

WHY FILE AN APPEAL?

Shasta County tries to do its best in working with clients and providers, but understands that sometimes things do not work out as planned.

An appeal is a way for you to work out a problem about any issue related to the mental health services you are receiving. The appeal process is the review of a decision (denial or changes to services) that was made about your mental health services by Shasta County Mental Health or your provider.

HOW TO FILE AN APPEAL (Or request a State Fair Hearing)

You may choose to file your appeal orally, or in writing. If you choose to file an oral appeal, contact Managed Care at 245-6750 or 1-888-385-5201. If you choose to file a written appeal, please complete this postage-paid form. You may mail the completed form to the address on front or place it in the grievance box at the front lobby of Shasta County Mental Health.

For questions, or the status of your appeal, contact Managed Care at 245-6750 or 1-888-385-5201. TTY users, call 530-245-6979, California Relay Service, call 711 or 800-735-2922.

APPEAL/STATE FAIR HEARING REQUEST FORM

You may request a staff person or other individual to assist you with the appeal process. You may choose to have another person or provider act on your behalf. By filing an appeal, you will NOT be subject to discrimination or any other penalty.

Date: _____ **Site:** _____

Name: _____ **Birth Date:** _____

Address: _____

Telephone (home): _____ **(work)** _____

Primary Language Spoken: _____

Describe the reason for your appeal or request for a State Fair Hearing:

How do you think this can be resolved?

Is this an expedited appeal? If yes, please explain why.

Signature: _____

If your appeal involves the termination, suspension or reduction in previously authorized services by an authorized provider, and you want to have those services continued, you must file an appeal within ten days from the date of the change.

Expedited Appeal

You or your representative may request that your appeal be addressed within three working days if a delay in services will jeopardize your life, health or ability to attain, maintain or regain maximum functioning. This is called an expedited appeal.

State Fair Hearing

If you are dissatisfied with the results of a previous appeal, you have the right to request a State Fair Hearing. You will continue to receive services while the hearing is pending.

Aid Paid Pending

The Shasta County Mental Health Plan will continue to provide services until the appeal is resolved, you withdraw the appeal, or a State Fair Hearing decides against it. This is known as Aid Paid Pending.

Shasta County does not discriminate on the basis of disability. Our ADA coordinator may be reached at 530-225-5515; relay services 800-735-2922; fax 530-225-5345.



Shasta County Mental Health Plan
Attn: Shasta County Authorization
Management Program
P.O. Box 496048
Redding, CA 96049-6048

SHASTA COUNTY HEALTH AND
HUMAN SERVICES AGENCY
Mental Health, Alcohol and Drug
Department
www.shastamentalhealth.net
Revised 1/2009



Appeal Form

*Decisions about your
mental health care
can be reviewed.*

**For assistance call
(530) 245-6750**