



COUNTY OF SAN LUIS OBISPO HEALTH AGENCY
BEHAVIORAL HEALTH DEPARTMENT

Frank Warren, MPP, CPM *Interim Behavioral Health Director*

YOUR RIGHTS UNDER MEDI-CAL

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

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 SLOBHD.

HOW TO FILE AN APPEAL

SLOBHD will acknowledge receipt of your appeal in writing within five (5) calendar days of receiving your appeal. The Patients' Rights Advocate will send an acknowledgment letter.

You have **60 days** from the date of this "Notice of Adverse Benefit Determination" letter to file an appeal. If your County decided to reduce, suspend or terminate treatment you are already getting, you have a right to request that the County 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 County for an appeal within 10 days from this date on this letter, or before the date your County says the services will stop, whichever is later. Even though your County must give you Aid Paid Pending when you ask for an appeal within these timelines above, you should let your County 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 County'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 County 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. The County will provide you with free assistance if you need help.

- To appeal by phone: Contact SLOBHD between 8 AM and 5 PM, Monday through Friday by calling 1-800-838-1381 or call the Patients' Rights Advocate at (805) 781-4738. Or, if you have trouble hearing or speaking, please call 1-800-735-2922 California Relay Service/TTY.
- To appeal in writing: Fill out an appeal form or write a letter to your plan and send it to:
County of San Luis Obispo Behavioral Health Department,
Attn: Patients' Rights Advocate
2178 Johnson Avenue
San Luis Obispo, CA 93401

Your provider will have appeal forms available. SLOBHD 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 SLOBHD to review. Your appeal will be reviewed by a different provider than the person who made the first decision.

SLOBHD 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 SLOBHD 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 County continued to provide you with the disputed treatment during the County's appeal process, you have a right to request that the County 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 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 County’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 1800-952-8349**.
- Electronically: You may request a State Hearing online. Please visit the California Department of Social Services’ website to complete the electronic form: <https://secure.dss.cahw.net.gov/shd/pubintake/cdss-request.aspx>
- 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 three (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.

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 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.



**COUNTY OF SAN LUIS OBISPO HEALTH AGENCY
BEHAVIORAL HEALTH DEPARTMENT**

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NONDISCRIMINATION NOTICE

Discrimination is against the law. County of San Luis Obispo Behavioral Health Department (SLOBHD) follows Federal civil rights laws. SLOBHD does not discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

SLOBHD provides:

- Free aids and services to people with disabilities to help them communicate better, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact SLOBHD 24 hours a day, 7 days a week by calling 1-800-838-1381. Or, if you cannot hear or speak well, please call 1-800-735-2922 California Relay Service/TTY. Upon request, this document can be made available to you in braille, large print, audio or accessible electronic formats.

HOW TO FILE A GRIEVANCE

If you believe that SLOBHD has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can file a grievance with SLOBHD. You can file a grievance by phone, in writing, in person, or electronically:

- By phone: Contact SLOBHD between 8AM to 5PM, Monday through Friday by calling **1-800-838-1381**. Or, if you cannot hear or speak well, please call 1-800-735-2922 California Relay Service/TTY.
- In writing: Fill out a grievance form, or write a letter and send it to:
County of San Luis Obispo Behavioral Health Department
Attn: Patients' Rights Advocate
2180 Johnson Avenue
San Luis Obispo, CA 93401
- In person: Visit your provider's office or SLOBHD and say you want to file a grievance.

- Electronically: Visit SLOBHD website at slocounty.ca.gov
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OFFICE OF CIVIL RIGHTS - CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- By phone: Call **1-800-368-1019**. If you cannot speak or hear well, please call **TTY/TDD 1-800537-7697**.
- In writing: Fill out a complaint form or send a letter to:

**U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201**

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

- Electronically: Visit the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.
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OFFICE OF CIVIL RIGHTS – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- By phone: Call **1-800-368-1019**. If you cannot speak or hear well, please call TTY/TDD 1-800-537-7697.
- In writing: Fill out a complaint form or send a letter to:

**U.S. Department of Health and Human Services 200
Independence Avenue, SW
Room 509F, HHH Building Washington, D.C.
20201**

- Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.
- Electronically: Visit the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Hmoob (Hmong)

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau 1-800-838-1381; TTY: 1-800-735-2922. Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau 1-800-838-1381; TTY: 1-800-735-2922. Cov kev pab cuam no yog pab dawb xwb.

日本語 (Japanese)

注意日本語での対応が必要な場合は 1-800-838-1381; TTY: 1-800-735-2922へお電話ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。1-800-838-1381; TTY: 1-800-735-2922. へお電話ください。これらのサービスは無料で提供しています。

한국어 (Korean)

유의사항: 귀하의 언어로 도움을 받고 싶으시면 1-800-838-1381; TTY: 1-800-735-2922. 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. 1-800-838-1381; TTY: 1-800-735-2922. 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

ພາສາລາວ (Laotian)

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ 1-800-838-1381; TTY: 1-800-735-2922. ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນລົບການ ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະມີໂຕພິມໃຫຍ່ ໃຫ້ໂທຫາເບີ 1-800-838-1381; TTY: 1-800-735-2922. ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

Mien

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux 1-800-838-1381; TTY: 1-800-735-2922. Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hluo mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx 1-800-838-1381; TTY: 1-800-735-2922. Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਧਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਧ ਿੱਚ ਮਿ ਿੰੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ 1-800-838-1381; TTY: 1-800-735-2922. ਅਪਾਰਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇ ਾ ਾਂ, ਧਜ ੇਂ ਧਕ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਧ ਿੱਚ ਿਸਤਾ ੇਜ, ੀ ਉਪਲਬ ਿ ਹਨ | ਕਾਲ ਕਰੋ 1-800-838-1381; TTY: 1-800-735-2922. ਇਹ ਸੇ ਾ ਾਂ ਮੁਫਤ ਹਨ |

Русский (Russian)

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру 1-800-838-1381; линия ТТУ: 1-800-735-2922. Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру 1-800-838-1381; линия ТТУ: 1-800-735-2922. Такие услуги предоставляются бесплатно.

Español (Spanish)

ATENCIÓN: si necesita ayuda en su idioma, llame al 1-800-838-1381; TTY: 1-800-735-2922. También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al 1-800-838-1381; TTY: 1-800-735-2922. Estos servicios son gratuitos.

Tagalog (Filipino)

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa 1-800-838-1381; TTY: 1-800-735-2922. Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa 1-800-838-1381; TTY: 1-800-735-2922. Libre ang mga serbisyonang ito.

ภาษาไทย (Thai)

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข 1-800-838-1381; TTY: 1-800-735-2922. นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข 1-800-838-1381; TTY: 1-800-735-2922. ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

Українська (Ukrainian)

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер 1-800-838-1381; TTY: 1-800-735-2922. Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер 1-800-838-1381; TTY: 1-800-735-2922. Ці послуги безкоштовні.

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số 1-800-838-1381; TTY: 1-800-735-2922. Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số 1-800-838-1381; TTY: 1-800-735-2922. Các dịch vụ này đều miễn phí.