



COUNTY OF SAN LUIS OBISPO  
HEALTH AGENCY  
BEHAVIORAL HEALTH DEPARTMENT

Nicholas Drews, *Health Agency Director*  
Star Graber, PhD, LMFT, *Behavioral Health Director*

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## YOUR RIGHTS UNDER MEDI-CAL

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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

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 your SLOBHD 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. The Plan 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:

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**County of San Luis Obispo Health Agency**

2180 Johnson Avenue | San Luis Obispo, CA 93401 | (P) 805-781-4719 | (F) 805-781-1273  
info@slocounty.ca.gov | slocounty.ca.gov

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County of San Luis Obispo Behavioral Health Department,  
Attn: Patients' Rights Advocate  
2180 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.**"

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### **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. During the COVID-19 public health emergency, the timeframe for asking for a State Hearing has been extended an extra 120 days. If you receive a "Notice of Appeal Resolution" letter from March 1, 2020, through the end of the public health emergency, you must ask for a State Hearing within 240 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 1800- 952-8349**.

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- 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.

## NONDISCRIMINATION NOTICE

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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 race, color, national origin, age, disability, or sex.

SLOBHD provide 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.

## **HOW TO FILE A GRIEVANCE**

If you believe that SLOBHD 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 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 1-800838-1381 or call the Patients' Rights Advocate at (805) 781-4738. 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 Atten: 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.
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## **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- 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>.

## **LANGUAGE ASSISTANCE**

### **English**

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-800-838-1381 or TTY/CRS 1-800-735-2922

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 1-800-838-1381 or TTY/CRS 1-800-735-2922

### **Español (Spanish)**

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-838-1381 or TTY/CRS 1-800-735-2922

### **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 1800-838-1381 or TTY/CRS 1-800-735-2922

### **Tagalog (Tagalog – Filipino)**

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-838-1381 or TTY/CRS 1-800-735-2922

### **한국어 (Korean)**

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-838-1381 or TTY/CRS 1-800-735-2922 번으로 전화해 주십시오.

**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 1-800-838-1381 or TTY/CRS 1-800-735-2922。

### **Հայերեն (Armenian)**

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Չանգահարեք 1-800-838-1381 or TTY/CRS 1-800735- 2922

### **Русский (Russian)**

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-838-1381 or TTY/CRS 1-800-735-2922 **فارسی (Farsi)**

توجہ: اگر بہ زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. 1-800-838-1381 or TTY/CRS 1-800-735-2922 تا 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。1-800-838-1381 or TTY/CRS 1-800-735-2922、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 1-800-838-1381 or TTY/CRS 1-800-735-2922

**ਪੰਜਾਬੀ (Punjabi)**

ਿ ਧਆਨ ਿ ਦਓ: ਜੇ ਤੁਸੀ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾ ਭਾਸ਼ਾ ਿ ਵੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-800-838-1381 or TTY/CRS 1-800-735-2922 'ਤੇ ਕਾਲ ਕਰੋ।

**العربية (Arabic)**

ملحوظة: إذا كنت تتحدث اذكّر اللغة، فإن خدمات المساعدة اللغوية متوفرة لك بالمجان. اتصل برقم 1-800-838-1381 (رقم هاتف الصم والبكم: 1-800-735-2922)

**हिंदी (Hindi)**

नदः यिद आप य हंदी बोलते ह तो आपके य लए मु म भ ष सह ित सेव एं उपल ह। 1-800-838-1381 or TTY/CRS 1-800-735-2922 पर कॉल कर।

**ภาษาไทย (Thai)** เรຍี น: ๓๓๓ คณพุดภาษาไทยคณสามารถไชบ้ รกั ารช่ว ยเหลฮี ทางภาษาไดฟ้ รื โทร 1-800-838-1381 or TTY/CRS 1800-735-2922

**ខ្មែរ (Cambodian)**

ប្រយ័ត្ន៖ បើ ើ ើនអកនិយ ើខ, រ ជន្មយមននក ើយមិនគិត្ន ើន គីចន ើ ើ ើររ អុើើើ នក។ ចូ ូ ើ 1-800-838-1381 or TTY/CRS 1-

**ພາສາລາວ (Lao)**

ໂບດຊາບ: ຖ້າວ່າ ທ່ານເວ າພາສາ ລາວ, ການທ່ ວິ ການຊ່ອຍເຫ່ ື ອດ້ານພາສາ, ໂດຍບ ສັ ງຄ່າ, ແມ່ນ ນມີ ພ້ອມໃຫ້ ທ່ານ. ໂທຣ 1-800-838-1381 or TTY/CRS 1-800-735-2922