NEMS PACE

INFORMATION FOR PARTICIPANTS ABOUT THE GRIEVANCE PROCESS

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.

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.

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:

- 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).
- 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
- Failure to provide trans-inclusive care

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 caregiver, a PACE employee or a person legally identified as Power of Attorney for Health Care/Advanced Directive, Conservator, Guardian, etc. If you wish to appoint a representative, please complete the CMS Appointment of Representative Form and follow the instructions.

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.

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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:

   NEMS PACE
   Attention: Quality Improvement Coordinator
   728 Pacific Ave, Ste. 200
   San Francisco, CA 94133

   You may also contact our Quality Improvement Coordinator at 1-888-500-1886 x5414 or our toll-free number at 1-800-508-4578 to request a Grievance Report form and receive assistance in filing a grievance. For the hearing impaired (TTY/TDD), please call 415-213-1973 or 711. Our Quality Improvement Coordinator will provide you with written information on the grievance process. You may also access our website at www.nems.org/pace to find information about 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 NEMS PACE 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 Quality Improvement Coordinator will acknowledge your grievance by telephone 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 NEMS PACE staff will make every attempt to resolve your grievance within thirty (30) calendar days of receipt of your grievance. If the grievance has been resolved, the PACE Quality Improvement Coordinator will send written notification of the resolution of the grievance to the participant and/or his/her representative within 30 calendar days of the grievance being filed no later than 3 calendar days after the date 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.

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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 Quality Improvement Coordinator will expedite the review process to a decision within 72 hours of receiving your verbal and/or written grievance and request for expedition. As soon as possible, but no later than one (1) business day after the participant files an expedited grievance, the PACE QI Coordinator will inform the participant and/or his/her representative by telephone or in person of the receipt of the Grievance and the steps the NEMS PACE will take to resolve the grievance. 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.

The NEMS PACE QI Coordinator will notify the participant and/or his/her representative in writing of the resolution of the expedited grievance. The QI Coordinator will also notify the participant verbally and in writing if a resolution is not possible within seventy-two (72) hours. The written notification of delay will include the reason for the delay and the timeframe for resolution of the grievance.

RESOLUTION OF GRIEVANCES

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, 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.

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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:

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

2. State Hearing Process:

   At any time during the grievance process, 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 ninety (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, if you would like legal services assistance.

NONDISCRIMINATION DISCLOSURE AND NOTICE OF AVAILABILITY OF LANGUAGE ASSISTANCE SERVICES AND AUXILIARY AIDS AND SERVICES

Our Commitment to Nondiscrimination

In this Notice, we use terms like "we" "our" or "us" to refer to North East Medical Services (NEMS) and NEMS PACE. This notice is available on our website at nems.org. We comply with applicable Federal and state civil rights laws and do not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, ancestry, ethnic group identification, religion, age, sex, gender, gender identity, gender expression, sexual orientation, marital status, medical condition, mental disability, physical disability, or genetic information. This commitment applies to all programs, services, and activities of NEMS PACE, including enrollment, participant care, participant services, and operations of our PACE center.

Laws That Protect You

NEMS and NEMS PACE provides services consistent with the requirements of the following laws, among others:

- Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d et seq.), which prohibits discrimination based on race, color, and national origin in programs receiving federal financial assistance.
- Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 794), which prohibits discrimination based on disability in programs receiving federal financial assistance.
- The Age Discrimination Act of 1975 (42 U.S.C. § 6101 et seq.), which prohibits discrimination based on age in programs receiving federal financial assistance.
- Title III of the Americans with Disabilities Act of 1990 (42 U.S.C. § 12181 et seq.), which prohibits discrimination on the basis of disability by private entities that operate places of public accommodation, and Section 202 of Title II of the Americans with Disabilities Act of 1990 (42 U.S.C. § 12132), which prohibits discrimination on the basis of disability by public entities, to the extent applicable.
- Section 1557 of the Patient Protection and Affordable Care Act (42 U.S.C. § 18116), which prohibits discrimination based on race, color, national origin, sex, age, or disability in health programs and activities receiving federal financial assistance.
- California Government Code Section 11135, which prohibits discrimination in programs and activities funded by or receiving financial assistance from the state on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, or sexual orientation.
- California Welfare and Institutions Code Section 14197.09 (SB 923), which requires PACE organizations to provide transgender, gender diverse, and intersex (TGI) participants with access to culturally competent, affirming care.
- The Unruh Civil Rights Act (California Civil Code Section 51 et seq.), which guarantees full and equal accommodations, advantages, facilities, privileges, and services in all business establishments to all persons regardless of sex, race, color, religion, ancestry, national origin, disability, medical condition, genetic information, marital status, sexual orientation, citizenship, primary language, or immigration status.

NONDISCRIMINATION DISCLOSURE AND NOTICE OF AVAILABILITY OF LANGUAGE ASSISTANCE SERVICES AND AUXILIARY AIDS AND SERVICES

We:

- Provide people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
  - Qualified sign language and oral interpreters
  - Written information in other formats (e.g., large print, audio, accessible electronic formats, other formats).
  - Assistance with completing forms and other written materials
  - Other auxiliary aids and services as needed

To request any of these services, please contact us using the information provided at the end of this notice.

