

# 2019 Annual Notices Newsletter

## Notice of Changes to the CalOptima PACE Enrollment Agreement

December 31, 2019

Dear PACE Participant:

This is an important Notice of Changes to the CalOptima Program of All-Inclusive Care for the Elderly (PACE) Enrollment Agreement.

When you first enrolled, we gave you the PACE Enrollment Agreement. It provided details about your Terms and Conditions as a participant in our plan. This notice is to let you know that we have made changes to the PACE Enrollment Agreement. Below you will find details describing the major changes.

The changes are effective March 1, 2020.

You are not required to take any action in response to this document. But you should keep these changes with your original PACE Enrollment Agreement for future reference. If you have any questions, please call PACE at **1-714-468-1100** or **1-855-785-2584**. We are open Monday through Friday from 8 a.m. to 4:30 p.m. TTY users can call toll-free at **1-714-468-1063**.

### Changes to your Enrollment Agreement

Original Location	Original Information	Changed Information (see bold)	What Does This Mean?
Chapter 1 — Welcome to CalOptima PACE; Pages 4–5	<i>Entire chapter</i>	<i>We made minor changes to words and grammar throughout pages 4–5.</i>	To make it easier for you to read, we made minor changes to words and grammar.
Chapter 2 — Special Features of CalOptima PACE;		<b>In some cases, a designated primary care physician (PCP) in the community can be a part of the Interdisciplinary Team,</b>	This is new. It lets you receive services from a PCP who is part of the Interdisci-

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Section 2. The Interdisciplinary Team; on page 9.		<b>with CalOptima PACE consent.</b>	plinary Team, but not delivered in the PACE center
Chapter 2 — Special Features of CalOptima PACE; Section 3. Facility; on page 8.	<p>You will receive many of your health care services at our center — where your team is. <i>Our team and center are located at the following address in Garden Grove:</i></p> <p>13300 Garden Grove Blvd., Garden Grove, CA 92843</p>	<p>You will receive many of your health care services at our centers — where your team is. <b><i>Your team will be located at one or more of the following addresses in Orange County:</i></b></p> <p><b>PACE Center</b> 13300 Garden Grove Blvd., Garden Grove, CA 92843</p> <p><b><u>Alternative Care Settings (ACS)</u></b></p> <p><b>Acacia Adult Day Services</b> 11391 Acacia Parkway Garden Grove, CA 92840</p> <p><b>SeniorServ – Anaheim Adult Day Health Care Center</b> 1158 N. Knollwood Circle, Anaheim, CA 92801</p> <p><b>Sultan Adult Day Health Care</b> 125 W. Cerritos Ave Anaheim, CA 92805</p> <p><b>Santa Ana Adult Day Health Care Center</b> 1101 S. Grand Ave., Suite K-M, Santa Ana, CA 92705</p> <p><b>South County Adult Day Services</b> 24260 El Toro Rd. Laguna Woods, CA 92637</p>	You can attend at our PACE Center in Garden Grove, as well as access services in partnership with the alternative care settings (ACS) listed.
Chapter 2 — Special Features of CalOptima PACE; Section 8. “Lock-in”	Electing enrollment in other Medicare or Medicaid prepayment plans or optional benefits, including the hospice benefit, after enrolling in CalOptima PACE, is considered a voluntary disenrollment.	Electing enrollment in other Medicare or Medicaid prepayment plans or optional benefits, including the hospice benefit, after enrolling in CalOptima PACE, is considered a voluntary disenrollment. <b>If</b>	If you are Medicaid-only or private pay, you will be disenrolled from PACE if you get Medicare coverage from

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Provision; on page 10.	(Please note that any services you use before your enrollment will not be paid for by CalOptima PACE unless these are specifically authorized.)	<b>you are a Medicaid-only or private pay participant and become eligible for Medicare after enrollment in PACE, you will be disenrolled from PACE if you elect to obtain Medicare coverage other than from the participants PACE organization.</b> (Please note that any services you use before your enrollment will not be paid for by CalOptima PACE unless these are specifically authorized.)	somewhere other than PACE.
Chapter 3 — Eligibility; Zip Codes; on page 11	Reside in CalOptima PACE’s service area, which includes the following ZIP codes: 90620, 90621, 90623, 90630, 90638, 90680, 90720, 90740, 92606, 92614, 92626, 92627, 92646, 92647, 92648, 92649, 92655, 92661, 92663, 92683, 92701, 92703, 92704, 92705, 92706, 92707, 92708, 92780, 92782, 92801, 92802, 92804, 92805, 92806, 92807, 92821, 92831, 92832, 92833, 92835, 92840, 92841, 92843, 92844, 92845, 92861, 92865, 92866, 92867, 92868, 92869, 92870 and 92886.	Reside in CalOptima PACE’s service area, which includes the following ZIP codes: 90620, 90621, 90623, 90630, <b>90631</b> , 90638, 90680, 90720, 90740, <b>90743</b> , <b>92602</b> , <b>92603</b> , <b>92604</b> , 92606, <b>92610</b> , <b>92612</b> , <b>92614</b> , <b>92617</b> , <b>92618</b> , <b>92620</b> , <b>92624</b> , <b>92625</b> , 92626, 92627, <b>92629</b> , <b>92630</b> , <b>92637</b> , 92646, 92647, 92648, 92649, <b>92651</b> , <b>92653</b> , 92655, <b>92656</b> , <b>92657</b> , <b>92660</b> , 92661, <b>92662</b> , 92663, <b>92672</b> , <b>92673</b> , <b>92675</b> , <b>92676</b> , <b>92677</b> , <b>92679</b> , 92683, <b>92688</b> , <b>92691</b> , <b>92692</b> , <b>92694</b> , 92701, 92703, 92704, 92705, 92706, 92707, 92708, 92780, 92782, 92801, 92802, 92804, 92805, 92806, 92807, <b>92808</b> , 92821, <b>92823</b> , 92831, 92832, 92833, 92835, 92840, 92841, 92843, 92844, 92845, 92861, 92865, 92866, 92867, 92868, 92869, 92870, 92886 and <b>92887</b> .	New ZIP codes that we serve are in bold.
Chapter 10 — Coverage and Termination of Benefits; on page 36	After signing the Enrollment Agreement, your benefits under CalOptima PACE continue indefinitely unless you choose to disenroll from the program (“voluntary disenrollment”) or you no longer meet the conditions of enrollment (“involuntary	After signing the Enrollment Agreement, your benefits under CalOptima PACE continue indefinitely unless you choose to disenroll from the program (“voluntary disenrollment”) or you no longer meet the conditions of enrollment (“involuntary	The effective date of termination has been clarified.

