County of Santa Barbara
Department of Behavioral Wellness

Appeal

SANTA BARBARA COUNTY DEPARTMENT OF Behavioral Wellness
A System of Care and Recovery

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

Behavioral Wellness Quality Care Management
5385 Hollister Ave. Bldg. #14, Box 102
Santa Barbara, CA 93111

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:
_____
_____

for the following reasons:
_____
_____
_____
_____

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: _____