SUBSTANCE ABUSE PREVENTION AND CONTROL
1000 South Fremont Avenue; Building A-9 East, 3rd Floor
Alhambra, California 91803

APPEAL FORM

The Department of Public Health Substance Abuse Prevention and Control (SAPC) is the specialty substance use disorder plan for the County of Los Angeles. While receiving substance use disorder treatment, you have the right to use SAPCs problem resolution process.

HOW THE PROBLEM RESOLUTION PROCESS WORKS - APPEALS:

If you are a Medi-Cal beneficiary, meaning you are currently enrolled in Medi-Cal, you have the right to file an appeal when you receive a Notice of Adverse Benefit Determination (NOABD) from SAPC or your substance use disorder treatment provider.

An NOABD is a document given to Medi-Cal beneficiaries telling them about a denial or change in services. If you disagree with a decision in the NOABD, you can file an appeal with SAPC. That means you can ask for the decision to be reviewed and possibly changed. If you request a standard appeal, SAPC may take up to 30 calendar days to review. If you think waiting 30 calendar days will put your health at risk, you may ask for an expedited appeal which, if it meets certain criteria, will be reviewed within 72 hours.

If you receive a NOABD and want to appeal the decision:

- Your request for an appeal must be received within 60 calendar days from the date of the original decision.
- You may request an “expedited” appeal under extreme circumstances.
- You will not be subject to discrimination or any other penalty.
- Your confidentiality will be protected according to government laws (*W&I 5328 and 42 CFR Part 2*).

After you submit this form, if you disagree with the decision made about your appeal, you can request a State Fair Hearing. A State Fair Hearing is an independent review conducted by the State Department of Social Services. You must make the request within 120 days from the date you received the appeal decision. If you are currently in treatment and want to continue while you appeal, you must ask for a State Fair Hearing within 10 days from the date of appeal decision. If you need assistance requesting a State Fair Hearing, ask your treatment provider or call SAPC at 1-888-742-7900.

To request a State Fair Hearing on your own		
Write to:	State Hearings Division P.O. Box 944243, Mail Station 9-17-37 Sacramento, California 94244-2430	Call: (800) 952-8349

If you want to have a complaint or decision about your care reviewed again, but did not receive an NOABD, please file another “Grievance” form.

NOTE: During the public health emergency resulting from the COVID-19 pandemic, you may appeal a decision for up to 120 days from the date of the original decision and request a State Fair hearing within 240 days from the date you received the appeal decision.

Please complete the information in the boxes below:

1. (**Check One**): ☐ Standard Appeal ☐ Expedited Appeal		2. Date:
INFORMATION ABOUT MEDI-CAL BENEFICIARY FILING APPEAL		
3. Name (Last, First, and Middle):	4. Date of Birth:	5. Medi-Cal Number:
6. Street Address:	City:	Zip Code:
7. Phone Number and/or E-mail:	8. Is it okay to leave a voice message? ☐ Yes ☐ No	
COMPLETE IF AUTHORIZING A REPRESENTATIVE TO APPEAL ON YOUR BEHALF		
9. Name of Representative:	10. Agency Name/ Relationship:	11. Phone and/or E-mail:
12. Street Address:	City:	Zip Code:
13. **If you are authorizing another person or entity to represent you in filing this appeal, please sign below**:		
_____ I authorize the person or entity named above to serve as my representative for this appeal.		
INFORMATION ABOUT THE APPEAL		
14. Did you receive a Notice of Adverse Benefit Determination (NOABD) letter? ☐ Yes ☐ No		
15. Did anyone help you complete this form? ☐ Yes ☐ No		
16. Which type of NOABD did you receive: ☐ Denial ☐ Termination ☐ Payment Denial ☐ Timely Access to Services ☐ Other, describe ._____ ☐ Notice of Grievance/Appeal Resolution		
17. Addition information on your appeal of the NOABD. Attach pages and documentation, if needed.		

Signature of Medi-Cal Beneficiary/Authorized Representative **Date**

SUBMIT THE COMPLETED APPEAL BY:

- **Email: SAPCmonitoring@ph.lacounty.gov**
- **Phone: (626) 299-4532**
- **Fax: (626) 458-6692**
- **Mail: Substance Abuse Prevention and Control, Contract and Compliance Section 1000 South Fremont Avenue, Building A9 East, 3rd floor Alhambra, California 91803**

If you need this form in alternate format (e.g. another language, large print, braille), call 1-888-742-7900.

For more information on the problem resolution process, please refer to your patient handbook or visit us at http://publichealth.lacounty.gov/sapc/PatientPublic.htm