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	disenrollment”). The effective date of termination is midnight of the last day of the month (except termination for failure to pay a required fee (see Chapter 9).	disenrollment”). The effective date of termination is <b>on the first day of the month that begins 30 days after the day the notice of disenrollment is received or sent by CalOptima PACE</b> (except termination for failure to pay a required fee (see Chapter 9).	
Chapter 10 — Coverage and Termination of Benefits; Voluntary Disenrollment; on page 36	If you wish to cancel your benefits by disenrolling, you should discuss this with your social worker. You may disenroll from CalOptima PACE without cause at any time. You will need to sign a Disenrollment Form. This form will indicate that you will no longer be entitled to services through CalOptima PACE after midnight on the last day of the month. Please note that a participant may not enroll in CalOptima PACE, nor disenroll from CalOptima PACE at a Social Security office.	If you wish to cancel your benefits by disenrolling, you should discuss this with your social worker. You may disenroll from CalOptima PACE without cause at any time. You will need to sign a Disenrollment Form. This form will indicate that you will no longer be entitled to services through CalOptima PACE <b>effective on the first day of the month following the date the PACE organization receives the participant's notice of voluntary disenrollment.</b> Please note that a participant may not enroll in CalOptima PACE, nor disenroll from CalOptima PACE at a Social Security office.	The effective date of voluntary disenrollment has been clarified.
Chapter 10 — Coverage and Termination of Benefits; Involuntary Disenrollment; on page 37	We may terminate your enrollment with CalOptima PACE if: <ul style="list-style-type: none"> <li>You move out of the CalOptima PACE service area ZIP codes: 90620, 90621, 90623, 90630, 90638, 90680, 90720, 90740, 92606, 92614, 92626, 92627, 92646, 92647, 92648, 92649, 92655, 92661, 92663, 92683, 92701, 92703, 92704, 92705, 92706, 92707, 92708, 92780, 92782, 92801, 92802, 92804, 92805, 92806, 92807, 92821, 92831, 92832, 92833, 92835, 92840,</li> </ul>	We may terminate your enrollment with CalOptima PACE if: <ul style="list-style-type: none"> <li>You move out of the CalOptima PACE service area <b>(see list of ZIP codes below) or are out of the service area for more than 30 days without prior approval (see Chapter 6).</b> 90620, 90621, 90623, 90630, <b>90631</b>, 90638, 90680, 90720, 90740, <b>90743, 92602, 92603, 92604, 92606, 92610, 92612, 92614, 92617, 92618, 92620, 92624, 92625,</b> 92626, 92627,</li> </ul>	New ZIP codes that we serve are in bold.

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	<p>92841, 92843, 92844, 92845, 92861, 92865, 92866, 92867, 92868, 92869, 92870 and 92886, or are out of the service area for more than 30 days without prior approval (see Chapter 6).</p> <ul style="list-style-type: none"> <li>• You engage in disruptive or threatening behavior, i.e., your behavior jeopardizes the health or safety of yourself or others or you consistently refuse to comply with the terms of your Plan of Care or Enrollment Agreement, when you have decision-making capacity. Disenrollment under these circumstances is subject to prior approval by DHCS and will be sought in the event that you display disruptive interference with care planning or threatening behavior that interferes with the quality of PACE services provided to you and other PACE participants.</li> <li>• All rights to benefits will stop at midnight on the last day of the month following a voluntary or involuntary disenrollment, except in the case of termination due to failure to pay fees owed. (See Chapter 9). We will coordinate the disenrollment date between Medicare and</li> </ul>	<p><b>92629, 92630, 92637, 92646, 92647, 92648, 92649, 92651, 92653, 92655, 92656, 92657, 92660, 92661, 92662, 92663, 92672, 92673, 92675, 92676, 92677, 92679, 92683, 92688, 92691, 92692, 92694, 92701, 92703, 92704, 92705, 92706, 92707, 92708, 92780, 92782, 92801, 92802, 92804, 92805, 92806, 92807, 92808, 92821, 92823, 92831, 92832, 92833, 92835, 92840, 92841, 92843, 92844, 92845, 92861, 92865, 92866, 92867, 92868, 92869, 92870, 92886 and 92887.</b></p> <ul style="list-style-type: none"> <li>• You <b>or your caregiver</b> engage in disruptive or threatening behavior, i.e., your behavior jeopardizes the health or safety of yourself or others, or <b>your caregiver's behavior jeopardizes your health and safety, his or her safety, or the safety of others</b>, or you consistently refuse to comply with the terms of your Plan of Care or Enrollment Agreement, when you have decision-making capacity. Disenrollment under these circumstances is subject to prior approval by DHCS and will be sought in the event that you display disruptive interference with care planning or threatening behavior that interferes with the quality of PACE services provided to you and other PACE participants.</li> <li>• All rights to benefits will stop <b>effective on the first day of the next month that</b></li> </ul>	<ul style="list-style-type: none"> <li>• Involuntary disenrollment also applies to your caregiver's disruptive behavior.</li> <li>• The effective date of termination has been clarified</li> </ul>

