

**County of San Bernardino
Department of Behavioral Health**



**Provider Appeal Review Checklist
(Title 9, § 1850.315)**

1. Did the MHP:

- Date stamp the Appeal upon receiving it?
- Utilize personnel not involved in the initial denial or modification to determine the Appeal decisions?
- Include a statement of the reasons for the decision?
- Address each issue raised by the Provider?
- Outline any action required by the Provider to implement the decision?