

North Sound Mental Health Administration

Regional Support Network for Island, San Juan, Skagit, Snohomish, and Whatcom Counties
Improving the mental health and well being of individuals and families in our communities

117 North First Street, Suite 8 • Mount Vernon, WA 98273

360.416.7013 • 800.684.3555 • Fax 360.416.7017 • Email nsmha@nsmha.org • Web Site <http://nsmha.org>

NOTICE OF ACTION ABOUT YOUR OUTPATIENT MENTAL HEALTH SERVICES

To:

Date:

From: North Sound Mental Health Administration (NSMHA)
117 North 1st Street, Suite 8
Mount Vernon, WA 98273

This Notice is to let you know about a decision we are planning to take or have taken concerning the NSMHA-funded mental health services that you requested or are currently receiving.

Your request for _____ will be:

Denied Reduced Suspended Terminated **Effective Date:**

The reason for this decision is:

The request does not appear to be medically necessary because

Other:

Also, if you are a Medicaid enrollee up to age 21 or their legal representative, please refer to the Benefits Booklet for people enrolled in Medicaid for other types of services available to you under Early and Periodic Screening, Diagnosis and Treatment (EPSDT – a health program for individuals up to age 21 with Medicaid coverage).

To find out more about this Notice/decision or if you don't agree with this decision contact North Sound Mental Health Administration (NSMHA):

117 North 1st Street, Suite 8
Mount Vernon, WA 98273

Phone: (800) 684-3555 or (360) 416-7013

Fax: (360) 416-7017

If you need interpreter services they will be provided to you. If you are hard of hearing or deaf, or have trouble with speech, please contact us through the Telecommunication Relay Service at 1-800-833-6388 or dial 711. The Relay Service will be able to provide you with the correct phone number.

IF YOU DON'T AGREE WITH THIS DECISION: You are entitled to a second opinion if you have not already had a second opinion about the same issue in the last 12 months. You also have the right to appeal. If you choose to appeal, you have forty-five (45) calendar days from the date you receive this notice to request an appeal. If you want to continue to receive your current services during the appeal process, you must file your request within ten (10) calendar days of the date of this Notice. To request a second opinion or appeal, please contact NSMHA.

You or your representatives, including providers, will not be retaliated against or receive punitive action of any kind for initiating an appeal, expedited appeal, second opinion, or fair hearing.

IF YOU NEED HELP REQUESTING A SECOND OPINION OR APPEAL: You may contact the North Sound Mental Health Administration's Ombuds Services at 1-888-336-6164. The Ombuds Service is available at no charge to assist you or your representative throughout these processes. You may also have other persons of your choice, including your mental health provider, help you during these processes. If you want someone else to help you, you and your authorized representative must sign, date and send us a statement naming that person to act for you.

Before you request a second opinion or appeal, please see "Important Information about Your Rights" on the next page.

If you need this notice in a different language or format, please contact NSMHA at 1-800-684-3555.

- Si necesita recibir este aviso en otro idioma o formato, comuníquese con la NSMHA al 1-800-684-3555.
- Если Вы хотите получить данное уведомление на другом языке/в другом формате, пожалуйста, позвоните в NSMHA по телефону 1-800-684-3555.
- Nếu quý vị cần thông báo này bằng ngôn ngữ hoặc dạng khác, xin liên lạc với NSMHA tại số 1-800-684-3555.
- 如果您需要本通知的其他語言或不同格式的版本，請撥打 1-800-684-3555 與 NSMHA 進行聯繫。
- Haddii aad ugu baahantahy ogeysiiskan luuqo /qaab kale, la xiriir NSMHA ee 1-800-684-3555.
- ຖ້າທ່ານຕ້ອງການໜັງສືແຈ້ງການນີ້ເປັນພາສາອື່ນ/ຮູບການອື່ນ, ໃຫ້ຕິດຕໍ່ NSMHA ໃນເລກ 1-800-684-3555.
- 만일 본 통지서를 다른 언어/형식으로 받아보기 원하시면 NSMHA 에 1-800-684-3555 의 번호로 연락하십시오.
- ប្រសិនលោកអ្នកត្រូវការព័ត៌មាននេះជាភាសាផ្សេងទៀត ឬទម្រង់ផ្សេងពីនេះ សូមទំនាក់ទំនងទៅកាន់ NSMHA តាមរយៈទូរស័ព្ទលេខ : 1-800-684-3555 ។

Report suspected fraud and abuse by contacting the NSMHA Compliance Officer at 1-800-684-3555 or 360-416-7013 or by email at compliance_officer@nsmha.org. More fraud and abuse information is available on the NSMHA website: <http://www.nsmha.org>.

