Molina Healthcare

Washington Apple Health Behavioral Health Services Only

Enrollee Handbook **2026**

Washington Apple Health

MOLINA® HEALTHCARE

MolinaHealthcare.com

Non-Discrimination Notice – Section 1557
Molina Healthcare- Medicaid

Molina Healthcare complies with applicable Federal and Washington state civil rights laws and does not discriminate on the basis of race, color, national origin (including limited English proficiency), sex (consistent with the scope of sex discrimination described at Section 92.101(a), including gender identity and sexual orientation), age, or disability. Molina Healthcare does not exclude people or treat them less favorably because of race, color, national origin, age, disability, sex, sexual orientation or gender identity.

To help you effectively communicate with us, Molina Healthcare provides services free of charge and in a timely manner:

- Molina Healthcare provides reasonable modifications and appropriate aids and services to people with disabilities. This includes: (1) Qualified interpreters (including qualified sign language interpreters). (2) Written information in other formats, such as large print, audio, accessible electronic formats, and Braille.
- Molina Healthcare provides language services to people who speak another language or have limited English skills. This includes (1) Qualified oral interpreters. (2) Information translated in your language.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact Molina Member Services at 1-800-869-7165, TTY/TTD: 711, Monday to Friday, 7:30 a.m. to 6:30 p.m., local time.

If you believe we have failed to provide these services or discriminated in another way on the basis of race, color, national origin (including limited English proficiency), sex (consistent with the scope of sex discrimination described at Section 92.101(a), including gender identity and sexual orientation), age, or disability, you can file a grievance. You can file a grievance by phone, mail, email, or online. If you need help writing your grievance, we will help you. You may obtain our grievance procedure by visiting our website at:
https://www.molinahealthcare.com/members/common/en-US/Notice-of-Nondiscrimination.aspx

Call our Civil Rights Coordinator at 1-866-606-3889, or TTY/TTD: 711 or submit your grievance to:

Civil Rights Unit
200 Oceangate, Long Beach, CA 90802
Email: **civil.rights@molinahealthcare.com**
Website: **https://molinahealthcare.Alertline.com**

Additionally, you may file a grievance with the Washington Office of the Insurance Commissioner electronically at **insurance.wa.gov/file-complaint-or-check-your-complaint-status**, or by phone at 800-562-6900, 360-586-0241 (TDD). Complaint forms are available at **fortress.wa.gov/oic/onlineservices/cc/pub/complaininformation.aspx**.

You can also file a civil rights complaint (grievance) with the U.S. Department of Health and Human Services, Office for Civil Rights, online through the Office for Civil Rights Complaint Portal at: **ocrportal.hhs.gov/ocr/portal/lobby.jsf** or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201
Phone 1-800-368-1019, TTY/TDD: 800-537-7697

Complaint forms are available here:
www.hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf

You have the right to get this information in a different format, such as audio, Braille, or large font due to special needs or in your language at no additional cost. Choice counseling is provided by HCA's Medical Assistance Customer Service Center. For assistance, you may call 1-800-562-3022, TRS 711.

English	For free language assistance services, and auxiliary aids and services, call 1-800-869-7165 (TTY: 711).
Spanish Español	Para obtener servicios gratuitos de asistencia lingüística, así como ayudas y servicios auxiliares, llame al 1-800-869-7165 (TTY: 711).
Chinese 中文（简体）	如需免费的语言协助服务以及辅助工具和服务，请致电1-800-869-7165（TTY 用户请拨打 711）。
Vietnamese Tiếng Việt	Để sử dụng dịch vụ hỗ trợ ngôn ngữ miễn phí cũng như các dịch vụ và tính năng hỗ trợ thêm, hãy gọi 1-800-869-7165 (TTY: 711).
Korean 한국인	무료 언어 지원 서비스와 보조 지원 및 서비스를 원하시면1-800-869-7165 (TTY: 711)로 연락 주시기 바랍니다.
Russian Русский	Для получения бесплатных услуг языковой помощи, а также вспомогательных средств и услуг, позвоните: 1-800-869-7165 (телетайп: 711).
Tagalog	Para sa libreng serbisyo sa tulong sa wika, at mga auxiliary aid at serbisyo, tumawag sa 1-800-869-7165 (TTY: 711).
Ukrainian Українська	Для отримання безкоштовної мовної допомоги, допоміжних засобів та послуг телефонуйте за номером 1-800-869-7165 (TTY: 711).
Mon-Khmer Cambodian ខ្មែរ	សម្រាប់សេវាកម្មជំនួយភាសា និងជំនួយផ្នែកស្តាប់ដោយឥតគិតថ្លៃ សូមទូរសព្ទទៅ 1-800-869-7165 (TTY: 711)។
Japanese 日本語	無料の言語サポートや補助器具・サービスをご希望の方は、1-800-869-7165（TTY: 711）までお電話ください。
Amharic አማርኛ	ለነጻ የቋንቋ እርዳታ አገልግሎቶች፣ እና ረዳት እርዳታዎች እና አገልግሎቶች፣ ወደ 1-800-869-7165 (TTY: 711) ይደውሉ።
Cushite Afaan Oromoo	Tajaajiloota hiikkaa afaanii, fi namoota hanqina dhagahuu qabaniif deeggarsa dhageettii meeshaatiinii bilisaan argachuuf, gara 1-800-869-7165 (TTY: 711) tti bilbilaa.
Arabic العربية	اتصل على الرقم 1-800-869-7165 (الهاتف النصي (TTY): 711) لتلقي خدمات المساعدة اللغوية المجانية والخدمات والمساعدات الإضافية.
Punjabi ਪੰਜਾਬੀ	ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ, ਅਤੇ ਸਹਾਇਕ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ ਲਈ, 1-800-869-7165 (TTY: 711) ਤੇ ਕਾਲ ਕਰੋ।
German Deutsch	Kostenlose Sprachassistenzdienste, Hilfsmittel und Dienstleistungen erhalten Sie unter 1-800-869-7165 (TTY: 711).
Laotian ພາສາລາວ	ສໍາລັບການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ແລະ ອຸປະກອນ ແລະ ການບໍລິການເສີມແບບບໍ່ເສຍຄ່າ, ໃຫ້ໂທ 1-800-869-7165 (TTY: 711).

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Welcome to Molina Healthcare and Washington Apple Health

Welcome!

Thank you for enrolling in Washington Apple Health (Medicaid) Behavioral Health Services Only (BHSO) and welcome to Molina Healthcare, your behavioral health plan. We work with Apple Health to provide your BHSO coverage. This handbook will provide more details about your covered benefits and how to get services.

Most Apple Health BHSO members are enrolled with managed care. This means Apple Health pays your monthly premium for your coverage. Your coverage is for behavioral health services including mental health and substance use disorder treatment services. Most members in BHSO must see providers who are in Molina Healthcare's provider network. For children and youth, we will help you arrange for care with an out-of-network provider if needed. You need pre-approval to see providers outside of your plan's network. Most services received outside of our service area will not be covered unless pre-approved. If you are American Indian/Alaska Native and are seeing an Indian Health Care Provider for mental health and/or substance use disorder treatment services, they do not need to be a part of the network and you can continue to see them.

Apple Health Medicare Connect plans are available to some Apple Health members. This is a special kind of Medicare Advantage plan for dual-eligible individuals that allows for care coordination between Medicare and Apple Health services. A dual-eligible individual has both Medicare coverage and Apple Health coverage. This includes physical and behavioral health care coverage.

Molina Healthcare will get in touch with you in the next few weeks. You can ask us any questions you have and get help making appointments. If you have any questions, call us at 1-800-869-7165 (TTY: 711), 7:30 a.m.-6:30 p.m., Monday-Friday.

Language Access and Interpreter Services

If English is not your preferred language or you are deaf, deafblind, or hard of hearing, we can help. We want you to be able to access your health care benefits. If you need any information in a different format or language other than English, including sign language, call us at 1-800-869-7165 (TTY: 711). We will provide language assistance at no cost to you. We can also help you find a provider who speaks your language.

You are entitled to language access services when you attend a health care appointment covered by Apple Health. If you face barriers in accessing interpreter services, contact us at 1-800-869-7165 (TTY: 711). We will assist you in ensuring an interpreter is available for your appointment. You can also let your health care provider know you need an interpreter when you schedule your appointment. Your providers are required to schedule an interpreter for your appointments if you request one.

Spoken language interpreters can go to the provider's office, be on the phone, or on video during your appointment. Sign language interpreters can go to the provider's office or be on video during your appointment.

The interpreter services program administered by Health Care Authority (HCA) is designed to assist health care providers find a spoken language or sign language interpreter. If you have any questions about our interpreter services program, visit our website at **MolinaHealthcare.com**. You can also visit the Health Care Authority (HCA) Interpreter Services webpage at **hca.wa.gov/interpreter-services** or email HCA Interpreter Services at **interpretersvcs@hca.wa.gov**.

