

Catholic Health LIFE Program Grievance Form 1603c

Date Received: _____ Occurrence Date: _____ Occurrence Time: _____

Participant Name(s): _____ Med. Record Number: _____

Person Submitting Grievance: _____ Staff Completing Report: _____

Relation to Participant (circle one): Caregiver, Contracted Provider, Family, or Participant, PACE Organization

How Reported: In Person By Phone By Mail E-Mail

Home Care Services YES NO

Description of Grievance:

Reason for Grievance

Activities

- Activities are Not Age or Ability Appropriate
- Dissatisfied with Frequency of Activities
- Dissatisfied with Quantity of Activities
- Dissatisfied with Variety or Type of Activities
- Requesting Activities Outside of Center (Trips)
- Requesting more Activities for Men
- Other

Communication

- Call(s) not returned
- Language Translation not available**
- Communication is Unclear
- Difficulty contacting On-Call
- Difficulty Contacting PACE Center during center hours
- Not informed of Appointment (s) outside of PACE Center
- Not informed of Appointment. in timely manner
- Not informed of changes in the Participant's Condition
- Not Informed of Changes to Home Care Schedule

- Not informed of Changes to Medication
- Not informed of Changes to Scheduled Appointment(s)
- Rude Behavior/Communication
- Staff is inattentive
- Other

Contracted Specialist

- Dissatisfied with Care Provided
- Dissatisfied with how Toenails were cut
- Length of Time to receive dentures
- Length of Time to Receive Glasses
- Length of time to schedule an appointment
- Records were not sent to specialist prior to appointment
- Excessive Provider Office Wait Time**
- Specialist appointment was not made
- Other

Contracted Facility (Hospital, SNF etc.)

- Availability of staff to provide assistance
- Cleanliness of facility
- Did not provide for Participant ADLs

- Missing Clothes or Personal Items
- Participant Left in Bed too long
- Quality of Care at the Facility
- Report of Abuse
- Staffing
- Other

Dietary

- All participants at table are not served at the same time
- Dissatisfied with alternate selections
- Dissatisfied with physician prescribed diet
- Dissatisfied with selection or variety of foods (include snacks, ethnic foods etc.)
- Dissatisfied with sugar-free food items
- Food temp-too cold
- Food temp-too hot
- Foreign Object
- Not allowed to bring food from home
- Not allowed to use salt or pepper
- Not enough assistance from staff during meals
- Quality of food
- Staff hand washing/infection control
- Wait time for food service too long
- Other

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Reason for Grievance (cont'd)

Disenrollment

- Dissatisfied with how Care was Coordinated with New Provider(s)
- New Provider did not Receive Medical Records from the PACE Organization
- Other

Enrollment

- Dissatisfied with Cost
- Not Aware of the Need to Utilize the PACE Organization's Provider Network
- Unaware of Participant liability
- Other

Home Care

- Dissatisfied with Staff Behavior (rude behavior)
- Dissatisfied with Staff Member Assigned to Perform Home Care
- Missed Appointment
- Report of Abuse
- Report of Missing Items
- Requesting a Decrease in Home Care
- Requesting Additional Home Care
- Staff does not have enough time to complete tasks
- Staff Early for Appointment
- Staff Late for Appointment
- Staff not aware of tasks to be completed
- Staff unable to enter home/access lock box
- Tasks were not completed
- Unable to hear or understand staff member
- Dissatisfaction with Quality of Home Care
- HHA late/absent on Scheduled Day of Service
- Dissatisfaction with Quality of Day Care
- Other

Marketing

- PACE Organization Misrepresented Available Services
- PACE Organizations Marketing is Misleading
- Other

Medical Care

- Activity Interrupted to Complete Clinic Visit
- Activity Interrupted to Complete Therapy
- Disagreement with Diagnosis or Treatment
- Dissatisfied with Frequency of Clinic Visits-Too Few
- Dissatisfied with Wait Time in the Clinic
- Insufficient Privacy in the Clinic
- Insufficient Privacy when Receiving Personal Care
- Insufficient Staff in Clinic
- Insufficient Staff in PT/OT Area
- Medical Care and Specialist Rude/Abusive
- OT/PT Area is too small
- Pain is not addressed by the Clinical Staff
- Personal Care is rushed
- Physician does not listen to participant concerns
- Other

