

Washington State's Behavioral Health

Benefits Book



Washington State Department of Social and Health Services
Division of Behavioral Health and Recovery



Washington State
Department of Social
& Health Services

Transforming lives

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Amharic

على 1-800-446-0259 للحصول على مساعدة.
إذا لم تتمكن من قراءة هذه اللغة، يُرجى الاتصال

Arabic

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សូមទូរស័ព្ទ 1-800-446-0259 សំរាប់ជំនួយ ។

Cambodian

如果您看不懂這種語言，請電1-800-446-0259 請求幫助。

Chinese

이 내용의 글이 귀하가 읽지 못하는 언어로 써여져
있으면 1-800-446-0259로 전화하여 도움을
요청하십시오.

Korean

ຖ້າບໍ່ແມ່ນພາສາທີ່ທ່ານອ່ານໄດ້, ກະຮຸນາໂທຫາ
1-800-446-0259 ເພື່ອຂໍຄວາມຊ່ວຍເຫລືອ.

Laotian

ਜੇ ਇਹ ਅਜਿਹੀ ਭਾਸ਼ਾ ਹੈ, ਜਿਸ ਨੂੰ ਤੁਸੀਂ ਨਹੀਂ ਪੜ੍ਹ ਸਕਦੇ, ਤਾਂ
ਕਿਰਪਾ ਕਰਕੇ ਮਦਦ ਲਈ 1-800-446-0259 'ਤੇ ਕਾਲ ਕਰੋ।

Punjabi

Если данный документ напечатан на языке, на котором вы не можете читать, пожалуйста, обратитесь за помощью, позвонив по телефону 1-800-446-0259.

Russian Somali

Haddii aysan tani ahayn luqadda aad akhrin kartid, fadlan wac 1-800-446-0259 si laguu caawiyo.

Si esto no está en un idioma que puede leer, por favor llame al 1-800-446-0259 para recibir ayuda.

Spanish

Якщо ви не можете читати цією мовою, зверніться по допомогу, зателефонувавши за номером 1-800-446-0259.

Ukrainian

Nếu đây không phải là ngôn ngữ của quý vị, xin hãy gọi số 1-800-446-0259 để được giúp đỡ.

Vietnamese

**If this book is not in a language you can read,
please call 1-800-446-0259 for help.**

Welcome to Washington State's Behavioral Health Benefits Book

These services are for people covered by Medicaid. If you aren't enrolled in Medicaid, and need medical, mental health or substance use disorder services, visit www.waHealthPlanFinder.org to apply or call 1-800-562-3022.

Medicaid enrollees have access to services for mental health and substance use disorders, also known as behavioral health, through Behavioral Health Organizations (BHOs). These services are available in all areas of the state except Clark and Skamania County (to find your BHO, access www.dshs.wa.gov/BHOcontacts). Your BHO can provide you with information and help in the language or format of your choice, oral or written. Some examples of the services they provide include:

- A list of the behavioral health professionals in your area, including their contact information, specialty, and the nonEnglish languages available
- An interpreter from the provider or BHO
- Information on transportation to your appointments
- Information regarding Mental Health Advance Directives

What if I live in an Fully Integrated Managed Care region, such as Clark or Skamania County?

If you live in Clark or Skamania County, a managed care health plan will coordinate and pay for your behavioral health services. If you are not enrolled in a Medicaid plan or do not know which plan you have, call the Washington State Health Care Authority at 1-800-562-3022. As other regions in the state come on board as Fully Integrated Managed Care

(FIMC), more information will be found at <https://www.hca.wa.gov/about-hca/healthierwashington/regional-resources>.

How do American Indians and Alaska Natives access Medicaid covered behavioral health treatment services?

