



**NOTICE OF ADVERSE BENEFIT DETERMINATION  
About Your Treatment Request**

[Date]

[Beneficiary’s Name]  
[Address]  
[City, State Zip]

[Treating Provider’s Name]  
[Address]  
[City, State Zip]

RE: [Service requested]

[Name of requesting provider] has asked County of Santa Clara Behavioral Health Services (CSC-BHSD) to approve payment for the following service, which you already received: [Service requested]. The County has denied your provider’s request for payment. The reason for the denial is [Using plain language, insert: 1. A clear and concise explanation of the reasons for the decision; 2. A description of the criteria or guidelines used, including a citation to the specific regulations and authorization procedures that support the action; and 3. The clinical reasons for the decision regarding medical necessity].

**Please note: this is not a bill for the service. You are not required to pay for the services you received.**

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 the County of Santa Clara Behavioral Health Services (CSC-BHSD) at 1-800-704-0900.

The County can help you with any questions you have about this notice. For help, you may call County of Santa Clara Behavioral Health Services (CSC-BHSD) 24 Hours at 1-800-704-0900. If you have trouble speaking or hearing, please call 800-855-7100 or 711, number for help, available 24 Hours a day.



COUNTY OF SANTA CLARA  
**Behavioral Health Services**

If you need this notice and/or other documents from the County of Santa Clara Behavioral Health Services (CSC-BHSD) 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 County of Santa Clara Behavioral Health Services (CSC-BHSD) by calling 1-800-704-0900.

If the County 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.

[Signature Block]

QIC or CSC Name, Credential

County of Santa Clara – Behavioral Health Services Department  
P.O. Box 28504  
San Jose, CA 95159

Enclosures: “Your Rights”  
Beneficiary Non-Discrimination Notice  
Language Assistance Taglines

[Enclose notice with each letter]



## NOTICE OF ADVERSE BENEFIT DETERMINATION (NOABD)

### Your Rights Under Medi-Cal

If you need this notice and/or other documents from the County 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 County of Santa Clara Behavioral Health Services (CSC-BHSD) by calling 1-800-704-0900.

**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 YOUR COUNTY.**

### 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 County 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 County will provide you with free assistance if you need help.

- To appeal by phone: Contact County of Santa Clara Behavioral Health Services (CSC-BHSD) 24 Hours by calling 1-800-704-0900. Or, if you have trouble hearing or speaking, please call 800-855-7100 or 711.
- To appeal in writing: Fill out an appeal form or write a letter to your County and send it to:

County of Santa Clara Behavioral Health Services (CSC-BHSD)  
P.O. Box 28504  
San Jose, CA 95159

Your provider will have appeal forms available. County of Santa Clara Behavioral Health Services (CSC-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 your County to review. Your appeal will be reviewed by a different provider than the person who made the first decision.

Your County 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 County has decided. **If you do not get a letter with the County’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 your County 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: [Hearing Request](#)
- **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 County 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. *County of Santa Clara Behavioral Health Services (CSC-BHSD)* follows State and Federal civil rights laws. *County of Santa Clara Behavioral Health Services (CSC-BHSD)* does not unlawfully 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.

*County of Santa Clara Behavioral Health Services (CSC-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, braille, audio or accessible electronic 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 *County of Santa Clara Behavioral Health Services (CSC-BHSD) 24 Hours* by calling 1-800-704-0900. Or, if you cannot hear or speak well, please call 800-855-7100 or 711. 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 *County of Santa Clara Behavioral Health Services (CSC-BHSD)* 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 [*Partner Entity's Civil Rights Coordinator*]. You can file a grievance by phone, in writing, in person, or electronically:



- By phone: Contact *[Partner Entity's Civil Rights Coordinator]* between *[hours of operation]* by calling *[telephone number]*. Or, if you cannot hear or speak well, please call *[TTY/TDD number]*.
- In writing: Fill out a complaint form or write a letter and send it to:

*[Partner Entity's Civil Rights Coordinator, address]*

- In person: Visit your doctor's office or *County of Santa Clara Behavioral Health Services (CSC-BHSD)* and say you want to file a grievance.
- Electronically: Visit *[Partner Entity's]* website at *[weblink]*.

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## **OFFICE OF CIVIL RIGHTS – CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES**

You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights by phone, in writing, or electronically:

- By phone: Call **916-440-7370**. If you cannot speak or hear well, please call **711 (California State Relay)**.
- In writing: Fill out a complaint form or send a letter to:  
**Department of Health Care  
Services Office of Civil Rights  
P.O. Box 997413, MS 0009  
Sacramento, CA 95899-7413**

Complaint forms are available at:

<https://www.dhcs.ca.gov/discrimination-grievance-procedures>



- Electronically: Send an email to [CivilRights@dhcs.ca.gov](mailto:CivilRights@dhcs.ca.gov).

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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>





**LANGUAGE TAGLINES**

**English Tagline**

ATTENTION: If you need help in your language call 1-800-704-0900 (TTY: [1-800-855-7100 or 711]). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-800-704-0900 (TTY: [1-800-855-7100 or 711]). These services are free of charge.

