



Policy: PA.7001
Title: **Grievance Process**
Department: CalOptima Health PACE
Section: Not Applicable

CEO Approval: /s/ Michael Hunn 12/16/2024

Effective Date: 10/01/2013
Revised Date: **01/01/2025**

Applicable to: ☐ Medi-Cal
☐ OneCare
☒ PACE
☐ Administrative

I. PURPOSE

This policy provides for resolution of medical and non-medical Grievances within thirty (30) calendar days while maintaining confidentiality, in accordance with regulatory and contractual requirements for Participants in the CalOptima Health Program of All-Inclusive Care for the Elderly (PACE).

II. POLICY

- A. CalOptima Health PACE is committed to assuring that Participants are satisfied with the service delivery, or quality of care they receive. CalOptima Health PACE established a Grievance process to address Participants' concerns, or dissatisfaction, about services provided, provision of care, or any aspect of CalOptima Health PACE.
- B. CalOptima Health PACE shall handle all Grievances in a respectful manner and shall maintain the confidentiality of a Participant's Grievance at all times throughout and after the Grievance process is completed. CalOptima Health PACE shall only release information pertaining to Grievances to individuals who are authorized as personal representatives as defined in 45 CFR § 164.502.
- C. Contract providers are accountable for all Grievance procedures established by CalOptima Health PACE. CalOptima Health PACE shall monitor contract providers for compliance with this requirement on an annual basis, or more often if needed.
- D. General Information:
 - 1. The 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. CalOptima Health PACE shall continue to furnish the Participant with all services at the frequency provided in the current Plan of Care during the Grievance process.
 - 3. CalOptima Health PACE shall not discriminate against a Participant solely on the grounds that a Grievance has been filed.
 - 4. In order to ensure Participants have access to and can fully participate in the Grievance process, CalOptima Health PACE shall ensure the following:

- a. If the person filing the Grievance does not speak English, a bilingual PACE staff member is available to facilitate the process. If a PACE staff member is not available, translation services/interpreter shall be available.
 - b. All written materials describing the Grievance process shall be provided to Participants in accordance with CalOptima policy PA.1007: Delivery of PACE Services.
 - c. In accordance with the Department of Health Care Services Policy Letter (PL) 22-01: Alternative Format Selection for Members with Visual Impairments, CalOptima Health PACE must provide written materials in alternative formats such as large fonts, braille, and audio or data CD if requested. CalOptima Health PACE staff must review the Participant's chart to see if they have an Alternative Format Selection.
 - d. CalOptima Health PACE shall maintain a toll-free number (1-844-999-7223) for the filing of Grievances and for hearing impaired Participants TDD/TTY: 1-714-468-1063.
5. CalOptima Health PACE shall provide written information about the Grievance process to a Participant and/or their Representative upon enrollment, annually, and upon request. Information includes, but is not limited to:
- a. A Participant or other individual specified has the right to voice Grievances without discrimination or reprisal, and without fear of discrimination or reprisal.
 - b. A Medicare Participant or other individual acting on behalf of a Medicare Participant has the right to file a written complaint with the Quality Improvement Organization (QIO) with regard to Medicare covered services.
 - c. Procedures for filing Grievances;
 - d. Telephone numbers for the filing of Grievances received in-person or by telephone:

PACE Center: 1-714-468-1100
 - e. Location where a Participant may file a written Grievance:

CalOptima Health PACE Center
13300 Garden Grove Blvd
Garden Grove CA 92843
6. Any method of transmission of Grievance information from one (1) CalOptima Health PACE staff member to another shall be done with strictest confidence, in adherence with applicable Health Insurance Portability and Accountability Act (HIPAA) regulations and CalOptima Health HIPAA Privacy policies and procedures.

III. PROCEDURE

A. Filing of Grievances

1. Any of the following individuals can submit a Grievance:
 - a. The Participant.
 - b. The Participant's family member.