- The State will assign to the fee-for-service program for behavioral health services all Medicaid eligible who self-identify as American Indians and Alaska Natives when they:
 - Apply or re-certify for Medicaid; or
 - Submit a subsequent change in the Healthplanfinder website: <https://www.wahealthplanfinder.org/content/Homepage.html>
 - Contact the Health Care Authority Medical Customer Service Center at 1-800- 562-3022, TDD/ TTY only 1-800-848-5429, or 711 (for people with hearing or speech equipment).
- Medicaid-enrolled American Indians and Alaska Natives will be able to request behavioral health treatment services from any provider enrolled with Medicaid as a fee-for-service provider.
- In the fee-for-service program, services will not require a BHO or State authorization.
- You will find a list of treatment agencies here: www.dshs.wa.gov/bha/services-american-indians-and-alaska-natives.

The only exception is for Medicaid-eligible residents in the Southwest Region (Clark and Skamania Counties):

- In the Southwest Region, American Indian or Alaska Native residents who are Medicaid-eligible can choose to

have behavioral health coverage through Managed Care Organizations (MCOs) under contract with the Health Care Authority.

For services managed by a BHO this book explains:

- How to get behavioral health services and what to do in an emergency;
- The behavioral health services available from the state Department of Social and Health Services - Division of Behavioral Health and Recovery (DBHR)
- Additional mental health services
- Your rights and responsibilities
- How you and your family members can be involved in helping us provide better services
- Information about medical care
- What to do if you aren't satisfied
- Other important information you need to know

For more information about publicly-funded behavioral health services see the Revised Code of Washington (RCW) Chapters 70.96.A, 71.05, 71.24, and 71.34 at <http://apps.leg.wa.gov/rcw/>.

For more information on DBHR's behavioral health system and services for Medicaid enrollees, please visit www.dshs.wa.gov/bha/division-behavioral-health-and-recovery.

To request a printed copy of this Benefits Book, contact your Behavioral Health Organization listed on page 5.

Alternate Booklet Versions

If you have questions about any part of this booklet, or need this information in another language or a different format such as American Sign Language (ASL), oral interpretation, Braille or large print, please call us at 1-800-446-0259 or please contact us through our 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 este folleto, o si necesita la información en otro idioma, o en un formato diferente (lenguaje de señas americano, interpretación oral, braille, o letra grande), llámenos al 1-800-446-0259 o comuníquese con nosotros a través de nuestro Servicio de retransmisión de telecomunicaciones (TTY) al 1-800833-6384 o marque 7-1-1.

Todos los alojamientos de formatos
alternativos se proporcionan sin costo.

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Important Telephone Numbers and Resources

Crisis Numbers

- If you have a life-threatening emergency: Call 911 or go to the nearest hospital emergency room. You don't need an authorization for crisis services.
- For 24-hour crisis support and referrals for substance use, problem gambling and mental health services, call the free and confidential Washington Recovery Help Line: 1-866-

789-1511, TTY 1-206-461-3219 or visit them online at www.waRecoveryHelpLine.org

- To find crisis telephone numbers in your local service area visit: https://www.dshs.wa.gov/sites/default/files/BHSIA/dbh/BHO/BHO_Contacts_For_Services.pdf

Washington State Division of Behavioral Health and Recovery

For information about behavioral health services and who to contact (for all counties except Clark and Skamania)

- Behavioral Health Benefits Book in multiple languages: <https://www.dshs.wa.gov/bha/division-behavioral-health-and-recovery/behavioral-health-benefits-book>.
- To find services in your area: www.dshs.wa.gov/BHOcontacts
- To get more information about state-funded services: 1-360-725-1500, 1-800-446-0259, or www.dshs.wa.gov/bha/division-behavioral-health-and-recovery **Washington State Health Care Authority (HCA)**

For information about publically funded medical care, managed care plans, other mental health benefits, and transportation information: 1-800-562-3022, TDD/ TTY only 1-800-848-5429, or 711 (for people with hearing or speech equipment). You can also send an email to: askmedicaid@hca.wa.gov or visit www.hca.wa.gov/.

