

Member Rights and Responsibilities



POLICY AND PROCEDURES

**MEDICAID COMMUNITY
MENTAL HEALTH PROGRAM**

Abbreviations Used



- **BHO – Behavioral Health Organization**
- **NBHP – Northeast Behavioral Health Partnership**
- **HCPF – HealthCare Policy and Financing**
- **CA – Consumer Advocate**
- **PFA – Parent/Family Advocate**
- **OMFA – Office of Member and Family Affairs**
- **EPSDT – Early and Periodic Screening, Diagnosis, and Treatment**

Abbreviations Used



- **QIUM – Quality Improvement Utilization Management Subcommittee**
- **QIMC – Quality Improvement Member Committee**
- **Centers – Community Mental Health Centers**
- **IPN – Independent Provider Network**
- **ALJ – Administrative Law Judge**

Contacting NBHP



Northeast Behavioral Health Partnership
1300 North 17th Avenue
Greeley, CO 80631
970-347-2374

NBHP/ValueOptions Service Center
7150 Campus Drive, Suite 300
Toll Free 1-888-296-5827
TTY (800)432-9553

www.nbhpartnership.org

Jennifer Euler - 970-347-2367
Director, Office of Member and Family Affairs

Local Member and Family Affairs Offices



- **Centennial Mental Health Center**
 - Covering Cheyenne, Elbert, Kit Carson, Lincoln, Logan, Morgan, Phillips, Sedgwick, Washington, and Yuma counties
 - Consumer Advocate
Jennifer Kerr, 970-522-4549
 - Parent/Family Advocate
Kirstin Schelling, 970-522-4392

Local Member and Family Affairs Offices



- **Larimer Center for Mental Health**
 - Covering Larimer county
 - Consumer and Parent/Family Advocate
Laurie Seiler, 970-494-4359

Local Member and Family Affairs Offices



- **North Range Behavioral Health**
 - Covering Weld county
 - Consumer and Parent/Family Advocates
 - ✦ Debbie Pilch, 970-347-2369
 - ✦ Bridget Ramirez, 970-347-2384 (Spanish speaking)

OMFA Functions



- **Protect Member rights.**
- **Receive, investigate and report complaints and/or concerns.**
- **Receive and follow-up with Appeal requests.**
- **Network with other state advocates about resources, consumer and family issues.**
- **Provide a link to area family and consumer groups.**

OMFA Functions



- **Provide information to members on:**
 - Rights, Responsibilities, Services and Programs;
 - The grievance, fair hearing and appeals processes;
 - Recovery and consumer run programs;
 - Community resources; and
 - Opportunities to participate in policy review, quality improvement and planning activities through advisory committees.

Member Rights



Member rights are encompassing and protected.

- **Rights include all the requirements listed below:**
 - NBHP must ensure that rights are taken into account by Providers when providing services.
 - NBHP must communicate rights and protections to consumers, NBHP staff and affiliated Providers.

Member Rights Summary



Members have the right to:

- Be treated with respect, dignity and regard for privacy.
- Be free from discrimination on the basis of race, religion, gender, age, disability, health status or sexual orientation.
- Receive information on mental health benefits and treatment options and how to access them in language easy to understand.

Member Rights Summary (continued)



- Participate in decisions regarding his/her health care, including the right to refuse treatment except as provided by law.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation, as specified in other federal regulations on the use of restraints and seclusion.
- Request and receive a copy of medical records, and request that they be amended or corrected.

Member Rights Summary (continued)



- Have an independent advocate.
- Choose a provider from the provider network or, request that a specific provider be considered for inclusion in the network.
- Receive a second opinion without a fee.
- Receive culturally appropriate and competent services.
- Receive oral interpretation services for members with communication disabilities or non-English speaking members.

