

Washington Medicaid Mental Health

# Benefits Booklet

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Washington State Department of Social and Health Services

**Division of Behavioral Health and Recovery**

PO Box 45330 • Olympia WA 98504-5330

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CAMBODIAN

如果您看不懂這種語言，請電1-800-446-0259 請求幫助。

CHINESE

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

ENGLISH

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

KOREAN

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

LAOTIAN

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

RUSSIAN

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

SOMALI

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

SPANISH

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

VIETNAMESE

**1-800-446-0259**

(TDD/TTY only: 1-800-833-6384)

<http://www.dshs.wa.gov/dbhr/mhmedicaidbenefit.shtml>

# **Welcome to Washington State’s Mental Health Services** for People Enrolled in Medicaid

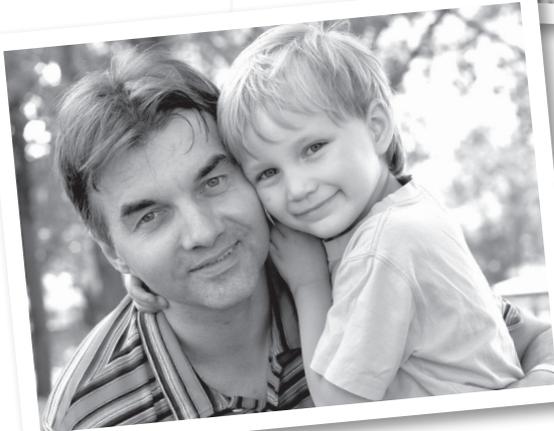
\*If you are not on Medicaid, and you need mental health or medical services, you will need to make an application at your local Community Services Office (CSO). You can do this by going to <https://www.washingtonconnection.org/home/>, or by calling 1-877-501-2233. You can also go to your local CSO and apply in person. For a directory of CSOs, go to <http://www.dshs.wa.gov/onlinecso/findservice.shtml> and use the tool to find the CSO near you.

This book explains the Medicaid mental health system. Please read the book to find out:

- How to get mental health services and what to do in an emergency;
- Mental health services available under the Medicaid Mental Health Program run by the Division of Behavioral Health and Recovery (DBHR);
- 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 when you aren’t satisfied; and
- Other important information you need to know.

For more information on the public mental health system run by DBHR, you may want to look at the laws and rules. You can look in the Revised Code of Washington (RCW) Chapters 71.05, 71.24, and 71.34. You can find these on the internet at <http://apps.leg.wa.gov/rcw/>.

For more information on DBHR’s mental health system and services for Medicaid enrollees, please visit [http://www.dshs.wa.gov/dbhr/mh\\_information.shtml](http://www.dshs.wa.gov/dbhr/mh_information.shtml).



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# Important Telephone Numbers and Resources

## Crisis Numbers

- If you have a life-threatening emergency: Call 911
- 24-hour Crisis and Suicide Prevention Line: 1-800-273-TALK (8255) TTY 1-800-799-4TTY (4889) or <http://www.suicidepreventionlifeline.org>  
Lifeline is staffed 24-hours a day, has special assistance to help Veterans, and can also refer you to your local crisis telephone numbers.
- To find crisis telephone numbers in your local service area:  
<http://www.dshs.wa.gov/dbhr/mhcrisis.shtml>

## Washington Recovery Help Line

24-hour help for substance abuse, problem gambling, and mental health. Free and confidential support, link to local treatment providers: 1-866-789-1511 TTY 1-206-461-3219 or [www.waRecoveryHelpLine.org](http://www.waRecoveryHelpLine.org)

## Health Care Authority (HCA)

For information about 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 at: <http://www.hca.wa.gov/medicaid/Pages/contact.aspx>

## Medicaid Transportation Information

1-800-562-3022 or [customerinquiry@dshs.wa.gov](mailto:customerinquiry@dshs.wa.gov)

## Mental Health Information

Division of Behavioral Health and Recovery 1-800-446-0259 or [http://www.dshs.wa.gov/dbhr/mh\\_information.shtml](http://www.dshs.wa.gov/dbhr/mh_information.shtml)

## Alcohol or Substance Abuse

Division of Behavioral Health and Recovery 1-877-301-4557 or <http://www.dshs.wa.gov/DBHR/>

## Aging and Long-Term Support Administration (AL TSA)

1-800-422-3263 or <http://www.adsa.dshs.wa.gov>

## Office of Civil Rights

<http://www.hhs.gov/ocr>

## Office of Administrative Hearings

PO Box 42489, Olympia, WA 98504, 1-800-583-8271

## Community Services Offices (CSOs)

For determination of eligibility for Medicaid and other public assistance programs: 1-877-501-2233 or <https://www.washingtonconnection.org/home/>

# Information about Services

## Who is eligible for public mental health services?

People who receive Medicaid can get medically necessary mental health services at no cost.