Call us if you need help understanding information or if you need it in other formats. If you have a disability, are blind or have limited vision, are deaf or hard of hearing, or do not understand this book or other materials, call us at 1-800-869-7165 (TTY: 711). We can provide you with materials in another format or auxiliary aids, like braille, at no cost to you. We can tell you if a provider's office is wheelchair accessible or has special communication devices or other special equipment. We also offer:

- TTY line (Our TTY phone number is 711).
- Information in large print.
- Help making appointments or arranging transportation to appointments.
- Names and addresses of providers who specialize in specific care needs.

Important contact information

If you need assistance managing your coverage or services, contact your managed care plan. If your issue is not resolved or you need additional support contact the Health Care Authority.

Organization	Customer service hours	Customer service phone numbers	Website address
Molina Healthcare	Monday-Friday 7:30 a.m.to 6:30 p.m.	1-800-869-7165 (TTY: 711)	MolinaHealthcare.com
Health Care Authority (HCA) Apple Health Customer Service	Monday-Friday 7 a.m. to 5 p.m.	1-800-562-3022 TRS 711	hca.wa.gov/apple-health

My health care providers

We suggest you write down the name and phone number of your providers for quick access. We will have the information on our website in our provider directory at MolinaProviderdDirectory.com/WA. You can also call us, and we will help.

Health Care Provider	Name	Phone Number
My Primary Care Provider:		
My Behavioral Health Provider:		
My Dental Provider:		
My Specialty Care Provider:		

This handbook does not create any legal rights or entitlements. You should not rely on this handbook as your only source of information about Apple Health. This handbook is intended to provide a summary of information about your health benefits.

How to use this handbook

This is your guide to services. Use the table below to learn who to contact with questions.

If you have any questions about ...	Contact
• Changing or disenrolling from your Apple Health Behavioral Health Services Only (BHSO) plan (page 13) • How to get Apple Health covered services not included through your plan (page 16) • Your ProviderOne services card (page 12)	Washington State Health Care Authority (HCA): • ProviderOne Client Portal: https://www.waproviderone.org/client • https://fortress.wa.gov/hca/p1contactus/ If you still have questions or need further help, call Apple Health Customer Service at 1-800-562-3022.

If you have any questions about ...	Contact
• Covered services (page 23) • Making a complaint (page 33) • Appealing a decision by your health plan that affects your benefits (page 33)	Molina Healthcare at 1-800-869-7165 (TTY: 711) or go online to MolinaProviderDirectory.com/WA.
• Your Behavioral Health Services (Mental Health and/or substance use disorder) (page 14) • Referrals to specialists (page 15)	Your behavioral health provider. (If you need help to select a behavioral health provider, call us at 1-800-869-7165 (TTY: 711) or go online to MolinaProviderDirectory.com/WA. You can also call Molina Healthcare's 24-hour Nurse Advice Line, 7 days a week at 1-888-275-8750 (TTY: 711).
• Changes to your: o Address, o Income, o Marital status, o Household size, o Other insurance (including Medicare), o Tax filing status, o Pregnancy, and o Births or adoptions.	Washington Healthplanfinder at 1-855-WAFINDER (1-855-923-4633) or visit wahealthplanfinder.org.

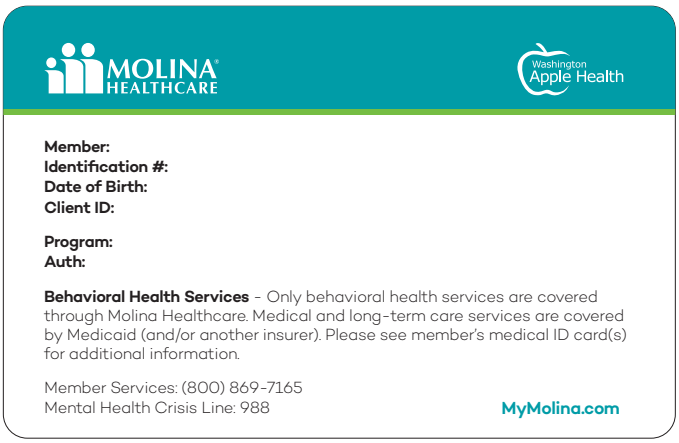
If you have any questions about ...	Contact
• If you or a loved one are in need of immediate assistance related to a behavioral health crisis	Contact the 988 Suicide & Crisis Lifeline (the 988 Lifeline is confidential, free, and available 24/7/365) at: • **Call, text, or chat 988** o To get crisis support in Spanish, call, text, or chat the 988 Lifeline and choose option 2. o For AI/AN members, the Native & Strong Lifeline is available by pressing option 4. Native counselors are available 24/7 completely free of charge. Learn more about the **Native and Strong Lifeline**.
• For assistance identifying treatment and recovery services for those experiencing substance use disorder, gambling, and/or mental health challenges, contact the Washington Recovery helpline. The help line is available 24 hours a day, anonymous, and confidential.	Contact Washington Recovery Help Line at: • **https://www.warecoveryhelpline.org/** • 1-866-789-1511
• How to report fraud, waste, and abuse.	**Washington State Health Care Authority** • Reporting Washington Apple Health eligibility fraud, email **WAHEligibilityFraud@hca.wa.gov** 1-360-725-0934 • Reporting Medicaid providers, email **hottips@hca.wa.gov** 1-833-794-2345 Visit HCA's website for detailed information: **hca.wa.gov/about-hca/other-administrative-activities/fraud-prevention** **Molina Healthcare AlertLine** • Phone Toll Free: 1-866-606-3889 or visit **MolinaHealthcare.Alertline.com**

Getting started

You will receive two cards to access services, your Molina Healthcare member ID card and your ProviderOne services card.

Take both your services card and your health plan ID card with you when you go to a doctor, pharmacy, or other health care providers. You may also need a photo ID.

1. Your Molina Healthcare member ID card



Your member ID card should arrive 30 days after enrolling in coverage. Your member ID number will be on your member ID card. Call us right away if any information on your card is incorrect, or you do not receive it within 30 days. Always carry your member ID card and show it each time you get care. You do not need to wait for your card to arrive to go to a provider or fill a prescription. Contact us at 1-800-869-7165 (TTY: 711), MHWMemberServicesWeb@MolinaHealthcare.com if you need care before your card comes. Your provider can also contact us to check eligibility.

2. Your ProviderOne services card

You will also receive a ProviderOne services card in the mail.

Your ProviderOne services card will be mailed to you 7 to 10 days after you're found eligible for Apple Health coverage. This is a plastic ID card that looks like other health insurance ID cards. Keep this card safe as it has unique and identifying information about you.

Your services card will include:

- Your name
- ProviderOne ID number
- Date issued
- ProviderOne website
- Customer service information
  (no information about resident or immigration status will be displayed)

If you have been sent a ProviderOne services card in the past, HCA will not automatically send you a new card. Each person is assigned a unique ProviderOne client number.

Using the ProviderOne services card

Take this card with you to your doctor appointments. Providers use this card to make sure your services are covered. You can view a digital copy of your ProviderOne services card through the WAPlanfinder mobile app. Learn more about the app at **wahbexchange.org/mobile/**. There is no need to order a replacement when you have a digital copy with you!

Your ProviderOne client number is on the back of your card. It will always be nine digits and end in "WA". You will need your unique ProviderOne client number to confirm your coverage started or switch your health plan through the ProviderOne Client Portal at **www.waproviderone.org/client**.

Health care providers use your ProviderOne client number to see if you are enrolled in Apple Health.

If you need a new ProviderOne services card

You can request a new ProviderOne services card if you don't receive your card, the information is incorrect, or you lose your card. You can request a replacement several ways:

- Visit the ProviderOne client portal website: **https://www.waproviderone.org/client**
- Call the toll-free Health Care Authority (HCA) Apple Health Customer Service line at 1-800-562-3022, follow the prompts.
- Request a change online: **https://fortress.wa.gov/hca/p1contactus/**
    - Select "Client."
    - Use "Select Topic" drop down menu to choose "Services Card."

There is no charge for a new card. It takes 7-10 days to get the new card in the mail.

Changing behavioral health services health plans

You have the right to change your Behavioral Health Services Only (BHSO) plan at any time. Depending on when you make your request, your new plan will usually start the first of the next month. Make sure you are enrolled in the newly requested plan before you see providers in your new plan's network. If you are American Indian/Alaska Native and need to change plans to urgently access care, the plan change can be made retroactive to the first of the month.

