BEHAVIORAL HEALTH
HEALTH SERVICES AGENCY

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 change in services or denial or termination of services that was explained in the NOABD letter.

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

How to Appeal?

Appeals may be filed by a member, a provider and/ or an authorized representative either orally or in writing using this form. You may call the Plan's toll free number at (800) 952-2335 to request an ap-peal. ***Appeals filed by the provider on behalf of the member require written consent from the member.*** Your appeal will be acknowledged in writing within 5 calendar days from when it was received.

When to Appeal?

You may file an appeal within 60 calendar days of the date of a Notice Letter (NOABD). You or your provider or 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

Grievance Form

Client Name:	**Date of Birth:**	**Today's Date:**
Current Address:		**Phone#:**
Parent / Guardian Name (if under 18 years old):		
Description of action you are grieving:		
What you would like to have happen:		

The County Mental Health Plan & Drug Medi-Cal Organized Delivery System takes 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 a Grievance Resolution Request Form. 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 to resolve the problem. All information pertaining to grievances will be treated as confidential information per Santa Cruz

Behavioral Health Services policies and procedures. A decision about the grievance will be sent to you in writing within 30 calendar days.

What if I need help with the process?
You may authorize any other person, including a Provider, to act on your behalf regarding a grievance. A signed written consent form is encouraged if a representative is acting on your behalf.

If you have a grievance regarding mental health services, you may also contact the Ombudsman/Advocate's office for assistance at: (831) 429-1913. If you have a grievance regarding substance use disorder services, you may also contact the State Department of Social Services: (800) 952-5253.

What if my grievance is discrimination related?
If you have a grievance related to discrimination, you may also contact the U.S. Health and Human Services Office for Civil Rights online at: Complaint Process | HHS.gov or by mail: Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Ave., SW; Room 509F HHH Bldg., Washington, D.C. 20201

What is my grievance regarding psychotherapy services?
If you are receiving psychotherapy services by a Board of Behavioral Sciences (BBS) licensed or registered provider, you can send a complaint regarding provided services by an AMFT / LMFT, ASW / LCSW, APCC / LPCC or licensed educational psychologist to the BBS online: www.bbs.ca.gov, or phone: (916) 574-7830.