

**Alameda County Behavioral Health Care Services  
Consumer Complaint Problem Resolution/Grievance Information**

**The Alameda County Behavioral Health Care Services Mental Health Plan (ACBHCS-MHP)** has available to all consumers a complaint/grievance procedure to ensure that excellent quality, integrity of services and consumer satisfaction are maintained. This complaint procedure has two components: (1) the informal Problem Resolution Process and (2) the written Formal Grievance Procedure. The initial procedure of January 1, 1995 was revised as of November 1, 1997, and is in addition to the Patients' Rights Advocate and the State Medi-Cal Fair Hearing Agency. You have the right to authorize another person to act on your behalf at any time during the complaint grievance process.

**If You Have a Complaint, please call:**

**YOUR SERVICE PROVIDER**

You can speak with your service provider to try to resolve your complaint informally. If you prefer, you can make a formal, written grievance. You can obtain a Consumer Complaint Record from your service provider or from the County Consumer Assistance Office.

**THE COUNTY CONSUMER ASSISTANCE OFFICE**

You can call the County Consumer Assistance Office at 1 (800) 779-0787 or fax (510) 567-8130 and make your complaint informally. You can get a copy of the Consumer Complaint Record, and the Consumer Assistance Office can help you in filling it out. You can also submit in writing a request for a formal grievance at anytime to the Consumer Assistance Office. If the grievance is not resolved to your satisfaction, an appeal can be made to the

Grievance/Appeal Committee. The address for written correspondence is 2000 Embarcadero Cove, Suite 400, Oakland, CA 94606.

**THE PATIENTS' RIGHTS ADVOCATE**

If your complaint has to do with a denial of your patients' rights or to help you determine whether it is a patients' rights issue, call the Patients' Rights Advocate at 1 (800) 734-2504.

**Types of Appeal**

You may appeal for the denial of services. If the services you are receiving is to be reduced or terminated and you receive a Notice of Action from ACBHCS-MHP authorizing agent, you have the right to a grievance/appeal. Alameda County Behavioral Health Care Services has two levels of appeal. To request an appeal hearing, notify the site where you were denied service that you wish to appeal the action by filing a formal written grievance. The Consumer Assistance Office is also available to assist you with filing a grievance/appeal.

**The State Fair Hearing**

If you are a Medi-Cal beneficiary and receive a Notice of Action from ACBHCS-MHP that you are being denied services or that services you have been receiving are to be reduced or terminated, you have the right to a State Fair Hearing. To request a hearing, complete the Request for State Fair Hearing form or call the Public Inquiry and Response Unit at 1 (800) 743-8525.

After your informal oral complaint or formal written complaint or grievance has been received, the people who received it will try to resolve it; you will be notified promptly of the results. All complaints are kept confidential within Alameda County Behavioral Health Care Services, and consumers are not subject to discrimination or any other penalty for filing an appeal, complaint or grievance.

I (print name) \_\_\_\_\_, the undersigned, acknowledge receipt of a copy of the Consumer Complaint Problem Resolution/Grievance Information.

Signature \_\_\_\_\_ Witness \_\_\_\_\_

Date \_\_\_\_\_