

Note: Filing an appeal shall not adversely affect your services with Kings County Behavioral Health Mental Health Plan or network providers.

- You have 60 days to file this Appeal; the 60 days started the day after an Adverse Benefit Determination was given or mailed to you.
- Remember, you need not have received an Adverse Benefit Determination in order to file an Appeal. If you are unsure if this applies to you, you may ask any Mental Health staff member, or call the number below to request assistance:

1. Quality Assurance Clinician: 559-852-2297

Please print or write legibly.

Date: _____ Service location: _____

Client Name: _____ Date of Birth: _____

If client is a minor, enter the name
of legal guardian filing on behalf of minor: _____

Address (City/ State/Zip) _____

Phone Number (please indicate best time to call): _____

I'd like for my information to remain anonymous.

**Describe the reason(s) for requesting an appeal.
Please be specific by including names, dates, and times whenever possible.**

Date of NOABD issuance: _____

1. Describe the nature of your appeal. Attach additional pages if necessary:

2. What would you like to see happen to resolve this appeal? Attach additional pages if necessary:

PLEASE READ AND SIGN BELOW:

A consumer may authorize another person to act on his/her behalf and this representative may use the Appeal process if requested by the consumer. The Quality Assurance Clinician or the Patient's Rights Advocate can assist the consumer throughout the Appeal process. The Mental Health Plan (MHP) will ensure that a consumer is not subject to any penalty for filing an Appeal or requesting a State Fair Hearing. If you are dissatisfied with the outcome of your appeal at the County level, you may request a State Fair Hearing. The way to request a State Fair Hearing will be provided to you upon conclusion of the Appeal. You may request materials used to determine the outcome of an appeal free of charge.

A consumer may ask that mental health services continue while waiting for an Appeal decision or for the State Fair Hearing decision. To do this the consumer must file an Appeal **within 10 days** of having received the Notice of Adverse Benefit Determination (NOABD). In some circumstances, the consumer may have to pay for the services.

If you need further information regarding the Appeal process, please call the Kings County Quality Assurance Clinician at (559)852-2297 or Patient's Rights Advocate at (559) 852-2423.

For the purpose of resolving this Appeal, I (consumer) authorize the following person to act on my behalf. I understand that this person could be provided Protected Health Information (PHI) regarding this Appeal. (Please write "n/a" if you do not wish to have anyone acting on your behalf):

**Name and phone number
of representative:** _____

I (consumer) also understand that the Quality Assurance Clinician (or designee) will be authorized to contact my representative (as named above) and any involved provider in order to resolve my Appeal. The Quality Assurance Clinician (or designee) will also be authorized to discuss any and all information that shall be needed to evaluate and resolve this Appeal.

**Signature of person
making this appeal:** _____ **Today's date:** _____

Submit your form:
Mail: 1400 W. Lacey Blvd. Build 13 Hanford, CA 93230
In Person: 1222 W. Lacey Blvd. 2nd Floor Hanford, CA 93230
Email KCNOABD@co.kings.ca.us or Fax (559) 852-4219