



Grievances & Appeals

How to Express a Concern about the Care or Services Provided by InnovAge

All of us at InnovAge want to be sure you are satisfied with the care we give you. We are always trying to improve our services. If you are not satisfied, we want you to tell us right away.

Grievances

A grievance is defined as a statement, either written or oral, expressing dissatisfaction with service delivery or the quality of care furnished by InnovAge. For example, you might have a grievance about the quality of services you receive in the home, the center or a nursing home. You may have a grievance about the adequacy of services or you feel a mistake has been made.

Information for Participants about the Grievance Process

If you are not happy or satisfied with any of the services offered through InnovAge, you can let any staff person know. You can also fill out a Listening Form, or a staff member can fill the form out for you. You can get a copy of the Listening Form from any InnovAge staff member or by clicking the link to the Listening Form on the website. Any information you tell us will be kept confidential. We promise we will not treat you differently and we will try to help resolve the problem.

How You Can File a Grievance

You or your representative can verbally discuss your grievance with an InnovAge staff member in person or by telephone. The staff member will fill out a Listening Form to document your grievance. This person can also give you information on the grievance process. If you wish to send your grievance in writing, please send it to:

InnovAge Quality Department
8950 East Lowry Blvd.
Denver, CO 80230

You may also contact the InnovAge Care Advocate by calling 877.443.3502 from 8:00 AM to 4:30 PM Mountain Time Monday through Friday. TTY is available toll-free. Dial 711 and request a connection to InnovAge at 877.443.3502.

You may turn in a Listening Form without your name. You will be sent confirmation of filing your grievance.

Resolution of Grievances

InnovAge will investigate your grievance and work to find a solution. You will be notified of the solution to your grievance within 30 days after we receive your grievance. If you are not



satisfied with the resolution, you and/or your representative have the right to take further action. You or your representative may contact the state agency at any time during the grievance process.

California

At any time during the grievance process, whether the grievance is resolved or unresolved, per California State law, you or your representative may 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 are eligible for Medi-Cal only or for Medi-Cal and Medicare, you may send your grievance to 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

Colorado

You have the right to call or write to:

PACE State Administrator

Colorado Department of Health Care Policy and Financing

1570 Grant Street

Denver, CO 80203-1818

Telephone: 1.303.866.2993

New Mexico

You have the right to call or write to:

PACE Contract Manager

Exempt Services & Programs Bureau

Medical Assistance Division

Human Services Department

PO Box 2348

Santa Fe, NM 87504-2348

Telephone: 1.505.827.7218



Pennsylvania

You have the right to call or write to:
Pennsylvania Department of Public Welfare
Director of LTC Client Services
Department of Aging and Long Term Living
Bureau of Individual Supports
Forum Place
PO Box 1089
Harrisburg, PA 17108
Telephone: 1.717.783.1550

Virginia

You have the right to call or write to:
Commonwealth of Virginia
Department of Medical Assistance Services
Division of Aging and Disability Services
600 East Broad St.
Richmond, VA 23219
Telephone: 1.804.786.7933