EXAMPLE

NOTICE OF APPEAL RESOLUTION

August 15, 2026

Mary Ann Jones
567 8th Street
Los Angeles, CA 90034

John Smith, Ph.D.
123 4th Street
Los Angeles, CA 90012

RE: ***Psychological Testing***

You or *John Smith, Ph.D.*, on your behalf, appealed the denial of *Psychological Testing*. *DMH* has reviewed the appeal and has decided to uphold the decision. This request is still denied. This is because *the use of psychological testing to determine if medication is needed is exempt from the criteria for psychological testing. The guidelines used can be found in the County of Los Angeles, Department of Mental health, Local Mental Health Plan, Medi-Cal Specialty Mental Health Services, Fee-For-Service Network Provider Manual 10th Edition, August 2026. The clinical reasons for the decision for medical necessity should be referred to a psychiatrist to support medication evaluation and management.*

You may ask for free copies of all information used to make this decision. This includes a copy of the actual benefit provision, guideline, protocol, or criteria on which we based our decision. To ask for this, please call *DMH* at *(213) 738-4889*.

You may appeal this decision by requesting a State Hearing. 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 in any information that could help your case. 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 *Health Access and Integration Division, Central Authorization Unit, from 8:00 am to 5:00 pm* at *(213) 605-5253*. If you have trouble speaking or hearing, please call TTY/TTD number *(213) 738-4888*, between *8:00 am to 5:00 pm* 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 *DMH ACCESS Center* by calling *(800) 854-7771*.

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.

Kary To, Ph.D.
Clinical Psychologist II
Clinical Operations
Health Access and Integration Division

Enclosed: “Your Rights”

Enclose notice with each letter