Washington State Aging and Long-Term Support Administration (AL TSA)

For information about behavioral health services as part of long term care:

- 1-800-422-3263. Complaints/Ombuds: 1-800-562-6028.
www.dshs.wa.gov/altsa

Washington State Office of Administrative (Fair) Hearings

- 1-800-583-8271. www.oah.wa.gov. PO Box 42489, Olympia 98504

U.S. Office of Civil Rights

- www.hhs.gov/ocr

Information on how to report suspected fraud or abuse.

Medicaid Fraud Number: 360-586-8888

For questions about your Medicaid Management services, please contact the Health Care Authority's Medical Assistance Customer Service line (MACSC) at 360-562-3022.

Information About Services

Who is eligible for behavioral health services?

People covered by Medicaid can get medically necessary behavioral health services at no cost.

We contract with community agencies to provide behavioral health services. To qualify, you must have an illness covered by our program, and treatment must be medically necessary (referred to as meeting Access to Care Standards). Services to treat a mental health or substance use disorder have separate standards for determining medical necessity.

Who provides services covered under this booklet?

The Department of Social and Health Services (DSHS) manages Washington's publicly-funded behavioral health

system and contracts with Behavioral Health Organizations or BHOs to provide behavioral health services. Each BHO is made up of one or more counties. Everyone except Medicaid residents of Clark and Skamania County is enrolled with a BHO.



Who do I contact for behavioral health services?

If you think that you need behavioral health services, call or go to your BHO or to a covered agency in your community to schedule an appointment for an Intake Evaluation or Assessment. These assessments are used to decide what services you may need. You will also receive information about behavioral health and how to apply for services. If needed, this information will be available in languages other than English.

Except for Crisis Services, most behavioral health services must be authorized by the BHO in your area. You must go to a BHO-contracted agency to receive covered services. To find an agency, find the BHO in your area at: www.dshs.wa.gov/BHOcontacts.

To find the BHO in your area, visit:
www.dshs.wa.gov/BHOcontacts

What happens at an intake evaluation or assessment?

A behavioral health professional will meet with you to find out what treatment you need and if your condition meets the level to receive services through the BHO. This may take more than one visit.

The behavioral health professional will talk with you about your strengths and needs. They will ask questions about your goals. They might talk to you about your history and culture. They will ask about mental health and substance use issues, other medical issues and other questions about you that may be important.

If it is decided that you have a behavioral health condition and that services will help improve, stabilize, or keep your condition from getting worse, the provider will discuss treatment options with you. If services are not authorized, you have the right to appeal this decision. Please see how to file an appeal on page 21 in the “How do I file an appeal” section.

What additional mental health care is covered by Medicaid?

If you do not meet the Access to Care Standards for BHO services, you may be eligible for lower intensity services provided by the Health Care Authority (HCA). Contact your Medicaid managed care plan directly to request mental health services. There is no Substance Use Disorder treatment included in Health Care Authority benefits.

If you are not enrolled in a Medicaid managed care plan, call 1-800-562-3022 for a mental health provider that accepts patients on a fee-for-service basis, or visit <http://www.hca.wa.gov/medicaid/Pages/index.aspx>.

Will I have to pay for any services?

You may have to pay for services if you go to a behavioral health provider that is not contracted with the BHO. If you request a service that is not covered, or not medically necessary, you may have to pay. If you aren't sure about the provider or the service please check with your BHO.

What if I get a bill?

You should not receive a bill for services that are covered by Medicaid unless you get services that weren't authorized or go to a provider that isn't authorized.

If you get a bill, contact the billing office of the agency that sent you the bill. Tell them you are covered by Medicaid and ask them to explain the bill.

If this doesn't solve the problem you can contact your behavioral health care provider, your BHO or the Ombuds for more help.

What is an Ombuds?

An Ombuds is someone who will work with you and the BHO in filing and resolving grievances, appeals, and administrative (fair) hearings. Contact information for the Ombuds in your service area is listed in the BHO contact list: www.dshs.wa.gov/BHOcontacts. You can also call 1-800-446-0259. This is a free service to you.

What if I need transportation for medical care?

In some cases, Medicaid will pay for transportation to a health related service appointment. If you need help finding transportation, call 1-800-562-3022 or your BHO.

