



**COUNTY OF SAN LUIS OBISPO
HEALTH AGENCY**

BEHAVIORAL HEALTH DEPARTMENT

Nicholas Drews, Health Agency Director

Star Graber, PhD, LMFT, Behavioral Health Director

**NOTICE OF ADVERSE BENEFIT DETERMINATION
About Your Treatment Request**

Date:

This notice lets you know that the County of San Luis Obispo Behavioral Health Department has determined that your mental health condition or substance use does not meet medical necessity criteria for Specialty Mental Health Services or Substance Use Disorder Services. The reason for the denial is:

Although you do not qualify for specialty mental health services, you may be able to receive non-specialty mental health services from CenCal Health Member Services at 1-800-421-2560 or the Holman Group 1-800-321-2843. We will provide a written referral for you to the Holman Group. Contact SLOBHD Managed Care at 1-800-838-1381 for more information.

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 SLOBHD Central Health Information at (805) 781-4724.

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 SLOBHD staff can help you with any questions you have about this notice. For help, you may call SLOBHD from 8-5, M-F at 1-800-838-1381 or the Patients' Rights Advocate at (805) 781-4738. If you have trouble speaking or hearing, please call 1-800-838-1381 or TTY/CRS 1-800-735-2922 , between 8-5, M-F for help.

If you need this notice and/or other documents from the SLOBHD 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 SLOBHD by calling 1-800-838-1381 or the Patients' Rights Advocate at (805) 781-4738.

If SLOBHD 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.

Staff Signature

Enclosures: "Your Rights"
Language Assistance Taglines
Beneficiary Non-Discrimination Notice