# PLACE ON AGENCY LETTERHEAD

# NOTICE OF ADVERSE BENEFIT DETERMINATION – TIMELY ACCESS

# About Your Treatment Request

#### Date

## *Beneficiary’s Name* *Treating Provider’s Name*

*Address* *Address*

*City, State Zip* *City, State Zip*

### RE: *Service requested*

You or your provider*[Name of requesting provider* has asked the Los Angeles County Substance Abuse Prevention and Control (SAPC) to obtain or approve *Service requested*. Our records show that you requested service(s), or service(s) were requested on your behalf, on*date requested.*

Name of requesting provider has not provided services within *number* working days from the initial request.

We apologize for the delay in providing timely services. We are working on your request and will provide you with a response 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.

SAPC can help you with any questions you have about this notice. For help, you may call SAPC at 888-742-7900 Monday through Friday, excluding holidays, between the hours of 8:00 a.m. and 5:00 p.m. If you have trouble speaking or hearing, please call TTY/TTD number 711 to access the California Relay Service, Monday through Friday, between 8:00 a.m. and 5:00 p.m. for help.

**If you need this notice and/or other documents from SAPC 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 SAPC at 888-742-7900.**

If SAPC 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*

*Staff Signature*

Enclosures: “Your Rights”

Beneficiary Non-Discrimination Notice

Language Assistance Taglines