SAN JOAQUIN COUNTY
Behavioral Health Services

Appeal and Expedited Appeal Form

English Version

Published 07/01/2026

Return Address:

_____

_____

_____

Postage Stamp

San Joaquin County Behavioral Health Services
Quality Assessment & Performance Improvement Office
1212 North California Street
Stockton. CA 95202

What would you like to see happen to resolve this appeal/ expedited appeal?

Phone Number: _____

Leave a message? Yes ☐ No ☐

Date(s) of incident:

_____

_____

Describe the reason(s) for your ☐ **Appeal**

☐ **Expedited Appeal (72-hour response)**

Please be specific by including names, dates, and times whenever possible (attach additional sheets as necessary).

_____

_____

_____

_____

_____

_____

_____

_____

_____

Please complete this form, then fold and secure, stamp and mail.

Note: Filing an appeal or expedited appeal will not negatively affect your services with San Joaquin County Behavioral Health Services.

Date: _____

Service Location: _____

Member Name: _____

Date of Birth: _____

If member is a minor, print the name of legal guardian filing on behalf of minor: _____

Address (City/ State/ Zip):

_____

_____

FOR OFFICE USE ONLY

Date received _____

☐ Appeal ☐ Expedited Appeal

Oral Report received by _____

File number _____

Acknowledgement letter mailed on _____

Assigned to _____ Date assigned _____

Problem Resolution Information Brochure

Your Rights

- Request services in your preferred language and receive free interpreting services.
- Request a change of provider or second opinion.
- File a grievance or appeal (you are not subject to discrimination or penalty for filing a grievance or an appeal).
- Review your case file or records before and during the appeal process.
- Authorize another person to act on your behalf.
- Request a State Fair Hearing, if you are a Medi-Cal beneficiary.

    - In writing to:

California Department of Social Services
State Hearings Division
P.O. Box 944243, Mail Station 9-17-442
Sacramento, California 94244-2430

    - Or by phone:

1 (800) 743-8525 Or
TDD: 1-800-952-8349

For Information only. Keep for your records.

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Problem Resolution Information Brochure

Contact Numbers

- Problem Resolution Line:
  (209) 468-9393 or
  (866) 468-9393
- Get Help: 988 Lifeline
- Family Advocate:
  (209) 401-6087
- Mental Health Outreach Coordinator:
  (209) 468-3498
- Parent Partners (Children and Youth Services):
  (209) 468-2385
- Patient's Rights Advocate Telephone:
  (209) 468-8676 Fax:
  (209) 468-2399
- Southeast Asian Languages (Cambodian, Hmong, Khmu, Laotian, and Vietnamese languages):
  (209) 953-8843

Notice of Availability of Language Assistance

- If you need help in your language call 1-209-468-3493 (TTY: 711 or 1-800-735-2922).
- Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-209-468-3493 (TTY: 711 or 1-800-735-2922).
- These services are free of charge.

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Problem Resolution Information Brochure

How to File

You can file an appeal, expedited appeal or grievance and/or, a comment, compliment, or suggestion:

- By contacting the Problem Resolution Line at (209) 468-9393;
- By mailing the completed form;
- By placing the form in the suggestion box of any SJCBHS clinic;
- By giving the completed form to any SJCBHS staff member;
- Via email to AskQAPI@sjcbhs.org; or
- Via fax to (209) 468-8485.

Transgender, Gender Diverse, or Intersex (TGI) Inclusive Care Act

You have a right to file a complaint if your provider or SJCBHS staff failed to provide you trans-inclusive care. Trans-inclusive health care is defined as comprehensive health care that is consistent with the standards of care for individuals who identify as TGI, honors an individual's personal bodily autonomy, does not make assumptions about an individual's gender, accepts gender fluidity and nontraditional gender presentation, and treats everyone with compassion, understanding and respect [HSC § 1367.043(d)(3)].

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Problem Resolution Information Brochure

What Happens After Your Grievance or Appeal is Received by SJCBHS

Your appeal or grievance will be assigned to a coordinator and investigated. A staff member will attempt to contact you regarding your concern to confirm and gather more information. An Acknowledgement of Receipt will be mailed to your last known address within 5 days of receiving your grievance or appeal.

Within 30 days of receiving your concern, SJCBHS will complete the investigation. The person(s) you filed your appeal or grievance against and the person(s) making the decision will not be the same. The coordinator will attempt to contact you regarding the results of the investigation. Even if the coordinator is unable to contact you, a NAR or Notice of Grievance Resolution will be mailed to the address you have provided. At any time, you may contact the Problem Resolution Line (see 'Contact Numbers' section) regarding your concern.

Comments, Compliments, and Suggestions

Comments, compliments, and suggestions can also be completed on a form. Please check the box for your submission. Upon receipt of your comment, compliment, or suggestion, a staff member will attempt to contact you to confirm it was received.

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Expedited Appeals
You, your provider (with your written consent) and/ or authorized representative may request an expedited appeal if waiting for a standard appeal could seriously harm your life, health, or ability to function. If approved, your expedited appeal will be reviewed, and you will be contacted regarding the decision. If denied, the expedited appeal becomes a standard appeal.

State Fair Hearing
If the appeal is denied, you, your provider and/ or authorized representative may request a State Fair Hearing. This can be done only after you receive a decision from SJCBHS upholding the Adverse Benefit Determination, or if SJCBHS fails to provide a NOABD or NAR within the required timeframe. You must request the hearing within 120 calendar days of SJCBHS' decision.

You may request continuation of your current services within 10 days of receiving the NOABD or NAR while waiting for the outcome of an appeal, expedited appeal, or State Hearing.

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Problem Resolution Information Brochure

Grievances, Appeals, Expedited Appeals, & State Fair Hearings

Grievances

A grievance means a complaint or dissatisfaction about any issue other than a Notice of Adverse Benefit Determination (NOABD; See 'Appeals' section). Some examples include grievances that relate to staff behavior, treatment effectiveness, or treatment decisions.

You, your provider and/ or authorized representative may file a grievance at any time. Grievances may be submitted verbally or in writing. All grievances will be investigated by San Joaquin County Behavioral Health Services (SJCBHS).

Appeals

If you have Medi-Cal, you have the right to file an appeal within 60 days of receiving a NOABD. You can appeal if SJCBHS does not resolve grievances and/or appeals timely (within 30 days), or if your services are:

- Denied;
- Changed or reduced;
- Stopped; or
- Unreasonably delayed.

You, your provider (with your written consent) and/ or authorized representative may file an appeal verbally or in writing. If your appeal is filed verbally, a written follow-up form must also be submitted. Once your appeal is received, it will be reviewed, and a Notice of Appeal Resolution (NAR) will be sent to you within 30 days.