CONTRA COSTA
HEALTH
1340 Arnold Drive, Suite 200 | Martinez, CA 94553 | Phone: (925) 957-5131 | Fax: (925) 370-3011
cchealth.org

NOTICE OF ADVERSE BENEFIT DETERMINATION
About Your Treatment Request

[Date]

[Member's Name]
[Address]
[City, State, Zip]

[Treating Provider's Name]
[Address]
[City, State, Zip]

RE: Initial Mental Health Appointmen

[You or your provider [Name of requesting provider]] has asked [Facility/Program Name] to obtain or approve Initial Mental Health Appointment . The [Plan Name of Requesting Provider] has not provided services within 15 working days. Our records show that you requested service(s), or service(s) were requested on your behalf on [date requested] .

We apologize for the delay in providing timely services. We are working on your request and will provide you with Initial Mental Health Appointment soon.

You may appeal this decision. 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.

The Plan can help you with any questions you have about this notice. For help, you may call CCBH Monday through Friday, 9am to 5 pm, excluding holidays, at 925-957-5131. If you have trouble speaking or hearing, please call TTY/TTD number 711, between Monday through Friday, 9am to 5pm, excluding holidays, for help.

If you need this notice and/or other documents from the Plan in an alternative communication format such as large font, Braille, or an

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electronic format, or, if you would like help reading the material, please contact CCBH by calling 925-957-5131.

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.

[Facility/Program Name]_____

Enclosed*: "Your Rights under Medi-Cal Managed Care"*
Notice of Availability

[Enclose notice with each letter]

If you need this notice and/or other documents from the County 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 Contra Costa County by calling 925-957-5131.

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

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 your County decided to reduce, suspend or terminate treatment you are already getting, you have a right to request that the County continue providing that treatment while your appeal is being reviewed. This is called Aid Paid Pending. To qualify for Aid Paid Pending, you must ask your County for an appeal within 10 days from this date on this letter, or before the date your County says the services will stop, whichever is later. Even though your County must give you Aid Paid Pending when you ask for an appeal within these timelines above, you should let your County know when you ask for an appeal that you want to get Aid Paid Pending until your appeal is decided. You will not be held liable for the cost of continued treatment if the appeal decision upholds the County's adverse benefit determination.

If you miss the 10-day period to request an appeal OR do not ask for an appeal before the date your County says the services will stop, you still have 60 days from the date of this Notice of Adverse Benefit Determination letter to ask for an appeal. However, you will not get Aid Paid Pending while your appeal is being decided.

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 County will provide you with free assistance if you need help.

- To appeal by phone: Contact Contra Costa County between Monday through Friday, 9am to 5pm, excluding holidays, by calling 925-957-5131. Or, if you have trouble hearing or speaking, please call 711.

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

  Contra Costa County
  1340 Arnold Dr. Suite 200
  Martinez, CA 94553

  Your provider will have appeal forms available. Contra Costa County 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 County to review. Your appeal will be reviewed by a different provider than the person who made the first decision.

Your County 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 County has decided. **If you do not get a letter with the County'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.

County
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 County 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. If your County continued to provide you with the disputed treatment during the County's appeal process, you have a right to request that the County continue providing that treatment until there is a decision on your State Hearing. **If you are currently getting treatment and you want to continue your treatment while your State Hearing request is being reviewed, you must ask for a State Hearing within 10 days** from the date the "Notice of Appeal Resolution" was postmarked or delivered to you. When you ask for a State Hearing, you must say that you want to keep getting your treatment. You will not be held liable for the cost of continued treatment if

the State Hearing decision upholds the County's adverse benefit determination. You will not have to pay for a State Hearing.

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://acms.dss.ca.gov/acms/login.request.do

- 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 County 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.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English
ATTENTION: If you need help in your language call 1-888-678-7277 (TTY: 711). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-888-678-7277 (TTY: 711). These services are free of charge.

العربية (Arabic)
يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ 1-888-678-7277 (TTY: 711). تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريل والخط الكبير. اتصل بـ 1-888-678-7277 (TTY: 711). هذه الخدمات مجانية.

Հայերեն (Armenian)
ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք 1-888-678-7277 (TTY: 711): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Զանգահարեք 1-888-678-7277 (TTY: 711): Այդ ծառայություններն անվճար են:

ខ្មែរ (Cambodian)
ចំណាំ៖ បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរស័ព្ទទៅលេខ 1-888-678-7277 (TTY: 711)។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរផុស សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពធំ ក៏អាចរកបានផងដែរ។ ទូរស័ព្ទមកលេខ 1-888-678-7277 (TTY: 711)។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

繁體中文 (Chinese)
请注意：如果您需要以您的母语提供帮助，请致电 1-888-678-7277 (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 1-888-678-7277 (TTY: 711)。这些服务都是免费的。

فارسی (Farsi)
توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با 1-888-678-7277 (TTY: 711) تماس بگیرید. کمک‌ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با 1-888-678-7277 (TTY: 711) تماس بگیرید. این خدمات رایگان ارائه می‌شوند.

हिंदी (Hindi)
ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो 1-888-678-7277 (TTY: 711) पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। 1-888-678-7277 (TTY: 711) पर कॉल करें। ये सेवाएं नि: शुल्क हैं।

Hmoob (Hmong)
CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau 1-888-678-7277 (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 1-888-678-7277 (TTY: 711). Cov kev pab cuam no yog pab dawb xwb.

日本語 (Japanese)
注意日本語での対応が必要な場合は 1-888-678-7277 (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。 1-888-678-7277 (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。

한국어 (Korean)
유의사항: 귀하의 언어로 도움을 받고 싶으시면 1-888-678-7277 (TTY: 711) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. 1-888-678-7277 (TTY: 711) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

ພາສາລາວ (Laotian)
ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ 1-888-678-7277 (TTY: 711). ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະມີໂຕພິມໃຫຍ່ ໃຫ້ໂທຫາເບີ 1-888-678-7277 (TTY: 711). ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

Mien
LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux1-888-678-7277 (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 1-888-678-7277 (TTY: 711). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

ਪੰਜਾਬੀ (Punjabi)
ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ 1-888-678-7277 (TTY: 711). ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ| ਕਾਲ ਕਰੋ 1-888-678-7277 (TTY: 711). ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ|

Русский (Russian)
ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру 1-888-678-7277 (линия TTY: 711). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру 1-888-678-7277 (линия TTY: 711). Такие услуги предоставляются бесплатно.

Español (Spanish)
ATENCIÓN: si necesita ayuda en su idioma, llame al 1-888-678-7277 (TTY: 711). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al 1-888-678-7277 (TTY: 711). Estos servicios son gratuitos.

Tagalog (Filipino)
ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa 1-888-678-7277 (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 1-888-678-7277 (TTY: 711). Libre ang mga serbisyong ito.

ภาษาไทย (Thai)
โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข 1-888-678-7277 (TTY: 711) น
อกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่
กรุณาโทรศัพท์ไปที่หมายเลข 1-888-678-7277 (TTY: 711)
ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

Українська (Ukrainian)
УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер 1-888-678-7277 (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 1-888-678-7727 (TTY: 711). Ці послуги безкоштовні.

Tiếng Việt (Vietnamese)
CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số 1-888-678-7277 (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 1-888-678-7277 (TTY: 711). Các dịch vụ này đều miễn phí.