sonoma county
DEPARTMENT OF HEALTH SERVICES

NOTICE OF ADVERSE BENEFIT DETERMINATION
About Your Treatment Request

Date

Beneficiary's Name
Address
City, State Zip

Treating Provider Name
Address
City, State Zip

RE: Service Requested

Name of Requestor has asked Sonoma County Behavioral Health Mental Health Plan (the MHP) to approve Service requested. This request is denied. The reason for the denial is

Using plain language, insert a clear and concise explanation of the reason(s) for the decision and the clinical reason(s) for the decision regarding medical necessity

Per the Code of Federal Regulations, Title 42, Section 438.400(b)(3), the MHP may deny in whole, or in part, a beneficiary's request for service(s), when (**all items selected below apply**):

☐ A) The beneficiary does not meet medical necessity criteria for Specialty Mental Health Services (Title 9, Ch.11, Sections 1830.205/1830.210), psychiatric inpatient hospital services, or related professional services (Section 1820.205)

☐ B) The requested service(s) is excluded from reimbursement (Sections 1810.355/1840.312)

☐ C) The person for which the service(s) is being requested is ineligible for said service(s) (42 CFR 435.403)

☐ D) The MHP requested additional information from your provider that the MHP needs to approve payment of the proposed service(s). To date, the information has not been received (Title 9, Ch.11, Section 1840.314)

☐ E) The provider did not agree to/satisfy the MHP contractual agreements, or Medi-Cal reporting/documentation requirements (Sections 1840.314/1840.316)

You may appeal this decision if you think it is incorrect. The enclosed "Your Rights" information notice tells you how. It also tells you where you can get help with your appeal. This also means free legal help. You are encouraged to send with your appeal any information or documents that could help your appeal. The enclosed "Your Rights" information notice provides timelines you must follow when requesting an appeal.

You may ask for free copies of all information used to make this decision. This includes a copy of the guideline, protocol, or criteria that we used to make our decision. To ask for this, please call the Sonoma County Behavioral Health (SCBH) Access Team (24/7) at 1-800-870-8786 (toll-free) or 707-565-6900.

If you are currently getting services and you want to keep getting services while we decide on your appeal, you must ask for an appeal within 10 days from the date on this letter or before the date The Plan says services will be stopped or reduced.

The Plan can help you with any questions you have about this notice. For help, you may call the SCBH Access Team (24/7) at 1-800-870-8786 (toll-free) or 707-565-6900. If you have trouble speaking or hearing, please call TTY number 1-800-735-2929 or 711 for help.

If you need this notice and/or other documents from the MHP 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 MHP by calling 707-565-6900 or 1-800-870-8786 (24/7).

If the Plan does not help you to your satisfaction and/or you need additional help, the State Medi-Cal Managed Care Ombudsman Office can help you with any questions. You may call them Monday through Friday, 8am to 5pm PST, excluding holidays, at 1-888-452-8609.

This notice does not affect any of your other Medi-Cal services.

Signature

Enclosures:
"Your Rights"
"Language Assistance Taglines"
"Beneficiary Non-Discrimination Notice"

sonoma county
DEPARTMENT OF HEALTH SERVICES

YOUR RIGHTS UNDER MEDI-CAL

If you need this notice and/or other documents from the MHP 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 MHP by calling 707-565-6900 or 1-800-870-8786 (24/7).

IF YOU DO NOT AGREE WITH THE DECISION MADE FOR YOUR MENTAL HEALTH OR SUBSTANCE USE DISODER TREATMENT, YOU CAN FILE AN APPEAL. THIS APPEAL IS FILED WITH YOUR PLAN.

HOW TO FILE AN APPEAL

You have **60 days** from the date of this "Notice of Adverse Benefit Determination" letter to file an appeal. **If you are currently getting treatment and you want to keep getting treatment, you must ask for an appeal within 10 days** from the date on this letter OR before the date your Plan says services will stop. You must say that you want to keep getting treatment when you file the appeal.

