

Coordinated Care of Washington, Inc. Apple Health Core Connections

Washington Apple Health Foster Care Managed Care

Enrollee Handbook 2026



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Welcome to Coordinated Care (Apple Health Core Connections) and Washington Apple Health

Welcome! Thank you for enrolling in Washington Apple Health (Medicaid) and welcome to Coordinated Care, your health plan. Coordinated Care works with Apple Health to provide your coverage. This handbook will provide more details about your covered benefits and how to get services.

When you are enrolled in managed care, Apple Health pays your health plan a monthly premium for your coverage. Your coverage includes physical and behavioral health services like preventive, primary, specialty care, telemedicine, and other health services. Most members in managed care must see providers in their plan'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. Work with your primary care provider (PCP) to get pre-approval for care received outside of the service area. To get an Indian Health Care Provider (IHCP) as your PCP, contact 1-844-354-9876 (TTY: 711), 8 a.m.-5 p.m. Monday-Friday. We will cover emergency services if you have an emergency outside of the service area.

Contact us if you have any questions regarding enrollment in managed care. You can also call Foster Care and Adoption Support (FCAS) at 1-800-562-3022 (ext. 15480).

Coordinated Care will get in touch with you in the next few weeks. You can ask us any questions and get help making appointments. Our phone lines are open for any questions you have before we call you. Call us at 1-844-354-9876 (TTY: 711), 8 a.m.-5 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 1-844-354-9876 (TTY: 711). We will provide language assistance at no cost to you. 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 1-844-354-9876 (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 video during your appointment. Sign language interpreters can go to the provider's office or be on video during your appointment.

If you prefer an in-person interpreter, please let your health care provider or health plan know.

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 webpage at www.coordinatedcarehealth.com/members/foster-care.html. You can also visit the HCA Interpreter Services website 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 1-844-354-9876 (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 in 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
Coordinated Care of Washington, Inc. (Apple Health Core Connections)	Monday – Friday 8 a.m. to 5 p.m. (Nurse Advice available 24/7)	1-844-354-9876 (TTY: 711)	coordinatedcarehealth.com/members/foster-care.html
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
HCA Foster Care and Adoption Support (FCAS)	Monday-Friday 7 a.m. to 5 p.m.	1-800-562-3022 (Ext 15480) TRS 711	FCAS@hca.wa.gov

My health care providers

We suggest you write down the name and phone number of your doctors for quick access. We will have the information on our website in our provider directory at <https://findaprovider.coordinatedcarehealth.com>. You can also call us and we will help.

Health Care Provider	Name	Phone Number / Email
My Primary Care Provider:		
My Behavioral Health Provider is:		
My Dental Provider is:		
My Specialty Care Provider is:		
My Pharmacy Provider is:		

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. When you have a question, refer to the table below to see who can help.

If you have any questions about ...	Contact ...
<ul style="list-style-type: none"> How to get Apple Health covered services not included through your plan (page 9) Your ProviderOne services card (page 5) 	HCA Foster Care and Adoption Support (FCAS) Email: FCAS@hca.wa.gov Phone: 1-800-562-3022 (ext. 15480) Fax: 360-725-1158
<ul style="list-style-type: none"> Choosing or changing your providers (page 6) Covered services or medications (page 15) Making a complaint (page 35) Appealing a decision by your health plan that affects your benefits (page 37) 	Coordinated Care at 1-844-354-9876 (TTY: 711) or go online to www.coordinatedcarehealth.com/members/foster-care.html .

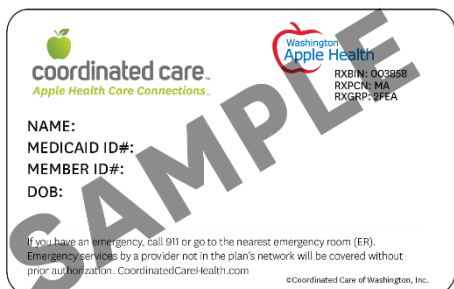
<ul style="list-style-type: none"> Your medical care (page 6) Referrals to specialists (page 7) 	<p>Your primary care provider (PCP). If you need help to select a primary care provider, call us at 1-844-354-9876 (TTY: 711) or go online to www.coordinatedcarehealth.com/members/foster-care.html.</p> <p>Our Nurse Advice Line is ready to answer your health questions 24 hours a day, every day of the year. It is staffed with Registered Nurses. These nurses have spent lots of time caring for people. Now they are ready and eager to help you. Feel free to contact our Nurse Advice Line at any time 1-844-354-9876 (TTY: 711). Press 2 for members, then press 2 to speak to a nurse.</p>
<ul style="list-style-type: none"> If you or a loved one are in need of immediate assistance related to a behavioral health crisis. 	<p>Contact the 988 Suicide & Crisis Lifeline (the 988 Lifeline is confidential, free, and available 24/7/365) at:</p> <ul style="list-style-type: none"> Call, text, or chat 988 <ul style="list-style-type: none"> To get crisis support in Spanish, call, text, or chat the 988 Lifeline and choose option 2. 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.
<ul style="list-style-type: none"> For assistance with identifying treatment and recovery services for those experiencing substance use disorder, problem gambling, and/or mental health challenges, contact the Washington Recovery helpline. The help line is available 24 hours a day, anonymous, and confidential. 	<p>Contact Washington Recovery Help Line at:</p> <ul style="list-style-type: none"> https://www.warecoveryhelpline.org/ 1-866-789-1511
<ul style="list-style-type: none"> How to report Fraud, Waste, and Abuse 	<p>Washington State Health Care Authority</p> <ul style="list-style-type: none"> Reporting Washington Apple Health eligibility fraud, email WAHEligibilityFraud@hca.wa.gov or call 1-360-725-0934 Reporting Medicaid providers, email hottips@hca.wa.gov 1-833-794-2345 <p>Visit hca.wa.gov/about-hca/other-administrative-activities/fraud-prevention for detailed information.</p>

Getting started

You will need two cards to access services, your Coordinated Care 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 Coordinated Care 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 1-844-354-9876 (TTY: 711) or AHCCTeam@coordinatedcarehealth.com if you need care before your card comes. Your provider can 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

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.

