



Colorado

# Northeast Behavioral Health Partnership, LLC

A Partnership for  
Recovery and Resiliency

## Member Handbook

July  
2011



*Si usted necesita una copia de esta paquete de información en español,  
por favor llame al 1-888-296-5827.*

**Non-Discrimination**

Northeast Behavioral Health Partnership (NBHP) does not discriminate against anyone on the basis of race, religion, gender, age, disability or sexual orientation. The decision to provide services is based on clinical needs and what will best assist you in your recovery.

Northeast Behavioral Health Partnership, LLC

**For copies of this handbook in large type or on audiotape,  
or if you need interpreter services, please call the Access to  
Care Line at 1-888-296-5827.**

## **WELCOME!**

We are sending you this Handbook because you live in Cheyenne, Elbert, Kit Carson, Larimer, Lincoln, Logan, Morgan, Phillips, Sedgwick, Washington, Weld or Yuma County and have Medicaid. The State of Colorado has chosen Northeast Behavioral Health Partnership (NBHP) to arrange services for people in those counties who need mental health services. Northeast Behavioral Health Partnership is your Behavioral Health Organization (BHO). If you or your family need mental health services, we can help you. We can also help you find services if you have problems with alcohol, street drug, and prescription drug addictions. Since you have Medicaid, you are automatically enrolled in the program.

You can use this handbook to answer questions you have about your new plan. We want you to understand your benefits. If you have any questions or comments about your services, call:

### **Northeast Behavioral Health Partnership**

**Access to Care Line**

**24 hours a day, 7 days a week**

**1-888-296-5827**

**Or**

**Office of Member and Family Affairs**

**970-347-2367**

**1-888-296-5827**

**Or visit us on the Web at:**

**<http://www.nbhpartnership.org>**

## **Resiliency and Recovery from Mental Illness**

Northeast Behavioral Health Partnership (NBHP) and our providers want to make sure that you and your family receive the best mental health care possible. We help people with emotional problems as well as people with serious mental illness. We also provide help and support to the families of children and adults with emotional problems and mental illness. NBHP and our providers believe that everyone can recover from emotional disorders and mental illness. We know that individuals and families are resilient and have the ability to overcome problems. The principles of recovery and resiliency are at the core of everything that we do. One way we show that commitment is by hiring peer (client) providers and family advocates. These individuals serve as mentors (guides) and provide hope to clients and families. Let NBHP or your provider know if you are interested in working with peer and family providers.

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## GETTING AND CHOOSING SERVICES

### **How can I get mental health services from NBHP?**

If you or your family need mental health services, we make it easy to get services from the provider of your choice. We are as close as any telephone. To reach us, simply do one of the following:

- Call the NBHP Access to Care Line at **1-888-296-5827**. You can call 24 hours a day, 7 days a week. You can talk to a mental health counselor who will help you find a provider who meets your needs.
- Call or visit the community mental health center serving your county. The mental health centers are listed in Appendix A. You can also call **1-888-296-5827** to get the number of your mental health center.
- Go to our Web site at [www.nbhpartnership.org](http://www.nbhpartnership.org). Our Web site gives you all of the information in this handbook and much more.
- Call one of our network providers. You can find a provider in the Provider Directory on our Web site at <http://www.nbhpartnership.org/Members.htm>. You can also click on the “Referral Connect” link for a searchable list of providers.

You may choose to get your services at one of our community mental health centers or with one of our independent providers. You have the right to choose. You may also ask to have a provider added to our network. If you need the care of a specialist, we will refer you to one.

Our provider list is easy to get. You may ask for this list at any time. It gives you the provider’s name, address and languages other than English that the provider speaks. Call us at 1-888-296-5827 during business hours to ask for this list. Or go to our Web site at <http://www.nbhpartnership.org>. Our providers do not have incentive plans.

There is no charge to you for any services covered by your Medicaid Mental Health Plan. There are NO co-pays. If you get a bill for any mental health services you get, contact us at:

**Northeast Behavioral Health Partnership  
Office of Member and Family Affairs  
1300 N 17th Avenue  
Greeley, CO 80631  
970-347-2367  
1-888-296-5827**

## Hours of operation

You can call NBHP between the hours of 8:00 a.m. to 5:00 p.m., Monday through Friday, at 970-347-2367 or 1-888-296-5827. You can talk to someone on our Access to Care Line 24 hours a day, 7 days a week by calling 1-888-296-5827.

## When will I be seen?

As a Medicaid member, you have the right to get mental health services in a timely manner:

- When you call to make a first or routine care appointment, our providers will offer you an appointment within 7 days.
- If you call us about an urgent mental health problem, our providers will see you within 24 hours.
- If you are calling with a mental health emergency, our on-call providers will see you within one hour if you live in a city. If you live in a rural area, they will see you within two hours.

When you call to make a first appointment, it is important to tell us and our providers if you have a special need. Some of our members may need special help to get the most from their mental health services. If you have a disability and need special assistance, please let us know when you call for an appointment. Also let us know if you need an interpreter for a non-English language or someone who knows sign language.

## What can I expect at my first appointment?

When you begin mental health treatment, our providers will ask questions to help them understand what you need. They will ask about your background and family history. They will talk with you about your strengths, your problems and any mental health symptoms you have. Because your mental and physical health affect one another, it is important that you tell your provider about any medical care you are getting and any medications you are taking. Your provider will use all of this information to decide what kinds of services or medication will help you get better. You are a partner in these decisions.

We want our providers to respect your time. If you have to wait more than 15 minutes for a scheduled appointment, let the receptionist know. They will tell you the reason for the delay and ask if you want to reschedule. If your condition is urgent or an emergency, they will give you a new appointment within certain timeframes. If the appointment is for medications, they will give you an appointment before you run out of medications.

You will get a care coordinator while you are getting mental health services. Your care coordinator will:

- Be in charge of your records, your treatment and coordinating your care.
- Help you create your service (treatment) plan.
- Ask you to sign releases of information for other providers and your supporters. This is so we can coordinate your mental health and other health services.
- Help you identify any special needs you may have.
- Work with other community agencies to help make sure that your other needs (such as medical and housing) are met.
- Provide follow up and help in a crisis.

### **What if I miss an appointment?**

Modern life is busy. We understand that people sometimes can't make it to their scheduled appointment. If you have to miss an appointment, please call your provider at least 24 hours before the appointment. This way, your provider can make another one for you. It also gives other people who need an appointment the chance to get one. If you keep missing appointments, your provider may think you do not want services. If you miss more than 3 appointments without calling or returning the provider's calls, we may ask you to see a different provider. In any case, your provider cannot charge you for missed appointments.

### **What is a service plan?**

This is a plan that you help develop that will guide your treatment. It takes into account your goals in life as well as in treatment. It may include wellness activities, housing, jobs, education and relationships you want. As a partner in your care, you need to be involved in writing your service plan. If you want, you can include other people who can advocate for and support you when making your plan.

