CONTRA COSTA
BEHAVIORAL HEALTH
A Division of Contra Costa Health Services

APPEAL SUBMISSION CHECKLIST FOR MENTAL HEALTH PROVIDERS

Provider Name and provider contact information:

Beneficiary initials/MRN: _____ RU: _____

Check all items attached:

☐ Letter with narrative explaining the basis of your appeal

Documents providing evidence for the basis of your appeal (check all that apply):

☐ Copy of NOABD notice you are appealing

☐ Copy of Service Authorization Form (MHC036)

☐ Initial Clinical/Psychiatric Assessment (MHC033, MHC100, MHC113)

☐ Other CCMHP approved assessment (Initial/Annual)

☐ Annual Update Assessment (MHC065)

☐ Medical Necessity Criteria Form (MHC18)

☐ Partnership Plan for Wellness (MHC021, MHC110, MHC105)

☐ CALOCUS (MHA091) / LOCUS (MHA092)

☐ Applicable Progress Notes

☐ Proof of Medi-Cal Eligibility for time frame of appeal if applicable

☐ Medication Treatment Consent Forms

☐ Recent Hospital Records

☐ Other _____