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. Call Foster Care and Adoption Support (FCAS) at 1-800-562-3022 Ext. #15480 to request a replacement.

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

Changing health plans

Enrollees receiving adoption support or Foster Care Alumni have the right to change to Apple Health coverage without a managed care plan (also known as fee-for-service) at any time. If you switch to Apple Health coverage without a managed care plan, you will still be eligible to receive behavioral health services through a managed care plan. This is called Behavioral Health Services Only (BHSO).

Make sure your plan change has taken place before you see providers in your new plan's network.

Contact HCA Foster Care and Adoption Support (FCAS)

- **Email:** FCAS@hca.wa.gov
- **Phone:** 1-800-562-3022 (ext. 15480)

We will transition your care 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.

All other enrollees should consult with your Department of Children, Youth and Families (DCYF) social worker, Tribal case worker, or HCA FCAS with questions.

How to get health care

How to choose your primary care provider (PCP)

It's important to choose a primary care provider (PCP). You will be prompted to choose a PCP when you enroll; a PCP will be assigned to you if you do not choose one. You can request a provider if you are already seeing a PCP you like or have heard about a provider you want to try. We can help you find a new PCP if the provider you would like to see is not in our network. Let us know if you are seeing an Indian Health Care Provider (IHCP). There is no requirement that your IHCP be in network, and you may continue to see them as your PCP.

Setting your first PCP appointment

Your PCP will take care of most of your health care needs. Services you can get include regular check-ups and prevention services, immunization (shots), visits when you are sick or



have a health concern and other treatments.

As soon as you choose a PCP, make an appointment to establish yourself as a patient. This will help you get care more easily when you need it.

It is helpful for your PCP to know as much about your physical and behavioral health history as possible. Remember to bring your ProviderOne services card, Coordinated Care and any

other insurance cards. Write down your health history. Make a list of any:

- Medical or behavioral health concerns you have
- Medications you take, and
- Questions you want to ask your PCP

If you cannot keep an appointment, please call to let your PCP know as soon as possible.

How to get specialty care and referrals

Your PCP will refer you to a specialist if you need care they cannot give. Your PCP can explain how referrals work. Talk to your PCP if you think a specialist does not meet your needs. They can help you see a different specialist.

Your PCP must ask us for pre-approval or prior authorization before giving you some treatments and services. Your PCP can tell you what services require pre-approval or you can call us to ask.

We will get you the care you need from a specialist outside our network if we don't have one in network. We may need to pre-approve any visits outside of our network. Discuss this with your PCP.

Your PCP will request pre-approval from us with medical information to show 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 the request.

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 37 for more information.

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

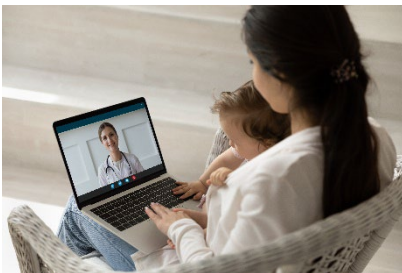
Services you can get without a referral

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 services. If you have questions about if you need a referral, you can contact Coordinated Care.

- Well-child checkups

- 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
- Family planning
- Infectious Disease screening and treatment, including Hepatitis C, HIV or AIDs testing
- Preventive services like immunizations (vaccines), blood pressure, or cancer screenings
- Outpatient behavioral health (mental health and substance use disorder treatment) and medications for opioid use disorder/alcohol use disorder (MOUD/MAUD) services (see page 17 for limitations)
- Sexually transmitted disease treatment and follow-up care
- Tuberculosis screening and follow-up care
- Reproductive health services including:
 - Pregnancy services including services from a midwife
- Cancer screening (cervical, breast, and prostate)

Telehealth/Telemedicine



You can talk with your provider over the phone or the computer instead of an in-person appointment if your provider offers this service. This is known as telemedicine. Telemedicine must be interactive real-time audio or audio and video communications. Virtual urgent care may also be an option as part of your Apple Health coverage. More information can be found on page 13.

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

Telehealth services are covered for Coordinated Care members from any in-network provider. Talk with your provider to see if they offer these services and how you can access them. If your doctor does not offer this option, Coordinated Care works with other telehealth providers such as Teladoc and MD Live that offer our members 24-hour access to in-network providers for non-emergency health issues.

Visit our telehealth page at www.CoordinatedCareHealth.com/telehealth for more information or call us at 1-844-354-9876 (TTY: 711) if you have questions.

Unaccompanied Refugee Minors

The Unaccompanied Refugee Minor (URM) population is now enrolled in managed care. It is part of the Refugee Act of 1980 and is administered by Catholic Community Services and Lutheran Community Services Northwest.

The Unaccompanied Refugee Minors program provides care for federally referred children and youth who arrive in the United States without a parent or guardian. The program places individuals in foster care with specially trained local families and provides culturally and linguistically appropriate social services including:

- Assisting with access to services for education, health and well-being.
- Facilitating adjustment to life in the United States as well as cultural preservation.
- Preparing individuals to live independently as adults.

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

Enrollees receiving adoption support or Foster Care Alumni have the right to Apple Health coverage without a managed care plan (also known as fee-for-service) at any time. Apple Health pays your provider directly for some benefits even if you are enrolled in managed care. The following services are always covered fee-for-service using your ProviderOne services card:

- Dental services by a dental professional
- Eyeglasses and fitting for children (age 20 and younger)
- Long-term care services and supports
- First Steps Maternity Support Services (MSS), First Steps Infant Case Management, (ICM), childbirth education, Substance Using Pregnant People (SUPP) Program, prenatal genetic counseling, and pregnancy terminations
- Services for individuals with developmental disabilities
- Non-Emergency Medical Transportation (NEMT)

If you need help finding a fee-for-service provider, please visit [HCA Find-a-Provider](https://fortress.wa.gov/hca/p1findaprovider/), <https://fortress.wa.gov/hca/p1findaprovider/>. Your PCP may help you access these services and coordinate your care.

