El Dorado County Substance Use Disorder Services

Drug Medi-Cal Organized Delivery System (DMC-ODS)

Grievance Form

We encourage you to discuss any complaints or issues about your substance use disorder treatment with your network provider. You may file a Grievance by talking to your network provider or any El Dorado Co. DMC-ODS employee with whom you feel comfortable. You may complete this form or phone in your Grievance to the Problem Resolution Coordinator (530) 621-6146 or (800) 929-1955.

Your Name:	
Your Date of Birth:	
Your Phone Number:	
Your Address:	

DESCRIBE THE GRIEVANCE
(Please include dates and names, if possible; use additional pages if necessary):

I also understand that the Problem Resolution Coordinator (or designee) will be authorized to contact any involved provider in order to resolve my Grievance. The Problem Resolution Coordinator will also be authorized to discuss any and all information that shall be needed to evaluate and resolve this Grievance.

_____

Signature Date

PLEASE SEE SECOND PAGE

PLEASE READ AND SIGN BELOW:

You may authorize another person to act on your behalf and this representative may use the Grievance process if requested by you. Any staff person can assist you throughout the Grievance process and keep you informed of the status of your Grievance. The El Dorado Co. DMC-ODS will ensure that you are not subject to any discrimination or penalty for filing a Grievance. You may examine your case file at any time, including medical records and any other documents and records considered during the Grievance process.

If you need further information regarding the Grievance process, please call the El Dorado Problem Resolution Coordinator at (530) 621-6146 or (800) 929-1955.

For the purpose of resolving this Grievance, I authorize the following person to act on my behalf or help me with the Grievance process:

Name and phone number of my representative:	

I also understand that the Utilization Review Coordinator (or designee) will be authorized to contact my representative (as named above). The El Dorado Problem Resolution Coordinator will also be authorized to discuss any and all information that shall be needed to evaluate and resolve this Grievance.

_____

Signature Date

When you have completed, signed and dated send securely to
SUDSQualityAssurance@edcgov.us

You may also mail or drop off completed form to:

Problem Resolution Coordinator
Substance Use Disorder Services
929 Spring Street
Placerville, CA 95667