Washington State Health Care Authority

Wraparound with Intensive Services (WISe) Info Sheet

Grievance, appeals, and fair hearing process

- Wraparound with Intensive Services (WISe) delivers intensive home and community-based mental health services to children and youth from birth through 20 years of age who are eligible for Apple health coverage under WAC 182-505-0210-e, and screen in meeting medical necessity are eligible for WISe. WISe emphasizes family and youth voice and collaboration.
- In the event that you disagree with your course of treatment in WISe, this Info Sheet describes important rights so you can address your concerns.

Decisions and dispute resolution

This information sheet explains the grievance and appeal procedures for individuals seeking or receiving WISe. This information does not alter any Medicaid or due process rights contained in state or federal law.

How do I file a grievance?

A youth, parent/caregiver (for youth under 13) or their representative can file a complaint on any matter with which they are dissatisfied. This is called a "grievance." A grievance is used by an individual or their representative to express dissatisfaction about any matter other than a notice of adverse benefit determination. A grievance may be filed in person, over the phone, or by writing a request to the behavioral health provider where you receive services or with the Managed Care Organization (MCO). You can find the MCO on the back side of your Apple Health Card. https://www.hca.wa.gov/assets/free-or-low-cost/19-024.pdf

When filing a grievance with an MCO this may be done by phone or in writing. You may also contact the Ombuds for your provider or MCO for assistance. If you file a written grievance, you should include:

- Your Name
- How to reach you
- A description of the concern or complaint you have
- What you would like to have happen, if you know
- Your signature and date of signing

1. When the provider or MCO receives a grievance, the MCO will notify the individual to let them know in writing within five (5) business days that a grievance has been received.

2. The individuals' grievance will be reviewed by staff who have not been involved before with the issue(s). If the grievance is about behavioral health treatment, a behavioral health care professional who knows about the individual's condition will review the grievance.

3. The MCO will review your grievance and send you a letter of their decision as quickly as the individual's health condition requires and no longer than 90 days from the date the provider or MCO receives the grievance.

Right to appeal a denial, termination, reduction, or suspension of services

WISe enrollees have a right to certain written notice and to file a grievance or appeal when they disagree with decisions made by their MCO. The MCO and/or provider agency must provide the youth and/or family with a written Notice of Adverse Benefit Determination advising them of their right to request an appeal and to obtain an administrative fair hearing when:

- An individual is screened for WISe and not found to need that level of care.
- An individual participating in WISe indicates to the MCO and/or provider agency that there is disagreement with treatment plan recommendations found in the Individual Service Plan, made during the care planning process.

- The MCO and/or provider agency denies[11], terminates[2], reduces[3] or suspends[4] the authorization of services to the youth and family that are included in the Medicaid mental health service array and recommended by the CFT in the Cross System Care Plan.

These rights are further explained in the **Washington Medicaid Behavioral Health Benefits Booklet**, for MCOs.

Types of Appeals

Appeals must be made to the MCO. There are two types of appeals a youth or family member/caregiver can file to challenge a denial, termination, reduction or suspension of services: a standard or expedited appeal. An appeal must be filed within 60 calendar days from the date on the Notice of Adverse Benefit Determination. An MCO must assist a youth and family or caregiver in filing a grievance or an appeal, including providing any interpreter services or other aids they may need. A youth, family member/caregiver or mental health care provider or other authorized representative acting on the individual's behalf can ask for either type of appeal.

- **Standard (decision within 30 calendar days)**: For a standard appeal with no continued services requested, a decision must be issued by the MCO no later than 30 days from the day the MCO received the appeal. The MCO may extend this time up to 14 days based on a request for an extension by the enrollee (youth or family).
- **Expedited (decision within 72 hours)**: An expedited appeal is available to a youth or family member, or their mental health care provider who believes that the youth's life, health or ability to function could be seriously harmed by waiting for a standard appeal. An expedited appeal must be decided no later than 72 hours after receipt of the expedited appeal request.
- **If the mental health care provider**: asks for an expedited appeal, or supports the youth or family in asking for one, and indicates that waiting 30 days could seriously harm the youth's health, the MCO will automatically grant an expedited appeal.
- **If a youth or family member**: asks for an expedited appeal without support from their mental health care provider, the MCO will decide if the youth's health requires one. If the MCO does not agree with the request, the plan must decide the appeal within 30 days.