Medication

- Disagreement with Medication Regime
- Medication Error
- Medication Missing
- Medication is not administered in a private setting
- Medication is not available
- Medication was discontinued
- Medication was not delivered to home
- Requested Medication was not provided
- Other

PACE Services

- Dissatisfied with Ability to Obtain Routine Dental Care
- Dissatisfied with Ability to Obtain Routine Hearing Services
- Dissatisfied with Ability to Obtain Routine Vision Care
- Dissatisfied with Availability of Specialist Services
- Dissatisfied with Center attendance-Too few days
- Dissatisfied with Center attendance-Too many days

- Dissatisfied with Provider Network-Homecare Providers
- Dissatisfied with Provider Network-Hospitals
- Dissatisfied with Provider Network-Nursing Facilities
- Dissatisfied with Provider Network-Specialists
- Dissatisfied with Member Svcs & Plan Operations
- Misinformed re: plan benefits/rules
- Dissatisfied with Care Management
- Violation of Member Rights
- Plan Staff Rude or Abusive
- Denial of Expedited Appeal
- Hearing/Vision Needs not accommodated
- Wait too long to get appointment or service
- Other

Supplies

- Dissatisfied with Quality of Supplies
- Insufficient Quantity of Supplies
- Participant Privacy Issue
- Supplies were not delivered to Home
- Other

Transportation

- Arrives too early
- Cannot take wheelchair on van
- Complaint of discomfort
- Condition of the vehicle
- Dissatisfied with drivers speed or driving
- Late pickup
- Length of ride too long
- Missed pick-up
- Not aware of change in pick up time
- Not enough room on van when supplies are being delivered
- Other participants' behavior on the van
- Participant arrived at home in soiled clothing
- Quality of Transportation
- Temperature on van is too hot/cold
- Van crowded
- Other

- Quality of other covered services

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Actions taken:

- Added Additional Activities
- Added Additional Contracted Facilities
- Added Additional Contracted Specialists
- Added Additional Equipment
- Added Additional Menu Items
- Added Additional Staff
- Added Additional Transportation
- Changed Staff that Provides Care
- Conducted Contractor Oversight
- Conducted Quality Oversight at PACE Center
- Counseled Staff
- Dietary Assessment
- Equipment was Serviced or Replaced
- Home Care Assessment

- Implemented a New Policy
- Increased Home Care Hours
- Instituted Quality Improvement Measures
- Met with Contracted Provider to Review Grievance
- Modified the PACE Center Environment
- Obtained Opinion from a Specialist
- OT Assessment
- Participant or Caregivers Reeducated on Policies/Procedures
- PCP Assessment
- Provided Participant Education
- Provided Staff Education/Training
- PT Assessment
- Revised Activity Schedule
- Revised Existing Policy
- Revised Marketing Material

- Revised process for communicating with contracted facility
- Revised process for communicating with contracted specialist
- Revised process for medication delivery
- Revised process for scheduling clinic visits
- Revised process for scheduling transportation
- Revised provider contract
- Revised the participant's Plan of Care
- RN Assessment
- Staff placed on performance improvement plan
- Staff reeducated on policies/procedures
- SW Assessment
- Transportation Assessment

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|--|------------------------------|-----------------------------|
| Immediate (same business day) resolution? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Standard Resolution | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Substantiated | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Resolved to Participant Satisfaction | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Alternative Solution | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Resolution: _____

Date Resolved: _____

Date of Oral Notification of Resolution for same day grievance resolution: _____

Participant Received Grievance Fact Sheet Yes No Date: _____

For Office Use Only:

Participant received written notification of receipt of grievance Yes No NA Date: _____

Participant received written notification of resolution Yes No NA Date: _____