

Section:	[insert section title]	Policy Number:
		Creation Date:
		Effective Date:
		Revision Date:

---

**Policy Name: Grievance Policy**

---

**Purpose:**

To provide for resolution of medical and non-medical grievances within thirty (30) calendar days while maintaining confidentiality, in accordance with regulatory and contractual requirements.

**Policy:**

[PACE Program] is committed to assuring that PACE participants are satisfied with the service delivery or quality of care they receive. [PACE Program] has an established grievance process to address participants' concerns or dissatisfaction about services provided, provision of care, or any aspect of the PACE program.

[PACE Program] will handle all grievances in a respectful manner and will maintain the confidentiality of a PACE participant's grievance at all times throughout and after the grievance process is completed and information pertaining to grievances will only be released to authorized individuals.

Contract providers are accountable for all grievance procedures established by [PACE Program]. [PACE Program] will monitor contracted providers for compliance with this requirement on an annual basis or on an as needed basis.

**Definitions:**

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

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

## General Information:

1. The **[identify officer of the plan, e.g. PACE Program Director]** has primary responsibility for maintenance of the procedures, review of operations, and utilization of any emergent patterns of grievances to formulate policy changes and procedural improvements in the administration of the plan.
2. **[PACE Program]** will continue to furnish the PACE participant with all services at the frequency provided in the current plan of care during the grievance process.
3. **[PACE Program]** will not discriminate against a PACE Participant solely on the grounds that a grievance has been filed.
4. In order to ensure PACE participants have access to and can fully participate in the grievance process, **[PACE Program]** will ensure the following:
  - a. If the person filing the grievance does not speak English, a bilingual staff member will be available to facilitate the process. If a staff person is not available, translation services/interpreter will be made available.
  - b. All written materials describing the grievance process are available in the following languages: **[insert applicable languages]**
  - c. **[PACE program]** maintains a toll-free number **(insert number)** for the filing of grievances *[Note: Only applicable in the event that a PACE participant and/or his/her representative would incur long distance charges if calling from within the plan's service area].*
  - d. *[Insert other relevant procedures for addressing any cultural or linguistic or access requirements (such as TTY/TDD number) related to the filing or processing of grievances]*
5. **[PACE Program]** will provide written information about the grievance process to a PACE participant and/or his/her representative upon enrollment, annually, and upon request. Information includes, but is not limited to:
  - a. Procedures for filing grievances.
  - b. Telephone numbers for the filing of grievances received in person or by telephone: **[insert specific staff titles authorized to receive grievances; include toll free number and TTY number for each specific PACE site, if applicable; days and hours of operation]**
  - c. Location where written grievances may be filed: **[insert specific staff titles authorized to receive grievances; provide an address for each specific PACE site, if applicable]**
  - d. External Review Options, including a PACE participant's right to request a State Hearing covered under Medi-Cal.
6. Any method of transmission of grievance information from one **[PACE Program]** staff to another shall be done with strictest confidence, in adherence with HIPAA regulations.

## Procedure

### a. Filing of Grievances

1. A PACE participant and/or his/her representative, may voice a grievance to PACE program staff in person, by telephone or in writing to a PACE location.

2. Any **[PACE Program]** staff member can assist the PACE participant and/or his/her representative in filing a grievance in the event assistance is required.
3. The Grievance Report Form-(Attachment #1) is available from the Quality Assurance Department or **[insert location of forms, e.g. electronic]**. The Social Worker **[or designee]** will provide the PACE participant and/or his/her representative with a report form if requested (either in person, by telephone, or in writing).
4. In addition to the Grievance Report, the Social Worker **[or designee]** will provide the PACE participant and/or his/her representative with "Information for Participants about the Grievance Process" (Attachment #2).

**b. Documentation of Grievances**

1. All grievances expressed either orally and/or in writing, will be documented on the day that it is received or as soon as possible after the event or events that precipitated the grievance, in the PACE Participant Grievance Log (Attachment #6).
2. Grievances submitted in writing are documented on the "Grievance Report" Form (Attachment #1) by the PACE participant and/or his/her representative. The Quality Assurance Department **[or Designee]** will assist with the completion of the Grievance Report, if necessary. Grievances received either in person or by telephone are documented on the "Grievance Report" form by the **[PACE Program]** staff person.
3. Complete details of the grievance must be documented so that the grievance can be resolved within thirty (30) calendar days. In the event of insufficient information, the **[Designated Person/Dept]** will take reasonable efforts to obtain the missing information in order to resolve the grievance within the specified timeframes.
4. All information related to a PACE participant's 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 a PACE participant has elected to file a grievance with **[PACE Program]** will appear in the medical record.
5. It is the responsibility of the Quality Assurance Department **[or Designee]** to ensure confidentiality is maintained, documentation is complete and accurate, and grievance process is implemented and completed according to Policies and Procedures.