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	Medi-Cal, if you are eligible for both programs. You are required to use CalOptima PACE services (except for emergency services and urgent care provided outside our service area) until termination becomes effective.	<b>begins 30 days after the voluntary disenrollment notice is received by CalOptima PACE or the involuntary disenrollment notice is sent by CalOptima PACE</b> , except in the case of termination due to failure to pay fees owed. (See Chapter 9.) We will coordinate the disenrollment date between Medicare and Medi-Cal, if you are eligible for both programs. You are required to use CalOptima PACE services (except for emergency services and urgent care provided outside our service area) until termination becomes effective.	for both voluntary and involuntary disenrollment.
Chapter 13 – Definitions; Service area; on page 46	<b>Service area</b> means the geographical location that CalOptima PACE serves. This area includes ZIP codes: 90620, 90621, 90623, 90630, 90638, 90680, 90720, 90740, 92606, 92614, 92626, 92627, 92646, 92647, 92648, 92649, 92655, 92661, 92663, 92683, 92701, 92703, 92704, 92705, 92706, 92707, 92708, 92780, 92782, 92801, 92802, 92804, 92805, 92806, 92807, 92821, 92831, 92832, 92833, 92835, 92840, 92841, 92843, 92844, 92845, 92861, 92865, 92866, 92867, 92868, 92869, 92870 and 92886.	<b>Service area</b> means the geographical location that CalOptima PACE serves. This area includes ZIP codes: 90620, 90621, 90623, 90630, <b>90631</b> , 90638, 90680, 90720, 90740, <b>90743, 92602, 92603, 92604, 92606, 92610, 92612, 92614, 92617, 92618, 92620, 92624, 92625, 92626, 92627, 92629, 92630, 92637, 92646, 92647, 92648, 92649, 92651, 92653, 92655, 92656, 92657, 92660, 92661, 92662, 92663, 92672, 92673, 92675, 92676, 92677, 92679, 92683, 92688, 92691, 92692, 92694, 92701, 92703, 92704, 92705, 92706, 92707, 92708, 92780, 92782, 92801, 92802, 92804, 92805, 92806, 92807, 92808, 92821, 92823, 92831, 92832, 92833, 92835, 92840, 92841, 92843, 92844, 92845, 92861, 92865, 92866, 92867, 92868, 92869, 92870, 92886 and 92887.</b>	New ZIP codes that we serve are in bold.

Participants must receive all needed services, other than emergency care, from CalOptima PACE providers and will be personally responsible for any unauthorized or out-of-network services.

Please let us know if you want a complete copy of the updated PACE Enrollment Agreement. You can get it in other languages or other formats, such as braille, audio or large print at no cost.

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## **Organ and Tissue Donation**

Donating organs and tissue provides many societal benefits. Organ and tissue donation allows recipients of transplants to lead fuller and more meaningful lives. Currently, the need for organ transplants far exceeds availability. If you are interested in organ donation, please speak with your CalOptima PACE PCP. Organ donation begins at the hospital when a patient is pronounced brain dead and identified as a potential organ donor. An organ procurement organization helps coordinate the donation.

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## **Bill of Rights**

### **Your Rights and Responsibilities**

At CalOptima PACE, we are dedicated to providing you with quality health care services so you may remain as independent as possible. Our staff is committed to treating each and every participant with dignity and respect and ensuring that all participants are involved in planning for their care and treatment.

As a CalOptima PACE participant, you have the following rights:

### **You have the right to be treated with respect.**

You have the right to be treated with dignity and respect at all times, have all of your care kept private, and receive compassionate, considerate care. You have the right to:

- Receive your health care in an accessible manner and in a safe, clean environment.
- Be free from harm. Harm includes physical or mental abuse, neglect, excessive medications, physical punishment or being placed by yourself against your will, as well as any physical or chemical restraint used on you for discipline or convenience of staff that you do not need to treat your medical symptoms or prevent injury.
- Be free from hazardous procedures.
- Receive treatment and rehabilitation services designed to promote your functional ability to the optimal level and to encourage your independence
- Receive care from professionally trained staff that has the education and experience to carry out the services for which they are responsible.
- Participate in a program of services and activities that promote positive attitudes on usefulness and capabilities and are designed to encourage learning, growth and awareness of constructive ways to develop your interests and talents.
- Self-determination within the day care setting, including the opportunity to: 1) Participate in developing a plan for services; 2) Decide whether or not to participate in any given activity; 3) Be involved to the extent possible in program planning and operation.
- To be cared about in an atmosphere of sincere interest and concern in which needed support and services are provided.

- Be ensured of auditory and visual privacy during all health care examinations and treatment visits.
- Receive assistance, if you need it, to use the Medicare and Medi-Cal complaint and appeal processes, and your civil and other legal rights.
- Be encouraged and helped in talking to CalOptima PACE staff about voicing your complaints and recommending changes in policies and services to CalOptima PACE staff and to outside representatives of your choice. There will be no restraint, interference, coercion, discrimination or reprisal by our staff if you do so.
- Use a telephone while at the CalOptima PACE Center, make and receive confidential calls and/or have such calls made, if necessary.
- Not have to do work or services for CalOptima PACE.

