

Serving Clallam, Jefferson and Kitsap Counties

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Client	Name
Client	Address

Dear ____,

I appreciate you contacting the Salish Behavioral Health Organization (SBHO) about your concerns. When an individual expresses concerns we follow a grievance process.

I am writing this letter to:

- 1) Acknowledge these concerns, and
- 2) Let you know your Grievance has been filed with the SBHO on Click here to enter a date..

I understand you are ____ (use individual's language, like concerned/upset/frustrated) about (summarize their grievance here, using client's words as much as possible).

The solution(s) you are seeking are/is:

•

The SBHO takes grievance issues seriously. We will attempt to investigate.

The state allows 90 days to provide a resolution to a grievance. I will contact you regarding the outcome.

A copy of your Grievance rights is on the next page.

If you have any questions about

- your rights,
- this process, or
- more concerns,

Please feel free to call me at (360) 307-4274. You are also able to seek assistance from the Bridges Ombuds Service at (360) 692-1582 or toll free at 1-888-377-8174.

Thank you,

Richelle Jordan SBHO Quality Assurance Manager (360) 307-4274 Under Washington Administrative Code 182-538D-0654 through 182-538D-0680, you have the following rights under the Grievance process:

- 1. Acknowledgement that the grievance has been received within five (5) working days of receipt.
- 2. Investigation and resolution of grievances and a written response within ninety (90) days of the filing date.
- 3. Resolution of grievances at the lowest level possible.
- 4. Access to a formal process for dispute resolution, including reasonable assistance in completing forms and taking other procedural steps.
- 5. Information about how to access the Bridges Ombuds Service for assistance during the grievance process. The Bridges Ombuds Service can be reached at (360) 692-1582 or toll free at 1-888-377-8174.
- 6. Participation of other people in the process, at your choice, with written notice.
- 7. Resolution of grievances even if no longer receiving behavioral health services.
- 8. Follow-up by the Salish Behavioral Health Organization (SBHO) to assure there is no retaliation against you for filing a grievance.
- 9. To have your grievance addressed further by the SBHO by calling their toll-free number (800) 525-5637 if you are dissatisfied with the resolution.
- 10. To be informed of your right to file an administrative hearing also referred to as a Fair Hearing, when:
 - The SBHO (mental health pre-paid in-patient health plan, or PIHP), does not provide a written response to your grievance within ninety (90) calendar days from the filing date.
 - The SBHO, state, or a provider denies or limits services.

An individual requesting an administrative hearing must do so within one of the following timeframes If continued services are not requested, a hearing must be requested within 120 calendar days from:

- The date on the written notice from the agency or behavioral health organization (BHO) at the end of the grievance process; or
- The date on the written notice of the resolution received from the BHO at the end of the appeal process.

If continued services are requested pending the outcome of the administrative hearing, all of the following apply:

- The decision on an adverse benefit determination must be for termination, suspension, or reduction of the individual's behavioral health services and the individual appealed this decision;
- The individual appealed the adverse benefit determination and SBHO upheld it.
- The individual requests an administrative hearing and continued behavioral health services within ten (10) calendar days of the date on the written notification of the resolution.

To request an Administrative Hearing, please contact the Office of Administrative Hearings at (800) 583-8271.

For help in understanding the information in this letter, free translation or oral interpretation services are available by calling: 1-800-525-5637, or TTY/TDY 711

Para ayuda en la comprensión de la información en esta carta, los servicios de traducción libre o de interpretación oral están disponibles llamando al: 1-800-525-5637 o TTY / TTY 711