## What mental health services can I get?

### Your Medicaid Mental Health Plan covered benefits

<b>Case Management Services</b>	These are services you get in the community. They help you stay in the community. They include service planning, outreach, referral and coordination of services. Routine case management is part of the services provided by your mental health outpatient care coordinator.
<b>Emergency Care</b>	Emergency care is the treatment of a mental health condition that is life threatening. It is life threatening to the person who is having the crisis. Or, another person may think it is life threatening to you.
<b>Inpatient Hospital</b>	Inpatient services are those mental health services that need to be given in a hospital. Your plan benefit allows up to 45 inpatient hospital days per fiscal year. Fiscal year is from July 1 through June 30. However, youth ages 20 and under may qualify for more hospital days if medically necessary. This is through the Early Periodic Screening, Diagnosis and Treatment Program (EPSDT).
<b>Medication Management</b>	This is when a doctor or other licensed prescriber prescribes and monitors your psychiatric medications.
<b>Outpatient Treatment</b>	These are services you get in an office or other place in the community. They are recommended by a doctor or other licensed provider. They help people recover from their mental health issues. If needed, they also help people regain skills they need to live in the community. Services include individual therapy, brief individual therapy, family therapy, group therapy and outpatient day treatment. You can get up to 35 individual or brief therapy sessions per year. Through EPSDT, youth ages 20 and under may qualify for more individual and brief therapy sessions, if medically necessary. There is no limit on outpatient day treatment.
<b>Residential Treatment</b>	A residential treatment program is a 24-hour living situation. It provides care when a person does not need to be in the hospital, but still needs help and structure 24-hours a day. Residential treatment can be for adults or children.
<b>School Based Services</b>	School-based services are for children and youth with special mental health care needs. They are provided in the school setting. Services may include smaller classrooms, specially trained staff, counseling and other services to help the child succeed.

## Other services

The following services may be offered in your community. To learn more, call NBHP at 1-888-296-5827 or call your mental health center listed in [Appendix A](#).

- Vocational and employment services, including supported employment
- Home-based services for children and adolescents
- Intensive case management
- Respite services
- Drop-in centers
- Certified Clubhouses
- Peer services and support services
- Peer mentoring for children and adolescents
- Assertive community treatment programs
- Warm (telephone support) lines
- Special services for adoption issues
- Early childhood intervention services
- Family support, education and training services
- Multi-systemic therapy
- Prevention services and early intervention activities
- Recovery services

## How will I know if there are changes in my mental health coverage or benefits?

NBHP gives you this information in several ways:

- We will give you written notice of any major change at least 30 days before the date of that change;
- We will notify you of your right to ask for information about Medicaid mental health benefits and services at least once a year;
- If there are changes with the person or the place where you get your mental health services, we will contact you by mail. We will try to let you know at least 15 days ahead;
- Changes will be posted on our Community Mental Health Center Web sites; and
- Changes will be posted online at [www.nbhpartnership.org](http://www.nbhpartnership.org)

You may also call the NBHP Office of Member and Family Affairs at 970-347-2367 to ask for a copy of this information at any time.

## How do you make decisions about my care?

### *Medical necessity*

NBHP considers medical necessity when making decisions about your care. The State defines a service as medically necessary if it:

- Is reasonably needed to treat the problem,
- Is reasonably needed to improve, make stable or keep your conditions from getting worse,
- Is given in the most appropriate, least restrictive, and safest setting, and
- Cannot be stopped without it having a bad effect on your health or the quality of your care.

### *Clinical guidelines*

Your provider also uses NBHP clinical guidelines to help us make decisions about care that is right for you. These clinical guidelines are based on the definition of medical necessity above. Providers, clients and family members helped NBHP develop these guidelines. NBHP does not deny services based on moral or religious objections.

If you would like a copy of our clinical guidelines, please visit our Web site or call NBHP at 970-347-2367.

### *Least restrictive setting*

State and federal Medicaid rules require that you get your services in the least restrictive setting that will meet your needs. This means that care should be provided in the community whenever possible.

## How are decisions made about changing or stopping my services?

There may come a time when you no longer need mental health services. In that case, your provider will work with you to find resources to help maintain your recovery. If your provider recommends discharge and you disagree, you can file a grievance with NBHP. (See page 18.)

When you first start services, you and your provider will agree on what goals you want to reach during your treatment and before you are discharged. This is called your discharge criteria.

## **What if I have a disability, special need, or need help speaking or understanding English?**

When you call to make a first appointment, please let us know of any special needs you may have. For example, you may have a disability and need special assistance. We will use AT&T Language Line telephone interpreters if we do not speak your language. Or we will use Relay Colorado or a TTY line if you are deaf or hard of hearing.

If you do not speak English, we will try to find a provider who speaks your native language. Or, we will provide an interpreter. If you are deaf, we will try to find a provider who signs. If none are available, we will provide an interpreter. There is no charge to you for interpreter services. Our providers never ask family or friends to interpret--unless that is your choice.

Our written materials are available in Spanish. If you speak a language other than English or Spanish, we will arrange to have an interpreter read our materials to you. We also have materials on audiotape or in large print.

There is no fee for any of these services. Please call us at 1-888-296-5827 to ask for any of these services or materials.

## **New treatment procedures**

Sometimes you find out about a new treatment or medication and would like to learn more about how it might work for you. We keep up with new treatment and new medications. You have the right to ask that we review any new treatment or medications that you think might help you.

# EMERGENCIES

## What if I have an emergency?

An “Emergency Medical Condition” is a serious medical or mental health condition. An emergency condition has severe symptoms. These symptoms are so severe that a person who knows a little bit about health would think that not getting help could:

- Put a person’s health at serious risk;
- Cause harm to a person’s body functions; or
- Cause harm to a body part or organ.

If you have a **mental health** emergency, you should do **one** of the following:

- Call your mental health center (listed in Appendix A);
- Call your individual provider if you have one;
- Call the NBHP toll-free number. This number is available 24 hours a day, 7 days a week. The number is 1-888-296-5827;
- Go to the nearest emergency room (listed in Appendix B); or
- Call 911.

If you have a **physical health** emergency, you should do **one** of the following:

- Call your doctor, if you have one.
- Call the Nurse Advice Line toll-free number at **1-800-283-3221**. This number is available 24 hours a day, 7 days a week.
- Call your (local) health clinic.
- Go to the nearest emergency room (listed in Appendix B).
- Call 911.

You do not need prior approval to get emergency services. You can get emergency services from any hospital or qualified provider emergency room in your area. These are listed in Appendix B.