There are several ways to change your health plan:

- Change your plan on the Washington Healthplanfinder website: **wahealthplanfinder.org**
- Visit the ProviderOne client portal: **https://www.waproviderone.org/client**
- Request a change online: **https://fortress.wa.gov/hca/p1contactus/home/client**
    - Select the topic "Enroll/Change Health Plans."
- Call Apple Health Customer Service: 1-800-562-3022 (TRS: 711).

If you decide to change health plans, we will work with your new plan to transition medically necessary care so you can keep getting services you need.

NOTE: Enrollees in the Patient Review and Coordination (PRC) program must stay with the same health plan for one year. Contact us if you move or need us to add an Indian Health Care Provider to your PRC program.

Using private health insurance and your Molina Healthcare coverage

Some enrollees have private health insurance. We may work with other insurance to help cover some co-pays, deductibles, and services private health insurance does not cover.

Make sure your behavioral health care providers are in Molina Healthcare's provider network.

Note: If you have a private insurance plan as your primary plan, you will need to make sure your behavioral health care provider(s) are in your managed care plan network or willing to bill us for any co-pays, deductibles, or balances that remain after your primary coverage pays your health care bill. This will help you avoid any out-of-pocket costs. If you are Medicare eligible, remember your doctor must bill Medicare first.

Show all cards when you go to the doctor or other medical providers. This includes:

- Private health insurance card,
- ProviderOne services card, and,
- Molina Healthcare member ID card.

Contact Molina Healthcare right away if:

- Your private health insurance ends,
- Your private health insurance changes, or,
- You have questions about using Apple Health with your private health insurance.

How to get behavioral health services

Behavioral health services and your primary care provider (PCP)

Behavioral health includes mental health (MH) and substance use disorder (SUD) treatment services such as counseling/therapy, assessments/evaluations, medications, and/or seeing a behavioral health professional.

Some members seeking behavioral health services already have a primary care provider (PCP) from another medical network like Medicare, private health insurance, Indian Health Services/ Indian Health Care Providers, or Apple Health without a managed care plan (also called fee-for-service). One of our behavioral health care coordinators will help take care of your behavioral health needs, connect you to treatment services and can coordinate with your PCP, if necessary. Call us at 1-800-869-7165 (TTY: 711) if you need help.

If you need behavioral health services you can self-refer or ask a primary care provider (PCP) or care manager for help. To find a behavioral health provider in Molina Healthcare's network:

- Go to **MolinaProviderDirectory.com/WA**
- Select "Just Browsing"
- Under "Plan/Program", select Apple Health Behavioral Health Services Only (BHSO), select "Continue"

You can also call Member Services for help finding a behavioral health specialist for mental health and substance use disorder care. There are some treatments and services that your PCP must ask Molina Healthcare to approve before you can receive them. This is called a "pre-approval" or "prior authorization." Your PCP will be able to tell you what services require this approval, or you can call Molina Healthcare to ask.

You can access the care you need from a behavioral health professional outside Molina Healthcare's network if we don't have one in network. We will need to give you pre-approval to do this. Your PCP will request pre-approval from us with clinical information telling us why you need this care. We must respond to your PCP within five days of the request. We will notify you of our decision no later than 14 days from the day of your request.

If you are an AI/AN member and receive care at an Indian Health Care Provider, you can continue to receive services if they are not within our network, without preapproval.

You have the right to appeal if we deny this request and you disagree with our decision. This means you can ask us to have a different person review the request. See **page 33** for more information.

You are not responsible for any costs if your PCP or Molina Healthcare refers you to a specialist outside of our network and we give pre-approval.

Behavioral health services you can get without a referral

You do not need a referral from a health care professional to see a provider in our network if you need any of the following. This is not a full list. If you have questions about if you need a referral, you can contact Molina Healthcare.

- Behavioral health (mental health and substance use disorder) treatment and crisis response services including:
  - Crisis Intervention
  - Crisis Stabilization
  - Evaluation and Treatment
  - Secure Withdrawal Management and Stabilization Services
- Outpatient behavioral health (mental health and substance use disorder) services (see **page 22** for limitations)
- Medications for Opioid Use Disorder
- Medications for Alcohol Use Disorder

Telehealth/Telemedicine

If supported by your provider, you can talk with your provider over the phone or the computer instead of an in-person appointment. This is known as telemedicine. Telemedicine (also referred to as telehealth) must be interactive real-time audio or audio and video communications.

You can share information with your provider and receive diagnosis and treatment in real time without being in the same place.

Telehealth is a useful service when you are unable to travel to your behavioral health provider. Many clinics now offer this service, and it is covered by Molina Healthcare. Ask your provider if they offer online or phone appointments. Learn more at **MolinaHealthcare.com/WA-Telehealth**. You can also call Member Services at 1-800-869-7165 (TTY: 711).

Apple Health services covered without a managed care plan (also called fee-for-service)

The Health Care Authority (HCA) pays for some benefits and services directly through Apple Health even if you are enrolled in a health plan. These services include:

- Long-term care services and supports,
- Substance Using Pregnant People (SUPP) Program, and
- Services for individuals with developmental disabilities.

You only need your ProviderOne services card to access these benefits. If you have a PCP, your PCP or Molina Healthcare will help you access these services and coordinate your care. See **page 22** for more details on covered benefits. If you have a question about a benefit or service not listed here call Apple Health Customer Service at 1-800-562-3022.

Molina Healthcare's behavioral health provider network

In most cases, you must use behavioral health providers who work with Molina Healthcare. We also have hospitals and pharmacies for you to use. You can request a directory with information about our providers and hospitals or visit your health plan's online provider directory. Directories include:

- Hospitals and pharmacies.
- The provider's name, location, and phone number.
- Specialty, qualifications, and medical degree.
- The languages spoken by those providers.
- Limits on patient types (adults, children, etc.).
- Whether they are accepting new patients.

To get a directory in print, call our Member Services line at 1-800-869-7165 (TTY: 711) or visit our website **MolinaProviderDirectory.com/WA**.

Care Coordination/Case Management

Coordination Services by Community Health Workers

Community Health Workers (CHW) are a covered benefit to help coordinate your care. CHWs are trusted members of the community who can help you and your family connect with health care providers, social services, and resources.

CHWs can:

- Help with referrals to other doctors or services.
- Support you after an emergency room visit.
- Assist after hospital or nursing facility stays.
- Connect you with community resources for housing, food, transportation, or other needs.

CHWs support individuals with serious or long-term health conditions by helping them navigate the health system and stay connected to the care they need. The CHW benefit provides

preventive and supportive services designed to address both social needs and chronic or high-risk health conditions.

Speak with your provider if you are interested in CHW services. You can also learn more by visiting **hca.wa.gov/billers-providers-partners/program-information-providers/community-health-workers-chw**.

Community Care Hubs

There are nine Community Care Hubs (CCH) across Washington State, each managed by their regional Accountable Community of Health (ACH). CCHs function as a central source for connecting individuals with health care needs and related Social Care Support services. CCHs coordinate referrals by working closely with community organizations, social services, health care facilities, correctional institutions, and governmental bodies. CCHs connect individuals with trained community-based workers (CBW), who provide personalized support to achieve health goals.

To support the no wrong door policy, referrals can be taken via the statewide Crisis Connections call center by calling 1-833-453-0336, 211, or 988.

Locate your local CCH by visiting **coalitionofachs.org/hubs**.

Payment for behavioral health services

As an Apple Health client, you have no copays or deductibles for any covered services. You might have to pay for your services if:

- You get a service that Apple Health does not cover.
- You get a service that is not medically necessary.
- You get care from a provider who is not in our network and it is not an emergency or pre-approved by your health plan.
- You don't follow our rules for getting care from a specialist.

Providers should not ask you to pay for covered services. Call us at 1-800-869-7165 (TTY: 711) if you get a bill. We will work with your provider to make sure they are billing correctly.

Quality Improvement programs

The Molina Healthcare Quality Improvement (QI) Program works to ensure that members get high quality care and useful service from our provider network and health plan. The QI Program:

- Makes sure you have access to a qualified health care team.
- Reviews and takes action if there is an issue with the quality of care that has been provided.
- Responds to and addresses the culturally and linguistically diverse needs of our members.
- Promotes safety in health care through education for our members and providers.
- Provides **tips to grow and stay healthy** to help members know what services are needed and when to get services.

- Provides a **Guide to Getting Quality Health Care** to help members access our programs and services.
- Tracks and evaluates our performance through **HEDIS®** (Healthcare Effectiveness Data and Information Set).
    - HEDIS® is one of health care's most widely used performance improvement tools which helps compare various aspects of health care quality such as preventive and wellness screenings, diabetes management, prenatal and postpartum care for pregnancy, and immunizations for children.
- Offers surveys to our members to let us know their experience and satisfaction with the health plan and the providers such as **CAHPS®** (Consumer Assessment of Healthcare Providers and Systems).

