



San Bernardino County
Department of Behavioral Health

ACTION APPEAL FORM

FORM TO BE COMPLETED BY CLIENT AND FORWARDED TO THE ACCESS UNIT

303 E. Vanderbilt Way, San Bernardino, CA 92415
909-386-8256 ♦ Toll free 888-743-1478 ♦ TDD 888-743-1481 ♦ Fax 909-890-0353

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: [ ] M [ ] F Preferred Language: \_\_\_\_\_

Home Address: \_\_\_\_\_ SSN: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you using an Authorized Representative: [ ] No [ ] Yes

If yes, please provide name: \_\_\_\_\_ Phone: \_\_\_\_\_

Clinic or Provider: \_\_\_\_\_

Are you requesting a Standard or Expedited Appeal? [ ] Standard [ ] Expedited

See Pg. 2 for Appeal Process including definition of Standard and Expedited Appeals.

Did you receive a Notice of Adverse Benefit Determination? [ ] Yes [ ] No

Did you receive an action as defined as one of the following?

- 1. Denies or limits authorization of a requested service, including the type or level of service;
2. Reduces, suspends, or terminates a previously authorized service;
3. Denies, in whole or in part, payment for a service;
4. Fails to provide services in a timely manner, as determined by the Department of Behavioral Health or;
5. Fails to act within the timeframes for disposition of standard grievances, the resolution of standard appeals, or the resolution of expedited appeals.

If yes, how would you like the Access Unit to review the Action?

Five horizontal lines for handwritten response.

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***When will a decision be made about my appeal?***

The Mental Health Plan (MHP) must decide on your appeal within 30 days from when the MHP receives your request for appeal. Timeframes may be extended by up to 14 calendar days if you request an extension, or if the MHP feels that there is a need for additional information and that the delay is for your benefit. An example of when a delay might be for your benefit is when the MHP thinks it might be able to approve your appeal if the MHP has a little more time to get information from your provider.

***What if I can't wait 30 days for my appeal decision?***

The appeal process may be faster if it qualifies for the expedited appeals process. *(Please see the section on expedited appeals below.)*

***What is an expedited appeal?***

An expedited appeal is a faster way to decide an appeal. The expedited appeals process follows a process similar to the standard appeals process. However,

- Your appeal has to meet certain requirements (see below).
- The expedited appeals process also follows different deadlines than the standard appeals process.
- You can make a verbal request for an expedited appeal. You do not have to put your expedited appeal request in writing.

***When can I file an expedited appeal?***

If you think that waiting up to 30 days for a standard appeal decision will jeopardize your life, health or ability to attain, maintain or regain maximum function, you may request an expedited appeal. If the MHP agrees that your appeal meets the requirements for an expedited appeal, your MHP will resolve your expedited appeal within 3 working days after the MHP receives the expedited appeal. Timeframes may be extended by up to 14 calendar days if you request an extension, or if the MHP feels that there is a need for additional information and that the delay is in your interest. If your MHP extends the timeframes, the MHP will give you written explanation as to why the timeframes were extended.

If the MHP decides that your appeal does not qualify for an extended appeal, your MHP will notify you right away orally and will notify you in writing within 2 calendar days. Your appeal will then follow the standard appeal timeframes outlined earlier in this section. If you disagree with the MHP's decision that your appeal doesn't meet the expedited appeal criteria, you may file a grievance.

Once your MHP resolves your expedited appeal, the MHP will notify you and all affected parties orally and in writing.



## LANGUAGE TAGLINES

### English

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call [1-888-743-1478] (TTY: [711]).

### Español (Spanish)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al [1-888-743-1478] (TTY: [711]).

### Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số [1-888-743-1478] (TTY: [711]).

### Tagalog (Tagalog– Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa [1-888-743-1478] (TTY: [711]).

### 한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. [1-888-743-1478] (TTY: [711])번으로 전화해 주십시오.

### 繁體中文 (Chinese)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 [1-888-743-1478] (TTY: [711])。

### Հայերեն (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆՆԵՐ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Ջանգախարեք [1-888-743-1478] (TTY (հեռատիպ) [711]):

### Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните [1-888-743-1478] (телетайп: [711]).

### فارسی (Farsi)

فارسی گ فتگو می ک نید، ت سه یلات زبانی نابز هب رگا: توجه  
ب صورت رایگان ب رای شما  
ت ماس ب گ یرید د. [1-888-743-1478] (TTY: [711]) ف راهم می ب اشد. ب ا



# LANGUAGE TAGLINES

## 日本語 (Japanese)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。[1-888-743-1478] (TTY: [711]) まで、お電話にてご連絡ください。

**Hmoob (Hmong) LUS CEEV:** Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau [1-888-743-1478] (TTY: [711]).

## ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਧਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬ ਬੋਲਿ ਰੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। [1-888-743-1478] (TTY: [711]) 'ਤੇ ਕਾਲ ਕਰੋ।

## العربية (Arabic)

ملحوظة: إذا كنت تتحدث انكز اللغة، فإن خدمات المساعدة اللغوية متوفرة لك بالمجان. اتصل برقم [1-888-743-1478] (TTY: [711]) رقم هاتف الصم والبكم: [711].

**हिंदी (Hindi) ध्यान दें:** यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। [1-888-743-1478] (TTY: [711]) पर कॉल करें।

## ภาษาไทย (Thai)

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร [1-888-743-1478] (TTY: [711]).

## ខ្មែរ (Cambodian)

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, រសវាជំនួយមននកភាសា រោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ [1-888-743-1478] (TTY: [711])។

## ພາສາລາວ (Lao)

ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ [1-888-743-1478] (TTY: [711]).