### **You have a right to protection against discrimination**

Discrimination is against the law. Every company or agency that works with Medicare and Medi-Cal must obey the law. They cannot discriminate against you because of your:

- Race
- Ethnic origin
- National origin
- Religion
- Age
- Sex
- Sexual orientation
- Mental or physical disability
- Source of payment for your health care (for example, Medicare or Medi-Cal)

As a participant of CalOptima PACE, you have the right to receive competent, considerate, respectful care from staff and contractors without regard to race, national/ethnic origin, religion, age, sex, sexual orientation, mental or physical disability, or source of payment for your health care.

If you think you have been discriminated against for any of these reasons, contact a staff member at CalOptima PACE to help you resolve your concerns.

**If you have any questions, you can call the Office for Civil Rights toll-free at 1-800-368-1019. TTY users should call 1-800-537-7697.**

### **You have a right to information and assistance**

You have the right to receive accurate, easy to understand information and to have someone help you make informed health care decisions. You have the right to:

- Have someone help you if you have a language or communication barrier in order that you can understand all information provided you.
- Have someone interpret all information given to you into your preferred language in a culturally competent manner, if your first language is not English and you cannot speak English well enough to understand the information being given to you.
- Have the Enrollment Agreement discussed fully and explained to you in a manner you understand.
- Receive marketing materials and CalOptima PACE Rights in English and any other frequently used language in your community. You can also receive these materials in Braille, if necessary.
- Receive a written copy of your rights from CalOptima PACE. CalOptima PACE will post these rights in a public place in the CalOptima PACE Center where it is easy to read them.



- Be fully informed, in writing, of the services offered by CalOptima PACE. This includes telling you which services are provided by contractors instead of the CalOptima PACE staff. You will be given this information before you join CalOptima PACE, at the time you join and when there is a change in services.
- Review, with assistance if needed, the results of the most recent review of CalOptima PACE. Federal and State agencies review all PACE programs. You also have a right to review how CalOptima PACE plans to correct any problems that are found at inspection.

**You have a right to a choice of providers.**

- You have the right to choose a health care provider within the CalOptima PACE network and to receive quality health care.
- Women have the right to get services from a qualified women's health care specialist for routine or preventive women's health care services.

**You have a right to access emergency services.**

You have the right to receive emergency services when and where you need them without CalOptima PACE approval. A medical emergency is when you think your health is in serious danger – when every second counts. You may have a bad injury, sudden illness or an illness quickly getting much worse. You can get emergency care anywhere in the United States.

**You have a right to participate in treatment decisions.**

You have the right to fully participate in all decisions related to your health care. If you cannot fully participate in your treatment decisions or you want to have someone you trust help you, you have the right to choose that person to act on your behalf. You have the right to:

- Have all treatment options explained to you in a language you understand, be fully informed of your health and functional status and how well you are doing and make health care decisions.
- Be informed of all treatment prescribed by the interdisciplinary team prior to being treated, when and how services will be provided, and the names and functions of people providing your care.
- Refuse treatment or medications. If you choose not to receive treatment, you must be told how this will affect your health.
- Be assured that decisions regarding your care will be made in an ethical manner.
- Be assured that you and your family will be educated about an illness affecting you so that you can help yourself, and your family can understand your illness and help you.
- Receive information on advance directives and have CalOptima PACE help you create an advance directive. An advance directive is a written document that says how you want medical decisions to be made in case you cannot speak for yourself.
- Participate in making and carrying out your plan of care, which will be designed to promote your functional ability to the highest level and encourage your independence. You can ask for your plan of care to be reviewed at any time. You also can request a reassessment by the interdisciplinary team at any time.
- Appeal any treatment decision made by CalOptima PACE or our contractors through our appeals process and request a State hearing.
- Be given advance notice, in writing, of any plan to move you to another treatment setting, and the reason you are being moved.

**You have a right to have your health information kept private.**

You have the right to:

- Talk with health care providers in private and have your personal health care information kept private as protected under state and federal laws.

- Review and receive copies of your medical records and request amendments to those records.
- Be assured that all information contained in your health record will be held in confidence, including information contained in any automated data bank. CalOptima PACE will require your written consent for the release of information to persons not otherwise authorized under law to receive it. You may provide written consent, which limits the degree of information and the persons to whom information may be given.
- Be assured of confidentiality when accessing Sensitive Services such as Sexually Transmitted Disease (STD) and HIV testing.
- There is a new participant privacy rule that gives you more access to your own medical records and more control over how your personal health information is used. If you have any questions about this privacy rule, you may call the Office for Civil Rights toll-free at **1-800-368-1019**. TTY users should call **1-800-537-7697**.

**You have a right to file a complaint.**

You have a right to complain about the services you receive, or that you need and do not receive, about the quality of care, or any other concerns or problems you have with CalOptima PACE. You have the right to a fair and timely process for resolving concerns with CalOptima PACE. You have the right to:

- A full explanation of the complaint and appeals process.
- Assistance to exercise civil, legal and participant rights, including the CalOptima PACE grievance process, the Medi-Cal State hearing process and the Medicare and Medi-Cal appeals processes.
- Be encouraged and helped to freely explain your complaints to CalOptima PACE staff and outside representatives of your choice. You must not be harmed in any way for telling someone your concerns. This includes being punished, threatened or discriminated against.
- Appeal any treatment decision by CalOptima PACE, staff or contractors.

**You have a right to leave the program.**

If for any reason you do not feel that CalOptima PACE is what you want, you have the right to leave the program at any time.

