IMPERIAL COUNTH BEHAVIORAL HEALTH SERVICES 202 North Eighth Street El Centro, CA 92243

Standard Appeal Form

Instructions: You may submit an appeal at any ICBHS clinic/program or mail the Standard Appeal Form in the pre-addressed envelopes to Imperial County Behavioral Health Services, Quality Management Unit at 202 N. Eighth Street, El Centro, CA 92243. You will not be subject to any penalty or discrimination for filling an Appeal. For assistance or information regarding the status of this Appeal, you may contact the Patient' Rights Advocate at 1-800-817-5292. The other side of this form provides important information about the appeal process.

Client's Name:		DOB:	Da	te:
Address:		City:	State:	Zip Code:
Telephone(s) Home:		Cell:		
Representative:		Relationship):	
I request a review of the adverse benefit determination/action taken by Imperial County Behavioral Health Services (ICBHS).				
I disagree with ICBHS's decision regarding my Mental Health Services or Substance Use Disorder Services for the following reason:				
I am requesting continuation of services during this Appeal. (see information on back of this form).				
I understand that I will receive a response to this request within thirty (30) calendar days.				
Client/Representative: _				
	Signature Date			
ICBHS 11-09 (9/19) C	Driginal: Management	Copv:	Quality Management	

YOU CAN FILE AN APPEAL (Medi-Cal Clients ONLY)

a) If you do not agree with ICBHS' decision to deny, limit, reduce, suspend or terminate your mental health or substance use disorder treatment; b) If ICBHS failed to provide (initial appointment) services in a timely manner; c) If ICBHS failed to act within the established timeframes for resolution of grievances or appeals.

HOW TO FILE AN APPEAL (Medi-Cal Clients ONLY)

You have <u>60 days</u> from the date on the "Notice of Adverse Benefit Determination" letter to file an appeal.

You can file an appeal in person at any clinic/program, by phone or in writing. If you file a standard appeal by phone, you must follow up with a written signed appeal. ICBHS will provide you with free assistance if you need help.

- <u>To appeal by phone</u>: Contact Imperial County Behavioral Health Services (ICBHS) between 8:00 a.m. to 5:00 p.m. Monday through Friday by calling 1-800-817-5292. Or, if you have trouble hearing or speaking, please call (442) 265-1543 or 1-800-539-8868.
- **To appeal in writing:** Fill out an appeal form or write a letter to ICBHS and send it to:

Imperial County Behavioral Health Services Quality Management Unit 202 N. Eighth Street El Centro, CA 92243

Your provider will have appeal forms available. Imperial County Behavioral Health Services can also send a form to you.

You may file an appeal yourself. Or, you can have someone like a relative, friend, advocate, provider, or attorney file the appeal for you (with written consent). This person is called an "authorized representative." You can send in any type of information you want ICBHS to review. A different provider than the person who made the first decision will review your appeal.

CONTINUATION OF SERVICES DURING YOUR APPEAL (Medi-Cal Clients ONLY)

You can request continuation of services if your appeal involves termination, suspension, or reduction of previously authorized services. If you are currently getting treatment and you want to keep getting treatment, you must ask for an appeal within <u>10 days</u> from the date on the NOABD form you received OR before the date ICBHS says your services will stop. You must say that you want to keep getting treatment when you file the appeal.

STANDARD APPEALS (Medi-Cal Clients ONLY)

ICBHS has 30 calendar days from the date the appeal was received to give you an answer. At that time, you will get a "Notice of Appeal Resolution" letter. This letter will tell you what ICBHS has decided.

EXPEDITED APPEALS (Medi-Cal Clients ONLY)

If you think waiting 30 days could jeopardize your mental health, substance disorder or your ability to attain, maintain or regain maximum function, you might be able to get an answer within 72 hours. When filing your appeal, say why waiting will hurt your health. Make sure you ask for an "**expedited appeal.**"