the date of issuance of suspension notice to request a reconsideration hearing on the suspension. If a reconsideration hearing is requested, the hearing will be held by the Grievance Committee if the suspension involves transportation provided under Florida's Transportation Disadvantaged Program.

(2) The written request must include the name, address and telephone number of the person who is requesting the hearing and a statement as to why his or her riding privileges should not be suspended. If the request is not received within ten (10) calendar days from the issue date of the suspension, then the suspension becomes effective ten (10) calendar days from the date of issue.

(3) Upon receipt of letter requesting the reconsideration hearing, a hearing shall be held within ten (10) working days. The North Central Florida Regional Planning Council will advise the person requesting the reconsideration hearing by return correspondence of the date, time and location of the hearing.

(4) The person will be given the opportunity to present the reasons why they believe the suspension should not take place. The Grievance Committee will make a recommendation whether or not to uphold the suspension. A written statement of the recommendation shall be forwarded to the person requesting the hearing within two (2) working days after the hearing by the Grievance Committee. A written statement of the decision whether or not to uphold the suspension shall be forwarded by certified mail within two (2) working days by the Community Transportation Coordinator to the person requesting the hearing.

N. Prohibition Against Retaliation

The Community Transportation Coordinator shall not take any punitive action against an individual who files a grievance. No individual shall be denied Transportation Disadvantaged Program services because such individual has filed a grievance related to Florida's Transportation Disadvantaged Program or has testified or is about to testify in any such proceeding or investigation related to Florida's Transportation Disadvantaged Program.

O. Alternative Recourse

Apart from these grievance processes, aggrieved parties with proper standing, may also have recourse through Chapter 120, Florida Statutes, administrative hearings process or the judicial court system.

P. Certification

The undersigned hereby certifies that he/she is the Chair of the Columbia, Hamilton and Suwannee Transportation Disadvantaged Coordinating Board and that the foregoing is a full, true and correct copy of the Grievance Procedures of this Board as adopted by the Columbia, Hamilton and Suwannee Transportation Disadvantaged Coordinating Board the 26th day of July 2013.

Bucky Nash, Chair
Columbia, Hamilton and Suwannee Transportation Disadvantaged Coordinating Board

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Appendix A: Florida Commission for the Transportation Disadvantaged Medicaid Grievance System

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Florida Commission for the Transportation Disadvantaged
Medicaid Grievance System

A. Overview

1. Description

a. Complaint process – The Complaint process is the CTD AND STP's procedure for addressing Medicaid Beneficiary Complaints, which are expressions of dissatisfaction about any matter other than an Action that are resolved at the Point of Contact rather than through filing a formal Grievance.

b. Grievance process – The Grievance process is the CTD AND STP's procedure for addressing Medicaid Beneficiary Grievances, which are expressions of dissatisfaction about any matter other than an Action.

c. Appeal process – The Appeal process is the STP's procedure for addressing Medicaid Beneficiary Appeals, which are requests for review of an Action.

d. Medicaid Fair Hearing process – The Medicaid Fair Hearing process is the administrative process which allows a Medicaid Beneficiary to request the State to reconsider an adverse decision made by the CTD AND STP.

e. Action – **(i)** The denial or limited authorization of a requested service, including the type or level of service, pursuant to 42 CFR 438.400(b). **(ii)** The reduction, suspension, or termination of a previously authorized service. **(iii)** The denial, in whole or in part, of payment for a service. **(iv)** The failure to provide services in a timely manner, as defined by the State. **(v)** The failure of the CTD AND STP to resolve a Complaint within fifteen (15) Business Days, a Grievance within ninety (90) Calendar Days, and an Appeal within forty-five (45) Calendar Days from the date the CTD AND STP receives the Complaint, Grievance, or Appeal.