If you feel any of your rights have been violated, please report them immediately to your social worker or call our office Monday through Friday from 8 a.m. to 4:30 p.m.:

**1-714-468-1100 or Toll-Free 1-855-785-2584**

If you want to talk with someone outside of CalOptima PACE about your concerns, you may call:

**1-800-MEDICARE (1-800-633-4227), or 1-888-452-8609 (Department of Health Care Services Office of the Ombudsman).**

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## **INFORMATION FOR PARTICIPANTS ABOUT THE GRIEVANCE PROCESS**

All of us at CalOptima 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. CalOptima 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. 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

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 PACE employee or a person legally identified as Power of Attorney for Health Care/Advanced Directive, Conservator, Guardian, etc.

### **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.

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:

Quality Assurance Coordinator  
CalOptima PACE  
13300 Garden Grove Blvd  
Garden Grove, CA 92843

You may also contact our Quality Assurance Coordinator at **1-714-468-1100** or our toll-free number at **1-855-785-2584** to request a Grievance Report form and receive assistance in filing a grievance. For the hearing impaired (TTY), please call **1-714-468-1063**. Our Quality Assurance Coordinator will provide you written information on the grievance process. You may also access our website at [www.caloptima.org](http://www.caloptima.org) 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 CalOptima 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 Assurance 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 CalOptima 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 Assurance Department 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. If you are not satisfied with that resolution, you and/or your representative have the right to pursue further action.
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.

### **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 Assurance Coordinator will expedite the review process to a decision within 72 hours of receiving your verbal and/or written grievance and request for expedition. 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.

### **Resolution of Grievances**

Upon CalOptima 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.

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:

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

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—17-37  
Sacramento, CA 94244-2430  
**Telephone: 1-800-952-5253**  
**Facsimile: (916) 651-5210 or (916) 651-2789**  
**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 in Orange County, if you would like legal services assistance.

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## Information for Participants about the Appeals Process

All of us at **CalOptima PACE** share responsibility for your care and your satisfaction with the services you receive. Our appeals process is designed to enable you and/or your representative the opportunity to respond to a decision made by the Interdisciplinary Team regarding your request for a service or payment of a service. At any time you wish to file an appeal, 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.

You will not be discriminated against because an appeal has been filed. **CalOptima PACE** will continue to provide you with all the required services during the appeals process. The confidentiality of your appeal will be maintained at all times throughout and after the appeals process and information pertaining to your appeal will only be released to authorized individuals.

When **CalOptima PACE** decides not to cover or pay for a service you want, you may take action to change our decision. The action you take — whether verbally or in writing — is called an “**appeal**.” You have the right to appeal any decision about our failure to approve, furnish, arrange for or continue what you believe are covered services or to pay for services that you believe we are required to pay.

You will receive written information on the appeals process at enrollment (see your Member Enrollment Agreement Terms and Conditions) and annually after that. You will also receive this information and necessary appeals forms whenever **CalOptima PACE** denies, defers or modifies a request for a service or request for payment.

### Definitions:

An **appeal** is defined as a participant’s action taken with respect to the PACE organization’s noncoverage of, or nonpayment for, a service, including denials, reductions or termination of services.

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 PACE employee or a person legally identified as Power of Attorney for Health Care/Advanced Directive, Conservator, Guardian, etc.

**Standard and Expedited Appeals Processes:** There are two types of appeals processes: standard and expedited. Both of these processes are described below.

If you request a **standard appeal**, your appeal must be filed within one-hundred-and eighty (180) calendar days of when your request for service or payment of service was denied, deferred or modified. This is the date which appears on the Notice of Action for Service or Payment Request. (The 180-day limit may be extended for good cause.) We will respond to your appeal as quickly as your health requires, but no later than thirty (30) calendar days after we receive your appeal.

If you believe that your life, health or ability to get well is in danger without the service you want, you or any treating physician may ask for an **expedited appeal**. If you request and expedited appeal, we will automatically make a decision on your appeal as promptly as your health requires, but no later than seventy-two (72) hours after we receive your request for an appeal. We may extend this time frame up to fourteen (14) days if you ask for the extension or if we justify to the Department of Health Care Services the need for more information and how the delay benefits you.

*Note: For **CalOptima PACE** participants enrolled in Medi-Cal – **CalOptima PACE** will continue to provide the disputed service(s) if you choose to continue receiving the service(s) until the appeals process is completed. If our initial decision to NOT cover or reduce services is upheld, you may be financially responsible for the payment of disputed service(s) provided during the appeals process.*

**The information below describes the appeals process for you or your representative to follow should you or your representative wish to file an appeal:**

1. If you or your representative has requested a service or payment for a service and **CalOptima PACE** denies, defers or modifies the request, you may appeal the decision. A written “*Notice of Action of Service or Payment Request*” (NOA) will be provided to you and/or your representative which will explain the reason for the denial, deferral or modification of your service request or request for payment.
2. You can make your appeal either verbally (in person or by telephone) or in writing; ask any PACE Program staff of the center you attend to help you start the process. CalOptima PACE will make sure that you are provided with written information on the appeals process, and that your appeal is documented on the appropriate form. You will need to provide complete information of your appeal so the appropriate staff person can help to resolve your appeal in a timely and efficient manner. You or your representative may present or submit relevant facts and/or evidence for review. To submit relevant facts and/or evidence in writing, please send to the address listed below. Otherwise you or your representative may submit this information in person. If more information is needed, you will be contacted by **the Quality Assurance Department** who will assist you in obtaining the missing information.
3. If you wish to make your appeal by telephone, you may contact our **Quality Assurance Department** at **714-468-1100** or our toll-free number at **1-855-785-2584** to request an appeal form and/or to receive assistance in filing an appeal. For the hearing impaired (TTY), please call **1-714-468-1082**.
4. If you wish to submit your appeal in writing, please ask a staff person for an appeal form. Please send your written appeal to:

