

CONFIDENTIAL

Attachment 5

[insert Company Logo]	Address City, State, Zip Telephone (TTY) / Hearing Impaired
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LETTER FOR PENDING GRIEVANCE

{Date}

{Participant Name} or
{Participant's Representative}
{Address}
{City, State, Zip}

Re: Status of Grievance Resolution

Dear {Name of Participant/ Representative}

This letter is to inform you of the status of your grievance that you or your representative filed on {Date} with {PACE Program}. Given that you have participated in the grievance process for thirty (30) calendar days and we have not resolved your grievance, we are writing to inform you of the status of your grievance. Please note that your personal information is confidential. **{Insert status of grievance as of the date of letter}**.

If you are satisfied with our current process, you can expect to hear from us by **{Insert expected date of completion}** when we complete our investigation and resolution process.

If you are not satisfied with our current process, you have the right to pursue the grievance with the Department of Health Care Services. In addition, you may request a State hearing with the State California Department of Social Services, per California State law. The names and addresses of these agencies are included in your Member Enrollment Agreement Terms and Conditions and in the attached document "*Information for Participants about the Grievance Process*".

Please contact **{the Quality Assurance Department or name of Designee}** at **{telephone}** or **toll-free (as applicable) at {telephone number}** for additional information about the status of your grievance and for instructions regarding further review. For the hearing impaired (TTY), please call **{telephone}** during the hours of **{add days and hours of operation}**.

Thank you for your involvement in this process.

Sincerely,

{Designated Individual}

/Enclosures