For Mental Health Plans and DMC-ODS County Plans



**YOUR RIGHTS UNDER MEDI-CAL**

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 Los Angeles County Substance Abuse Prevention and Control (SAPC) by calling 1-888-742-7900.

If you still do not agree with the plan’s decision, you can ask for a **“State Hearing”** and a judge will review your case.

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*2025-06-06 19:33:25*

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Los Angeles County Substance Abuse Prevention and Control (SAPC)

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888-742-7900

You must ask for a State Hearing within **120 days** from the date of this letter. If your Plan continued to provide you with the disputed treatment during the Plan’s appeal process, you have a right to request that the Plan continue providing the treatment until there is a decision on your State Hearing. **If you are currently getting treatment and you want to continue your treatment while you appeal, you must ask for a State Hearing within 10 days** from the date this letter was postmarked or delivered to you. When you ask for a State Hearing, you must say that you want to keep getting your treatment. You will not be held liable for the cost of continued treatment if the State Hearing decision upholds the Plan’s adverse benefit determination. You will not have to pay for a State Hearing.

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New verbiage: March 2025

You can ask for a State Hearing by phone, electronically, or in writing:

* By phone: Call **1-800-952-5253**. If you cannot speak or hear well, please call

**TTY/TDD 1-800-952-8349**.

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New link: March 2025

* Electronically: You may request a State Hearing online. Please visit the California Department of Social Services’ website to complete the electronic form: [https://acms.dss.ca.gov/acms/login.request.do](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Facms.dss.ca.gov%2Facms%2Flogin.request.do&data=05%7C01%7CTori.House%40dhcs.ca.gov%7Ca66be42ca9cb4f20a9c008db145851ea%7C265c2dcd2a6e43aab2e826421a8c8526%7C0%7C0%7C638126141784729133%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=UbQwl%2BNU%2BmC8f056eeWrS4sfQDq8z%2FBNDSB%2Fpp%2FA%2Fic%3D&reserved=0)
* In writing: Fill out a State Hearing form or send a letter to:

**California Department of Social Services State Hearings Division**

**P.O. Box 944243, Mail Station 9-17-37**

**Sacramento, CA 94244-2430**

Be sure to include your name, address, telephone number, Date of Birth, and the reason you want a State Hearing. If someone is helping you ask for a State Hearing, add their name, address, and telephone number to the form or letter. If

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NAR Your Rights Attachment (Revised March 2025)

you need an interpreter, tell us what language you speak. You will not have to pay for an interpreter. We will get you one.

After you ask for a State Hearing, it could take up to 90 days to decide your case and send you an answer. If you think waiting that long will harm your health, you might be able to get an answer within 72 hours. You may wish to ask your doctor or Plan to write a letter for you or you may write your own. The letter must explain in detail how waiting for up to 90 days for your case to be decided will seriously harm your life, your health, or your ability to attain, maintain, or regain maximum function. Then, make sure you ask for an **“expedited hearing,”** and provide the letter with your request for a hearing.

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New verbiage: March 2025

**Authorized Representative**

You may speak for yourself at the State Hearing or have another person speak for you, such as a relative, friend, advocate, doctor, or attorney. If you want another person to speak for you, then you must tell the State Hearing office that the person is allowed to speak on your behalf. This person is called an “authorized representative.”

**Legal Help**

You may be able to get free legal help. You may call the local Legal Aid program in your county at 888‑804‑3536.

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