

*[Plan Letterhead]*

**NOTICE OF ADVERSE BENEFIT DETERMINATION**

**About Your Treatment Request**

*[Date]*

*[Member’s Name] [Treating Provider’s Name]*

*[Address] [Address]*

*[City, State Zip] [City, State Zip]*

**RE:** *[Service requested]*

***e639827***

*2025-06-09 14:55:13*

--------------------------------------------

Los Angeles County Substance Abuse Prevention and Control (SAPC)

*[You or your provider [Name of requesting provider]]* has asked Los Angeles County Substance Abuse Prevention and Control (SAPC)to obtain or approve *[Service requested]*. The *[Plan or Name of requesting provider]* has not provided services within *[number of]* working days. Our records show that you requested service(s), or service(s) were requested on your behalf on *[date requested].*

***e639827***

*2025-06-09 14:55:37*

-------------------------------------------- SAPC

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. 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.

***e639827***

*2025-06-09 15:10:48*

--------------------------------------------

1-888-742-7900

***e639827***

*2025-06-09 15:10:03*

-------------------------------------------- SAPC

***e639827***

*2025-06-09 15:10:20*

--------------------------------------------

Monday through Friday, 8am to 5pm PST, excluding holidays

The Plan can help you with any questions you have about this notice. For help, you may call SAPC Monday through Friday, 8am to 5pm PST, excluding holidays, at 1-888-742-7900. If you have trouble speaking or hearing, please call TTY/TTD number 711, between 8am and 5pm PST, Monday through Friday, excluding holidays, for help.

***e639827***

*2025-06-09 15:11:07*

--------------------------------------------

711

***e639827***

*2025-06-09 15:11:46*

--------------------------------------------

8:00 a.m. and 5:00 p.m. PST, Monday through Friday excluding holidays (Note: this service is available 24 hours 7 days a week)

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 *SAPC* by calling *1-888-742-7900*.

***e639827***

*2025-06-09 15:11:57*

-------------------------------------------- SAPC

***e639827***

*2025-06-09 15:12:15*

--------------------------------------------

1-888-742-7900

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.

*[County Grievance Team]*

***Guest***

*2025-06-05 17:42:17*

--------------------------------------------

New verbiage: March 2025

Enclosed*: “Your Rights under Medi-Cal Managed Care”*

*Notice of Availability*

*[Enclose notice with each letter]*