**الشعار بالعربية (Arabic)**

يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ 1-800-704-0900 (TTY: [1-800-855-7100 or 711]). تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريـل والخط الكبير. اتصل بـ 1-800-704-0900 (TTY: [1-800-855-7100 or 711]). هذه الخدمات مجانية.

**Հայերեն պիտակ (Armenian)**

ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք 1-800-704-0900 (TTY: [1-800-855-7100 or 711]): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Չանգահարեք 1-800-704-0900 (TTY: [1-800-855-7100 or 711]): Այդ ծառայություններն անվճար են:

**ប្រាសាទកម្ពុជា (Cambodian)**

ចំណាំ: បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរស័ព្ទទៅលេខ 1-800-704-0900 (TTY: [1-800-855-7100 or 711])។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរធំ សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពផ្គុំ ក៏អាចរកបានផងដែរ។ ទូរស័ព្ទមកលេខ 1-800-704-0900 (TTY: [1-800-855-7100 or 711])។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

**简体中文标语 (Chinese)**

请注意：如果您需要以您的母语提供帮助，请致电 1-800-704-0900 (TTY: [1-800-855-7100 or 711])。另外还提供针对残疾人士的帮助和服务，例如盲文和需要较大字体阅读，也是方便取用的。请致电 1-800-704-0900 (TTY: [1-800-855-7100 or 711])。这些服务都是免费的。

**مطلب به زبان فارسی (Farsi)**

توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با 1-800-704-0900 (TTY: 1-800-855-7100 or 711) تماس بگیرید. کمک‌ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با 1-800-704-0900 (TTY: 1-800-855-7100 or 711) تماس بگیرید. این خدمات رایگان ارائه می‌شوند.



**हिंदी टैगलाइन (Hindi)**

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो 1-800-704-0900 (TTY: 1-800-855-7100 or 711) पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। 1-800-704-0900 (TTY: 1-800-855-7100 or 711) पर कॉल करें। ये सेवाएं नि: शुल्क हैं।

**Nqe Lus Hmoob Cob (Hmong)**

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau 1-800-704-0900 (TTY: 1-800-855-7100 or 711). 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 1-800-704-0900 (TTY: 1-800-855-7100 or 711). Cov kev pab cuam no yog pab dawb xwb.

**日本語表記 (Japanese)**

注意日本語での対応が必要な場合は 1-800-704-0900 (TTY: 1-800-855-7100 or 711)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。 1-800-704-0900 (TTY: 1-800-855-7100 or 711)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 태그라인 (Korean)**

유의사항: 귀하의 언어로 도움을 받고 싶으시면 1-800-704-0900 (TTY: 1-800-855-7100 or 711) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. 1-800-704-0900 (TTY: 1-800-855-7100 or 711) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

**ແຫກໄລພາສາລາວ (Laotian)**

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ 1-800-704-0900 (TTY: 1-800-855-7100 or 711). ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະມີໂຕເລິມໃຫຍ່ ໃຫ້ໂທຫາເບີ 1-800-704-0900 (TTY: 1-800-855-7100 or 711). ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

**Mien Tagline (Mien)**

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiex longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux 1-800-704-0900 (TTY: 1-800-855-7100 or 711). Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo waaic fangx mienh, beiv taux longc benx nzangc-pokc bun hlou mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx 1-800-704-0900 (TTY: 1-800-855-7100 or 711). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.



### **ਪੰਜਾਬੀ ਟੈਗਲਾਈਨ (Punjabi)**

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ 1-800-704-0900 (TTY: 1-800-855-7100 or 711). ਆਪਣੇ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬੋਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ 1-800-704-0900 (TTY: 1-800-855-7100 or 711). ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

### **Русский слоган (Russian)**

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру 1-800-704-0900 (линия ТТУ: 1-800-855-7100 or 711). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру 1-800-704-0900 (линия ТТУ: 1-800-855-7100 or 711). Такие услуги предоставляются бесплатно.

### **Mensaje en español (Spanish)**

ATENCIÓN: si necesita ayuda en su idioma, llame al 1-800-704-0900 (TTY: 1-800-855-7100 or 711). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al 1-800-704-0900 (TTY: 1-800-855-7100 or 711). Estos servicios son gratuitos.

### **Tagalog Tagline (Tagalog)**

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa 1-800-704-0900 (TTY: 1-800-855-7100 or 711). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa 1-800-704-0900 (TTY: 1-800-855-7100 or 711). Libre ang mga serbisyonang ito.

### **แท็กไลน์ภาษาไทย (Thai)**

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข 1-800-704-0900 (TTY: 1-800-855-7100 or 711) นอกจากนี้  
ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข 1-800-704-0900 (TTY: 1-800-855-7100 or 711) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

### **Примітка українською (Ukrainian)**

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер 1-800-704-0900 (TTY: 1-800-855-7100 or 711). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер 1-800-704-0900 (TTY: 1-800-855-7100 or 711). Ці послуги безкоштовні.



**Khẩu hiệu tiếng Việt (Vietnamese)**

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số 1-800-704-0900 (TTY: 1-800-855-7100 or 711). 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 1-800-704-0900 (TTY: 1-800-855-7100 or 711). Các dịch vụ này đều miễn phí.