# *Commonwealth of Massachusetts*

***Executive Office of Health and Human Services***

[www.mass.gov/masshealth](http://www.mass.gov/masshealth)

# Community Rule Grievance Form

The federal Community Rule ensures that HCBS waiver participants have access to the benefits of community living, and that they live and receive services in integrated, non-institutional settings. For more information about the Community Rule, go to [www.mass.gov/info-details/community-rule-grievance-process](http://www.mass.gov/info-details/community-rule-grievance-process).

Complete this form to report a setting that you believe does not comply with the Community Rule. Email the completed form to us at [CommunityRuleGrievance@mass.gov](mailto:CommunityRuleGrievance@mass.gov).

If you have any questions or concerns, call us at (617) 573-1751.

## Waiver Participant Information

Fields marked with a \* are required.

First and Last Name \*

Date of Birth (MM/DD/YYYY) \*

Type of Waiver, if known. Check one.

ABI Non-Residential Habilitation Waiver

ABI Residential Habilitation Waiver

Children’s Autism Waiver

DDS Adult Supports Waiver

DDS Community Living Waiver

DDS Intensive Supports Waiver

MFP Community Living Waiver

MFP Residential Supports Waiver

Traumatic Brain Injury Waiver

Frail Elder Waiver

MassHealth ID (if known)

Method of contact \* Choose one.

☐ Phone. Phone number:

☐ Email. Email address:

☐ Other. Describe:

Preferred spoken language

Preferred written language

## Information for Person Submitting this Form

Complete this section only if the person submitting this form is different from the waiver participant.

First and Last Name \*

Phone number \*

Email \*

Relationship to waiver participant \*

Does the waiver participant know that you’re filing this grievance? \*  Yes  No

## Waiver Case Manager or Service Coordinator (if known)

Name

Agency

Phone

Email

## Setting or Location

Name of setting or location that you wish to report \*

Address, city, or town \*

Description of grievance or issue \*