How do I get care in an emergency?

Behavioral health crisis services are available to assist you if you have a sudden or severe behavioral health problem that needs treatment right away. If you think you have a life-

threatening emergency, call 911 or go to the nearest emergency room. You do not need an intake evaluation, assessment, or pre-authorization to receive these services, and there is no charge to you. You have the right to use any hospital or other setting for emergency care.

What if I need to be in a hospital for behavioral health care?

If you think you may need to be admitted to a hospital for behavioral health treatment, contact your behavioral health care provider or the crisis line immediately or go to the nearest emergency room. Treatment in a hospital is a covered service for Medicaid enrollees. However, it must be approved in advance by the BHO or you may be billed for the services. If you receive care in a hospital, you will receive services after you are released to help prevent another crisis and to assist in your recovery.

What Services are Available?

You, your behavioral health care provider, and others you want to invite, will make a plan just for you. Your “Individual Service/Treatment Plan” will build on your personal, family and community strengths and will honor your age, culture, and beliefs.



Here is a list of the kinds of services you have a right to get if they are part of your plan:

Substance Use Disorders

- **Assessment** – An interview by a health provider to help you decide the services you need

- **Brief Intervention and Referral to Treatment** – Time limited, to reduce problem use
- **Withdrawal Management (Detoxification)** – Help with decreasing your use of alcohol or other drugs over time, until it is safe to stop using (hospital based treatment is covered under the medical benefit)
- **Outpatient Treatment** - Individual and group counseling sessions in your community
- **Intensive Outpatient Treatment** – More frequent individual and group counseling sessions
- **Residential Treatment** – A comprehensive program of individual counseling, group counseling, and education, provided in a 24 hour-a-day supervised facility
- **Opiate Substitution Treatment Services** – Outpatient assessment and treatment for opiate dependency. Includes approved medication and counseling
- **Case Management** – Help with finding medical, social, education, and other services

Mental Health

- **Intake Evaluation** - Identifies your needs and goals, and helps you and your mental health care provider to decide a treatment plan
- **Crisis Services** – 24 hour services to help stabilize you in a location that is best suited to meet your needs. You do not need an intake evaluation before this service
- **Individual Treatment Services** - Counseling and/or other activities designed to meet your service plan goals
- **Medication Management** - Licensed staff prescribing medicine and talking to you about side effects

- **Medication Monitoring** - Services to check on how your medication is working and to help you take it correctly
- **Group Treatment Services** – Counseling with others who have similar challenges
- **Peer Support** – Help and support with navigating the public mental health system and reaching your recovery goals, provided by a trained person or parent who is in recovery from a mental health condition
- **Brief Intervention and Treatment** - Short term counseling focused on a specific problem
- **Family Treatment** - Family centered counseling to help build stronger relationships, create effective strategies, and solve problems
- **High Intensity Treatment** - Services provided by a team of mental health providers to help you meet your goals in your individual plan
- **Therapeutic Psychoeducation** - Education about mental health conditions, treatment choices, medications and recovery, including supports and/or supportive services
- **Day Support** - Intensive program to learn or assist with independent living skills
- **Evaluation & Treatment/Community Hospitalization** – Medically necessary inpatient crisis care. You do not need an intake evaluation before this service
- **Stabilization Services** - Provided in your home or in a home-like setting to help prevent a hospital stay. You do not need an intake evaluation before this service
- **Rehabilitation Case Management** - Coordination between your inpatient and outpatient mental health services. This might be part of your intake evaluation

- **Residential Services** - Services provided where you live if you live in a group setting
- **Evaluations for Special Populations** – Treatment planning assistance from a specialist who works with children, older adults and people from multi-cultural backgrounds
- **Psychological Assessment** – Testing that helps with diagnosis, evaluation and treatment planning

May a Behavioral Health Organization (BHO) choose to not offer a service based on moral or religious reasons?

A Behavioral Health Organization may decline to provide, reimburse, or cover certain services based on moral or religious grounds. The BHO must offer you a list of the services they will not provide and information about who to contact to arrange to receive these services from another source.