The MCO may: extend this time up to 14 days based on a request by the enrollee (youth or family) for an extension.

How do I file an appeal?

If the MCO makes an Adverse Benefit Determination involving your WISe treatment, you are entitled to a Notice telling you about the decision and your rights. If you disagree with the decision, you have a right to file an appeal.

---

[1] A "denial" is the decision not to offer an intake or a decision by the Managed Care Entity (MCE), or their formal designee, not to authorize covered medically necessary Medicaid mental health services.

[2] A "termination" is a decision by a MCO, or their formal designee, to stop the previously authorized covered Medicaid mental health services. A decision by a provider to stop or change a covered service (in the Individualized Service Plan) solely based on clinical judgment is not a termination.

[3] A "reduction" of services is the decision by an MCO or their formal designee, to decrease the amount duration or scope of previously authorized covered Medicaid mental health services. The decision by a provider to decrease or change a covered service (in the Individualized Service Plan) solely based on his/her clinical judgment is not a reduction.

[4] A "suspension" of services is the decision by a MCO, or their formal designee, to temporarily stop previously authorized covered Medicaid mental health services. The decision by a provider to temporarily stop or change a covered service (in the Individualized Service Plan) solely based on his/her clinical judgment is not a suspension.

Washington State Health Care Authority

To appeal, you would:

Contact the MCO by phone. Whoever you file your appeal with you must follow-up your appeal in writing and include in your appeal:

- Your name;
- Contact number, email or address;
- Any information about why you disagree with the Adverse Benefit Determination; and,
- Your signature and date of signing.

If the Adverse Benefit Determination is a denial of services after an intake, the Evaluation Notice must contain:

- An explanation of why you are getting the letter.
- The reason for the Adverse Benefit Determination
- Your right to a second opinion and how to get one;

Information about other services available through the Health Care Authority or in the community where you live; and

- Your right to an appeal, an expedited appeal, or administrative (fair) hearing.

If the notice of Adverse Benefit Determination is about services you are already receiving, you can ask for the services to continue until your appeal is decided. If you want to continue to receive benefits, you must:

- Request benefits continue within 10 calendar days from the date on the Adverse Benefit Determination on or before the termination, reduction or suspension of services occurs (if longer than 10 days from the notice.)

Continuing services during the appeal

If a youth is currently receiving services, his or her services will be continued during the appeal process and state administrative hearing when:

- The appeal or state administrative hearing request is filed within 10 calendar days from the date the notification of the resolution was written;
- The appeal involves the reduction, suspension or termination of previously authorized covered Medicaid mental health services; and
- The youth or family asks for continuing services.

Note: You may have to pay for the continued services if your relief is denied.

How to request an administrative (fair) hearing

In order to request an administrative (fair) hearing, you must first receive a Notice of Resolution from the MCE that decides your appeal. You or your representative must request an administrative hearing within 120 calendar days from the date on the Notice of Resolution. If you waited 30 days and did not receive a Notice of Resolution from the MCE, you can go ahead and file for a hearing without waiting for the Notice.

To request a hearing, contact the Office of Administrative Hearings by phone, fax or in writing at:

Office of Administrative Hearings
P.O. Box 42489

Washington State Health Care Authority

Olympia, WA 98504
Phone: 1-800-583-8271
Fax: (360) 664-8721
(**No email correspondence is accepted**)

An Administrative Law Judge will look at the evidence provided and decide on whether or not to grant your appeal. The judge has 90 days from the date that you filed your request for a hearing to decide in your case. If the judge agrees with your appeal, the MCE must follow the decision by the judge and authorize or provide the services as fast as your health condition requires. You may not file an administrative hearing regarding a grievance decision unless the MCE fails to decide on the grievance within the required time frame.

Help for youth, families, and caregivers

If youth, families, or caregivers request help with filing a grievance or appeal, they should be referred to the Regional Behavioral Health Ombudsman.

Below is a list of additional legal or mental health advocates where the youth and family may be referred:

TeamChild
1225 South Weller St., Suite 420
Seattle, WA 98144
Phone: (206) 322-2444
Fax: (206) 381-1742
Email: questions@teamchild.org

Northwest Justice Project
1-888-201-1014

Disability Rights Washington
315 5th Avenue S, Suite 850
Seattle, WA 98104
1-800-562-2702 (ask for a “Technical Assistance” appointment)
Fax (206) 957-0729