## What happens when the emergency is over?

You may need services after the emergency is over to help you stay stable or improve your mental health condition. This is called Post Stabilization Care. Post stabilization services are inpatient and outpatient services provided just after an emergency. There is no charge for the services you get to keep you stable after the emergency.

## What if I am away from home and I have an emergency?

“Out of Area Care” is when you get services outside the counties served by NBHP. If you need emergency “*out of area care*”, go to the nearest emergency room. Tell the staff that you are signed up with NBHP for mental health coverage. The emergency room will contact us. When your emergency care is finished, we will work with the emergency room or hospital to move you back to your mental health provider.

Only emergency room and emergency inpatient care is covered when you are traveling or visiting outside of NBHP’s area (Larimer, Weld, Cheyenne, Elbert, Kit Carson, Lincoln, Logan, Morgan, Phillips, Sedgwick, Washington and Yuma Counties). If you need non-emergency mental health help when you are out of area, call your care coordinator or the toll free NBHP number at 1-888-296-5827. A licensed clinician will help you decide what to do.

## **OTHER THINGS YOU SHOULD KNOW ABOUT YOUR SERVICES**

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### **Are there limits on the services I can get?**

Yes, Medicaid limits the individual therapy sessions and inpatient hospital days. You may not use more than 35 individual therapy sessions in one fiscal year (July 1 through June 30). You may not use more than 45 days per fiscal year for inpatient hospital stays. There are some exceptions to these limits. You can talk to your Care Coordinator or NBHP if you have questions about this.

There may be exceptions to these limits for youth, ages 20 and under, who have been screened under the Early Periodic Screening, Diagnosis and Treatment (EPSDT) program. Please see the EPSDT section in the handbook to learn more.

Even though there are limits to individual therapy and inpatient days, there are many services that are not limited. These include appointments for medications, group therapy, wellness classes, peer services, Clubhouses, support groups and many more services.

### **How do I get my medications?**

#### **Colorado Prescription Drug Program**

Medicaid has a Preferred Drug List (PDL) for people who need prescription medication. The PDL is a list of drugs that do not need prior approval by the state. Drugs that are not on this list do need approval from the State. This means that some drug choices are limited.

Medicaid members get their mental health medications in one of two ways:

- If you have Medicaid only, you get psychiatric medications through the state fee for service prescription program. The PDL currently includes some medications for Attention Deficit Hyperactive Disorder (ADHD), depression, and psychotic disorders. People with serious mental illness can still get the medications they need, even if their medications are not on the PDL. The state has a process for this.
- If you have Medicare and Medicaid (dual eligible), you must enroll in a Medicare Part D plan. Medicare Part D covers certain medications you may need. If your Part D plan will not pay for certain types of drugs that you need, then Medicaid will pay. Benzodiazepines are an example of mental health drugs not covered by Medicare Part D.

To get more information about the PDL and any future changes:

- Go to [www.colorado.gov/cs/Satellite/HCPF/HCPF/1197969486609](http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1197969486609).
- Call the state Pharmacy Liaison at 303-866-3588 or 1-800-221-3943 (toll free).
- Call your Office of Member and Family Affairs at 970-347-2367.

If you have Medicare and need help signing up with for a Part D plan, call Medicare at 1-800-633-4227. You can also call the State Health Insurance Assistance Program at 1-888-696-7213 (toll free).

## How much does it cost to get mental health services?

As a Medicaid Member, you have a right to get covered mental health services at no cost to you. There are **no co-pays** for your mental health services. If you get a bill for any mental health services, contact NBHP at 970-347-2367. See the section “What if I have other Insurance in addition to Medicaid?” for special situations.

## What if I want a second opinion about my treatment or diagnosis?

You may have questions about your treatment or services. You have the right to get a second opinion about your mental health care or diagnosis. To get a second opinion, call NBHP at 1-888-296-5827 (toll free) or call the NBHP Office of Member and Family Affairs at 970-347-2367.

## What if I have other insurance in addition to Medicaid?

To make sure you don't get bills for your care, you **must** follow the rules of your primary insurance. For example, you must use providers in their network. You must follow their rules to get services approved. If you don't, you may have to pay for your services. For help to find a provider, you can call your primary insurance company. If you have Medicare, you can go to the Medicare web site. You can also call Medicare and ask for a member handbook.

You should let both your primary insurance and NBHP know that you have other insurance. You may ask for help finding a provider who is in **both** networks. If your provider is in both networks, you do not have to pay for Medicaid covered services. If you choose a provider with your primary insurance who is **not** in the NBHP network, you may have copays and deductibles. If your primary insurance does not cover a Medicaid mental health service you need, call us. NBHP will help you find a network provider for those services.

If you have Medicare, we will help you find a provider who takes Medicare. If we cannot find a Medicare provider for you, we will help you find a provider in our network. You may need a mental health service that Medicare does not cover. If Medicaid covers the service, we will help you get that service from one of our providers.

We understand that this can be confusing. If you have questions, please call NBHP at 1-888-296-5827 (toll free) or the Office of Member and Family Affairs at 970-347-2367.

## **How can I get transportation to appointments?**

If you need help getting to your appointments, call your care coordinator. They can also help you find a ride to appointments if you are very sick or cannot walk or drive. They can also help if you are not sick, but don't have a car or another way to get there. Their numbers are listed in the provider directory we sent you with this handbook. The mental health center numbers are in [Appendix A](#).

## **What if I or my family member has a brain injury or a developmental disability?**

The State of Colorado has a list of diagnoses that are covered by NBHP. TBI (traumatic brain injury) and DD (developmental disabilities) are covered by other Medicaid programs. If you have a mental health problem, you can get mental health care even if you have TBI or DD. The State has a list of guidelines for caring for persons with TBI or DD and mental illness. You can find the guidelines at

<http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1243601732847>

or you can call the NBHP Office of Member and Family Affairs at 970-347-2367 for a copy.

# YOUR RIGHTS AND RESPONSIBILITIES

As a Medicaid member, you have certain rights and responsibilities.

## ***Members have the Right to:***

- Be treated with respect, dignity and regard for your privacy.
- Get information about your mental health benefits and how to access them.
- Get medically necessary mental health services according to federal law.
- Get information about your treatment choices in a way that you can understand.
- Help make decisions about your health care. You have the right to refuse treatment unless it is required by law.
- Not be secluded or restrained as punishment or to make things easier for your provider.
- Have a service plan that you help write and get a copy of your plan.
- Make a complaint about any of your services.
- Ask for a state fair hearing if a service is denied or reduced.
- Get help understanding your rights and making a complaint or an appeal.
- Choose someone to represent your best interests if you need help.
- Get help from the Ombudsman for Medicaid Managed Care by calling 303-830-3560 or 1-877-435-7123.
- Have a choice of providers within our network. Ask that a provider be included in our network.
- Get a second opinion from within our network at no cost.
- Get services that are suitable to your culture.
- Have an interpreter if you have problems communicating or do not speak English.
- Be told quickly if your services have ended. Be told when there are changes to your services or providers.
- Tell others your opinion about our services. Sharing your opinion with others will not affect how we provide your covered services.
- Be free to use all of your rights without it affecting how you are treated.
- Have your record and the information you give in therapy kept private. Know that federal law and state laws permit your information to be shared if:
  - You are a danger to yourself or others.
  - You are gravely disabled (unable to care for yourself)
  - In cases of child abuse or suspected child abuse.
- Review or get a copy of your medical records; ask that they be changed or corrected.