May I choose my behavioral health care provider?

You may choose a behavioral health care provider within the BHO in your area. The BHO will provide you with a list of providers in your service area with names, addresses, telephone numbers, and any languages spoken other than English. If you don't choose a provider, one will be assigned to you. You have the right to change providers at any time.

How do I find a recovery support group?

Call the Washington Recovery Help Line for free and confidential referrals: 1-866-789-1511.

How can I access medical care that is covered by Medicaid?

If you don't have a primary care provider or if you want to change your primary care provider, go to [www.hca.wa.gov/ free-](http://www.hca.wa.gov/free-)

[or-low-cost-health-care/apple-health-medicaid-coverage](#) or call 1-800-562-3022 for help in choosing one in your area.

Your behavioral health provider can also help you with this. You can change your primary care physician at any time.

Be sure to take your medical card to your medical appointment to check your benefits.

For children from birth to 21 years of age, Early and Periodic Screening, Diagnosis and Treatment health screenings are available. The health screening could identify other health needs your children might have. The doctor can then make a referral for follow-up.

Early and Periodic Screening, Diagnosis, and Treatment for Children

What is Early and Periodic Screening, Diagnosis and Treatment for children?

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) is a health program for children ages birth to 21 with Medicaid coverage, including foster children, and provides links to other services. With EPSDT, children can get regular Well-child checkups. If your child needs to get medical care for a problem that is found during the checkup, Medicaid will also pay for medically necessary follow-up care. During this EPSDT health visit your child may be referred for a behavioral health assessment either through the BHO or as part of your child's health plan. You will get an intake evaluation or assessment at the BHO.

When should children get a checkup?

Note: Children should receive their first health exam as soon as a Medical Services card is received:

- Children should have five check-ups between birth and 1st year.
- Children should have three check-ups between their first and their third birthday.
- Children aged three through six should get a checkup once a year.
- Children ages seven through 20 should get a checkup every other year.
- All recommended childhood immunizations are included.
- Depending on the child's age, hearing and vision testing, certain lab tests, developmental and behavioral screenings are included (e.g. autism screening).
- If a problem is identified, including behavioral problems, follow up exams and treatment are also covered.
- A referral for a behavioral health assessment, if needed, can be provided at any of these visits. Once your child sees a behavioral health professional, they will work with your primary care provider on a complete health care plan.

Note: Children in foster care also receive an initial health evaluation to identify any immediate medical, dental, or urgent mental health needs a child may have. Along with any additional health conditions of which the foster parents and social worker should be aware.

Medicaid will also cover some dental, vision, and hearing screenings under EPSDT.

What if my child or I need a dentist?

Limited Dental coverage is available to Medicaid enrollees. To find a dentist, call the local dental society in your area. It will be

listed in the yellow pages under “Dentist Referral” or call 1-800-562-3022.

Eligible children may go to a dental provider without a medical referral. Limited dental coverage is available to adult Medicaid enrollees. To find a dentist, call the Apple Health/Medicaid helpline at 1-800-562-3022 or follow the link at:

<https://fortress.wa.gov/hca/p1findaprovider/>.

What Are My Rights as a Person Receiving Publicly-Funded Behavioral Health Services in the Community?

You have the right to:

- Receive information and services you ask for, covered under Medicaid
- Be treated with respect, dignity, and privacy
- Help make decisions about your care, including the right to refuse treatment
- Be free from restraint or seclusion
- Receive a copy of behavioral health care patient rights
- Receive a copy of your medical records and request that they be amended or corrected
- Receive information on available behavioral health benefits
- File a grievance, appeal, or administrative (fair) hearing if you are not satisfied
- Receive a list of crisis phone numbers