Coordinated Care providers

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

- In-network hospitals and pharmacies

- The provider's name, location, and phone number
- The specialty, qualifications, and medical degree
- Medical school attended, Residency completion, and Board Certification status
- The languages spoken by those providers
- Limits on patient types (adults, children, etc.)
- If they are accepting new patients

To get a directory in print, call our member services line at 1-844-354-9876 (TTY: 711) or visit our website www.coordinatedcarehealth.com/members/foster-care.html.

Payment for health care 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, such as cosmetic surgery.
- You get a service that is not medically necessary.
- You get care from a service provider who is not in Coordinated Care's 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 1-844-354-9876 (TTY: 711) if you get a bill. We will work with your provider to make sure they are billing correctly and understand Medicaid rules.

Quality Improvement programs

We want to improve the health of all our members. Our Quality Improvement (QI) Program helps us do this. This program reviews the quality and safety of our services. It also reviews the care we offer. We include doctors in our quality review and set goals for quality so that we can track our progress. Coordinated Care has earned national recognition through the National Committee for Quality Assurance (NCQA) for our quality programs. This organization guides the standard of care for health plans across the country. Call our health plan if you would like a copy of our quality improvement plan. For more information on the QI Program, please visit our website at www.coordinatedcarehealth.com.

Coordinated Care wants to make sure you have access to the most up-to-date medical care. We have a team that watches for advances in medicine. This may include new medicine, tests, surgeries, or other treatment options. The team checks to make sure the new treatments are safe. We will tell you and your doctor about new services covered under your benefits.

Utilization Management programs

Coordinated Care 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.

We make sure our decisions are fair. If you have questions about how these decisions are made, call 1-844-354-9876 (TTY: 711), 8 a.m. – 5 p.m. Monday – Friday.

Access to utilization management staff

All Utilization Management (UM) decisions are based solely on a member's medical needs and the benefits offered. UM decision-making is based only on appropriateness of care, service, and existence of coverage. Coordinated Care's policies and financial incentives for decision-makers do not encourage nor support decisions that result in underutilization.

We offer a UM program. Through this program, we help you get the right care when you need it. UM includes but is not limited to:

- Preservice review
- Urgent concurrent review
- Post-service review
- Filing an appeal

Our Utilization Review team looks at service approval requests. The team will decide if:

- The service is covered by your health plan
- The service is needed

You or your doctor can ask for a review if we say we will not pay for services. We'll let you and your doctor know after we get the request. The request can be for services that:

- Are not approved
- Have changed in amount, length, or scope, resulting in a smaller amount than first requested

If you have questions about a request, approval, or denial you received, call Member Services. A member of our Utilization Management team can speak with you if you like. You can also call us if you have questions about getting special care, or questions about your doctor. Call 1-844-354-9876 (TTY: 711). You can reach us 8 a.m. - 5 p.m. Monday - Friday. If you call and we're closed, you can leave a message. Someone will call you back the next working day. The person who calls you back will let you know their name and title and will let you know they are calling from Coordinated Care.

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 Coordinated Care determines they are more helpful than harmful. If you want to know more, contact us at 1-844-354-9876 (TTY: 711), 8 a.m. - 5 p.m. Monday - Friday.

Information for American Indians and Alaska Natives

HCA gives American Indians and Alaska Natives in Washington 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 HCA FCAS at 1-800-562-3022 Ext #15480 for questions or to change your enrollment. You can change your selection(s) at any time, but the change will not take effect until the next available month. If you switch to Apple Health coverage without a managed care plan, you will still be eligible to receive behavioral health services through a managed care plan. This is called Behavioral Health Services Only (BHSO).

If you are connected or partnered with a Tribal Assister through an Indian Health Service (IHS) facility, Tribal health 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 Assistors](#).

If you are an AI/AN member, you may be able to get health care services through an IHS facility, tribal health care program 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.

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.

Only go to the hospital emergency room if it's an emergency. Do not go to the emergency room for routine care.

If you need urgent care

You may have an injury or illness that is not an emergency but needs urgent care. Contact us at 1-844-354-9876 (TTY: 711) to find urgent care facilities in our network or visit our website at

www.coordinatedcarehealth.com/members/foster-care.html. If you have questions on whether to go to an urgent care facility call our 24-hour nurse line at 1-844-354-9876 (TTY: 711). This line is open seven (7) days a week.

If you need care after hours

Call our 24-hour nurse line and ask for assistance. Call your PCP to see if they offer after-hours care.

You can also contact your health plan's virtual care service via phone, smart phone, tablet, or computer. We partner with telehealth providers that offer members 24-hour access to in-network providers for non-emergency health issues. Visit our telehealth page at www.CoordinatedCareHealth.com/telehealth for more information.

Behavioral health crisis

Examples of behavioral health emergency/crisis can 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 drug 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 and 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

Your care needs determine wait time to see a provider. 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 PCP, behavioral health provider, Urgent Care Clinic, or other provider within 24 hours.
- **Routine care:** Office visits with your PCP, behavioral health provider, or other provider within 10 days. Routine care is planned and includes regular provider visits for medical problems that are not urgent or emergencies.
- **Preventive care:** Office visits with your PCP or other provider. For children 2 years old and younger, scheduled within 21 days of request. For those older than 2 years old, office visits will be scheduled within 30 days. Examples of preventive care include:
 - Annual physicals (also called checkups)
 - Well-child checkups
 - Annual women’s health care, and
 - Immunizations (shots)

Contact us if it takes longer than the times above to see a provider and we will work with you to find you a provider as soon as possible.

General services and emergency care

Service	Additional information
Emergency services	Available 24 hours per day, 7 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.
Preventive care	See page 14.
Hospital inpatient rehabilitation (physical medicine)	Must be approved by Coordinated Care.
Immunizations/ vaccinations	<p>Enrollees are eligible for immunizations from their PCP, pharmacy, or their local health department. Check with your provider or contact member services for more information on the scheduling of your immunization series.</p> <p>You may also visit the Department of Health at doh.wa.gov/youandyourfamily/immunization for further information.</p>

Benefits covered by Coordinated Care (Apple Health Core Connections)

This section describes benefits and services covered by Coordinated Care. 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 provider or contact Coordinated Care if a service you need is not listed. You can view our benefits and services at www.coordinatedcarehealth.com/members/foster-care.html.

