



INFORMATION FOR PARTICIPANTS ABOUT THE GRIEVANCE PROCESS

All of us at WelbeHealth share responsibility for your care and your satisfaction with the services you receive. Our grievance procedures are designed to enable you or your representative to express any concerns or dissatisfaction you have, so we can address them in a timely and efficient manner. If 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. WelbeHealth 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.

A **grievance** is a complaint, either oral or written, expressing dissatisfaction with service delivery or the quality of care furnished, regardless of whether any corrective action is requested. Grievances may be between participants and WelbeHealth or any other entity or individual through which WelbeHealth provides services to the participant. A grievance may include, but is not limited to:

- 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).
- Waiting times on the phone, in the waiting room or exam room.
- Behavior of any of the care providers or program staff.
- Adequacy of center facilities.
- Quality of the food provided.
- Transportation services; and
- A violation of a participant's rights

A **representative** means an adult 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 WelbeHealth staff such as your Social Worker, Nurse, and/or the Center Manager. 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 resolve it quickly and efficiently. If you wish to submit your grievance in writing, please send your written grievance to:

WelbeHealth
Attn: Quality Operations Department
440 North Barranca Avenue #4051
Covina, CA 91723

B. 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.

C. You will be sent a written acknowledgement of receipt of your grievance within five calendar days. Where necessary, the Quality Operations 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.

WelbeHealth 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.

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 Operations 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 WelbeHealth's completion of the investigation, and reaching a final resolution of your grievance, you will receive verbal or written notification based on their indicated preferences within 3 calendar days 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

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:

Health Consumer Alliance
Medicare Medi-Cal Ombudsman Program
www.healthconsumer.org
Telephone: 1-888-804-3536
TTY: 1-877-735-2929

- 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 calendar 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 WelbeHealth'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:

WelbeHealth will ensure 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, WelbeHealth will maintain appropriate documentation, so the information can be utilized in WelbeHealth's Quality Operations department. This process ensures that all participant concerns are addressed and resolved.

VII. Non-Discrimination Notice

WelbeHealth complies with applicable Federal civil rights laws and does not discriminate, exclude people, or treat them differently based on race, ethnicity, national origin, religion, age, sex (including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity; and sex stereotypes), mental or physical disability, sexual orientation, or source of payment for your health care.

WelbeHealth 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)

WelbeHealth 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 Quality Operations Coordinator at 1-833-841-4551.

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

440 North Barranca Avenue #4051
Covina, CA 91723

You can file a grievance in person or by mail, or email. If you need help filing a grievance, WelbeHealth's Quality Operations 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. Please reach out to your site for more assistance.