**“Grievance Resolution”**

**NOTICE OF GRIEVANCE RESOLUTION**

*Date*

*Beneficiary’s Name* *Treating Provider’s Name*

*Address* *Address*

*City, State Zip* *City, State Zip*

**RE: YOUR GRIEVANCE**

You or*Name of requesting provider or authorized representative, on your behalf*, filed a grievance with San Mateo County Behavioral Health and Recovery Services (BHRS) on *DATE*. The Office of Consumer and Family Affairs (OCFA) of BHRS 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 BHRS.

OCFA can help you with any questions you have about this notice. For help, you may call OCFA Monday through Friday, 8am to 5pm PST, at (800) 388-5189 or call the BHRS ACCESS call center’s 24/7 toll-free telephone number (800) 686-0101. If you have trouble speaking or hearing, please call 711 or the California Relay Service at (800) 855-7100, available 24 hours a day, 7 days a week for help.

If you need this notice and/or other documents from BHRS 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 BHRS by calling (800) 388-5189.

If BHRS 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.

Sincerely,

*Signature Block*