



# 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: \_\_\_\_\_ Last 4 digits of SSN: XXX-XX-\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Are you using an Authorized Representative:  Yes  No

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

Clinic where you receive services or Treatment Provider's name:

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 (NOABD)?  Yes  No

Did you receive an action as defined as one of the following? If so, please tell us which one you received:

- Denies or limits authorization of a requested service, including the type or level of service;
- Reduces, suspends, or terminates a previously authorized service;
- Denies, in whole or in part, payment for a service;
- Fails to provide services in a timely manner, as determined by the Department of Behavioral Health ((DBH), also referred to as the Mental Health Plan (MHP)), or
- 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?

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

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

DBH must decide on your appeal **within 30 calendar days** from when it receives your request for appeal. Timeframes may be extended **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 treatment 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 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.

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

If you think that waiting **up to 30 calendar 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 DBH agrees that your appeal meets the requirements for an expedited appeal, it will resolve your expedited appeal **within 72 hours** after receiving the expedited appeal. Timeframes may be extended **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 best interest. If DBH extends the timeframes, it will give you written explanation as to why the timeframes were extended.

If DBH decides that your appeal does not qualify for an extended appeal, it will notify you **right away** verbally 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 DBH's decision that your appeal doesn't meet the expedited appeal criteria, you may file a grievance.

Once DBH resolves your expedited appeal, it will notify you and all affected parties verbally and in writing.

Enclosed: Language Assistance Taglines  
Beneficiary Non-Discrimination Notice