



NOTICE OF ADVERSE BENEFIT DETERMINATION - MODIFICATION NOTICE

RE: _____

_____ has asked Sonoma County Behavioral Health Division (BHD), "The Plan" to approve _____. We cannot approve this treatment as requested. This is because

Per the Code of Federal Regulations, Title 42, Section 438.400(b)(3), Sonoma County BHD may approve in whole, or in part, a member's request for service(s) in this case (all items selected below apply):

- A) The member does not meet medical necessity criteria.
- B) The requested service(s) is excluded from reimbursement.
- C) The person for which the service(s) is being requested is ineligible for said service(s).
- D) The Plan requested additional information from your provider that The Plan needs to approve payment of the proposed service(s). To date, the information has not been received.
- E) The provider did not agree to/satisfy The Plan contractual agreements, or Medi-Cal reporting/documentation requirements.

We will instead approve the following treatment: _____
_____.

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 Sonoma County BHD Access Team at 1-800-870-8786 (24/7).

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 your BHD 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 Sonoma County BHD Access Team at 1-800-870-8786 (toll-free) or 1-707-565-6900. If you have trouble speaking or hearing, please call TTY/TTD 711 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 Sonoma County BHD by calling 707-565-6900 or 1-800-870-8786 (24/7).

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.

Enclosed: "Your Rights under Medi-Cal Managed Care"
Member Nondiscrimination Notice
Language Assistance Taglines



NOABD - YOUR RIGHTS UNDER MEDI-CAL

If you need this notice and/or other documents from Sonoma County BHD 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 BHD by calling 1-800-870-8786 (toll-free), or 707-565-6900. Or, if you cannot hear or speak well, please call TTY 711.

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 BHD.

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 BHD 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. BHD will provide you with free assistance if you need help.

- **To appeal by phone:** Contact BHD Grievance Coordinator between Monday – Friday, 8:00am – 5:00pm by calling 707-565-7895. Or, if you have trouble hearing or speaking, please call TTY: 711.
- **To appeal in writing:** Fill out an appeal form or write a letter to BHD and send it to:

**Sonoma County Behavioral Health Division
C/O Grievance Coordinator
2227 Capricorn Way
Santa Rosa, CA 95407-5419**

Your provider will have appeal forms available. The BHD 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 BHD to review. Your appeal will be reviewed by a different provider than the person who made the first decision.

Your BHD 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 BHD has decided. If you do not get a letter with BHD’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 BHD 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: [Hearing Requests \(ca.gov\)](https://www.cdss.ca.gov/Information/HealthandHumanServices/Pages/HearingRequests.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 BHD 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.



MEMBER NONDISCRIMINATION NOTICE

Discrimination is against the law. Sonoma County Behavioral Health Division (BHD) follows Federal civil rights laws. BHD does not discriminate, exclude people, or treat them differently because of race, color, national origin, age, disability, or sex.

BHD provides:

- Free aids and services to people with disabilities to help them communicate better, such as:
 - o Qualified sign language interpreters
 - o 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:
 - o Qualified interpreters
 - o Information written in other languages.

If you need these services, contact The Sonoma County BHD Access Team (24/7) by calling 1-800-870-8786 (toll - free), or 1-707-565-6900. Or, if you cannot hear or speak well, please call TTY 711.

HOW TO FILE A GRIEVANCE

If you believe that BHD 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 BHD. You can file a grievance by phone, in writing, in person, or electronically:

- **By phone:** Contact BHD Grievance Coordinator by calling 707–565–7895 (Monday–Friday, 8:00am–5:00pm), or calling 1-800-870-8786 (toll-free), 24/7. Or, if you cannot hear or speak well, please call TYY/TDD 711.
- **In writing:** Fill out a grievance form, or write a letter and send it to:

**Grievance Coordinator QA Clinical Specialist
Sonoma County Behavioral Health Division
2227 Capricorn Way
Santa Rosa, CA 95407-5419**

- **In person:** Visit your provider's office or the BHD 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: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.



LANGUAGE ASSISTANCE TAGLINES

English

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-800-870-8786 or 1-707-565-6900 (TTY: 711).

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 1-800-870-8786 or 1-707-565-6900 (TTY: 711).

Español (Spanish)

ATENCIÓN: si necesita ayuda en su idioma, llame al 1-800-870-8786 or 1-707-565-6900 (TTY: 711). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al 1-800-870-8786 or 1-707-565-6900 (TTY: 711). Estos servicios son gratuitos.

