



ALCOHOL, DRUG & MENTAL HEALTH SERVICES  
MANUEL J. JIMÉNEZ JR., MA, MFT, DIRECTOR

Quality Assurance Office  
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**Notice of Action - D**  
(Delays in Grievance/Appeal Processing)

To:

Date:

CIN #:

The mental health plan for Alameda 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 Fair 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.

Sincerely,

