SBHO GRIEVANCE FORM - OPTIONAL

This form is optional when filing a Grievance request with the Salish Behavioral Health Organization (SBHO). This form will help the SBHO understand the resolution(s) you seek.

Name of Individual filing Grievance: _____

Address: _____

_____

Phone Number: _____

Name of Individual advocate/representative: _____

Address: _____

_____

Phone Number: _____

I had/have Medicaid coverage during the time the Grievance action(s) occurred: ___ Yes ___ No

SBHO Agency/Subcontractor that Grievance involves: _____

Key Individuals involved in the Grievance: _____

_____

_____

Grievance facts and circumstances summary: _____

_____

_____

_____

_____

_____

_____

Has the issue been filed with the behavioral health agency/entity? ___ Yes ___No

What was the agency's response? _____

_____

_____

_____

_____

_____

_____

Description or portions of Federal regulations, contract, or Washington Administrative Code which Individual or Individual's advocate/representative believes were violated, if known:_____

_____

_____

_____

_____

Individual's requested resolution:_____

_____

_____

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_____

_____

Additional comments:_____

_____

_____

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_____

Medicaid recipients only: Your behavioral health Medicaid benefits may continue while the Grievance Resolution is pending. If the final resolution is adverse to you by upholding the original decision, you may be financially responsible for the cost of the services furnished while the Grievance is/was pending. Please contact the number below, if you believe your benefits have discontinued.

I hereby affirm that the information contained in this Grievance document is true to the best of my knowledge and belief.

SIGNED: _____

DATED: _____

CONTACT: Richelle Jordan, Quality Assurance Manager
Salish Behavioral Health Organization
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Port Orchard, WA 98366-4676

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FAX: (360) 337-5721

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