



## Your Rights Attachment (NOABD)

### YOUR RIGHTS UNDER MEDI-CAL

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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 (888) 743-1478.

**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 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 *the DBH Access Unit, 24 hours a day, 7 days a week* by calling 1 (888) 743-1478. Or, if you have trouble hearing or speaking, please call **TTY/TTD 7-1-1, 24 hours a day, 7 days a week**.

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

**San Bernardino County  
Department of Behavioral Health  
Attn: Access Unit  
303 E. Vanderbilt Way  
San Bernardino, CA 92415**

Your provider will have appeal forms available. *The DBH Access Unit* 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 *the 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.**”

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### **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. 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. 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.