- Be free from sexual closeness in any relationship with your providers. If this happens, you should report it to the board that regulates psychotherapy. In Colorado, that is the Department of Regulatory Agencies (DORA). You can reach them at 303-894-7788 or by writing to DORA at 1560 Broadway, Suite 1350, Denver 80202.

### ***Members have the responsibility to:***

- Learn about your mental health benefits and how to use them.
- Be a partner in your care. This means:
  - Following the plan you and your care coordinator have agreed on.
  - Participating in your treatment and working toward the goals in your service plan.
  - Taking medications as you and your doctor agreed.
- Tell your therapist or doctor if you do not understand your service plan. You should tell him or her if you do not agree with your service plan, or want to change it.
- Give your therapist or doctor the information he or she needs to give you good care. This includes giving written permission so that your providers can coordinate your care. This may also be called a release of information.
- Come to your appointments on time. You should call the office if you will be late, or if you can't keep your appointment.
- Cooperate with NBHP when you choose a provider or are seen by your provider. If you have questions about choosing a provider, or how to make an appointment, call NBHP at 1-888-296-5827.
- Let us know when you change your address or phone number.
- Treat others with the same courtesy and respect that you expect.

## **Confidentiality**

Any information about your mental health is called “protected health information” or PHI. We will only use your PHI to make sure that you get good mental health care and for activities of payment. For example, we can only use PHI:

- For treatment. We may share your health information with those who are involved in providing your healthcare.
- For coordinating your care between providers. For coordinating care between a provider and an insurance company.
- To communicate with providers who have given you services so we can pay claims.
- To look at how our members use services. This helps us to provide better care.
- When required by law. We will share PHI when federal, state or local law requires it. We will share PHI if we get a court order or if your records are subpoenaed.

- To collect data about disease or injury to report it to a public health authority.
- To avoid a serious threat to health or safety. We may share PHI with law enforcement or other persons if we think it will prevent or reduce the threat of harm.

## What if I have problems with services or my rights are not respected?

NBHP cares about you and the quality of your mental health services. We work hard to give you the best care. We always try to improve the way we serve you and want your feedback about how we are doing.

We also know that problems happen. If you are unhappy with any part of your service, you have the right to file a grievance (complaint). You also have the right to appeal any action (decision) that you disagree with. The Office of Member and Family Affairs (OMFA) can help you with this.

## Process for Grievances (Complaints) and Appeals

### Terms (Definitions)

**Action:** an action is when NBHP:

- Denies or limits all or part of a requested service, including the type of level of service.
- Reduces, changes or ends treatment that was already approved.
- Denies payment, in whole or in part, for a service.
- Does not provide services in a timely manner.
- Does not act within approved time frames for grievances and appeals.
- Denies a request to obtain treatment outside the network in rural areas.

**Appeal:** When you disagree with an Action by NBHP and ask for a review of the Action. You may make your Appeal orally but must follow up in writing.

**Designated Client Representative (DCR):** A person you choose to file a grievance or appeal for you. You must put this choice in writing. This person can be one of your providers, like a doctor or therapist. It can also be a friend or a family member.

**Grievance:** A complaint about your mental health services, your provider or staff. You can file a Grievance if you are unhappy about any service or staff person. This includes things like the quality of your care, or failure to respect your rights. It could also include a provider or staff being rude to you. A Grievance can be oral (in person or by telephone) or in writing.

**Notice of Action:** This is a letter that NBHP sends you explaining the action it is taking and your Appeal rights.

**State Fair Hearing Process:** This is a hearing before a state administrative law judge. It is available for Appeals only.

### **How do I file a grievance (complaint)?**

First, try talking with your provider or a supervisor so that problems can be fixed quickly. If you don't want to do that, or if you have tried that and it didn't help, here are other ways you can file a grievance:

- Contact the Member or Family Advocate at your mental health center: They are listed on page 38 of this handbook.
- Contact the Office of Member and Family Affairs at 970-347-2367 or 1-888-296-5827.
- Contact the Ombudsman for Medicaid Managed Care at 303-830-3560, 1-877-435-7123, TTY 1-888-876-8864. They will help you file a grievance with NBHP.

You can ask someone else to file a grievance for you. However, you must make that person your "Designated Client Representative," or DCR. This means that you sign a form naming that person as your DCR. You also sign a Release of Information for NBHP to share information with that person.

You can file your grievance in person, on the phone, or by E-mail. You can also file by letter or on a form that you can get from the OMFA. You must file your grievance within thirty (30) calendar days from when the event happened. The NBHP Member and Family Advocate or OMFA Director can help you with this. If you want, they can help you put your complaint in writing. They can also arrange for interpreter services if you do not speak English, are deaf or hard of hearing.

NBHP will send you a letter within two (2) working days. We will look into your concerns and may call you for more information. The person who makes decisions on your grievance will not be the same person who worked on your issue before. If your case involves a clinical problem, we will talk to a clinical person who was not involved in your case. This process is confidential. You will not lose your Medicaid benefits for filing a grievance.

Within fifteen (15) working days after we get your grievance, we will mail you a letter. The letter will tell you our decision about your grievance and the date it was made. If NBHP needs more time, or you do, we can extend the time for up to fourteen (14) more calendar days. We will send you a letter telling you why we extended the time and how it is in your best interest.

If you do not agree with our decision, you can ask the Department of Health Care Policy and Financing (HCPF) to review our decision. The Department's decision will be final. To make this request, call:

**Medicaid Customer Service at  
303-866-3513 (Denver Metro area)  
1-800-221-3943 (outside the Metro area)  
TTY 303-866-7471**

## **How do I file an appeal (appeal of an Action)?**

If you disagree with an Action that NBHP takes, you have the right to file an appeal. You must make your appeal within thirty (30) calendar days from when we sent the Notice of Action letter. NBHP will consider that date as the date of your appeal. You can file an appeal by phone or in person. However, you must follow up in writing. The Office of Member and Family Affairs (OMFA) can help you with that. Also, the OMFA can arrange for an interpreter if you need one.

You can ask someone else to file an appeal for you. However, you must make that person your Designated Client Representative (DCR). This means that you sign a form naming that person as your DCR and also sign a Release of Information for NBHP to share information with that person.