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 the 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.

You may need to get a referral from your PCP and/or pre-approval from Coordinated Care before you get some services. We may not pay for services when you don't have a referral or pre-approval.

Pharmacy or prescriptions

We use a list of drugs called the Apple Health Preferred Drug List (PDL). A PDL is a list of drugs that are covered by Coordinated Care. Your provider should prescribe medications to you that are on the PDL. You can call us and ask for:

- A copy of the PDL
- Information about the group of providers and pharmacists who created the PDL
- A copy of the policy on how we decide what drugs are covered
- How to ask for authorization of a drug that is not on the PDL

Some drugs are covered by Apple Health without a managed care plan. Call us at 1-844-354-9876 (TTY: 711) for questions or to learn more.

You must get your medications at a pharmacy in Coordinated Care’s provider network. This makes sure that your prescriptions will be covered. Call for help finding a pharmacy near you.

Service	Additional information
Pharmacy services	Enrollees must use in-network pharmacies. We use the Apple Health PDL. Call 1-844-354-9876 (TTY: 711) for a list of pharmacies or visit our website.

Health care services for children



Children and youth under 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 care¹. 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

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, the child’s provider(s) will offer additional services or provide a referral for assessment and treatment options. Assessment may be

¹ Health care services for children ages 0-18, including EPSDT are not covered under Apple Health Expansion.

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.

Service	Additional information
Chiropractic care	For children and youth 20 years of age and younger with referral from your PCP.
Private Duty Nursing (PDN) or through the Medically Intensive Children’s Program (MICP)	Covered for children and youth ages 17 and younger by Apple Health. For youth ages 18 through 20, this is covered through Home and Community Living Administration (HCLA) formerly known as Aging and Long-Term Support Administration (AL TSA). See page 31 for contact information.

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 1-844-354-9876 (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: <ul style="list-style-type: none"> • Intake evaluation, assessment, and screening • Peer support • Mental health treatment interventions such as: <ul style="list-style-type: none"> • Individual, family, and group therapy • Outpatient, residential, and inpatient

	<ul style="list-style-type: none"> • Intensive and brief treatment models • Crisis services • Medication management and monitoring • Care coordination and community integration
Applied Behavioral Analysis (ABA)	Supports individuals with autism spectrum disorders and other developmental disabilities in enhancing their communication, social, and behavioral skills.
Substance use disorder (SUD) treatment services	<p>SUD treatment services may include:</p> <ul style="list-style-type: none"> • 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)
Medications for Opioid Disorder (MOUD)	<p>Previously referred to as Medication Assisted Treatment (MAT). Medications used to treat certain substance use disorders. Call us at 1-844-354-9876 (TTY: 711) for specific details.</p> <p>You may also locate medications for opioid use disorder through the MOUD Locator Tool found at https://search.warecoveryhelpline.org/</p>
Medications for Alcohol Use Disorder (MAUD)	Previously referred to as Medication Assisted Treatment (MAT). Medications used to treat Alcohol Use Disorder. Call us at 1-844-354-9876 (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.
Evaluation and treatment or community hospitalization	Includes freestanding Evaluation and Treatment (E&T).
Problem Gambling Disorder Treatment Interventions	<p>Covered services include:</p> <ul style="list-style-type: none"> • Assessment • Individual, family, and group therapy

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 44.

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.

Nutrition

Service	Additional information
Nutritional therapy	Enrollees may receive medical nutrition therapy services provided by a registered dietician (RD) when there is a medical need and a referral by the provider for nutritional services including assessment, diagnosis, and treatment.
Enteral & parenteral nutrition	<p>Parenteral nutrition supplements and supplies are covered for all enrollees.</p> <p>Enteral nutrition products and supplies are covered for all ages for tube-fed enrollees.</p> <p>Oral enteral nutrition products are covered for enrollees 20 years of age and younger.</p>

Special health care needs or long-term illness

You may be eligible for additional services through our Health Home program or care coordination services if you have special health care needs or a long-term illness. This may include supporting access to specialists. In some cases, you may be able to use your specialist as your PCP. Call us at 1-844-354-9876 (TTY: 711) for more information about care coordination and care management.

Therapies to restore functioning

Service	Additional information
Outpatient rehabilitation (occupational, physical, and speech therapies)	<p>This is a limited benefit. Call 1-844-354-9876 (TTY: 711) for specific details. Limitations may apply whether performed in any of the following settings:</p> <ul style="list-style-type: none"> • Outpatient clinic • Outpatient hospital • The home by a Medicare-certified home health agency

Habilitative services	<p>Health care services that help you keep, learn, or improve skills and functions for daily living that were not acquired due to congenital, genetic, or early-acquired health conditions. Call 1-844-354-9876 (TTY: 711) for specific details. Limitations may apply whether performed in any of the following settings:</p> <ul style="list-style-type: none"> • Outpatient clinic • Outpatient hospital • The home by a Medicare-certified home infusion agency
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When these services are provided to children age 20 or younger, see this link for a listing of approved neurodevelopmental centers: doh.wa.gov/Portals/1/Documents/Pubs/970-199-NDCList.pdf

Other health care services

Service	Additional information
Antigen (Allergy Serum)	Allergy shots.
Bariatric surgery	Pre-approval is required for bariatric surgery. You must go to an HCA-approved Centers of Excellence (COE) facility.
Biofeedback therapy	Limited to plan requirements unless medically necessary for children and youth 20 years and younger.
Chemotherapy	Some services may require pre-approval.
Cosmetic surgery	Only when the surgery and related services and supplies are provided to correct physiological defects from birth, illness, physical trauma, or for mastectomy reconstruction for post-cancer treatment.
Diabetic supplies	Limited supplies available without pre-approval. Additional supplies are available with pre-approval.
Dialysis	These services may require pre-approval.
Hepatitis C Treatment	<p>Any provider licensed to prescribe direct-acting antiviral medications is allowed to screen and treat Apple Health enrollees. This includes primary care providers, substance use disorder treatment facilities, and others.</p> <p>Some Hepatitis C treatment drugs are covered by Apple Health without a managed care plan. Call us at 1-844-354-9876 (TTY: 711) to learn more.</p>

