



COUNTY OF YOLO

Health & Human Services Agency
Behavioral Health

ACTION APPEAL FORM

FORM TO BE COMPLETED BY CLIENT AND FORWARDED TO QUALITY MANAGEMENT

137 N. Cottonwood St, Woodland, CA 95695
530-666-8788 ♦ Toll free 888-965-6647 ♦ TDD 800-735-2929 ♦ Fax 530-666-8637

Client Name: _____ Date: _____ Time: _____

Date of Birth: _____ 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?

Did you receive an action as defined as one of the following? Yes No

1. Denies or limits authorization of a requested service, including the type or level of service, medical necessity, appropriateness, setting, or effectiveness of a covered benefit;
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 Yolo County MHP or;
5. Fails to act within the timeframes for disposition of standard grievances, the resolution of standard appeals, or the resolution of expedited appeals.
6. Denies a beneficiary's request to dispute financial liability.

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

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.