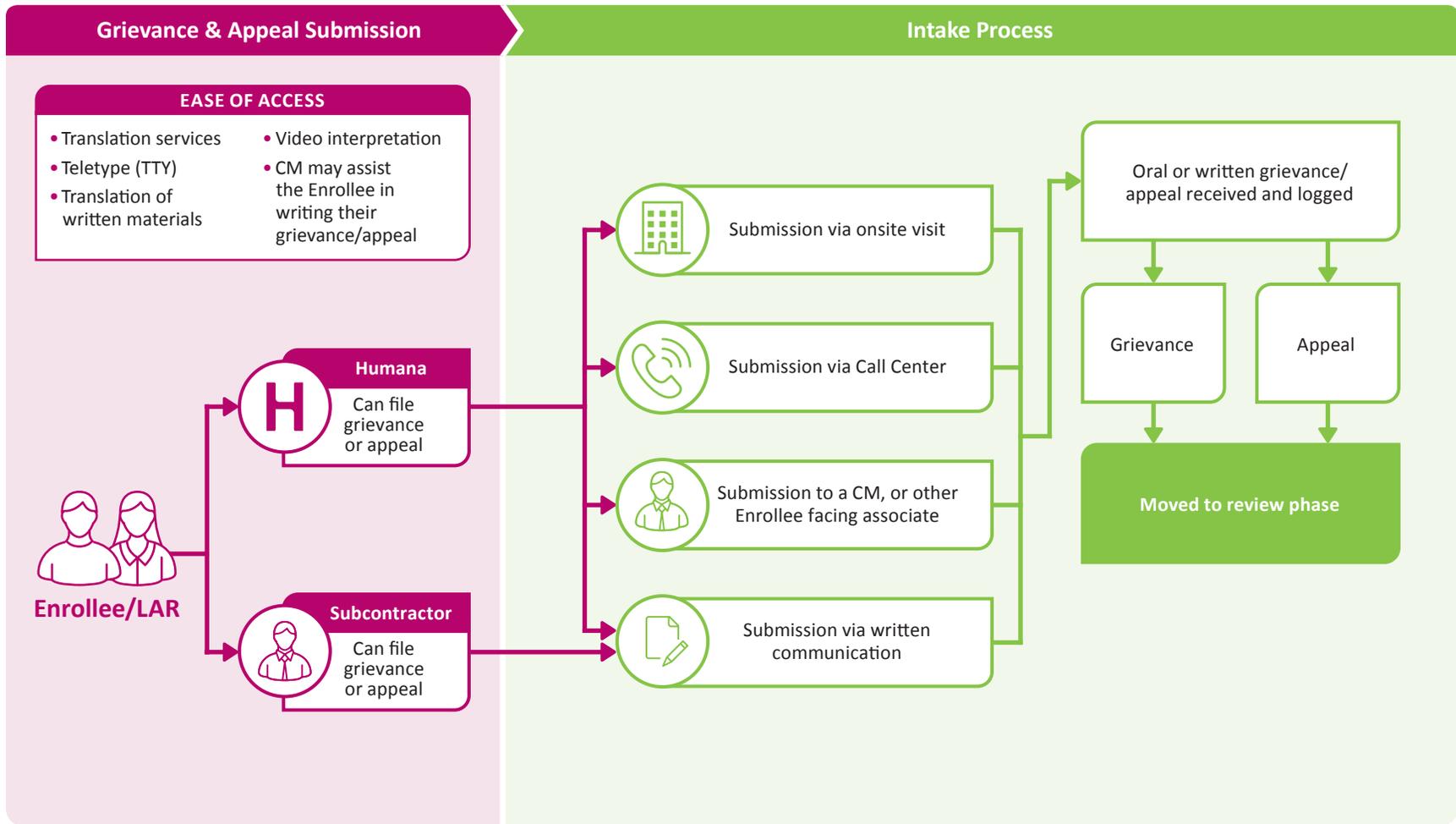


Attachment I.C.14-1 Enrollee Grievances and Appeals

Enrollee Grievance and Appeal Submission Process

**CM** = Care Manager  
**AOR** = Appointment of Representative  
**G&A** = Grievances and Appeals  
**CI** = Critical Inquiry