You can file an appeal by phone or in writing. If you file an appeal by phone, you must follow up with a written signed appeal. The Plan will provide you with free assistance if you need help.

- To appeal by phone: Contact Sonoma County Behavioral Health Grievance Coordinator by calling 707-565-7895 (Mon-Fri 8am-5pm) or calling 1-800-870-8786 (toll-free) 24/7. Or, if you have trouble hearing or speaking, please call 1-800-735-2929 or 711.

- To appeal in writing: Fill out an appeal form or write a letter to your plan and send it to:

  Sonoma County Behavioral Health
  C/O Grievance Coordinator
  2227 Capricorn Way, Suite 207
  Santa Rosa, CA 95407-5419

  Your provider will have appeal forms available. The MHP can also send a form to you.

You may file an appeal yourself. Or, you can have someone like a relative, friend, advocate, provider, or attorney file the appeal for you. This person is called an "authorized representative." You can send in any type of information you want your Plan to review. Your appeal will be reviewed by a different provider than the person who made the first decision.

Your Plan has 30 days to give you an answer. At that time, you will get a "Notice of Appeal Resolution" letter. This letter will tell you what the Plan has decided. **If you do not get a letter with The Plan's decision within 30 days, you can ask for a "State Hearing" and a judge will review your case**. Please read the section below for instructions on how to ask for a State Hearing.

EXPEDITED APPEALS

If you think waiting 30 days will hurt your health, you might be able to get an answer within 72 hours. When filing your appeal, say why waiting will hurt your health. Make sure you ask for an "**expedited appeal."**

STATE HEARING

If you filed an appeal and received a "Notice of Appeal Resolution" letter telling you that your Plan will still not provide the services, or **you never received a letter telling you of the decision and it has been past 30 days,** you can ask for a "State Hearing" and a judge will review your case. You will not have to pay for a State Hearing.

You must ask for a State Hearing within **120 days** from the date of the "Notice of Appeal Resolution" letter. You can ask for a State Hearing by phone, electronically, or in writing:

- By phone: Call **1-800-952-5253**. If you cannot speak or hear well, please call **TTY/TDD 1-800-952-8349**.

- Electronically: You may request a State Hearing online. Please visit the California Department of Social Services' website to complete the electronic form: https://secure.dss.cahwnet.gov/shd/pubintake/cdss-request.aspx

- In writing: Fill out a State Hearing form or send a letter to:

California Department of Social Services
State Hearings Division
P.O. Box 944243, Mail Station 9-17-37
Sacramento, CA 94244-2430

Be sure to include your name, address, telephone number, Date of Birth, and the reason you want a State Hearing. If someone is helping you ask for a State

Hearing, add their name, address, and telephone number to the form or letter. If you need an interpreter, tell us what language you speak. You will not have to pay for an interpreter. We will get you one.

After you ask for a State Hearing, it could take up to 90 days to decide your case and send you an answer. If you think waiting that long will hurt your health, you might be able to get an answer within 3 working days. You may want to ask your provider or Plan to write a letter for you, or you can write one yourself. The letter must explain in detail how waiting for up to 90 days for your case to be decided will seriously harm your life, your health, or your ability to attain, maintain, or regain maximum function. Then, ask for an **"expedited hearing"** and provide the letter with your request for a hearing.

Authorized Representative

You may speak at the State Hearing yourself. Or someone like a relative, friend, advocate, provider, or attorney can speak for you. If you want another person to speak for you, then you must tell the State Hearing office that the person is allowed to speak for you. This person is called an "authorized representative."

LEGAL HELP

You may be able to get free legal help. You may also call the local Legal Aid program in your county at 1-888-804-3536.

NONDISCRIMINATION NOTICE

Discrimination is against the law. The MHP follows Federal civil rights laws. The MHP does not discriminate, exclude people, or treat them differently because of race, color, national origin, age, disability, or sex.

