alameda county behavioral health
MENTAL HEALTH & SUBSTANCE USE SERVICES

2000 Embarcadero Cove, Suite 400
Oakland, Ca 94606
510-567-8100 / TTY 510-533-5018
Karyn L. Tribble, PsyD, LCSW, Agency Director

NOTICE OF GRIEVANCE RESOLUTION

Date

Beneficiary's Name
Address
City, State Zip

Treating Provider's Name
Address
City, State Zip

RE: YOUR GRIEVANCE

You or *Name of requesting provider or authorized representative*, on your behalf, filed a grievance with the *Plan* on *DATE*. *Plan* has reviewed your grievance. This notice describes steps taken to resolve your grievance.

Using plain language, insert: 1. A summary of the grievance filed by the beneficiary; 2. Steps taken to resolve the grievance (e.g., investigation, speaking with provider); 3. A clear and concise explanation of how the grievance was resolved, including if it was resolved in favor of the beneficiary; and, 4. The reasons for the decision.

If you are dissatisfied with the resolution of your grievance, you may file another grievance with the *Plan*.

The Plan can help you with any questions you have about this notice. For help, you may call *Plan hours of operation* at *24/7 toll-free telephone number*. If you have trouble hearing or speaking, please call TTY/TTD number *TTY/TTD number*, between *hours of operation* for help.

If you need this notice and/or other documents from the Plan in an alternative communication format such as large font, Braille, or an electronic format, or, if you would like help reading the material, please contact *Plan* by calling *telephone number*.

If the Plan does not help you to your satisfaction and/or you need additional help, the State Medi-Cal Managed Care Ombudsman Office can help you with any

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questions. You may call them Monday through Friday, 8am to 5pm PST, excluding holidays, at 1-888-452-8609.

Signature Block

Enclosed: Language Assistance Notice
Beneficiary Non-Discrimination Notice