Organ transplants	Some organ transplants are covered by Coordinated Care and others are covered by Apple Health without a managed care plan. Call us at 1-844-354-9876 (TTY: 711) for specific details.
Oxygen and respiratory services	Medically necessary oxygen and/or respiratory therapy equipment, supplies, and services to eligible enrollees.
Podiatry	This is a limited benefit. Call us at 1-844-354-9876 (TTY: 711) for more information.
Smoking cessation	Covered for all enrollees with or without a PCP referral or pre-approval. Call 1-844-354-9876 for more information or visit their website at www.coordinatedcarehealth.com/members/foster-care/benefits-and-services.html .
Transhealth services	Services related to transhealth and the treatment of gender dysphoria include hormone replacement therapy, puberty suppression therapy, and mental health services. These services may require prior authorization.
Tuberculosis (TB) screening and follow-up treatment	You have a choice of going to your PCP or the local health department.

Hearing and vision

Service	Additional information
Audiology tests	Hearing screening test.
Cochlear implant devices and Bone Anchored Hearing Aid (BAHA) Devices	<p>Bilateral Cochlear Implants, including implants, parts, accessories, batteries, chargers, and repairs are a covered benefit for all individuals.</p> <p>BAHA, including BAHA devices (both surgically implanted and soft band headbands), replacement parts, and batteries are a benefit for children 20 years of age and younger.</p> <p>Cochlear implants are covered for all ages. The benefit includes replacement parts.</p> <p>New Bone Anchored Hearing Aid (BAHA) devices are covered for ages 20 and younger.</p> <p>BAHA replacement parts are covered for all ages.</p>

<p>Eye exams & eyeglasses</p>	<p>Eye exams are covered for all ages. You must use Coordinated Care’s provider network. Call for benefit information 1-844-354-9876 (TTY: 711).</p> <p>For children age 20 and younger, eyeglasses are covered. This includes up to two replacement frames and up to four replacement lenses in a calendar year if lost or broken without authorization.</p> <p>Contact lenses are covered with limitations when they are used instead of eyeglasses to correct vision. The coverage includes one pair of back-up eyeglasses for eligible clients.</p> <p>Eyeglass and contact lens fitting fees are covered for all ages. You can find eyewear suppliers at: https://fortress.wa.gov/hca/p1findaprovider/.</p>
<p>Hearing exams and hearing aids</p>	<p>Hearing exams are a covered benefit for all enrollees.</p> <p>Monaural or binaural hearing aids are covered for:</p> <ul style="list-style-type: none"> • Children age 20 and younger • Adults who meet program criteria <p>Hearing aid coverage includes:</p> <ul style="list-style-type: none"> • Ear mold(s) • Fittings • Follow up • Batteries

Family Planning and reproductive health

<p>Service</p>	<p>Additional information</p>
<p>Family Planning Services including prescription and over-the-counter birth control, contraceptives, and emergency contraceptives (Plan B)</p>	<p>You can use in-network providers or go to your local health department or family planning clinic.</p>
<p>HIV/AIDS screening</p>	<p>You have a choice of going to a family planning clinic, the local health department, or your PCP for the screening.</p>
<p>After-Pregnancy Coverage (APC)</p>	<p>You may be eligible for 12 months of comprehensive postpartum coverage if you are pregnant and enrolled in an Apple Health program or apply for APC if you are not enrolled in an Apple Health program and within 12 months of having had a pregnancy end. Learn more at hca.wa.gov/apc.</p>

Medical equipment and supplies

Coordinated Care covers medical equipment and supplies when medically necessary and prescribed by your health care provider. Coordinated Care must pre-approve most equipment and supplies before paying for them. Call for more information on covered medical equipment and supplies.

Service	Additional information
Medical equipment	Most equipment must get pre-approval. Call us at 1-844-354-9876 (TTY: 711) for details.
Medical supplies	Most supplies must get pre-approval. Call us at 1-844-354-9876 (TTY: 711) for details.

Labs and x-rays

Service	Additional information
Radiology and medical imaging services	Some services may require pre-approval.
Lab and x-ray services	<p>Some services may require pre-approval. Limitations shown below are for outpatient diagnostic services only:</p> <ul style="list-style-type: none"> • Drug screens only when medically necessary and: <ul style="list-style-type: none"> • Ordered by a physician as part of a medical evaluation; or • As substance use disorder screenings required to assess suitability for medical tests or treatment. <p>Portable x-ray services that take place at your home, or a nursing facility, are only covered when contrast media is not used.</p>

Women's health and maternity

Service	Additional information
Breast pumps	Some types may require pre-approval.
Women's health care	Routine and preventive health care services, such as maternity and prenatal care, mammograms, reproductive health, general examination, contraceptive services, testing and treatment for sexually transmitted diseases, and breast-feeding.

Additional services offered

Community Health Services



Receive personalized assistance getting social services and accessing your health plan benefits. Our team of Community Health Workers (CHWs) are part of the Care & Disease Management department. Our CHWs can meet with you and show you how to take control of your health and benefits.

Ask your PCP or your care manager if you feel you need a visit from a Community Health Worker.

Health Library



Our website contains an award-winning Health Library of books and materials for adults, teens and children. Visit us online and take advantage of this resource.

LGBTQ+ Support



At Coordinated Care, we know that gender and identity journeys are different for each of our members.

With Coordinated Care, you can:

- Select the right provider from our network so you feel comfortable asking questions and getting care.
- Have a care manager who helps you navigate health care, assist in conversations with providers, and work with you to meet your goals.
- Take advantage of our resources and rewards programs to keep you healthy.

Wherever you are on your journey, we can support you with professional, caring staff and resources to get the most out of your health care.

Teladoc Health Mental Health



Web and mobile tools to help improve your whole health. Tools include mood tracker and wellness assessments, advice from leading doctors, and positive inspiration.

Tobacco Cessation Program



Our tobacco cessation program is designed to help members quit smoking and other tobacco use, with expert coaching over the phone, a personalized plan to quit using tobacco and evidence-based guides and resources.

