

APPEAL OR EXPEDITED APPEAL REQUEST FORM



**CONTRA COSTA COUNTY
BEHAVIORAL HEALTH SERVICES**

LANGUAGE ASSISTANCE

English

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call (888) 678-7277 (TTY: 711).

ATTENTION: Auxiliary aids and services, including but not limited to large print documents and alternative formats, are available to you free of charge upon request. Call (888) 678-7277 (TTY: 711).

Español (Spanish)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (888) 678-7277 (TTY: 711).

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (888) 678-7277 (TTY: 711).

Tagalog (Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa (888) 678-7277 (TTY: 711).

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. (888) 678-7277 (TTY: 711)

번으로 전화해 주십시오.

繁體中文 (Chinese)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 (888) 678-7277 (TTY: 711)。

Հայերեն (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք (888) 678-7277 (TTY: 711)։

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните (888) 678-7277 (TTY: 711)。

فارسی (Farsi)

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد با (888) 678-7277 (TTY: 711) تماس بگیرید.

日本語 (Japanese)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。(888) 678-7277 (TTY: 711) まで、お電話にてご連絡ください。

Hmoob (Hmong)

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau (888) 678-7277 (TTY: 711).

ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। (888) 678-7277 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

العربية (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (888) 678-7277 رقم هاتف الصم والبكم: 711

हिंदी (Hindi)

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। (888) 678-7277 (TTY: 711) पर कॉल करें।

ภาษาไทย (Thai)

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร (888) 678-7277 (TTY: 711).

ខ្មែរ (Cambodian)

ប្រយ័ត្ន: អរ សើ ិនជាអ្នកនិយាយ ភាសាខ្មែរ ,
រសវាជំនួយមននកភាសា រោយមិនគិត ្នួន
គឺអាចមានសំរា ំ ំរ អុើ នក។ ចូ ទូ សព្វ (888) 678-7277 (TTY:
711)។

ພາສາລາວ (Lao)

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ,
ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ,
ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ (888) 678-7277 (TTY:
711).

THE APPEAL PROCESS (STANDARD AND EXPEDITED)

If you need assistance with completing this form:

- You may ask any staff at each program to assist you.
- You may call the Grievance Advocate (not a direct County employee) at **(925) 293-4942**. Collect calls are accepted.

What Is a Standard Appeal?

A standard appeal is a request for review of a problem you have with the Contra Costa Mental Health Plan (MHP) or Drug Medi-Cal Organized Delivery System Plan (DMC-ODS) or your provider that involves a denial or changes to services you think you need. If you request a standard appeal, Contra Costa MHP or DMC-ODS must decide on your appeal within 30 calendar days from when CCMHP receives your request for the appeal. The timeframes for making a decision may be extended up to 14 calendar days if you request an extension, or if Contra Costa MHP or DMC-ODS believes that there is a need for additional information and that the delay is for your benefit. If you think waiting 30 days will put your health at risk, you should ask for an ‘expedited appeal.’

Standard Appeal:

- You may file an appeal orally or in writing. If you submit your appeal orally, you must follow it up with a signed, written appeal. If you do not follow-up with a signed, written appeal, your appeal will not be resolved. However, the date that you submitted the oral appeal is the filing date. Oral Appeals should be called in to the Office of Quality Improvement at **(925) 957-5160**.
- Filing an appeal will not count against you or your provider in any way.

- You may authorize another person to act on your behalf if you sign a *Release of Information* form for that person to know confidential information.
- Your benefits will continue during the appeal process. See Beneficiary Handbook for additional information.
- Staff reviewing the appeals and making the decisions are qualified to do so and not involved in any previous level of review or decision-making.
- You or your representative may examine your case file, including your medical record, and any other documents or records considered during the appeal process.
- You have a reasonable opportunity to present evidence and allegations of fact or law, in person, or in writing.
- You, your representative, or the legal representative of a deceased member's estate will be included as parties to the appeal.
- Contra Costa MHP or DMC-ODS will notify you that your appeal is being reviewed by sending you written confirmation.
- After exhausting local appeals, Medi-Cal clients may file a State Hearing request with the State by calling (800) 743-8525 or (855) 795-0634, or call the Public Inquiry and Response line, toll free, at (800) 952-5253 or TDD (800) 952-8349.

How Can I File an Appeal?

You may call the Access Line at (888) 678-7277 or the Quality Improvement Coordinator at (925) 957-5160 to get help with filing an appeal. The Appeal/Expedited Appeal form in this booklet should be mailed using the available self-addressed envelopes provided by Contra Costa MHP and DMC-ODS. If you do not have a self-addressed envelope, you may mail your appeal directly to the address on the form or you may submit your appeal by e-mail to BHSQualityAssurance@cchealth.org or fax to (925) 957-5156. Appeals can be filed orally or in writing. If you submit your appeal orally, you must follow it up with a signed written appeal.