- Make changes at any time to your providers or case managers and receive the services of an Ombuds in filing a grievance, appeal, or fair hearing
- Receive services in a barrier-free location (accessible)
- Receive the name, address, telephone number, and any languages offered other than English of providers in your BHO yearly or when you request it
- Receive the amount and duration of services you need
- Receive a written Notice of Adverse Benefit Determination from the BHO if services are denied, limited, reduced, suspended, or terminated, payment is denied, or you disagree with the plan
- Receive information about the structure and operation of the BHO
- Receive emergent or urgent care or crisis services
- Receive post-stabilization services
- Receive post-stabilization services related to an emergency medical condition after the emergency is stabilized.
- Receive age and culturally appropriate services

- Be provided a certified interpreter and translated material at no cost to you
- Receive information you request and help in the language or format of your choice
- Have available treatment options and alternatives explained to you
- Refuse any proposed treatment
- Receive care that does not discriminate against you (e.g. age, race, type of illness)
- Be free of any sexual exploitation or harassment
- Receive an explanation of all medications prescribed and possible side effects
- Receive information about how to make and use medical advance directives that states your choices and preferences for mental health care
- Receive quality services which are medically necessary
- Receive a second opinion from a qualified professional at no cost if you disagree with your provider. Choose a provider for yourself and your child (if your child is under 13 years of age)
- Request and receive a copy of your health records. You will be told the cost for copying
- Receive the services of an Ombuds, including filing a grievance, appeal or administrative (fair) hearing

You may also contact the Office of Civil Rights for more information at www.hhs.gov/ocr or visit apps.leg.wa.gov/wac/default.aspx?cite=388-877-0680.

Are there member satisfaction surveys?

At least once a year, a voluntary survey will be sent to see how you or your family member feels about the services you received. If you are contacted please take the time to respond. Your voice is the best way to improve the quality of your care. Any information you provide will be confidential.

Mental Health Advance Directives

What is a mental health advance directive?

A mental health advance directive is a written document that describes what you want to happen in times of crisis or great difficulty, such as hospitalizations. It tells others about what treatment you want or don't want. It can identify a person you have chosen to make decisions for you.

If you have a physical health care advance directive you should share that with your mental health care provider so they know your wishes.

How do I complete a mental health advance directive?

You can get a copy of the advance directive form and more information about directives at www.dshs.wa.gov/bha/divisionbehavioral-health-and-recovery/mental-health-advancedirectives, or call the Office of Consumer Partnerships at 1-800-446-0259. Your BHO, behavioral health care provider, or your Ombuds can provide you the form.



Grievances/Appeals/Administrative (Fair) Hearings

What do I do if I am not happy with my services?

If you are not happy with your services, you can try to resolve the situation yourself, referring to your consumer rights. If you need more assistance you can tell the BHO or behavioral health provider where you receive your services. If that doesn't help you can:

- Contact Ombuds services for help with your grievance. They will help you file a grievance with the provider or the BHO, depending on your preference;
- File an appeal if you receive a written Notice of Adverse Benefit Determination from your BHO; and/or
- Request an Administrative (Fair) Hearing if your appeal was not resolved to your satisfaction.

Who can help me with grievances, appeals or Administrative (Fair) Hearings?

An Ombuds, the BHO, a behavioral health provider where you receive your services, or any other person of your choice can help you resolve concerns about behavioral health services. Interpreters will also be provided if needed and at no cost.

How do I file a grievance?

Here are the steps in the grievance process:

1. You can file a grievance in person, over the telephone, or by writing a request to the behavioral health provider where you receive services, or the BHO. You may contact the Ombuds for your BHO for assistance. If you file a written grievance, you should include:
 - Your name;
 - How to reach you;
 - The problem you have;
 - What you would like to have happen, if you know;
 - Your signature and date of signing
2. When the provider or BHO receives your grievance, they will let you know in writing within five business days that it has been received.
3. Your grievance will be reviewed by people who have not been involved before with the issue(s). If your grievance is about behavioral health treatment, a qualified behavioral health care professional will be part of the review process.
4. You will receive a letter from the agency within 90 days of the decision. If you file a grievance with the provider and you are not happy with the decision, you can file a second grievance with your BHO. You can also file the initial grievance directly with the BHO.

