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| **City and County of San Francisco**  **Department of Public Health** | **NOTICE OF**  **ADVERSE BENEFIT DETERMINATION**  AUTHORIZATION DELAY |

**NOTICE OF ADVERSE BENEFIT DETERMINATION**

**About Your Treatment Request**

Date

|  |  |
| --- | --- |
| Beneficiary's Name | Treating Provider's Name |
| Address | Address |
| City, State, Zip | City, State, Zip |
| Medi-Cal Number | Telephone Number |

**RE:** Service Requested

You or your provider (Name of requesting provider) has asked San Francisco Behavioral Health Services to obtain or approve Service requested. Our records show that you requested service(s), or service(s) were requested on your behalf on date requested. San Francisco Behavioral Health Services 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 you or your provider (Name of requesting provider) 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 Plan can help you with any questions you have about this notice. For help, you may call between 8am – 5pm, Monday through Friday, at 1-888-246-3333. If you have trouble speaking or hearing, please call TDD number 711, between 8am – 5pm, Monday through Friday, for help.

If you need this notice and/or other documents from the Plan 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 Behavioral Health Access Center by calling 1-888-246-3333.

If the Plan 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.

Enclosures: NOABD “Your Rights”

Language Assistance Taglines

Beneficiary Nondiscrimination Notice

cc: Quality Management