**c. Acknowledgement, Notification and Initial Investigation of Grievance**

1. **[Program Staff]** will notify the **[Quality Assurance Department or Designated Program Staff]** within one working day of receipt of the grievance.
2. **[QA Department Staff or Designated Program Staff]** is responsible for coordinating the investigation, designating the appropriate staff member(s) to take corrective actions, and reporting the grievance to the interdisciplinary team.
3. **[QA Department Staff or designee]** will acknowledge receipt of the PACE participant's grievance in writing, within five (5) business days of receipt of the grievance (Attachment #3, *Receipt of Grievance*) and document this step in the Grievance Log. When necessary, the **[QA Department Staff or designee]** will acknowledge receipt of the grievance by telephone.

4. **[QA Department Staff or designee]** notifies the management or supervisory staff responsible for the services or operations which are the subject of the grievance.
5. Grievances related to medical quality of care will be immediately submitted to the **[PACE program]** Medical Director by **[QA Department Staff or designee]** for appropriate action.
6. When grievances related to services provided by a **[PACE Program]** contract provider arise, the **[QA Department Staff or designee]** notifies the contract provider's Quality Assurance staff.
7. When a grievance involves a violation of a PACE participant's rights, the **[QA Department staff or designee]** will notify **[PACE Center Director or designee]** immediately to begin investigation of the grievance.

**d. Resolution of Grievances**

1. **[PACE program]** will resolve grievances within thirty (30) calendar days from the day the grievance is received. **[QA Department Staff or designee]** will make reasonable efforts to contact the PACE participant and/or his/her representative by telephone or in person to advise him/her of the outcome of the grievance investigation and determine his/her satisfaction or dissatisfaction with the outcome of the investigation.
2. **[QA Department Staff or designee]** will send written notification of the resolution of the grievance to the PACE participant and/or his/her representative (Attachment #4, *Letter for Resolved Grievance*)
3. In the event resolution is not reached within thirty (30) calendar days, the participant and/or his/her representative will be notified in writing of the status and estimated completion date of the grievance resolution. (Attachment # 5, *Letter for Pending Grievance*)
4. **[Designee]** will document all steps of the grievance resolution in the PACE Participant Grievance Log. This will include how the PACE participant and/or his/her representative was notified and, whether or not he/she was satisfied or dissatisfied with the outcome.

**e. Expedited Review of Grievances**

1. In the event the grievance involves a serious or imminent health threat to a PACE participant, including, but not limited to, severe pain, potential loss of life, limb or major bodily function or when a participant's rights have allegedly been violated, the **[QA Department Staff or designee]** will expedite the review process to a decision within 72 hours of receiving the Participant's grievance.
2. The PACE participant and/or his/her representative will inform the **[Program Staff/QA]** of his/her request either verbally or in writing. While the PACE participant may file a verbal grievance, he/she should be assisted, as necessary, by **[Program Staff/QA]** to document the grievance in writing prior to resolution.
3. If the PACE participant files an expedited grievance during weekend hours (4:30 p.m. Friday to 8:00 a.m. Monday), Program Staff will immediately contact an authorized supervisor of the program (Medical Director, Program Director) to investigate the grievance with the PACE participant and/or his/her representative. This individual will

notify **[Program Staff/QA]** at the start of normal business hours of the status of the grievance.

4. As soon as possible, but no later than one business day after the PACE participant files an expedited grievance, **[QA Department Staff or designee]** informs the PACE participant and/or his/her representative by telephone or in person of the receipt of the grievance for expedited review and describes the steps that will be taken to resolve the grievance.
5. The PACE participant and/or his/her representative are informed both verbally and in writing of their right to notify the Department of Health Care Services (DHCS) and California Department of Social Services of the grievance (as described below under Grievance Review Options).
6. The **[QA Department Staff or designee]** will expedite the internal review process to reach a decision within 72 hours of receiving the grievance.
7. **[QA Department Staff or designee]** will notify the PACE participant and/or his/her representative in writing of the resolution of the expedited grievance. The PACE participant will be notified verbally and in writing if resolution is not possible within 72 hours. The written notification for delay will include the reason for the delay and the timeframe for when the grievance will be resolved.

