



NOTICE OF ADVERSE BENEFIT DETERMINATION (NOABD)

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 Health Access Center by calling 1-888-246-3333.

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 your Plan decided to reduce, suspend or terminate treatment you are already getting, you have a right to request that the Plan continue providing that treatment while your appeal is being reviewed. This is called Aid Paid Pending. To qualify for Aid Paid Pending, you must ask your Plan for an appeal within 10 days from the date on this letter, or before the date your Plan says the services will stop, whichever is later. Even though your Plan must give you Aid Paid Pending when you ask for an appeal within these timelines above, you should let your Plan know when you ask for an appeal that you want to get Aid Paid Pending until your appeal is decided. You will not be held liable for the cost of continued treatment if the appeal decision upholds the Plan's adverse benefit determination.

If you miss the 10-day period to request an appeal OR do not ask for an appeal before the date your Plan says the services will stop, you still have 60 days from the date of this Notice of Adverse Benefit Determination letter to ask for an appeal. However, you will not get Aid Paid Pending while your appeal is being decided.

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. Behavioral Health Services will provide you with free assistance if you need help.

- **To appeal by phone:** Contact the Grievance/Appeal Office during business hours (8am – 5pm) by calling 1-628-754-9299. You may also contact the Behavioral Health Access Center 24 hours a day, 7 days a week by calling 1-888-246-3333. Or, if you have trouble hearing or speaking, please call TDD/TTY: 711.



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- To appeal in writing: Fill out an appeal form or write a letter to your plan and send it to:
**San Francisco Behavioral Health Services
Grievance/Appeal Office
1380 Howard Street, 2nd Floor
San Francisco, CA 94103**

Your provider will have appeal forms available. Behavioral Health Services 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 person 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. If your Plan continued to provide you with the disputed treatment during the Plan’s appeal process, you have a right to request that the Plan continue providing that treatment until there is a decision on your State Hearing. **If you are currently getting treatment and you want to continue your treatment while your State Hearing request is being reviewed, you must ask for a State Hearing within 10 days** from the date the “Notice of Appeal Resolution” was postmarked or delivered to



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Behavioral Health Services**

you. When you ask for a State Hearing, you must say that you want to keep getting your treatment. You will not be held liable for the cost of continued treatment if the State Hearing decision upholds the Plan's adverse benefit determination. 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://acms.dss.ca.gov/acms/login.request.do>
- **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.

Second Opinion

Upon your request, you have the right to a second opinion from a qualified health care professional within or outside of the network at no extra cost.

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



**San Francisco
Department of Public Health
Behavioral Health Services**

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.