ENCLOSURE 1

Medi-Cal Specialty Mental Health Program
NOTICE OF ACTION
(Lack of Timely Service)

Date: _____ **Client ID#: _____**

To: _____ **Medi-Cal Number: _____**

The mental health plan for Los Angeles County has not provided services within _____ working days of the date of the initial service request.

Our records show that you requested services, or services were requested on your behalf on _____.

The following services were requested by you or on your behalf:

- ☐ Routine initial clinical appointment.
- ☐ Routine medication appointment on the same day as the initial clinical appointment.
- ☐ Expedited initial clinical appointment after discharge from an acute inpatient facility, jail, or juvenile justice facility.
- ☐ Rescheduled initial clinical appointment due to unavoidable circumstances at the provider.
- ☐ Rescheduled initial clinical appointment due to you or your representative cancelling the initial appointment beforehand.
- ☐ Rescheduled initial clinical appointment due to you not keeping the initial appointment.
- ☐ Other _____

We are sorry for the delay in providing timely services. We are working on your request and hope to provide you with the requested service(s) soon.

You may request a state hearing to consider the reason for the delay.

The other side of this form explains how to request a state hearing.

This notice is required pursuant to Title 42, Code of Federal Regulations, Part 438, Subpart F.

☐ I Certify that the Medi-Cal Beneficiary has received the Original Copy of this NOA-E, a copy of the NOA Back, and a copy of the Grievance and Appeal Procedures - A Consumer Guide. (LACDMH Medi-Cal Specialty Mental Health Services Provider Manual, 4th Ed., July 2009, Section XVI, P. 1)

Staff Signature: _____

Print Staff Name: _____ Date: _____

Provider Name: _____ Provider #: _____

YOUR HEARING RIGHTS

You only have 90 days to ask for a hearing. The 90 days start either:
1. The day after we personally gave you this mental health plan's appeal decision notice, **OR**
2. the day after the postmark date of this mental health plan's appeal decision notice.

Expedited State Hearings

It usually takes about 90 days from the date of your request to make a hearing decision. If you think this timing will cause serious problems with your mental health, including problems with your ability to gain, maintain or regain important life functions, you may request an expedited state hearing. **To request an expedited hearing, please check the 1st box in the right hand column of this page under HEARING REQUEST and include the reason why you are requesting an expedited hearing.** If your expedited hearing request is approved, a hearing decision will be issued within three working days of the date your request is received by the State Hearings Division.

To Keep Your Same Services While You Wait for A Hearing

- You must ask for a hearing within 10 days from the date the mental health plan's appeal decision notice was mailed or personally given to you or before the effective date of the change in services, whichever is later.
- Your Medi-Cal mental health services will stay the same until a final hearing decision is made which is adverse to you, you withdraw your request for a hearing, or the time period or service limits for your current services expire, whichever happens first.

State Regulations Available

State regulations, including those covering state hearings, are available at your local county welfare office.

To Get Help

You may get free legal help at your local legal aid office or other groups. You can ask about your hearing rights or free legal aid from the Public Inquiry and Response Unit:

Call toll free: 1-800-952-5253
If you are deaf and use TDD, call 1-800-952-8349

Authorized Representative

You can represent yourself at the state hearing. You can also be represented by a friend, an attorney or anyone else you choose. You must arrange for this representative yourself.

Information Practices Act Notice (California Civil Code Section 1798, et. seq.) The information you are asked to provide on this form is needed to process your hearing request. Processing may be delayed if the information is not complete. A case file will be set up by the State Hearings Division of the Department of Social Services. You have the right to examine the materials that make up the record for decision and may locate this record by contacting the Public Inquiry and Response Unit (phone number shown above). Any information you provide may be shared with the mental health plan, the State Departments of Health Services and Mental Health and with the U.S. Department of Health and Human Services (Authority: Welfare and Institutions Code, Section 14100.2)

HOW TO ASK FOR A STATE HEARING

The best way to ask for a hearing is to fill out this page. Make a copy of the front and back for your records. Then send this page to:

State Hearings Division
California Department of Social Services
P.O. Box 944243, Mail Station 19-37
Sacramento, CA 94244-2430

Another way to ask for a hearing is to call 1-800-952-5253. If you are deaf and use TDD, call 1-800-952-8349.

HEARING REQUEST

I want a hearing because of a Medi-Cal related action by the Mental Health Plan of Los Angeles County.

[ ] Check here if you want an expedited state hearing and include the reason below.

Here's why: _____
_____
_____
_____
_____
_____
_____
_____

[ ] Check here and add a page if you need more space.

My name: (print) _____
My Social Security Number: _____
My Address: (print) _____
_____
My phone number: (_____)_____

My signature: _____
Date: _____

I need an interpreter at no cost to me. My language or dialect is: _____

I want the person named below to represent me at this hearing. I give my permission for this person to see my records and to come to the hearing for me.

Name: _____
Address: _____
_____
Phone number: _____