2. General Requirements

a. The CTD AND STP shall all have a Grievance System in place that includes a Complaint process and a Grievance process. The STP must also have an Appeal process and access to the Medicaid Fair Hearing System. The CTD AND STP Grievance System shall comply with the requirements set forth in Section 641.511, F.S., if applicable and with all applicable federal and State laws and regulations, including 42 CFR 431.200 and 42 CFR 438, Subpart F, "Grievance System."

b. The CTD AND STP must develop and maintain written policies and procedures relating to the Grievance System. Before implementation, the AHCA must give the CTD AND STP written approval of the CTD AND STP Grievance System policies and procedures.

c. The CTD AND STP shall refer all Medicaid Beneficiaries who are dissatisfied with the CTD AND STP or its Actions to the CTD AND STP Grievance/Appeal Coordinator for processing and documentation in accordance with this Contract and the CTD AND STP, AHCA approved policies and procedures.

d. The CTD AND STP must give Medicaid Beneficiaries reasonable assistance in completing forms and other procedural steps, including, but not limited to, providing interpreter services and toll-free numbers with TTY/TDD and interpreter capability.

e. The CTD AND STP must acknowledge, in writing, the receipt of a Grievance or a request for an Appeal, unless the Medicaid Beneficiary requests an expedited resolution.

f. The CTD AND STP shall ensure that none of the decision makers on a Grievance or Appeal were involved in any of the previous levels of review or decision-making when deciding any of the following:

(1) An Appeal of a denial that is based on lack of Medical Necessity; and

(2) A Grievance regarding the denial of an expedited resolution of an Appeal.

(3) ***All local Appeals and Grievances shall be heard by the local Transportation Disadvantaged Coordinating Board.***

g. The CTD AND STP shall allow the Medicaid Beneficiary, and/or the Medicaid Beneficiary's representative, an opportunity to examine the Medicaid Beneficiary's case file before and during the Grievance or Appeal process, including all Medical Records and any other documents and records.

h. The CTD AND STP shall consider the Medicaid Beneficiary, the Medicaid Beneficiary's representative or the representative of a deceased Medicaid Beneficiary's estate as parties to the Grievance/Appeal.

i. The CTD AND STP shall maintain, monitor, and review a record/log of all Complaints, Grievances, and Appeals in accordance with the terms of this Contract and to fulfill the reporting requirements as set forth in Section XI, Reporting Requirements.

j. Notice of Action

(1) The STP shall notify the Medicaid Beneficiary, in writing, using language at, or below the fourth (4th) grade reading level, of any Action taken by the STP to deny a Transportation Service request, or limit Transportation Services in an amount, duration, or scope that is less than requested.

(2) The STP must provide notice to the Medicaid Beneficiary as set forth below (see 42 CFR 438.404(a) and (c) and 42 CFR 438.210(b) and (c)):

(a) The Action the STP has taken or intends to take;

(b) The reasons for the Action, customized for the circumstances of the Medicaid Beneficiary;

(c) The Medicaid Beneficiary's or the Health Care Professional's (with written permission of the Medicaid Beneficiary) right to file an Appeal;

(d) The procedures for filing an Appeal;

(e) The circumstances under which expedited resolution is available and how to request it; and

(f) The Medicaid Beneficiary's rights to request that Transportation Services continue pending the

resolution of the Appeal, how to request the continuation of Transportation Services, and the circumstances under which the Medicaid Beneficiary may be required to pay the costs of these services.

(3) The STP must provide the notice of Action within the following time frames:

(1) **At least ten (10) Calendar Days before the date of the Action or fifteen (15) Calendar Days if the notice is sent by Surface Mail (five [5] Calendar Days if the Vendor suspects Fraud on the part of the Medicaid Beneficiary).** See 42 CFR 431.211, 42 CFR 431.213 and 42 CFR 431.214.

(2) For denial of the Trip request, at the time of any Action affecting the Trip request.

