

PACE KC Grievance Rights

All of us at PACE KC share responsibility for your care. PACE KC works to make sure you are satisfied with the services you receive. Although we strive to provide you with the best experience possible, there may be times when you have concerns or are dissatisfied with your services. If you are ever unhappy with your care or the services provided, please contact your PACE KC team immediately. Speaking with your PACE KC team is usually the easiest and quickest way to resolve your concerns.

At any time, should you wish to file a grievance, we are available to assist you. Our grievance procedures are designed to enable you or your designated representative to express any concerns or dissatisfaction you have so that we may address them in a timely and efficient manner. Written instructions of our grievance process are provided to you at the time of your enrollment and on an annual basis thereafter. If you do not speak English, a bilingual staff member, interpreter, or translation service will be available to assist you. This process can be complex, but remember that your PACE KC team is available to help whenever you need them.

What is a Grievance?

A grievance is defined as a complaint, which you can make either verbally or in writing, expressing dissatisfaction with the services provided or the quality of your care. Examples of a grievance might include:

- You are unhappy with your PACE team;
- You have trouble seeing your Primary Care Physician;
- You believe there has been a violation of your rights as a participant.

All grievances will be kept as confidential as possible; and still be able to thoroughly investigate your concerns. PACE KC will continue to provide all required services during the grievance process.

How do I file a Grievance?

Members are encouraged to use the PACE KC internal grievance process for any concerns. Many times these concerns can be resolved informally. However, if your team is not able to resolve your concern you may file a grievance by following the instructions below.

You or your designated representative may file a grievance.

1. To submit a grievance orally, simply voice your grievance in person or by telephone to any IDT member on your care team. Be clear that you would like to utilize the PACE KC grievance process.
2. To submit your grievance in writing, please ask a PACE KC team member for assistance completing a *PACE KC Grievance Submission Form*.

3. Send grievance to:
PACE KC Quality Department
4141 Dr. Martin Luther King Jr. Blvd
Kansas City, MO 64130

When submitting a grievance be sure to provide complete and accurate information so the appropriate team members can help to resolve the issue in a timely manner. You may receive a free copy of your records if you believe they will be helpful with your grievance. You will continue to receive all required services while your grievance is being processed.

What happens next?

1. Once your grievance has been submitted, your PACE KC team will provide you written verification of receipt within five (5) business days of submission. This verification will be in the form of a signed copy of your PACE KC *Grievance Submission Form*.
2. PACE KC staff will then coordinate an investigation to determine solutions and take appropriate action. All information gathered during the investigation will be kept as confidential as possible, while not impeding the investigation.
3. Within thirty (30) calendar days of receipt of your grievance the team will provide a written report describing their investigation, the problem's resolution and the basis for the resolution to your grievance via a *Notice of Grievance Resolution*.
4. If you are not satisfied with the team's resolution, you and/or your designated representative have the right to pursue further action by reporting your grievance to the State Administering Agency.

Further action

PACE KC operates as your MO HealthNet Medicaid benefit provider under the Department of Social Services. MO HealthNet encourages you to bring your complaint to the attention of PACE KC first. If, after alerting PACE KC about the concern, you are not satisfied with the response from your team, you may then submit your grievance to the state. When submitting a grievance to the state, provide as much detail as possible including names and contact information, date of the incident(s), location and specific concern(s). The Missouri Department of Health and Senior Services Bureau of Health Services Regulation will contact you if additional information is needed.

Grievances may be submitted orally or in writing to:

Missouri DSS Office for Civil Rights
PO Box 1527
Jefferson City, MO 65102-1527
Phone: 1-800-776-8014

Relay for Missouri: 1-866-735-2460
Text: 1-800-735-2966

Complaint information is used to aid in oversight activities and to allow facilities the opportunity to improve the quality of care they provide. The state will address all complaints that relate to patient rights, quality of care, safety and infection control.

Upon the receipt of the grievance form, the state will send a letter of acknowledgement. They will then determine the appropriate steps necessary to respond to the complaint.

Quality improvement

The PACE KC Quality Assurance and Performance Improvement (QAPI) team maintains, aggregates, and analyzes all grievances to identify areas where there is room for growth. This data is used in the ongoing development of performance improvement initiatives to ensure PACE KC participants receive the highest level of care possible.

Receipt of PACE KC Grievance Rights Acknowledgment

Participant's Name

Date of Birth

I _____ have received a copy of the PACE KC Grievance Rights. My
Grievance Rights have been explained to me in a language and manner that I understand.

Signature of Participant

Date

Signature of Designated representative, if applicable

Date

If signature is not that of the participant, please explain:

Name of PACE KC Representative

Date

Signature of PACE KC Representative

Date