The MHP provides:

- Free aids and services to people with disabilities to help them communicate better, such as:
    - Qualified sign language interpreters
    - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- 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 The SCBH Access Team (24/7) by calling 1-800-870-8786 (toll-free) or 707-565-6900. Or, if you cannot hear or speak well, please call 1-800-735-2929 or 711.

HOW TO FILE A GRIEVANCE

If you believe that the MHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the MHP. You can file a grievance by phone, in writing, in person, or electronically:

- By phone: Contact Sonoma County Behavioral Health Grievance Coordinator by calling 707-565-7895 (Mon-Fri 8am-5pm) or calling 1-800-870-8786 (toll-free) 24/7. Or, if you have trouble hearing or speaking, please call 1-800-735-2929 or 711.

- In writing: Fill out a grievance form, or write a letter and send it to:

  Sonoma County Behavioral Health
  C/O Grievance Coordinator
  2227 Capricorn Way, Suite 207
  Santa Rosa, CA 95407-5419

- In person: Visit your provider's office or the MHP and say you want to file a grievance.

OFFICE OF CIVIL RIGHTS

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- By phone: Call **1-800-368-1019**. If you cannot speak or hear well, please call **TTY/TDD 1-800-537-7697**.

- In writing: Fill out a complaint form or send a letter to:

  U.S. Department of Health and Human Services
  200 Independence Avenue, SW
  Room 509F, HHH Building
  Washington, D.C. 20201

  Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

- Electronically: Visit the Office for Civil Rights Complaint Portal at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf.

LANGUAGE ASSISTANCE TAGLINES

English
ATTENTION: If you need help in your language call 1-800-870-8786 or 1-707-565-6900 (TTY: 711). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-800-870-8786 or 1-707-565-6900 (TTY: 711). These services are free of charge.

(Arabic) بالعربية الشعار
يُرجى الانتباه :إذا احتجت إلى المساعدة بلغتك، فاتصل بـ 1-800-870-8786 or 1-707-565-6900. تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريل والخط الكبير. اتصل بـ 1-800-870-8786 (TTY: 711) or 1-707-565-6900 (TTY: 711). هذه الخدمات مجانية.

(Armenian) Հայերեն պիտակ
ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք 1-800-870-8786 or 1-707-565-6900 (TTY: 711): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Զանգահարեք 1-800-870-8786 or 1-707-565-6900 (TTY: 711): Այդ ծառայություններն անվճար են:

(Cambodian) ឃ្លាសម្គាល់ជាភាសាខ្មែរ
ចំណាំ៖ បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរស័ព្ទទៅលេខ 1-800-870-8786 or 1-707-565-6900 (TTY: 711)។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរធំ សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពធំ ក៏អាចរកបានផងដែរ។ ទូរស័ព្ទមកលេខ 1-800-870-8786 or 1-707-565-6900 (TTY: 711)។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

(Chinese) 简体中文标语
请注意：如果您需要以您的母语提供帮助，请致电 1-800-870-8786 or 1-707-565-6900 (TTY: 711)。另外还提供针对残疾人士的帮助和服务，例如盲文和需要较大字体阅读，也是方便取用的。请致电 1-800-870-8786 or 1-707-565-6900 (TTY: 711)。这些服务都是免费的。

مطلب به زبان فارسی (Farsi)
توجه :اگر می‌خواهید به زبان خود کمک دریافت کنید، با 1-800-870-8786 or 1-707-565-6900 (TTY: 711) تماس بگیرید. کمک‌ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با 1-800-870-8786 or 1-707-565-6900 (TTY: 711) تماس بگیرید. این خدمات رایگان ارائه می‌شوند.

(Hindi) हिंदी टैगलाइन
ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो 1-800-870-8786 or 1-707-565-6900 (TTY: 711) पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। 1-800-870-8786 or 1-707-565-6900] (TTY: 711) पर कॉल करें। ये सेवाएं नि: शुल्क हैं।

(Hmong) Nqe Lus Hmoob Cob
CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau 1-800-870-8786 or 1-707-565-6900 (TTY: 711). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau 1-800-870-8786 or 1-707-565-6900 (TTY: 711). Cov kev pab cuam no yog pab dawb xwb.

