



State of California—Health and Human Services Agency  
Department of Health Care Services



EDMUND G. BROWN JR.  
GOVERNOR

**Important Final Reminder: 30-Day Notice of Behavioral Health Treatment Services Transition**

[System Date]

Dear [Member Name]:

On [transition date], the way you get **Behavioral Health Treatment (BHT)** services will change. You will no longer get BHT services from [regional center]. You will get your BHT services from [plan name]. This change is only for your BHT services. These may include, but are not limited to: Applied Behavior Analysis, behavioral interventions, and parent training. Other services you get at [regional center] will **not** change. If you get BHT from another health insurance and are also covered by Medi-Cal, you may be able to receive assistance with co-payments.

**Why is this changing?**

There are new rules that require Medi-Cal to cover some BHT services for Medi-Cal beneficiaries up to age 21 who have an autism spectrum disorder (ASD). These services used to be provided through the regional centers. Due to the new rules, [plan name] will provide your BHT services starting on [transition date].

**What do I need to do?**

[Plan name] will contact you and ask you about your current [regional center] provider and treatment. You may still be able to see your same BHT provider. Or [plan name] will help you find a new one. You will still get your same BHT services even if you change your provider until your child's needs change.

**What happens now?**

You will still get BHT services under your current treatment plan. This will only change if [plan name] does a new assessment and they decide that your treatment plan should change. [Plan name] will share this information with you.

**Who do I contact for help or more information?**

If you have any questions about this change, please contact Member Services at [toll free number]. Tell them you have a question about your BHT services. If your BHT services were denied or changed, and you don't agree with what happened, please see the back of this letter for more information about your options to appeal the decision.

Sincerely,

[Plan Name]

## IMPORTANT INFORMATION ABOUT YOUR APPEAL RIGHTS

### What are my rights if I don't agree with a denial or change of my services?

If you do not agree with a denial or change of services, you can:

- File a grievance with [Plan name];
- Ask for a State Hearing; or
- Ask for an Independent Medical Review (IMR). **[Note: Suppress this statement if a COHS plan]**

### FILE A PLAN GRIEVANCE

To file a grievance, you can call or send a letter to [Plan name]. You can also get a grievance form from your doctor. Call [Plan name] at:

Toll free phone: [number]

TTY: [number]

Send a letter to:

[Plan name]

Address

City, CA 9XXXX

[Plan name] will review its decision based on your grievance and you will get an answer within 30 days. If you think waiting 30 days will harm your health, be sure to explain the reason why at the time you ask for your grievance. [Plan name] may be able to get an answer for you within 3 calendar days.

### STATE HEARING

To ask for a State Hearing, you can fill out the "State Hearing Request" form and send it to:

California Department of Social Services

State Hearings Division

P.O. Box 944243, MS 19-37

Sacramento, CA 94244-2430

You may also call to ask for a State Hearing. The number can be very busy so you may get a message to call back later.

Toll free phone: 1-800-952-5253

TTY: 1-800-952-8349

### What Are the Time Limits to Ask for a State Hearing?

- You only have 90 days to ask for a hearing.
- The 90 days start from the date of the denial letter.

### Can I Still Get My Treatment and Ask for a State Hearing?

To still get your treatment that the denial notice is stopping or changing, you must:

- Ask for a State Hearing within 10 days from either:
  - The date the notice is postmarked, or

- The date the notice was given to you, or
- Before the date the notice says your treatment will stop or change.
- Please say that you want to keep getting treatment during the hearing process.

It can take up to 90 days for your case to be decided and an answer sent to you.

### **Can I Ask for a Quick Hearing?**

Yes. This is called an “expedited” hearing. If you think waiting up to 90 days may be risky for your health, ask your doctor or [Plan name] for a letter. The letter must explain how waiting for up to 90 days could be risky for your life or health. Then you can ask for an expedited hearing. You need to send the letter with hearing request.

You do not have to attend the State Hearing alone. You may bring someone with you. You can bring a friend, a relative, a lawyer, or anyone you choose. You can speak for yourself or have someone else speak for you. You may be able to get free legal help.

Call the [insert the name and phone number of the county’s consumer rights hotline]. You may also call your local legal aid office [insert phone number or reference to “legal services” in yellow pages].

For more information about the State Hearing process, go to

<http://www.dhcs.ca.gov/services/medi-cal/Pages/Medi-CalFairHearing.aspx>.

### **[Insert section below for Knox Keene plans: INDEPENDENT MEDICAL REVIEW]**

You may also be able to get an Independent Medical Review (IMR). This is done by the Department of Managed Health Care (DMHC). An IMR is a review of medical decisions made by a health plan. You cannot file an IMR if you have already asked for a State Hearing.

For more information about the IMR, please call DMHC:

Toll Free: 1-888-466-2219

TTY: 1-877-688-9891

You may also visit their website at

<https://www.dmhc.ca.gov/FileaComplaint/SubmitanIndependentMedicalReviewComplaint/HowtoFileaComplaintwithYourHealthPlan.aspx#>.