

COUNTY OF SAN LUIS OBISPO HEALTH AGENCY BEHAVIORAL HEALTH DEPARTMENT

Nicholas Drews, Health Agency Director Star Graber, Ph.D, LMFT, Behavioral Health Director

NOTICE OF ADVERSE BENEFIT DETERMINATION About Your Treatment Request

Date:			
Our records show that you filed a gri Behavioral Health Department on:	evance or appeal v	with the County of Sa	an Luis Obispo
Unfortunately, we did not finish revi	ewing the grievanc	e or appeal within th	ne required timeline.

We applicate for the delay in processing your grievance or appeal. We are working on your

We apologize for the delay in processing your grievance or appeal. We are working on your request and will provide you with a decision as soon as possible.

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.

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.

Staff Signature	

This notice does not affect any of your other Medi-Cal services.

Enclosures: "Your Rights"

Language Assistance Taglines

Beneficiary Non-Discrimination Notice