

I. Grievance Process

A grievance is defined as a written or oral expression of dissatisfaction with service delivery or quality of care furnished. FamilyHealth-Center for Older Adults will provide you with written information on the grievance process annually.

All of us at FamilyHealth-Center for Older Adults share the responsibility for assuring that you are satisfied with the care you receive. We understand that sometimes there are areas of dissatisfaction that require our attention and response. If you are dissatisfied, we encourage you to express any complaints or concerns you may have. If you do not speak English, we will ensure an individual who speaks your language will facilitate the grievance process.

FamilyHealth-Center for Older Adults will assist you with the grievance process and inform you of the steps involved in the resolution. You or your designated representative can discuss your concerns or send a letter expressing them to any member of the staff or administration of FamilyHealth-Center for Older Adults. All services will be continued during the grievance process.

The staff member who receives your grievance will forward it to the FamilyHealth-Center for Older Adults Quality Assurance Department who sees that action is taken. FamilyHealth-Center for Older Adults will provide you a written acknowledgment of the grievance within five (5) working days of receiving it.

If your grievance involves a serious or imminent health threat including but not limited to severe pain, potential loss of life, limb, or major bodily function or when your rights have been violated, we will expedite the review process and find a solution to your grievance within 72 hours of receipt of your grievance. At anytime during the expedited grievance review process you may pursue the steps below.

If you are dissatisfied with the resolution of the grievance, you may pursue other steps. If you are eligible for Medi-Cal only or for Medi-Cal and Medicare, you are entitled to pursue the grievance with the Department of Health Care Services by contacting or writing to:

Ombudsman Unit
Medi-Cal Managed Care Division
Department of Health Care Services
PO Box 997413
Mail Station 4412
Sacramento, CA 95899-7413
Telephone: 1-888-452-8609
TTY: 1-800-735-2922

At anytime during the grievance process, whether the grievance is resolved or unresolved, per California State law, you may request a state hearing from the California Department of Social Services by contacting online, <http://www.cdss.ca.gov/Hearing-Requests> 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

If you want a state hearing, you must ask for it within 90 days from the date of the Letter for Resolved Grievance. You and/or designated representative may speak at the state hearing or have someone else speak on your behalf, including a relative, friend or attorney.