## **What if my treatment was already approved but NBHP now wants to stop my treatment?**

This is a special situation. If you get a notice that NBHP plans to stop or reduce a service that was approved, you can ask that the service go on.

For services to continue, several things must happen:

- You or your provider must file the appeal on time.
- The services must have been ordered by an authorized provider.
- The time period for the authorized services is not over yet.
- You must ask NBHP to continue the services.

In this situation, you must file your appeal within ten (10) calendar days of the day we sent the Notice of Action letter, or ten (10) days from the day when the treatment is scheduled to stop or change, whichever is later.

## **Who do I call to file an appeal?**

There are many ways you can file an appeal. To file an appeal, you can contact any of the following:

- The NBHP Care Management Department at 1-800-804-5008 or write to:  
NBHP Care Management Department, at 7150 Campus Drive, Suite 300, Colorado Springs, CO 80920
- The Director of OMFA at 1-888-296-5827 or 970-347-2367
- The Member and Family Advocate at North Range Behavioral Health at 970-347-2369 or 970-347-2384
- The Member and Family Advocate at Larimer Center for Mental Health at 970-494-4359
- The Member and Family Advocate at Centennial Mental Health Center at 970-522-4549 or 970-522-4392

- The Ombudsman for Medicaid Managed Care at 303-830-3560, 1-877-435-7123 or TTY 1-888-876-8864.
- The State Office of Administrative Courts directly at: Office of Administrative Courts, 633 17th Street Suite 1300, Denver, CO 80202, 303-866-2000, Fax: 303-866-5909. You do not have to file with NBHP first, but you must let NBHP know you have contacted the Office of Administrative Courts.

If you appeal to NBHP we will send you a letter to let you know we got your appeal. We will do this within two (2) working days. The letter will also tell you more about the appeal process including the fact that you can provide evidence of fact or law in person.

We will make a decision and send you a letter with the decision within ten (10) working days. We will also try to call you first on the telephone. If you think you may be harmed by waiting the 10 working days for either type of appeal, you can ask for an expedited or quick appeal. For an expedited appeal, we will make the decision and send you the decision letter (and call you on the phone first, if possible) within three (3) calendar days of the date we received the expedited appeal.

If you need more time to get information to help your appeal, or if we need more time, we will extend the time of the decision letter for up to fourteen (14) more calendar days. We will send you a letter telling why more time is needed and why it is in your best interest for us to get the information. It will tell you when to expect the decision.

### **What if I disagree with NBHP's decision about my appeal?**

If you are not satisfied with our decision, you may appeal to the Office of Administrative Courts and ask for a State Fair Hearing. However, you must do this within thirty (30) calendar days from the date NBHP sent the Notice of Action for a denial of a requested service. You must appeal within ten (10) calendar days about a previously authorized service. We encourage you to file with the Office of Administrative Courts at the same time that you file your appeal with NBHP. That way, you will not lose your right to a State Fair Hearing. You can provide evidence of fact or law and have someone represent you at the hearing.

If you ask for an appeal or a State Fair Hearing, the service you requested will continue if:

- You or your provider files the appeal within the required time frames;
- You ask for your benefits to continue;
- The services you are asking to continue were authorized by NBHP; and
- The current service authorization has not expired.

During the time you are appealing, your requested services will continue for a limited time. The services will continue only until one of the following things happens:

- You withdraw your appeal;
- 10 days pass after we mail the Notice of Action, and you have not asked for a State Fair Hearing;
- You have asked for a State Fair Hearing, and their decision is to stop your services; or
- The original authorization for your service has expired.

Important Note: If your appeal is denied at the State Fair Hearing level, you may have to pay for the cost of services you received while your appeal was being reviewed.

## Ombudsman for Medicaid Managed Care

The Ombudsman is an organization independent from NBHP and Medicaid. They can help you resolve health or mental health care issues. They can help you file a grievance or appeal. Any Medicaid Managed Care member or BHO member who lives in Colorado can use them. There is no cost to you to use the Ombudsman.

Their contact information is:

**Ombudsman for Medicaid Managed Care**  
**1-877-435-7123 outside of Denver**  
**303-830-3560 in the Denver Metro area.**  
**TTY 1-888-876-8864 for hearing impaired**

## Advance Directives

You have the right to provide advance written instructions to health care workers about the type of health care you want or do not want if you become so ill or injured that you cannot speak for yourself. These decisions are called *Advance Directives*. Advance Directives are legal papers you prepare while you are healthy. In Colorado, they include:

- A Medical Durable Power of Attorney. This names a person you trust to make decisions for you if you cannot speak for yourself.
- A Living Will. This tells your doctor what type of life sustaining procedures you want and do not want.
- A Cardiopulmonary Resuscitation (CPR) Directive. This is also known as a “Do Not Resuscitate” Order. It tells medical persons not to revive you if your heart and/or lungs stop working.

For more information about this, talk to your **Primary Care Physician (PCP)**. Your PCP will have an Advance Directives form that you can fill out. Your Office of Member and Family Affairs can also help you find out how to make an Advance Directive.

Your mental health provider will ask you if you have an Advance Directive. You may have a copy placed in your mental health record if you wish. For a copy of our policy on Advance Directives, please contact us at 970-347-2367 or 1-888-296-5827 (toll free).

If you think your providers are not following your Advance Directive, you can file a complaint. Call or write to the Colorado Department of Public Health and Environment at:

**Colorado Department of Public Health and Environment  
4300 Cherry Creek Drive South  
Denver, Colorado 80246-1530  
303-692-2000**

**Mental health advance directives are not required by law.**

### **Should you make a mental health crisis plan?**

It is a good idea for you to have a crisis plan. A crisis plan will help you have more control over decisions if you do have a mental health crisis. Talk with your mental health provider about writing a crisis plan. You can also write a Wellness Recovery Action Plan (WRAP, developed by Mary Ellen Copeland, M.A.) or other type of wellness plan. A wellness plan is a plan you can use to stay healthy. It also tells your family and providers what you want to happen in an emergency. Your provider can put a copy of your crisis plan or WRAP in your record.

# **OTHER THINGS YOU SHOULD KNOW TO HELP YOU USE YOUR MEDICAID MENTAL HEALTH BENEFITS**

## **Office of Member and Family Affairs**

NBHP has an Office of Member and Family Affairs (OMFA) to help you. They can help with any problems or questions about your mental health services. The Office of Member and Family Affairs:

- Helps members and families understand the mental health services available and how to get them.
- Provides information about other supports in the community, such as self help groups and advocacy groups.
- Helps members and families understand their rights and responsibilities. Works to protect members' rights.
- Helps members and their families to have a voice in the mental health system by getting involved in committees and advisory boards.
- Provides education about mental health and other recovery issues.
- Advocates for members and their families.
- Helps Members with grievances (complaints) and appeals.