(3) For standard Service Authorization decisions that deny or limit Transportation Services, as quickly as the Medicaid Beneficiary's health condition requires, **but no later than fourteen (14) Calendar Days following receipt of the request for service (see 42 CFR 438.201(d)(1)).**

(4) If the STP extends the time frame for notification, it must:

(a) Give the Medicaid Beneficiary written notice of the reason for the extension and inform the Medicaid Beneficiary of the right to file a Grievance if the Medicaid Beneficiary disagrees with the STP's decision to extend the time frame; and

(b) Carry out its determination as quickly as the Medicaid Beneficiary's health condition requires, **but in no case later than the date upon which the fourteen (14) Calendar Day extension period expires** (see 42 CFR 438.210(d)(1)).

(5) If the STP fails to reach a decision within the time frames described above, the Medicaid Beneficiary can consider such failure on the part of the STP a

denial and, therefore, an Action adverse to the Medicaid Beneficiary (See 42 CFR 438.210(d)).

(6) **For expedited Service Authorization decisions, within three (3) Business Days (with the possibility of a fourteen (14) Calendar Day extension). See 42 CFR 438.210(d)(2).**

B. The Complaint Process

1. A Medicaid Beneficiary may file a Complaint, or a representative of the Medicaid Beneficiary, acting on behalf of the Medicaid Beneficiary and with the Medicaid Beneficiary's written consent, may file a Complaint. ***All complaints must begin with an STP response, regardless of where the initial complaint is received.***

2. General CTD AND STP Duties

   a. The CTD AND STP must:

      (1) **Resolve each Complaint within fifteen (15) Business Days from the day the CTD AND STP received the initial Complaint, be it oral or in writing;**

         (a) **The CTD AND STP may extend the Complaint resolution time frame by up to ten (10) Business Days if the Medicaid Beneficiary requests an extension, or the CTD AND STP documents that there is a need for additional information and that the delay is in the Medicaid Beneficiary's best interest.**

         (b) **If the CTD AND STP request the extension, the CTD AND STP must give the Medicaid Beneficiary written notice of the reason for the delay.**

      (2) **Notify the Medicaid Beneficiary, in writing, within five (5) Business Days of the resolution of the Complaint if the Medicaid Beneficiary is not satisfied with the CTD AND STP resolution.** The notice of disposition shall include the results and date of the resolution of the Complaint, and shall include:

         (a) A notice of the right to request a Grievance or Appeal, whichever is the most appropriate to the nature of the objection;

(b) Information necessary to allow the Medicaid Beneficiary to request a Medicaid Fair Hearing, if appropriate, including the contact information necessary to pursue a Medicaid Fair Hearing (see Section VIII.E., Medicaid Fair Hearing System, below);

(3) Provide the AHCA with a report detailing the total number of Complaints received, pursuant to Section XI., Reporting Requirements; and

(4) Ensure that neither the **CTD AND STP** (if applicable), or any Transportation Provider takes any punitive action against a physician or other Health Care Provider who files a Complaint on behalf of a Medicaid Beneficiary, or supports a Medicaid Beneficiary's Complaint.

b. Filing Requirements

(1) **The Medicaid Beneficiary or a representative of the Medicaid Beneficiary, acting on behalf of the Medicaid Beneficiary and with the Medicaid Beneficiary's written consent must file a Complaint within fifteen (15) Calendar Days after the date of occurrence that initiated the Complaint.**

(2) The Medicaid Beneficiary or his/her representative may file a Complaint either orally or in writing. The Medicaid Beneficiary or his/her representative may follow up an oral request with a written request, however the timeframe for resolution begins the date the **CTD AND STP** receives the oral request.

C. The Grievance Process

1. A Medicaid Beneficiary may file a Grievance, or a representative of the Medicaid Beneficiary, acting on behalf of the Medicaid Beneficiary and with the Medicaid Beneficiary's written consent, may file a Grievance.

