

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 ADVERSE DETERMINATION 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:

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 past 12 months. You also have the right to grieve. To request a second opinion or grievance, please contact NSMHA. You may also ask for a fair hearing through the State Office of Administrative Hearings by calling 1-800-583-8271.

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

IF YOU NEED HELP REQUESTING A SECOND OPINION, GRIEVANCE, OR FAIR HEARING: You may contact the North Sound Ombuds Service at 1-888-336-6164. The Ombuds Service is available at no charge to help 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 grievance, 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

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 Request a Grievance?

If you are having someone help you with your grievance, NSMHA needs your written consent to work with that person on the grievance.

There Are Two Kinds of Grievances You Can File:

Standard (As quickly as your mental health condition requires-up to 30 days) You or your authorized representative can ask for a standard grievance. We will give you a decision as quickly as your mental health condition requires, no later than 30 days after we get your grievance. 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, fax, or deliver your written grievance to the NSMHA address or fax number below. You may file verbally by calling the NSMHA phone number below.

Expedited or Fast (3 working days) You or authorized representative can ask for a fast grievance 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 grievance. We will decide your grievance no later than 3 working days after we get your grievance. 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 a fast grievance for you, or supports you in asking for one, and they indicate that waiting up to 30 days could seriously harm your health, we will automatically give you a fast grievance.
- If you ask for a fast grievance 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 grievance in up to 30 days.

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

What Do I Include With My Grievance?

You should include: your name, address, phone number, reason(s) for requesting the grievance, what result you want, and any other information you wish to attach. You
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may send in supporting records, letters from your mental health provider, 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 grievance.

Can I Continue to Receive Services?

You may request to have your services continued or reinstated during the grievance process. If your services are continued or reinstated and our decision is not in your favor, you may be asked to pay for the services you receive during the grievance process.

What Happens After I File a Grievance?

People from NSMHA, who were not involved in the original decision, review your grievance and provide a written decision as quickly as your mental health condition requires no later than 30 days from your request unless an extension has been requested. (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).

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

After NSMHA makes a decision about your grievance, 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 may also request a fair hearing if:

- NSMHA did not provide a written response within the allowed time frames for a standard grievance; or
- You believe there has been a violation of Washington State Department of Social and Health Services rules, or
- You wish to do so prior to requesting a grievance with NSMHA.

NSMHA Contact Information:

117 North 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:

North Sound Ombuds Service 1-888-336-6164

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

P.O. Box 42489
Olympia, WA 98504-2488
1-800-583-8271