5. The BHO will let you know your grievance has been received within five working days.
6. The BHO will review your grievance and the provider's decision and send you a letter of their decision within 90 days.

What is an Adverse Benefit Determination?

1. The denial or limited authorization of a requested Medicaid covered service.
2. The reduction, suspension, or termination by the BHO of a previously authorized service.
3. The denial, whole or in part, by the BHO of payment for a service.
4. The failure of the BHO or provider to provide services to you in a timely manner as defined by the states.
5. The failure of the BHO to act within the grievance and appeal timeframes as defined in the DSHS rules.

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 to request the decision be treated as an Adverse Benefit Determination.

What is a Notice of Adverse Benefit Determination?

A letter from your BHO that denies, suspends, reduces, or terminates your Medicaid behavioral health services. This letter will contain:

- An explanation of why you are getting the letter.
- The reason for the Adverse Benefit Determination.

- Your right to an appeal, an expedited appeal, or administrative (fair) hearing.
- Your right to a second opinion.
- Your right to receive ongoing services during the appeal process.

How do I file an Appeal?

If you receive an Adverse Benefit Determination from the BHO, and you are not satisfied with the decision, here are the steps you can take, and the process for your BHO to respond:

1. Tell the BHO in person by phone or in writing that you are requesting an Appeal. You must request the appeal within 60 days from the date on the notice. Include in your appeal:
 - Your name;
 - How to reach you;
 - Why you disagree with the Adverse Benefit Determination; and,
 - Your signature and date of signing.
2. If your Adverse Benefit Determination is denying services after an Intake Evaluation, the notice will contain:
 - Your right to a second opinion and how to get one;
 - Information about other services available through HCA or in the community where you live; and
 - Your right to file an appeal if you disagree with a denial.
3. If your Adverse Benefit Determination is about services you are getting, you can ask for the services to continue until your appeal is decided. If you want to continue to receive benefits the following conditions apply:

- You must request benefits continue within 10 calendar days from the date on the Adverse Benefit Determination.
 - You may have to pay for the continued services if your Appeal is denied.
4. The BHO will let you know they have received your Appeal within five business days.
 5. In the Appeals process you may:
 - Include your legal representative, an Ombuds, other advocate, or anyone who you feel will help you with your Appeal. Authorization for someone to represent you must be provided in writing.
 - Present any evidence you feel will help you.
 - Look at your case file, including medical records, and any other documents and records considered part of this process.
 6. The BHO will make a decision 30 calendar days after receipt of your appeal unless an extension is granted.
 7. An additional 14 calendar day extension may be requested by you or your BHO if it is in your best interest. If the BHO requests the extension, you will be notified.



What is an expedited Appeal?

You may ask for a faster appeal if you or your behavioral health care provider feel that this is better for your behavioral health. If your BHO agrees, they will let you know in person or by telephone. Your BHO will make a decision within 72 hours if you meet the expedited need to have your issue resolved quickly. An additional 14 calendar day extension may be allowed if your BHO feels it is in your best interest.

Will I receive a written decision on my Appeal?

You will receive a Notice of Resolution from the BHO on your Appeal stating the reason for the decision and the evidence that supports it. If the Appeal is not resolved in your favor, the Notice will include your right to request an administrative (fair) hearing.

How do I file an Administrative (Fair) Hearing?

If you have completed the appeal process, and you are not satisfied, you can request an administrative (fair) hearing within 120 calendar days from the date on the Notice of Resolution, by contacting the Office of Administrative Hearings at:

Office of Administrative Hearings
PO Box 42489
Olympia, WA 98504
1-800-583-8271

An Administrative Law Judge will look at the evidence provided and make a decision on whether or not Washington State law has been violated. The BHO must follow the decision. You may not file an Administrative hearing regarding a grievance decision.

Definitions

Access to Care Standards: The minimum eligibility requirements that a Medicaid enrollee must meet in order to access behavioral health services.

Administrative (Fair) Hearing: A hearing before the Washington State Office of Administrative Hearings when the Appeal Process has not resolved an issue to the Enrollee's satisfaction. An Administrative Hearing is also known as a Fair Hearing.