2. General **CTD AND STP** Duties

a. The **CTD AND STP** must:

(1) **Resolve each Grievance within ninety (90) Calendar Days from the day the CTD AND STP received the initial Grievance request, be it oral or in writing;**

(2) **Notify the Medicaid Beneficiary, in writing, within thirty (30) Calendar Days of the resolution of the Grievance.** The notice of disposition shall include the results and date of the resolution of the Grievance, and for decisions not wholly in the Medicaid Beneficiary's favor, the notice of disposition shall include:

(a) Notice of the right to request a Medicaid Fair Hearing, if applicable;

(b) Information necessary to allow the Medicaid Beneficiary to request a Medicaid Fair Hearing, including the contact information necessary to pursue a Medicaid Fair Hearing (see Section VIII.E., Medicaid Fair Hearing System, below);

(3) Provide AHCA with a copy of the written notice of disposition upon request;

(4) Ensure that neither the CTD AND STP nor any Subcontractors (if applicable), or any Transportation Provider takes any punitive action against a physician or other health care provider who files a Grievance on behalf of a Medicaid Beneficiary, or supports a Medicaid Beneficiary's Grievance; and

(5) Provide AHCA with a report detailing the total number of Grievances received, pursuant to Section XI., Reporting Requirements.

b. The **CTD AND STP may extend the Grievance resolution time frame by up to fourteen (14) Calendar Days** if the Medicaid Beneficiary requests an extension, or the **CTD AND STP** documents that there is a need for additional information and that the delay is in the Medicaid Beneficiary's best interest.

(1) If the **CTD AND STP** requests the extension, the **CTD AND STP** must give the Medicaid Beneficiary **written notice** of the reason for the delay.

c. Filing Requirements

(1) The Medicaid Beneficiary or provider must file a Grievance within one (1) year after the date of occurrence that initiated the Grievance.

(2) The Medicaid Beneficiary or provider may file a Grievance either orally or in writing. The Medicaid Beneficiary may follow up an oral request with a written request, however the timeframe for resolution begins the date the CTD AND STP receives the oral request.

D. The Appeal Process

1. A Medicaid Beneficiary may file an Appeal, or a representative of the Medicaid Beneficiary, acting on behalf of the Medicaid Beneficiary and with the Medicaid Beneficiary's written consent, may file an Appeal.

2. General **STP** Duties

   a. The **STP** shall:

      (1) Confirm in writing all oral inquiries seeking an Appeal, unless the Medicaid Beneficiary or provider requests an expedited resolution;

      (2) If the resolution is in favor of the Medicaid Beneficiary, provide the services as quickly as the Medicaid Beneficiary's health condition requires;

      (3) Provide the Medicaid Beneficiary or provider with a reasonable opportunity to present evidence and allegations of fact or law, in person and/or in writing;

      (4) Allow the Medicaid Beneficiary, and/or the Medicaid Beneficiary's representative, an opportunity, before and during the Appeal process, to examine the Medicaid Beneficiary's case file, including all documents and records;

      (5) Consider the Medicaid Beneficiary, the Medicaid Beneficiary's representative or the representative of a deceased Medicaid Beneficiary's estate as parties to the Appeal;

      (6) Continue the Medicaid Beneficiary's Transportation Services if:

         (a) The Medicaid Beneficiary files the Appeal in a timely manner, meaning on or before the later of the following:

(i) **Within ten (10) Business Days of the date on the notice of Action (add five [5] Business Days if the notice is sent via Surface Mail); or**

(ii) The intended effective date of the **STP** proposed Action.

(b) The Appeal involves the termination, suspension, or reduction of a previously authorized Transportation service;

(c) The Transportation was for a Medicaid compensable service ordered;

(d) The authorization period has not expired; and/or

(e) The Medicaid Beneficiary requests extension of Transportation Services.

