SANTA CLARA COUNTY
Behavioral Health Services

"Modification"

NOTICE OF ADVERSE BENEFIT DETERMINATION
About Your Treatment Request

Beneficiary's Name	Treating Provider's Name
Address	Provider's Address
City, State	City, State

RE: Service Requested

Name of Requestor asked Santa Clara County – Behavioral Health Services Department (SCC-BHSD) to approve Requested Service. We cannot approve this treatment as requested. This is because

We will instead approve the following treatment: Service or Service Length Approved.

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 Clinic Name or SCC-BHSD (specify which) Monday through Friday, 8:00 AM to 5:00 PM PST, excluding holidays, at the Substance Use Treatment Services (SUTS) Beneficiary Line at 408.792.5666. If you have trouble speaking or hearing, please call TTY/TDD number at 800.855.7100 or 711.

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 SCC-BHSD says services will be stopped or reduced.

SCC-BHSD can help you with any questions you have about this notice. For help, you may call SCC-BHSD Monday through Friday, 8:00 AM to 5:00 PM PST, excluding holidays, at the SUTS Beneficiary Line at 408.792.5666. If you have trouble speaking or hearing, please call TTY/TDD number at 800.855.7100 or 711.

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If you need this notice and/or other documents 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 SCC-BHSD by calling the SUTS Beneficiary Line at 408.792.5666.

If SCC-BHSD 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, 8:00 AM to 5:00 PM PST, excluding holidays, at 1.888.452.8609.

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

Sincerely,

,
Santa Clara County-Behavioral Health Services Department

Enclosures: "NOABD Your Rights"
Beneficiary Non-Discrimination Notice
Language Assistance Taglines

YOUR RIGHTS UNDER MEDI-CAL

If you need this notice and/or other documents 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 Santa Clara County – Behavioral Health Services Department (SCC-BHSD) by calling the Substance Use Treatment Services (SUTS) Beneficiary Line at 408.792.5666.

IF YOU DO NOT AGREE WITH THE DECISION MADE FOR YOUR MENTAL HEALTH OR SUBSTANCE USE DISODER TREATMENT, YOU CAN FILE AN APPEAL. THIS APPEAL IS FILED WITH SCC-BHSD.

HOW TO FILE AN APPEAL

You have **60 days** from the date of this "Notice of Adverse Benefit Determination" letter to file an Appeal. **If you are currently getting treatment and you want to keep getting treatment, you must ask for an Appeal within 10 days** from the date on this letter OR before the date SCC-BHSD says services will stop. You must say that you want to keep getting treatment when you file the Appeal.

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. SCC-BHSD will provide you with free assistance if you need help.

- To appeal by phone: Contact SCC-BHSD Monday through Friday, 8:00 AM to 5:00 PM, excluding holidays, by calling the Substance Use Treatment Services (SUTS) Beneficiary Line at 408.792.5666. Or, if you have trouble hearing or speaking, please call TTY/TTD number 800.855.7100 or 711.

- To appeal in writing: Fill out an Appeal form or write a letter to SCC-BHSD and send it to:

  SCC-BHSD-Substance Use Treatment Services
  Quality Improvement and Data Support
  976 Lenzen Ave., Third Floor
  San Jose, CA 95126

Your provider will have Appeal forms available. SCC-BHSD 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 SCC-BHSD to review. Your Appeal will be reviewed by a different provider than the person who made the first decision.

SCC-BHSD 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 SCC-BHSD has decided. **If you do not get a letter with SCC-BHSD'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 SCC-BHSD 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. 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 1.800.952.8349**.

- 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.cahwnet.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 3 working days. You may want to ask your provider or SCC-BHSD 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.

NONDISCRIMINATION NOTICE

Discrimination is against the law. Santa Clara County – Behavioral Health Services Department (SCC-BHSD) follows Federal civil rights laws. SCC-BHSD does not discriminate, exclude people, or treat them differently because of race, color, national origin, age, disability, or sex.

