

PSA – El Dorado County Area Agency on Aging

Client Grievance and Complaint Policy and Guidelines

Purpose

The grievance procedure is established for the disposition of complaints by older individuals or persons authorized to act on behalf of older individuals against the Area Agency on Aging (AAA) and employees or volunteers of such programs.

Policy and Guidelines

- 1) Complaints may involve, but are not limited to, any of the following:
 - Amount or duration of service;
 - Denial or discontinued service; and
 - Dissatisfaction with the service being provided or the service provider. If the complaint involves an issue of professional conduct that is under the jurisdiction of another entity, such as the California Medical Board or the State Bar Association, the complainant shall be referred to the proper entity.
- 2) All complaints must be submitted in writing and addressed to the Program Supervisor or AAA Director if the complaint is regarding the Program Supervisor. All complaints must include the name, address, and telephone number of complainant, and if the complaint is being submitted on behalf of another person, the name, address, and telephone numbers of this individual must also be included.
- 3) Complaints must contain the name of the program, the type of service, names of the individuals involved, dates and times of occurrences, names of any witnesses, and details of the event that occurred.
- 4) Complaints may be submitted on the AAA Grievance and Complaint form or in a formal letter. All documentation must be submitted to El Dorado County, Health & Human Services Agency, Community Services Division, Area Agency on Aging, 937 Spring Street, Placerville, CA 95667.
- 5) In the event that the complainant cannot submit a written complaint, a verbal complaint may be taken by staff including all of the requirements in #2 and #3 above. The complainant must sign the complaint.
- 6) The AAA shall ensure that it protects the privacy and confidentiality of the complainants. The AAA is committed to keeping the privacy of our participants and will only provide approved agencies with necessary information. Only information relevant to the complaint and needed to appropriately research and respond to the complaint may be released to the responding party without the individual's consent.
- 7) Appropriate AAA staff will review the complaint within fourteen (14) business days of receipt to resolve the issue. Depending upon the severity of the complaint, the AAA Director may be directly involved in the resolution.

- 8) A written response will be sent to all parties after the initial 14 business days, outlining the progress or the results of the review and any changes that will be put in place to prevent the issue from occurring in the future. The written response will also outline the complainant's right to an appeal and the appeal process.
- 9) The appeal process will be as follows:
 - a) The complainant has the right to appeal the results of the review and request an oral hearing before an impartial hearing officer within 30 days of the receipt of the written response. This request must be made in writing to the AAA Director and be mailed to El Dorado County, HHSA, Community Services Division, Area Agency on Aging, 937 Spring Street, Placerville, CA 95667. The written request must outline the specific areas of the response that are being appealed.
 - b) The hearing officer will be a staff member from HHSA Administration.
 - c) Within 45 days, all parties will be notified of the hearing date, the time and location of the hearing, and the right to have another person act for another party.
 - d) The hearing shall:
 - Be conducted by the hearing officer identified above
 - Conducted in an informal manner with testimony restricted to the issues requiring resolution
 - Allow all parties to be present
 - Allow parties to present evidence and witnesses and to examine witnesses and other sources of relevant information and evidence
 - Be recorded
 - The hearing officer will forward the proposed decision to the AAA Director or the HHSA Director, if the complaint is against the AAA Director, for issuance of a final decision.
- 10) Results of the hearing shall be sent to the complainant within 30 days after the date of the hearing. The decision document shall include, but not be limited to a description of each issue, a statement as to whether the complaint was upheld or denied, and an explanation, citation of applicable laws and regulations, and any changes that have been made as a result of the hearing. The decision of this hearing will be final and not subject to additional appeals.

El Dorado County Health & Human Services Area Agency on Aging

Grievance and Complaint Form

Date of Complaint: _____ Name of Complainant: _____

Address: _____ Phone: _____

Is this Complaint being filed on behalf of another party? Yes No

If Yes, please provide the name of the person filing on behalf of complainant.

Name: _____ Phone: _____

Address: _____

Details of the Grievance and Complaint

AAA Program: _____

Date of Incident: _____

Details of Complaint:

Signature of Complainant

Signature of Person Filing on Behalf of Complainant

NOTICE

**El Dorado County Health & Human Services Agency
Community Services Division
Area Agency on Aging**

Grievance and Complaint Policy

Participants denied or dissatisfied with a senior service provided by the El Dorado County Area Agency on Aging (AAA) have the right to file a grievance with the AAA.

For more information about the Agency's Grievance and Complaint Policy and Guidelines, please contact AAA at (530) 621-6150.