**For Mental Health Plans and DMC-ODS County Plans**

**Your Rights Attachment (NAR)**

YOUR RIGHTS UNDER MEDI-CAL

If you need this notice and/or other documents from *the Plan* 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 San Bernardino County Department of Behavioral Health (DBH, also referred to as the Plan throughout this document)* by calling *1 (800) 743-1478*.

If you still do not agree with *the plan’s*  decision, you can ask for a **“State Hearing”** and a judge will review your case.

You must ask for a State Hearing within **120 days** from the date of the “Notice of Appeal Resolution” letter. During the COVID-19 public health emergency, the timeframe for asking for a State Hearing has been extended an **extra 120 days**. If you receive a “Notice of Appeal Resolution” letter from March 1, 2020, through the end of the COVID-19 public health emergency, you must ask for a State Hearing within **240 days** from the date of the “Notice of Appeal Resolution” letter. However, **if you are currently getting treatment and you want to continue your treatment while you appeal, you must ask for a State Hearing within 10 days** from the date this letter was postmarked or delivered to you OR before the date your health plan says services will be stopped or reduced.When you ask for aState Hearing,you must say that you want to keep getting your treatment. 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://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 harm your health, you might be able to get an answer within 72 hours. You may wish to ask your doctor or *mental health plan* to write a letter for you or you may write your own. 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, make sure you ask for an **“expedited hearing,”** and provide the letter with your request for a hearing.

**Authorized Representative**

You may speak for yourself at the State Hearing or have another person speak for you, such as a relative, friend, advocate, doctor, or attorney. If you want another person to speak for you, then you must tell the State Hearing office that the person is allowed to speak on your behalf. This person is called an “authorized representative.”

## Legal Help

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