

**Westmoreland County BH/DS Program  
REQUEST FOR COUNTY LEVEL ADMINISTRATIVE REVIEW**

**INSTRUCTIONS:** This form is to be completed by individuals requesting a County Level Administrative Review. *Please be aware that County Level Administrative Review is only to be used for base (county) funded services. If you are a member of Beacon Health Options (Value Behavioral Health [VBH]) and your service is paid for by Beacon Health Options (VBH), you will need to follow the Beacon Health Options (VBH) complaint/grievance process. The contact number for Westmoreland County clients is 877-688-5977.*

Have you filed a complaint/grievance with the service provider? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**If yes, please complete the remainder of this form to request an administrative review. Also include with this form supporting documentation of the provider level complaint/grievance including the outcome and/or proposed resolution.**

If you **HAVE NOT** gone through the provider's complaint/grievance process, you are required to do so prior to submitting a request for a County Level Administrative Review.

<b>Name:</b>		<b>Are you currently active with WCSI?</b>	
		<b>Yes</b>	<b>No</b>
<b>Address:</b>		<b>Date of Birth:</b>	
<b>Contact Number:</b>		<b>Length of time in Current Program/Service:</b>	

<b>Name of Agency/Provider:</b>	
<b>Type of Service:</b>	

<p><b>Please describe in detail the issue(s) to be addressed at the County Level Administrative Review:</b></p>

<b>Signature:</b>	<b>Date:</b>
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**RETURN COMPLETED FORM TO:  
Dirk Matson, Administrator ~ Westmoreland County BH/DS Program  
40 N. Pennsylvania Avenue, Suite 110  
Greensburg PA 15601  
Fax Number: 724-830-3571**