العربية (Arabic)

تتوفر أيضًا 1-707-565-6900 or يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ 1-800-870-8786 والخط الكبير. اتصل بـ 1-707-565-6900 (TTY: 711) للمساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريـل. هذه الخدمات مجانية. 8786-870-800 or 1-707-565-6900 (TTY: 711).

Հայերեն (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցություններ: Ձանգահարեք 1-800-870-8786 or 1-707-565-6900 (հեռատիպ՝ TTY: 711): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված կրթչափեր: Ձանգահարեք 1-800-870-8786 or 1-707-565-6900 (TTY: 711): Այդ ծառայություններն անվճար են:

ភ្នំសម្រាប់ជាភាសាខ្មែរ (Cambodian)

ចំណាំ: បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរស័ព្ទទៅលេខ 1-800-870-8786 or 1-707-565-6900 (TTY: 711)។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរផុស សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពធំ ក៏អាចរកបានផងដែរ។ ទូរស័ព្ទមកលេខ 1-800-870-8786 or 1-707-565-6900 (TTY: 711)។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

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 1-800-870-8786 or 1-707-565-6900 (TTY: 711). 另外还提供针对残疾人士的帮助和服务，例如盲文和需要较大字体阅读，也是方便取用的。请致电 1-800-870-8786 or 1-707-565-6900 (TTY: 711)。这些服务都是免费的。

فارسی (Farsi)

تماس بگیرید. کمک‌ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز تماس بگیرید. این خدمات رایگان ارائه or 1-707-565-6900 (TTY: 711) موجود است. با 1-800-870-800-1 می‌شوند.

हिंदी (Hindi)

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो 1-800-870-8786 or 1-707-565-6900 (TTY: 711) पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। 1-800-870-8786 or 1-707-565-6900 (TTY: 711) पर कॉल करें। ये सेवाएं निः शुल्क हैं।

Hmoob (Hmong)

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-870-8786 or 1-707-565-6900 (TTY: 711). Muaj cov kev pab txhawv thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau 1-800-870-8786 or 1-707-565-6900 (TTY: 711). Cov kev pab cuam no yog pab dawb xwb.

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。1-800-870-8786 or 1-707-565-6900 (TTY: 711) まで、お電話にてご連絡ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。1-800-870-8786 or 1-707-565-6900 (TTY: 711) へお電話ください。これらのサービスは無料で提供しています。

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-870-8786 or 1-707-565-6900 (TTY: 711) 번으로 전화해 주십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. 1-800-870-8786 or 1-707-565-6900 (TTY: 711) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

ພາສາລາວ (Lao)

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ 1-800-870-8786 or 1-707-565-6900 (TTY: 711). ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ ຄຸ້ນເອກະສານທີ່ເປັນອັກສອນນູນແລະມິໂຕພິມໃຫຍ່ ໃຫ້ໂທຫາເບີ 1-800-870-8786 or 1-707-565-6900 (TTY: 711). ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ 1-800-870-8786 or 1-707-565-6900 (TTY: 711). ਅਪਾਰਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ 1-800-870-8786 or 1-707-565-6900 (TTY: 711). ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-870-8786 or 1-707-565-6900 (телетайп: ТТУ: 711). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру 1-800-870-8786 or 1-707-565-6900 (линия ТТУ: 711). Такие услуги предоставляются бесплатно.

ภาษาไทย (Thai)

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข 1-800-870-8786 or 1-707-565-6900 (TTY: 711) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ

ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข 1-800-870-8786 or 1-707-565-6900 (TTY: 711) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

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 1-800-870-8786 or 1-707-565-6900 (TTY: 711). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số 1-800-870-8786 or 1-707-565-6900 (TTY: 711). Các dịch vụ này đều miễn phí.

Tagalog (Tagalog–Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-870-8786 or 1-707-565-6900 (TTY: 711). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa 1-800-870-8786 or 1-707-565-6900 (TTY: 711). Libre ang mga serbisyong ito.

Примітка українською (Ukrainian)

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер 1-800-870-8786 or 1-707-565-6900 (TTY: 711). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер 1-800-870-8786 or 1-707-565-6900 (TTY: 711). Ці послуги безкоштовні.

Khẩu hiệu tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số 1-800-870-8786 or 1-707-565-6900 (TTY: 711). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số 1-800-870-8786 or 1-707-565-6900 (TTY: 711). Các dịch vụ này đều miễn phí.