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HEALTH SERVICES DIRECTOR

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MATTHEW P. WHITE, MD  
INTERIM BEHAVIORAL HEALTH SERVICES DIRECTOR

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ALCOHOL & OTHER DRUGS SERVICES PROGRAM CHIEF



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ALCOHOL & OTHER DRUGS SERVICES  
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## 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 Contra Costa County DMC-ODS Plan on *DATE*. Contra Costa County DMC-ODS 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 Contra Costa County DMC-ODS Plan.

The Plan can help you with any questions you have about this notice. For help, you may call Contra Costa County DMC-ODS Plan 8:00 AM to 5:00 PM at 1-800-846-1652. If you have trouble speaking or hearing, please call 800 735 2922 between 8:00 AM to 5:00 PM M-F 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 Contra Costa County DMC-ODS Plan by calling 1-800-846-1652.

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

*Signature Block*