To learn more about Coordinated Care programs, call Member Services at 1-844-354-9876, email us at AHCCTeam@coordinatedcarehealth.com, or visit us online at www.CoordinatedCareHealth.com.

Value-Added Benefits (VABs)

Value-added benefits (VAB) are offered by Coordinated Care and are in addition to your Apple Health benefits. VABs can give you more options for care, and well-being. VABs are voluntary and are no cost to you.

Coordinated Care Harvest Bucks™



We offer a fruit & vegetable prescription program in partnership with the Washington State Department of Health (DOH) and Safeway to support whole person care with healthy foods. Eligible members can receive prescription vouchers valued at \$10 each. Vouchers can be used to buy fresh, canned (no added sugar or salt), and frozen vegetables at any Safeway store in Washington.

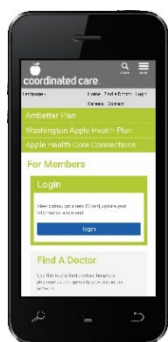
Learn more at CoordinatedCareHealth.com/HarvestBucks or email foodRx@CoordinatedCareHealth.com.

Boys & Girls Club Membership



Members 6-18 years-old get a no-cost Boys & Girls Club basic membership, covered by Coordinated Care. Show your Coordinated Care member ID card to get started.

Cell Phone Program



Eligible members can get unlimited minutes, unlimited texting and 10 GB of high-speed data through the Lifeline program, a federal phone program.

This cell phone program is available to Adoption Support/Alumni members (not Out of Home). Exceptions may be made to youth under 18 in out-of-home care with the approval of DCYF or their Tribal Caseworker. Contact us at AHCCTeam@coordinatedcarehealth.com for more information.

Eyeglasses for adults



Adult eyeglass benefit for members 21+. We offer a \$100 discount on eyeglasses or contacts every two calendar years with participating in-network Envolve Vision providers. In addition, standard fitting fees are covered in full.

Healthy Kids Club (HKC)



For kids 12 years old and under. A resource to help kids stay active, eat healthy foods and snacks and help others. HKC has interactive activities and more [here](#).

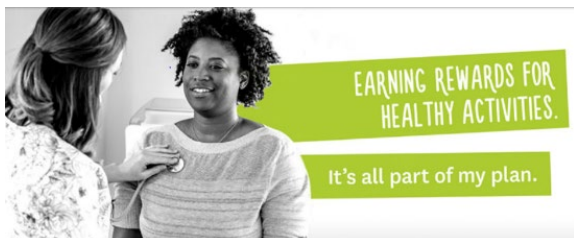
Maternity Programs



Coordinated Care provides pregnant members and new moms amazing programs to support you and your baby's health. You are automatically enrolled into Start Smart for Your Baby® when you complete the Notice of Pregnancy (NOP) form (this form must be completed at least 6 weeks before your due date to qualify for a car seat, stroller, or pack 'n play at no cost).

Start Smart for Your Baby® also provides educational materials, a breast pump, support and case management as needed to guide your pregnancy and delivery. In addition, programs such as Puff Free Pregnancy, Text4Baby and others are available. Learn more at www.CoordinatedCareHealth.com.

Rewards Program



We want to support good health and preventive care. Through our rewards program, members can earn up to \$200 in rewards on a pre-paid card. There are no fees or cost to you and it's automatically triggered when you complete a qualifying activity; no extra paperwork required. It's our way of celebrating your choice to have better

health. You can find a list of how to earn rewards, participating stores and more information under the Benefits & Services section at www.CoordinatedCareHealth.com/rewards.

To learn more about Coordinated Care benefits visit us online at www.CoordinatedCareHealth.com/benefits.

Care Coordination for Complex case management services



Complex case management is a service to help enrollees with complex or multiple health care needs get care and services. Case managers help 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 can ask for case management services for yourself. Health care providers, discharge planners, caregivers and medical management programs can also refer you to case management. You must consent to case management services. For any questions call 1-844-354-9876 (TTY: 711).

Additional Care Coordination services we may offer

Care coordination and chronic disease coaching (such as diabetes or asthma) are part of your health benefits and are provided to you at no cost. Coordinated Care covers services for many conditions, such as asthma, diabetes, COPD, high-risk pregnancy, depression, Substance Use Disorder, ADHD, ABA, and more. Call Member Services at 1-844-354-9876 (TTY: 711) and ask to speak to a Care Coordinator.

Apple Health services covered without a managed care plan

Apple Health covers some other services that are not covered under a managed care plan (also known as **fee-for-service**). Other community-based programs cover the benefits and services listed below even when you are enrolled with Coordinated Care. We will coordinate with your PCP to help you access these services and coordinate your care. You will need your ProviderOne services card for these services.

Call us with 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
<p>Abortion services</p>	<p>Apple Health fee-for-service covers:</p> <ul style="list-style-type: none"> • Medication abortion, also known as the abortion pill. • Surgical abortion, also called in-clinic abortion. <p>Clients enrolled in an Apple Health managed care organization (MCO) may self-refer outside their MCO for abortion services.</p> <p>Includes follow-up care for any complications.</p>
<p>Ambulance services (Air)</p>	<p>All air ambulance transportation services provided to Apple Health clients, including those enrolled in a managed care organization (MCO).</p>
<p>Ambulance services (Ground)</p>	<p>All ground ambulance transportation services, emergency, and non-emergency are provided to Apple Health clients, including those enrolled in a managed care organization (MCO).</p>
<p>Crisis services</p>	<p>Crisis services are available to support you or someone you know. Call 911 for a life-threatening emergency or 988 for a behavioral health emergency. See page 14 for local crisis lines available in your area.</p>

