

What is an Appeal?

El Dorado County Substance Use Disorder Services Appeal Form and Frequently Asked Questions

What is an Appeal?

The Department of Health Care Services (DHCS) defines an Appeal as:
“A request for review of an Adverse Benefit Determination (ABD).”

What is Adverse Benefit Determination (ABD)?

An ABD occurs when the DMC-ODS Plan does one or more of the following:

- Denies or limits authorization of a requested service
- Reduces, suspends, or terminates a previously authorized service
- Denies, in whole or in part, payment for a service
- Fails to provide services within required timeframes
- Fails to act within required timeframes for grievances or appeals

You may file an appeal even if you did not receive a Notice of Adverse Benefit Determination (NOABD).

If you are unsure whether the situation you are experiencing counts as an ABD, you can speak with any DMC-ODS staff member or call:
(530) 621-6290 or (800) 929-1955.

Where Do I Get an Appeal Form?

Appeal forms are available at:

- All El Dorado County Substance Use Disorder (SUD) provider sites
- All contracted SUD programs
- Any Behavioral Health employee can provide one
- On our website at <https://www.eldoradocounty.ca.gov/Health-Well-Being/Behavioral-Health/Substance-Use-Disorder-Services-SUDS>

You may also request help filling out the form.

How Do I File an Appeal?

Timeframe to File:

- You must file an appeal within 60 calendar days from the date on the NOABD.
- If you want your current services to continue while the appeal is being decided (Aid Paid Pending), you must file the appeal within 10 calendar days of the NOABD or before the effective date of the change, whichever is later.

Ways to File

You may file an appeal:

- By phone (oral appeals are allowed)
 - (530) 621-6290
 - (800) 929-1955
- In writing using the form below
- In person at any County or contracted SUD provider site
- Through a provider or authorized representative (with written consent)

If you need help at any point, you may contact the Patient Rights Advocate at (530) 621-6183. The County must assist you in completing the appeal, including preparing the written appeal if needed.

What Happens After I File an Appeal?

You will receive:

- A written acknowledgment within five (5) calendar days of us receiving the appeal
- A written decision (Notice of Appeal Resolution) within:
 - 30 calendar days for a standard appeal
 - 72 hours for an expedited appeal

You may review your case file, medical records, and all documents used in the decision.

What Is the Difference Between a Standard and Expedited Appeal?

Standard Appeal

- Resolved within 30 calendar days
- Appropriate for most appeal situations

Expedited Appeal

- An appeal is expedited when waiting for a standard decision could seriously jeopardize your:
 - Life
 - Health
 - Ability to attain, maintain, or regain maximum function

Expedited appeals are resolved within 72 hours.

You may request an expedited appeal, and the County will notify you whether it is accepted.

What If I Do Not Agree With the County's Appeal Decision?

You have the right to request a State Fair Hearing if:

- The County upholds the adverse decision, or
- The County does not resolve your appeal within required timeframes (30 days standard / 72 hours expedited)

You must first complete the County appeal process before requesting a State Hearing unless the

County fails to resolve your appeal within required timelines.

Timeframe to Request a State Hearing:

- You must request the State Hearing within 120 calendar days of the County's written Notice of Appeal Resolution.

State Hearing Contact Information:

State Hearings Division
California Department of Social Services
744 P Street, MS 9-17-37
Sacramento, CA 95814
(800) 952-5253 or (800) 952-8349 (TDD/TTY)

Aid Paid Pending (Continuation of Services)

You may ask to keep receiving your services while the appeal is reviewed. To qualify, ALL conditions below must be met:

- Your appeal involves a reduction, suspension, or termination of an approved service
- Your provider originally ordered the service
- Your authorization period has not expired
- You request continuation of services within 10 days of the NOABD or before the intended effective date of the ABD.

If the appeal or State Hearing upholds the County's decision, you will not be responsible for paying back the cost of services provided during the appeal.

Right to a Second Opinion

- You may request a second opinion from another network provider or from an out-of-network provider arranged by the County at no cost to you.

Non-Discrimination and Language Assistance

The County will provide:

- Free language assistance
- Translated materials
- Auxiliary aids
- Non-discrimination protections

The required DHCS nondiscrimination and language tagline templates must accompany this form.

DMC-ODS Appeal Form

Member Name: _____

Date of Birth: _____

Medi-Cal ID (if known): _____

Phone Number: _____

Address: _____

Reason for Your Appeal

Please describe the decision or action you disagree with and why:

Type of Appeal Requested

(County will determine if expedited criteria are met.)

Standard Appeal

Expedited Appeal (Using the standard timeline may seriously jeopardize my life, health, or functioning.)

Aid Paid Pending (Continuation of Services)

Would you like to continue receiving your current services during the appeal review?

Yes

No

Is someone helping you file this appeal (representative)?

Representative Name: _____

Relationship: _____

Phone number: _____

I authorize this person to represent me in this appeal: _____

Client signature: _____

Date: _____

Member Signature

I declare that the information above is true and correct.

Member Signature: _____

Date: _____

Representative Signature (If Applicable)

Signature: _____

Date: _____

Submission Options

Phone: (530) 621-6290 or (800) 929-1955

In Person: Any County or contracted SUD provider

Mail: 768 Pleasant Valley Rd,
Diamond Springs CA 95619