

INFORMATION FOR PARTICIPANTS ABOUT THE GRIEVANCE PROCESS 為參加者提供有關申訴程序的信息

All of us at NEMS PACE 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.

所有東北行健職員對於您的照護及您對服務的滿意度均負有責任。我們的申訴程序旨在讓您或您的代表表達任何疑惑或不滿，使我們可以及時有效地解決這些問題。如果您想要提出申訴，我們任何時候都可以為您提供協助。如果您不會說英語，我們將為您提供雙語工作人員、口譯人員或翻譯服務的協助。

You will not be discriminated against because a grievance has been filed. NEMS PACE 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.

東北行健職員不會因您提出申訴而對您歧視。我們在申訴程序期間將繼續提供您需要的所有服務。我們將在整個過程中為您的申訴保密，並僅向獲得授權的人員提供與您的申訴有關的信息。

A **grievance** is defined as a complaint, either written or oral, expressing dissatisfaction with the services provided or the quality of participant care regardless of whether remedial action is requested. A grievance may be between you and NEMS PACE or any other entity or individual through which NEMS PACE provides services to you. A grievance may include, but is not limited to:

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申訴的定義為書面或口頭的投訴，旨在表達對所接受的服務或照護品質的不滿，無論是否要求採取補償措施。申訴可能發生在您與東北行健之間，或與東北行健透過其向您提供服務的其它機構或個人之間。申訴可包含但不限於：

- 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);
參加者在家中，在東北行健長者照護中心，或在住院期間（例如醫院、專業護養院、中期照護機構或住宅式護理機構）所接受服務的品質；
- Waiting times on the phone, in the waiting room or exam room;
電話、候診室或檢查室的等待時間；
- Behavior of any of the care providers or program staff;
任何照護提供者或計劃工作人員的行為；
- Adequacy of center facilities;
中心設施是否充足；
- Quality of the food provided;
所提供的食物品質；
- Transportation services;
客運服務；
- A violation of a participant's rights; and
對於參加者權利的侵犯；以及
- Failure to provide trans-inclusive care
未能提供包容跨性別者的護理



728 Pacific Avenue, Suite 200, San Francisco, CA 94133

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Filing Of Grievances 提出申訴

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.

以下是資料描述您或您的代表在提出申訴時需要遵循的申訴程序。

1. You can verbally discuss your grievance either in person or by telephone with PACE Program staff of the center you attend. 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:

您可親自或通過電話向您所在照護中心的 IDT 團隊成員口頭提出您的申訴。該職員將確保您收到申訴程序的書面資料，及把您的申訴記錄在申訴表上。您將需要提供完整的申訴資料，以便適當的相關人員能夠及時且有效地回應並協助您解決申訴的問題。如果您希望以書面形式遞交申訴，請將您的書面申訴郵寄至東北行健質管統籌：

NEMS PACE

Attention: Quality Improvement Coordinator

728 Pacific Ave, Ste. 200

San Francisco, CA 94133

You may also contact our Quality Improvement Coordinator at 1-415-352-5050 to request a Grievance Report form and receive assistance in filing a

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grievance. For the hearing impaired (TTY/TDD), please call 1-415-213-1973. Our Quality Improvement Coordinator will provide you with written information on the grievance process.

您也可以致電 1-415-352-5050 與我們的質管統籌聯繫，索取申訴表並獲得提出申訴時所需的協助。聽障人士 TDD/TTY 可致電 1-415-213-1973。我們的質管統籌將為您提供申請程序的書面資料。

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.

收到您申訴的職員將協助記錄您的申訴內容（如果您的申訴尚未以書面形式提出），並協調調查與行動。與申訴有關的所有信息將嚴格保密。

3. You will be sent a written acknowledgement of receipt of your grievance within five (5) calendar days, that will provide the specific steps, including timeframes for response, that will be taken to resolve your grievance. We will also discuss this information with you. Investigation of your grievance will begin immediately to find solutions and take appropriate action.

在您提出申訴的五（5）日內，您將收到一份有關您提出申訴的書面確認書。該確認書將提供詳細步驟，包括解決您的申訴所需的響應時間範圍。我們還將與您討論此信息。我們將立即跟進調查、尋找解決方案，並採取適當的行動。

4. The NEMS PACE staff will make every attempt to resolve your grievance within thirty (30) calendar days of receipt of your grievance and you will receive a written letter with the resolution no later than 3 calendar days after the date

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of the resolution. Grievances related to quality of care, regardless of how the grievance was filed, will be responded to in writing. If you are not satisfied with that resolution, you and/or your representative have the right to pursue further action.

