

September 9, 2024

**Policy Letter 24-03**

To: Program of All-Inclusive Care for the Elderly (PACE) Organizations

Subject: Gender Affirming Care

### **Purpose**

The purpose of this PACE Policy Letter (PL) is to provide guidance to PACE Organizations (PO) on the requirement for all PO, contractor, and downstream subcontractor staff members in direct contact with PACE participants to complete evidence-based cultural competency training for the purpose of providing trans-inclusive health care to individuals who identify as transgender, gender diverse, or intersex (TGI). This PL will define trans-inclusive health care, outline the required components of training, the sanctions for non-compliance and reporting guidelines.

### **Background**

Senate Bill (SB) 923 was signed into law on September 29, 2022, requiring POs and delegated entities to require its staff to complete evidence-based cultural competency training for the purpose of providing trans-inclusive health care for individuals who identify as TGI. Trans-inclusive health care is defined in Welfare and Institutions (WIC) section 14197.09(d)(5)<sup>1</sup> as comprehensive health care that is consistent with the standards of care for individuals who identify as TGI, honors an individual's personal bodily autonomy, does not make assumptions about an individual's gender, accepts gender fluidity and nontraditional gender presentation, and treats everyone with compassion, understanding, and respect.

Additionally, SB 923 requires POs to include information, within or accessible from the PO's provider directory, identifying which providers have affirmed they offer and have provided gender-affirming services as defined in WIC 14197.09(c). Furthermore, SB 923 requires the Department of Health Care Services (DHCS) to track, monitor and report complaints and impose sanctions for violation of the law.

SB 923 also established the TGI Working Group tasked with developing a quality standard for patient experience to measure cultural competency related to TGI communities and recommend a training curriculum for all POs, contractors, and

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<sup>1</sup> [California Code, WIC 14197.09.](#)



downstream subcontractor staff in direct contact with PACE participants. The TGI Working Group consisted of representatives from state departments, TGI-serving organizations, individuals who identify as TGI, and health care providers. The Working Group developed guidance related to quality standards and training curriculum in line with the objectives set forth in SB 923.

## Policy

### TGI Evidence-Based Cultural Competency Training

POs must require all PO contractors and downstream subcontractor's staff who are in direct contact with participants to complete annually or more often, if needed, evidence-based cultural competency training for the purposes of providing TGI health care for individuals who identify as TGI. Direct contact with participants includes staff that have oral and/or written contact with participants in the delivery of care or participant services. POs are required to work with TGI-serving organizations to select or develop training that meets the standards set forth in the TGI Working Group recommendations<sup>2</sup> and as indicated in Attachment III (Guidelines for Evidence-based Cultural Competency Training) of this PL. POs must submit proposed curriculum, the items indicated in Attachment II, and the completed training curriculum checklist in Attachment II to DHCS for review and approval 90 days after the release of this PL. In addition to submission of proposed curriculum to DHCS, POs must complete the following:

- POs must provide a signed and dated attestation on PO letterhead that all required PO, contractor, and downstream subcontractor staff have completed the initial training by March 1, 2025. If the PO, contractor, and downstream subcontractor staff members who are in direct contact with participants have not completed the training by March 1, 2025, the PO must provide an explanation for the delay and a timeline for completion of the training.
- POs must provide a signed and dated attestation on PO letterhead that newly hired PO, contractor, and downstream subcontractor staff members in direct contact with participants will complete the training within 90 days of being hired or within 90 days of contract execution.
- POs must have policies and procedures (P&Ps) in place to track complaints and grievances filed against PO, contractor and downstream subcontractor staff. If a complaint or grievance is filed against a PO, contractor, or downstream subcontractor staff member for failing to provide TGI health care, and the complaint or grievance is substantiated, the PO, contractor, or downstream subcontractor staff member must complete a refresher course within 30 days of the complaint being substantiated. Requirements for complaint and grievance monitoring and refresher course reporting are outlined in the Grievance/Complaint Monitoring and Reporting Requirements section of this PL. POs should note that any pattern of repeated substantiated complaints against a

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<sup>2</sup> [2024 Transgender, Gender Diverse, or Intersex Working Group Recommendations Report](#)

staff member or multiple complaints against multiple staff members gives rise to a presumption the PO is not providing adequate TGI health care. Such practices suggest the training is either ineffective or that the working culture is hostile towards TGI health care. This will require further remediation including further staff training and/or re-evaluation of the training curriculum.

- POs must provide a signed and dated attestation on PO letterhead that they will maintain related P&Ps requiring PO, contractor, and downstream subcontractor staff to complete initial training, and a refresher course when a grievance is made against the staff for failure to provide TGI health care, and a decision was made in favor of the participant.

