



Appeal Resolution Request

**Toll free, Multilingual
1-800-952-2335**

The Process:

What is a Notice of Adverse Benefit Determination (NOABD) letter?

Individuals with Medi-Cal may receive a NOABD letter which states that services are being denied, reduced or terminated.

You may appeal a decision that: denies or limits a requested service, including the type or level of services; reduces, or

terminates a previously authorized service; fails to provide services in a timely manner, or fails to act within the timeframes for disposition of a grievance, appeal or expedited appeal.

If you have had services denied, you may request a second opinion.

How to Appeal?

You may present your request orally or in writing. You may call the Plan's toll free number at (800) 952-2335 to request an appeal. ***An oral appeal must be followed by a signed written appeal.***

When to Appeal?

You may file an appeal within 60 calendar days of the date of a Notice Letter (NOABD). You or your representative may examine medical records or any other documents considered during the appeal process.

Where do I Turn in the Form?

Turn in your completed form at the reception counter where you receive services. Or you may mail the form to:

Quality Improvement Department
Behavioral Health
1400 Emeline Avenue

Santa Cruz CA 95060

To: Quality Improvement Behavioral Health Services

Appeal Form

Client Name:

Date of Birth:

Today's Date:

Current Address:

Phone#:

Description of action you are appealing:

What you would like to have happen:

Request Expedited Appeal: Yes No

Request Second Opinion Yes No

Signature:

Date:

What happens next? The Plan will log in the appeal within one working day. Quality Improvement staff will notify you or your representative about the decision in writing within 30 calendar days of your appeal.

What if I Need an Answer More Quickly? If using the standard appeals process could jeopardize your life, health or ability to maintain or regain maximum function, you may request to use the **Expedited Appeal Process**. This process does not require the appeal in writing. If the criteria for an expedited appeal is met,

staff will notify you or your representative about the decision in writing within 72 hours of your expedited appeal.

State Fair Hearing: Individuals with Medi-Cal may request a State Fair Hearing *after exhausting the appeal process*. You may call toll-free (800) 952-5253 for assistance with a State Fair Hearing.

Request to Continue Receiving Services: You may request to continue receiving currently authorized services while your appeal is processed.

What if I need help with the process?

For mental health services appeals, you may contact the Ombudsman/Advocate's office for assistance at: (831) 429-1913. They are a non-profit corporation that provides rights protection, advocacy and confidential services.

For substance use disorder services appeals, with a signed written consent form, a representative can act on your behalf to file an appeal.

The County Mental Health Plan & Drug Medi-Cal Organized Delivery System take your concerns seriously. We will make every reasonable effort to meet your needs. You will not be subject to discrimination, or any other penalty for filing an Appeal. Information provided on this form will not become part of your medical records. It will remain in the Quality Improvement Department and will only be shared with other staff on a need to know basis in order to resolve the problem. All information pertaining to appeals will be treated as confidential information per Santa Cruz Behavioral Health Services policies and procedures.

For Office Use Only

Date Received:	Date Resolved:	Resolved by:
Resolution:		