



Information about the Grievance Process

A grievance is defined as a complaint, which you can make either verbally or in writing, expressing dissatisfaction with: (1) the delivery of services or the quality of care, (2) violation of privacy or (3) discrimination on the basis of race, ethnicity, national origin, religion, age, sex, mental or physical disability, sexual orientation or source of payment for your health care. You may also file a grievance if you believe your participant rights have been violated. You or your designated representative may file a grievance.

All grievances will be kept confidential. The PACE program will continue to provide all required services during the grievance process.

All of the PACE program staff share responsibility for your care and your satisfaction with the services you receive. Our grievance procedures are designed to enable you and your designated representative to express any concerns or dissatisfaction you may have so that we can address them. At any time, should you wish to file a grievance (make a complaint), we are able to assist you or your designated representative. If you do not speak or read English, a bilingual staff member or interpretation services will be available to facilitate the process.

1. You may discuss your grievance (complaint) with any PACE program staff member at any time or you may submit your grievance in writing to any staff member. This staff person will make sure that you receive written information on the grievance process and that your grievance is documented. Be sure to give complete information so that staff can help you resolve your grievance quickly. If you wish to submit a written grievance via mail or fax, please send the ***Grievance Form*** (attachment) to:

International Community Health Services – PACE Program
PACE Quality Administrator
803 South Lane Street
Seattle, Washington 98104
Fax: (206) 490-4011

You may also contact our PACE Quality Administrator at (206) 462-7188, Monday-Friday 9:00AM-5:00PM file a grievance via telephone, to request a grievance form, to check the status of a grievance, or for assistance in filing a grievance. For the hearing impaired (206) 788-3774. We will provide you with written information on the grievance process.

2. The PACE staff member who receives the grievance will help you document your grievance if it is not in written form, and will make sure that the grievance is investigated and action is taken. This information and other information gathered during the investigation will be kept confidential.
3. If the grievance is related to the use or disclosure of personal health information (PHI) or compliance with privacy policies, the grievance will be sent to the PACE Quality Administrator who is responsible for processing privacy complaints and for responding to

any questions or requests for information about matters covered in the Notice of Privacy Practices.

4. If the grievance is related to discrimination on the basis of race, ethnicity, national origin, religion, age, sex, mental or physical disability, sexual orientation or source of payment, the grievance will be sent to the PACE Quality Administrator who will be responsible for processing complaints and for responding to any questions or requests for information. A grievance related to discrimination must be submitted to the PACE Quality Administrator within sixty (60) calendar days of the date the person filing the grievance becomes aware of the alleged discriminatory action.
5. You will be sent a written acknowledgement of your grievance within five (5) calendar days of ICHS PACE receiving it. We will investigate, find solutions, and take appropriate action.
6. The staff will find a solution to your grievance within thirty (30) calendar days of receipt of your grievance.
7. A PACE staff member will discuss the outcome of the grievance with you upon resolution. You will also receive notice of the resolution in writing, along with a copy of the Grievance and resolution form with all the information regarding the grievance interventions.
8. At any time during the grievance process, you may contact the King County ombudsman at (206) 477-1050 or ombudsman@kingcounty.gov for additional help and information.
9. If you are not satisfied with the outcome of your grievance, you may take your grievance to DSHS at:

Washington Department of Social and Health Services
PACE Program Manager
DSHS/Aging and Long-Term Support Administration
PO Box 45600
Olympia, WA 98504-5600

Non Discrimination Notice

The PACE program complies with applicable Federal civil rights laws and does not discriminate on the basis of race, ethnicity, national origin, religion, age, sex, mental or physical disability, sexual orientation or source of payment for your health care. The PACE program does not exclude people or treat them differently because of race, ethnicity, national origin, religion, age, sex, mental or physical disability, sexual orientation or source of payment.

The PACE program:

- Provides free aids and services to people with disabilities to communicate effectively with the PACE program, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)

- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the ICHS Privacy Officer.

If you believe that the ICHS PACE program has failed to provide these services or discriminated in another way on the basis of race, ethnicity, national origin, religion, age, sex, mental or physical disability, sexual orientation or source of payment, you can file a grievance at: ICHS Privacy Officer, PO Box 3007, Seattle WA 98114-3007; (206) 462-7189, or TTY (206) 788-3774; Fax: (206) 490-4011, Email: jacquis@ichs.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the ICHS Privacy Officer is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



ICHS PACE Grievance Form

(Do not include in participant's medical record)

Date Reported: _____ Participant: Last _____ First _____ Middle _____

Formal grievance process initiated on (date): _____ or *Informal Grievance Requested*

- Participant has been informed of their right to request assistance to complete Grievance Form.
- Participant has received written information on grievance process. or *Informal Grievance*

Complaint reported by: Participant Designated Representative Family Member

Name of Representative or Family Member, if applicable: _____

Person completing Grievance Form: Participant Designated Representative Family Member

PACE Staff Member: _____

Location of Grievance:

- PACE Center
- Alternative Care Setting
- Assisted Living Facility
- Contracted Physician's office
- Hospital
- Inpatient Hospice
- Nursing Facility
- Participant Home
- Other: _____

Grievance Regarding Dissatisfaction with:

- Activities
- Communication
- Contracted Specialist
- Contracted Facility (Hospital, SNF, etc)
- Dietary
- Disenrollment
- Enrollment
- Home Care
- Marketing
- Medical Care
- Medication
- PACE Services
- Supplies
- Transportation
- Discrimination
- PHI
- Other

Provide a summary of the grievance/complaint/concern:

(Include date of the event(s) if applicable and a brief description. You may attach additional written documentation if needed.)

(Optional) Signature of Person Reporting Complaint: _____

Print Name (Person Reporting Complaint): _____

If different from above, signature of person completing Grievance Form: _____

Print Name (Person Completing Grievance Form): _____

Date Submitted to PACE QAA: _____ Date Reviewed by PACE QAA: _____

Resolution of Grievance

Deadline for Resolution: _____

Date of Resolution: _____

PACE Staff Coordinating Grievance Resolution: _____
(Name/Title)

If applicable, date presented to IDT: _____

Additional Staff Involved with Grievance Resolution:

Actions Taken to Resolve Grievance:

Outcome of Grievance: Resolved to Participant/Representative's Satisfaction
 Alternative Resolution:

Date Submitted to PACE QAA: _____ Date Reviewed by PACE QAA: _____

Notification

Date participant verbally notified of outcome: _____ or *Informal Grievance Requested*

By Whom (Signature & Title): _____

Date participant given copy of complete Grievance & Resolution Form: _____
or *Informal Grievance Requested*

Date participant given written Letter of Resolved Grievance: _____
or *Informal Grievance Requested*