

CONFIDENTIAL



myPlace PACE
121 Mountain View Avenue
Los Angeles, California 90057
213-800-8880

INFORMATION FOR PARTICIPANTS ABOUT THE GRIEVANCE PROCESS

All of us at **myPlace PACE** 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 they can be addressed 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 experience discrimination because a grievance has been filed. **myPlace PACE** 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 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:

- 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** is the person who is acting on your behalf or assisting you, and may include, but is not limited to, a family member, a friend, a PACE team member or a person legally identified as Power of Attorney for Health Care/Advanced Directive, Conservator, Guardian, etc.

Filing of Grievances

If you are not satisfied with the outcome of your grievance, you have other grievance options.

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.

1. You can verbally discuss your grievance either in person or by telephone with PACE Program staff **{e.g. Social Worker, Home Care Coordinator, and/or the Center Director}** of the center you attend. The staff member 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 myPlace's Quality Improvement Department

Quality and Compliance
121 Mountain View Avenue
Los Angeles, California 90057

You may also contact any myPlace PACE Team Member at 1-**213-800-8880** to request a Grievance Report form and receive assistance in filing a grievance. For the hearing impaired (TTY/TDD), please call 711. Any myPlace PACE Team Member will provide you written information on the grievance process. You may also access our website at www.myplacehealth.com to receive information about the grievance process.

2. 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 **myPlace PACE** will appear in your medical record.
3. You will be sent a written acknowledgement of receipt of your grievance within five (5) calendar days of receipt of the grievance. Where necessary, our Quality Improvement Team 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.
4. myPlace PACE staff will make every attempt to resolve your grievance within thirty (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.
5. In the event resolution is not reached within thirty (30) calendar days, you and/or your representative will be notified in writing of the status and estimated completion date of the grievance resolution.

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, the Quality Improvement Team 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:

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

Resolution of Grievances

Upon **myPlace PACE'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.

Grievance Review Options

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

1. 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: Integrated Systems of Care Division (ISCD) ISCDCompliance@dhcs.ca.gov or PACE@dhcs.ca.gov
2. **State Hearing Process:**

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

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 in **Los Angeles County**, if you would like legal services assistance.

Legal Aid Foundation of Los Angeles LAFLA
1550 W 8th St
Los Angeles, CA 90017
[\(800\) 399-4529](tel:(800)399-4529)
<https://lafla.org/>

Bet Tzedek- Free Legal Services for Los Angeles
3250 Wilshire Blvd #1300
Los Angeles, CA 90010
[\(323\) 939-0506](tel:(323)939-0506)
<http://www.bettzedek.org/>

The California Office of the Patient Advocate
925 L St #1275
Sacramento, CA 95814
[\(866\) 466-8900](tel:(866)466-8900)
<https://www.opa.ca.gov/>

3. **Home Health Hotline:** If you have a question or concern regarding **myPlace PACE** home health services, we recommend that you first discuss the matter with your **Home Health Nurse, Social Worker, or Center Director**. 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 telephone number for Los Angeles County is: **1-800-228-1019**, Monday through Friday, from 9 a.m. to 5 p.m.
4. **myPlace PACE's Internal Procedures:** **myPlace PACE** 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, **myPlace PACE** will maintain appropriate documentation, so the information can be utilized in **myPlace PACE's** Quality Assurance Program. This process ensures that all participant concerns are addressed and resolved.