



**El Dorado County Health & Human Services Agency,
Behavioral Health- Substance Use Disorder Services**

DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM

MEMBER & APPLICANT RIGHTS AND PROBLEM RESOLUTION PROCESS

Toll-free 1-800-929-1955

TTY: 1-800-952-8349

YOUR RIGHTS AS A MEMBER OR APPLICANT

Members and applicants of El Dorado County DMC-ODS Plan have the right to:

1. Be treated with dignity and respect.
2. Receive services in a safe and supportive environment.
3. Receive information about available treatment and counseling options.
4. Exercise your rights, knowing that those rights do not adversely affect the way you are treated.
5. Participate in decisions regarding your care, including the right to refuse treatment.
6. Receive information about medication benefits and side effects.
7. Request access to records.
8. Receive confidential care and record keeping. Information will not be released unless required by law.
9. Participate in decisions about treatment.
10. Request a change of provider or second opinion.
11. Receive services that are culturally competent and sensitive.
12. Use the Problem Resolution Process to address service problems.
13. Submit a formal grievance to address and resolve service problems.
14. Request a State Fair Hearing if services are denied, reduced, or terminated.
15. Authorize an individual to act, speak or write, on your behalf during the complaint, grievance or fair hearing process.

If you believe your rights aren't being upheld:

We hope you will discuss any complaints or issues about your member or applicant rights with your provider.

PROBLEM RESOLUTION PROCESS

Members and applicants may also contact the El Dorado Co. DMC-ODS plan at one of the following:

- Problem Resolution Coordinator..... (530) 621-6146**
- Patient’s Right Office..... (530) 621-6183**
- DMC-ODS Toll Free.....1(800) 929-1955**

The DMC-ODS Plan will help members and applicants resolve their complaints through a grievance process. There is no distinction between an informal and formal grievance. A complaint is the same as a formal grievance unless it meets the definition of an “adverse benefit determination.

Grievances can be filed by phone, in writing, in person, or electronically. The county is required to assist you complete these forms upon your request. This includes, but is not limited to, auxiliary aids and services such as providing interpreter services and toll-free numbers that have adequate TTY/TTD and interpreter capability. If completing a grievance form letter, mail completed form to:

El Dorado County Health & Human Services Agency
 Behavioral Health Division DMC-ODS Plan
 ATTN: Problem Resolution Coordinator
 929 Spring Street
 Placerville, CA 95667
 Email: edcods@edcgov.us

Members and applicants will not be penalized for using the Problem Resolution Process.

TAKE CONTROL

Steps you can take to help prevent a problem:

- Tell your care provider(s) about symptoms and problems.
- Ask questions about treatment, **especially** if you don’t understand.
- Try not to schedule an appointment that you may not be able to keep, and notify the appointment desk as soon as possible if you cannot keep an appointment.
- Treat staff and clinical providers with respect and dignity.