在收到您申訴的三十（30）日內，東北行健的職員將竭力解決您申訴的問題，並將於決議日期後不超過三（3）天內以書面形式通知您解決的方案。所有與護理品質相關的申訴，無論以何種方式提出，均將以書面形式進行回覆。如果您對解決方案不滿意，您及/或您的代表有權力採取進一步行動。

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.

如果在三十（30）日內未有解決方案，您或您的代表將會收到書面通知，說明該申訴的狀態及預計完成日期。

Resolution Of Grievances 解決方案

1. Upon NEMS PACE 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.

在東北行健針對您的申訴完成調查並達成最終決定後，您將收到一份書面報告，說明申訴的原因、我們為解決該申訴所採取的行動總結。

2. NEMS PACE will continue to furnish all required services to you during the grievance process.

東北行健將在申訴過程中繼續為您提供所有所需的服務。

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Grievance Review Options 申訴審核方案

In the event that NEMS PACE is unable to provide a satisfactory resolution, you are entitled to pursue your grievance with the DHCS, by contacting:

如果東北行健無法提供令人滿意的解決方案，您有權聯繫加州醫療保健服務部（DHCS）提出您的申訴：

Health Consumer Alliance

Medicare Medi-Cal Ombudsman Program

www.healthconsumer.org

Telephone/電話: 1-888-804-3536

TTY/聽障人士: 1-877-735-2929

Home Health Hotline: If you have a question or concern regarding NEMS PACE home health services, we recommend that you first discuss the matter with your Home Health Nurse. 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: 1-415-330-6353 or 1-800-554-0353, Monday through Friday, from 9:00 a.m. to 5:00 p.m.

*居家護理熱線：*如果您對於東北行健居家護理服務有任何疑問或顧慮，我們建議您首先與您的居家護理護士討論。然而，加州設立有保密的免費電話號碼，旨在接收有關居家護理服務的疑問或投訴。電話號碼為：1-415-330-6353 或 1-800-554-0353，週一至週五，上午 9:00 至下午 5:00。

North East Medical Services (NEMS) PACE complies with applicable Federal civil rights laws and does not differentiate, exclude, or discriminate against any individual on the basis of race, color, creed, religion (e.g., religious dress and grooming practices), age (e.g., those over 40), sex/gender (e.g., sex characteristics (including intersex traits), pregnancy, childbirth, breastfeeding and/or related medical conditions), gender identity, gender expression, sexual orientation, sex stereotypes, marital status, medical condition (e.g., genetic characteristics, cancer or a record or history of cancer), military or veteran status, national origin (e.g., limited English proficiency, language use and possession of a driver's license issued to persons unable to prove their presence in the United States is authorized under federal law), ancestry, disability (e.g., mental and physical, including HIV/AIDS, cancer, and genetic characteristics), genetic information, retaliation for reporting patient abuse in tax-supported institutions, enrollment in a Health Benefit Plan, state of health, need for health services, status as a litigant, status of a Medicare or Medicaid beneficiary, source of payment for care, or any other basis prohibited by law.

NEMS PACE:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (e.g., 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 reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact NEMS PACE Member Services Department at 415-352-5050.

How to file a grievance with NEMS PACE

If you believe that NEMS PACE has failed to provide these services or discriminated in another way based on any of the characteristics listed above, you can file a grievance with NEMS PACE. If you need help filing a grievance, NEMS PACE Member Services Department is available to help you.

- **By phone:** Call 415-352-5050
- **By mail:** Call us at 415-352-5050 and ask to have a form sent to you.
- **In Person:** Visit the NEMS PACE Member Services Department.

You may also contact the NEMS PACE Civil Rights Coordinator

Attn: NEMS Section 1557 Coordinator
North East Medical Services
1520 Stockton Street
San Francisco, CA 94133
NEMSSection1557@nems.org

How to file a grievance with U.S. Department of Health and Human Services, Office of Civil Rights

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights

- **By phone:** Call 1-800-368-1019 (TTY 711 or 1-800-537-7697)
- **By mail:** Fill out a complaint form or send a letter to:
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
Complaint forms are available at:
<http://www.hhs.gov/ocr/office/file/index.html>
- **Online:** Visit the Office of Civil Rights Complaint Portal at:
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

This notice is available at: nemspace.org

Spanish ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 415-352-5050 (TTY: 1-800-735-2929) o hable con su proveedor.

