

County of Santa Barbara  
Department of Behavioral Wellness

***Appeal***



Please complete the top half of this form with the information requested and mail it to:

**Behavioral Wellness Quality Care Management  
315 Camino Del Remedio, Suite 258  
Santa Barbara, CA 93110**

**Appeal Options:**

☐ **Standard Appeal:** 30 days for resolution (Standard appeal requires that an action has been taken by Mental Health or Substance Use Disorder Program. For example, services have been terminated, reduced, or a change in level of care previously granted has been altered.

Title 9, Section 1850.205)

☐ **Expedited Appeal:** 72 hours for resolution (Expedited appeal requires that an action has been taken by Mental Health or Substance Use Disorder Program & when using standard process could jeopardize the beneficiary's life, health, or ability to attain, maintain, or regain maximum function. Title 9, Section 1850.205)

Date: \_\_\_\_\_

I wish to submit an appeal about:

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for the following reasons:

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I am willing to offer additional information by phone or in person.

**My Phone:**

\_\_\_\_\_  
**Telephone Number**

**My Address:**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**Zip Code**

**PRINT NAME:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_