



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**

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**Date**

|                          |                                   |
|--------------------------|-----------------------------------|
| <b>[Member's Name]</b>   | <b>[Treating Provider's Name]</b> |
| <b>[Address]</b>         | <b>[Address]</b>                  |
| <b>[City, State Zip]</b> | <b>[City, State Zip]</b>          |

**RE: Service requested**

*You or your provider [Name of requesting provider] has asked Plan to obtain or approve Service requested. The Plan or Name of requesting provider has not provided services within number of working days. Our records show that you requested service(s), or service(s) were requested on your behalf on date requested.*

We apologize for the delay in providing timely services. We are working on your request and will provide you with *Service requested* soon.

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.

The Plan can help you with any questions you have about this notice. For help, you may call Behavioral Health and Recovery Services weekdays between 8:30am 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 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 Behavioral Health and Recovery Services by calling 1-888-818-1115.

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.

*Signature Block*

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