Important Information about Your Rights

Definitions

Denial: The decision not to offer an intake is a denial. The decision by a PIHP, or their formal designee, not to authorize covered Medicaid mental health services that meet medical necessity is a denial.

PIHP: Prepaid Inpatient Health Plan. North Sound Mental Health Administration (NSMHA) is the PIHP for Island, San Juan, Skagit, Snohomish, and Whatcom Counties.

Reduction: The decision by a PIHP to decrease your previously authorized covered Medicaid mental health services described in their Level of Care Guidelines. The decision by a Behavioral Health Agency to decrease or change a covered service in the Individualized Service Plan is not a reduction.

Suspension: The decision by a PIHP, or their formal designee, to temporarily stop your previously authorized covered Medicaid mental health services described in their Level of Care Guidelines. The decision by a Behavioral Health Agency to temporarily stop or change a covered service in the Individualized Service Plan is not a suspension.

Termination: The decision by a PIHP, or their formal designee, to stop your previously authorized covered Medicaid mental health services described in their Level of Care Guidelines. The decision by a Behavioral Health Agency to stop or change a covered service in the Individualized Service Plan is not a termination.

Disagreement with the Treatment Plan: An Enrollee's disagreement with the treatment plan for authorized covered Medicaid mental health services as discussed with their treatment provider.

How Do I Request a Second Opinion?

You can ask for a second opinion if, at any time during treatment, you disagree with a clinical decision and you have not already had a second opinion about the same issue in the last 12 months. A second opinion will then be arranged for you to take place as quickly as your mental health condition requires, no more than 30 days from the date of your request. The second opinion will be arranged with a provider contracted with NSMHA, unless the service is not available within the network. The second opinion is provided at no cost to you. Contact NSMHA to request a second opinion.

How Do I File an Appeal?

If you are having someone help you with your appeal, NSMHA needs your written consent to work with that person on the appeal. If you want an appeal, you must ask for one within 45 calendar days of when you get this Notice.

There Are Two Kinds of Appeals You Can File:

Standard (As quickly as your mental health condition requires-up to 45 days) You or your authorized representative can ask for a standard appeal. We must give you a decision no later than 45 days after we get 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.

You or your authorized representative should mail or deliver your written appeal to the NSMHA address below. You may file verbally but it must be followed in writing.

Expedited or Fast (3 working days) You or your authorized representative can ask for a fast appeal if you or your mental health care provider believe that your life, health or major ability to function could be seriously harmed by waiting for a standard 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.

- If your mental health care provider asks for an expedited appeal for you, or supports you in asking for one, and they indicate that waiting 45 days could seriously harm your health, we will automatically give you a fast appeal.
- If you ask for an expedited appeal without support from your mental health care provider, we will decide if your health requires one. If we do not agree with you, we will decide your appeal within 45 days.

You or your authorized representative should contact NSMHA by telephone or fax at the numbers listed below.

What Do I Include With My Appeal?

You should include: your name, address, phone number, reason(s) for appealing, what result you want, and any other information you wish to attach. You may send in supporting records, letters from your mental health provider, a list identifying qualified witnesses, or other information that explains why we should provide the service. Call your mental health provider if you need this information to help you with your appeal. You may send this information to NSMHA or present this information in person.

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 calendar days from the date of the Notice;
- Your appeal involves the reduction, suspension or termination of previously authorized covered mental health services;
- The current period covered by the authorization has not expired, and the Notice of Action was mailed to you timely;
- You have requested an extension.

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 Happens After I File an Appeal?

People from NSMHA, who were not involved in the original decision, review your appeal and provide a written decision within 45 days unless an extension has been requested.

What Happens If I Don't Agree with the Appeal Decision?

After NSMHA makes a decision about your appeal, if you do not agree with the NSMHA decision, you may ask for a fair hearing through the State Office of Administrative Hearings (1-800-583-8271). You must request a fair hearing within 90 days after you receive the NSMHA decision. You may also access a fair hearing if:

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

Your services may be continued during the Administrative Hearing process.

NSMHA Contact Information:

117 N. 1st Street, Suite 8
Mount Vernon, WA 98273
Phone Number: 1-800-684-3555 or (360) 416-7013
Fax Number: (360) 416-7017

Hearing or Speech Impaired, please contact:
Telecommunication Relay Service at 1-800-833-6384 or dial 711

Other Resources to Help You:

NSMHA Ombuds Service 1-888-336-6164

Washington State Department of Social and Health Services Office of Administrative Hearings

P.O. Box 42488
Olympia, WA 98504-2488
1-800-583-8271