

**Medi-Cal Specialty Mental Health Services Program
NOTICE OF ACTION
(Delays in Grievance/Appeal Processing)**

Date: _____

To: _____, Medi-Cal Number _____

The mental health plan for _____ County has not processed your
 grievance appeal expedited appeal on time.

Our records show you made your request on

You requested that _____

We are sorry for the delay in answering your request. We will continue to work on your request and hope to provide you with a decision soon.

If your request was about the denial of or a change in the mental health services you receive from the mental health plan and you do not want to wait for our decision, you may request a state hearing to consider the denial or change. You may also ask that the state hearing consider the reason for the delay.

If your request was about another issue, you may request a state hearing to consider the reason for the delay. The other side of this form explains how to request a state hearing.

This notice is required pursuant to Title 42, Code of Federal Regulations, Part 438, Subpart F.