



**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:

has asked County of San Luis Obispo Behavioral Health Department to obtain or approve Our records show that you asked for services on

We have not provided services within:

- ☐ 10 business days from your request to your first appointment for routine outpatient mental health or substance use treatment services
- ☐ 48 hours from your request to your first appointment for urgent behavioral health services that DO NOT need authorization (Assessment, Crisis)
- ☐ 96 hours from your request to your first appointment for urgent behavioral health services that require prior authorization (Counseling, Therapy, Med Support, etc.)
- ☐ 15 business days from your request to your first appointment with a psychiatrist
- ☐ 3 business days from your request to your first appointment (Opioid Treatment Programs)

We apologize for the delay in providing timely services. We are working on your request and will provide you with services soon.

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