

The Service Plan Rights Acknowledgement for members who are eligible for Title XIX/XXI and/or Serious Mental Illness (SMI) services:

My service plan has been reviewed with me/Health Care Decision Maker (HCDM), by my behavioral health provider, (e.g., agency, case manager, Behavioral Health Professional (BHP) or health home). I know what services I will be getting and how often. All changes in the services have been explained to me. I have marked my agreement and/or disagreement with each service. I know that in most cases, any reductions, terminations, or suspensions (stopping for a set time frame) of current services will begin no earlier than 10 days from the date of the plan. I know that I can ask for this to be sooner.

If I do not agree with some or all of the services that have been authorized in this plan, I have noted that on my plan. I know if the service asked for was denied, reduced, suspended, or terminated, that my behavioral health provider will give me a letter that tells me why the decision was made. The letter will tell me how to appeal the decision that has been made about my services. The letter will also tell me how I can request continued services.

My behavioral health provider has told me how the appeal process works. I know how I can appeal service changes I do not agree with. I know that I can change my mind later about the services I agree with today. I know that if I change my mind before the changes go into effect, I will get a letter that tells me the reason my services changed. The letter will also tell me about my appeal rights.

I know that if I need more services or other services than what I am getting, I can call my behavioral health provider at (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ to talk about this. My behavioral health provider will call me back within two working days. Once I have talked with my behavioral health provider, they will give me a decision about that request within 14 days. If the behavioral health provider is not able to make a decision about my request within 14 days, they will send me a letter to let me know more time is needed to make a decision.

_____	_____
<i>Member</i>	<i>Date</i>
_____	_____
<i>Health Care Decision Maker (as applicable)</i>	<i>Date</i>