



El Dorado County Health and Human Services Agency  
Behavioral Health Division

## APPEAL FORM

You have 60 days to file this Appeal  
from the date on the Notice of Adverse Benefit Determination

**If you are currently getting treatment and you want to keep getting treatment, you must ask for an appeal within 10 days from the date on this letter OR before the date your Plan says services will stop. You must say that you want to keep getting treatment when you file the appeal.**

Your Name:	
Your Date of Birth:	
Your Phone Number:	
Your Address:	

**Are you requesting a Standard or Expedited Appeal?**    Standard    Expedited

See Page 2 for Appeal Process including definition of Standard and Expedited Appeals.

**Did you receive a Notice of Adverse Benefit Determination?**    Yes    No

**Did you receive an "Action" as defined as one of the following?**

1. Denies or limits authorization of a requested service, including the type or level of service;
2. Reduces, suspends, or terminates a previously authorized service;
3. Denies, in whole or in part, payment for a service;
4. Fails to provide services in a timely manner, as determined by the MHP;
5. Fails to act within the required timeframes for standard resolution of grievances and appeals; or
6. Denies a request to dispute financial liability.

**Please identify your concern and the outcome you desire:** (Please use extra paper if needed)

I understand that Quality Management staff or designee will be authorized to contact any involved individual and/or provider to resolve my Appeal. Quality Management staff or designee will also be authorized to discuss any and all information with any involved provider that shall be needed to evaluate and resolve this Appeal.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

The Behavioral Health Division will ensure that you are not subject to any discrimination or penalty for filing an Appeal. You may examine your case file at any time, including medical records and any other documents and records considered during the Appeal process to the extent allowed by law.

***When will a decision be made about my appeal?***

The Mental Health Plan (MHP) must decide on your appeal within 30 days from when the MHP receives your request for appeal. Timeframes may be extended by up to 14 calendar days if you request an extension, or if the MHP feels that there is a need for additional information and that the delay is for your benefit. An example of when a delay might be for your benefit is when the MHP thinks it might be able to approve your appeal if the MHP has a little more time to get information from your provider.

***What if I can't wait 30 days for my appeal decision?***

The appeal process may be faster if it qualifies for the expedited appeals process. (Please see the section on expedited appeals below.)

***What is an expedited appeal?***

An expedited appeal is a faster way to decide an appeal. The expedited appeals process follows a process similar to the standard appeals process. However,

- Your appeal has to meet certain requirements (see below).
- The expedited appeals process also follows different deadlines than the standard appeals process.
- You can make a verbal request for an expedited appeal. You do not have to put your expedited appeal request in writing.

***When can I file an expedited appeal?***

If you think that waiting up to 30 days for a standard appeal decision will jeopardize your life, health or ability to attain, maintain or regain maximum function, you may request an expedited appeal. If the MHP agrees that your appeal meets the requirements for an expedited appeal, your MHP will resolve your expedited appeal within 3 working days after the MHP receives the expedited appeal.

Timeframes may be extended by up to 14 calendar days if you request an extension, or if the MHP feels that there is a need for additional information and that the delay is in your interest. If your MHP extends the timeframes, the MHP will give you written explanation as to why the timeframes were extended.

If the MHP decides that your appeal does not qualify for an expedited appeal, your MHP will notify you right away orally and will notify you in writing within 2 calendar days. Your appeal will then follow the standard appeal timeframes outlined earlier in this section. If you disagree with the MHP's decision that your appeal doesn't meet the expedited appeal criteria, you may file a grievance.

Once your MHP resolves your expedited appeal, the MHP will notify you and all affected parties orally and in writing.

**When you have completed, signed, and dated this form please mail it to:**

Behavioral Health Division  
Quality Management Unit  
768 Pleasant Valley Road, Suite 201  
Diamond Springs, CA 95619