



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

Date:

To:

**From: CommCare, on behalf of the Salish
Behavioral Health Organization
(SBHO)
1627 Main Street, Suite 700
Kansas City, MO 64108**

Reference #:

This is to let you know about an action we are planning to take concerning your Medicaid-funded behavioral health services that you requested or are currently receiving.

Your services at will be:

- | | |
|--|------------------------|
| <input type="checkbox"/> DENIED | Effective Date: |
| <input type="checkbox"/> SUSPENDED | Effective Date: |
| <input type="checkbox"/> TERMINATED | Effective Date: |
| <input type="checkbox"/> REDUCED | Effective Date: |
| From To | |
| <input type="checkbox"/> OTHER (specify): | Effective Date: |

The reason for this decision is:

- You are no longer a resident in the service area. Please contact the following to learn more about services in your area:
- 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 as part of the Children Adolescent Strengths and Needs (CANS) assessment algorithm.
- Other (specify):

The decision is based upon the following rules or regulations:

However, you are entitled to a second opinion and may request another intake/assessment/screening.

Contact CommCare concerning this notice: 1-877-777-1388

CC: Provider/Facility

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, including being provided in writing the clinical rationale, a more detailed clinical description of the non-certification reason. To request to view your records or request copies, including the clinical rationale, please contact CommCare at 1-877-777-1388 or send your written request to the address above. A signed records release will need to be completed.

IF YOU DO NOT AGREE WITH THIS DECISION:

For all Behavioral Health Services other than Wraparound with Intensive Services (WISe), you have the right to appeal. If you choose this right, you have sixty (60) calendar days from the date this notice to request or file an appeal. Your behavioral health provider, with your written permission, may also file an appeal on your behalf.

Written policies and procedures are available upon request. To request or file an appeal, contact CommCare at 1-877-777-1388 or send your appeal to the address above.

For Wraparound with Intensive Services (WISe), you have the right to appeal. If you choose this right, you have sixty (60) calendar days from the date this notice to request or file an appeal. Your behavioral health provider, with your written permission, may also file an appeal on your behalf.

Written policies and procedures are available upon request. To request or file an appeal, contact Salish Behavioral Health Organization at 1-800-525-5637 or send your appeal to:

614 Division St, MS-23
Port Orchard, WA 98366

IF YOU WANT TO CONTINUE TO RECEIVE YOUR CURRENT SERVICES during the appeal process appeal, you must file your request within ten (10) calendar days of the receipt of this notice.

IF YOU WANT TO CONTINUE TO RECEIVE YOUR CURRENT SERVICES during the appeal process appeal and you are requesting an expedited appeal, you must file your request within ten (10) calendar days of the receipt of this notice.

IF YOU DO NOT WANT TO CONTINUE TO RECEIVE YOUR CURRENT SERVICES during the appeal process appeal and you are requesting an expedited appeal, you must file your request within sixty (60) calendar days from the date of this notice.

IF YOU NEED HELP WITH FILING AN APPEAL you may contact the SBHO Bridges Ombuds Service at 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 BHO 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 BHO. If you contact the BHO, and the BHO 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 BHO. If you contact the BHO, the BHO 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 a fast 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 address above. You may file verbally but it must be followed in writing.

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.

Telephone: 1-877-777-1388

Fax: 1-816-299-4641

CAN I CONTINUE TO RECEIVE SERVICES?

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

- Your appeal is filed within 10 days from BHO/PIHP 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 BHO/PIHP or present this information in person.

WHAT HAPPENS AFTER I FILE AN APPEAL?

People from the BHO/PIHP who were not involved in the decision will review your appeal and provide a written decision within 30 calendar days unless an extension has been requested.

WHAT HAPPENS NEXT?

After the BHO/PIHP 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 BHO/PIHP decision. Your services may be continued during the Administrative Hearing Process.

You may also access an administrative hearing if:

- The BHO/PHIP 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.