POs must submit all signed attestations via email to [PACE@dhcs.ca.gov](mailto:PACE@dhcs.ca.gov).

Finally, DHCS encourages training be provided to PO staff that do not fall under SB 923 requirements.

#### Provider Directory Requirements

No later than March 1, 2025, POs are required, to include information accessible from the PO's Provider Directory, identifying which PO contracted providers have voluntarily affirmed they offer and have provided gender-affirming services. POs are required to maintain up-to-date information on which contracted providers have voluntarily affirmed they offer and provide gender-affirming services. POs are required to make this information accessible through the PO's call center.

The PO must ensure their Provider Directory is compliant at a minimum but is not limited to the following:

- Up-to-date directory of PO and contracted providers who have attested that they offer and have provided gender-affirming services.
- A system in place to receive updates from contracted providers attesting they have provided gender-affirming services and are requesting to be added to the directory. This also includes receiving updates from contracted providers requesting to be removed from directory due to them not providing gender-affirming services. PO provider directory must be updated within 30 days from notification of such changes.
- POs must verify information received from providers indicating the provider offers gender-affirming services.
- POs must investigate reports or complaints of providers that have affirmed they provide gender-affirming services who have failed to provide TGI health care, or do not offer gender-affirming services.
- POs must ensure its provider directory is updated within 30 days following an investigation and finding that information regarding which providers offer gender-affirming services is inaccurate or misleading.

### Grievance/Complaint Monitoring and Reporting Requirements

POs must ensure that participants are made aware of their rights to submit grievances to the PO and DHCS for failure to provide trans-inclusive health care as defined in WIC sections 14197.09(d)(5).

If a complaint has been made or grievance has been filed and substantiated against a PO, contractor, or downstream subcontractor staff member for failing to provide TGI health care, the staff member will be required to complete a refresher course. Training may be required on a more frequent basis if deemed necessary.

If a complaint or grievance is received, POs are required to submit a grievance/complaint report to DHCS on a quarterly basis. The report must contain a summary of all complaints and grievances received, this includes both substantiated and unsubstantiated complaints, related to TGI health care. The report must be submitted through a secure encrypted email sent to [PACECompliance@dhcs.ca.gov](mailto:PACECompliance@dhcs.ca.gov). The summaries of all complaints and grievances shall include, but not limited to, the following:

- Date the complaint/grievance was received
- Date the events related to the complaint/grievance occurred
- First and last name of the participant that the complaint/grievance is related to
- First and last name of staff involved, if the complaint/grievance is against a particular staff
- Name of provider, if the complaint is against a contractor or downstream subcontractor

POs must also submit verification of all required completed refresher trainings to DHCS on the quarterly complaint/grievance report.

POs must submit an annual SB 923 grievance summary to DHCS through a secure encrypted email to [PACECompliance@dhcs.ca.gov](mailto:PACECompliance@dhcs.ca.gov), that shall include a summary of all grievances related to TGI health care including:

- The number of complaints substantiated and unsubstantiated
- PO or contractor staff named in grievance, specifying if staff is employed by PO or contractor
- The number of grievances received per staff member
- Actions taken to prevent further grievances
- Information pertaining to completion of training for substantiated grievances

The initial filing should be titled, "SB 923 Complaint Summary" and should be submitted to the DHCS no later than March 1, 2026. Subsequent filings should be submitted annually thereafter.

DHCS will use the grievance report to monitor and publicly report all grievances against the PO contractor, and downstream contractor staff on the DHCS website as required by WIC Section 14197.09(b)(2).

All requirements indicated in the Policy section of this PL and the associated timelines are detailed in Attachments I-III.

### **Compliance**

POs are responsible for ensuring that their staff, contractors, and downstream subcontractors comply with all applicable state and federal laws and regulations, PACE contract requirements, and other DHCS guidance, including PACE PLs. These requirements must be communicated by each PO to all staff, contractors, and downstream subcontractors. Failure to comply with these requirements may result in DHCS imposing Corrective Action Plans (CAP), as well as administrative and/or monetary sanctions for non-compliance pursuant to the PACE DHCS contract.

If the requirements in this PL necessitate a change to the PO's P&Ps related to selection and monitoring of contractors, downstream subcontractors, provider directories or grievances, POs must submit their updated P&Ps/templates via email, [PACE@dhcs.ca.gov](mailto:PACE@dhcs.ca.gov), within 90 days of release of this PL to DHCS for review and approval.

Sincerely,

### **ORIGINAL SIGNED BY**

Cortney Maslyn, Chief  
Integrated System of Care Division  
Department of Health Care Services

Enclosures

Attachment I  
Attachment II  
Attachment III