**KDMS** = Kentucky Department for Medicaid Services  
**LAR** = Legally Authorized Representative

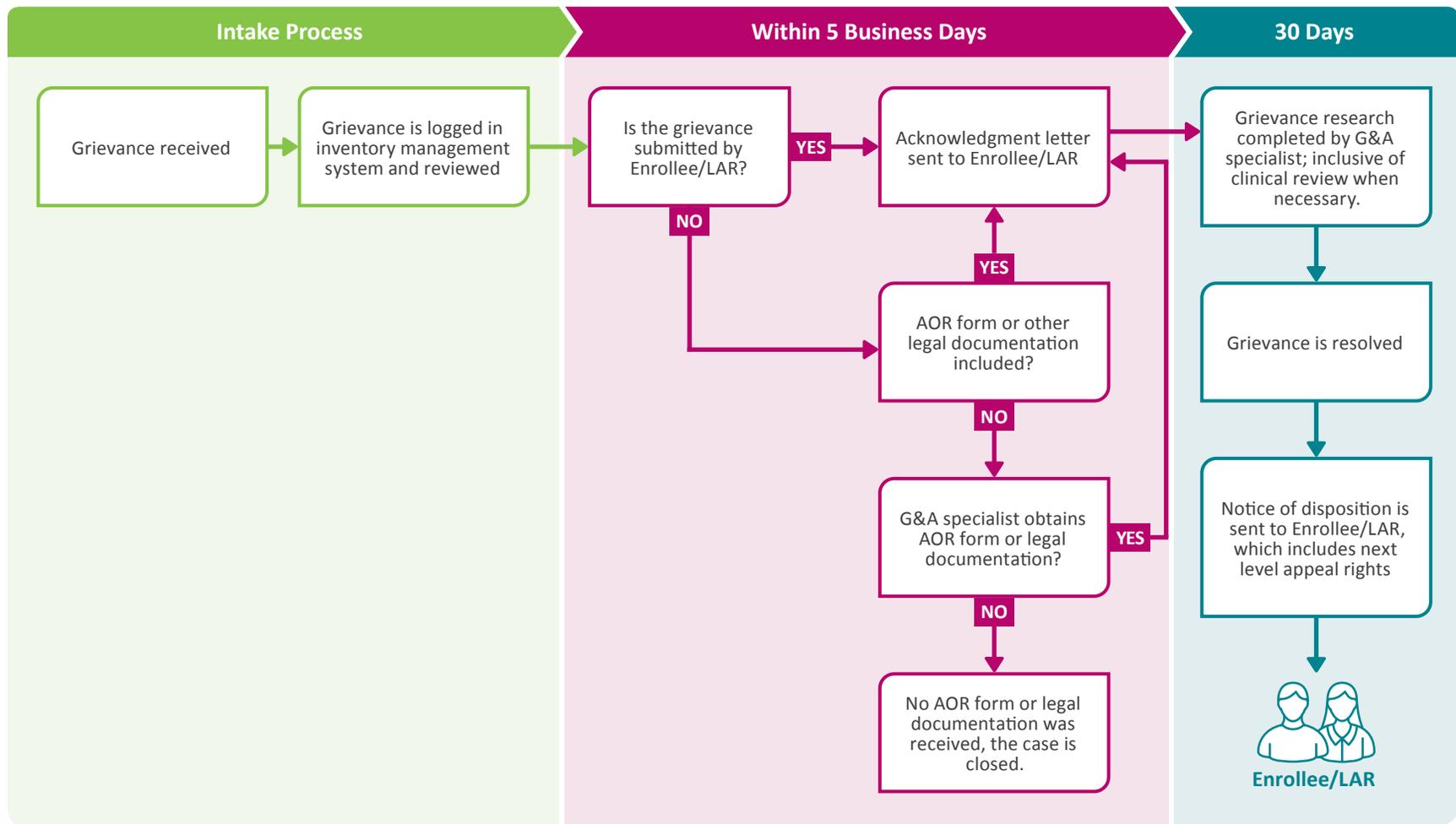


**Attachment I.C.14-1 Enrollee Grievances and Appeals**

Enrollee Grievance Process

**CM** = Care Manager  
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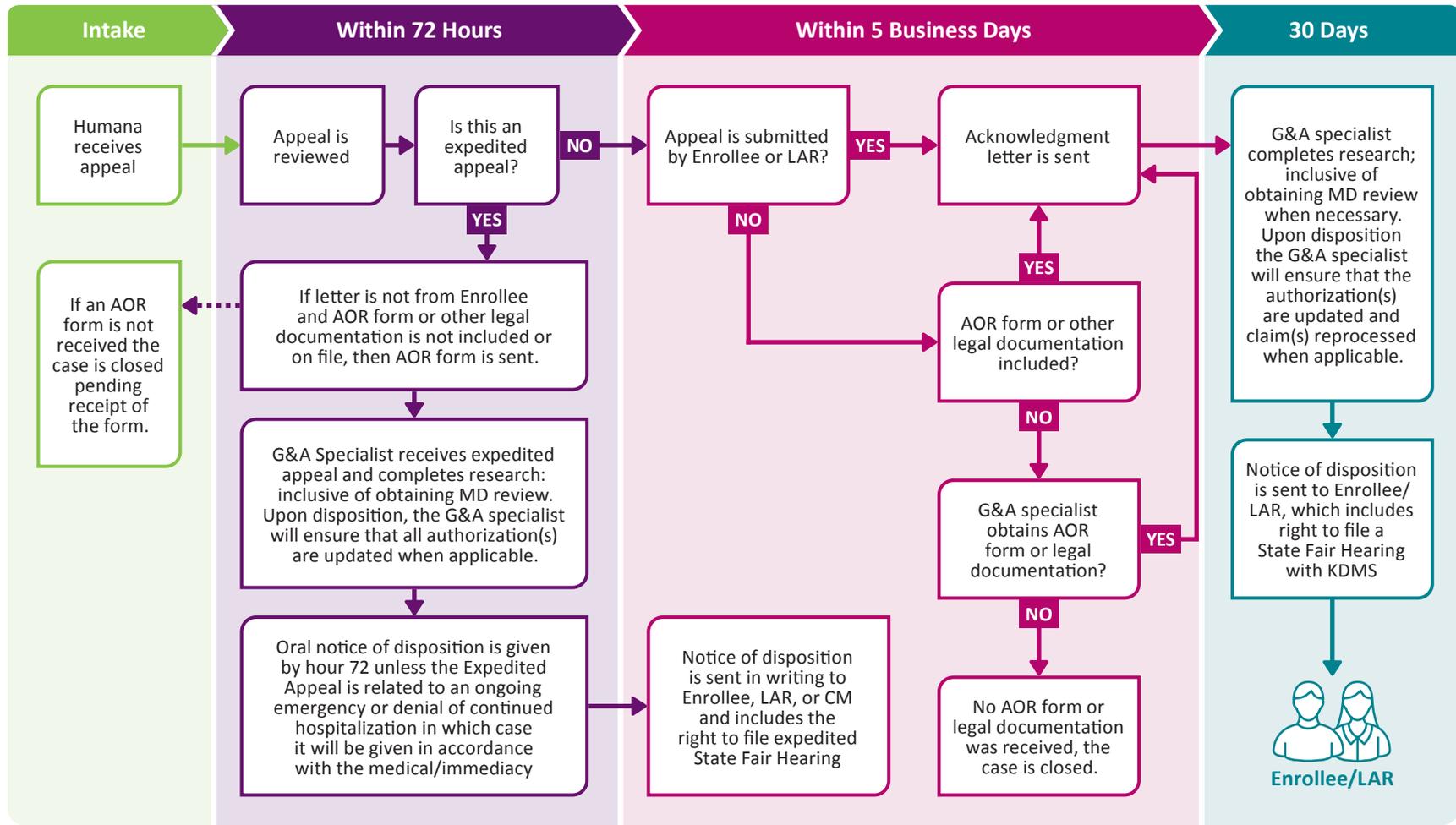


**Attachment I.C.14-1 Enrollee Grievances and Appeals**

Enrollee Appeal Process

CM = Care Manager  
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G&A = Grievances and Appeals  
CI = Critical Inquiry

KDMS = Kentucky Department for Medicaid Services  
LAR = Legally Authorized Representative



**Attachment I.C.14-1 Enrollee Grievances and Appeals**

Enrollee Grievance Received from the State

**CM** = Care Manager  
**AOR** = Appointment of Representative  
**G&A** = Grievances and Appeals  
**CI** = Critical Inquiry

**KDMS** = Kentucky Department for Medicaid Services  
**LAR** = Legally Authorized Representative