- c. The Participant's Representative.
- d. The Participant's caregiver.
- 2. A Participant and/or their Representative may voice a Grievance to a PACE Staff Member in person, by telephone, or in writing.
- 3. A Grievance may be made to any employee or contractor of CalOptima Health PACE that provides care to a Participant in the Participant's residence, the PACE Center, or while transporting Participants.
- 4. The Grievance Report Form is available from the PACE Quality Improvement Department. The PACE staff member shall provide the Participant and/or their Representative with a report form, if requested, (either in-person, by telephone, or in writing). However, CalOptima Health PACE shall not require a written Grievance to be submitted on a specific form.
- 5. In addition to the Grievance Report Form, the PACE Social Worker shall provide the Participant and/or Representative with Information for Participants about the Grievance Process. CalOptima Health will discuss with and provide to the Participant in writing the specific steps, including timeframes for response, that will be taken to resolve the Participant's Grievance.
- 6. CalOptima Health PACE may withhold notification of the Grievance resolution if the individual who submitted the Grievance specifically requests not to receive the notification, and CalOptima Health PACE has documented this request in writing.

B. Discrimination Grievances

- 1. PACE shall designate a Section 1557/Civil Rights coordinator responsible for ensuring compliance with non-discrimination requirements and investigating Grievances related to non-compliance with federal and state non-discrimination law. This includes language access complaints and complaints alleging failure to make reasonable accommodations under the ADA.
 - a. The PACE Section 1557/Civil Rights coordinator will be available to:
 - i. Answer questions and provide appropriate assistance to PACE staff, Participants and Applicants regarding PACE state and federal non-discrimination legal obligations;
 - ii. Advise PACE on non-discrimination best practices and accommodating persons with disabilities; and
 - iii. Investigate and process discrimination Grievances, including those alleging violations of the ADA, Section 504, Section 1557, and/or Government Code Section 11135.
- 2. Within ten (10) calendar days of mailing a discrimination Grievance resolution letter to a Participant, PACE will forward to the DHCS Office of Civil Rights (OCR) the following information regarding the discrimination Grievance:
 - a. The original complaint;
 - b. The provider's or other accused party's response to the Grievance;
 - c. Contact information for the personnel responsible for PACE's response to the Grievance;

- d. Contact information for the Participant and for the provider or other accused party that is the subject of the Grievance;
- e. All correspondence with the Participant regarding the Grievance, including the Grievance acknowledgment and Grievance resolution letter(s) sent to the Participant; and
- f. Any other information that is relevant to the allegation of discrimination.

C. Documentation of Grievances

- 1. CalOptima Health PACE shall document all Grievances expressed, either orally and/or in writing, 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.
- 2. Grievances submitted in writing are documented on the Grievance Report form by the Participant, or Representative. The CalOptima Health PACE Staff Member shall assist with the completion of the Grievance Report form, if necessary. The CalOptima Health PACE staff member shall document Grievances received either in-person, or by telephone, on the Grievance Report form. Participants are not required to sign the Grievance Report.
- 3. The PACE Quality Improvement Department shall ensure complete details of the Grievance are documented so that the Grievance can be resolved within thirty (30) calendar days. In the event of insufficient information, the PACE Quality Improvement Department shall take reasonable efforts to obtain the missing information in order to resolve the Grievance within the specified timeframes.
- 4. CalOptima Health PACE shall hold all information related to a Participant's Grievance in strict confidence and shall not disclose information to CalOptima Health PACE staff members, or contract providers, except where appropriate to process the Grievance. No reference to the fact that a Participant has elected to file a Grievance with CalOptima Health PACE shall appear in the Participant's medical record.
- 5. It is the responsibility of the PACE Staff Member receiving the Grievance to ensure confidentiality is maintained, documentation is complete and accurate, and the Grievance process is implemented and completed in accordance with this policy.

D. Acknowledgement, Notification, and Initial Investigation of Grievance

- 1. CalOptima Health PACE Staff Members shall notify the PACE Quality Improvement Department within one (1) working day of receipt of the Grievance.
- 2. The PACE Quality Improvement Department shall:
 - a. Be responsible for coordinating the investigation, designating the appropriate PACE staff member(s) to take corrective actions. CalOptima Health PACE must conduct a thorough investigation of all distinct issues within the Grievance when the cause of the issue is not already known;
 - b. Acknowledge receipt of the Participant's Grievance in writing, within five (5) calendar days of receipt of the Grievance and document this step in the Grievance Log. This acknowledgment letter will be provided in the Participant's preferred language and Alternative Format (if selected). When necessary, the PACE Quality Improvement Department shall also acknowledge receipt of the Grievance by telephone;

- c. Notify the CalOptima Health PACE management, or supervisory staff, responsible for the services, or operations, that are the subject of the Grievance; and
 - d. Immediately submit Grievances related to medical quality of care to the CalOptima Health PACE Medical Director for appropriate action.
3. When Grievances related to services provided by a CalOptima Health PACE contract provider arise, the PACE Quality Improvement Department shall notify the contract provider's Quality Improvement staff.
 4. When a Grievance involves a violation of a Participant's rights, the PACE Quality Improvement Department shall notify the PACE Center Manager immediately to begin the investigation of the Grievance.

