

# NOTICE OF ACTION

You can get this document in a larger print size or in a different format.  
You can also get this document in some languages other than English.  
Contact the person listed on page 2 to ask for this.

[Date]

Member Name:  
Recipient ID:  
Practitioner Name:

[Name of Member/Member Rep]  
[Mailing Address]  
[City, State, Zip]

Dear [Name of Member/Member Rep]:

This is a Notice that your [type of mental health service] will be [reduced / suspended / terminated] on [effective date of action]. This [type of treatment] is being [reduced / suspended / terminated] because [reason].

The rule that we are following to make this decision is in the Oregon Administrative Rules at [citation]. The text of the OAR is attached to this letter with the relevant section in bold type. [Add additional justification / explanation if necessary, such as MVBCN or Participating Provider policy reference.]

If you disagree with this decision and you want to do something about it, you can do one or both of the following:

- **FILE AN APPEAL.** You have 2 options for filing an Appeal: [For Notice issued by MVBCN, change to reflect 1 option for filing Appeal.]
  1. You can file an Appeal to have us review our decision to [change in services]; **or**
  2. You can file an Appeal with your mental health plan, Mid-Valley Behavioral Care Network (MVBCN), to have them review our decision to [change in services].

For either option, you must file your Appeal *within 20 calendar days from the date of this Notice*. If you have an urgent problem, you can request an Expedited Appeal. Information about how to file an Appeal is attached to this Notice.

- **REQUEST A HEARING.** You can request a Hearing with the DHS Addictions and Mental Health Division. You have two options for requesting a Hearing:
  1. You can request a Hearing instead of filing an Appeal. If you do this, you must request a Hearing *within 45 calendar days from the date of this Notice*. If you request a Hearing instead of filing an Appeal, you lose your right to file an Appeal; **or**

2. You can request a Hearing after you have you have received a decision about your Appeal. If you do this, you must request a Hearing *within 45 calendar days from the date of the Appeal decision.*

Information about how to request a Hearing is attached to this Notice.

## IMPORTANT

If you want your [type of mental health service] to stay the same while you wait for the Appeal or Hearing decision, you must file your Appeal or request a Hearing by [effective date of action] or within 10 calendar days from the date this Notice is mailed or given to you, whichever is later. You need to say on your Appeal form or Hearing request form that you want your services to stay the same. If your services stay the same and you lose the Appeal or Hearing, you may be required to pay for the cost of the services you received from the [effective date of action] until the date the Appeal or Hearing decision was made.

You can call [Name of Agency Representative] at [Phone Number] for more information.

Sincerely,

[Name], [Title]  
[Agency Name]

Cc: [Provider, where applicable]  
File

Enclosures: Text of OAR identified on Page 1 of this letter  
How to File an Appeal  
Complaint & Feedback Form • Appeal Form  
Notice of Hearing Rights