To learn about processes, goals and outcomes as they relate to member care and services, visit: **MolinaHealthcare.com/WAQIProgramBHSO**.

For member information on healthy living, visit: **MolinaHealthcare.com/MHWMedicaidPublications** or **MolinaHealthcare.com/StayingHealthy**.

If you want a free copy of Molina Healthcare's Quality Improvement Program description or progress report, please call Member Services at 1-800-869-7165 (TTY: 711).

Utilization Management programs

Molina Healthcare wants you to get care that's right for you, without getting care you don't need. We help make sure you get the right level of care by making decisions based on medical need, appropriateness, and covered benefits.

If you have questions about how these decisions are made, call 1-800-869-7165 (TTY: 711), 7:30 a.m.-6:30 p.m., Monday-Friday.

How we evaluate new technology

We review new equipment, drugs, and procedures to decide if they should be covered based on medical necessity. Some new equipment, drugs, and procedures are still being tested to see if they really help. If they are still being tested, they are called experimental or investigational. These services are covered after research and Molina Healthcare determines they are more helpful than harmful. If you want to know more, contact us at 1-800-869-7165 (TTY: 711), 7:30 a.m.-6:30 p.m., Monday – Friday.

Information for American Indians and Alaska Natives

American Indians and Alaska Natives (AI/AN) in Washington have a choice between Apple Health managed care or Apple Health coverage without a managed care plan (also called fee-for-service). HCA does this to comply with federal rules, in recognition of the Indian health care delivery system, and to help ensure that you have access to culturally appropriate health care. You can contact Apple Health Customer Service at 1-800-562-3022 for questions or to change your enrollment. You can change your selection(s) at any time, unless the reason for the change is an urgent need to access care.

If you are connected or partnered with a Tribal Assister through an Indian Health Service (IHS) facility, tribally operated health care program, or Urban Indian Health Program (UIHP), they can help you make your decision. They may help you decide whether to choose a managed care plan or Apple Health coverage without a managed care plan. If you have questions about your health care or your health care coverage, your tribal or UIHP staff may be able to help you. Learn more about **Tribal Assisters**.

If you are an AI/AN member, you may be able to get health care services through an IHS facility, Indian Health Care Provider or UIHP such as the Seattle Indian Health Board or NATIVE Project of Spokane. The providers at these clinics are knowledgeable and understand your culture, community, and health care needs. They will give you the care you need or refer you to a specialist.

Apple Health Medicare Connect

Apple Health Medicare Connect is a special kind of Medicare Advantage plan for Dual-Eligible Special Needs Plans (D-SNP) individuals allowing care coordination between Medicare and Apple Health (Medicaid) services.

A dual-eligible individual has both Medicare coverage and Apple Health coverage. If you are a dual-eligible client, Medicare is your primary coverage for your physical health care needs. Apple Health will be your secondary coverage. Dual-eligible clients also have behavioral health coverage through an Apple Health Behavioral Health Services Only (BHSO) managed care plan.

You have the option to choose the same plan for your D-SNP and BHSO coverage if you live in a county that offers aligned enrollment. Aligned enrollment helps dual-eligible clients manage their physical and behavioral health services under one plan. This makes it easier to find a provider and coordinate your Medicare and Apple Health services.

Enrollment into Apple Health Medicare Connect follows the Medicare open enrollment timelines below:

- **Initial Enrollment Period.** When you first become eligible for Medicare, you can join a plan.
- **Open Enrollment Period.** From October 15 – December 7 each year, you can join, switch, or drop a plan. Your coverage will begin on January 1 (as long as the plan gets your request by December 7).
- **Medicare Advantage Open Enrollment Period.** From January 1 – March 31 each year, if you're enrolled in a Medicare Advantage Plan, you can switch to a different Medicare Advantage Plan or switch to Original Medicare (and join a separate Medicare drug plan) once during this time. **Note:** You can only switch plans once during this period.

View the aligned enrollment map in the HCA's **service area guide** to see if alignment is available in your county.

What if I am an American Indian/Alaska Native?

Dual-eligible American Indian/Alaska Natives can:

Enroll in an Apple Health BHSO, or

Receive Apple Health behavioral health coverage without a managed care plan through the fee-for-service program by HCA. View the Apple Health coverage without a managed care plan

booklet for a complete list of services, **hca.wa.gov/assets/free-or-low-cost/19-065.pdf.**

There are advantages and disadvantages to each, depending on your individual circumstances. Tribal health clinic and urban Indian clinic staff are familiar with these options and can help you make your choice. Learn more about **Apple Health coverage for American Indian/Alaska Natives**.

Getting care in an emergency or when you are away from home

In an emergency

Call 911 or go to the nearest emergency room if you have a sudden or severe health problem that you think is an emergency.

Call us as soon as possible afterwards to let us know that you had an emergency and where you received care. You do not need pre-authorization to seek care in the event of an emergency. You may use any hospital or emergency setting if you are having an emergency.

Behavioral health crisis

Examples of behavioral health emergency/crisis include when a person:

- Threatens to or talks about hurting or killing themselves and/or others
- Feels hopeless
- Feels rage or uncontrolled anger
- Feels trapped, like there is no way out
- Engages in reckless behaviors
- Feels anxious, agitated, or unable to sleep
- Withdraws from friends and family
- Encounters dramatic mood changes
- Sees no reason for living
- Increases alcohol or substance use
- Has frequent overdose events

You can call the crisis lines below if you or someone you know is experiencing a behavioral health crisis..

- **Call 911 for immediate help for a life-threatening emergency.**
- **Call 988 for immediate help for a behavioral health crisis.**
  - Call or text 988. The line is free, confidential, and available 24/7.
  - For AI/AN members, the Native & Strong Lifeline is available by pressing option 4. Native counselors are available 24/7 completely free of charge. Learn more about the **Native & Strong Lifeline**.
- **For substance use, problem gambling, or mental health support:** call or text the Washington Recovery Help Line at 1-866-789-1511 or 1-206-461-3219 (TTY) for 24-hour referrals. You can also go to **warecoveryhelpline.org**.
  - Teens can connect with teens between 6-10 p.m. Call 1-866-833-6546, email **teenlink@crisisclinic.org** or go to **866teenlink.org**.

County crisis line phone numbers

Call your local Behavioral Health Administrative Services Organization (BH-ASO) county crisis line below to request assistance if you or someone you know is experiencing a behavioral health crisis.

Region	Counties	Crisis lines
Great Rivers	Cowlitz, Grays Harbor, Lewis, Pacific, Wahkiakum	1-800-803-8833
Greater Columbia	Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Walla Walla, Whitman, Yakima	1-888-544-9986
King	King	1-866-427-4747
North Central	Chelan, Douglas, Grant, Okanogan	1-800-852-2923
North Sound	Island, San Juan, Skagit, Snohomish, Whatcom	1-800-584-3578
Pierce	Pierce	1-800-576-7764
Salish	Clallam, Jefferson, Kitsap	1-888-910-0416
Spokane	Adams, Ferry, Lincoln, Pend Oreille, Spokane, Stevens	1-877- 266-1818
Southwest	Clark, Klickitat, Skamania	1-800-626-8137
Thurston-Mason	Mason, Thurston	1-800-270-0041

Expectations for when a health care provider will see you

Wait times to see a provider depend on your care needs. View expected wait times to see a provider below.

- **Emergency care:** Available 24 hours a day, seven days a week.
- **Urgent care:** Office visits with your behavioral health provider or other provider within 24 hours.
- **Routine care:** Office visits with your behavioral health provider, or other provider within 10 days. Routine care is planned and includes regular provider visits for concerns that are not urgent or emergencies.

Contact us if it takes longer than the times above to see a provider.

Prescriptions

Behavioral health prescriptions are not covered under your BHSO plan. Prescriptions are covered as part of your physical health benefits. Enrollees with Medicare Part D coverage will get their prescription coverage through their Medicare Part D plan. Call us with questions about your prescription drug coverage.

Benefits covered by Molina Healthcare

This section describes behavioral health benefits and services covered by Molina Healthcare. It is not a complete list of covered services. Children and youth 20 years and younger may receive services not listed when medically necessary. Check with your behavioral health provider or contact us if a service you need is not listed. You can view our benefits and services at **MolinaHealthcare.com**.

Some covered health care services may require pre-approval.

- All non-covered services require pre-approval from us.
- Non-covered services through Apple Health without a managed care plan require pre-approval from HCA.

Some services are limited by number of visits. Your provider can request a Limitation Extension (LE) if you need more visits. For children and youth 20 years and younger, requests will be reviewed on a case-by-case basis to assess if additional visits are medically necessary. For adults, ask your provider to request an exception to rule (ETR) if you need non-covered services.

Remember to call us at 1-800-869-7165 (TTY: 711) or check our provider directory at **MolinaProviderDirectory.com/WA** before you get behavioral health services. You can also ask your PCP to help you get the care you need.

