Home and Community Based Services Grievance Portal

Staff Training

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

CMS Access Rule

CMS Access Rule: Background

- The Ensuring Access to Medicaid Services final rule (CMS-2442-F) was published by CMS on May 10, 2024.
- It sets consistent federal standards so Medicaid members can access services, care is accountable, and state programs are transparent.
- For HCBS, the rule requires every state to operate a grievance system that lets Medicaid members raise concerns and get a timely resolution.

Requirements

Basic Requirements

- Medicaid members can file grievances electronically, over the phone, in person, or in writing at any time.
- Grievances must be resolved no later than 90 calendar days from receipt.
- The State must notify the Medicaid member of the grievance resolution.
- The State must maintain grievance records, review them as part of ongoing monitoring, and make them available to CMS on request.

Basic Requirements - What is a Grievance

- Person-centered planning and the person-centered service plans
- Service planning and delivery — whether approved HCBS services are actually being delivered as authorized
- HCBS Settings Rule requirements — privacy, dignity, autonomy, choice, visitors, food access, community integration

OUT OF SCOPE — ROUTE ELSEWHERE

Situation	Action
Imminent danger, life-threatening emergency	Call 911. Notify a supervisor.
Suspected abuse / neglect (adult)	APS at (844) 277-9300. Log and mark "Referred — APS."
Suspected abuse / neglect (child)	CPS at (866) 820-5437. Log and mark "Referred — CPS."
Crisis or thoughts of self-harm	Provide information for them to call or text 988. Notify a supervisor. Call 911 if needed.
Denial, reduction, or termination of services	Refer to the fair-hearing pathway. Enter concern into portal.
Non-HCBS matter (different program)	Route to the correct area within 5 business days. Put into portal.
Person only wants information	Provide it or give a warm transfer. Not a grievance, do not need to put in portal.

Grievance Process

Basics

- The Grievance Portal is Montana DPHHS's preferred intake channel for grievances filed by Medicaid Home and Community-Based Services Medicaid members.
  - There is no dedicated phone line or in-person intake site. Medicaid members may raise a grievance through any available channel.
  - Staff enter every grievance into the portal so DPHHS has one tracked, exportable record.
- Every grievance — no matter how it arrives — is entered into the portal so DPHHS has one auditable record for tracking, reporting, and CMS requests.

Ways a Grievance can come in

Portal

Medicaid Member or filer completes the online form directly. The portal generates the Grievance ID and confirmation.

Email

MTHCBS@mt.gov. Reviewer enters it in the portal and replies with the reference ID.

Phone

Enter while the caller is on the line if possible. Read the Grievance ID before ending the call and/or if they provide an email will get a confirmation email.

Mail

Enter contents into the portal. Mail the acknowledgment with the grievance ID or other form of contact. Email MTHCB@mt.gov a copy of the original letter.

In person

Fill out with the person there if possible. Print the acknowledgment page for the Medicaid Member or ensure their email is on the form to receive confirmation.

Text or other message

Copy the content into the portal. Save the original. Confirm receipt with the Medicaid member.

