

# CONFIDENTIAL

Attachment 3

[Insert PACE Program Logo]

PACE Program Address  
City, State, Zip Code  
Telephone Number  
(TTY) / Hearing Impaired

## ACKNOWLEDGEMENT LETTER FOR RECEIPT OF GRIEVANCE

{Date}

{Participant Name or Name of Representative}  
{c/o Participant Name}  
{Address}

### Re: Acknowledgement of Receipt of Grievance

Dear Mr/s. {Name}:

This letter is to inform you that {PACE Program} received your grievance on {Date} regarding {insert brief statement of Participant's grievance}. Please find enclosed a description of the {PACE program} Grievance Process, including notification of your right to request a State hearing at any time during the grievance process.

We take your grievance very seriously and are continuing to work toward resolving the issue to your satisfaction.

Within thirty (30) calendar days of receiving your grievance, {PACE Program Staff} will provide you with a written response about the findings of the investigation and the action taken to resolve the grievance. If you feel that waiting thirty (30) calendar days represents a serious health threat, we will expedite the review process to a decision within three (3) calendar days of receiving your grievance. You may contact {Designated Individual} at {insert regular and toll-free (as applicable) telephone number(s)} at any time for information about your grievance. For the hearing impaired (TTY), please call {number}. [LTCD comment: For consistency, replace three (3) calendar days with 72 hours per the P&P]

Thank you for working with us to resolve this matter.

Sincerely,

{Designated Individual}