

Behavioral Health Ombuds Service; LLC

101 N Edison #B, Kennewick, WA 99336

Phone: 509-783-9444 Toll Free 800-783-9444 FAX 509-735-1191

Authorization for Representation

I, _____, give Behavioral Health Ombuds
(Legal Name)

Service permission to act on my behalf in navigating the grievance process. The Ombuds service advocates and supports individuals through the grievance, appeal, and/or administrative hearing processes. The individual or enrollee who is requesting Ombuds services must be someone who is receiving behavioral health services through one of the agencies contracted with a Managed Care Organization (MCO) or seeking Crisis Services through one of the Behavioral Health Crisis Agencies who provide non-Medicaid, State-funded crisis services. The Ombuds, with the individual's authorization, may represent and help navigate the individual or enrollee in the grievance process at either the MCO for Medicaid services or the Administrative Service Organization (ASO) for non-Medicaid, State-funded services.

In fulfilling their responsibilities, the Ombuds may:

- With appropriate Releases of Information and Authorization for Representation signed and dated, assist the individual or enrollee navigate the grievance process at either the MCO or ASO.
- With appropriate Releases of Information and Authorization for Representation signed and dated, assist the individual or enrollee navigate the appeal process at either the MCO or ASO.
- With appropriate Releases of Information and Authorization for Representation signed and dated, assist and/or represent the enrollee in the Administrative Hearing Process.

Consumer comments:

Individual/Enrollee Name Individual/Enrollee Signature Date

Ombuds Name Ombuds Signature Date

If the consumer is under 13 years of age, or is an adult with a court appointed guardian, the consumer's parent or guardian must sign this release.

Parent or Guardian Name Parent or Guardian Signature Date