E. Resolution of Grievances

1. CalOptima Health PACE shall resolve Grievances within thirty (30) calendar days from the day the Grievance is received. The PACE Quality Improvement Department shall make reasonable efforts to contact the Participant and/or Representative by telephone, or in-person, to advise the Participant of the outcome of the Grievance investigation, and determine their satisfaction, or dissatisfaction, with the outcome of the investigation.
2. The PACE Quality Improvement Department shall send written notification of the resolution of the Grievance to the Participant and/or Representative within thirty (30) calendar days of the Grievance being filed.
3. In the event resolution is not reached within thirty (30) calendar days, the PACE Quality Improvement Department shall notify the Participant and/or Representative, in writing, of the status and estimated completion date of the Grievance resolution.
4. The CalOptima Health PACE staff member shall document all steps of the Grievance resolution in the PACE Participant Grievance Log. This will include how the PACE Participant and/or Representative was notified, and whether or not the Participant was satisfied, or dissatisfied, with the outcome.

F. Expedited Review of Grievances

1. In the event the Grievance involves a serious, or imminent, health threat to a 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 PACE Quality Improvement Department shall expedite the review process to reach a resolution within seventy-two (72) hours of receiving the Participant's Grievance.
2. The Participant and/or Representative shall inform the PACE Quality Improvement Department of the request either verbally, or in writing. While the Participant may file a verbal Grievance, the PACE Quality Improvement Department may assist the Participant and/or Representative, as necessary, to document the Grievance, in writing, prior to resolution.
3. If the Participant files an expedited Grievance during weekend hours (4:30 p.m. Friday to 8:00 a.m. Monday), on call provider shall immediately contact an authorized supervisor of the program (Medical Director or Program Director, or designee) to investigate the Grievance with the Participant and/or Representative. This individual shall notify the PACE Quality Improvement Department at the start of normal business hours of the status of the Grievance.

4. As soon as possible, but no later than one (1) business day after the Participant files an expedited Grievance, the PACE Quality Improvement Department shall inform the Participant and/or Representative by telephone, or in-person, of the receipt of the Grievance for expedited review, and describe the steps that CalOptima Health PACE shall take to resolve the Grievance.
5. The PACE Quality Improvement Department shall inform the Participant and/or Representative both verbally and in writing of their right to notify the Department of Health Care Services (DHCS) and California Department of Social Services (DSS) of the Grievance.
6. The PACE Quality Improvement Department shall expedite the internal review process to reach a resolution within seventy-two (72) hours of receiving the Grievance.
7. The PACE Quality Improvement Department shall notify the Participant and/or Representative in writing of the resolution of the expedited Grievance. The PACE Quality Improvement Department shall also notify the Participant verbally and in writing if resolution is not possible within seventy-two (72) hours. The written notification of delay shall include the reason for the delay and the timeframe for resolution of the Grievance.

G. Grievance Review Options

1. After a Participant completes the Grievance process or participates in the Grievance process for at least thirty (30) calendar days and the Participant is dissatisfied with the resolution of the Grievance, the Participant may pursue other options as described in this Policy. If the situation represents a serious health threat, the Participant and/or Representative need not complete the entire Grievance process or wait thirty (30) calendar days to pursue the options 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 California Department of Health Care Services (DHCS) by contacting:

Integrated Systems of Care Division (ISCD)
ISCDCCompliance@dhcs.ca.gov; or
PACE@dhcs.ca.gov

3. At any time during the Grievance process, whether the Grievance is resolved, or unresolved, the Participant and/or 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
PO Box 944243 Mail Station 19-37
Sacramento CA 94244-2430

Telephone: 1-800-952-5253
Facsimile: 1-916-229-4410
TDD: 1-800-952-8349

4. If a Participant and/or Representative decides to pursue a State Hearing, he or she must request the State Hearing within ninety (90) days from the date of the resolution letter. A Participant and/or Representative may speak at the State Hearing, or have someone else speak on the Participant's behalf, including a relative, friend, or an attorney.