SCC-BHSD 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 SCC-BHSD Monday through Friday, 8:00 AM to 5:00 PM PST, excluding holidays, at the SUTS Beneficiary Line at 408.792.5666. If you have trouble speaking or hearing, please call TTY/TTD number at 1.800.855.7100 or 711.

HOW TO FILE A GRIEVANCE

If you believe that SCC-BHSD has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a Grievance with SCC-BHSD. You can file a Grievance by phone, in writing, in person, or electronically:

By phone: Contact SCC-BHSD Monday through Friday, 8:00 AM to 5:00 PM PST, excluding holidays, at the SUTS Beneficiary Line at 408.792.5666. If you have trouble speaking or hearing, please call TTY/TTD number at 1.800.855.7100 or 711.

- In writing: Fill out a Grievance form, or write a letter and send it to:

  SCC-BHSD-Substance Use treatment Services
  Quality Improvement and Data Support
  976 Lenzen Ave., Third Floor
  San Jose, CA 95126

- In person: Visit your provider's office or SCC-BHSD and say you want to file a Grievance.

OFFICE OF CIVIL RIGHTS

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

LANGUAGE ASSISTANCE

English
ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call the Substance Use Treatment Services (SUTS) Beneficiary Line at 408.792.5666. If you have trouble speaking or hearing, please call (TTY: 1.800.855.7100 or 711).

ATTENTION: Auxiliary aids and services, including but not limited to large print documents and alternative formats, are available to you free of charge upon request. Call the SUTS Beneficiary Line at 408.792.5666. If you have trouble speaking or hearing, please call (TTY: 1.800.855.7100 or 711).

Español (Spanish)
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.408.792.5666 (TTY: 1.800.855.7100 or 711).

Tiếng Việt (Vietnamese)
CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.408.792.5666 (TTY: 1.800.855.7100 or 711).

Tagalog (Tagalog – Filipino)
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.408.792.5666 (TTY: 1.800.855.7100 or 711).

한국어 (Korean)
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.408.792.5666 (TTY: 1.800.855.7100 or 711) 번으로 전화해 주십시오.

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繁體中文(Chinese)
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.408.792.5666 (TTY: 1.800.855.7100 or 711)。

Հայերեն (Armenian)
ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք 1.408.792.5666 (TTY: 1.800.855.7100 or 711).

Русский (Russian)
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.408.792.5666 (TTY: 1.800.855.7100 or 711).

فارسی (Farsi)
توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. (TTY: 1.800.855.7100 or 711) 1.408.792.5666 تماس بگیرید.

日本語 (Japanese)
注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1.408.792.5666 (TTY: 1.800.855.7100 or 711) まで、お電話にてご連絡ください。

Hmoob (Hmong)
LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.408.792.5666 (TTY: 1.800.855.7100 or 711).

ਪੰਜਾਬੀ (Punjabi)
ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ।
1.408.792.5666 (TTY: 1.800.855.7100 or 711) 'ਤੇ ਕਾਲ ਕਰੋ।

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العربية (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم

1.408.792.5666 (رقم هاتف الصم والبكم: 1.800.855.7100 or 711

हिंदी (Hindi)

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1.408.792.5666 (TTY: 1.800.855.7100 or 711) पर कॉल करें।

ภาษาไทย (Thai)

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1.408.792.5666 (TTY: 1.800.855.7100 or 711).

ខ្មែរ (Cambodian)

ប្រយ័ត្ន៖ រ សើ ិនជាអ្នកនិយាយ ភាសាខ្មែ , រសវាជំនួយម�នកភាសា រោយមិនគិត្ួ ្លួន គឺអាចមានសំវ ់ ់ំរ អ្ើ នក។ ជ ទ ្ ស័ព្ 1.408.792.5666 (TTY: 1.800.855.7100 or 711)។

ພາສາລາວ (Lao)

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1.408.792.5666 (TTY: 1.800.855.7100 or 711).