



(name)
(address)

(date)

NOTICE OF DETERMINATION ABOUT YOUR MENTAL HEALTH SERVICES

This is to let you know about a determination we are planning to take concerning your recent request for services funded by the Clark County Regional Support Network.

Based on the evaluation that was completed on **(date)** at **(agency)** you have not been approved for additional services because:

- You are no longer a resident in the service area.
- You do not have a covered mental health diagnosis and/or your illness is not severe enough.
- You do not meet the income criteria for state funded services.
- Your impairment(s) and corresponding need(s) were not felt to be the result of a mental illness.
- The intervention you requested was not felt to reasonably be necessary to improve, stabilize or prevent deterioration of functioning resulting from the presence of a mental illness.
- You were not expected to benefit from the requested intervention.
- Your unmet need can be more appropriately met by other formal or informal systems or support in the community. You are encouraged to contact the referral(s) suggested by the evaluating clinician.
- Other: _____

However, you are entitled to a second opinion.

CONTACT PERSON CONCERNING THIS NOTICE: **Clark County Regional Support Network (CCRSN)**, Quality Manager, PO Box 5000, Vancouver, WA 98666, (360) 397-2130.

IF YOU DON'T AGREE WITH THIS DECISION, you have the right to file a complaint or grievance, either verbally or in writing. To file a complaint or grievance, you may contact the mental health agency where you requested services or the Clark County Regional Support Network, Quality Manager at (360) 397-2130. You may send your written grievance to the mental health agency or to Clark County Regional Support Network at the address above.

If YOU NEED HELP WITH FILING A COMPLAINT OR GRIEVANCE you may contact the Clark County Regional Support Network Ombuds Service at 1-866-666-5070. The Ombuds Service is available at no charge to assist you or your representative throughout the complaint or grievance process. You may also call us at 360-397-2130. You may also have other persons of your choice assist you during the complaint or grievance process

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 need interpreter services they will be provided to you.

You may ask for an administrative hearing at any time you believe there has been a violation of Washington Administrative Code by contacting the Washington State Department of Social and Health Services Office of Administrative Hearings - P. O. Box 42488, Olympia, WA 98504-24881, (800) 583-8271.



For other formats
Clark County ADA Office, Voice (360) 397-2000
Relay (800) 833-6384, E-mail ADA@dark.wa.gov

1601 E. Fourth Plain Blvd, Suite C214
PO Box 5000, Vancouver, WA 98666-5000
tel: (360) 397-2130, fax: (360) 397-2490
website: <http://www.clark.wa.gov/mental-health/index.html>