Member Rights Summary (continued)



- **Receive prompt notification of termination or changes in services or providers.**
- **Express an opinion about BHO services to regulatory agencies, legislative bodies or the media without the BHO causing any adverse effects upon the provision of covered services.**
- **Be furnished medically necessary services in accordance with Federal regulations including urgent and emergent care available 24 hours a day, 7 days a week.**

Member Rights Summary (continued)



- **Have treatment and medical records kept confidential, except when law authorizes release of such information.**
- **File a complaint about the services received and get help to file it with no retaliation for filing it.**
- **Be free to exercise his/her rights; and the exercise of those rights does not adversely affect the way the BHO and its providers treat the member.**

Member Rights Summary (continued)



- Be free from sexual intimacy with a provider. If this happens, report it to the Colorado Department of Regulatory agencies (DORA) at 303-894-7788 or write to DORA, 1560 Broadway, Suite 1350, Denver 80202.
- Refuse treatment except when an emergency exists under CRS 27-65 (formerly CRS 27-10-101) or a court order is in effect.
- Have a service plan that they help write, as well as a copy of the plan.

Member Responsibilities



Members have the responsibility to:

- **Learn about his/her mental health benefits and how to use them.**
- **Be a partner in his/her mental health care; this means:**
 - follow through with the plan they agreed on with their care coordinator.
 - Participate in their treatment and work toward the goals in their service plan; and
 - Take medications as agreed upon between he/she and his/her prescriber.

Member Responsibilities (continued)



- **Tell his/her therapist or doctor if they do not understand or agree with their service plan, or want to change it.**
- **Give his/her therapist or doctor the information he or she needs to give good care. This includes signing releases of information so that his/her providers can coordinate your care.**
- **Come to appointments on time, or call to say he/she will be late, or change it if unable to keep an appointment.**

Member Responsibilities (continued)



- Cooperate with NBHP when he/she chooses a provider or is seen by a provider. If he/she has questions about choosing a provider, or how to make an appointment, call NBHP at 1-888-296-5827.
- Let us know when he/she changes her/his address or phone number, and
- Treat others with the same courtesy and respect that they expect to be treated with.

Providing Information to Members



- **NBHP furnishes each Medicaid enrollee with information required by regulation through:**
 - Mailed Member Handbook
 - Distribution at intake
 - NBHP Website – www.nbhpartnership.org
 - Available at NBHP and Center office front desks

Content of Information in the Member Handbook



- **Names, locations and telephone numbers of Center and Independent Providers.**
- **Access to and choosing services, including emergency services.**
- **Benefits available under the Medicaid contract to which enrollees are entitled without charge.**
- **Rights, protections and responsibilities.**
- **Office of Member and Family Affairs functions.**

Content of Information in the Member Handbook

(continued)



- **Privacy of Records (HIPAA).**
- **Medicaid Ombudsman.**
- **Grievances, Appeals and Fair Hearings.**
- **Other information and how to ask for it.**
 - Advance Directives
 - EPSDT
 - Other required information

Written Information Requirements



- Written materials must have easily understandable language simplified to 6th grade reading level and easy to read.
- Written materials must be available in alternative formats; such as large print, or audio tapes.
- Contact NBHP to request alternative formats.

Spanish Written Information



- NBHP will provide all required written materials in Spanish, the “prevalent non-English language” in the NBHP area.
- Contact NBHP to request translated materials.
- The translated materials will be sent to all office locations for distribution or mailed to the member within 10 days of the request.

Information available in Spanish



- **Member Handbook**
- **Member Rights and Responsibilities**
- **HIPAA Notice of Privacy Rights**
- **Medicaid Ombudsman**
- **EPSDT Brochure**
- **Advance Directive Brochure**

Oral Interpretation



- Oral interpretation will be provided for any language and for hearing or other disabilities.
- Language needs will be assessed at telephone triage and at intake. Services will be arranged for and provided in the language the consumer is most comfortable with, including signing for hearing impaired.
- The Language Line will be used if translation is needed immediately, by phone or in person, or if an oral translator is not available.
- Spanish speaking providers are available.

