



Anders Edgerton
Administrator

Serving Clallam, Jefferson
and Kitsap Counties

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RE: SBHO Notice of Grievance Resolution

Dear ,

On Date, you filed a grievance with the SBHO regarding .

This letter is to let you know we have investigated your grievance. We came to the following resolution(s) on Date. These/This resolution(s) are/is: (Include reason for the decision.)

- (one)
- (two)
- (three)

(Include any statements regarding having discussed this with the client and your understanding of their agreement (or not) with the resolutions.)

If you do not agree with the resolution(s) offered above (all or partial), you may contact:

- Me: (360) 307-4274 or toll free at (800) 525-5637
- The Bridges Ombuds Services: (360) 692-1582 or toll free at 1-888-377-8174

Call one of the numbers listed above right away if you feel that because you filed a grievance:

- your care is being compromised or
- you believe you have experienced retaliation in some way

Thank you,

Richelle Jordan
SBHO Quality Assurance Manager
(360) 307-4274

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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