**Quality Assurance Department  
CalOptima PACE  
13300 Garden Grove Blvd  
Garden Grove, CA 92843**

5. You will be sent a written acknowledgement of receipt of your appeal within five (5) working days for a standard appeal. For an expedited appeal, we will notify you or your representative within one (1) business day by telephone or in person that the request for an expedited appeal has been received.
6. The reconsideration of **CalOptima PACE** decision will be made by a person(s) not involved in the initial decision-making process in consultation with the Interdisciplinary Team. We will insure that this person(s) is both impartial and appropriately credentialed to make a decision regarding the necessity of the services you requested.
7. Upon **CalOptima PACE** completion of the review of your appeal, you or your representative will be notified in writing of the decision on your appeal. As necessary and depending on the outcome of the decision, **CalOptima PACE** will inform you and/or your representative of other appeal rights you may have if the decision is not in your favor. Please refer to the information described below:

#### **The Decision on your Appeal:**

*If we decide fully in your favor* on a standard appeal for a request for *service*, we are required to provide or arrange for services as quickly as your health condition requires, but no later than thirty (30) calendar days from when we received your request for an appeal. *If we decide in your favor* on a request for *payment*, we are required to make the requested payment within sixty (60) calendar days after receiving your request for an appeal.

*If we do not decide fully in your favor* on a standard appeal or if we fail to provide you with a decision within thirty (30) calendar days, you have the right to pursue an external appeal through either the Medicare or Medi-Cal program (see **Additional Appeal Rights**, below). We also are required to notify you as soon as we make a decision and also to notify the federal Center for Medicare and Medicaid Services and the Department of Health Care Services. We will inform you in writing of your **external** appeal rights under Medicare or Medi-Cal managed care, or both. We will help you choose which external program to pursue if both are applicable. We also will send your appeal to the appropriate external program for review.

*If we decide fully in your favor* on an expedited appeal we are required to get the service or give you the service as quickly as your health condition requires, but no later than seventy-two (72) hours after we received your request for an appeal.

*If we do not decide in your favor* on an expedited appeal or fail to notify you within seventy-two (72) hours, you have the right to pursue an external appeal process under either Medicare or Medicaid (see **Additional Appeal Rights**). We are required to notify you as soon as we make a decision and also to notify the Center for Medicare and Medicaid Services and the Department of Health Care Services. We let you know in writing of your **external appeal** rights under the Medicare or Medi-Cal program, or both. We will help you choose which to pursue if both are applicable. We also will send your appeal to the appropriate external program for review.

#### **Additional Appeal Rights under Medi-Cal and Medicare**

If we do not decide in your favor on your appeal or fail to provide you a decision within the required timeframe, you have additional appeal rights. Your request to file an external appeal can be made either verbally or in writing. The next level of appeal involves a new and impartial review of your appeal request through either the Medicare or Medi-Cal program.



The **Medicare program** contracts with an “Independent Review Organization” to provide external review on appeals involving PACE programs. This review organization is completely independent of our PACE organization.

The **Medi-Cal program** conducts their next level of appeal through the State hearing process. If you are enrolled in Medi-Cal, you can appeal if **CalOptima PACE** wants to reduce or stop a service you are receiving. Until you receive a final decision, you may choose to continue to receive the disputed service(s). However, you may have to pay for the service(s) if the decision is not in your favor.

If you are enrolled in **Medicare Medi-Cal program or both**, we will help you choose which external appeal process you should follow. We also will send your appeal on to the appropriate external program for review.

If you are not sure which program you are enrolled in, ask us. The Medicare and Medi-Cal external appeal options are described below.

#### Medi-Cal External Appeals Process

If you are enrolled in **both Medicare and Medi-Cal OR Medi-Cal only**, and choose to appeal our decision using Medi-Cal’s external appeals process, we will send your appeal to the California Department of Social Services. At any time during the appeals process, you may request a State hearing through:

California Department of Social Services  
State Hearings Division  
P.O. Box 944243, Mail Station 19-17-37  
Sacramento, CA 94244-2430  
Telephone: (800)-952-5253  
Facsimile: (916) 651-5210 or (916) 651-2789  
TTY: (800)-952-8349

If you choose to request a State hearing, you must ask for it within ninety (90) days from the date of receiving the *Notice of Action (NOA) for Service or Payment Request* from **CalOptima PACE**.

You 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 in **Orange County**, if you would like legal services assistance.

If the Administrative Law Judge’s (ALJ) decision is in your favor of your appeal, **CalOptima PACE** will follow the judge’s instruction as to the timeframe for providing you with services you requested or payment for services for a standard or expedited appeal.

If the ALJ’s decision is **not** in your favor of your appeal, for either a standard or an expedited appeal, there are further levels of appeals, and we will assist you in pursuing your appeal.

#### Medicare External Appeals Process

If you are enrolled in **both Medicare and Medi-Cal OR Medicare only**, and choose to appeal our decision using Medicare’s external appeals process, we will send your appeal file to the current contracted Medicare appeals entity to impartially review the appeal. The contracted Medicare appeals entity will contact us with the results of their review. The contracted Medicare appeals entity will either maintain our original decision or change our decision and rule in your favor. The current Medicare appeals entity is:

Maximus Federal Services  
Medicare Managed Care & PACE  
Reconsideration Project  
3750 Monroe Avenue, Suite 702  
Pittsford, NY 14524-1302  
Telephone: (585) 348-3300  
Facsimile: (585) 425-5292

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## NOTICE OF PRIVACY PRACTICES

Effective: April 14, 2003 | Updated: December 2016

CalOptima provides you access to health care through the Medicare and/or Medi-Cal program. We are required by state and federal law to protect your health information. After you become eligible and enroll in our health plan, Medicare and/or Medi-Cal sends your information to us. We also receive medical information from your doctors, clinics, labs and hospitals in order to approve and pay for your health care.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

### **Your Rights**

**When it comes to your health information, you have certain rights.**

This section explains your rights and some of our responsibilities to help you.