How Do I Know If My Appeal Has Been Decided?

Contra Costa MHP or DMC-ODS will notify you or your representative in writing when a decision has been made about your appeal. The notification will include:

- The results of the appeal resolution process
- The date the appeal decision was made
- If the appeal is not resolved wholly in your favor, the notice will also contain information regarding your right to a State Hearing and the procedure for filing a State Hearing

Is There a Deadline to File an Appeal?

You must file an appeal within 60 days of the date on the Notice of Adverse Benefit Determination. Keep in mind that you will not always get a Notice of Adverse Benefit Determination. There are no deadlines for filing an appeal when you do not get a Notice of Adverse Benefit Determination, so you may file this type of appeal at any time.

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 resolution of an appeal. If Contra Costa MHP or DMC-ODS agrees that your appeal meets the requirements, Contra Costa MHP or DMC-ODS will resolve your expedited appeal within 72 hours after CCMHP receives the appeal. The timeframes for making a decision may be extended by up to 14 calendar days if you request an extension, or if Contra Costa MHP or DMC-ODS shows that there is a need for additional information and that the delay is in your interest. If Contra Costa MHP or DMC-ODS extends the timeframes, they will give you a written explanation as to why the timeframes were extended.

If Contra Costa MHP or DMC-ODS decides that your appeal does not qualify for an expedited appeal, they must make reasonable efforts to give you prompt oral notice and will notify you in writing within two calendar days giving you the reason for the decision. Your appeal will then follow the standard appeal timeframes outlined earlier in this pamphlet. If you disagree with Contra Costa MHP or DMC-ODS' decision that your appeal doesn't meet the expedited appeal criteria, you may file a grievance.

Once Contra Costa MHP or DMC-ODS resolves your request for an expedited appeal, they will notify you and all affected parties orally and in writing.



OFFICE USE ONLY	
Appeal No.	_____
Date Received	_____

REQUEST FOR APPEAL OR EXPEDITED APPEAL

Mental Health Services **Substance Use Disorder Services**

Beneficiaries who wish to have a review of a decision that affects their care may file an appeal by filling out this form. Decisions that may be appealed are those that reduce, suspend, or terminate services that you have been getting.

You will not be subject to any manner of discrimination, penalty, sanction or restriction for exercising your appeal rights.

Please check here if you are requesting an expedited appeal, and the Behavioral Health Services will evaluate to determine if your request meets the criteria.

1. The following information is required to proceed with an appeal

Please Print or Type

Today's date	
Name	
Legal Guardian if on behalf of a minor	
Birthdate	
Address	
City	
Phone	Best time to call
Provider affected	

2. Choose the decision(s) that you wish to appeal. You should have been informed on a Notice of Adverse Benefit Determination form of the decision affecting your care. (Attach additional pages if necessary)

Your mental health condition does not meet the medical necessity criteria for inpatient hospital services or related professional services.

Your mental health condition does not meet the medical necessity criteria for specialty mental health services other than inpatient hospital services. (Please list reasons given)

Your substance use condition does not meet medical necessity for substance use disorder outpatient services.

Your substance use condition does not meet medical necessity for substance use disorder residential services.

The services requested are not covered by the Contra Costa MHP or DMC-ODS.

The Contra Costa MHP or DMC-ODS requested additional needed information from your provider in order to authorize services. This information has not yet been received.

The Contra Costa MHP or DMC-ODS has approved the following services instead of what was requested by your provider, based on the available information on your mental health or substance use disorder condition and service needs.

Other: (Please describe)

3. Please add anything else you would like us to know. You may attach additional pages.

SIGNATURE OF PERSON MAKING REQUEST and DATE

RETURN THIS FORM TO:

QUALITY IMPROVEMENT COORDINATOR
BEHAVIORAL HEALTH SERVICES ADMINISTRATION
1340 Arnold Dr., #200, Martinez, CA 94553
Phone (925) 957-5160 Fax (925) 957-5156

Our Mission

The mission of Contra Costa Behavioral Health, in partnership with consumers, families, staff and community-based agencies, is to provide welcoming, integrated services for mental health, substance abuse, homelessness and other needs that promote wellness, recovery, and resiliency while respecting the complexity and diversity of the people we serve.

Our Vision

Contra Costa Behavioral Health envisions a system of care that supports independence, hope, and healthy lives by making accessible behavioral health services that are responsive, integrated, compassionate, and respectful.