The Regional Support Networks (RSNs) contract with Community Mental Health Agencies (CMHAs) to provide mental health services. You have to meet medical necessity and have an illness covered by our program. Sometimes you will hear this called the Access to Care Standards.

## What other mental health care is covered by Medicaid?

If you do not meet the Access to Care Standards for RSN services, but need mental health care, you may be eligible for mental health services provided by the Health Care Authority (HCA). You can go to <http://www.hca.gov/medicaid/Pages/index.aspx>, or call 1-800-562-3022 to find out more.

## Who provides services covered under this booklet?

The Washington State public mental health system is run by the Division of Behavioral Health and Recovery (DBHR). DBHR contracts with RSNs to provide mental health services. Each RSN is made up of one or more counties. Everyone on Medicaid is enrolled with an RSN.

Except for Crisis Services, most mental health services must be authorized by the RSN in your area. You may only go to an RSN contracted agency to receive covered services. To find the RSN in your area, you may go to <http://www.dshs.wa.gov/dbhr/rsn.shtml> or call 1-800-446-0259.

## Will I have to pay for any services?

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

## What if I get a bill?

You should not receive a bill for services that are covered by Medicaid unless you get services that were not authorized or you go to a provider that is not 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 does not fix the problem you can contact your mental health care provider, your RSN or the Ombuds for more help.

## **What is an Omsbud?**

An Omsbud is someone who is hired by the RSN; to assist you in understanding your mental health services, how to complete forms and other paperwork, or how to file an appeal, grievance or fair hearing. Contact information for the Ombuds in your service area is listed at <http://www.dshs.wa.gov/dbhr/ombuds.shtml>, or you can call 1800-446-0259. This is a free service to you.

## **How can I get mental health services?**

If you think that you need mental health services, you can call or go to your RSN or to a covered agency in your community to schedule an appointment for an Intake Evaluation. This evaluation is used to decide if you meet medical necessity, Access to Care Standards, and what mental health services you may need.

The RSN will provide easily understood information on mental health and applying for services. If needed, this will be in languages other than English.

## **What if I need transportation for medical care?**

In many 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 RSN for help.

## **What happens at an Intake Evaluation?**

A mental health professional will meet with you to help determine if you have a covered mental illness. This appointment documents information to decide any treatment you need and if your condition meets the level to receive mental health services through the RSN. This may take more than one visit.

The mental 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 substance abuse issues, other medical issues and other questions about your life.

If after that meeting, they agree with you that services will help improve, stabilize or keep your illness from getting worse they will recommend to the RSN that you need services. If the RSN agrees, you are eligible for services.

## **How do I get care in an emergency?**

Mental health crisis services are available to assist you if you have a sudden or severe mental health problem that needs treatment right away. If you think you have an emergency, call 911 or go to the nearest emergency room. You do not need an intake evaluation before you receive these services and there is no charge to you for these services.

## **What if I need to be in a hospital for mental health care?**

If you think you may need to be admitted to a hospital for mental health treatment, contact your mental health care provider or the crisis line immediately. Mental health treatment in a hospital is a covered service for Medicaid enrollees. Hospital care must be approved in advance by the RSN or you may be billed for the services.

Should you need hospitalization for a mental illness, post-stabilization services will be provided when you are released to help prevent you from having another crisis and to assist in your recovery.

