

Molina Healthcare of Washington Notification Form for Change in WISe Services Fax Number: (800) 767-7188

Email: MHWWISeNotification@MolinaHealthcare.com

Member Name:	
	er:
	MM/DD/YYYY):
Type of/Reaso	on for Change in WISe Services and Outcome
Internal MCO Process – Route t	
☐ Denial of Program (CANS)	A decision not to offer an intake or a decision (by Managed Care Entity [MCE], or their formal designee) not to authorize covered, medically necessary Medicaid mental health services.
☐ Termination of Services	A decision by MCE, or their formal designee, to stop previously authorized, covered Medicaid mental health services. The decision to stop or change a covered service (in the Individualized Service Plan) solely based on clinical judgment is not a termination.
☐ Reduction in Services	A decision by MCE, or their formal designee, to decrease the amount, duration, or scope of previously authorized, covered Medicaid mental health services. The decision to decrease or change a covered service (in Individualized Service Plan) solely based on clinical judgment is not a reduction.
☐ Suspension of Services	A decision by MCE, or their formal designee, to temporarily stop previously authorized, covered Medicaid mental health services. The decision to temporarily stop or change a covered service (in Individualized Service Plan) solely based on clinical judgment is not a suspension.
Please provide a detailed expla	nation for change in services or a specific reason for denial: