



HFS
 Illinois Department of
 Healthcare and Family Services

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Supportive Living Program Resident Complaint Process Information

Dear Illinois Healthcare and Family Service Supportive Living Program **Resident**:

As an Illinois Healthcare and Family Services (HFS) customer, we want you to be satisfied with the services you receive from our program and our Supportive Living Program (SLP) providers. If you are not satisfied, you may file a complaint. We want to know if you have a complaint about a provider, nursing staff, or about the quality of care or services you have received.

What is a complaint?

A complaint is a grievance about any service or service delivery matter, **other than** a denied, reduced, or terminated service (these actions should be reported as an appeal through our existing appeal process).

If you are unable to resolve a concern by talking with your SLP or Care Coordinator, you can file a complaint. Some examples of complaints are:

- You are unhappy with the care you received from your SLP.
- Your SLP or nursing staff did not respect your rights, was rude, or did not allow you to participate in the development of your person-centered plan.
- You are unsatisfied with the amount of time it takes to get an assessment or have services initiated.
- Your SLP or nursing staff was insensitive to your cultural needs or other special needs you have.
- Your SLP won't assist with community transportation or make food accessible whenever you want (specific to those receiving services at a site location).

NOTE: Concerns about denied, reduced, or terminated services are **not** a complaint and should be reported as an appeal through the appeals process. Refer to [DHS form 377 - Appeals and Fair Hearings For Those Receiving Cash, SNAP, or Medical Assistance](#) for additional information on filing an appeal for denied or terminated Medicaid coverage.

How to File a Complaint

You may file a complaint by phone, mail, fax, or email using the following contact information:

Telephone	Mail	Fax	Email
<p>1-844-528-8444 Monday – Friday 8:30a.m. – 5:00 p.m.</p> <p>TTY users may dial 711</p>	<p>Illinois Department of Healthcare and Family Services, Bureau of Long- Term Care 201 S. Grand Avenue East Springfield, Illinois 62763</p>	<p>217-557-5061</p>	<p>HFS.SLF@illinois.gov</p>

At any time during the complaint process, you may have someone you know help you in the process or represent you. You may also ask HFS to help you in filing a complaint.

What information do I need to file a complaint?

When submitting your complaint, please include the following information:

- Your first and last name
- Your Medicaid ID number (Recipient Identification Number or RIN)
- Your address and telephone number
- A detailed explanation of the problem and those individuals involved
- Any supporting documentation that you wish to have considered
- The name and contact information of any individual you have asked to assist or represent you during this process
- A request for an interpreter (at no cost to you) if you are deaf or hard of hearing and/or do not speak English

What will happen after I file a complaint?

- Filing a complaint will not affect your ongoing services or the care you receive, and no one is able to treat you unfairly or take action against you for filing a complaint.
- We will acknowledge receipt of your complaint within 10 business days.
- We will work to resolve your complaint as quickly as possible but no later than ninety (90) calendar days from the date we receive your complaint.
- HFS may contact you if additional information is necessary to resolve your complaint or if you requested to present testimony, evidence, or arguments face to face or in writing.
- You will receive notification of the HFS resolution decision in writing.

What are my rights as a person filing a complaint?

As a SLP resident, you have the right to:

- File a complaint at any time.
- A complaint resolution process that is free from conflicts of interest. This means that no person that is part of the complaint will be involved in reviewing the complaint.
- A complaint review from individuals who have the appropriate clinical and non-clinical expertise. A review of all comments, documents, records, and information submitted by you or on your behalf.
- The opportunity to provide evidence and testimony either face-to-face or in writing if you choose.
- Have access to your case file, other documents, or evidence that was relied on or considered during your complaint review process, this information is to be provided free of charge and in advance of the resolution.
- Translation or interpreter services if necessary.
- Request an extended amount of time (up to 14 calendar days) to resolve a complaint if this is in your best interest to allow for additional information to be gathered.
- To be notified if an extended amount of time is needed to resolve the complaint. You will be notified within 2 calendar days of the extension determination.

What are the HFS' responsibilities in the complaint process?

HFS is responsible for the following:

- Establishing a process for residents to file a complaint that includes written policy and procedures that comply with 42 CFR 441.301(c)(7).
- Providing information about the complaint system and processes to providers and subcontractors.
- Providing reasonable assistance to a resident filing a complaint.
- Providing residents with notices and information regarding the complaint process and any determination that is made.

- Resolving complaints as expeditiously as the resident's condition requires within state established timeframes that may not exceed 90 days from the date the state receives the complaint.
- Ensuring that punitive or retaliatory action is not taken against a resident who files a complaint or anyone who assists a resident in the complaint process.
- Reviewing resolutions for which a resident is dissatisfied.
- Maintaining complaint records that include the following information: description of reason for complaint, date received, date of each review, resolution of complaint, date of resolution, name of resident.