	<p>For the National Suicide Prevention Lifeline: Call or text 988 or call 1-800-273-8255, TTY Users 1-206-461-3219.</p> <p>For mental health or substance use disorder crisis services by county, please call the Behavioral Health Administrative Services organization (BH-ASO) crisis phone number. The BH-ASOs support crisis services for Washington residents regardless of Apple Health eligibility. Crisis phone numbers, by county, can be found on page 14 above, or at: hca.wa.gov/mental-health-crisis-lines.</p>
<p>Dental services</p>	<p>Contracted services include:</p> <ul style="list-style-type: none"> • Prescriptions written by a dentist. • ABCD Services provided by an ABCD certified provider. • Medical/surgical services provided by a dentist. • Hospital/Ambulatory Surgery Center facility charges. <p>All other dental services are covered by Apple Health without a managed care plan.</p> <p>You must see a dental provider who has agreed to bill Apple Health without a managed care plan using your ProviderOne services card. More information is available:</p> <ul style="list-style-type: none"> • Online at hca.wa.gov/dental-services, or • Call HCA at 1-800-562-3022. <p>To find a provider that accepts Apple Health online:</p> <ul style="list-style-type: none"> • DentistLink.org, or • http://www.fortress.wa.gov/hca/p1findaprovider/. • Contact Department of Children Youth and Families (DCYF) for care coordination through Fostering Well Being for Dental needs.
<p>Birth Doula services</p>	<p>Covered birth doula services include emotional, physical, psychosocial, and informational support to pregnant, birthing, post-pregnant people, and their families</p> <p>To learn more, visit hca.wa.gov/billers-providers-partners/program-information-providers/doulas.</p>
<p>Eyeglasses</p>	<p>For children 20 years of age and younger - eyeglass frames, contact lenses, and fitting services are covered by Apple Health coverage without a managed care plan.</p> <p>For adults 21 years of age and over - eyeglass frames and lenses are not covered by Apple Health, but if you wish to buy them, you can order them through participating optical</p>

	<p>providers at discounted prices. Visit: hca.wa.gov/assets/free-or-low-cost/optical_providers_adult_medicaid.pdf</p> <p>Contact DCYF for care coordination through Fostering Well Being for Dental needs.</p>
<p>First Steps Maternity Support Services (MSS), Infant Case Management (ICM), and Childbirth Education (CBE)</p>	<p>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.</p> <p>ICM helps families with children age one and younger learn about, and how to use, needed medical, social, educational, and other resources in the community so the baby and family can thrive.</p> <p>CBE provides pregnant individuals and their support person(s) group classes when 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.</p> <p>For providers in your area, visit: hca.wa.gov/health-care-services-supports/apple-health-medicaid-coverage/first-steps-maternity-and-infant-care.</p>
<p>Inpatient Psychiatric Care for children (Children’s Long-term Inpatient Program (CLIP) for ages 5 to 17 years of age)</p>	<p>Must be provided by Department of Health (DOH) certified agencies. Call us for help in accessing these services.</p>
<p>Long-Term Care Services and Supports (LTSS)</p>	<p>See page 31 of this booklet.</p> <p>Services and supports to assist you if you have a functional impairment or with activities of daily living.</p>
<p>Sterilizations, ages 18-20</p>	<p>You may self-refer to any provider who accepts Apple Health. The provider does not have to be part of the managed care plan’s network.</p>
<p>Substance Using Pregnant People (SUPP) Program</p>	<p>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.</p> <p>For more information and a list of approved providers, visit hca.wa.gov/supp-program.</p>

<p>Transhealth services</p>	<p>Services include surgical procedures and postoperative complications, and electrolysis or laser hair removal in preparation for bottom surgery. Prior authorization is required. For prior authorization call Apple Health Customer Service at 1-800-562-3022 or email transhealth@hca.wa.gov. Learn more at hca.wa.gov/transhealth.</p>
<p>Transportation for non-emergency medical appointments</p>	<p>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.</p> <p>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.</p>

Long-term services and supports (LTSS)

Home and Community Living Administration (HCLA) formerly known as Aging and Long-Term Support Administration (ALTSA) – Home and Community Services (HCS) provides long-term care services for older adults and individuals with disabilities in their own homes, including an in-home caregiver, or in community residential settings. HCS also provides services to assist people in transitioning from nursing homes and to assist family caregivers. These services are not provided by your health plan. To get more information about long-term care services, call your local HCS office.

LTSS

HCLA Home and Community Services must approve these services. Call your local HCS office for more information:

REGION 1 – Adams, Asotin, Benton, Chelan, Columbia, Douglas, Ferry, Franklin, Garfield, Grant, Kittitas, Klickitat, Lincoln, Okanogan, Pend Oreille, Spokane, Stevens, Walla Walla, Whitman, Yakima – 1-509-568-3767 or 1-866-323-9409

REGION 2 – Island, King (ZIP codes 98011, 98019, 98028, 98072, 98133, 98177), San Juan, Skagit, Snohomish, and Whatcom – 1-800-780-7094;

- If you reside in King County in a ZIP code not listed above, and are interested in in-home or residential services, contact the HCS intake at 1-206-341-7750 or FAX (206) 373-6855
- If you are interested in nursing home services, contact HCA intake at 1-800-780-7094 or FAX (425) 977-6579

REGION 3 – Clallam, Clark, Cowlitz, Grays Harbor, Jefferson, Kitsap, Lewis, Mason, Pacific, Pierce, Thurston, Skamania, Wahkiakum – 1-800-786-3799 or FAX (360) 586-0499

Developmental Disability and Community Services (DDCS) formerly known as Developmental Disabilities Administration (DDA) assists with long-term services and supports to help children and adults with developmental disabilities and their families get services and supports based on need and choice in their community. To get more information about services and support, please visit dshs.wa.gov/dda/ or call your local DDCS office listed below.

Services for people with developmental disabilities

The Developmental Disability and Community Services (DDCS) must approve these services.