Call your mental health center or NBHP if you would like to talk to someone from the Office of Member and Family Affairs. The numbers are listed on the last page of this handbook. They can also tell you about member advisory boards (committees) in your area.

## **Quality Improvement Program**

NBHP has a Quality Improvement (QI) Program. This program helps us measure and improve the quality of our services. Our QI Program provides information about things like:

- How our services help people get better
- How we are doing to help people meet their recovery goals
- How quickly and well we respond to complaints and appeals
- How satisfied members are with the complaint process
- How quickly people get appointments
- How long people stay in the hospital
- How we are doing at keeping people from going back to the hospital too soon after discharge

To learn more about our Quality Improvement program or to get a free copy of our Quality Plan, call us at 970-347-2367.

## Member Surveys

We want to know your opinion about the services you get. To get your opinion, we do surveys over the phone or by mail. Our surveys ask you questions about your mental health treatment. They will also ask what you think we can do better. All information we get from the survey is confidential. We do not give out any names. If you have questions about the survey, please call NBHP and ask to speak to someone in the Quality Department.

## Member Advisory Committees

NBHP and the mental health centers have advisory committees that give us feedback about how we are doing. If you would like to learn more about any groups in your area, call the NBHP Office of Member and Family Affairs at 970-347-2367 to find out how you can get involved.

## Other Medicaid Benefits

### Your Non-Mental Health Benefits under Medicaid

This handbook does not list all of your Medicaid benefits. The next section has a list of some Medicaid benefits you may be eligible for. For more information about your Medicaid health care benefits please call:

**Medicaid Customer Service**  
**303-866-3513 (Denver Metro Area)**  
**1-800-221-3943 (outside of Denver)**  
**Or go to the state Medicaid Web site,**  
**<http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1197364086675>**

### How can I get care for physical health problems?

If you need medical care, see your primary care physician (PCP) or other doctor. If you do not have a PCP, call *HealthColorado*. *HealthColorado* is a state program that helps people on Medicaid join health plans.

**HealthColorado**  
**Metro Denver 303-839-2120**  
**All Other areas 1-888-367-6557**  
**TTY: 1-888-876-8864**  
**<http://www.healthcolorado.net/>**

NBHP can also help you find a doctor. Call us. Our number is listed in the last page of this handbook.

You may have to pay a co-pay for medical care. A co-pay is your share of the cost of your health care. Please call:

**Medicaid Customer Service**

**303-866-3513**

**1-800-221-3943**

**Or go to the State Web site at**

**<http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1197364127331>**

### **Coordinating your care**

Your mental and physical health affect each other. It is important that you tell your mental health providers about any other care you are getting. You should also tell your PCP about your mental health care. It is very important that all your providers know about any medications you are taking. If you have questions, or need help coordinating your care, talk to your care coordinator. You can also call NBHP at 1-888-296-5827.

### **Early Periodic Screening, Diagnosis & Treatment (EPSDT)**

EPSDT is a special health care program for children and youth who have Medicaid. It covers children from birth through age 20. Children and youth can get health checkups, nutrition checkups, dental checkups, baby shots and other tests. There is no fee for EPSDT check ups. Regular check ups are important. They will help keep your child healthy and find any health problems early. If the EPSDT screening finds that your child has health problems, EPSDT will also provide for the medical treatment.

If your child has Medicaid and you want an EPSDT check-up, call your Primary Care Physician (PCP). Your PCP will do the health check or refer you to a health clinic. To learn more about the EPSDT program, visit the EPSDT Web site at:

**<http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1218622604254>**

### **Home and Community-Based Services (HCBS) waivers**

The State of Colorado has many waiver programs. Waiver programs help people with special health care needs remain in their home and community. To qualify for a waiver, people must meet specific financial, medical and program criteria.

People who receive services under a waiver are eligible for most basic Medicaid services. Long term hospital and nursing facility services are not included. Some waivers may be applied for through a state agency. Others must be applied for through a Single Entry Point (SEP) agency. Appendix C of this handbook lists the Single Entry Point organizations for your county.

Each waiver has an enrollment limit and may have a waiting list. People can apply for more than one waiver, but can get services through one waiver at a time. You have the right to appeal to the state if your waiver application is denied.

There are several different types of waiver programs. To get general information about a waiver, you can call:

**Department of Health Care Policy and Financing (HCPF)**  
**303-866-3513**  
**1-800-221-3943 or**  
**TTY 303-866-7471**

<http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1223894303509>

## **Waivers for children**

**Children's HCBS Waiver:** Provides Medicaid services in the home or community for disabled children through 17 years old. This is for children who are not eligible for regular Medicaid because their family income is too high. Children must be at risk of being placed in a nursing facility or hospital. Methods for applying for this waiver vary from area to area. To find out how to apply, call your county Single Entry Point agency listed in Appendix C.

**Children with Autism Waiver:** Provides Medicaid services in the home or community for children through age 5 with autism. A child must have high behavioral needs making him/her at risk of being placed in an institution. To apply for this waiver, contact the Community Centered Board in your area (Appendix D).

**Children's Extensive Support Waiver:** Provides Medicaid services in the home or community for children through 17 years old with developmental disabilities or delays. The child must be at risk of being placed in an institution. Children age 0-4 must have a developmental delay. Children age 5-17 must have a developmental disability. Children must meet other conditions, too. For more information call the Division of Developmental Disabilities, Colorado Department of Human Services (DHS) at 303-866-7467. To apply for the waiver, call the Community Centered Board in your area (Appendix D).

**Children’s Habilitation Residential Program Waiver:** Provides residential services for children and youth in foster care who have a developmental disability and very high needs. Children must be at risk for being placed in an institution. This program helps children from birth to 21 years old to get, keep or improve skills needed to live in the community. To be eligible, children and youth must be placed through a County Department of Human Services. For more information, call the Division of Developmental Disabilities, Colorado Department of Human Services at 303-866-4393. To apply, call the Department of Human Services in your county.

**Pediatric Hospice Waiver (HOPEFUL Program):** This program is for children up to age 19 with a serious medical illness that may shorten their life. The services help keep children from being placed in a hospital or institution. There are other requirements, as well. To apply, call the Single Entry Point agency for your county (see Appendix C).

## **Waivers for adults**

**Waiver for Persons with Brain Injury:** Provides services in the home or community for people 16-64 years of age with brain injury. These services help keep people from being placed in a hospital or institution. Qualified brain injuries are defined in the Colorado Code of Regulations. To apply for this waiver, call the Single Entry Point in your community (Appendix C).

**Waiver for Persons Living with AIDS:** Provides services in the home or community for people of all ages with HIV/AIDS. These services help keep people from being placed in a hospital or institution. To apply for this waiver, call the Community Centered Board in your area (Appendix C).