## **What services are available to me as a Medicaid enrollee?**

You, your mental health care provider, and others you want to invite, will make a plan that is only for you. Your “Individual Service 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:**

- **Brief Intervention Treatment** – short term counseling that is solution-focused on a specific problem
- **Day Support** – intensive program to learn or assist you with independent living skills
- **Family Treatment** – family centered counseling to help everyone get along and solve problems
- **Evaluation and Treatment/Community Hospitalization** – inpatient care, in a hospital or facility. You do not need an intake evaluation before this service.
- **Group Treatment Services** – counseling that offers a chance to learn from people with similar needs
- **High Intensity Treatment** – services that are provided by a team to help you meet your goals in your individual service plan
- **Individual Treatment Services** – counseling and/or other activities designed to help you meet your goals in your service plan

- **Intake Evaluation** – meeting to help identify your needs and goals. It helps you and your mental health care provider to decide other services. The first service you get unless you have had a crisis service.
- **Medication Management** – prescription services and information about medication side effects you may experience while taking the medications.
- **Medication Monitoring** – service to help you to remember to take your medicine correctly
- **Mental Health Services Provided in Residential Settings** – services provided where you live
- **Peer Support** – support and assistance provided by someone who has mental illness, is in recovery, and is trained to help you learn to cope, plan, and work toward recovery. Peer support providers may also be parents of children with a mental illness who are trained to provide support and assistance to other parents of children with mental illness.
- **Psychological Assessment** – help with diagnosis, evaluation and treatment planning
- **Rehabilitation Case Management** – coordination with your inpatient mental health services, outpatient mental health services, and physical care services. This might be part of your intake evaluation.
- **Special Population Evaluation** – services provided to you by someone with special training in working with children, older adults or those from a minority background to help set treatment goals
- **Stabilization Services** – provided in your home or home-like setting to help prevent a hospital stay. You do not need an intake evaluation before this service.
- **Therapeutic Psychoeducation** – education about mental illness, mental health treatment choices, medicine and recovery

*For more detailed information, please call the RSN in your community.*

### **May I choose my mental health care provider?**

You may choose a mental health care provider within the RSN in your area. The RSN 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 mental health care provider, one will be assigned to you. You have the right to change mental health care providers during the first 90 days, or within 12 months from the date you are approved for services.

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

If you do not have a primary care provider, you can go to <http://www.hca.wa.gov/medicaid/Pages/index.aspx>, or call 1-800-562-3022 for assistance in choosing one in your area. Your Mental Health Provider (MHP) can also assist you in obtaining information about medical providers.

Be sure to take your Services card to your medical appointment so your doctor may determine your benefits.

For children from birth to 21 years of age, EPSDT health screenings are available. The health screening could identify other health needs you might have. The doctor can then make a referral for follow-up.

## **Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) for Children**

### **What is EPSDT for children?**

EPSDT is a health program for children with Medicaid coverage, including foster children, and provides links to other services. With EPSDT, children can get regular health checkups. If your child needs to get medical care for a problem that is found during the check up, Medicaid will also pay for medically necessary follow-up care. Every child from birth to 21 years of age who has Medicaid coverage can get regular health checkups. During this EPSDT health visit your child may be referred for a mental health assessment either through the RSN or as part of your child's health plan. You will get an intake evaluation when you are sent to the RSN.

### **When should children get a checkup?**

Children should receive their first health exam as soon as you get your Services card. After the first exam:

- Children two to six years old should get a checkup once a year.
- Children age seven through 20 should get a checkup every other year.
- Children under age two, consult with your primary care provider about how often to get a checkup.

A referral for mental health assessment could occur at any of these visits. Once there is an appointment with a mental health professional, the primary care provider is notified by the mental health professional so they can work together on a plan of care.

If mental health care is already being received, the mental health care provider will ask if regular health exams are also being received. If not, a referral will be made for a primary care physician or a telephone number will be offered in order to find a primary care physician for regular health exams. A referral for a “Healthy Child Screening” may also be made.

Medicaid will also cover some dental and eye screening 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.

## **Your Rights as a Person Receiving Medicaid Mental Health Services**

### **What are my rights as a person receiving public mental health services in the community?**

You have the right to:

