



APPEALS

FRESNO COUNTY MENTAL HEALTH PLAN 1-800-654-3937

IF YOU SUBMIT an appeal to the Fresno County Mental Health Plan about your mental health services, you should send the appeal form to:

**Fresno County Mental Health Plan
P.O. Box 45003
Fresno, California 93718-9886**

Forms and stamped, addressed envelopes are available at all mental health service sites.

You may submit an oral appeal, but it must be followed by a written copy of the appeal or we will not be able to process it.

You should receive a written response within 30 days after we receive your appeal. If you have any questions or want to know the status of your appeal, please call **1-800-654-3937**.

For hearing impaired, dial **711** to reach the California Relay Service.

EXPEDITED APPEAL. You or your representative may orally request that your appeal be addressed within 72 hours if a delay in services will jeopardize your life, your health, or your ability to attain, maintain, or regain maximum functioning. If you wish to submit in writing, please indicate on the appeal form why you are requesting an expedited appeal.

Thank you for taking the time to notify us.

APPEAL FORM

Date: _____ Site: _____

Name: _____

Address: _____ Zip _____

Telephone: _____ (home) _____ (work)

Primary language spoken: _____

Date of birth: _____

Reason for Appeal: _____

How do you think that we should resolve this?

Signed: _____

Is this an expedited appeal? _____ Yes _____ No

If yes, please state the reason you believe this appeal needs to be expedited.

If you helped complete this form, please print your name:

What is your relationship to this consumer?

WE TRY TO do our best in working with both consumers and providers, but we understand that sometimes things do not work out as planned. You may file an appeal if the Fresno County Mental Health Plan or one of its contract providers does one of the following:

- denies or limits the 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 service,
- fails to provide services in a timely manner, and
- fails to act within the time frames for disposition of standard grievances, the resolution of standard appeals, or the resolution of expedited appeals.

If you would like to file an appeal, please fill out the appeal form and mail it to:

Fresno County Mental Health Plan
P.O. Box 45003
Fresno, California 93718-9886

If you are a Medi-Cal beneficiary, you have the right to request a State Fair Hearing once the appeal process has been completed.

OMBUDSMAN SERVICE
1-800-896-4042

PATIENTS' RIGHTS ADVOCATE
(559) 492-1652

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