



## INFORMATION FOR PARTICIPANTS ABOUT THE GRIEVANCE PROCESS

All of us at On Lok PACE 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 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 your primary language is not English, a bilingual staff member or interpreter or translation services will be available to assist you.

A **grievance** is defined as a complaint, either written or oral, expressing dissatisfaction with the services provided or the quality of your care. A grievance may include, but is not limited to:

- Quality of services you receive in your home, at your On Lok PACE center, or during an inpatient stay (e.g., hospital or skilled nursing facility);
- Waiting times on the telephone, 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
- Violation of a participant's rights.

### Filing of Grievances

The information below describes the grievance process for you or your representative to follow should you or your representative wish to file a grievance. You may file a grievance yourself, or your representative may file a grievance on your behalf, within 180 calendar days following the incident or action that is the subject of the dissatisfaction.

1. You can verbally discuss your grievance either in person or by telephone with any member of the interdisciplinary team of the center you attend. This staff person will make sure that you receive written information on the grievance process and your grievance is documented on the grievance report form. Be sure to give complete information so the appropriate staff can help to resolve your grievance in a timely manner. If you wish to submit your grievance in writing, please send your written grievance to:

On Lok PACE  
Health Plan Services Department  
1333 Bush Street  
San Francisco, CA 94109

You may also contact our Health Plan Services Department at **415-292-8895**, or our toll-free telephone number at **1-888-996-6565 (TTY: 711)**, to request a grievance report

form and receive assistance in filing a grievance. Our Health Plan Services Department will provide you with written information on the grievance process. You may access our website at [www.onlok.org/PACE](http://www.onlok.org/PACE) to file a grievance or receive information about our grievance process.

2. The staff member who receives your grievance will help you document your grievance (if your grievance is not already in writing) and coordinate investigation and action. All information gathered during the investigation will be kept confidential.
3. You will be sent a written confirmation of receipt within five (5) calendar days of filing your grievance. We will investigate, find solutions, and take appropriate action.
4. The staff member will make every attempt to find a solution to 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 or your representative will be notified in writing of the status and estimated completion date of the grievance solution.

### **Expedited Review of Grievances**

If your grievance involves an imminent and serious 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, we will expedite the review process to a decision within 72 hours of receiving your written grievance. You may request an expedited review, or On Lok PACE may determine the need for an expedited review. In an expedited review, you will be immediately informed by telephone of: (a) the receipt of your request for expedited review and (b) your right to notify the California Department of Social Services through the State fair hearing process and the California Department of Managed Health Care of the grievance.

### **Resolution of Grievances**

Upon completion of the investigation and reaching a final resolution of your grievance, the Chief Medical Officer or the Senior Director of Health Plan Services will send you a report describing the problem's resolution, the basis for the resolution, and the review process if you are still dissatisfied.

### **Grievance Review Options**

If you or your representative are still dissatisfied after completing the grievance process or participating in the process for at least thirty (30) calendar days, you or your representative may pursue the options described below. (NOTE: If the situation involves an imminent and serious threat to your health, you need not complete the entire grievance process nor wait thirty (30) calendar days.) Your grievance review options are:

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

California Department of Health Care Services  
Medi-Cal Managed Care Division  
Office of the Ombudsman  
**Telephone: 1-888-452-8609**  
**TTY: 1-800-735-2922**

2. You may also contact the California Department of Managed Health Care:

California Department of Managed Health Care  
Help Center  
980 Ninth Street, Suite 500  
Sacramento, CA 95814-2725  
**Telephone: 1-888-466-2219**  
**Fax: 916-255-5241**  
**TDD: 1-877-688-9891**

Since On Lok PACE is a health care service plan, the California Department of Managed Health Care wants you to know the following:

"The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **415-292-8895** or **1-888-996-6565** and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number (**1-888-466-2219**) and a TDD line (**1-877-688-9891**) for the hearing and speech impaired. The department's internet website <http://www.dmhc.ca.gov> has complaint forms, IMR application forms and instructions online."

**State Fair Hearing Process:** At any time during the grievance process, per California State law, you may request a fair 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 9-17-37  
Sacramento, CA 94244-2430  
**Telephone: 1-800-952-5253**  
**Fax: 833-281-0905**  
**TDD: 1-800-952-8349**

If you want a State fair hearing, you must ask for it within ninety (90) days from the date of receiving the letter for the resolved grievance. You or your representative may speak at the State fair hearing or have someone else speak on your behalf, including a relative, a friend, or an attorney. You may also be able to get free legal help. We will provide you or your representative a list of legal services in the county where you live at the time you file a grievance.

**Medicare Complaint Process:** If you want to make a complaint about the quality of care or the delivery of services from On Lok PACE, you can also call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

**Home Health Hotline:** If you have a question or concern regarding the On Lok PACE home health services, we recommend that you first discuss the matter with your home health nurse, social worker, or program manager. 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 is **1-800-554-0353**, and it is available Monday through Friday, from 9:00 a.m. to 5:00 p.m.

**Other Disputes:** Except for disputes subject to a Medicare appeal procedure, any other dispute, disagreement, or claim that you have with On Lok PACE after you have completed the On Lok PACE grievance and appeals process including any dispute as to medical malpractice—that is, as to whether any medical services rendered to you were improperly or negligently or incompetently performed—will be determined by submission to arbitration in accordance with the On Lok PACE arbitration plan.