

INFORMATION FOR PARTICIPANTS ABOUT THE GRIEVANCE PROCESS

All of us at **Choose an item.** share responsibility for your care and your satisfaction with the services you receive. Our grievance procedures are designed to enable you and/or your representative to express any concerns or dissatisfaction you have so that we can address them in a timely and efficient manner. At any time, should you wish to file a grievance, we are available to assist you. If you do not speak English, a bilingual staff member or translation services will be available to assist you with the process.

You will not be discriminated against because a grievance has been filed. **Choose an item.** will continue to provide you with all the required services during the grievance process. The confidentiality of your grievance will be maintained throughout the grievance process and information pertaining to your grievance will only be released to authorized individuals.

1. A **grievance** is defined as a complaint, either written or oral, expressing dissatisfaction with the services provided or the quality of participant care. A grievance may include, but is not limited to:
 - a. The quality of services a PACE participant receives in the home, at the PACE Center or in an inpatient stay (hospital, rehabilitative facility, skilled nursing facility, intermediate care facility or residential care facility);
 - b. Waiting times on the phone, in the waiting room or exam room;
 - c. Behavior of any of the care providers or program staff;
 - d. Adequacy of center facilities;
 - e. Quality of the food provided;
 - f. Transportation services; and
 - g. A violation of a participant's rights

2. A **representative** means a friend, family member or caregiver that you have designated to act on your behalf, or a person legally identified as power of attorney for health care, conservator, or guardian.

I. Filing of Grievances

The information below describes the grievance process for you and/or your representative to follow should you and/or your representative wish to file a grievance.

A. You can verbally discuss your grievance either in person or by telephone with **Choose an item.** Program staff such as your Social Worker, Nurse, and/or the Center Manager of the center you attend. The staff person will make sure that you are provided with written information on the grievance process and that your grievance is documented on the Grievance Report form. You will need to provide complete information of your grievance so the appropriate staff person can help to resolve your grievance in a timely and efficient manner. If you wish to submit your grievance in writing, please send your written grievance to:

Quality Improvement Department

Choose an item.

Choose an item.

Choose an item.

B. You may also contact our Quality Improvement Coordinator at **Choose an item.** to request a Grievance Report form and receive assistance in filing a grievance. For the hearing impaired (TTY/TDD), please call (800) 735-2922. Our Quality Improvement Coordinator will provide you written information on the grievance process.

C. The staff person who receives your grievance will help you document your grievance (if your grievance is not already documented) and coordinate investigation and action. ALL information related to your grievance will be held in strict confidence and will not be disclosed to program staff or contract providers, except where appropriate to process the grievance. No reference that you have elected to file a grievance with **Choose an item.** will appear in your medical record.

D. You will be sent a written acknowledgement of receipt of your grievance within 5 calendar days. Where necessary, the Quality Improvement Coordinator or designee will acknowledge your grievance by telephone and will clarify information provided on the Grievance Report Form or will obtain and document additional facts related to your grievance. Investigation of your grievance will begin immediately to find solutions and take appropriate action.

The **Choose an item.** staff will make every attempt to resolve your grievance within 30 calendar days of receipt of your grievance. If you are not satisfied with that resolution, you and/or your representative have the right to pursue further action.

In the event resolution is not reached within 30 calendar days, you and/or your representative will be notified in writing of the status and estimated completion date of the grievance resolution.

II. Expedited Review of Grievances

If you feel your grievance involves a serious or imminent threat to your health, including, but not limited to, potential loss of life, limb or major bodily function, severe pain, or violation of your participant rights, if an expedited review is approved by the Medical Director, the Quality Improvement Department staff or designee will expedite the review process to a decision within 72 hours of receiving your verbal and/or written grievance and request for expedition. In this case, you will be immediately informed by telephone of:

- i. The receipt of your request for expedited review, and
- ii. Your right to notify the Department of Social Services of your grievance through the State hearing process.

III. Resolution of Grievances

Upon **Choose an item.**'s completion of the investigation, and reaching a final resolution of your grievance, you will receive written notification that will provide you with a report describing the reason for your grievance, a summary of actions taken to resolve your grievance, and options to pursue if you are not satisfied with the resolution of your grievance.

