



Anders Edgerton
Administrator

Serving Clallam, Jefferson
and Kitsap Counties

Click or tap to enter a date.

To:

RE: Your request for behavioral health services

This letter is to inform you that the Salish Behavioral Health Organization (SBHO) authorization contractor, CommCare, has reviewed your request for behavioral health services. The information presented by _____ on [Click or tap to enter a date](#). does not meet the entrance criteria developed by the State of Washington Department of Social and Health Services, Division of Behavioral Health and Recovery.

It was determined you, or the individual seeking services: (check if applicable)

- Does not have a covered behavioral health diagnosis.
- Does not meet the Washington State standards for functioning impairment.
- The impairment(s) and corresponding need(s) are not the result of a mental disorder or diagnosis.
- Is not expected to benefit from intervention services available through the public mental health system.
- The intervention services available cannot reasonably improve, stabilize or prevent deterioration of functioning resulting from the presence of the emotional or mental disorder or diagnosis.
- The unmet needs are more appropriately met by another formal or informal system or support. We refer you to: _____.
- Does not have Title XIX Medicaid coverage, and there is not sufficient state funding to authorize outpatient services.
- Other: _____

If you have Medicaid coverage, you do have a right to a second opinion. If you do not have funding, a second opinion will only be provided within available resources.

If you feel you have additional information that you'd like to share or the situation becomes more concerning, please contact the agency or CommCare directly. If you choose to exercise your rights to request an SBHO Grievance based on the denial decision, please contact the SBHO directly at (360) 337-7050 or (800) 525-5637.

If you do not agree with the decision, you may ask for an administrative hearing through the State Office of Administrative Hearings (1-800-583-8271) as identified in WAC 182-538D-0675. You must request an administrative hearing within 120 calendar days from the date of this letter if continued services are not requested. The SBHO is not obligated to continue nonmedicaid services pending the result of an administrative hearing when available resources are exhausted, since services cannot be authorized without funding regardless of medical necessity.

You may also access an administrative hearing if:

- The SBHO did not provide a written response within the allowed timeframes; or

cc: SBHO

614 Division Street, MS-23 Port Orchard, WA 98366-4676 (360) 337-7050
FAX (360) 337-5721

- You believe there has been a violation of Washington State Department of Social and Health Services rules.

The SBHO provides local crisis services that you can access at any time by calling () _____ or () _____. The SBHO provides Ombuds services free of charge to advocate for individuals seeking and receiving mental health services. If you are interested in contacting the Ombuds office, please call (360) 692-1582 or toll free at (888) 377-8174.

Thank you.

Assistance is Available:

If you have questions about any part of this letter, or need this form in another language or a different format such as American Sign Language (ASL), oral interpretation, Braille, or large print, please call us at 1-877-777-1388 or please contact us through our Telecommunication Relay Service (TTY) at 1-800-833-6384 or dial 7-1-1. All accommodations or requests for alternative formats are provided at no cost.

Si tiene alguna pregunta de la información en esta correspondencia, o si necesita la información en otro idioma, o en un formato diferente (lenguaje de señales americano, interpretación oral, braille, o letra grande), llámenos al 1-877-777-1388 o comuníquese con nosotros a través de nuestro Servicio de retransmisión de telecomunicaciones (TTY) al 1-800-833-6384 o marque 7-1-1. Todos los alojamientos de formatos alternativos se proporcionan sin costo.