

APPEAL OR EXPEDITED APPEAL REQUEST FORM



**CONTRA COSTA COUNTY
BEHAVIORAL HEALTH SERVICES**

LANGUAGE TAGLINES

English Tagline

ATTENTION: If you need help in your language call 1-888-678-7277 (TTY: 711). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-888-678-7277 (TTY: 711). These services are free of charge.

الشعار بالعربية (Arabic)

يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ 1-888-678-7277 (TTY: 711). تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريـل والخط الكبير. اتصل بـ 1-888-678-7277 (TTY: 711). هذه الخدمات مجانية.

Հայերեն պիտակ (Armenian)

ՈՒՇԱՂՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք 1-888-678-7277 (TTY: 711): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Չանզահարեք 1-888-678-7277 (TTY: 711): Այդ ծառայություններն անվճար են:

ប្រាសាទជាភាសាខ្មែរ (Cambodian)

ចំណាំ: បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរស័ព្ទទៅលេខ 1-888-678-7277 (TTY: 711)។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរធំ សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពធំ ក៏អាចរកបានផងដែរ។ ទូរស័ព្ទមកលេខ 1-888-678-7277 (TTY: 711)។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

简体中文标语 (Chinese)

请注意：如果您需要以您的母语提供帮助，请致电 1-888-678-7277 (TTY: 711)。另外还提供针对残疾人士的帮助和服务，例如盲文和需要较大字体阅读，也是方便取用的。请致电 1-888-678-7277 (TTY: 711)。这些服务都是免费的。

مطلب به زبان فارسی (Farsi)

توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با 1-888-678-7277 (TTY: 711) تماس بگیرید. کمک‌ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با 1-888-678-7277 (TTY: 711) تماس بگیرید. این خدمات رایگان ارائه می‌شوند.

हिंदी टैगलाइन (Hindi)

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो 1-888-678-7277 (TTY: 711) पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। 1-888-678-7277 (TTY: 711) पर कॉल करें। ये सेवाएं निःशुल्क हैं।

Nqe Lus Hmoob Cob (Hmong)

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau 1-888-678-7277 (TTY: 711). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau 1-888-678-7277 (TTY: 711). Cov kev pab cuam no yog pab dawb xwb.

日本語表記 (Japanese)

注意日本語での対応が必要な場合は 1-888-678-7277 (TTY: 711)へお電話ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。1-888-678-7277 (TTY: 711)へお電話ください。これらのサービスは無料で提供しています。

한국어 태그라인 (Korean)

유의사항: 귀하의 언어로 도움을 받고 싶으시면 1-888-678-7277 (TTY: 711) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. 1-888-678-7277 (TTY: 711) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

ເທກໄລພາສາລາວ (Laotian)

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ 1-888-678-7277 (TTY: 711). ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ

ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະມິໂຕພິມໃຫຍ່ ໃຫ້ໂທຫາເບີ
1-888-678-7277 (TTY: 711).
ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

Mien Tagline (Mien)

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux 1-888-678-7277 (TTY: 711). Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hluo mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx 1-888-678-7277 (TTY: 711). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

ਪੰਜਾਬੀ ਟੈਗਲਾਈਨ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ 1-888-678-7277 (TTY: 711). ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬੋਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ 1-888-678-7277 (TTY: 711).
ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

Русский слоган (Russian)

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру 1-888-678-7277 (линия TTY: 711). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру 1-888-678-7277 (линия TTY:711). Такие услуги предоставляются бесплатно.

Mensaje en español (Spanish)

ATENCIÓN: si necesita ayuda en su idioma, llame al 1-888-678-7277 (TTY: 711). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al 1-888-678-7277 (TTY: 711). Estos servicios son gratuitos.

Tagalog Tagline (Tagalog)

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa 1-888-678-7277 (TTY: 711). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa 1-888-678-7277 (TTY: 711). Libre ang mga serbisyonang ito.

แท็กไลน์ภาษาไทย (Thai)

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข 1-888-678-7277 (TTY: 711) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข 1-888-678-7277 (TTY: 711) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

Примітка українською (Ukrainian)

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер 1-888-678-7277 (TTY: 711). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер 1-888-678-7277 (TTY: 711). Ці послуги безкоштовні.

Khẩu hiệu tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số 1-888-678-7277 (TTY: 711). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số 1-888-678-7277 (TTY: 711). Các dịch vụ này đều miễn phí.

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.



REQUEST FOR APPEAL OR EXPEDITED APPEAL

<i>OFFICE USE ONLY</i>	
Appeal No. _____	
Date Received _____	

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*

Name	Today's date
Legal guardian if on behalf of 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)

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- 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

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.