

**BENEFICIARY
GRIEVANCE
REVIEW REQUEST
FORM**



**CONTRA COSTA COUNTY
BEHAVIORAL HEALTH SERVICES**

LANGUAGE TAGLINES

English Tagline

ATTENTION: If you need help in your language call 1-888-678-7277 (TTY: 711). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-888-678-7277 (TTY: 711). These services are free of charge.

الشعار بالعربية (Arabic)

يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ 1-888-678-7277 (TTY: 711). تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريل والخط الكبير. اتصل بـ 1-888-678-7277 (TTY: 711). هذه الخدمات مجانية.

Հայերեն պիտակ (Armenian)

ՈՒՇԱՂՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք 1-888-678-7277 (TTY: 711): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Զանգահարեք 1-888-678-7277 (TTY: 711): Այդ ծառայություններն անվճար են:

ប្រាសាទជាភាសាខ្មែរ (Cambodian)

ចំណាំ: បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរស័ព្ទទៅលេខ 1-888-678-7277 (TTY: 711)។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរផុស សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពធំ ក៏អាចរកបានផងដែរ។ ទូរស័ព្ទមកលេខ 1-888-678-7277 (TTY: 711)។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

简体中文标语 (Chinese)

请注意：如果您需要以您的母语提供帮助，请致电 1-888-678-7277 (TTY: 711)。另外还提供针对残疾人士的帮助和服务，例如盲文和需要较大字体阅读，也是方便取用的。请致电 1-888-678-7277 (TTY: 711)。这些服务都是免费的。

مطلب به زبان فارسی (Farsi)

توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با 1-888-678-7277 (TTY: 711) تماس بگیرید. کمک‌ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با 1-888-678-7277 (TTY: 711) تماس بگیرید. این خدمات رایگان ارائه می‌شوند.

हिंदी टैगलाइन (Hindi)

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो 1-888-678-7277 (TTY: 711) पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। 1-888-678-7277 (TTY: 711) पर कॉल करें। ये सेवाएं नि: शुल्क हैं।

Nqe Lus Hmoob Cob (Hmong)

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau 1-888-678-7277 (TTY: 711). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau 1-888-678-7277 (TTY: 711). Cov kev pab cuam no yog pab dawb xwb.

日本語表記 (Japanese)

注意日本語での対応が必要な場合は 1-888-678-7277 (TTY: 711)へお電話ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。1-888-678-7277 (TTY: 711)へお電話ください。これらのサービスは無料で提供しています。

한국어 태그라인 (Korean)

유의사항: 귀하의 언어로 도움을 받고 싶으시면 1-888-678-7277 (TTY: 711) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. 1-888-678-7277 (TTY: 711) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

ແທກໄລພາສາລາວ (Laotian)

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ 1-888-678-7277 (TTY: 711).

ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ
ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະມິຕິພິມໃຫຍ່ ໃຫ້ໂທຫາເບີ
1-888-678-7277 (TTY: 711).
ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

Mien Tagline (Mien)

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiex
longc mienh tengx faan benx meih nyei waac nor douc waac
daaih lorx taux 1-888-678-7277 (TTY: 711). Liouh lorx jauv-
louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic
fangx mienh, beiv taux longc benx nzangc-pokc bun hlou
mbiutc aengx caux aamz mborqv benx domh sou se mbenc
nzaih bun longc. Douc waac daaih lorx 1-888-678-7277 (TTY:
711). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-
henh tengx mv zuqc cuotv nyaanh oc.

ਪੰਜਾਬੀ ਟੈਗਲਾਈਨ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ 1-
888-678-7277 (TTY: 711). ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ,
ਜਿਵੇਂ ਕਿ ਬੋਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ
1-888-678-7277 (TTY: 711).
ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

Русский слоган (Russian)

ВНИМАНИЕ! Если вам нужна помощь на вашем родном
языке, звоните по номеру 1-888-678-7277 (линия TTY: 711).
Также предоставляются средства и услуги для людей с
ограниченными возможностями, например документы
крупным шрифтом или шрифтом Брайля. Звоните по
номеру 1-888-678-7277 (линия TTY:711). Такие услуги
предоставляются бесплатно.

Mensaje en español (Spanish)

ATENCIÓN: si necesita ayuda en su idioma, llame al 1-888-
678-7277 (TTY: 711). También ofrecemos asistencia y
servicios para personas con discapacidades, como

documentos en braille y con letras grandes. Llame al 1-888-678-7277 (TTY: 711). Estos servicios son gratuitos.

Tagalog Tagline (Tagalog)

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa 1-888-678-7277 (TTY: 711). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa 1-888-678-7277 (TTY: 711). Libre ang mga serbisyonang ito.

แท็กไลน์ภาษาไทย (Thai)

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข 1-888-678-7277 (TTY: 711) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข 1-888-678-7277 (TTY: 711) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

Примітка українською (Ukrainian)

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер 1-888-678-7277 (TTY: 711). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер 1-888-678-7277 (TTY: 711). Ці послуги безкоштовні.

Khẩu hiệu tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số 1-888-678-7277 (TTY: 711). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số 1-888-678-7277 (TTY: 711). Các dịch vụ này đều miễn phí.