If you need information or services, visit dshs.wa.gov/dda/consumers-and-families/eligibility or contact your DDCS local office:

Region 1: Adams, Asotin, Benton, Chelan, Columbia, Douglas, Ferry, Franklin, Garfield, Grant, Kittitas, Klickitat, Lincoln, Okanogan, Pend Oreille, Spokane, Stevens, Walla Walla, Whitman, Yakima – 1-800-462-0624 or email DDAR1IE@dshs.wa.gov

Region 2: Adams, Asotin, Benton, Chelan, Columbia, Douglas, Ferry, Franklin, Garfield, Grant, Kittitas, Klickitat, Lincoln, Okanogan, Pend Oreille, Spokane, Stevens, Walla Walla, Whitman, Yakima – 1-800-462-0624 or email DDAR1IE@dshs.wa.gov

Region 3: Clallam, Clark, Cowlitz, Grays Harbor, Jefferson, Kitsap, Lewis, Mason, Pacific, Pierce, Skamania, Thurston, Wahkiakum – 1-800-248-0949 or email DDAR3IE@dshs.wa.gov

Early childhood programs



The Department of Children, Youth, and Families (DCYF) also provides some services and programs below for children under the age of five. Contact Coordinated Care at 1-844-354-9876 (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 – 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 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 us or Apple Health without a managed care plan. If you get any of these services, you may have to pay the bill.

Call Coordinated Care with any questions or to see if there is a Value-Added Benefit option for a service that is not covered. View our Value-Added Benefits guide for more information at hca.wa.gov/vab-chart.pdf.

Service	Additional information
Alternative medicines	Acupuncture, religious based practices, faith healing, herbal therapy, homeopathy, massage, or massage therapy.
Chiropractic care for adults (21 and over)	
Elective cosmetic or plastic surgery	Including face lifts, tattoo removal, or hair transplants.
Diagnosis and treatment of infertility, impotence, and sexual dysfunction	
Marriage counseling and sex therapy	

Nonmedical equipment	Such as ramps or other home modifications.
Personal comfort items	
Physical exams needed for employment, insurance, or licensing	
Services not allowed by federal or state law and its territories and possessions	
Services provided outside of the United States and its territories and possessions	U.S. Territories include: <ul style="list-style-type: none"> • Puerto Rico • Guam • U.S. Virgin Islands • Northern Mariana Islands • American Samoa
Weight reduction and control services	Weight-loss drugs, products, gym memberships, or equipment for the purpose of weight reduction.

Accessing your health information

There are new options for managing your digital health records. On July 1, 2021, a federal rule named the Interoperability and Patient Access Rule (CMS 9115 F) makes it easier for members to get their health records when they need it most. You now have full access to your health records on your mobile device which lets you manage your health better and know what resources are open to you.

Imagine:

- You go to a new doctor because you don't feel well and that doctor can pull up your health history from the past five years.
- You use an up-to-date provider directory to find a provider or specialist.
- That provider or specialist can use your health history to diagnose you and make sure you get the best care.
- You go to your computer to see if a claim is paid, denied or still being processed.
- If you want, you can take your health history with you as you switch health plans. Members can request that their health records go with them.

THE NEW RULE MAKES IT EASY TO FIND INFORMATION* ON:

- Claims (paid and denied)
- Specific parts of your clinical information
- Pharmacy drug coverage
- Healthcare providers

**You can get information for dates of service on or after January 1, 2016.*

For more info, visit your [online member account](#). Learn more about managing your digital medical records on the [Interoperability and Patient Access webpage](#).

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 1-877-644-4613 (TTY: 711) or write to us at:

Coordinated Care
Attn: Grievance
1145 Broadway, Suite 700
Tacoma, WA 98402

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 [Filing a Grievance | Medicaid Resources | Coordinated Care](#) 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 is independent of your health plan. It is provided by a person who has had behavioral health services, or a person 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 written appeal request to:

Coordinated Care
Attn: Appeals
1145 Broadway, Suite 700
Tacoma, WA 98402
Fax: 1-866-270-4489

We can help you file your appeal. To request an appeal verbally, call us at 1-844-354-9876 (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 medical conditions, you or your doctor can ask for an expedited (quick) appeal by calling us. If your medical 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. We must mail a written notice within two 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 Coordinated Care 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.

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.

For help filing an IRO, please call our Member Services team at 1-844-354-9876 (TTY: 711).

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 medical 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 Coordinated Care 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 problems and take part in agreed-upon treatment goals as much as possible.
- Give your providers and Coordinated Care 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 Coordinated Care 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 advanced 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 advanced 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 your plan or the 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 that 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. A model "fill-in-the-blanks" form was included in the state law and it is probably the best and easiest way to create a mental health advance directive.

Coordinated Care, 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.

There are many ways to report fraud and abuse:

- Call Coordinated Care Member Services 1-844-354-9876 (TTY: 711)
- Write to us at:

Coordinated Care
Compliance Department
1145 Broadway, Suite 700
Tacoma, WA 98402

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 directly 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 Coordinated Care 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 the right, with limited exceptions, to look at or get copies of your PHI contained in a designated record set. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practically do so. You must make a request in writing to obtain access to your PHI. If we deny your request, we will provide you a written explanation and will tell you if the reasons for the denial can be reviewed and how to ask for such a review or if the denial cannot be reviewed.

Federal law also requires us to tell you how we protect your PHI that is told to us, in writing or saved on a computer. To protect PHI:

- On paper (called physical), we:
 - Lock our offices and files.
 - Destroy paper with health information so others cannot get it.
- Saved on a computer (called technical), we:
 - Use passwords so only the right people can get in.
 - Use special programs to watch our systems.
- Used or shared by people who work for us, doctors, or the state, we:
 - Make rules for keeping information safe (called policies and procedures).
 - Teach people who work for us to follow the rules.

You can ask us to change the medical record we have for you if you think something is wrong or missing.

You can access a copy of Coordinated Care's Notice of Privacy Practices online at www.coordinatedcarehealth.com/privacy-practices.html, or you can call us if you would like a copy mailed to you.

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 also contact us at **1-844-354-9876 (TTY: 711), 1145 Broadway Suite 700, Tacoma, WA 98402, AHCCTeam@coordinatedcarehealth.com, and www.CoordinatedCareHealth.com** for more information.

Make your voice heard

You can help Coordinated Care with the way our health plan works. We have a Community Advisory Council for Health Equity that gives members like you a chance to share your thoughts and ideas with Coordinated Care. The group meets four times a year. This gives you a chance to talk about your concerns with a variety of people. You also have a chance to tell us how we are doing. You may ask questions or share any concerns that you have about the delivery of services. Call Member Services at 1-877-644-4613 (TTY: 711) or email us at EHO4all@coordinatedcarehealth.com if you would like to join.

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 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.

