

### **Service Request Denials / Service Reduction or Terminations**

If the IDT denies a service request that you made, they will provide to you, in writing and verbally, the reasons for this decision. You have the right to appeal this decision.

If SCC decides to reduce or terminate any service that you are receiving, you have the right to appeal this decision.

### **Appeals**

When SCC denies a service request that you make or reduces or terminates a service that you are receiving and you do not agree with this decision, you have a right to have this decision reviewed and a second opinion to be made by an impartial third party. This review and reconsideration is called an appeal.

SCC's Quality and Compliance (QAC) Department will assist you with your appeal, if needed. It is advisable, but not required that you first use SCC's internal appeal process, but you have different external appeal options depending on your eligibility for Medicare or Medicaid. SCC's QAC Department can explain these options to you.

Your appeal will be reviewed by an impartial third party that will make the appeal decision. This group will not have been part of the original, disputed decision. Internal SCC appeals will be reviewed as quickly as possible and a decision will be made within no more than thirty (30) calendar days. The appeal will be responded to/resolved as expeditiously as the participant's health condition requires. You, or someone representing you, will have the option to be part of the appeal review and present facts about your point of view either in person or in writing. All appeals are confidential and will remain private.

During your appeal, SCC will continue to provide the disputed service until a final appeal decision is made if:

- You want this service to continue during the appeal process AND
- You understand that if the appeal decision is not in your favor, you may be financially responsible for the services provided.

SCC will continue to provide you all other services that the IDT has approved.

### **Expedited Appeals:**

If you believe that your life, health, or ability to regain or maintain maximum function could be seriously jeopardized, without the services in question, you may expedite your appeal and SCC will make a decision within 72 hours after receiving the appeal. This is called an expedited appeal. If you ask for additional time, or the impartial third party reviewing your appeal needs additional information, this timeframe may be extended to up to fourteen (14) additional days. For this to occur, SCC must justify the need for more time to the Colorado Department of Healthcare Policy and Financing (HCPF).

### **Appeal Decisions:**

If the appeal decision is in your favor, SCC will begin providing you the disputed service as expeditiously as your health status requires. If the appeal decision is not in your favor, whether standard or expedited, SCC will notify the Center for Medicare and Medicaid Services and the Colorado Department of Healthcare Policy and Financing.

### **Additional Appeal Rights:**

You have additional appeal rights under Medicare and Medicaid if the SCC internal appeal is not in your favor. SCC's QAC Department can assist you with this process and help you to understand your options. If you require additional information, please contact the QAC Department or refer to information about the appeal process provided in your Participant Handbook.

## Discrimination is Against the Law

Senior CommUnity Care complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Senior CommUnity Care does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Senior CommUnity Care:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact (970) 964-3500 – Montrose; (970) 835-2900 - Eckert.

If you believe that Senior CommUnity Care has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Senior CommUnity Care  
Quality and Compliance Manager  
2377 Robins Way Montrose, CO 81401  
Phone - (970) 964-3500, TTY - (970) 835-2900, Fax - (970) 964-3502

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Quality and Compliance Department, is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at:  
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-961-1451 (TTY: 1-970-835-2900).
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-961-1451 (TTY: 1-970-835-2900)
Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-866-961-1451 (TTY: 1-970-835-2900)。
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-961-1451 (TTY: 1-970-835-2900) 전화해 주십시오.
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-961-1451 (телетайп: 1-970-835-2900).
Amharic	ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-866-961-1415 (መስማት ለተሳናቸው: 1-970-835-2900)።
Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-866-961-1451 (رقم والبكم الصم ه: 1-970-835-2900-1).
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-961-1451 (TTY: 1-970-835-2900)
French	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-961-1451 (ATS : 1-970-835-2900).
Nepali	ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-866-961-1451 (टिटिवा 1-970-835-2900 ) ।
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-961-1451 (TTY: 1-970-835-2900)
Japanese	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-866-961-1451 (TTY: 1-970-835-2900) まで、お電話にてご連絡ください。
Cushite (Oromo)	XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-866-961-1451 (TTY: 1-970-835-2900)
Persian (Farsi)	1451-961-866-1 اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما بگنید تماس با. باشد می ف (TTY: 1-970-835-2900)
Kru (Bassa)	Dè dɛ nià kɛ dyédé gbo: ɔ jù ké m̄ [Bàsó ò -wùdù-po-nyò ] jù ní, níí, à wuɖu kà kò dò po-poò bé ìn m̄ gbo kpáa. Ǻ 1-866-961-1451 (TTY: 1-970-835-2900)
Igbo	Ntị: Ọ bụrụ na asụ Ibo, asụsụ aka ọasụ n'efu, defu, aka. Call 1-866-961-1451 (TTY: 1-970-835-2900).
Yoruba	AKIYESI: Bi o ba nsọ èdè Yorùbú ọfẹ ni iranlọwọ lori èdè wa fun yin o. Ẹ pe ẹrọ-ibanisọrọ yi 1-866-961-1451 (TTY: 1-970-835-2900).



*Helping America's most vulnerable™*