<b>Get a copy of your health and claims records</b>	<ul style="list-style-type: none"><li>• You can ask to see or get a copy of your health and claims records and other health information we have about you. You must make this request in writing. You will be sent a form to fill out and we may charge a reasonable fee for the costs of copying and mailing records. You must provide a valid form of identification in order to view or get a copy of your health records.</li><li>• We will provide a copy or a summary of your health and claims records, usually within 30 days of your request.</li><li>• We may keep you from seeing certain parts of your records for reasons allowed by law.</li><li>• <b>CalOptima does not have complete copies of your medical records. If you want to look at, get a copy of, or change your medical records, please contact your doctor or clinic.</b></li></ul>
<b>Ask us to correct health and claims records</b>	<ul style="list-style-type: none"><li>• You have the right to send in a written request to ask that information in your records be changed if it is not correct or complete. You must make your request in writing.</li><li>• We may refuse your request if the information is not created or kept by CalOptima, or we believe it is correct and complete but we'll tell you why in writing within 60 days.</li><li>• If we don't make the changes you ask, you may ask that we review our decision. You may also send a statement saying why you disagree with our records, and your statement will be kept with your records.</li></ul>

<b>Request confidential communications</b>	<ul style="list-style-type: none"> <li>You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.</li> <li>We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.</li> </ul>
<b>Ask us to limit what we use or share</b>	<ul style="list-style-type: none"> <li>You can ask us <b>not</b> to use or share certain health information for treatment, payment, or our operations.</li> <li>We are not required to agree to your request, and we may say “no” if it would affect your care.</li> </ul>
<b>Get a list of those with whom we’ve shared information</b>	<ul style="list-style-type: none"> <li>You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask.</li> <li>You have the right to request a list (accounting) of what information was shared, who it was shared with, when it was shared and why.</li> <li>We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make).</li> </ul>
<b>Get a copy of this privacy notice</b>	<ul style="list-style-type: none"> <li>You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.</li> <li>You can also find this notice on our website at <a href="http://www.caloptima.org">www.caloptima.org</a>.</li> </ul>
<b>Choose someone to act for you</b>	<ul style="list-style-type: none"> <li>If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.</li> <li>We will make sure the person has this authority and can act for you before we take any action.</li> </ul>
<b>File a complaint if you feel your rights are violated</b>	<ul style="list-style-type: none"> <li>You can complain if you feel we have violated your rights by contacting us using the information on page 6.</li> <li>We will not retaliate against you for filing a complaint.</li> </ul>
<b>Self-pay restriction</b>	<ul style="list-style-type: none"> <li>If you pay the whole bill for a service, you can ask your doctor not to share the information about that service with us. If you or your provider submits a claim to CalOptima, we do not have to agree to a restriction. If a law requires the disclosure, CalOptima does not have to agree to your restriction.</li> </ul>

**For certain health information, you can tell us your choices about what we share.**

If you have a clear preference for how we share your information in the situations described below, please contact us. In most cases, if we use or disclose your PHI outside of treatment, payment or operations, we must get your **written** permission first. If you give us your permission, you may take it back in writing at any time. We can't take back what we used or shared when we had your written permission, but we will stop using or sharing your PHI in the future.

<b>In these cases, you have both the right and choice to tell us to:</b>	<ul style="list-style-type: none"> <li>• Share information with your family, close friends, or others involved in payment for your care</li> <li>• Share information in a disaster relief situation</li> </ul>
<b>In these cases we <i>never</i> share your information unless you give us written permission:</b>	<ul style="list-style-type: none"> <li>• <u>Psychotherapy Notes</u>: We must obtain your authorization for any use or disclosure of psychotherapy notes except to carry out certain treatment, payment or health care operations.</li> <li>• Marketing purposes</li> <li>• Sale of your information</li> </ul>

### **Our Uses and Disclosures**

Your information may be used or shared by CalOptima only for a reason directly connected to Medicare and/or Medi-Cal program. The information we use and share includes, but is not limited to:

<b>Help manage the health care treatment you receive</b>	<ul style="list-style-type: none"> <li>• We can use your health information and share it with professionals who are treating you.</li> </ul>	<i><b>Example:</b> A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.</i>
<b>Run our organization</b>	<ul style="list-style-type: none"> <li>• We can use and disclose your information to run our organization and contact you when necessary.</li> <li>• <b>We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.</b></li> </ul>	<i><b>Example:</b> We use health information about you to develop better services for you.</i>
<b>Pay for your health services</b>	<ul style="list-style-type: none"> <li>• We can use and disclose your health information as we pay for your health services.</li> </ul>	<i><b>Example:</b> We share information with the doctors, clinics and others who bill us for your care. We may also forward bills to other health plans or organizations for payment.</i>
<b>Administer your plan</b>	<ul style="list-style-type: none"> <li>• We may disclose your health information to the Department of Healthcare Services (DHCS) and/or the Centers for Medicare &amp; Medicaid Services (CMS) for plan administration.</li> </ul>	<i><b>Example:</b> DHCS contracts with us to provide a health plan, and we provide DHCS with certain statistics.</i>

