



Behavioral Health  
Emi Botzler-Rodgers, MFT, Director  
720 Wood Street, Eureka, CA 95501  
phone: (707) 268-2990 | fax: (707) 476-4049

## NOTICE OF ADVERSE BENEFIT DETERMINATION—TERMINATION

### About Your Treatment Request

Date

Beneficiary's Name  
Address  
City, State Zip

Treating Provider's Name  
Address  
City, State Zip

RE: Service requested

You are currently receiving Service to be terminated.  
Beginning on termination date we will no longer approve this treatment. This is because:

Using plain language, insert: 1. A clear and concise explanation of the reasons for the decision; 2. A description of the criteria or guidelines used, including a citation to the specific regulations and plan authorization procedures that support the action; and 3. The clinical reasons for the decision regarding medical necessity.

You may appeal this decision if you think it is incorrect. 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.

You may ask for free copies of all information used to make this decision. This includes a copy of the guideline, protocol, or criteria that we used to make our decision. To ask for this, please call Humboldt County Mental Health Plan at 707-268-2955.

If you are currently getting services and you want to keep getting services while we decide on your appeal, you must ask for an appeal within 10 days from the date on this letter, or before the date your mental health plan says services will be stopped or reduced.

The Plan can help you with any questions you have about this notice. For help, you may call Humboldt County Mental Health Plan between 8:00 AM and 5:00 PM at 707-268-2955. If you have trouble speaking or hearing, please call TTY/TTD number 1-800-735 2922.



DHHS Administration  
phone: (707) 441-5400  
fax: (707) 441-5412

Public Health  
phone: (707) 445-6200  
fax: (707) 445-6097

Social Services  
phone: (707) 476-4700  
fax: (707) 441-2096

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 Humboldt County Mental Health Plan by calling 707-268-2955.

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.

This notice does not affect any of your other Medi-Cal services.

Signature Block

Enclosed:   Your Rights  
              Language Assistance Taglines  
              Beneficiary Non-Discrimination Notice

*(Enclose notices with each letter)*