General services and emergency care

Service	Additional information
Emergency services	Available 24 hours per day, seven days per week, anywhere in the United States.
Hospital, inpatient and outpatient services	Must be approved by us for all non-emergency care.
Urgent care	Use urgent care when you have a health problem that needs care right away, but your life is not in danger.

Behavioral health

Behavioral health services include mental health and substance use disorder treatment services. We can help you find a provider if you need counseling, testing, or behavioral health support. Contact us at 1-800-869-7165 (TTY: 711) or select a provider from our provider directory.

For children and youth 17 years old and younger, **Washington's Mental Health Referral Service for children and teens** can help find a provider. Call 833-303-5437, Monday to Friday, 8 a.m. to 5 p.m. or complete an **online request form**.

To learn more, visit **seattlechildrens.org/clinics/washington-mental-health-referral-service/**.

Service	Additional information
Mental health treatment	Mental health services are covered when provided in a Behavioral Health Agency or provided by a psychiatrist, psychologist, licensed mental health counselor, licensed clinical social worker, or licensed marriage and family therapist. Mental health services may include: • Crisis services • Intake evaluation, assessment, and screening • Peer support • Mental health treatment interventions such as: o Individual, family, and group therapy o Outpatient, residential, and inpatient • Intensive and brief treatment models • Medication management and monitoring • Care coordination and community integration
Substance use disorder (SUD) treatment services	SUD treatment services may include: • Assessment • Brief intervention and referral to treatment • Individual, family, and group therapy • Outpatient, residential, and inpatient • Medications for Opioid Use Disorder (MOUD) • Medications for Alcohol Use Disorder (MAUD) • Case management • Care coordination and community integration • Peer support • Crisis services • Withdrawal management (detoxification)

Service	Additional information
Medications for Opioid Disorder (MOUD)	Previously referred to as Medication Assisted Treatment (MAT). Medications used to treat certain substance use disorders. Call us at 1-800-869-7165 (TTY: 711) for details. You may also locate medications for opioid use disorder through the MOUD Locator Tool found at https://search.warecoveryhelpline.org/.
Medications for Alcohol Use Disorder (MAUD)	Previously referred to as Medication Assisted Treatment (MAT). Medications used to treat Alcohol Use Disorder. Call us at 1-800-869-7165 (TTY: 711) for details.
Medications for Tobacco Use Disorder (MTUD)	All Washington Apple Health (Medicaid) clients are eligible for tobacco/nicotine cessation services through the Washington State Tobacco Quitline: 1-800-QUIT-NOW (1-800-784-8669). Medicaid covers tobacco/nicotine counseling and cessation products for pregnant persons.
Problem Gambling Disorder Treatment Interventions	Covered services include: • Assessment. • Therapeutic individual, family, and/or group services.

Family Youth System Partner Round Tables (FYSPRT)

FYSPRTs are an important mechanism to address recurring gaps, barriers and needs related to child, youth and family behavioral health, and to share lived experiences and knowledge to impact policies and programs that improve behavioral health outcomes for youth and families in Washington.

Learn how to share your feedback on behavioral health systems under the Make Your Voice Heard section on page 42.

Laboratory services

Service	Additional information
Laboratory services	Some services may require pre-approval.

Health care services for children

Children and youth age 20 and younger who are enrolled in Apple Health may receive a full range of health care including preventive, dental, mental health, developmental, and specialty care. This benefit includes any medically necessary health care service. Services may include preventive care and services to maintain functioning and improve children's health. This includes services needed to support a child who has a developmental delay.

Well-child checkups, sometimes referred to as an Early Periodic Screening, Diagnostic, and Treatment (EPSDT) screening or screening services, are regular visits with your child's health care provider. These visits and routine screenings can help to stay up to date on your child's physical, emotional, and social development and identify potential health care needs which may require additional assessment and treatment.

When a potential health condition is identified, your child's provider(s) will offer additional services or provide a referral for assessment and treatment options. Assessment may be performed by a qualified provider and take place outside of your well-child checkup. Diagnosis helps you and your provider identify what services will address the health condition. Visit HCA's **Well-child checkups** and **children and youth services** webpages to learn more.

Some behavioral health benefits are covered through Molina Healthcare and some are by your Apple Health coverage without a managed care plan (fee-for-service). Call us with questions.

Additional services we offer

24-Hour Nurse Advice Line
Call anytime, day or night, to speak with a registered nurse.

- 1-888-275-8750 English and other languages
- TTY: 711 Deaf and hard of hearing

Molina Help Finder
Help finding resources for housing, job training, transportation, education and more.

- Visit **MolinaHelpFinder.com**.

Text Messages
You can opt in to receive text messages from Molina Healthcare.
Simply text JOIN to 94870.

Smartphone Assistance Program*
Qualifying members can get this Molina Healthcare exclusive service plan, at no cost to you, that includes:

- Unlimited Talk
- Unlimited Text
- 4 GB of Data
- International Calling**

Molina Healthcare is partnering with TruConnect on this assistance program.

Sign up today! Visit **TruConnect.com/Molina** or call 1-844-700-0795 (TTY: 711).

*This benefit is for members eligible for the FCC's Lifeline and Affordable Connectivity Program (ACP) benefits.

**Exclusive to Molina Healthcare members. Select countries include: Mexico, Canada, China, South Korea and Vietnam.

BeMe App (ages 13-19)
BeMe is a mental health wellness app to help manage feelings and challenges (e.g., school stress, building self-esteem, developing healthy habits, improving relationships and communication, and coping with bullying). The app offers live coaching and crisis support, if needed.

Search for the "BeMe" app in the Apple App Store or Google Play Store and download, or you can scan this QR Code.

Additional Care Coordination services we may offer

Care management

Care management services are provided by nurses and social workers who help members manage chronic diseases and barriers that get in the way of self-care. Care managers can help by:

- Coordinating care with your providers
- Referring you for needed services
- Connecting you to community resources
- Providing health education and coaching
- Helping manage your health conditions

Molina Healthcare wants to get to know our members and offer care management services as soon as possible, to those who need it. A plan representative may suggest care management based on questions answered in your first health screening (Health Assessment) upon enrollment.

You may ask for care management services for yourself or a family member at any time. Others, such as health care providers, discharge planners, caregivers and medical management programs can also refer you to care management.

Members enrolled in care management should expect to receive a call from our team during the first 60 days of enrollment to ask screening questions (also called a Health Assessment). If we are not able to reach you by phone, we will mail the Health Assessment to your home. You can fill it out and mail it back in the included envelope (no postage needed), call us back, or go online at **MyMolina.com** to complete the assessment.

To learn more or disenroll from any of these programs, call the Health Management team at 1-866-891-2320 (TTY: 711).

Complex care management services

Complex care management is a service to help members with complex or multiple health care needs get care and services.

Care management services are provided by nurses and social workers who help members manage chronic diseases and barriers that get in the way of self-care. Care managers can help by:

- Coordinating care with your providers
- Referring you for needed services
- Connecting you to community resources
- Providing health education and coaching
- Helping manage your health conditions

Care managers help to coordinate your care with your goals in mind. A plan representative may suggest case management based on questions answered in your first health screening (Health Assessment) upon enrollment. You may ask for care management services for yourself or a family member at any time. Others, such as health care providers, discharge planners, caregivers and medical management programs can also refer you to care management. You must consent to case management services and can disenroll at any time. For any questions call 1-800-869-7165 (TTY: 711).

Other Care Coordination services

Health Home Program

What is a Health Home?

A Health Home is not a place. It is a set of care coordination services. These services include:

- Comprehensive care management,
- Care coordination and health promotion,
- Comprehensive transitional planning – get help when you are discharged from a hospital or other institution such as a nursing home,
- Individual and family support services – educate family, friends and caregivers in providing support to reach your health goals,
- Referral to community and social support services, and
- Support for your chronic conditions and assistance in meeting your health goals

Who is eligible for Health Home services?

Health Home services are for Apple Health members who need support managing their chronic conditions and help coordinating care among providers and community services. The Health Care Authority determines who is eligible for Health Home services.

If you are eligible for Health Home services, you will receive a welcome call and letter describing the program and services. A care coordinator will be available to meet with you and provide Health Home services to you in person.

How does this affect your current coverage?

- Your current Apple Health benefits do not change, including appeal rights
- You can keep the providers you have
- Health Home care coordination services are voluntary additional benefits available at no cost to you

Transition out of incarceration

Molina Healthcare of Washington has a dedicated team to transition and coordinate care for all members incarcerated in city and county jails, Department of Corrections facilities and Juvenile detention and rehabilitation facilities. Upon notification, care management staff will coordinate care with members, jail staff, and allied partners to facilitate re-entry planning, offer resource support, and ensure they have a smooth transition back to the community.

