

**NOTICE OF ADVERSE BENEFIT DETERMINATION ABOUT YOUR
BEHAVIORAL HEALTH SERVICES**

Date: 5/13/2019

To: «ToName»
«ToAddress»
«ToCityStateZip»

**From: Salish Behavioral Health
Organization (SBHO)**
614 Division Street, MS-23
Port Orchard, WA 98366



This is to let you know about an adverse benefit determination we are planning to take concerning your Medicaid-funded «Service_Type» services that you requested or are currently receiving.

Your «Service_Type» services will be:

- DENIED
- SUSPENDED Effective Date:
- TERMINATED Effective Date:
- REDUCED Effective Date:

The reason for this decision is:

- You do not meet Access to Care standards and/or medical necessity criteria because (specify):
- You do not meet American Society of Addiction Medicine (ASAM) criteria and/or medical necessity criteria because (specify):
- You do not meet the screening requirements of the Children Adolescent Strengths and Needs (CANS) assessment algorithm. **Your needs are better met through other services within the existing agency.**
- You are no longer a resident in the service area. Please use the referral information below to learn more about services in your area.
- Other Reasons (specify):

The decision is based upon the following rules or regulations:

Wraparound with Intensive Services (WISe) Procedural Manual:
<https://www.dshs.wa.gov/sites/default/files/BHSIA/dbh/Mental%20Health/WISe%20Manual%20v%201.7-FINAL.pdf>

Contact SBHO concerning this notice: **Phone** 1-360-337-7050 or 1-800-525-5637, **Fax** 360-337-5721,
Mail 614 Division Street, MS-23
Port Orchard, WA 98366

YOU HAVE A RIGHT TO YOUR

RECORDS: You have the right to access all records and documents related to this Notice upon request and free of charge.

- To request to view your **SUD Residential or Mental Health Inpatient** service records or request copies, contact CommCare at 1-877-777-1388.
- To request to view **all other service records** or request copies, contact SBHO at 1-800-525-5637 or send your written request to the SBHO address above.

A signed records release will need to be completed.

IF YOU DO NOT AGREE WITH THIS DECISION, you have the right to appeal. Your behavioral health provider, with your written permission and signed release of information, may also file an appeal on your behalf.

Written policies are available upon request. To request or file an appeal, contact SBHO at 1-800-525-5637 or send your appeal to the fax or address above.

IF YOU WANT TO CONTINUE TO RECEIVE YOUR PREVIOUSLY AUTHORIZED SERVICES during the appeal process, you must file your request within ten (10) calendar days of the receipt of this notice. This applies to regular and expedited appeals.

IF THIS IS A DENIAL OR LIMITED AUTHORIZATION OF A REQUESTED COVERED SERVICE OR YOU DO NOT WANT TO CONTINUE TO RECEIVE YOUR PREVIOUSLY AUTHORIZED SERVICES during the appeal process, you must file your request within sixty (60) calendar days from the date of this notice. This applies to regular and expedited appeals.

IF YOU NEED HELP WITH FILING AN APPEAL you may contact the SBHO Bridges Ombuds Service at 360-692-1582 or 1-888-377-8174. The Ombuds Service is available at no charge to assist you or your representative throughout the appeal process. If you are hard of hearing or deaf, or have trouble with speech, please contact us through our

Telecommunication Relay Service at 1-800-833-6384 or dial 7-1-1.

The Relay Service will be able to provide you with the correct telephone number. If you need interpreter services, they will be provided to you at no cost.

You may also have other persons of your choice assist you during the appeal process. If you want someone else to assist you, you and your authorized representative must sign, date and send us a statement naming that person to act on your behalf. You will also need to sign a release of information to allow the SBHO to communicate with your authorized representative.

IF YOU DISAGREE WITH A TREATMENT DECISION OR YOUR TREATMENT PLAN:

For all Behavioral Health Services other than Wraparound with Intensive Services (WISe), if you request services through the Behavioral Health Organization in your area, and you disagree with a treatment decision made by your provider, you may attempt to resolve the disagreement with your provider or you may contact the SBHO. If you contact the SBHO, and the SBHO upholds the provider’s treatment decision and the decision is a denial, reduction, suspension, or termination of a previously authorized service, your disagreement with a treatment decision will be treated as an Appeal of an Adverse Benefit Determination.