- Provide free language services to people whose primary language is not English, such as:
  - Qualified spoken language interpreters for in-person, telephone, and telehealth encounters
  - Qualified sign language interpreters
  - Information written in other languages spoken by participants in our service area

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact NEMS at 1-888-500-1886 or NEMS PACE at 1-888-981-8909.

How to file a grievance with NEMS or NEMS PACE

If you believe that we discriminated against you or another person based on any of the characteristics listed above, you can file a grievance with our Member Services. If you need help filing a grievance, our Member Services Department is available to help you.

- **By phone:** Call NEMS 1-888-500-1886, NEMS PACE 1-888-981-8909
- **By mail:** Call us and ask to have a grievance form sent to you.
- **In person:** Visit the Member Services Department.

You may also contact our 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

NEMS NORTH EAST MEDICAL SERVICES
東 北 醫 療 中 心

NEMS PACE

NONDISCRIMINATION DISCLOSURE AND NOTICE OF AVAILABILITY OF LANGUAGE ASSISTANCE SERVICES AND AUXILIARY AIDS AND SERVICES

Spanish (Español)
Si habla español, se encuentran disponibles servicios de asistencia lingüística gratuitos y ayudas/servicios auxiliares.

Chinese (中文)
如果您說中文，我們可提供免費語言協助和輔助設施服務。

Vietnamese (Tiếng Việt)
Nếu quý vị nói tiếng Việt, chúng tôi có thể cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí và các thiết bị và dịch vụ hỗ trợ phù hợp.

Japanese (日本語)
日本語を話す場合は、無料の言語支援および補助器具/サービスが利用可能です。

Korean (한국어)
한국어를 하신다면, 무료 언어 지원 및 보조 기기/서비스를 이용하실 수 있습니다.

Tagalog (Tagalog)
Kung nagsasalita ka ng Tagalog, mayroong libreng serbisyo ng tulong sa wika at mga pantulong na kagamitan/serbisyo na magagamit.

Armenian (Հայերեն)
Եթե դուք խոսում եք հայերեն, անվճար լեզվական օգնության և լրացուցիչ ծառայությունների հասանելիություն կա:

Arabic (العربية)
إذا كنت تتحدث اللغة العربية، فتوفر خدمات المساعدة اللغوية والمساعدات/الخدمات المساعدة مجانًا.

Persian (فارسی)
اگر به زبان فارسی صحبت می‌کنید، کمک خدمات دسترس در رایگان کمکی خدمات/وسایل و زبانی است.

Russian (Русский)
Если вы говорите по-русски, бесплатная языковая помощь и вспомогательные средства/услуги доступны.

Thai (ไทย)
หากคุณพูดภาษาไทย มีบริการช่วยเหลือทางภาษาและอุปกรณ์/บริการเสริมฟรีให้บริการ

Amharic (አማርኛ)
እርስዎ አማርኛ ከሚናገሩ ከሆነ፣ የቋንቋ እርዳታ እና ተጨማሪ አገልግሎቶች በነፃ ይገኛሉ።

French (Français)
Si vous parlez français, des services d'assistance linguistique gratuits et des aides/services auxiliaires sont à votre disposition.

German (Deutsch)
Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachhilfe und Hilfsmittel/Dienste zur Verfügung.

Ilocano (Ilocano)
No agsao kayo ti Ilocano, adda libre a tulong iti lengguahe ken dagiti kagawaan/serbisio nga makatulong.

Samoan (Samoa)
Afai e te tautala i le gagana Samoa, e avanoa auaunaga fesoasoani i gagana ma meafaigaluega /auaunaga fesoasoani e aunoa ma se totogi

Hindi (हिन्दी)
यदि आप हिन्दी बोलते हैं, तो मुफ्त भाषा सहायता और सहायक उपकरण/सेवाएँ उपलब्ध हैं।

Hmong (Hmoob)
Yog koj hais lus Hmoob, muaj kev pab txhais lus dawb thiab cov cuab yeej/kev pab ntxiv muaj.

Mon-Khmer, Cambodian (ភាសាខ្មែរ)
ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ
មានសេវាជំនួយភាសាដោយឥតគិតថ្លៃ
និងឧបករណ៍/សេវាជំនួយផ្សេងទៀតមានស្រាប់។

Punjabi (ਪੰਜਾਬੀ)
ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਮੁਫ਼ਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਅਤੇ ਸਹਾਇਕ ਸਹਾਇਤਾ/ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ।

Member Services – California
1520 Stockton Street
San Francisco, CA 94133
1-888-500-1886
TTY: 1-800-735-2929

Member Services – Nevada
5580 W. Flamingo Road, Suite 105
Las Vegas, NV 89103
1-888-500-1886
TTY: 1-800-326-6868

NEMS PACE
728 Pacific Avenue, 2nd floor
San Francisco, CA 94133
1-888-981-8909
TTY: 1-800-735-2929