**Waiver for Persons with Mental Illness:** Provides services in the home or community for people 18 or older with major mental illness. These services help people stay in the community instead of a nursing facility. To apply, call the Single Entry Point in your community (Appendix C).

**Waiver for Persons who are Elderly, Blind, and Disabled:** Provides a home or community-based alternative to nursing facility care for elderly, blind, and disabled persons 18 years of age and older. To apply, call the Single Entry Point in your community (Appendix C).

**Waiver for Supported Living Services:** Provides supported living in the home or community to persons age 18 and older with developmental disabilities. For more information, call the Division of Developmental Disabilities, Colorado Department of Human Services, at 303-866-7462. To apply for this waiver, call the Community Centered Board in your area (Appendix C).

**Waiver for Persons Developmentally Disabled:** Provides services and supports out of the family home which allow people age 18 and older with developmental disability to continue to live in the community. For more information, call the Division of Developmental Disabilities, Colorado Department of Human Services, at 303-866-7462. To apply call the Community Centered Board in your area (Appendix D).

## GLOSSARY

**Action:** An Action is when Northeast Behavioral Health Partnership (NBHP) does any of the following:

- Denies or limits all or part of a requested service, including the type or level of service.
- Reduces, changes or ends treatment that was already approved.
- Denies payment, in whole or in part, for a service.
- Does not provide services in a timely manner.
- Does not act within approved time frames for grievances and appeals.

**Appeal:** When you disagree with an Action by NBHP and ask for a review of the Action.

**Behavioral Health Organization (BHO):** This is an organization that the State of Colorado contracts with to arrange for mental health services for Medicaid Members. There are five BHOs in the State. Your BHO is Northeast Behavioral Health Partnership.

**Care Coordinator:** A Care Coordinator can be your therapist or case manager. He or she is your primary mental health provider and responsible for coordinating your mental health services and keeping your records.

**Community Mental Health Center:** Community mental health centers offer mental health services. There are seventeen community mental health centers in Colorado. Each center serves from one to several counties. See Appendix A to find the center that serves your county.

**Covered Benefits:** The mental health services you can get if you are on Medicaid.

**Designated Client Representative (DCR):** A person you choose to file a grievance or appeal for you. You must put this choice in writing.

**Early Periodic Screening, Diagnosis and Treatment (EPSDT):** A health care program for children who get Medicaid. It covers children ages birth through 20. EPSDT provides health checkups, nutritional checkups, baby shots and other services.

**Grievance:** A Grievance is when you complain about your mental health services, a provider or staff. You can file a Grievance about anything you are not satisfied with.

**Notice of Action:** A letter that NBHP sends you explaining the Action it is taking. It also explains your Appeal rights.

**Out of Area Care:** The mental health services you get when you are outside of the counties covered by your BHO.

**Primary Care Physician (PCP):** The doctor you choose to provide your medical care.

**Provider:** An organization or person who provides mental health services. A provider can be a mental health center, a hospital or a person.

**State Fair Hearing Process:** This is a hearing before a state administrative law judge and is available for Appeals only.

**Waiver Program:** These are special programs to help people with special health care needs stay in their home and community.

## APPENDIX — A

### COMMUNITY MENTAL HEALTH CENTERS

Your Community Mental Health Center (CMHC) may provide services in areas that are not listed here. If your community is not listed here, please call the nearest CMHC to learn about the services that are available close to your home. All CMHC's provide crisis services. You can get crisis services from your CMHC 24 hours a day, 7 days a week.

<b>CENTENNIAL REGION</b> Centennial Mental Health Center <a href="http://www.centennialmhc.org">www.centennialmhc.org</a>	
<u><b>Washington County</b></u> <b>Akron</b> 871 East 1st Street P.O. Box 222 Akron, CO 80720 970-345-2254	<u><b>Kit Carson County</b></u> <b>Burlington</b> 1291 Circle Drive P.O. Box 247 Burlington, CO 80807 719-346-8183
<u><b>Cheyenne County</b></u> <b>Cheyenne Wells</b> 80 E. First, Suite 2 Cheyenne Wells, CO 80810 719-346-8183 Mail goes to: P.O. Box 247, Burlington, CO 80807	<u><b>Elbert County</b></u> <b>Elizabeth</b> 650 East Walnut, Unit C P.O. Box 533 Elizabeth, CO 80107 303-646-4519
<u><b>Morgan County</b></u> <b>Fort Morgan</b> 910 East Railroad Fort Morgan, CO 80701 970-867-4924	<u><b>Phillips County</b></u> <b>Holyoke</b> 115 N. Campbell P.O. Box 206 Holyoke, CO 80734 970-854-2114
<u><b>Sedgwick County</b></u> <b>Julesburg</b> 118 W Third Street P.O. Box 62 Julesburg, CO 80737 970-474-3769	<u><b>Lincoln County</b></u> <b>Limon</b> 606 Main Street P.O. Box 976 Limon, CO 80828 719-775-2313
<u><b>Logan County</b></u> <b>Sterling</b> 211 W Main Street Sterling CO, 80751 970-522-4392	

<p><b><u>Yuma County</u></b>  <b>Wray</b>  340 S Birch Street  Wray, CO 80758  970-332-3133</p>	<p><b>Yuma</b>  215 South Ash  Yuma, CO 80759  970-848-5412</p>
<p><b>LARIMER COUNTY</b>  Larimer Center for Mental Health  <a href="http://www.larimercenter.org">www.larimercenter.org</a></p>	
<p><b>Estes Park</b>  1950 Red Tail Hawk Drive  Estes Park, CO 80517  970-586-9105</p>	<p><b>Fort Collins Main Center</b>  525 W. Oak Street  Fort Collins, CO 80521  970-494-4300</p>
<p><b>Fort Collins Child &amp; Family</b>  2001 S Shields Bldg K  Fort Collins, CO 80526  970-494-4200</p>	<p><b>Loveland</b>  1250 N. Wilson Avenue  Loveland, CO 80537  970-494-9870</p>
<p><b>Fort Collins Crestridge</b>  125 Crestridge Street  Ft. Collins, CO 80525  970-494-9761</p>	
<p><b>WELD COUNTY</b>  North Range Behavioral Health  <a href="http://www.northrange.org">www.northrange.org</a></p>	
<p><b>Fort Lupton</b>  145 1st Street  Fort Lupton, CO 80621  303-857-2723</p>	<p><b>Greeley Main Center</b>  1300 N. 17th Avenue  Greeley, CO 80631  970-347-2120</p>