(7) **Provide written notice of the resolution of the Appeal, including the results and date of the resolution within two (2) Business Days after the resolution.** For decisions not wholly in the Medicaid Beneficiary's favor, the notice of resolution shall include:

(a) Notice of the right to request a Medicaid Fair Hearing;

(b) Information about how to request a Medicaid Fair Hearing, including the DCF address necessary for pursuing a Medicaid Fair Hearing, as set forth in Section VIII.E., Medicaid Fair Hearing System, below;

(c) Notice of the right to continue to receive Transportation Services pending a Medicaid Fair Hearing;

(d) Information about how to request the continuation of Transportation Services; and

(e) Notice that if the **STP** Action is upheld in a Medicaid Fair Hearing, the Medicaid Beneficiary may be liable for the cost of any continued Transportation Services.

(8) Provide AHCA with a copy of the written notice of disposition upon request;

(9) Ensure that neither the **STP** nor any Subcontractors (if applicable) or Transportation Providers take any punitive action against a physician or other health care provider who files an Appeal on behalf of a Medicaid Beneficiary or supports a Medicaid Beneficiary's Appeal; and

(10) Provide the AHCA with a report detailing the total number of Appeals received, pursuant to Section XI., Reporting Requirements.

b. If the **STP** continues or reinstates the Medicaid Beneficiary's Transportation Services while the Appeal is pending, the **STP** must continue providing the Transportation Services until one (1) of the following occurs:

(1) The Medicaid Beneficiary withdraws the Appeal;

(2) Ten (10) Business Days pass from the date of the STP's notice of resolution of the Appeal if the resolution is adverse to the Medicaid Beneficiary and if the Medicaid Beneficiary has not requested a Medicaid Fair Hearing with continuation of Transportation Services until a Medicaid Fair Hearing decision is reached;

(3) The Medicaid Fair Hearing panel's decision is adverse to the Medicaid Beneficiary; or

(4) The authorization to provide services expires, or the Medicaid Beneficiary meets the authorized service limits.

c. If the final resolution of the Appeal is adverse to the Medicaid Beneficiary, the **STP** may recover the costs of the services furnished from the Medicaid Beneficiary while the Appeal was pending, to the extent that the **STP** furnished the services solely because of the requirements of this Section.

d. If the **STP** did not furnish services while the Appeal was pending and the Appeal panel reverses the **STP** decision to deny, limit or delay services, the **STP** must authorize or provide the disputed services promptly and as quickly as the Medicaid Beneficiary's health condition requires.

e. If the **STP** furnished services while the Appeal was pending and the Appeal panel reverses the **STP** decision to deny, limit or delay

services, the **STP** must pay for disputed services in accordance with State policy and regulations.

3. Filing Requirements

   a. **The Medicaid Beneficiary or his/her representative must file an Appeal within thirty (30) Calendar Days of receipt of the notice of the Vendor's/Subcontractor's Action.**

   b. **The Medicaid Beneficiary may file an Appeal either orally or in writing. If the filing is oral, the Medicaid Beneficiary must also file a written, signed Appeal within thirty (30) Calendar Days of the oral filing. The STP shall notify the requesting party that it must file the written request within ten (10) Business Days after receipt of the oral request.** For oral filings, time frames for resolution of the Appeal begin on the date the **STP** receives the oral filing.

   c. **The STP shall resolve each Appeal within State-established time frames not to exceed forty-five (45) Calendar Days from the day the Plan received the initial Appeal request, whether oral or in writing.**

   d. If the resolution is in favor of the Medicaid Beneficiary, the **STP** shall provide the services as quickly as the Medicaid Beneficiary's health condition requires.

   e. **The STP may extend the resolution time frames by up to fourteen (14) Calendar Days if the Medicaid Beneficiary requests an extension, or the STP documents that there is a need for additional information and that the delay is in the Medicaid Beneficiary's best interest.**

      (1) If the **STP** requests the extension, the **STP** must give the Medicaid Beneficiary written notice of the reason for the delay.