How to Enter a Grievance

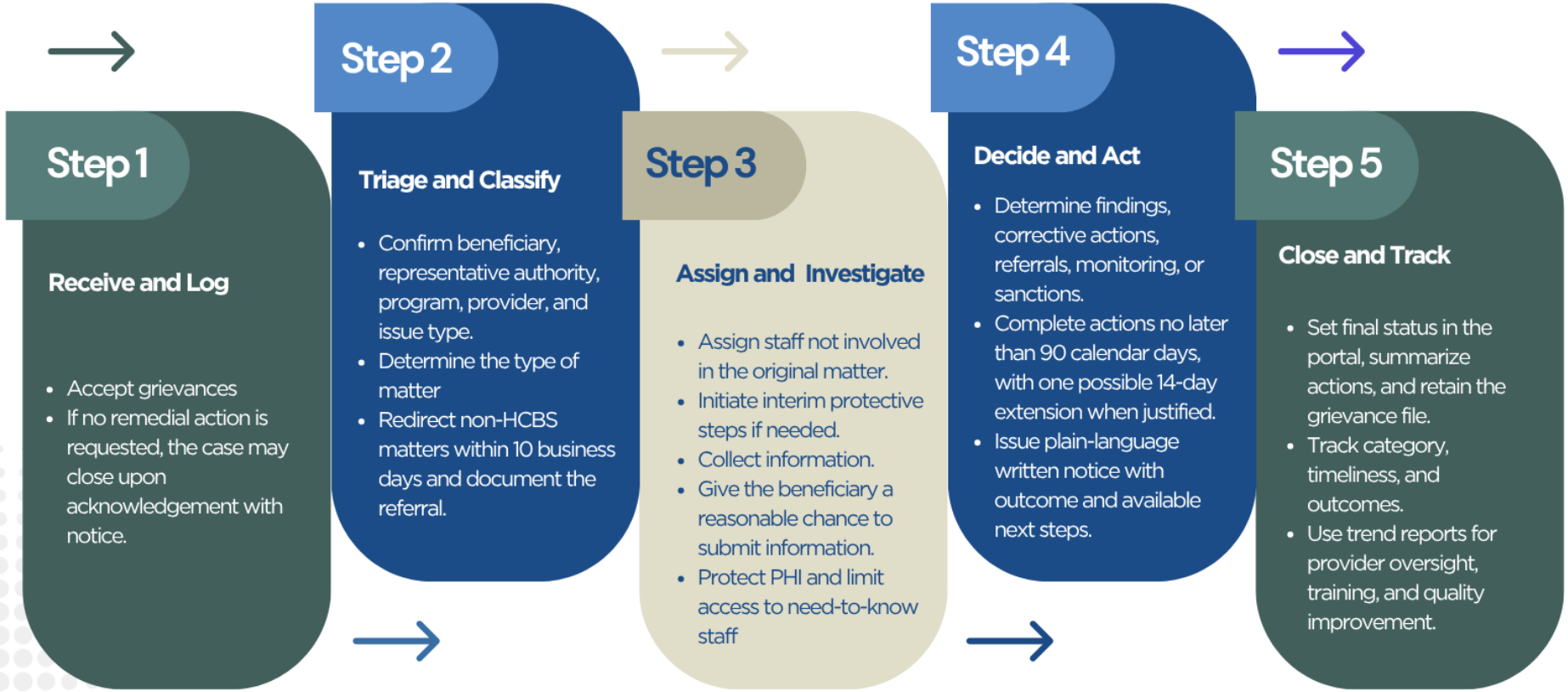
1. Log in to the portal – https://dphhs.mt.gov/medicaidaccessrule/grievanceportal or https://dphhs.mt.gov/hcbs
2. Select the filer-relationship indicator.
3. Complete the required fields and any known optional fields. Include the Medicaid Members email if provided and willing.
4. Submit.
    a) Capture the reference ID from the confirmation and provide to member if possible
5. Deliver the reference ID through email when possible or the channel the filer used.

Demo



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What Happens After Submission



Zero Retaliation Policy

- Due to a Grievance being filed, providers/staff cannot:
  - Reduce or terminate services.
  - Restrict conditions imposed after filing (visitor, activity, or staffing changes).
  - Harass, intimidate, or discourage from filing a future grievance.
- Flag suspected retaliation and escalate the same business day.

Dos and Don’ts

Do

- Listen, stay calm, be respectful.
- Direct people to the portal or complete the form on their behalf with permission.
- Enter every grievance in the portal, no matter how it arrives.
- Include the Medicaid Member’s email if provided, so they receive the auto-confirmation with reference ID.
- Print or send the acknowledgment with the reference ID.
- Explain the no-retaliation policy at intake.
- Offer free interpreters, translated materials, and auxiliary aids.
- For immediate danger, call 911 and then notify a supervisor.

Don’t

- Do not investigate, resolve, or give an opinion on the outcome.
- Do not promise a specific result or a timeline.
- Do not discuss a grievance with anyone who does not have a legitimate need to know.
- Do not discourage anyone from filing.
- Do not reject a grievance for missing detail. There will be follow-up to gather additional information if/when needed.
- Do not share the Medicaid member’s identity with a provider without consent or clear necessity.

One system. One record. One consistent experience

Program Contacts

- HCBS follow-up inbox MTHCBS@mt.gov

- Program Specialist Savannah Olsen, MSW, APSW
  - savannah.olsen@mt.gov
  - 406-444-8072

Safety Escalation

Emergency — 911

Crisis — 988 (call or text)

APS — (844) 277-9300

CPS — (866) 820-5437

Q&A



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Thank you!



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