



## **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 **60 days** 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.

- **To appeal by phone:** 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) 265-1525 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 **10 days** 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."**