



AFC GRIEVANCE & APPEAL RIGHTS

If you have a grievance or are dissatisfied with the decisions or actions of TOP AID HEALTHCARE regarding your Evaluation, Re-Evaluation, and AFC Services, you can file an appeal and request a review.

YOUR RIGHTS

- You have the right to be heard at a Review Meeting.
- You have the right to inspect and copy (at your expense) the contents of your file at any time.
- You have the right to choose a person to represent you at the Review meeting, such as your caregiver, guardian, or representative.
- You have the right to request that the Review take place over the telephone.

REVIEW PROCESS

A Review is an informal meeting held to resolve a disagreement between you and TOP AID HEALTHCARE. It is conducted by an Internal Review Committee of TOP AID HEALTHCARE. Reviews may be held at the offices of TOP AID HEALTHCARE or over the telephone. Either you or your Representative can participate in the review process.

At the Review meeting, you or your Representative will have the opportunity to state why you disagree with TOP AID HEALTHCARE's decision and to present additional information for consideration. You or your Representative may ask questions about your evaluation, reevaluation or service agreement to any person speaking on behalf of TOP AID HEALTHCARE.

You will receive a final decision in writing from TOP AID HEALTHCARE within seven (7) calendar days of the Review.

To initiate the Review Process, please complete the attached form and send it to TOP AID HEALTHCARE

THIS IS AN INTERNAL REVIEW PROCESS AND IS NOT ASSOCIATED WITH ANY DECISION MADE BY MASSHEALTH REGARDING YOUR AFC SERVICES.

MASSHEALTH HAS A SEPARATE APPEAL PROCESS FOR THE DECISIONS