

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 appeal. ***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



Quality Improvement Department
Santa Cruz County Behavioral Health Services
PO Box 962
Santa Cruz, CA 95061



Appeal Resolution Request



**Toll free, Multilingual
1-800-952-2335**

To: Quality Improvement Behavioral Health Services

Appeal Form

Client Name:

Date of Birth:

Today's Date:

Current Address:

Phone#:

Description of action you are appealing:

What you would like to have happen:

Request Expedited Appeal: ☐ Yes ☐ No

Request Second Opinion ☐ Yes ☐ No

Signature:

Date:

What happens next? The Plan will log in the appeal within one working day. Quality Improvement staff will notify you or your representative about the decision in writing within 30 calendar days of your appeal.

What if I Need an Answer More Quickly? If using the standard appeals process could jeopardize your life, health or ability to maintain or regain maximum function, you may request to use the **Expedited Appeal Process**. The appeal is not required to be in writing. If the criterion for an expedited appeal is met, staff will notify you or your representative about the decision in writing within 72 hours of your expedited appeal.

State Fair Hearing: If the appeal is not resolved in your favor, or if the Plan does not resolve the appeal in a timely manner, Individuals with Medi-Cal may request a State Fair Hearing within 120 days from the date of the notice of appeal resolution ***after exhausting the appeal process***. You may call toll-free (800) 952-5253 for assistance with a State Fair Hearing.

Request to Continue Receiving Services: You may request to continue receiving currently authorized services while your appeal is processed.

What if I need help with the process?

For mental health services appeals, you may contact the Ombudsman/Advocate's office for assistance at: (831) 429-1913. They are a non-profit corporation that provides rights protection, advocacy and confidential services. For substance use disorder services appeals, with a signed written consent form, a representative can act on your behalf to file an appeal.

The County Mental Health Plan & Drug Medi-Cal Organized Delivery System take 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 an Appeal. 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 in order to resolve the problem. All information pertaining to appeals will be treated as confidential information per Santa Cruz Behavioral Health Division policies and procedures.