## APPENDIX — B

### Area Hospitals

Centennial Area	
<p><b>Brush:</b> East Morgan County Hospital 2400 West Edison Street Brush, CO 80723-1640 970-842-6200</p>	<p><b>Burlington:</b> Kit Carson County Memorial Hospital 286 16th Street Burlington, CO 80807 719-346-5311</p>
<p><b>Cheyenne Wells:</b> Keefe Memorial Hospital 602 North 6th West Cheyenne Wells, CO 80810 719-767-5661</p>	<p><b>Ft. Morgan:</b> Colorado Plains Medical Center 1000 Lincoln Street Fort Morgan, CO 80701 970-867-3391</p>
<p><b>Haxtun:</b> Haxtun Hospital District 235 W. Fletcher Street Haxtun, CO 80731 970-774-6123</p>	<p><b>Holyoke:</b> Melissa Memorial Hospital 1001 E Johnson Street Holyoke, CO 80734-1496 970-854-2241</p>
<p><b>Hugo:</b> Lincoln Community Hospital 111 6th Street PO Box 248 Hugo, CO 80821 719-743-2421</p>	<p><b>Julesburg:</b> Sedgwick County Health Center 900 Cedar Street Julesburg, CO 80737 970-474-3323</p>
<p><b>Sterling:</b> Sterling Regional MedCenter 615 Fairhurst Street Sterling, CO, 80751 970-522-0122</p>	<p><b>Wray:</b> Wray Community District Hospital 1017 W 7th Street Wray, CO 80758 970-332-4811</p>
<p><b>Yuma:</b> Yuma Hospital 1000 W. 8th Yuma, CO 80759-2641 970-848-5405</p>	

**Larimer Area**

**Estes Park:**

Estes Park Medical Center  
555 Prospect Avenue  
Estes Park, CO 80517  
970-586-2317

**Ft. Collins:**

Poudre Valley Hospital  
1024 S Lemay Avenue  
Fort Collins, CO 80524  
970-495-7000

**Loveland:**

McKee Medical Center  
2000 N. Boise Avenue  
Loveland, CO 80538  
970-669-4640

**Loveland:**

Medical Center of the Rockies  
2500 Rocky Mountain Avenue  
Loveland, CO 80538  
970-624-2500

**Weld Area**

**Greeley:**

North Colorado Medical Center  
1801 16th Street  
Greeley, CO 80631  
970-352-4121

# APPENDIX — C

## Single Entry Point Agencies

<p><b>Cheyenne, Kit Carson, and Lincoln Counties:</b>  <b>Kit Carson County Health and Human Services</b>                  252 S. 14th Street                  PO Box 70                  Burlington, CO 80807</p> <p>Main Phone Number: 719-346-7158                  Fax Number: 719-346-8066</p>	<p><b>Elbert County:</b>  <b>Longterm Care Options, LLC</b>                  8950 E. Lowry Blvd.                  Denver, CO 80230</p> <p>Main Phone Number: 720-974-0032                  Fax Number: 720-974-0054</p> <p>Intake Referral Numbers:                  Adams County: 720-974-2439                  Arapahoe/Douglas/Elbert Counties: 720-974-2379                  Denver County: 720-974-2397</p>
<p><b>Larimer County:</b>  <b>Larimer County Dept of Human Services:</b>  <b>Fort Collins office:</b>                  1501 Blue Spruce Dr.                  Fort Collins, Colorado 80524</p> <p>Main Phone Number: 970-498-6300                  Fax Number: 970-498-6304</p> <p><b>Loveland office:</b>                  205 E. 6th Street                  Loveland, CO 80537</p> <p>Main Phone Number: 970-498-6300                  Fax Number: 970-679-4465</p> <p><b>Estes Park office:</b>                  1601 Brodie Ave.                  Estes Park, CO 80517</p> <p>Main Phone Number: 970-498-6300</p>	<p><b>Logan, Morgan, Phillips, Sedgwick, Washington, and Yuma Counties:</b>                  Northeastern Colorado Options for Long Term Care                  231 Main Street, Suite 205                  Fort Morgan, CO 80701</p> <p>Main Phone Number: 970-867-9409, ext. 225                  Fax Number: 970-867-9053</p>

**Weld County:**

**Weld County Area Agency on Aging**

315 N. 11th Avenue, Bldg. C

Greeley, CO 80631

PO Box 1805

Greeley, CO 80632

Main Phone Number: 970-353-3800

Fax Number: 970-304-6442

## APPENDIX — D

### Community Centered Boards

<b>Larimer County:</b>  <b><u>Foothills Gateway</u></b> 301 W. Skyway Drive Fort Collins, CO 80525 970-226-2345	<b>Weld County:</b>  <b><u>Envision</u></b> 1050 37th Street PO Box 200069 Evans, CO 80620 970-339-5360
<b>Cheyenne, Elbert, Kit Carson, Lincoln, Logan, Morgan, Phillips, Sedgwick, Washington, Yuma Counties:</b>  <b><u>Eastern Colorado Services</u></b> 617 S. 10th Avenue PO Box 1682 Sterling, CO 80751 970-522-7121	

#### How to get more information about Northeast Behavioral Health Partnership

For more information about NBHP, please contact the Office of Member and Family Affairs. Our contact information is on the last page of this Member Handbook. We can give you information about NBHP's structure and operations and about our unique Member Advisory Boards. We can also tell you how you can get involved in committees and meetings to help us improve services.

Northeast Behavioral Health Partnership will let you know, in writing, at least once a year of your right to ask for all of the information that is in this handbook.

# IMPORTANT PHONE NUMBERS

## NBHP

24 hour toll free line.....	1-888-296-5827
TTY.....	1-800-432-9553
Office of Member and Family Affairs.....	970-347-2367
Administrative Offices.....	970-347-2374

## Mental Health Centers

Centennial Mental Health Center.....	970-522-4549
Larimer Center for Mental Health.....	970-494-9761
North Range Behavioral Health.....	970-347-2120

## Member Advocates

### North Range Behavioral Health covering Weld County:

Debbie Pilch.....	970-347-2369
Bridget Ramirez.....	970-347-2384

### Larimer Center for Mental Health covering Larimer County:

Laurie Seiler.....	970-494-4359
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### Centennial Mental Health Center covering Cheyenne, Elbert, Kit Carson, Lincoln, Logan, Morgan, Phillips, Sedgwick, Washington, and Yuma Counties:

Jennifer Kerr.....	970-522-4549
Kristin Schelling.....	970-522-4392

## Other

Grievances/Appeals toll free.....	1-888-296-5827
Grievances/Appeals.....	970-347-2367
Fraud and Abuse Hotline.....	970-347-2328
Ombudsman for Medicaid Managed Care Toll Free.....	1-877-435-7123
Ombudsman for Medicaid Managed Care.....	TTY 1-888-876-8864
Medicaid Customer Service toll free.....	1-800-221-3943
Medicaid Customer Service.....	TTY 303 866-7471

**IN AN EMERGENCY, CALL...1-888-296-5827**  
**Or call 911**

Web site:  
[www.nbhpartnership.org](http://www.nbhpartnership.org)







