NOTICE OF ADVERSE BENEFIT DETERMINATION
About Your Treatment Request

Date

Beneficiary's Name	***Treating Provider's Name***
Address	*Address*
City, State Zip	*City, State Zip*

RE: *Service requested*

Name of requestor has asked The Department of Behavioral Wellness to approve *Service requested.* This request is denied. The reason for the denial is *Using plain language, insert: 1. A clear and concise explanation of the reasons for the decision; 2. A description of the criteria or guidelines used, including a citation to the specific regulations and authorization procedures that support the action; and 3. The clinical reasons for the decision regarding medical necessity.*

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 Behavioral Wellness at 805-681-4777.

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 Department of Behavioral Wellness Monday – Friday, 8AM to 5PM at 805-681-4777. If you have trouble speaking or hearing, please call TTY/TTD number 805-681-4263, between Monday – Friday, 8AM to 5PM 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 electronic format, or, if you would like help reading the material, please contact The Department of Behavioral Wellness by calling 805-681-4777.

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 Block

Enclosures: Your Rights
Non-Discrimination Notice
Language Assistance Taglines

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 Behavioral Wellness by calling 805-681-4777.

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 Department of Behavioral Wellness Monday – Friday, 8AM to 5PM at 805-681-4777. If you have trouble speaking or hearing, please call TTY/TTD number 805-681-4263, between Monday – Friday, 8AM to 5PM for help.

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

  Santa Barbara County Department of Behavioral Wellness
  5385 Hollister Ave. Bldg #14, Box 102
  Santa Barbara, CA 93111

  Your provider will have appeal forms available. The Department of Behavioral Wellness 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.

NON-DISCRIMINATION NOTICE

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

Behavioral Wellness 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 Department of Behavioral Wellness 24 hours a day, 7 days a week by calling (888) 868-1649. Or, if you cannot hear or speak well, you can dial 711 for the Telecommunications Relay Service.

HOW TO FILE A GRIEVANCE

If you believe that Behavioral Wellness 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 Department of Behavioral Wellness. You can file a grievance by phone, in writing, in person, or electronically:

- By phone: Contact The Department of Behavioral Wellness between Monday – Friday, 8AM to 5 PM by calling 805-681-4777. Or, if you cannot hear or speak well, please call 805-681-4263.

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

  Santa Barbara County Department of Behavioral Wellness
  5385 Hollister Ave. Bldg #14, Box 102
  Santa Barbara, CA 93111

- In person: Visit your provider's office or The Department of Behavioral Wellness 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

English
ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 805-681-4777 (TTY: 805-681-4263).

ATTENTION: Auxiliary aids and services, including but not limited to large print documents and alternative formats, are available to you free of charge upon request. Call 805-681-4777 (TTY: 805-681-4263).

Español (Spanish)
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 805-681-4777 (TTY: 805-681-4263).

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 805-681-4777 (TTY: 805-681-4263).

Tagalog (Tagalog – Filipino)
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 805-681-4777 (TTY: 805-681-4263).

한국어 (Korean)
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 805-681-4777 (TTY: 805-681-4263) 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 805-681-4777 (TTY: 805-681-4263)。

Հայերեն (Armenian)
ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք 805-681-4777 (TTY: 805-681-4263).

Русский (Russian)
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 805-681-4777 (TTY: 805-681-4263).

فارسی (Farsi)
توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 805-681-4777 (TTY: 805-681-4263) تماس بگیرید.

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。805-681-4777 (TTY: 805-681-4263) 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 805-681-4777 (TTY: 805-681-4263).

(Punjabi): 805-681-4777 (TTY: 805-681-4263)

العربية (Arabic)
ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 805-681-4777

(رقم هاتف الصم والبكم: TTY: 805-681-4263

(Hindi): 805-681-4777 (TTY: 805-681-4263)

ภาษาไทย (Thai)
เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 805-681-4777 (TTY: 805-681-4263).

(Cambodian): 805-681-4777 (TTY: 805-681-4263)

(Lao): 805-681-4777 (TTY: 805-681-4263)