



Appeal/Expedited Form

You may complete this Appeal form for any of the Actions as described below and mail it in the addressed envelope provided or you may call the Quality Care Department at 1-888-567-2122. You may file an appeal within 60 calendar days from the Notice of Adverse Benefit Determination date. After VCBH has received your appeal, an appeal acknowledgement will be sent within 5 calendar days. If you are dissatisfied with the outcome of your appeal, you may file a state hearing within 120 days from the date of the notice of appeal resolution.

CLIENT INFORMATION

Date: _____ Time: _____ Name: _____

Date of Birth: _____ Gender: _____ Preferred Language: _____

Address: _____

Contact Phone Number: _____ Clinic or Provider: _____

Are you using an Authorized Representative? **No** **Yes** If **yes**, their name: _____

Authorized Representative's Contact Phone Number: _____

Authorized Representative's Contact Address: _____

NOTICE OF ACTION

Did you receive a Notice of Adverse Benefit Determination (NOABD)? **No** **Yes**

Did you receive a NOABD as defined as one of the following below? **No** **Yes**

1. A denial, modification, reduction or termination of a provider's requested payment authorization of a specialty mental health or substance use treatment services covered by the Mental Health/DMC-ODS Plan.
2. A determination that the medical necessity criteria has not been met and therefore you are not entitled to any specialty mental health service.
3. A failure to provide a specialty mental health service within the time frame for delivery of the service established by the MHP.
4. A failure to act within the time frames for resolution of Grievances, Appeals, or the Expedited Appeals.

If yes, are there any other considerations you would like us to review?

You will be sent a written Acknowledgment of Receipt within 5 calendar days after VCBH has received this form. If more information is needed, you or your authorized representative may be called on the contact phone number you have provided. You or your representative will be sent a written Notice of Appeal Resolution within 30 days. You may 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 maintain, or regain maximum function.

Do you think that waiting up to 30 days for a Standard Appeal decision will jeopardize your life, health or ability to maintain, or regain maximum function and are you requesting an Expedited Appeal? No Yes

If yes, please include the reason why you are requesting an expedited hearing.

VCBH will resolve your Expedited Appeal within 72 hours from the receipt of the Expedited Appeal, if VCBH agrees your appeal meets the requirement for an Expedited Appeal. For more information, please review *Ventura County Mental Health Plan Beneficiary Handbook* or *Ventura County Drug Medi-Cal Organized Delivery System (DMC-ODS) Member Handbook on the "Notice of Problem Resolution Processes."*

Signature

Printed Name

Mark here if
Parent/Guardian

YOUR RIGHTS AS A MEDI-CAL BENEFICIARY

As a Medi-Cal beneficiary, you have the right:

- To authorize another person to act on your behalf
- To select a provider as your representative in the appeal process
- To identify a staff person or other individual to assist you with the Grievance or Appeal
- To not be subject to discrimination or any other penalty for filing a Grievance or Appeal
- To identify a staff person or other individual to provide information regarding the status of your Grievance or Appeal
- To file a Grievance or Appeal orally
- To examine your case file including medical records and any other document considered during the appeal process.