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| **City and County of San Francisco**  **Department of Public Health** | **NOTICE OF**  **ADVERSE BENEFIT DETERMINATION**  GRIEVANCE/APPEAL RESOLUTION |

# NOTICE OF ADVERSE BENEFIT DETERMINATION

# About Your Grievance or Appeal Resolution

#### Date

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

### RE: File#

Our records show that you filed a grievance or appeal with the San Francisco Behavioral Health Services on date filed. Unfortunately, San Francisco Behavioral Health Services did not finish reviewing the grievance or appeal within the required timeline.

We apologize for the delay in processing your grievance or appeal. We are working on it and will provide you 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.

San Francisco Behavioral Health Services can help you with any questions you have about this notice. For help, you may call the Grievance/Appeal Office at 415-255-3632. If you have trouble speaking or hearing, please call TDD number 1-888-484-7200, 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 the Grievance/ Appeal Office by calling 415-255-3632.

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