5. For legal assistance, the Participant and/or Representative may be able to receive free legal assistance. To facilitate this, the PACE Quality Improvement Department, or designee, shall provide a listing of Legal Services Offices to the Participant, or Representative.
6. CalOptima Health PACE is required to provide written position statements whenever notified by DHCS that a Participant requested a State Hearing. CalOptima Health PACE shall designate appropriate staff (Medical Director, Center Manager, or designee) to provide testimony at State Hearings whenever notified by DHCS of the scheduled time and place for a State Hearing.

H. Complaints Tracking Module (CTM) in the Health Plan Management System

1. CTM complaints should only be treated as Grievances when they meet the definition of Grievances when they meet the definition of Grievances, as defined in Section IX of this policy.
2. CMS has the following expectations regarding management of complaints in the CTM including:
 - a. CalOptima Health PACE must address and resolve complaints in the CTM including a summary of the resolution in the CTM upon resolution.
 - b. CalOptima Health PACE shall meet the timelines requirements for complaints based on how quickly a Participant needs to access care or services. All timeframes for resolution will be measured from the date a complaint is assigned to CalOptima Health PACE in the CTM, rather than the date CalOptima Health PACE retrieves the complaint from the CTM.
 - i. Immediate Need Complaint complaints shall be resolved in two (2) calendar days.
 - ii. Urgent Complaint complaints shall be resolved in seven (7) calendar days.
 - iii. All other Part D and non-Part D complaints in the CTM require resolution within thirty (30) days of receipt.
 - c. CalOptima Health PACE may extend the timeline to respond to a CTM complaint if the complaint is also a Grievance and if it meets the requirements for an extension of time.
 - d. CalOptima Health PACE must comply with the shortest applicable timeframe for resolving a CTM complaint when the complaint also qualifies as a Grievance, PACE service determination request, or PACE appeal. For example: if a CTM complaint qualifies as both an urgent complaint and an expedited Grievance, CalOptima Health PACE would be required to resolve within twenty-four (24) hours for expedited Grievances and not within the seven (7) days permitted for urgent complaints.

I. Documentation, Tracking, Analysis, and Reporting

1. CalOptima Health PACE shall keep all Grievances and related information confidential.
2. The PACE Quality Improvement Management Team shall document all Grievance information and details of verbal communication in the PACE Participant Grievance Log and store the PACE Participant Grievance Log in a restricted access electronic folder.
3. The PACE Quality Improvement Department is responsible for maintaining, aggregating, and analyzing information related to Grievances to identify trends, or patterns.

4. The PACE Quality Improvement Department shall report Grievance trends to the Board of Director's Quality Improvement Committee on a regular basis, at a minimum quarterly. The Board of Director's Quality Improvement Committee shall include this information in its report to the CalOptima Health Board of Directors.
5. CalOptima Health PACE shall submit a summary of all Grievances in the quarterly report to the Long Term Care Division of DHCS and Centers for Medicare & Medicaid Services (CMS). The Grievance summary is due within forty-five (45) calendar days from the date of the end of the reporting quarter.
6. The PACE Quality Improvement Department shall maintain, aggregate, and analyze Grievance data and identify any trends or patterns for use by the CalOptima Health PACE internal quality improvement program.
7. CalOptima Health PACE shall hold records of all Grievances confidential and make the records available as needed to State and Federal agencies, upon request.
8. CalOptima Health PACE shall maintain copies of all Grievances in its files, the responses to Grievances, and recorded logs of the Grievances for a period of ten (10) years from the date the Grievance was filed.
9. To ensure timeliness and accuracy in the Grievance process, CalOptima Health PACE shall perform regular audits of the Grievance log and files to ensure they correspond with other data reporting systems (e.g., Health Plan Management System (HPMS) reports).

J. Annual Review

1. The PACE Program Director shall ensure that the Grievance process is reviewed with Participants and/or their Representatives, contract providers, and all employees of CalOptima Health PACE on an annual basis as follows:
 - a. PACE Social Workers shall review the Grievance process with Participants at their annual re-certification, or more often as necessary, and will offer to provide another copy of the Information for Participants about the Grievance Process to the Participant;
 - b. The PACE Program Director or designee shall review the Grievance process with contract providers annually, either through writing, or presentation;
 - c. The PACE Program Director or designee along with the PACE Quality Improvement Department shall review the Grievance process annually with administrative PACE staff; and
 - d. The PACE Center Manager, along with the PACE Quality Improvement Department, shall review the Grievance process annually with all clinical PACE Staff Members and IDT Members.