### **How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

<b>Help with public health and safety issues</b>	<p>We can share health information about you for certain situations such as:</p> <ul style="list-style-type: none"> <li>• Preventing disease</li> <li>• Helping with product recalls</li> <li>• Reporting adverse reactions to medications</li> <li>• Reporting suspected abuse, neglect, or domestic violence</li> <li>• Preventing or reducing a serious threat to anyone's health or safety</li> </ul>
<b>Comply with the law</b>	<ul style="list-style-type: none"> <li>• We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.</li> </ul>
<b>Respond to organ and tissue donation requests and work with a medical examiner or funeral director</b>	<ul style="list-style-type: none"> <li>• We can share health information about you with organ procurement organizations.</li> <li>• We can share health information with a coroner, medical examiner, or funeral director when an individual dies.</li> </ul>
<b>Address workers' compensation, law enforcement, and other government requests</b>	<p>We can use or share health information about you:</p> <ul style="list-style-type: none"> <li>• For workers' compensation claims</li> <li>• For law enforcement purposes or with a law enforcement official</li> <li>• With health oversight agencies for activities authorized by law</li> <li>• For special government functions such as military, national security, and presidential protective services</li> </ul>
<b>Respond to lawsuits and legal actions</b>	<ul style="list-style-type: none"> <li>• We can share health information about you in response to a court or administrative order, or in response to a subpoena.</li> </ul>
<b>Comply with special laws</b>	<ul style="list-style-type: none"> <li>• There are special laws that protect some types of health information such as mental health services, treatment for substance use disorders, and HIV/AIDS testing and treatment. We will obey these laws when they are stricter than this notice.</li> <li>• There are also laws that limit our use and disclosure to reasons directly connected to the administration of CalOptima's healthcare programs.</li> </ul>

### **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

**Changes to the Terms of This Notice**

CalOptima reserves the right to change its privacy notice and the ways we keep your PHI safe. If that happens, we will update the notice and notify you. We will also post the updated notice on our website.

**HOW TO CONTACT US TO USE YOUR RIGHTS**

If you want to use any of the privacy rights explained in this notice, please write us at:

Privacy Officer  
CalOptima  
505 City Parkway West  
Orange, CA 92868  
**1-888-587-8088**

Or call CalOptima's Customer Service Department at: **1-714-246-8500**

Toll-free at **1-888-587-8088**  
TTY: **1-800-735-2929**

If you believe that we have not protected your privacy and wish to file a complaint or grievance, you may write or call CalOptima at the address and phone number above. You may also contact the agencies below:

**California Department of Health Care Services**

Privacy Office

C/O: Office of HIPAA Compliance

Department of Health Care Services

P.O. Box 997413, MS 4722

Sacramento, CA 95899-7413

Email: [privacyofficer@dhcs.ca.gov](mailto:privacyofficer@dhcs.ca.gov)

Phone: 1-916-445-4646

Fax: 1-916-440-7680

**U.S. Dept. of Health and Human Services**

Office for Civil Rights

Regional Manager

90 7th Street, Suite 4-100

San Francisco, CA 94103

Email: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)

Phone: 1-800-368-1019

Fax: 1-415-437-8329

TDD: 1-800-537-7697

**USE YOUR RIGHTS WITHOUT FEAR**

CalOptima cannot take away your health care benefits nor do anything to hurt you in any way if you choose to file a complaint or use any of the privacy rights in this notice.

This notice applies to all of CalOptima's health care programs.

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## **Notice of Nondiscrimination**

CalOptima PACE complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. CalOptima PACE does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

**CalOptima PACE:**

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - » Qualified sign language interpreters
  - » Written information in other formats  
(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 these services, contact CalOptima PACE Customer Service toll-free at **1-855-785-2584**, 24 hours a day, 7 days a week. TTY users can call toll-free at **1-714-468-1063**. If you believe that CalOptima PACE has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

CalOptima PACE Quality Improvement — Grievance and Appeals  
13300 Garden Grove Boulevard, Garden Grove, CA 92843  
Phone number: **1-855-785-2584**  
TDD/TTY number: **1-714-468-1063**  
Fax: **1-714-468-1065**  
Email: [PACEQuality@caloptima.org](mailto:PACEQuality@caloptima.org)

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, CalOptima PACE Quality Improvement staff are available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
**1-800-368-1019, 1-800-537-7697 (TTY)**  
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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## PACE Phone Numbers & Hours of Operations

You can contact us Monday through Friday from 8 a.m. to 4:30 p.m. We are closed on certain holidays.

<b>PACE Local:</b>	<b>1-714-468-1100</b>
<b>PACE Toll-Free:</b>	<b>1-855-785-2584</b>
<b>PACE TTY:</b>	<b>1-855-785-2584</b>

<b>On-Call Doctor (24 hours):</b>	<b>1-714-468-1100</b>
<b>Falls:</b>	<b>1-714-468-1100</b>
<b>Pharmacy:</b>	<b>1-714-554-1111</b>
<b>Transportation:</b>	<b>1-714-884-7976; 1-562-688-7214</b>

<b>Urgent Care</b>	
<b>Gateway Urgent Care Anaheim:</b>	<b>1-562-826-7420</b>
<b>Irvine Urgent Care Irvine:</b>	<b>1-714-554-1111</b>
<b>Sunrise Urgent Care Orange:</b>	<b>1-714-554-1111</b>

**Call 911 For Any Life-Threatening Emergency**



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P.O. Box 11063  
Orange, CA 92856-8163

## 2019 Annual Notices Newsletters

### Look Inside!

- Notice of Changes to the PACE Enrollment Agreement
- Organ or Tissue Donation
- Participant Bill of Rights
- Grievance & Appeals Process
- Notice of Privacy Practices
- Notice of Nondiscrimination