Transitional care coordination will be provided during incarceration and at least the first 30 days after incarceration, or as needed upon members' release and may include but is not limited to:

- Assisting members with transportation to appointments
- Establishing care with medical and/or behavioral health providers
- Providing housing resources
- Employment assistance as needed
- Other support services as requested

Additional care coordination services include ensuring there are no delays or gaps in care by expediting service authorizations. To learn more or ask questions, please call Member Services at 1-800-869-7165 (TTY: 711) for details.

Apple Health services covered without a managed care plan

Apple Health coverage without a managed care plan (fee-for-service) or other community-based programs cover the benefits and services listed below even when you are enrolled with us. We will coordinate with your PCP to help you access these services and coordinate your care. Use your ProviderOne services card for these services.

Call us if you have questions about a benefit or service not listed here. View the Apple Health coverage without a managed care plan booklet for a complete list of services: **hca.wa.gov/assets/free-or-low-cost/19-065.pdf**.

Service	Additional information
Ambulance services (Air)	All air ambulance transportation services provided to Apple Health clients, including those enrolled in a managed care organization (MCO).
Ambulance services (Ground)	All ground ambulance transportation services, emergency, and non-emergency, provided to Apple Health clients, including those enrolled in a managed care organization (MCO).
Crisis Services	Crisis services are available to support you or someone you know. Call 911 for a life-threatening emergency. For a behavioral health emergency, contact the National Suicide and Crisis Lifeline: Call or text 988 or call 1-800-273-8255, TTY Users 1-206-461-3219. See **page 21** for the numbers in your area. **Trans Lifeline**: Call 877–565–8860 (U.S.) or 877–330–6366 (Canada). **LGBT National Hotline:** Call 800-246-7743 for youth support and 888-843-4564 for all ages support. For mental health or substance use disorder crisis services by county, please call the Behavioral Health Administrative Services Organization (BH-ASO) crisis phone number. Crisis phone numbers by county can be found on **page 21** or at: **hca.wa.gov/free-or-low-cost-health-care/i-need-behavioral-health-support/mental-health-crisis-lines**.

Service	Additional information
First Steps Maternity Support Services (MSS), Infant Case Management (ICM), and Childbirth Education (CBE)	MSS provides pregnant and postpartum individuals preventive health and education services in the home or office to help have a healthy pregnancy and a healthy baby. ICM helps families with children up to age one learn about, and how to use, needed medical, social, educational, and other resources in the community so the baby and family can thrive. CBE provides pregnant individuals and their support person(s) group classes taught by an approved HCA CBE provider. Topics include warning signs in pregnancy, nutrition, breastfeeding, birthing plan, what to expect during labor and delivery, and newborn safety. For providers in your area, visit **hca.wa.gov/health-care-services-supports/apple-health-medicaid-coverage/first-steps-maternity-and-infant-care**.
Inpatient Psychiatric Care	Call us for help in accessing these services.
Substance Using Pregnant People (SUPP) Program	The SUPP Program is an inpatient hospital-based program for pregnant individuals who have a medical need and substance use history. The purpose of the program is to reduce harm to a birthing parent and their unborn baby by providing withdrawal management and medical stabilization and treatment within a hospital setting. For more information and a list of approved providers, visit **hca.wa.gov/free-or-low-cost-health-care/i-need-medical-dental-or-vision-care/substance-using-pregnant-people-supp-program**.
Transportation for non-emergency medical appointments	The Health Care Authority pays for transportation services to and from needed non-emergency health care appointments that are covered by Apple Health. For children and youth 20 years and younger, transportation assistance may be available for any medically necessary health care service. Your regional broker will arrange the most appropriate, least costly transportation for you. A list of brokers can be found at **hca.wa.gov/transportation-help**. Call the transportation provider (broker) in your area to learn about services and limitations.

Early childhood programs

The Department of Children, Youth, and Families (DCYF) provides the services and programs below for children under the age of five. Contact Molina Healthcare at 1-800-869-7165 (TTY: 711) and we can help connect you with the services below, or help you identify related services available in your community.

Head Start/Early Head Start are free, federally-funded early learning programs that serve pregnant women and children birth – to age five from low-income families, to promote readiness for school and life by providing early learning, health, nutrition, and family support services. Eligibility and enrollment in Head Start/Early Head Start programs are determined by income and other qualifying factors. For information on Head Start programs visit **dcyf.wa.gov/services/earlylearning-childcare/eceap-headstart**.

Early Childhood Education and Assistance Program (ECEAP) is Washington's pre-kindergarten early learning program that prepares three- and four-year-old children from low-income families for success in school and in life. Eligibility and enrollment in ECEAP are determined by income and other qualifying factors. For information on ECEAP programs, visit **dcyf.wa.gov/services/earlylearning-childcare/eceap-headstart**.

Early Childhood Intervention and Prevention Services (ECLIPSE) serves three- and four-year-old children enrolled in ECEAP, who are at risk of child abuse and neglect, and may be experiencing behavioral health issues due to exposure to complex trauma and extreme stress. These services are available to young children and families who interact with multiple systems. Services are provided in limited counties throughout Washington State. For more information, visit **https://dcyf.wa.gov/services/early-learning-providers/eceap/eclipse**.

Home Visiting for Families offers free, family-focused services to expectant parents and families with new babies and young children, providing culturally respectful information and resources to support parenting and child development. For more information, visit **dcyf.wa.gov/services/child-development-supports/home-visiting**.

Early Support for Infants and Toddlers (ESIT) builds upon family strengths by providing coordination, supports, resources, and services to enhance the development of children with developmental delays and disabilities through everyday learning opportunities. For more information, visit **dcyf.wa.gov/services/child-development-supports/esit**.

Excluded services (not covered)

The following services are not covered by Apple Health BHSO or Apple Health without a managed care plan. If you get these services, you may have to pay the bill. If you have any questions, call us.

Service	Additional information
Alternative medicines	Religious based practices, faith healing, herbal therapy, or homeopathy
Marriage counseling and sex therapy	

Personal comfort items	
Services not allowed by federal or state law and its territories and possessions	U.S. Territories include: • Puerto Rico • Guam • U.S. Virgin Islands • Northern Mariana Islands • American Samoa
Services provided outside of the United States	

Accessing your health information

My Molina

Molina Healthcare encourages you to create a My Molina® account. My Molina is our secure member portal that lets you see your health information online, using a computer, mobile phone or a tablet. With My Molina, you can:

- View your ID card
- Change your provider
- See your treatment plan
- Update your contact information
- Request a care manager
- Look up community resources
- And more!

There are two ways to create an account and access information:

1. Go to MyMolina.com or
2. Download the My Molina mobile app
   To download the app, go to the Apple App Store or Google Play Store; or scan the QR code below.

Scan Here to Download

If you need help, please call Molina Healthcare at 1-800-869-7165 (TTY: 711).

If you are unhappy with your provider, health plan, or any aspect of care

You or your authorized representative have the right to file a complaint. This is called a grievance. Filing a complaint will not impact your rights to privacy. We will help you file a grievance. To file a grievance, call us at 1-800-869-7165 (TTY: 711) or write to us at:

Email: **WAMemberServices@MolinaHealthcare.com**
Fax: 1-877-814-0342
Mail: Molina Healthcare
Attention: Member Appeals
P.O. Box 4004
Bothell, WA 98041-4004

Grievances or complaints can be about:

- A problem with your doctor's office.
- Getting a bill from your doctor.
- Being sent to collections due to an unpaid medical bill.
- The quality of your care or how you were treated.
- The service provided by doctors or health plan.
- Being unable to find or access the care that you needed.
- Any other problems you have getting health care.

We must let you know by phone or letter that we received your grievance or complaint within two working days. We must address your concerns as quickly as possible but cannot take more than 45 days. You can get a free copy of our grievance policy by calling us or visiting **MolinaHealthcare.com/WA** to access online.

Protections under Americans with Disabilities Act/Washington Laws Against Discrimination

Discrimination against people with disabilities is unlawful. Under the Washington Law Against Discrimination ("WLAD"), RCW 49.60.040(7), the definition of "disability" covers substance use disorder. Disability laws protect individuals in recovery, including those taking medications for opioid use disorder.

For more information, visit the Washington State Attorney General's guidance on **Know your Rights and Responsibilities**.

Behavioral Health Advocates (previously called Ombuds)

A Behavioral Health Advocate is a person who is available to provide free and confidential assistance with resolving concerns related to your behavioral health services. They can help resolve your concerns if you have a behavioral health grievance, appeal, or fair hearing. The Behavioral Health Advocate service is independent of your health plan. It is provided by a person who has had behavioral health services or whose family member has had behavioral health services.

Use the phone numbers below to contact a Behavioral Health Advocate in your area.