      (2) **The STP must provide written notice of the extension to the Medicaid Beneficiary within five (5) Business Days of determining the need for an extension.**

4. Expedited Process

   a. The **STP** shall establish and maintain an expedited review process for Appeals when the **STP** determines, the Medicaid Beneficiary requests or the provider indicates (in making the request on the

Medicaid Beneficiary's behalf or supporting the Medicaid Beneficiary's request) that taking the time for a standard resolution could seriously jeopardize the Medicaid Beneficiary's life, health or ability to attain, maintain or regain maximum function.

b. The Medicaid Beneficiary may file an expedited Appeal either orally or in writing. No additional written follow-up on the part of the Medicaid Beneficiary is required for an oral request for an expedited Appeal.

c. The **STP** must:

(1) Inform the Medicaid Beneficiary of the limited time available for the Medicaid Beneficiary to present evidence and allegations of fact or law, in person and in writing;

(2) **Resolve each expedited Appeal and provide notice to the Medicaid Beneficiary, as quickly as the Medicaid Beneficiary's health condition requires, within State established time frames not to exceed seventy-two (72) hours after the STP receives the Appeal request, whether the Appeal was made orally or in writing;**

(3) **Provide written notice of the resolution in accordance with Section VIII.D., The Appeal Process, of the expedited Appeal to the Medicaid Beneficiary;**

(4) Make reasonable efforts to provide oral notice of disposition to the Medicaid Beneficiary immediately after the Appeal panel renders a decision; and

(5) Ensure that neither the STP nor any Subcontractors (if applicable) or Transportation Providers take any punitive action against a physician or other health care provider who requests an expedited resolution on the Medicaid Beneficiary's behalf or supports a Medicaid Beneficiary's request for expedited resolution of an Appeal.

d. If the **STP** denies a request for an expedited resolution of an Appeal, the Vendor/Subcontractor must:

(1) Transfer the Appeal to the standard time frame of no longer than **forty-five (45) Calendar Days from the day the STP received the request for Appeal (with a possible fourteen [14] day extension);**

(2) Make reasonable efforts to provide immediate oral notification of the **STP** denial for expedited resolution of the Appeal;

(3) **Provide written notice of the denial of the expedited Appeal within two (2) Calendar Days;** and

(4) Fulfill all requirements set forth in Section VIII.D., The Appeal Process, above.

E. Medicaid Fair Hearing System

1. As set forth in Rule 65-2.042, FAC, the **CTD AND STP** Grievance Procedure and Appeal and Grievance processes shall state that the Medicaid Beneficiary has the right to request a Medicaid Fair Hearing, in addition to, and at the same time as, pursuing resolution through the **CTD AND STP** Grievance and Appeal processes.

   a. A physician or other health care provider must have a Medicaid Beneficiary's written consent before requesting a Medicaid Fair Hearing on behalf of a Medicaid Beneficiary.

   b. The parties to a Medicaid Fair Hearing include the **CTD AND STP**, as well as the Medicaid Beneficiary, his/her representative or the representative of a deceased Medicaid Beneficiary's estate.

2. Filing Requirements

   a. The Medicaid Beneficiary may request a Medicaid Fair Hearing within ninety (90) days of the date of the notice of the **CTD AND STP** resolution of the Medicaid Beneficiary's Grievance/Appeal by contacting DCF at:

   The Office of Appeal Hearings
   1317 Winewood Boulevard, Building 5, Room 203
   Tallahassee, Florida 32399-0700

3. General **CTD AND STP** Duties

   a. The **CTD AND STP** must:

   (1) Continue the Medicaid Beneficiary's Transportation Services while the Medicaid Fair Hearing is pending if:

(a) The Medicaid Beneficiary filed for the Medicaid Fair Hearing in a timely manner, meaning on or before the later of the following:

(i) Within ten (10) Business Days of the date on the notice of Action (add five [5] Business Days if the notice is sent via Surface Mail);

(ii) The intended effective date of the **STP** proposed Action.