K. Facility Site Review

1. The CalOptima Health PACE Center shall adhere to a ten (10)-business day timeframe to initiate a Facility Review (FSR) in response to a Participant complaint that communication has been unsuccessful in accordance with CalOptima Health Policy GG.1608: Full Scope Site Reviews.

IV. ATTACHMENT(S)

- A. Grievance Report Form
- B. Information for Participants about the Grievance Process
- C. Acknowledgement Letter for Receipt of Grievance
- D. Letter for Resolved Grievance
- E. Letter for Pending Grievance
- F. PACE Participant Grievance Log
- G. Legal Services Listing
- H. Grievance Case Review Form

V. REFERENCE(S)

- A. CalOptima Health Contract with the Department of Health Care Services (DHCS) for PACE
- B. CalOptima Health PACE Program Agreement
- C. CalOptima Health Policy GG.1608: Full Scope Site Reviews
- D. CalOptima Health Policy PA.1007: Delivery of PACE Services
- E. Department of Health and Human Service (DHHS) Guidance Memorandum: Title VI Prohibition Against National Origin Discrimination - Persons with Limited-English Proficiency, 65 FR 52762
- F. Department of Health Care Service (DHCS) Policy Letter (PL) 22-01: Alternative Format Selection for Members with Visual Impairments
- G. Federal Register Volume 64, No. 226
- H. Title 22, California Code of Regulations (C.C.R), §§50951, 510414.1, 51014.2, 54407 and 78437(a)(8)
- I. Title 42, Code of Federal Regulations (C.F.R), §§460.32(a)(6), 460.119 and 460.120
- J. Title 45, Code of Federal Regulations (C.F.R), §92.8 and 164.502
- K. Welfare and Institutions Code (WIC), §§14029.91 and 14029.92

VI. REGULATORY AGENCY APPROVAL(S)

None to Date

VII. BOARD ACTION(S)

None to Date

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	10/01/2013	PA.7001	Grievance Process	PACE
Revised	10/01/2014	PA.7001	Grievance Process	PACE
Revised	01/01/2015	PA.7001	Grievance Process	PACE
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Revised	07/01/2022	PA.7001	Grievance Process	PACE
Revised	04/01/2023	PA.7001	Grievance Process	PACE
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IX. GLOSSARY

Term	Definition
Complaints Tracking Module (CTM)	A central repository maintained by the Centers for Medicare & Medicaid Services (CMS) for complaints received by CMS from various sources, including, but not limited to the Medicare Ombudsman, CMS contractors, 1-800-MEDICARE, and CMS website.
Facility Site Review (FSR)	A DHCS tool utilized to assess the quality, safety and accessibility of PCPs and high-volume specialist physician offices.
Grievance	A complaint, either oral or written, expressing dissatisfaction with service delivery or the quality of care furnished, regardless of whether remedial action is requested as defined by the federal PACE regulation 42 CFR Section 460.120. .
Health Plan Management System (HPMS)	A web-enabled information system used by CMS for numerous data collection and reporting activities.
Immediate Need Complaint	A complaint involving a situation that prevents a Participant from accessing care or a service for which they have an immediate need. This includes when the Participant currently has enough of the drug or supply to which they are seeking access to last for two (2) or fewer days. There is a two (2) calendar day deadline for resolving plan related immediate need complaints.
PACE Center	The location designated by CalOptima Health PACE at which Members shall receive services.
Participant	An individual enrolled in the CalOptima Health PACE program.
Plan of Care	As defined in Title 42, section 460.106 of the Code of Federal Regulations, a comprehensive care plan developed by the interdisciplinary team for each Participant to identify the care needed to meet the medical, physical, emotional, and social needs of the Participant, as identified in the initial comprehensive assessment.
Representative	A person who is acting on behalf of or assisting a Participant, and may include, but is not limited to, a family member, a friend, a CalOptima Health PACE staff member, or a person legally identified in a Power of Attorney for Health Care/Advanced Directive, Conservator, Guardian, etc.
Urgent Complaint	A complaint involving a situation that prevents a Participant from accessing care or a service for which they do not have an immediate need. This includes when the Participant currently has enough of the drug or supply to which they are seeking access to last for three (3) to fourteen (14) days. There is a seven (7) calendar day deadline for urgent complaints.