IMPORTANT INFORMATION YOU SHOULD KNOW

If you need assistance with completing this form:

- You may ask any staff at each program to assist you.
- You may call the Grievance Advocate (not a direct County employee) at (925) 293-4942. Collect calls are accepted.

What is a Grievance?

A grievance is an expression of dissatisfaction about anything regarding your specialty mental health or substance use disorder services that are not one of the problems covered by the appeal and State Hearing processes.

The grievance process will:

- Involve simple and easily understood procedures that allow you to present your grievance orally or in writing.
- Not penalize you or your provider in any way.
- Allow you to authorize another person to act on your behalf, including a specialty mental health or substance use disorder provider. If you authorize another person to act on your behalf, the Contra Costa Mental Health Plan(MHP) or Drug Medi-Cal Organized Delivery System Plan (DMC-ODS) might ask you to sign a form authorizing them to release information to that person.
- Ensure that the individuals making the decisions are qualified to do so and not involved in any previous levels of review or decision-making.

- Provide resolution for the grievance in the required timeframes.

When Can I File a Grievance?

You can file a grievance anytime with the Contra Costa MHP or DMC-ODS) if you are unhappy with the specialty mental health or substance use disorder services you are receiving from Contra Costa MHP or DMC-ODS or have another concern regarding them.

How Can I File a Grievance?

You may call the Access Line at (888) 678-7277 to get help with a grievance. Contra Costa MHP or DMC-ODS will provide self-addressed envelopes at all the providers' sites for you to mail in your grievance. If you do not have a self-addressed envelope, you may mail your grievance directly to the address on this form. Grievances can be filed orally or in writing. Oral grievances do not have to be followed up in writing.

How Do I Know If the CCMHP Received My Grievance?

The Contra Costa MHP or DMC-ODS will let you know that it received your grievance by sending you a written confirmation.

When Will My Grievance Be Decided?

The Contra Costa MHP or DMC-ODS must make a decision about your grievance within 90 calendar days from the date you filed your grievance. The timeframes for making a decision may be extended by up to 14 calendar days if you request an extension, or if Contra Costa MHP or DMC-ODS believes that there is a need for additional information and that the delay is for your benefit. An example of when a delay might be for your benefit is when Contra Costa MHP or DMC-ODS believes it might be able to resolve your grievance if they have more time to get information from you or other people involved.

How Do I Know If the Contra Costa MHP or DMC-ODS Has Made a Decision About My Grievance?

When a decision has been made regarding your grievance, Contra Costa MHP or DMC-ODS will notify you or your representative in writing of the decision. If Contra Costa MHP or DMC-ODS fails to notify you or any affected parties of the grievance decision on time, then Contra Costa MHP or DMC-ODS will provide you with a Notice of Adverse Benefit Determination advising you of your right to request a State Hearing. The Contra Costa MHP or DMC-ODS will provide you with a Notice of Adverse Benefit Determination on the date the timeframe expires.

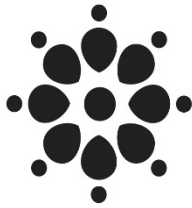
Is There a Deadline to File a Grievance?

No, you may file a grievance at any time.

Beneficiary/families will not be subject to any manner of discrimination, penalty, sanction or restriction for exercising their rights.

For Additional information, please call:

- (925) 957-5160 Office of Quality Improvement
- (888) 678-7277 Behavioral Health Access Line



OFFICE USE ONLY

Grievance No. _____

Date Received _____

BENEFICIARY GRIEVANCE REVIEW REQUEST

Mental Health Services **Substance Use Disorder Services**

A grievance is an expression of unhappiness about anything regarding your specialty mental health or substance use disorder services that are not one of the problems covered by the appeal and State Hearing processes.

Your current Contra Costa County Mental Health or Substance Use Disorder services will NOT be adversely affected in any way by filing a grievance.

Please Print or Type

1. The following information is required to proceed with a grievance:

TODAY'S DATE _____ **BIRTHDATE** _____

BENEFICIARY NAME _____

NAME OF LEGAL GUARDIAN IF ON BEHALF OF MINOR

ADDRESS _____

CITY _____

PHONE _____ **BEST TIME TO CALL** _____

2. Describe the reason(s) for filing a grievance. Be specific by including names, dates, and time whenever possible. (Attach additional pages if necessary.)

3. Have you tried to resolve the problem(s) before filing a grievance?

No. I have not made any prior attempt to resolve the problem(s).

Yes. Please describe what you have done to try to resolve the problem and include the results.

4. What would you like to happen to resolve the grievance?

5. Please add anything else you would like us to know. You may attach additional pages.

SIGNATURE OF PERSON MAKING REQUEST and DATE

RETURN THIS FORM TO:

QUALITY IMPROVEMENT COORDINATOR
BEHAVIORAL HEALTH SERVICES ADMINISTRATION
1340 Arnold Dr., #200, Martinez, CA 94553
Phone (925) 957-5160 Fax (925) 957-5156

Our Mission

The mission of Contra Costa Behavioral Health, in partnership with consumers, families, staff and community-based agencies, is to provide welcoming, integrated services for mental health, substance abuse, homelessness and other needs that promote wellness, recovery, and resiliency while respecting the complexity and diversity of the people we serve.

Our Vision

Contra Costa Behavioral Health envisions a system of care that supports independence, hope, and healthy lives by making accessible behavioral health services that are responsive, integrated, compassionate, and respectful.