**NOTICE OF GRIEVANCE RESOLUTION**

#### Date

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| --- | --- | --- |
| *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 the *San Bernardino County Department of Behavioral Health (DBH, also referred to as the Plan throughout this document)* on*Date***.** *DBH* has reviewed your grievance. This notice describes steps taken to resolve your grievance.

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| *1. Using plain language, insert 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 *DBH*.

*The Plan* can help you with any questions you have about this notice. For help, you may call *the DBH Access Unit 24 hours a day, 7 days a week at 1 (888) 743-1478.*  If you have trouble speaking or hearing, please call the TTY/TTD number *7-1-1*, *24 hours a day, 7 days a week* 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 *the DBH Access Unit* by calling *1 (888) 743-1478*.

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 Monday through Friday, 8 a.m. to 5 p.m. PST, excluding holidays, at 1 (888) 452-8609.

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| --- | --- |
| Authorized Printed Name | Authorized Signature |

Enclosed: [Language Assistance Taglines](http://wp.sbcounty.gov/dbh/wp-content/uploads/2019/06/14.-DBH-Language-Assistance-QM027_E.docx)

 [Beneficiary Nondiscrimination Notice](http://wp.sbcounty.gov/dbh/wp-content/uploads/2019/06/13.Beneficiary-Nondiscrimination-Notice-QM026_E.docx)