(b) The Medicaid Fair Hearing involves the termination, suspension, or reduction of a previously authorized course of treatment;

(c) The authorization period has not expired; and/or

(d) The Medicaid Beneficiary requests extension of Transportation Services.

(2) Ensure that neither the **CTD AND STP** (if applicable) or Transportation Providers take any punitive action against a physician, Transportation Provider, or other health care provider who requests a Medicaid Fair Hearing on a Medicaid Beneficiary's behalf or supports a Medicaid Beneficiary's request for a Medicaid Fair Hearing.

b. If the **STP** continues or reinstates Medicaid Beneficiary Transportation Services while the Medicaid Fair Hearing is pending, the Vendor/Subcontractor must continue said Transportation Services until one (1) of the following occurs:

(1) The Medicaid Beneficiary withdraws the request for a Medicaid Fair Hearing;

(2) Ten (10) Business Days pass from the date of the **STP's** notice of resolution of the Appeal if the resolution is adverse to the Medicaid Beneficiary and the Medicaid Beneficiary has not requested a Medicaid Fair Hearing with continuation of Transportation Services until a Medicaid Fair Hearing decision is reached (add five [5] Business Days if the **STP** sends the notice of Action by Surface Mail);

(3) The Medicaid Fair Hearing officer renders a decision that is adverse to the Medicaid Beneficiary; and/or

(4) The Medicaid Beneficiary's authorization expires or the Medicaid Beneficiary reaches his/her authorized service limits.

4. If the final resolution of the Medicaid Fair Hearing is adverse to the Medicaid Beneficiary, the **STP** may recover the costs of the services furnished while the Medicaid Fair Hearing was pending, to the extent that the **STP** furnished said services solely because of the requirements of this Section.

5. If services the **STP** did not furnish services while the Medicaid Fair Hearing was pending, and the Medicaid Fair Hearing resolution reverses the **STP** decision to deny, limit or delay services, the **STP** must authorize or provide the disputed services as quickly as the Medicaid Beneficiary's health condition requires.

6. If the **STP** did furnish services while the Medicaid Fair Hearing was pending, and the Medicaid Fair Hearing resolution reverses the **STP** decision to deny, limit or delay services, the **STP** must pay for the disputed services in accordance with State policy and regulations.

Type	Time Frame to File	Provide Transport-ation Services During Review	Time Frame to Resolve	Exten-sion Time Frame	Time Frame to Send Notification of Resolution	Next Step (if any)
Com-plaint	Ninety (90) Calendar Days From the Date of the Incident That Precipitated the Complaint	Yes	Fifteen (15) Business Days	Ten (10) Business Days	Five (5) Business Days From the Date of the Complaint	File a Griev-ance
Griev-ance	Ninety (90) Calendar Days From the Date of the Action That Precipitated the Grievance	Yes	Ninety (90) Calendar Days	Fourteen (14) Calendar Days	Thirty (30) Calendar Days from the Date of the Resolution of the Grievance	Medicaid Fair Hearing

Appeal	Thirty (30) Calendar Days of Receiving Notice of Denial or Limitation of Services	Yes	Forty-five (45) Calendar Days	Fourteen (14) Calendar Days	Thirty (30) Calendar Days from the Date of the Resolution of the Appeal	Medicaid Fair Hearing
Medicaid Fair Hearing	Upon Filing a Grievance or Appeal	Yes	Resolution by Administrative Hearing	None	Notification Sent by the Administrative Hearing Office	Legal Recourse

Columbia, Hamilton and Suwannee Transportation Disadvantaged Coordinating Board

Grievance Procedures Team

Scott R. Koons, AICP, Executive Director

* Marlie Sanderson, AICP, Director of Transportation Planning

** Lynn Franson-Godfrey, AICP, Senior Planner

* Primary Responsibility
** Secondary Responsibility

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Columbia, Hamilton and Suwannee Transportation Disadvantaged Coordinating Board

2009 NW 67th Place, Gainesville, FL 32653-1603

www.ncfrpc.org/td