(Japanese) 日本語表記
注意日本語での対応が必要な場合は 1-800-870-8786 or 1-707-565-6900 (TTY: 711)へお電話ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。1-800-870-8786 or 1-707-565-6900 (TTY: 711)へお電話ください。これらのサービスは無料で提供しています。

(Korean) 한국어 태그라인
유의사항: 귀하의 언어로 도움을 받고 싶으시면 1-800-870-8786 or 1-707-565-6900 (TTY: 711) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. 1-800-870-8786 or 1-707-565-6900 (TTY: 711) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

(Laotian) ແທກໄລພາສາລາວ
ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອ ໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ 1-800-870-8786 or 1-707-565-6900 (TTY: 711). ຍັງມີ ຄວາມຊ່ວຍເຫຼືອ ແລະການບໍລິການສໍາລັບ ບຄົ ນພິ ການ ເຊັ ນເອກະສານທີ ເປັ ນອັ ກສອນນູ ນແລະມີ ໂຕພິ ມໃຫຍ່ ໃຫ້ໂທຫາເບີ 1-800-870-8786 or 1-707-565-6900 (TTY: 711). ການບໍ ລິການເຫຼົ ານີ ້ ບຕ້ ອງເສຍຄ່ າໃຊ້ ຈ່ ายใดๆ.

(Mien) Mien Tagline
LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux 1-800-870-8786 or 1-707-565-6900 (TTY: 711). Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hluo mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx 1-800-870-8786 or 1-707-565-6900 (TTY: 711). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

(Punjabi) ਪੰਜਾਬੀ ਟੈਗਲਾਈਨ
ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ 1-800-870-8786 or 1-707-565-6900 (TTY: 711). ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ| ਕਾਲ ਕਰੋ 1-800-870-8786 or 1-707-565-6900 (TTY: 711). ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ|

(Russian) Русский слоган
ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру 1-800-870-8786 or 1-707-565-6900 (линия TTY: 711). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру 1-800-870-8786 or 1-707-565-6900 (линия TTY: 711). Такие услуги предоставляются бесплатно.

(Spanish) Mensaje en español
ATENCIÓN: si necesita ayuda en su idioma, llame al 1-800-870-8786 or 1-707-565-6900 (TTY: 711). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al 1-800-870-8786 or 1-707-565-6900 (TTY: 711). Estos servicios son gratuitos.

(Tagalog) Tagalog Tagline
ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa 1-800-870-8786 or 1-707-565-6900 (TTY: 711). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan,tulad ng mga dokumento sa braille at malaking print. Tumawag sa 1-800-870-8786 or 1-707-565-6900 (TTY: 711). Libre ang mga serbisyong ito.

(Thai) แท็กไลน์ภาษาไทย
โปรดทราบ: หากคุณตอ้ งการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข 1-800-870-8786 or 1-707-565-6900 (TTY: 711) **นอกจากนี้ ยังพรอ้ มให้ค วามช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็ นอักษรเบรลล์และเอกสารที่พิมพ์ดว้ ยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข** 1-800-870-8786 or 1-707-565-6900 (TTY: 711)
ไม่มีค่าใชจ้ ่ายสำหรับบริการเหล่านี้

(Ukrainian) Примітка українською
УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер 1-800-870-8786 or 1-707-565-6900 (TTY: 711). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер 1-800-870-8786 or 1-707-565-6900 (TTY: 711). Ці послуги безкоштовні.

(Vietnamese) Khẩu hiệu tiếng Việt
CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số 1-800-870-8786 or 1-707-565-6900 (TTY: 711). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số 1-800-870-8786 or 1-707-565-6900 (TTY: 711). Các dịch vụ này đều miễn phí.