Adverse Benefit Determination:

1. The denial or limited authorization of a requested Medicaid covered service.
2. The reduction, suspension, or termination by the BHO of a previously authorized service.
3. The denial, whole or in part, by the BHO of payment for a service.
4. The failure of the BHO or provider to provide services to you in a timely manner as defined by the state.

5. The failure of the BHO to act within the grievance and appeal timeframes as defined in the DSHS rules.

Appeal: The request for review of an Adverse Benefit Determination.

Behavioral Healthcare: Mental health and/or substance use disorder treatment.

Behavioral Health Agency (BHA): An agency licensed by the State of Washington to provide mental health and Substance Use Disorder services and subcontracted by the BHO for this purpose.

Crisis Services: Evaluation and treatment services for a behavioral health crisis on a 24-hour basis. Crisis services are intended to stabilize the person in crisis, prevent further deterioration and provide immediate treatment and intervention in a location best suited to meet the needs of the individual and in the least restrictive environment available.

Enrollee: A person who is covered by Medicaid.

Emergent care: Services provided for a person that, if not provided, would likely result in the need for crisis intervention or for hospital evaluation due to concerns of danger to self, others, or grave disability.

Emergency Medical Condition: Means: a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in: (a) placing the health of the individual or, with respect to a pregnant woman, the health of the woman or her unborn child, in serious jeopardy; (b) serious impairment to bodily functions; or (c) serious dysfunction of any bodily organ or

part (42 C.F.R. § 438.114(a)). For behavioral health care; this would include instances where imminent likelihood of serious harm to self or others, or imminent danger due to grave disability has been determined by a designated mental health professional or treating physician.

Grievance: An expression of dissatisfaction about anything that is not an Adverse Benefit Determination. Possible grievances include, but are not limited to, the quality of care or services provided, the lack of dignity and respect of a provider, or failure to respect your rights.

Medically Necessary or Medical Necessity: A term for describing a requested service which is reasonably expected to prevent, diagnose, correct, cure, alleviate or prevent the worsening of conditions in the recipient that endanger life, or cause suffering or pain, or result in illness or infirmity, or threaten to cause or aggravate a handicap, or cause of physical deformity or malfunction, and there is no other equally effective, more conservative or substantially less costly course of treatment available or suitable for the person requesting service. Course of treatment may include mere observation, or where appropriate, no treatment at all. Additionally, the individual must be determined to 1) have a behavioral health condition covered by Washington State public behavioral health services; 2) the individual's impairment(s) and corresponding need(s) must be the result of a behavioral health condition; 3) the intervention is deemed to be reasonably necessary to improve, stabilize or prevent deterioration of functioning resulting from the presence of a behavioral health condition; 4) the individual is expected to benefit from the intervention; and 5) any other formal or informal system or support cannot address the individual's unmet need.

Notice of Adverse Benefit Determination: Is a written notice a BHO provides an Enrollee to communicate an Adverse Benefit Determination, as defined above.

Ombuds Service: A free and confidential service to help you when you have a grievance, appeal, or administrative (fair) hearing related to your behavioral health services. The person at the Ombuds service will help you resolve your issues or problems at the lowest possible level. The Ombuds service is independent of the Behavioral Health Organization (BHO) and is provided by a person or family member who has also had behavioral health services.

Post-Stabilization Services: Services that are medically necessary services related to an emergency medical condition after the individual's condition is sufficiently stabilized, that he or she could be safely discharged or transferred to another facility.

Recovery: A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to meet their full potential.

Request for Service: When services are sought or applied for through a BHO or contracted agency through a telephone call, walk-in or written request by the enrollee or the person who can legally consent to treatment.

Urgent Care: Service provided to someone approaching a behavioral health crisis. If services are not received within 24 hours of the request, the person's situation is likely to deteriorate to the point that emergent care is necessary.

Notes:

Our Mission:

To transform lives by
supporting sustainable recovery,
independence and wellness.

