

# **BENEFICIARY GRIEVANCE REVIEW REQUEST FORM**



**CONTRA COSTA COUNTY  
BEHAVIORAL HEALTH SERVICES**

## **LANGUAGE ASSISTANCE**

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### **English**

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call (888) 678-7277 (TTY: 711).

ATTENTION: Auxiliary aids and services, including but not limited to large print documents and alternative formats, are available to you free of charge upon request. Call (888) 678-7277 (TTY: 711).

### **Español (Spanish)**

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (888) 678-7277 (TTY: 711).

### **Tiếng Việt (Vietnamese)**

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (888) 678-7277 (TTY: 711).

### **Tagalog (Filipino)**

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa (888) 678-7277 (TTY: 711).

### **한국어 (Korean)**

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. (888) 678-7277 (TTY: 711)

번으로 전화해 주십시오.

## **繁體中文 (Chinese)**

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 (888) 678-7277 (TTY: 711)。

## **Հայերեն (Armenian)**

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Չանգահարեք (888) 678-7277 (TTY: 711)։

## **Русский (Russian)**

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните (888) 678-7277 (TTY: 711)。

## **فارسی (Farsi)**

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد با (888) 678-7277 (TTY: 711) تماس بگیرید.

## **日本語 (Japanese)**

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。(888) 678-7277 (TTY: 711) まで、お電話にてご連絡ください。

## **Hmoob (Hmong)**

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau (888) 678-7277 (TTY: 711)。

## ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। (888) 678-7277 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

## العربية (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (888) 678-7277 رقم هاتف الصم والبكم: 711

## हिंदी (Hindi)

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। (888) 678-7277 (TTY: 711) पर कॉल करें।

## ภาษาไทย (Thai)

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร (888) 678-7277 (TTY: 711).

## ខ្មែរ (Cambodian)

ប្រយ័ត្ន: អរ សើ ិនជាអ្នកនិយាយ ភាសាខ្មែរ ,  
រសវាជំនួយមននកភាសា រោយមិនគិត ្នួន  
គឺអាចមានសំរា ំ ំរ អុើ នក។ ចូ ទូ សព្វ (888) 678-7277 (TTY:  
711)។

## ພາສາລາວ (Lao)

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ,  
ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ,  
ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ (888) 678-7277 (TTY:  
711).

## **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



# BENEFICIARY GRIEVANCE REVIEW REQUEST

<i>OFFICE USE ONLY</i>	
Grievance No. _____	
Date Received _____	

**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** \_\_\_\_\_

**BENEFICIARY NAME** \_\_\_\_\_ **BIRTHDATE** \_\_\_\_\_

**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 \_\_\_\_\_ 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.