

INSTRUCTIONS FOR FILING AN APPEAL

[INSTRUCTION SHEET FOR ACTION TO TERMINATE, SUSPEND or REDUCE PREVIOUSLY AUTHORIZED SERVICES – take off before using as the enclosure]

Follow these instructions to file your appeal.

There are two types of appeals:

1. **Standard Appeal:** If you ask for a standard appeal, Salt Lake County Division of Behavioral Health Services (DBHS) will make a decision on your appeal within 15 calendar days from the date we get your appeal.
2. **Expedited (quick) Appeal:** If you, your legally authorized representative or your provider believes that taking the standard amount of time (up to 15 days) to make a decision on your appeal could place your life or health in danger, or that you might have a permanent setback, you can ask for an expedited (quick) appeal.

If we agree we need to make a quick decision on your appeal, we will make a decision in 3 working days from the date we get your quick appeal request.

If we do not agree we need to make a quick decision on your appeal, we will call you to let you know. We will also send you a letter within 2 days telling you that.

In either case, sometimes we might need more time to make a decision on your appeal. Also, you may ask us to take more time. If so, we can take up to 14 more calendar days to make our decision on the appeal. If we need extra time, we will send you a letter telling you that.

These instructions will explain differences in how to file a **standard** or **quick** appeal.

WHEN TO FILE YOUR APPEAL

1. **If you want to keep getting the services during your appeal,** you must file your appeal on or before the later of:
 - within **10 days** of DBHS mailing the letter and these instructions **[type in date]**
 - by the **effective date** of the change **[give effective date]**.

Keep in mind that you may have to pay for the services you get during your appeal if our decision is not in your favor.

2. **If you do not want to keep getting the services during your appeal,** you must file your appeal within:
 - **30 days** from the date of the letter and these instructions **[type in date]**.

WHO CAN FILE YOUR APPEAL

You, your legally authorized representative or your provider may file your appeal.

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HOW TO FILE YOUR APPEAL (different instructions for standard and quick appeals)

1. You don't have to, but if you would like to, you, your legally authorized representative or your provider can call to tell us you want to appeal the decision [Agency Name] has made.

Call us at **801-468-2009** and ask to talk with the Mental Health Quality Assurance Manager. If you call, make sure you tell us if you want a **standard** or a **quick** appeal.

2. If you ask for a **standard** appeal, after calling **you must also send DBHS a written appeal.**
 - To send us your written appeal, use the enclosed Appeal Form. You must send us this form within **5** working days of your call to tell us you want to appeal our decision. Follow the steps in #6-8 below when filling out and sending us the appeal form.
 - If we do not get the written Appeal Form within 5 working days of your call asking for a **standard** appeal, you lose the right to appeal
3. If you ask for a **quick** appeal when you call, you don't have to send us a written appeal.
4. If you decide that you don't want to call us first, just fill out the enclosed Appeal Form. Be sure to follow the steps below.
5. If you are asking for a **quick** appeal, the box under #5 on the Appeal Form must be checked. This will let us know you want a quick decision on your appeal. Also follow all of the other steps before sending us the appeal form.
6. **If you want to keep getting the services during your appeal**, the box under #6 on the Appeal Form must be checked.
7. **If you want your provider to file your written appeal**, you must let us know in writing.

To let us know in writing you can:

- Fill out the **Provider Permission Statement** at the bottom of the Appeal Form. Give the form to your provider to complete and mail or fax to us; or
- Mail or fax us a separate note with your signature using the addresses below.
 - i. If you signed a form at [fill in name of provider, e.g., UNI Hospital, LDS Hospital, Dr. Tim Jones's office] giving them permission to file an appeal for you, you do not need to give your written permission again. Your provider will send us a copy of the form you signed.

This is important. If we do not have your written permission, **your provider may not appeal the decision** [Agency Name] has made.

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8. Mail or fax the completed Appeal Form to:

Mail:

Salt Lake County Division of Behavioral Health Services
Mental Health Quality Assurance Manager
2100 South State Street, Suite S-2300
Salt Lake City, UT 84190-2250

Fax: 801-468-2006