

Client Grievance Procedure

1.

You have a complaint.

2.

Try to work it out with the agency / staff member you have the issue with.

This is optional, you may call Optum directly if you desire.

4.

A grievance decision will be made within 45 days.

Once a decision is made, Optum will contact you and give you the results of the investigation.

3.

***Call 877-370-8953, option #2 to speak to a grievance coordinator or send your complaint in writing to:**

Lori Maxfield c/o Optum
2525 Lake Park Blvd.
West Valley, UT 84120

**If you do not want talk to us about your grievance, you can call Medicaid on weekdays at 877-291-5583*

Nondiscrimination Policy:

Salt Lake County Division of Behavioral Health Services and Optum follow applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Optum does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Optum:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Optum at 1-877-370-8953.

If you believe that Optum has not provided these services or has treated you unfairly or discriminated in another way on the basis of your race, color, national origin, age, disability, or sex, you can file a grievance in person or by mail, fax, or email with the Optum Grievance Representative. **In Person or Mail:** 2525 Lake Park Blvd, West Valley City, UT 84120, **Phone:** 1-877-370-8953, **Fax:** 1-801-982-3159, or **Email:** lori.maxfield@optum.com. You may also file a complaint with Medicaid Constituent Services Representative, by **Mail:** P.O. Box 143106, Salt Lake City, UT 84114-3106, **Phone:** 1-801-538-6417, 1-877-291-5583, **Fax:** 1-801- 538-6805, or **Email:** medicaidmemberfeedback@utah.gov .

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, **Mail:** Centralized Case Manager Operations, U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201, or **Phone:** 1-800-368-1019, 1-800-537-7697 (TDD), or **Email:** OCRComplaint@hhs.gov.

If you want to mail or email your complaint, you can write your complaint or you can use the Office of Civil Rights complaint form available at: <http://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html>

If you need help filing a grievance, call Optum at 1-877-370-8953 and hit prompt #2.

Language Services:

Free language assistance services are available to you. Please call 1-877-370-8953 or see below:

Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-370-8953.

Chinese

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-370-8953。

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-608-9422.

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-370-8953 번으로 전화해 주십시오.

Navajo

Díí baa akó nínizin: Díí saad bee yáníłti'go **Diné Bizaad**, saad bee áká'ánída'áwo'dęę', t'áá jiik'eh, éi ná hólq, kojí' hódíílnih 1-877-370-8953.

Nepali

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-877-370-8953 ।

Tongan

FAKATOKANGA'I: Kapau 'oku ke Lea-Fakatonga, ko e kau tokoni fakatonu lea 'oku nau fai atu ha tokoni ta'etotongi, pea teke lava 'o ma'u ia. Telefoni mai 1-877-370-8953.

Serbo-Croatian

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-877-370-8953.

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-370-8953.

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-370-8953.

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-370-8953.

. Cambodian

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-877-370-8953.

French

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-370-8953.

Japanese

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-877-370-8953。

Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-877-370-8953