



A Tradition of Stewardship
A Commitment to Service

**Napa County Health and Human Services
Alcohol and Drug Services Division
2751 Napa Valley Corporate Drive, Napa, CA 94558**

Substance Use Disorder Standard or Expedited Appeal Form

Return this completed form to the ADS front desk, or you may request a postage-paid envelope to mail in the form

Appeal (select one)

Standard Appeal

Expedited Appeal

Client Information:

Date: _____

Name: _____ SSN (last 4 numbers only): _____

Address: _____

Phone/E-mail: _____ Best way to reach me: _____

My problem or concern is about the following program or provider: _____

Description of problem or concern (Attach additional sheets if necessary)

What I would like to have happen?

I authorize the following person to act on my behalf: _____

I understand that treatment, payment, enrolment and eligibility for benefits will not be based on my signing or refusing to sign this authorization.

Signature of client or

Legal Authorized Representative: _____ Date: _____

Signature, if not signed by the client or

Authorized Representative: _____ Date: _____

FOR OFFICE USE ONLY

Date received _____ Standard Appeal Expedited Appeal received by _____

File Number _____ Acknowledgement letter mailed on _____

Assigned to _____ or referred to _____

What Is A Standard Appeal? A standard appeal is a request for review of a problem you have with the plan or your provider that involves a denial or changes to services you think you need. If you request a standard appeal, the county plan may take up to 30 days to review it. If you think waiting 30 days will put your health at risk, you should ask for an 'expedited appeal.'

How Do I Know If My Appeal Has Been Decided? Your county DMC-ODS plan will notify you or your representative in writing about their decision for your appeal.

Is There A Deadline To File An Appeal? You must file an appeal within 60 days of the date of the action you're appealing when you get a Notice of Adverse Benefit Determination. Keep in mind that you will not always get a Notice of Adverse Benefit Determination. There are no deadlines for filing an appeal when you do not get a Notice of Adverse Benefit Determination; so you may file this type of appeal at any time.

When Will A Decision Be Made About My Appeal? The county plan must decide on your appeal within 30 calendar days from when the county plan receives your request for the appeal. Timeframes may be extended by up to 14 calendar days if you request an extension, or if the county plan believes that there is a need for additional information and that the delay is for your benefit.

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.

What Is An Expedited Appeal? An expedited appeal is a faster way to decide an appeal. The expedited appeals process follows a similar process to the standard appeals process. However,

- Your appeal must meet certain requirements.
- The expedited appeals process also follows different deadlines than the standard appeals.
- 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 resolution of an appeal. If the county plan agrees that your appeal meets the requirements for an expedited appeal, your county will resolve your expedited appeal within 72 hours after the county plan receives the appeal. Timeframes may be extended by up to 14 calendar days if you request an extension, or if the county plan shows that there is a need for additional information and that the delay is in your interest. If your county plan extends the timeframes, the plan will give you a written explanation as to why the timeframes were extended.

If the county plan decides that your appeal does not qualify for an expedited appeal, the county plan must make reasonable efforts to give you prompt oral notice and will notify you in writing within 2 calendar days giving you the reason for the decision. Your appeal will then follow the standard appeal timeframes outlined earlier in this section. If you disagree with the county's decision that your appeal doesn't meet the expedited appeal criteria, you may file a grievance.

IMPORTANT INFORMATION YOU SHOULD KNOW

If you need assistance in completing this form, you may authorize another person to act on your behalf or you may call ADS Division at (707) 253-4063

Once you have completed the Appeals Form, it must be immediately mailed to 2751 Napa Valley Corporate Drive, Napa, CA 94559-3721. Prepaid and pre-addressed envelopes are available. You may also deliver your grievance in person to the Alcohol & Drug Services Staff at 2751 Napa Valley Corporate Drive, Building A or fax it to ADS Staff at 707-259-8039. Contact the ADS Staff at (707) 253-4063 if you have questions.