



A Tradition of Stewardship
A Commitment to Service

Napa County Health and Human Services
Alcohol and Drug Services Division
2751 Napa Valley Corporate Drive, Napa, CA 94559

Substance Use Disorder Grievance Form for Beneficiaries
(Please follow the instructions on page 2)

Grievance (Select one): Written Oral *(please fill out Grievance Submitted by section below)

BENEFICIARY INFORMATION (all fields must be completed) Please print or write clearly DATE: _____

Last Name:	First Name:	SSN <i>(last four numbers only)</i> :	Day Phone:
Street Address:			
City:		Zip Code:	

PERSONAL REPRESENTATIVE INFORMATION (Person you designate to provide and receive information on your behalf):
(If you do **not** wish to select a personal representative leave name and address information below blank)

Last Name of Representative:	First Name of Representative:	Representative's Day Phone:
Representative's Street Address:		
City:		Zip Code:

Beneficiary signature giving permission for release of information to personal representative about this grievance.:

Signature: _____ Date: _____

PROBLEM DESCRIPTION (Check all that apply)

- Access to care
- Confidentiality
- Program requirements
- Interpersonal relationship issue
- Respect of rights
- Dissatisfaction with provider
- Quality of Care
- Other _____

DESCRIBE YOUR CONCERN: Be specific by including names, dates, and time whenever possible. (Attach additional sheets if necessary). If taken orally by staff, be thorough in gathering information for clarity.

HOW WOULD YOU LIKE TO SEE YOUR CONCERN ADDRESSED? During the investigation of your concern, staff named in your grievance will be told that a grievance has been filed.

WHAT, IF ANYTHING, HAS BEEN DONE TO RESOLVE YOUR CONCERN?

***GRIEVANCE SUBMITTED BY:** _____ **Phone Number:** _____
(if other than beneficiary, list submitter's name and relationship to beneficiary)



A Tradition of Stewardship
A Commitment to Service

**Napa County Health and Human Services, Alcohol and Drug Services Division
2751 Napa Valley Corporate Drive, Napa, CA 94559**

Instructions to Beneficiaries for Substance Use Disorder Grievance Form

What is a grievance? Sometimes people are not satisfied with the services they receive. If you experience problems with your services and you feel strongly that something needs to be done, you have the right to file a grievance. Filing a grievance will not be used against you. All you need to do is complete this form, have someone help you complete this form, or tell a staff member about your grievance and they will complete the form for you.

Does your concern involve?

- Denial or limitation of service
- Reduction, suspension, or termination of a previously authorized service
- Denial of payment for service
- Failure to provide services in a timely manner
- Failure to act within a timely manner in the grievance process

If you have marked any of the boxes above, your concern is not a grievance and you will need to complete a SUDS Appeal Form. You may pick up a SUDS Appeal form at any of the offices where you receive SUDS services or you may request that a form be sent to you by contacting **Alcohol and Drug Services Staff at (707) XXXXXX.**

What is a personal representative? You can identify someone who can help you and represent you in submitting and/or receiving information regarding your grievance. If you wish to do this, you will need to fill out the information in the **Personal Representative section** on the front of this form. Unless your designated representative already has legal responsibility to act on your behalf (for example your parent(s) or your Conservator) you will need to provide your signature, with the date in this section in order to give your permission for us to discuss this grievance with your personal representative.

What happens after I file my grievance? Your grievance will be sent to Napa County Quality Management Division. This department is in charge of handling grievances. They will send you a letter within 24 business hours of receiving your grievance. Review of your grievance will be done by people who are not involved in any previous level of review or decision-making with you.

How long will it take? The County has 90 days to review and make a decision about your grievance. In some cases, that time may be extended by an additional 14 days. You will be sent a letter regarding the decision made with your grievance.

What if I disagree with the decision? The decision of the County is final.

What if the County doesn't contact me within the 90-days? Because the County has not acted in a timely manner regarding your grievance, you will be sent a (Notice of Adverse Benefit Determination) NOABD-D form – which is used for Delays in Grievance/Appeal Processing. The NOABD-D form will provide you with information on additional rights you may have as a result of the delay.

IMPORTANT INFORMATION YOU SHOULD KNOW

If you need assistance in completing this form, you may authorize another person to act on your behalf or:

- You may call Quality Management at (707) 253-4076 or ADS Offices at XXXX.
- You may contact the Napa County Office of Patient's Rights to assist you. You can reach the Patient's Rights Advocate by calling (707) 501-3298.

In addition to this form, you may submit written materials and present additional clinical or medical evidence in support of your position. Beneficiaries and families will not be subject to any manner of discrimination, penalty, sanction or restriction for exercising their grievance and appeal rights.

Once you have completed the Grievance Form, it must be immediately mailed to 2751 Napa Valley Corporate Drive, Napa, CA 94559-3721. Prepaid and pre-addressed envelopes are available. You may also deliver your grievance in person to the Quality Management Staff at 2751 Napa Valley Corporate Drive, Building B or fax it to Quality Management Staff at 707-299-4210. Contact the Quality Management Staff at (707) 253-4076 if you have questions.