

**REQUEST FOR MEDI-CAL FAIR HEARING
COUNTY SPECIALTY MENTAL HEALTH SERVICES**

TO: Chief ALJ, Administrative Adjudication Division (AAD)
California Department of Social Services (CDSS)
744 "P" Street, Sacramento, CA 95814
Phone: (916) 657-3550

Re: Medi-Cal Fair Hearing – Specialty Mental Health Medi-Cal Services

Respondent: Local Mental Health Plan, County of _____

Recipient's Name

Date of Birth

Medi-Cal Number

Social Security Number

Phone Number (include area code)

Street Address

City, State, Zip

Filed by (if different from above):

Name

Relationship

Address

Phone Number (include area code)

Reason for Requesting Hearing The Mental Health Plan has:

- Denied or limited authorization of a requested service;
- Reduced, suspended, or terminated a previously authorized service;
- Denied, in whole or in part, payment for a service;
- Failed to provide services in a timely manner; or
- Failed to act within the timeframes for disposition of standard grievances, the resolution of standard appeals or the resolution of expedited appeals.

Interpreter needed? Language: _____

Home hearing needed?

Other accommodations needed:

Signature

Date

(You can mail this in or fax it to (916) 229-4110. You can also call in a hearing request to 1-800-743-8525, but the line is often busy.)

c: County Patient Rights Office