

	Clark	Lucas	Monroe
Ringgold	Decatur	Wayne	

## County Rural Offices of Social Services (CROSS) Region

Appendix H

### Provider Appeal Procedures

A Provider may appeal a decision of the CROSS Governing Board related to contract rates and/or terms by following the procedures outlined below:

1. To initiate a review of a decision, a Provider must send a written request for review to the CROSS Contracting/Rate Setting (CRS) Committee Chair. The request must be postmarked or personally delivered within 10 working days from the date of decision.
2. **Level 1 Review.** The CRS Committee shall review the decision within 10 working days of receipt of the written request for review. The CRS Committee may allow the Provider to submit additional information relative to the appeal and/or may schedule a meeting with the Provider. Within 10 working days of Level 1 Review the CRS Committee shall issue a written recommendation related to the appeal to the Administrative Team.
3. **Level 2 Review.** The Administrative Team shall review the appeal request and the recommendation of the CRS Committee at the next Administrative Team meeting. The Administrative Team shall provide a written decision of their findings. If the Administrative Team recommends a change in the previous decision, the Chief Executive Officer (CEO) shall place the recommendation on the agenda of the next CRS Governing Board meeting for action regarding the recommendation. The CEO shall send a written explanation of the Administrative Team action and/or recommendation to the Provider. If the Administrative Team does not recommend any change in the previous decision of the CROSS Governing Board the previous decision shall stand.
4. **Level 3 Review.** The CROSS Governing Board shall review and take action regarding the recommendation of the Administrative Team at the next scheduled meeting of the CROSS Governing Board. The CROSS Governing Board Chair, or designee, shall send a written explanation of action taken regarding the appeal.
5. If still dissatisfied following the above process, the Provider may appeal the decision to an Administrative Law Judge (ALJ). The request for appeal hearing by an ALJ shall be submitted in writing to the CROSS CEO within 10 days of the final review decision. The ALJ will schedule and conduct a hearing and shall issue a written decision following the hearing. The decision of the ALJ shall be the final step of the process.

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