**f. Grievance Review Options**

1. After a PACE participant has completed the grievance process (as described above) or has participated in the grievance process for at least thirty (30) calendar days and he or she is dissatisfied with the resolution of the grievance, the Participant may pursue other steps. **Note:** If the situation represents a serious health threat, the Participant and/or his/her representative need not complete the entire grievance process nor wait thirty (30) calendar days to pursue to steps described below.
2. If the Participant is eligible for Medi-Cal only or for Medi-Cal and Medicare, he or she is entitled to pursue the grievance with the Department of Health Care Services by contacting:

Integrated Systems of Care Division (ISCD)  
[ISCDCompliance@dhcs.ca.gov](mailto:ISCDCompliance@dhcs.ca.gov) or  
[PACE@dhcs.ca.gov](mailto:PACE@dhcs.ca.gov)

3. At any time during the grievance process, whether the grievance is resolved or unresolved, per California State law, the PACE Participant and/or his/her representative may 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  
Fascimile: (916) 229-4410  
TDD: 1-800-952-8349

4. If a PACE participant and/or his/her representative wants a State hearing, he or she must ask for it within 90 calendar days from the date of the resolution letter (Attachment #4, *Letter for Resolved Grievance*). A PACE participant and/or his/her

representative may speak at the State hearing or have someone else speak on the PACE participant's behalf, including a relative, friend or an attorney.

5. **{insert only if PACE Program is a licensed Home Health Agency}** If the participant and/or representative have questions or concerns regarding **{PACE Program}** home health services, the **{PACE program}** should inform the participant and/or representative 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 is: **{insert applicable district office of L&C office number and TTY/TDD number, as available}**, Monday through Friday, from 9 a.m. to 5 p.m. This information is contained in Attachment #2, *Information for Participants about the Grievance Process*.
6. For legal assistance, the PACE participant and/or his/her representative may be able to get free legal help. To facilitate this, the **[QA Staff or designee]** will provide a listing of Legal Services Offices to the Participant or his/her representative (Attachment #7)
7. **[PACE Program]** is required to provide written position statements whenever notified by DHCS that a PACE participant has requested a State hearing. The **[PACE Program]** will designate staff **[insert which staff, e.g. Medical Director, Program Manager, etc.]** to make testimony at State hearings whenever notified by DHCS of the scheduled time and place for a State hearing.

**g. Documentation, Tracking, Analysis and Reporting**

1. All grievances related information shall be marked "confidential".
2. All grievance information and details of verbal correspondence will be documented by **[identify staff]** in the Participant Grievance Log and stored in locked cabinets in the **[Quality Assurance Department /Center /or other]**.
3. **[Quality Assurance Department or other]** is responsible for maintaining, aggregating, and analyzing information related to grievances. On a quarterly basis, this information will be forwarded to **[Program staff/committee]**.
4. A written summary of grievances including number, type, location, and disposition are reported to the **[Quality Management Team]**, **[Quality Assurance and Improvement Committee]**, and the **[Board of Directors]** on a quarterly basis.
5. **[PACE Program]** will submit a summary of all grievances in the quarterly report to the DHCS, Integrated Systems of Care Division and CMS. The grievance summary is due 45 calendar days from the date of the end of the reporting quarter.
6. The **[Program staff/committee]** will maintain, aggregate, and analyze grievance data and identify any trends or patterns. This information will be used by the **[PACE Program's]** internal quality improvement program.
7. Records of all grievances will be held confidentially and made available as needed to State and Federal agencies upon request.
8. **[PACE program]** shall maintain in its files copies of all grievances, the responses to them, and logs recording them for a period of six 6 years from the date the grievance was filed.

9. To ensure timeliness and accuracy in the grievance process, **[PACE program]** shall perform regular audits of the grievance log and files to ensure they correspond with other data reporting systems (i.e. HPMS reports).

**h. Annual Review**

1. The grievance process will be reviewed with PACE participants and/or his/her representative, contract providers and all employees of **[PACE Program]** on an annual basis. **[Identify who will have responsibility for coordinating the annual review and how this will be coordinated; insert organization's procedure, specifically responsibility for coordinating the annual review process and how this will be done, how written information is provided to participants, etc.]**

---

**Attachments:**

- Attachment 1: Grievance Report Form
- Attachment 2: Information for Participants about the Grievance Process
- Attachment 3: Acknowledgement Letter for Receipt of Grievance
- Attachment 4: Letter for Resolved Grievance
- Attachment 5: Letter for Pending Grievance
- Attachment 6: PACE Participant Grievance Log
- Attachment 7: Legal Services Listing

---

**Regulatory Citation:**

Title 22 California Code of Regulations Adult Day Health Care § 54407 and Adult Day Health Care Centers §78437(a)(8)  
Department of Health and Human Services, CMS, Federal Register Volume 64, No. 226, 42CFR Part 460.120, 124;  
California Department of Health Services Contract

---