



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—TIMELY ACCESS**

**About Your Treatment Request**

Date

Beneficiary's Name  
 Address  
 City, State Zip

Treating Provider's Name  
 Address  
 City, State Zip

RE: Service requested

You or your provider [Name of requesting provider has asked Humboldt County Mental Health Plan to obtain or approve Service requested.

The Humboldt County Mental Health Plan has not provided services within 10 working days. Our records show that you requested service(s), or service(s) were requested on your behalf on date requested.

We apologize for the delay in providing timely services. We are working on your request and will provide you with Service requested soon.

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.

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.

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.



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 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)*

