**RECIEPT OF GRIEVANCE ACKNOWLEDGEMENT LETTER**

Date

|  |  |  |
| --- | --- | --- |
| *Beneficiary’s Name* |  | *Treating Provider’s Name* |
| *Address* |  | *Address* |
| *City, State Zip* |  | *City, State Zip* |

**RE: Receipt of Grievance Acknowledgement**

This letter acknowledges receipt of your grievance on *date*. A Grievance Coordinator will begin the research of your grievance and be in touch with you.

*San Bernardino County Department of Behavioral Health (DBH, also referred to as the Plan throughout this document)* will notify you of the grievance resolution in writing using the Notice of Grievance Resolution (NGR) within 90 calendar days from the date your grievance was received*.*

If your grievance is in dispute of *the Plan’s* decision to extend the timeframe for making an authorization decision, the grievance must be resolved within 30 days.

During the grievance process you may authorize someone to act on your behalf as an authorized representative. To obtain information on the status of a pending grievance or request assistance with the grievance process you or your authorized representative may contact *Clinic* at *Clinic Phone Number*, OR

|  |  |
| --- | --- |
| [ ]  | *The DBH Access Unit at 1 (888) 743-1478* |
| [ ]  | *Substance Use Disorder and Recovery Services (SUDRS) at 1 (800) 968-2636* |
| *24 hours a day, 7days a week*. |

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 letter 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 at 1 (888) 743-1478*.

If you have any questions, you may contact me at the phone number listed below.

Sincerely,

|  |  |
| --- | --- |
| Authorized Printed Name and Title | 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)