

You have the right to file a grievance about your mental health or substance use disorder services at Jefferson Center. A grievance is any dissatisfaction with any part of your mental health or substance use disorder services except adverse benefit determination (decision). There is no time limit on when you can file a grievance. You can file your grievance in person, by telephone or in writing. You can also get help putting your grievance in writing if you want. To file a grievance, please contact:

Jefferson Center Office of Consumer and Family Affairs

4851 Independence Street, Wheat Ridge, CO 80033 • 303-432-5047

Filing a grievance:

- The Advocate will send a letter within 2 working days to confirm that your grievance was received.
- The Advocate will investigate your grievance and send you a decision within 15 working days.
- If more time is needed, the Advocate will send you a letter asking for 14 more calendar days. The letter will explain the reasons for the delay and why it is in your best interest.
- The Advocate will then send you a letter explaining the decision on your grievance, the day it was made and what you can do if you are not satisfied with the decision.

What to do if you are not satisfied with the decision:

- If you have Health First Colorado (Colorado's Medicaid Program), you may ask for a review by the Department of Health Care Policy and Financing (HCPF) by calling 303-866-4623. Their decision will be final.
- If you do not have Health First Colorado (Colorado's Medicaid Program), you may ask for a review by the Office of Behavioral Health by calling 303-866-7191. Their decision will be final.

Some important things to know if you have Health First Colorado (Colorado's Medicaid Program):

The Advocate who makes a decision on your grievance will not have been involved in the issue before. Also, if your grievance involves clinical issues and the Advocate does not have clinical training, the Advocate will consult with a clinician in making a decision on your grievance.

- You may contact the state Ombudsman for Medicaid Managed Care for help filing a grievance. Their number is 1-877-435-7123. You may also file your grievance with your Health First Colorado Regional Accountable Entity (RAE) instead of the mental health center. If you live in Boulder, Broomfield, Clear Creek, Gilpin or Jefferson County, your RAE is Colorado Community Health Alliance (CCHA). To file your grievance with CCHA, contact:

Colorado Community Health Alliance
CCHA Member Support Services
PO Box 13406, Denver, CO 80202
855-627-4685 TTY 711

- Health First Colorado (Colorado's Medicaid Program) members also have the right to ask for a second opinion if you disagree with a diagnosis or treatment decision by Jefferson Center. To ask for a second opinion, call your Regional Accountable Entity. If your RAE is CCHA, call the CCHA Member Support Services at the number listed above. There is no charge for a second opinion for Health First Colorado (Colorado's Medicaid Program) members.

Grievance Form *(not required)*

You do not need to use a form to file your grievance, but you may use it if you choose.

Client's Name: _____

Name of Person Filing (if different from above): _____

Date of Designated Client Representative (DCR) form: _____

Relationship to Client: _____

Phone number of consumer or person filing: _____/_____-_____

Email: _____

Please state your grievance (complaint). Be as specific as possible (use a second page if necessary).

If you have already talked to someone at Jefferson Center to try to resolve the issue, please tell us about that:

What would you like to see happen to resolve your grievance?

Signature: _____ **Date:** _____

Please mail or fax the form to:

Jefferson Center Office of Consumer and Family Affairs
4851 Independence Street, Wheat Ridge, CO 80033
Fax: 303-432-5790

Or, if you have Health First Colorado (Colorado's Medicaid Program), you can mail or fax the form to:

Colorado Community Health Alliance
CCHA Member Support Services
PO Box 13406, Denver, CO 80202

For a copy of this letter in large type or help with oral or written translation, please call 303-425-0300. We will provide this to you for free. If you have speech or hearing disabilities, you may use TTY 1-800-432-9553 or State Relay 711.