



Long Term Care Appeal Form

Please submit to Optum within seven (7) days from the notice. Thank you.

Client Name	
Date of Birth	
Date of Letter of Determination or Notice	
Date of Appeal Request	
Facility	
Name of Requestor	<input type="checkbox"/> Attending Physician <input type="checkbox"/> Conservator <input type="checkbox"/> Client
Phone	
Fax	
Address	

For each criterion not met listed below, please specifically address how the client does meet criteria for admission or continued stay. Attach any supporting documentation as necessary.

The client does not meet the following criteria:

Please mail, fax, or secure email the request to:

Optum, Quality Improvement
PO Box 601370
San Diego, CA 92160-1370
Fax: 844-897-5479
Phone: 619-610-6736
SDQI@optum.com

Procedure for Submitting Long Term Care Appeals

- An appeal may be requested if the attending psychiatrist, conservator, or client disagrees with the criteria not met on the letter or notice. An appeal must be requested within seven (7) days of receipt of the letter or notice. The requestor submits to Optum a written appeal on the designated appeal form with supporting documentation. The designated appeal form is included with the letter or notice.
- Mail, fax, or secure email the request to:

Optum, Quality Improvement
PO Box 601370
San Diego, CA 92160-1370
Fax: 844-897-5479
Phone: 619-610-6736
SDQI@optum.com
- Optum forwards the appeal and supporting documentation to the County of San Diego. The facility receives a written outcome within fourteen (14) days of the receipt of the request.