Reach all regions at 1-800-366-3103. Or email the Office of Behavioral Health Advocacy at info@obhadvocacy.org.

Region	Counties	Behavioral Health Advocate
Great Rivers	Cowlitz, Grays Harbor, Lewis, Pacific, Wahkiakum	360-561-2257
Greater Columbia	Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Walla Walla, Whitman, Yakima	509-808-9790
King	King	206-265-1399
North Central	Chelan, Douglas, Grant, Okanogan	509-389-4485
North Sound	Island, San Juan, Skagit, Snohomish, Whatcom	360-528-1799
Pierce	Pierce	253-304-7355
Salish	Clallam, Jefferson, Kitsap	360-481-6561
Spokane	Adams, Ferry, Lincoln, Pend Oreille, Spokane, Stevens	509-655-2839
Southwest	Clark, Klickitat, Skamania	509-434-4951
Thurston-Mason	Mason, Thurston	360-489-7505

Important information about denials, appeals, and administrative hearings

A denial is when your health plan does not approve or pay for a service that either you or your doctor asked for. When we deny a service, we will send you a letter telling you why we denied the requested service. This letter is the official notice of our decision. It will let you know your rights and information about how to request an appeal.

You have the right to ask for a review of any decision if you disagree, think it was not correct, not all medical information was considered, or you think the decision should be reviewed by another person.

An appeal is when you ask us to review your case again because you disagree with our decision. You may appeal a denied service within 60 days of the date of denial. We can help you file an appeal. Your provider, Behavioral Health Advocate, or someone else may appeal for you if you

sign to say you agree to the appeal. You only have 10 days to appeal if you want to keep getting a service that you are receiving while we review our decision. We will reply in writing telling you we received your request for an appeal within five days. In most cases we will review and decide your appeal within 14 days. We must tell you if we need more time to make a decision. An appeal decision must be made within 28 days.

You can request an appeal verbally or in writing. Send your written appeal request to:

Molina Healthcare
Attn: Member Appeals
P.O. Box 4004
Bothell, WA 98041-4004

Fax: 1-877-814-0342

Email: **WAMemberServices@MolinaHealthcare.com**

We can help you file your appeal.

To request an appeal verbally, call us at 1-800-876-7165 (TTY: 711).

NOTE: If you keep getting a service during the appeal process and you lose the appeal, **you may have to pay for the services you received.**

If it's urgent. For urgent behavioral health conditions, you or your doctor can ask for an expedited (quick) appeal by calling us. If your behavioral health condition requires it, a decision will be made about your care within three days. To ask for an expedited appeal, tell us why you need the faster decision. If we deny your request, your appeal will be reviewed in the same time frames outlined above. We must make reasonable efforts to give you a prompt verbal notice if we deny your request for an expedited appeal. You may file a grievance if you do not like our decision to change your request from an expedited appeal to a standard appeal. We will try to call you if we deny your request for an expedited appeal so we can explain why and help answer any questions. You may file a grievance if you do not like our decision to change your request from an expedited appeal to a standard appeal. We must mail a written notice within two calendar days of a decision.

If you disagree with the appeal decision, you have the right to ask for an administrative hearing. In an administrative hearing, an Administrative Law Judge who does not work for us or HCA will review your case.

You have 120 days from the date of our appeal decision to request an administrative hearing. You only have 10 days to ask for an administrative hearing if you want to keep getting the service that you were receiving before our denial.

To ask for an administrative hearing you will need to tell the Office of Administrative Hearings that Molina Healthcare is involved; the reason for the hearing; what service was denied; the date it was denied; and the date that the appeal was denied. Also, be sure to give your name, address, and phone number.

Submit the request for a hearing by:

1. Calling the Office of Administrative Hearings (**oah.wa.gov**) at 1-800-583-8271,

Or

2. Writing to:

   Office of Administrative Hearings
   P.O. Box 42489
   Olympia, WA 98504-2489

You may talk with a lawyer or have another person represent you at the hearing. If you need help finding a lawyer, visit **nwjustice.org** or call the NW Justice CLEAR line at 1-888-201-1014. Asking for help finding a lawyer will not jeopardize your privacy rights.

The administrative hearing judge will send you a notice explaining their decision. If you disagree with the hearing decision, you have the right to appeal the decision directly to HCA's Board of Appeals or by asking for a review of your case by an Independent Review Organization (IRO).

Important time limit: The decision from the hearing becomes a final order within **21 days** of the date of mailing if you take no action to appeal the hearing decision.

If you disagree with the hearing decision, you may request an Independent Review. You do not need to have an independent review and may skip this step and ask for a review from HCA's Board of Appeals.

An IRO is an independent review by a doctor who does not work for us. To request an IRO, you must call us and ask for a review by an IRO within 21 days after you get the hearing decision letter. You must provide us any extra information within five days of asking for the IRO. We will let you know the IRO's decision.

If you need help filing an IRO, please contact Molina Healthcare:

Email: **WAMemberServices@MolinaHealthcare.com**

Fax: 1-877-814-0342

Mail: Molina Healthcare
Attention: Member Appeals
P.O. Box 4004
Bothell, WA 98041-4004

If you do not agree with the decision of the IRO, you can ask to have a review judge from the HCA's Board of Appeals to review your case. You only have 21 days to ask for the review after getting your IRO decision letter. The decision of the review judge is final. To ask a review judge to review your case:

- Call 1-844-728-5212,

Or

- Write to:

  HCA Board of Appeals

  P.O. Box 42700

  Olympia, WA 98504-2700

Your rights

As an enrollee, you have a right to:

- Make decisions about your health care, including refusing treatment. This includes physical and behavioral health services.
- Be informed about all treatment options available, regardless of cost.
- Choose or change your PCP.
- Get a second opinion from another provider in your health plan.
- Get services in a timely manner.
- Be treated with respect and dignity. Discrimination is not allowed. No one can be treated differently or unfairly because of their race, color, national origin, gender, sexual preference, age, religion, creed, or disability.
- Speak freely about your health care and concerns without any bad results.
- Have your privacy protected and information about your care kept confidential.
- Ask for and get copies of your medical records.
- Ask for and have corrections made to your medical records when needed.
- Ask for and get information about:
  - Your health care and covered services.
  - Your provider and how referrals are made to specialists and other providers.
  - How we pay your providers for your behavioral health care.
  - All options for care and why you are getting certain kinds of care.
  - How to get help with filing a grievance or complaint about your care or help in asking for a review of a denial of services or an appeal.
  - Our organizational structure including policies and procedures, practice guidelines, and how to recommend changes.
- Receive plan policies, benefits, services and Members' Rights and Responsibilities at least yearly.
- Make recommendations regarding your rights and responsibilities as a Molina Healthcare member.
- Receive a list of crisis phone numbers.
- Receive help completing mental or medical advance directive forms.

Your responsibilities

As an enrollee, you agree to:

- Talk with your providers about your health and health care needs.
- Help make decisions about your health care, including refusing treatment.
- Know your health status and take part in agreed-upon treatment goals as much as possible.
- Give your providers and Molina Healthcare complete information about your health.
- Follow your provider's instructions for care that you have agreed to.
- Keep appointments and be on time. If you are going to be late or need to cancel your appointment, you must follow your provider's office policies to avoid consequences like dismissal from the practice.
- Give your providers information they need to be paid for providing services to you.
- Bring your ProviderOne services card and Molina Healthcare member ID card to all of your appointments.
- Learn about your health plan and what services are covered.
- Use health care services when you need them.
- Use health care services appropriately. If you do not, you may be enrolled in the Patient Review and Coordination Program. In this program, you are assigned to one PCP, one pharmacy, one prescriber for controlled substances, and one hospital for non-emergency care. You must stay in the same plan for at least 12 months.
- Inform the HCA if your family size or situation changes, such as pregnancy, births, adoptions, address changes, or you become eligible for Medicare or other insurance.
- Renew your coverage annually using the Washington Healthplanfinder at **wahealthplanfinder.org**, and report changes to your account such as income, marital status, pregnancies or births, adoptions, address changes, and becoming eligible for Medicare or other insurance.

Advance directives

What is an advance directive?

An advance directive puts your choices for health care into writing. The advance directive tells your doctor and family:

- What kind of health care you do or do not want if:
    - You lose consciousness.
    - You can no longer make health care decisions.
    - You cannot tell your doctor or family what kind of care you want.
    - You want to donate your organ(s) after your death.
    - You want someone else to decide about your health care if you can't.

Having an advance directive means your loved ones or your doctor can make medical or other choices for you based on your wishes. Early execution of advance directives gives you the power to choose who makes decisions on your behalf and to outline what type of decisions can be made for you. Having an advance directive also greatly reduces the need for future court involvement to appoint a person to make decisions on your behalf, which can cause undue stress and financial burden on you and your loved ones. There are four types of advance directives in Washington State:

1. Durable power of attorney for health care. This names another person to make medical and health care decisions for you if you are not able to make them for yourself. A durable power of attorney for health care can be amended to include permissions for the person you name to make decisions about your ongoing long-term care needs when you are unable to make them for yourself.

