



Date:

Assigned Clinic Contact Info:

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

RE:

_____ has asked County of San Luis Obispo Health Agency to obtain or approve _____. Our records show that you requested service(s), or service(s) were requested on your behalf on _____. The county has not yet made a decision about the request.

We apologize for the delay in processing this request. We are working on your request and will provide _____ with a decision as soon as possible.

You may appeal this decision. 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.

The County can help you with any questions you have about this notice. For help, you may call County of San Luis Obispo Health Agency Monday thru Friday 8am to 5pm at 800-838-1381. If you have trouble speaking or hearing, please call TTY/TTD number 800-735-2922, between Monday thru Friday 8am to 5pm for help.

If you need this notice and/or other documents from the County 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 County of San Luis Obispo Health Agency by calling 800-838-1381.

If the County 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
- Language Assistance Taglines