Chinese 注意: 如果您說中文，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 415-352-5050 (TTY: 1-800-735-2929) 或與您的提供者討論。

Vietnamese LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 415-352-5050 (Người khuyết tật: 1-800-735-2929) hoặc trao đổi với người cung cấp dịch vụ của bạn."

Korean 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 415-352-5050 (TTY: 1-800-735-2929) 번으로 전화하거나 서비스 제공업체에 문의하십시오."

Persian توجه: کمک خدمات، کنیدی صحبت فارسی زبان به اگر مناسب کمکی خدمات و وسایل است دسترس در شما برای رایگان زبان رایگان صورت به نیز دسترس قابل های قالب در اطلاعات ارائه برای است موجود کنید صحبت خود خدمات دهنده ارائه با یا بگیرید تماس.

Japanese 注: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。415-352-5050 (TTY: 1-800-735-2929) までお電話ください。または、ご利用の事業者にご相談ください。

Armenian ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե խոսում եք հայերեն, Դուք կարող եք օգտվել լեզվական աջակցության անվճար ծառայություններով: Մատչելի ձևաչափերով տեղեկատվություն տրամադրելու համապատասխան օժանդակ միջոցներն ու ծառայությունները նույնպես տրամադրվում են անվճար: Չանգահարեք 415-352-5050 հեռախոսահամարով (TTY՝ 1-800-735-2929) կամ խոսեք Ձեր մտակարարի հետ:

Russian ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 415-352-5050 (TTY: 1-800-735-2929) или обратитесь к своему поставщику услуг.

Thai หมายเหตุ: หากคุณใช้ภาษาไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 415-352-5050 (TTY: 1-800-735-2929) หรือปรึกษาผู้ให้บริการของคุณ"

Tagalog PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 415-352-5050 (TTY: 1-800-735-2929) o makipag-usap sa iyong provider.

Punjabi ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹੁੰਦੀਆਂ ਹਨ। ਪਹੁੰਚਯੋਗ ਟਾਰਮੈਟਾਂ ਵਿੱਚ ਜਾਣਕਾਰੀ ਪ੍ਰਦਾਨ ਕਰਨ ਲਈ ਢੁਕਵੇਂ ਪੂਰਕ ਸਹਾਇਕ ਸਾਧਨ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਮੁਫਤ ਵਿੱਚ ਉਪਲਬਧ ਹੁੰਦੀਆਂ ਹਨ। 415-352-5050 (TTY: 1-800-735-2929) 'ਤੇ ਕਾਲ ਕਰੋ ਜਾਂ ਆਪਣੇ ਪ੍ਰਦਾਤਾ ਨਾਲ ਗੱਲ ਕਰੋ।"

Hindi ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 415-352-5050 (TTY: 1-800-735-2929) पर कॉल करें या अपने प्रदाता से बात करें।"

Hmong LUS CEEV TSHWJ XEEB: Yog hais tias koj hais Lus Hmoob muaj cov kev pab cuam txhais lus pub dawb rau koj. Cov kev pab thiab cov kev pab cuam ntxiv uas tsim nyog txhawm rau muab lus qhia paub ua cov hom ntaub ntawv uas tuaj yeem nkag cuag tau rau los kuj yeej tseem muaj pab dawb tsis xam tus nqi dab tsi ib yam nkaus. Hu rau 415-352-5050 (TTY: 1-800-735-2929) los sis sib tham nrog koj tus kws muab kev saib xyuas kho mob."

Khmer សូមកត់ត្រាកុំភ្លេច: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាកម្មជំនួយភាសាភតតិកត្តែគឺមានសម្រាប់អ្នក។ ជំនួយនឹងសេវាកម្មដែលជាការជួយដល់សមរម្យ ក្នុងការផ្តល់ព័ត៌មានតាមទម្រង់ដែលអាចចូលប្រើប្រាស់បាន ក៏អាចរកបានដោយភតតិកត្តែផងដែរ។ ហៅទូរសព្ទទៅ 415-352-5050 (TTY: 1-800-735-2929) ឬនិយាយទៅកាន់អ្នកផ្តល់សេវារបស់អ្នក។"

Arabic خدمات لك فستتوفر، العربية اللغة تتحدث كنت إذا تنبيه لتوفير مناسبة وخدمات مساعدة وسائل تتوفر كما. مجاناً اللغوية المساعدة 415-352-5050 (TTY: 1-800-735-2929) أو الخدمة مقدم إلى تحدث أو بك الخاص.