- be treated with respect and dignity
- have your privacy protected
- help your provider to develop a plan of care with services to meet your needs
- help make decisions about your mental health care
- 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 RSN yearly or when you request it
- receive the amount and duration of services you need
- receive a written Notice of Action from the RSN if services are denied, limited, reduced, suspended, or terminated or you disagree with the plan
- receive information about the structure and operation of the RSN
- receive emergent or urgent care or crisis services
- receive post-stabilization services after you receive emergent or urgent care or crisis services that result in a hospitalization
- be free from use of seclusion or restraints
- 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
- make a mental health advance directive that states your choices and preferences for mental health care
- receive information about medical advance directives
- receive quality services which are medically necessary
- receive a second opinion from a mental health professional in your RSN area if you disagree with your provider
- file a grievance, file an appeal on a Notice of Action, or request an administrative fair hearing if you are not satisfied
- choose a mental health care provider for yourself and your child (if your child is under 13 years of age)
- change mental health care providers during the first 90 days, or first 12 months of being approved for services
- request and receive a copy of your medical or mental health records. You will be told the cost for copying
- be free from retaliation
- request and receive policies and procedures of the RSN and Community Mental Health Agencies (CMHAs) as they pertain to your rights
- request and receive a copy of these Rights

You may also contact the Office of Civil Rights for more information at <http://www.hhs.gov/ocr>.

### **Are there member satisfaction surveys?**

Once a year, DBHR will send a survey to see how you or your family member feel about the services you received. You do not have to take part in the survey. If you are contacted please take the time to respond. Your voice is the best way to improve the system.

# **Mental Health Advanced Directives**

## **What is a mental health advance directive?**

A mental health advance directive is a written document that describes what you want to happen if you become so ill that your judgment is affected, or if you are unable to communicate. It tells others about what treatment you want or don't want. It can identify a person to whom you have given the authority to make decisions on your behalf.

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 on how to complete the form at <http://www.dshs.wa.gov/dbhr/advdirectives.shtml>, or call the Office of Consumer Partnerships at 1-800-446-0259. Your RSN, mental health care provider, or your Ombuds can also help you complete the form.

# **Grievance and Appeals**

## **What can I do if I am not happy with my services?**

If you are not happy with your services, you can tell the RSN or Community Mental Health Agency (CMHA) where you see your provider. If that doesn't help you can:

- Contact Ombuds services;
- File a Grievance if you are unhappy about something that is not an Action;
- File an Appeal if you receive a written Notice of Action from your RSN; and/or
- Request an Administrative (Fair) Hearing

## **Who can help me with Grievances, Appeals or Administrative (Fair) Hearings?**

The RSN, CMHA where you see your provider, an Ombuds, or any other person of your choice can help you resolve concerns about mental health services and assist you with filing a grievance, appeal, or administrative fair hearing. Interpreters will also be provided if needed.

## 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 RSN in your service area, the CMHA where you receive services, or your Ombuds. You can ask for help completing any forms or procedures. Please include:
  - your name;
  - how to reach you;
  - the problem you have;
  - your signature and date of signing
2. When the CMHA or RSN receives your grievance, they will let you know in writing within five business days 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 mental health treatment, a qualified mental health care professional will be part of the review process.
4. You will receive a letter within 90 days of the decision.
5. If you file a grievance at the CMHA and it is denied, you can file it with your RSN.
6. The RSN will let you know your grievance has been received within five working days.
7. 7. The RSN will review your grievance and the CMHA's decision and send you a letter of their decision within 90 days.
8. If you do not receive a letter within the timeframes in the rules, or you disagree with the RSN, you may file a request for an administrative (fair) hearing.

## What is an Action?

If you request services through the RSN in your area, an Action is:

1. The denial or limited approval of a requested service based on Access to Care standards. If the RSN does not authorize or pay for services you or your provider at the CMHA request, it is a denial.
2. The reduction, suspension, or termination of a previously authorized service. If the RSN decreases a service you have been receiving, it is a reduction. If the RSN temporarily stops the services you are receiving, it is a suspension. If the RSN stops your services, it is a termination.
3. The RSN denies in whole or in part payment for a service.
4. The failure of the RSN or CMHA to provide services to you in a timely manner.
5. The failure of the RSN to act within the timeframes in the rules.

