



**PLEASE READ AND SIGN BELOW:**

You may authorize another person, including a staff person, to act on your behalf and this representative may use the Appeal process if requested by you. The Problem Resolution Coordinator or the Patient’s Rights Advocate can assist you throughout the Appeal process. It is required that you complete the Appeal process at the County level before requesting a State Fair Hearing. The DMC-ODS plan will ensure that you are not subject to any discrimination or penalty for filing an Appeal or requesting a State Fair Hearing. You may examine your case file at any time, including medical records and any other documents and records considered during the appeals process. If you are dissatisfied with the outcome of your appeal at the County level, you may request a State Fair Hearing. The way to request a State Fair Hearing is to contact:

State Hearings Division  
State Department of Social Services  
744 P Street, MS 19-17-37  
Sacramento, CA 95814

(800) 952-5253 or  
(800) 952- 8349 TDD

You may ask that substance use services continue while waiting for an Appeal decision or for the State Fair Hearing decision. To do this you must file an Appeal **within 10 days** of having received the Notice of Action. In some circumstances the consumer may have to pay for the services.

If you need further information regarding the Appeal process, please call the El Dorado County Utilization Review Coordinator at (530) 621-6146 or (800) 929-1955.

**For the purpose of resolving this Appeal, I authorize the following person to act on my behalf. (Please write “n/a” if you do not wish to have anyone acting on your behalf):**

<b>Name and phone number of representative:</b>	
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I also understand that the Utilization Review Coordinator (or designee) will be authorized to contact my representative (as named above) and any involved provider in order to resolve my Appeal. The Utilization Review Coordinator (or designee) will also be authorized to discuss any and all information that shall be needed to evaluate and resolve this Appeal.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**When you have completed, signed and dated send to [SUDSQualityAssurance@edcgov.us](mailto:SUDSQualityAssurance@edcgov.us) in secure format or please mail it to:**

**Problem Resolution Coordinator  
Substance Use Disorder Services  
929 Spring Street  
Placerville, CA 95667**