1706 Descanso Ave
San Marcos, CA 92078
800-920-7098
TTY (760) 280-2279

INFORMATION FOR PARTICIPANTS ABOUT the GRIEVANCE PROCESS

All of us at Gary and Mary West PACE (GMWP) 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. GMWP program 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 GMWP 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 employee 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 calling 800-920-7098 to speak with GMWP program staff including the Social Worker, Home Care Supervisor, 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 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 Assurance (QAPI) Director
   Gary and Mary West PACE
   1706 Descanso Avenue
   San Marcos, CA 92078

   You may also contact our Quality Assurance Director at 800-920-7098 to request a Grievance Report form and receive assistance in filing a grievance. For the hearing impaired (TTY/TDD), please call (760) 280-2279. Our QA designee will provide you written information on 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 GMWP program will appear in your medical record.

3. You will be sent a written acknowledgement of receipt of your grievance within five (5) calendar days. Where necessary, the QA Department staff or designee will acknowledge your grievance by calling 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. The GMWP program 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 QA 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:

(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 State hearing process.

Resolution of Grievances

Upon GMWP program'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 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

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** 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 San Diego County, if you would like legal services assistance.

3. **GMWP Program's Internal Procedures:**

GMWP program 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, GMWP Program will maintain appropriate documentation, so the information can be utilized in GMWP Program's Quality Assurance Program. This process ensures that all participant concerns are addressed and resolved.