

Dear Enrollee;

This is to notify you of Health and Human Resource Center, Inc. DBA Aetna Resources for Living's Grievance Policies.

A grievance is a written or oral expression of dissatisfaction regarding Health and Human Resource Center, Inc. DBA Aetna Resources for Living and/or an EAP Provider, including quality of care concerns, and includes a complaint, dispute, request for reconsideration or appeal made by you or your representative. A complaint is the same as a grievance.

You are entitled to present complaints and grievances within one year of the occurrence. Health and Human Resource Center, Inc. DBA Aetna Resources for Living is obliged to seek to resolve such complaints and grievances in a timely fashion. Health and Human Resource Center, Inc. DBA Aetna Resources for Living has established a procedure for processing and resolving your complaints and grievances.

Should you desire to register a complaint or grievance with Health and Human Resource Center, Inc. DBA Aetna Resources for Living concerning Benefits, you can either call Health and Human Resource Center, Inc. DBA Aetna Resources for Living at the toll-free telephone number **1-800-342-8111**, or access the website at www.mylifevalues.com to either download the complaint form or to fill it out online. To request a copy of Health and Human Resource Center, Inc. DBA the Resources for Living Complaint Form, write directly to Health and Human Resource Center, Inc. DBA Aetna Resources for Living at 10260 Meanley Drive, San Diego, CA 92131. The telephone call or letter should be addressed to the Director, Clinical Quality Improvement. Health and Human Resource Center, Inc. DBA Aetna Resources for Living will acknowledge each complaint and grievance within five (5) days of receipt. The Director, Clinical Quality Improvement will receive and investigate all Member complaints and grievances. The Director, Clinical Quality Improvement will respond to you stating the disposition and the rationale within thirty (30) days of receipt of the grievance. If the grievance is not resolved to your satisfaction, a second level of review may be requested within ten (10) days of notification of such disposition. Any such request will be reviewed by the Medical Director and responded to within seventy-two (72) hours of receipt.

Linguistic and cultural needs will be addressed by translation of grievance forms and procedures into languages other than English. Using TTY lines and varying the means by which an Enrollee may submit a grievance, including verbally to Health and Human Resource Center, Inc. DBA Aetna Resources for Living's staff (bi-lingual capability), on website (Spanish and English), verbally by provider (multi-language capability), or interpreter. This allows Enrollees to submit grievances in a linguistically appropriate manner. When you are seen with the aid of an interpreter, the interpreter or counselor reading this statement will explain the information that is normally provided in a written format.

If you have a complaint or grievance about the services you have received, or will receive in the future, you may notify your counselor (or interpreter), who will supply them with a grievance form and a description of the process. If you wish to submit the grievance through your counselor or interpreter, you may do so.

Visually impaired clients may phone the Director of Quality Improvement directly at **1-800-342-8111**. The Director of Quality Improvement will describe the grievance procedure, and take the grievance information. In this case, the appropriate letters would be sent, and the client contacted by telephone so that the letter can be read. Hearing impaired clients may file a grievance using the California Relay Service's toll-free telephone numbers **(1-800-735-2929)**(TTY) or **(1-888-877-5378)**(TTY) to contact Health and Human Resource Center, Inc. DBA Aetna Resources for Living.

If the complaint or grievance involves a delay, modification, or denial of service related to a clinically emergent or urgent situation, the review will be expedited and a response provided in writing to you within three (3) days from receipt of the complaint or grievance. There is no requirement that you participate in Health and Human Resource Center, Inc. DBA Aetna Resources for Living's grievance process before requesting a review by the California Department of Managed Care ("Department") in the case of an urgent or emergent grievance. The criteria for determining emergent situations are whether you are assessed to be at imminent risk to seriously harm yourself or another person, or are so impaired in judgment as to destroy property or be unable to care for your own basic needs. The criteria for determining urgent situations are whether you are assessed to be significantly distressed, and are in any medical danger due to the level of the problem, or are experiencing a reduced level of functioning due to more than a moderate impairment resulting in an inability to function in key family/work roles.

You, or the agent acting on your behalf, may also request voluntary mediation with Health and Human Resource Center, Inc. DBA Aetna Resources for Living prior to exercising the right to submit a grievance to the Department. The use of mediation services will not preclude your right to submit a grievance to the Department upon completion of the mediation. In order to initiate mediation, you, or the agent acting on your behalf, and Health and Human Resource Center, Inc. DBA Aetna Resources for Living will voluntarily agree to mediation. Expenses for the mediation will be borne equally by the parties. The Department will have no administrative or enforcement responsibilities in connection with the voluntary mediation process. Mediations will take place in San Diego, California unless otherwise determined by the parties.

Pursuant to Section 1365(b) of the Act, any Member who alleges his enrollment has been canceled or not renewed because of his health status or requirement for services may request review by the Department.

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your

plan at **(1-800-342-8111)** and use the plan's grievance process (or locate their grievance form on Health and Human Resource Center, Inc. DBA Aetna Resources for Living's website at www.mylifevalues.com) before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number **(1-888-HMO-2219)** and a TDD line **(1-877-688-9891)** for the hearing and speech impaired. The department's internet web site <http://www.hmohelp.ca.gov> has complaint forms, IMR application forms and instructions online. The Plan's grievance process and the Department's complaint review process are in addition to any other dispute resolution procedures that may be available to you, and your failure to use these processes does not preclude your use of any other remedy provided by law.