



Behavioral Health

NOTICE OF ADVERSE BENEFIT DETERMINATION DELAY IN GRIEVANCE/APPEAL (NOABD-E)

Date: _____

To: _____ Medi-Cal #: _____

From: _____

Issuing Clinic

Issuing Clinician

The Mental Health Plan (MHP), San Bernardino County (County) Department of Behavioral Health (DBH) has not processed your:

Grievance Appeal Expedited Appeal (on time)

Our records show you made your request on:

You requested:

We apologize for the delay in addressing your request. As we work on processing your request, we hope to provide you with a decision soon.

If your request was about the denial of services or a change in the mental health services you received from the MHP, and you do not want to wait for our decision, you may request a state fair hearing to consider the denial or change. You may also ask that the state fair hearing consider the reasoning for the delayed response.

You may ask to arrange for an external medical review of your appeal. This review will be at no cost to you. To do this, you may call and talk to a representative of the County DBH at (888) 743-1478 or write to:

Access Unit, 303 E. Vanderbilt Way, 3rd Floor, San Bernardino, CA 92415-0026.

You have the right to access your case file, including medical records, other documents and/or records, and any new or additional evidence considered, relied upon, or generated by DBH in connection with the appeal of an adverse benefit determination. This information will includes medical necessity criteria, and any processes, strategies, or evidentiary standards used in setting coverage limits. If requested, this information will be provided free of charge and sufficiently in advance of the resolution timeframe.

You have the right to request to continue your benefits, pending the resolution of an appeal. This request must be made within 10 calendar days of the date marked on the Notice of Adverse Benefit Determination form.

Your benefits will continue if all of the following are met: 1) you file the request for an appeal within 60 days of the date of this notice; 2) the appeal involves the termination, suspension, or reduction of previously authorized services; 3) the services were ordered by an authorized provider; 4) the period covered by the original authorization has not expired; and 5) you requested to have your services continue within 10 calendar days of the date of this notice.

If you have questions about this notice, including how to access you case file or how to file to continue services, you may call and talk to a representative of the County DBH at (888) 743-1478 or write to:

Access Unit, 303 E. Vanderbilt Way, 3rd Floor, San Bernardino, CA 92415-0026.

State Fair Hearing Process

How to File For a State Fair Hearing after an Appeal:

If you asked for an appeal after receiving the Notice of Adverse Determination form and you do not agree with the appeal decision, you have the right to ask for a state fair hearing. You must ask for a hearing no later than 120 days from the date on the front of the Notice of Adverse Determination Form.

How to Continue Your Services during the State Fair Hearing Process:

If you have previously requested to continue your services while you applied for an appeal, your services will continue during the state fair hearing process, if *all* of the following are met:

- You filed the request for an appeal within 60 days of the date of on the Notice of Adverse Determination Form
- The appeal involves the termination, suspension, or reduction of previously authorized services
- The services were ordered by an authorized provider
- The period covered by the original authorization has not expired
- You requested to have your services continue within 10 calendar days of the date on the Notice of Adverse Benefit Determination.

To Keep Your Same Services While You File For A State Fair Hearing:

- You must have previously filed for an appeal and asked to continue your services within 10 days from the date marked on the Notice of Adverse Determination Form.
- If you requested to continue your services during the appeal process, your Medical mental health services will stay the same until one of the following occurs:
 - You withdraw the appeal or state fair hearing request
 - You fail to request continuation of services within the allotted timeframe
 - You receive a decision on your state fair hearing that upholds the original decision on the Notice of Adverse Benefit Determination form.

State Regulations Available

State regulations, including those covering state hearings, are available at your local county welfare office.

To Get Help

You may get free legal help at your local legal aid office or other groups. You can ask about your hearing rights or free legal aid from the Public Inquiry and Response Unit:

- Call toll free: 1-800-952-5253.
- If you are hearing impaired and use TDD, call: 1-800-952-8349

State Fair Hearing Process

Authorized Representative

You can represent yourself at the state hearing. You can also be represented by a friend, an attorney or anyone else you choose. You must arrange for this representative yourself.

Information Practices Act Notice (California Civil Code Section 1798, et. seq.). The information you are asked to write on this form is needed to process your hearing request. Processing may be delayed if the information is not complete. A case file will be set up by the State Hearings Division of the Department of Social Services. You have the right to examine the materials that make up the record for decision and may locate this record by contacting the Public Inquiry and Response Unit (phone number shown above). Any information you provide may be shared with the mental health plan, the State Department of Public Social Services and with the U.S. Department of Health and Human Services (Authority: Welfare and Institutions Code, Section 14100.2).

HOW TO ASK FOR A STATE HEARING

The best way to ask for a hearing is to fill out the "HEARING REQUEST" form on the following page. Make a copy of the front and back for your records, then send to the form to the address below; or call 1-800-952-5253, and TDD 1-800-952-8349 for hearing impaired; or submit a request online at

<https://secure.dss.cahw.net.gov/shd/pubintake/cdss-request.aspx>

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

State Fair Hearing Process

HEARING REQUEST

I want a hearing because of a Medi-Cal related action by my Mental Health Plan, San Bernardino County Department of Behavioral Health.

Check here if you want an expedited state hearing and include the reason below.

Here's why:

Check here and add a page if you need more space.

My Name: (print) _____

My Social Security Number: _____

My Address: (print) _____

My Phone Number: () _____

My Signature: _____ **Date:** _____

I need an interpreter at no cost to me. My language or dialect is:

I want the person named below to represent me at this hearing. I give my permission for this person to see my records and to come to the hearing for me.

Name: (print) _____

Address: (print) _____

Phone Number: () _____

English

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-888-743-1478 (TTY: 711).

Español (Spanish)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-743-1478 (TTY: 711).

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-743-1478 (TTY: 711).

Tagalog (Tagalog– Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-743-1478 (TTY: 711).

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-743-1478 (TTY: 711)번으로 전화해 주십시오.

繁體中文 (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 1-888-743-1478 (TTY: 711)。

Հայերեն (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Ջանգախարեք 1-888-743-1478 (TTY (հեռատիպ) 711):

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-743-1478 (телетайп: 711).

فارسی (Farsi)

ی ن ابز ت ال ی هست ، دین ک یم و گت فگ ی س ر اف ن ابز ه ب رگا : ت وجه
ب صورت رایگان ب رای شما
ت ماس ب گ یرید د . 1-888-743-1478 (TTY: 711) ف راهم می ب ا شد . ب ا

日本語 (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。
1-888-743-1478 (TTY: 711) まで、お電話にてご連絡ください。

Hmoob (Hmong) LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-888-743-1478 (TTY: 711).

ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਧਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-888-743-1478 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

العربية (Arabic)

ملحوظة: إذا كنت تتحدث انكز اللغة، فإن خدمات المساعدة اللغوية متوافر لك بالمجان. اتصل برقم 1-888-743-1478 (مكبل او مصلا فتاه مقر) 711 .)

हिंदी (Hindi) ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-888-743-1478 (TTY: 711) पर कॉल करें।

ภาษาไทย (Thai)

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-888-743-1478 (TTY: 711).

ខ្មែរ (Cambodian)

ប្រយ័ត្ន: អ្នកដែលនិយាយភាសាខ្មែរ, សេវាជំនួយមនុស្សភាសា រោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូលទៅ 1-888-743-1478 (TTY: 711)។

ພາສາລາວ (Lao)

ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-743-1478 (TTY: 711).