



DEPARTMENT OF HEALTH AND HUMAN SERVICES
**BEHAVIORAL HEALTH AND
RECOVERY SERVICES**

Promoting and protecting health, well-being, self-sufficiency, and safety of all in Marin County.



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

Lisa Warhuus, PhD
DIRECTOR

Todd Schirmer, PhD
ASSISTANT DIRECTOR

20 North San Pedro Road
San Rafael, CA 94903
415 473 6809 T
415 473 7008 F
TTY Dial 711
marinhhs.org/bhrs

Date

[Member's Name]	[Treating Provider's Name]
[Address]	[Address]
[City, State Zip]	[City, State Zip]

RE: Service requested

This notice lets you know that Marin Behavioral Health and Recovery Services has determined that your mental health condition or substance use disorder does not meet the medical necessity criteria to be eligible for specialty mental health services or substance use disorder services. *Using plain language, insert: 1. A description of the criteria or guidelines used, including a citation to the specific regulations and plan authorization procedures that support the action; and, 2. The clinical reasons for the decision regarding medical necessity.*

Although you do not qualify for specialty mental health services or substance use disorder services, you may be able to receive non-specialty mental health services from **[Health County or Entity responsible for mental health services or substance use disorder services, e.g., physical health care provider]**. You can call them at **[telephone number]**. **[If applicable, insert additional action taken by the Behavioral Health Plan to coordinate care and/or additional follow-up needed by the Member]**.

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 Behavioral Health and Recovery Services at 1-888-818-1115.

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 your behavioral health plan says services will be stopped or reduced.

The County can help you with any questions you have about this notice. For help, you may call Behavioral Health and Recovery Services weekdays between 8:00am and 5:00pm at 1-888-818-1115. If you have trouble speaking or hearing, please call TTY/TTD number 711, weekdays between 8:00am and 5:00pm for help.

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 Behavioral Health and Recovery Services by calling 1-888-818-1115.

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

Enclosed: *“Your Rights under Medi-Cal Managed Care”*
Notice of Availability