## **What is a Notice of Action?**

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

- An explanation of why you are getting the letter.
- The reason for the action.
- Your right to an appeal or administrative fair hearing
- Your right to a second opinion

## **How do I file an Appeal?**

If you receive a Notice of Action from the RSN, and you are not satisfied with the action you can:

- 1.** Tell the RSN in person, orally, or in writing that you are requesting an Appeal. You must request the appeal within 45 days from the date on the notice. Please include:
  - your name;
  - how to reach you;
  - why you disagree with the Notice of Action; and,
  - your signature and date of signing.
- 2.** If your Notice of Action is denying services after an Intake Evaluation, the notice will contain:
  - your right to a second opinion and how to get one;
  - information about the availability of other services through HCA or in the community where you live; and,
  - your right to file an administrative fair hearing if you disagree with the denial.
- 3.** If your Notice of Action is about services you are getting, you can ask for the services to continue until your appeal is decided. If you want to receive continued benefits the following conditions apply:
  - You must request benefits continue within 10 calendar days from the date on the Notice of Action.
  - Benefits will only continue for the original period that they were authorized prior to the notice.
  - You may have to pay for the continued services if your Appeal is denied.
- 4.** The RSN 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.
  - 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.
  - your signature.
6. The RSN will make a decision 45 calendar days after receipt of your appeal unless an extension is granted.
7. A 14 additional calendar day extension may be requested by you or your RSN if it is in your best interest. If the RSN requests the extension, you will be notified.

### **What is an expedited Appeal?**

You may ask for a faster appeal if you or your mental health care provider feel that this is better for your mental health. If you ask for a faster process and your RSN agrees, they will let you know in person or by telephone.

Your RSN will make a decision within two calendar days if you meet the expedited need to have your issue resolved quickly. An additional 14 calendar day extension may be allowed if your RSN 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 RSN on your Appeal stating the reason for the decision and the evidence that supported the decision. 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 grievance or appeal process, and you are not satisfied, you can request an administrative fair hearing, within 90 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 (ALJ) will look at all of the evidence provided and make a decision on whether or not Washington State law has been violated. The RSN must follow the decision.

# Definitions

**Access to Care Standards:** The minimum eligibility requirements that a Medicaid enrollee must meet in order to access mental health services through the RSN.

**Action:**

- (1) The denial or limited authorization by the Regional Support Network (RSN) of a requested service by the Community Mental Health Agency (CMHA) for you, including the type or level of service;
- (2) The reduction, suspension, or termination by the RSN of a service you have been getting;
- (3) The enrollee disagrees with the treatment plan
- (4) The denial by the RSN, in whole or in part, of payment for a service;
- (5) The failure to provide services in a timely manner; and/or
- (6) The failure of the RSN to act within the timeframes in the rules.

**Appeal:** The request for review of an Action.

**Community Mental Health Agency (CMHA):** An agency licensed by the State of Washington to provide mental health services and subcontracted by the RSN for this purpose.

**Crisis Services:** Evaluation and treatment services for a mental 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 on 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.

**Fair Hearing:** A hearing before the Washington State Office of Administrative Hearings after the Grievance and Appeals processes have been finished

**Grievance:** An expression of dissatisfaction about anything that is not an Action. Possible grievances include, but are not limited to, the quality of care or services provided, rudeness of a provider or employee, 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 mental illness covered by Washington State public mental health services; 2) the individual's impairment(s) and corresponding need(s) must be the result of a mental illness; 3) the intervention is deemed to be reasonably necessary to improve, stabilize or prevent deterioration of functioning resulting from the presence of a mental illness; 4) the individual is expected to benefit from the intervention; and 5) any other formal or informal system or support can not address the individual's unmet need.

**Mental Health Care Provider (MHCP):** The individual with the primary responsibility for helping you to develop and complete an individualized plan for mental health rehabilitation services.

**Mental Health Professional:** An individual who meets the standards defined in Washington State law for psychiatrist, psychologist, psychiatric nurse, or social worker. The standards are based on education, experience, and experience gained while under supervision for the care and treatment of mental illness.

**Ombuds Service:** A free and confidential service to help you when you have a complaint related to your mental health services. The person at the Ombuds service will help you resolve your issues or problems at the lowest possible level, or at grievance, appeal, or fair hearing. This service can also help you find other consumer advocates. The Ombuds service is independent of the Regional Support Network (RSN).

**Post-Stabilization Services:** Services provided upon release from the hospital after a crisis to prevent future hospitalization or crisis.

**Recovery:** Mental health recovery is a journey of healing and transformation that allows a person with a mental health problem to live a meaningful life in the community while striving to reach full potential.

**Regional Support Network (RSN):** County authority or group of county authorities or other entity recognized by the state to administer mental health services in a defined region.

**Request for Service:** The time when services are sought or applied for 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 persons approaching a mental 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.



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