

Your Hearing Rights

To Ask for a State Hearing

The right side of this sheet tells how:

- You only have 90 days to ask for a hearing. The 90 days started the day after we gave or mailed you this notice.
- You have a much shorter time to ask for a hearing if you want to keep your same Medi-Cal mental health services.

To Keep Your Same Services While You Wait for A Hearing:

- You must ask for a hearing before the action takes place.
- Your Medi-Cal mental health services will stay the same until your hearing or until your provider says you no longer need the services, which ever happens first.

To Get Help

You can ask about your hearing rights or free legal aid at the state information number.

Call toll free: 1 800 952-5253

If you are deaf and use TDD, call 1 800 952-8349

If you don't want to come to the hearing alone, you can bring a friend, an attorney or anyone else. You must get the other person yourself.

You may get free legal help at your local legal aid office or welfare rights group.

Hearing File: If you ask for a hearing, the State Hearing Office will set up a file. You have the right to see this file. The State may give your file to the Welfare Department or the U.S. Department of Health and Human Services (W&I Code Section 10950).

Interim NOA-BACK

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How To Ask For A State Hearing

The best way to ask for a hearing is to fill out this page. Make a copy of the front and back for your records. Then, send or take this page to:

Administrative Adjudications Division
State Department of Social Services
744 P Street, Mail Station 19-37
Sacramento, CA 95814t

Los Angeles County residents (only), send to:
Fair Hearing Section
P. O. Box 10280
Glendale, CA 91209

Another way to ask for a hearing is to call 1-800-952-5253. If you are deaf and use TDD, call 1-800-952-8349.

Hearing Request

I want a hearing because of a Medi-Cal related action by the Mental Health Plan of Santa Barbara County.

Here's why:

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

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

Name: _____

Address: _____

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

My name: _____

Address: _____

Phone: _____

My Signature: _____

Date: _____