IV. Grievance Review Options

A. If, after completing the grievance process, or participating in the process for at least 30 calendar days, you and/or your representative are still dissatisfied with the resolution of your grievance, you may pursue the other options described below. Note: If you feel that waiting 30 calendar days represents a serious health threat, you and/or your representative need not complete the entire grievance process nor wait 30 calendar days to pursue the options described below.

- i. If you are covered by Medi-Cal only or by Medi-Cal and Medicare, you are entitled to pursue your grievance with the Department of Health Care Services, by contacting or writing to:

Ombudsman Unit
Medi-Cal Managed Care Division
Department of Health Care Services
P.O. Box 997413, Mail Station 4412
Sacramento, CA 95899-7413
Telephone:1-888-452-8609
TTY:1-800-735-2922

ii. State Hearing Process:

a. At any time during the grievance process, per California State law, you may also request a State hearing from the California Department of Social Services by contacting or writing to:

California Department of Social Services
State Hearings Division
P.O. Box 944243, Mail Station 19-37
Sacramento, CA 94244-2430
Telephone:1-800-952-5253
Facsimile:(916) 229-4410
TDD:1-800-952-8349

b. If you want a State Hearing, you must ask for it within 90 days from the date of receiving the letter for resolved grievance. You and/or your representative may speak at the State hearing or have someone else speak on your behalf such as someone you know, including a relative, friend, or an attorney. You may also be able to get free legal help. Attached is a list of Legal Services offices, if you would like legal services assistance.

V. Home Health Hotline

If you have a question or concern regarding **Choose an item.**'s home health services, we recommend that you first discuss the matter with your Nurse or Social Worker. However, please be informed that the State of California has established a confidential toll-free telephone number to receive questions or complaints about home health services. The hotline number is: (916) 263-5800 Monday through Friday, from 9:00 a.m. to 5:00 p.m.

VI. WelbeHealth's Internal Procedures:

Choose an item. will assure that every grievance is handled in a uniform manner and that there is communication among the different individuals

who are responsible for reviewing or resolving grievances. In addition, **Choose an item.** will maintain appropriate documentation, so the information can be utilized in **Choose an item.**'s Quality Improvement Program. This process ensures that all participant concerns are addressed and resolved.

VII. **Non-Discrimination Notice**

Choose an item. complies with applicable Federal civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of race, ethnicity, national origin, religion, age, sex, mental or physical disability, sexual orientation or source of payment for your health care.

Choose an item. provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Choose an item. also provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact the **Choose an item.** Quality Improvement Coordinator at **Choose an item.**

If you believe that **Choose an item.** has failed to provide these services or discriminated in another way on the basis of race, ethnicity, national origin, religion, age, sex, mental or physical disability, sexual orientation or source of payment, you can file a grievance with the **Choose an item.** Quality Improvement Coordinator, at

Choose an item.

Choose an item.

You can file a grievance in person or by mail. If you need help filing a grievance, **Choose an item.**'s Quality Improvement Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

- Electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- By mail or phone at:
 U.S. Department of Health and Human Services
 200 Independence Avenue, SW
 Room 509F, HHH Building
 Washington, D.C. 20201
 1-800-368-1019, 800-537-7697 (TDD)
- Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

If you speak any language other than English, language assistance services, free of charge, are available to you. Call (800) 225-5254

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (800) 225-5254.

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電（TTY：1(800) 225-5254）。

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-(800) 225-5254.

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang w alang bayad. Tumawag sa 1-(800) 225-5254.

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-(800) 225-5254 번으로 전화해 주십시오.

Armenian: ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Չանգահարեք 1-(800) 225-5254

Persian: فراهم برای شما رایگان زبانی بصورت تسهیلات، می کنید زبان فارسی گفتگو به اگر توجه: بگیرید تماس 1-(800) 225-5254 با می باشد

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-(800) 225-5254.

Japanese: 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-(800) 225-5254 まで、お電話にてご連絡ください。

Arabic: ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل 1(800) 225-5254.

Panjabi: ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-(800) 225-5254 'ਤੇ ਕਾਲ ਕਰੋ।

Mon-Khmer,

Cambodian: ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អូល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-(800) 225-5254.

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-(800) 225-5254.

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-(800) 225-5254 पर कॉल करें।

Thai: เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-(800) 225-5254.