

## TEMPLATE G(18)

### SCHEDULING REVIEW TEMPLATE

**Date Letter Mailed (For first level Complaints and for Grievances must be at least 10 days prior to the review date. For Second Level Complaints, must be at least 15 days prior to the review date.)**

Participant Name  
Address  
City, State Zip

Participant ID:       \*\*\*\*\*

Subject:     Your **[Complaint][Grievance]**About **[Issue]**

Dear **[Participant Name]**:

**[CHC-MCO Name]** received your **[First/Second Level Complaint] [Grievance]** about **[identify the subject of the Complaint/Grievance]** on **[date of receipt]**.

The meeting to review your **[First/Second Level Complaint] [Grievance]** will be held at:

**[time of committee meeting] on [date of committee meeting] at [location of the meeting].**

You may attend the review meeting **[CHC-MCO: Choose appropriate option: [by phone or in-person] [by phone, in-person, or by videoconference]**. If you and your representative, if you have a representative, want to attend the review meeting, please contact **[CHC-MCO Name]** within **[CHC-MCO may choose the time frame]** days of getting this letter at **[CHC-MCO Phone # &Toll Free TTY/PA RELAY]** and tell **[CHC-MCO Name]** how you will be attending the review. If you want to attend the review meeting, and you or your representative are not available on the day and time above, **[CHC-MCO Name]** will change the date and time of the review meeting.

If you do not attend the review meeting, it will not affect the review committee's decision and the meeting will continue without you.

If you have any questions about this letter, please call **[insert name]** at **[phone number]**

Sincerely,

**[CHC-MCO Name]**

cc: **[Participant Representative, if designated]**

[NONDISCRIMINATION NOTICE/LEP/LANGUAGE ACCESS INFORMATION HERE]