2. Durable power of attorney for finances. This names another person to make financial, business, and estate planning decisions for you if you are not able to make them for yourself. This allows your named person to make decisions on your behalf to pay for your care if you are unable to make such decisions for yourself.

3. Health care directive (living will). This written statement tells people whether you want treatments to prolong your life.

4. Organ donation request.

Talk to your doctor and those close to you. You can cancel an advance directive at any time. You can get more information from us, your doctor, or a hospital about advance directives. You can also:

- Ask to see your health plan's policies on advance directives.
- File a grievance with Molina Healthcare or HCA if your directive is not followed.

The Physician Orders for Life Sustaining Treatment (POLST) form is for anybody who has a serious health condition and needs to make decisions about life-sustaining treatment. Your provider can use the POLST form to represent your wishes as clear and specific medical orders. To learn more about advance directives contact us or talk to your health care provider.

Mental health advance directives

What is a mental health advance directive?

A mental health advance directive is a legal written document that describes what you want to happen if your mental health problems become so severe that you need help from others. This might be when your judgment is impaired and/or you are unable to communicate effectively.

It can inform others about what treatment you want or don't want, and it can identify a person to whom you have given the authority to make decisions on your behalf.

If you have a physical health care advance directive you should share it with your mental health care provider so they know your wishes.

How do I complete a mental health advance directive?

You can get a copy of the mental health advance directive form and more information on how to complete it at **hca.wa.gov/free-or-low-cost-health-care/i-need-behavioral-health-support/mental-health-advance-directives**.

Molina Healthcare, your behavioral health care provider, or your Behavioral Health Advocate can also help you complete the form. Contact us for more information.

Preventing fraud, waste, and abuse

When fraud, waste and abuse go unchecked, it costs taxpayer dollars. These dollars could be used for coverage of critical Apple Health benefits and services within the community. As enrollees you are in a unique position to identify fraudulent or wasteful practices. If you see any of the following, please let us know:

- If someone offers you money or goods in return for your ProviderOne services card or if you are offered money or goods in return for going to a health appointment.
- You receive an explanation of benefits for goods or services that you did not receive.
- If you know of someone falsely claiming benefits.
- Any other practices that you become aware of that seem fraudulent, abusive or wasteful.

You can report fraud with or without giving your name to:

Molina Healthcare AlertLine

Phone Toll Free: 1-866-606-3889

Online: **MolinaHealthcare.AlertLine.com**

Molina Healthcare Member Services

Phone Toll Free: 1-800-869-7165 (TTY: 711)

Mail: Molina Healthcare of Washington
Attention: Compliance Officer
P.O. Box 4004
Bothell, WA 98041-4004

Visit the **HCA Fraud Prevention website** for more information: **hca.wa.gov/about-hca/other-administrative-activities/fraud-prevention**.

We protect your privacy

We are required by law to protect your health information and keep it private. We use and share your information to provide benefits, carry out treatment, payment, and health care operations. We also use and share your information for other reasons as allowed and required by law.

Protected health information (PHI) refers to health information such as medical records that include your name, member number, or other identifiers used or shared by health plans including your race, ethnicity, and language (REL), and sexual orientation and gender identity (SOGI)

information. Health plans and HCA share PHI for the following reasons:

- Treatment — Includes referrals between your PCP and other health care providers.
- Payment — We may use or share PHI to make decisions on payment. This may include claims, approvals for treatment, and decisions about medical needs.
- Health care operations — We may use information from your claim to let you know about a health program that could help you.

We may use or share your PHI without getting written approval from you under the following circumstances:

- Disclosure of your PHI to family members, other relatives and your close personal friends is allowed if:
  - The information is related to the family or friend's involvement with your care or payment for that care; and you have either orally agreed to the disclosure or have been given an opportunity to object and have not objected.
- The law allows HCA or Molina Healthcare to use and share your PHI for the following reasons:
  - When the U.S. Secretary of the Department of Health and Human Services (DHHS) requires us to share your PHI.
  - Public Health and Safety which may include helping public health agencies to prevent or control disease.
  - Government agencies may need your PHI for audits or special functions, such as national security activities.
  - For research in certain cases, when approved by a privacy or institutional review board.
  - For legal proceedings, such as in response to a court order. Your PHI may also be shared with funeral directors or coroners to help them do their jobs.
  - With law enforcement to help find a suspect, witness, or missing person. Your PHI may also be shared with other legal authorities if we believe that you may be a victim of abuse, neglect, or domestic violence.
  - To obey Workers' Compensation laws.

Your written approval is required for all other reasons not listed above. You may cancel a written approval that you have given to us. However, your cancellation will not apply to actions taken before the cancellation.

You have a right to review and get a copy of your Protected Health Information (PHI) held by us. This may include records used in making coverage claims and other decisions as a Molina Healthcare member. You will need to make your request in writing and mail to:

Molina Healthcare
Atttention: Compliance Officer
P.O. Box 4004
Bothell, WA 98041-4004

Please note that in certain cases, we may deny the request. It's important to be aware that we do not have complete copies of your medical records. For access to copies of, or modifications to your medical records, please contact your doctor or clinic.

Note: We do not have complete copies of your medical records. If you want to look at, get a copy of, or change your medical records, please contact your doctor or clinic.

If you believe we violated your rights to privacy of your PHI, you can:

- Call or email us and file a complaint. We will not take any action against you for filing a complaint. The care you get will not change in any way. The HCA Privacy Office can be reached by phone at 1-844-284-2149 and by email at **privacyofficer@hca.wa.gov**.
- File a complaint with the U.S. DHHS, Office for Civil Rights at: **ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or write to:

  U.S. Department of Health and Human Services
  200 Independence Ave SW, Room 509F, HHH Building
  Washington, D.C 20201

Or:

- Call 1-800-368-1019 (TDD 1-800-537-7697)

Note: This information is only an overview. We are required to keep your PHI private and give you written information annually about the plan's privacy practices and your PHI. Please refer to your Notice of Privacy Practices for additional details.

You may contact us at: 1-800-869-7165 (TTY: 711); **MHWMemberServicesWeb@MolinaHealthcare.com**; Molina Healthcare, Attention: Compliance Officer, P.O. Box 4004, Bothell, WA 98041-4004; **MolinaHealthcare.com** for more information.

Make your voice heard

Members can provide comments and feedback to Molina Healthcare by calling our Member Services team at 1-800-869-7165 (TTY: 711).

Family Youth System Partner Round Tables (FYSPRT)

Family Youth System Partner Round Tables (FYSPRTs) embrace the idea that youth and families can and should have an active role in how behavioral health systems serve them. FYSPRTs are a platform for families, youth, and system partners (juvenile justice, education, child welfare, etc.) to come together to collaborate, listen, and incorporate the voice of the community into decision making at the regional, state, and legislative levels.

Washington has **10 regional FYSPRTs** and each regional FYSPRT has meetings that are open to the public. FYSPRT meetings are a collaborative process. A family, youth, and system partner tri-lead work together in an equal partnership to create meeting agendas and share meeting facilitation. The lived and living experience of families and youth are important for identifying gaps or needs in services that can inform the work of the Statewide FYSPRT and potentially specific legislative groups that are part of the **Child, Youth and Family Behavioral Health**

Governance Structure. As part of this structure, the work of the regional FYSPRTs has the potential to impact policies and programs that improve behavioral health outcomes for youth and families in Washington.

Although youth and families may express their concerns about their services in this forum, FYSPRTs are intended to address recurring system gaps and barriers and not individual care issues. To address specific concerns related to a youth or family's current behavioral health services, they can talk with their provider to address the concern. If the concern is not resolved, a grievance can be completed as part of addressing the treatment concern. For more assistance on this, contact the Ombuds in your area.

Visit HCA's website for more information: **hca.wa.gov/about-hca/programs-and-initiatives/behavioral-health-and-recovery/family-youth-system-partner-round-table-fysprt**.

Consumer Notices Workgroup

The Washington Apple Health Consumer Notices Workgroup (CNW) is a collaboration between the HCA, consumers, and stakeholders—consisting of community partners and legal advocates.

The CNW works together to improve all Apple Health notices by:

- Formatting the notices to increase readability.
- Using plain talking language.
- Increasing consumer confidence.

Clients interested in participating in the consumer notices workgroup may be eligible for a quarterly $50 gift card! For more information contact **jasmine.sannicolas@hca.wa.gov**.

MHW Part #4340-2512
MHW-12/01/2025, HCA-11/18/2025 (45097)