For Wraparound with Intensive Services (WISe), if you disagree with a treatment decision made by your provider, you may attempt to resolve the disagreement with your provider, or you may contact the SBHO. If you contact the SBHO, the SBHO will treat your disagreement with a treatment decision as an Appeal of an Adverse Benefit Determination.

THERE ARE TWO KINDS OF APPEALS YOU CAN FILE:

Standard (30 calendar days): You or your behavioral health care provider acting on your behalf can ask for a standard appeal. We must give you a decision no later than 30 days after we receive your appeal. (We may extend this time

by up to 14 days if you request an extension, or if we need additional information and the extension benefits you.)

Expedited (Fast, 72 calendar hours): You or your behavioral health care provider can ask for an expedited appeal if you or your behavioral health care provider believe that your life, mental, or physical health, or major ability to function could be seriously harmed by waiting for a standard appeal. We must decide your appeal no later than 72 hours after we receive your appeal.

- We may extend this timeframe by up to 14 days if you request an extension, or if we can support the need for additional information and the extension benefits you.
- If we extend the timeframe, we will notify you by phone and provide written notice within 2 calendar days. If you disagree with the decision to extend the timeframe, you have the right to file a grievance.

HOW DO I FILE AN APPEAL?

For a Standard Appeal:

You, your behavioral health provider, authorized representative or an Ombuds should mail or deliver your written appeal to the appropriate address below. You may file an appeal verbally, but it must be followed in writing.

For SUD Residential or Psychiatric Inpatient Services:

CommCare
1627 Main Street, Suite 700
Kansas City, MO 64108

For Mental Health Residential:

Salish Behavioral Health Organization
614 Division Street, MS-23
Port Orchard, WA 98366

For an Expedited (Fast) Appeal: You, your behavioral health provider, authorized representative, or an Ombuds should contact us by telephone or fax at the numbers listed below.

For SUD Residential or Psychiatric Inpatient Services contact CommCare:

Telephone: 1-877-777-1388
Fax: 1-816-299-4641

For Mental Health Residential contact the SBHO:

Telephone: 1-800-525-5637
Fax: 360-337-5721

CAN I CONTINUE TO RECEIVE SERVICES?

If you are currently receiving previously authorized services, your services will be continued during the appeal process when:

- Your appeal is filed within 10 days from the SBHO Notice date or before the intended effective date of the Adverse Benefit Determination.
- Your appeal involves the reduction, suspension, or termination of previously authorized covered Medicaid behavioral health services.
- The current period covered by the authorization has not expired.
- You request ongoing services.

If our decision is not in your favor, you may be asked to pay for the services you received during the appeal or hearing.

WHAT DO I INCLUDE WITH MY APPEAL?

You should include your name, address, reasons for appealing, and any evidence you wish to attach. You may send in supporting records, letters from your behavioral health provider, a list identifying qualified witnesses, or other information that explains why we should provide the service. Call your behavioral health provider if you need this information to help you with your appeal.

You may send this information to the SBHO or present this information in person.

WHAT HAPPENS AFTER I FILE AN APPEAL?

People from the SBHO who were not involved in the initial decision will review your appeal and

provide a written decision within 30 calendar days for a standard appeal or 72 hours for an expedited appeal unless an extension has been requested.

WHAT HAPPENS NEXT?

After the SBHO makes a decision about your appeal and 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).

You must request an administrative hearing within 120 days after you receive the SBHO decision. Your services may be continued during the Administrative Hearing Process.

You may also access an administrative hearing if:

- The SBHO did not provide a written response within the allowed timeframes; or
- You believe there has been a violation of Washington State Department of Social and Health Services rules.

OTHER RESOURCES TO HELP YOU:

SBHO Bridges Ombuds Service at:

1-888-377-8174

SBHO Office:

1-800-525-5637

Washington State

Office of Administrative Hearings

PO Box 42489

Olympia, WA 98504-2489

(360) 407-2700

(800) 583-8271 (Toll-free)

(360) 586-6563 (Fax)

<http://oah.wa.gov/Home/Index/3411>

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.