Access to Care



- NBHP must have a network of Providers within Centers and with Independent Providers.
- NBHP must provide immediate emergency assessments.
- Emergencies must have a face-to-face contact in one hour in urban areas and two hours in rural areas.
- Urgent appointments must be scheduled within 24 hours.
- Routine appointments must be scheduled within 7 days.

Member Choice



- Members may choose a provider from any Mental Health Center or Independent Provider credentialed with NBHP.
- Specific provider information is available on NBHP's website, and from the Service Center.
- A staff member at intake can help the Member to identify specific preferences related to the provider:
 - Location, hours of service
 - Expertise or specialty of a provider
 - Cultural factors; sex, age, ethnicity, language, etc.

Member Choice (continued)



- Parents or legal guardians must be involved in all stages of service planning with children.
- Adults are encouraged to have families, advocates or supporters involved.
- If a member is seeing a provider not in the network, they can continue seeing the provider with approval from NBHP. Out of network providers must meet credentialing criteria to see Medicaid members. Call 1-888-296-5827.

Role of Individual Care Coordinators



**Care Coordinators are the primary clinicians/
case-managers responsible for:**

- Keeping consumer records.
- Service planning with consumers and others.
- Coordination of all mental health services for consumers.
- Coordination with primary medical care providers and other relevant service providers.
- Ensuring that consumers understand treatment options, benefits and risks.
- Service choices can be made among required and alternative services that are medically necessary.

Medical Necessity



- **Criteria which meets the test for provision of all Medicaid mental health services:**
 - Reasonably necessary for the diagnosis or treatment of a covered mental health disorder to improve, stabilize, or prevent deterioration of functioning resulting from such a disorder; and
 - Furnished in the most appropriate and least restrictive setting where services can be safely provided; and
 - Cannot be omitted without adversely affecting the consumer's mental and/or physical health or quality of life.

Authorization Limits



- Medicaid limits the number of sessions of individual and brief therapy sessions to 35 per fiscal year (July – June).
- Inpatient days are limited to 45 per fiscal year.
- Services must be medically necessary and for a Medicaid Capitated Diagnosis. Lists of covered diagnoses are available in the Provider Manual.
- A primary diagnosis of substance abuse, PDD, dementias, Autism, TBI etc; does not preclude authorization of medically necessary services for a co-occurring mental illness diagnosis.
- Authorizations for outpatient services are not required for members who are receiving Center services who are residents within their Center's service area.

Role of Intensive Care Coordinators



- ICCs are specific individuals at Centers and the NBHP Service Center who authorize inpatient care; post stabilization services; residential treatment and day treatment placements.
- They work with member's individual care coordinators to ensure continuity of care.
- They coordinate with inpatient settings to refer non-registered members to Centers or IPN providers.

Notice of Provider Termination



- **Written notice will be given to the member within 15 days of notification of termination of an individual provider.**
- **Providers should contact the Service Center if they plan to move, close their practices or stop seeing Medicaid members.**
- **The Service Center will work with members to help them transition to a new provider.**

Second Opinion



- Members may request a second opinion regarding evaluation or diagnosis made by an NBHP provider or about medications prescribed by an NBHP provider.
- The Individual Care Coordinator, Advocates or NBHP Service Center staff assist in arranging a second opinion.
- There will be no charge to the consumer for a second opinion from another NBHP IPN Provider or Center.

Second Opinion (continued)



- Independent Providers, Members, or parents/legal guardians may request a second opinion by contacting their Mental Health Center, NBHP Service Center, CA, PFA, or OMFA Director.
- Procedures and reports obtained from a second opinion consultation will become a part of the consumer's clinical record.

Transportation



- The Individual Care Coordinator will assist a consumer in finding ways to get to an appointment. The Individual Care Coordinator will arrange transportation for nursing home residents who cannot travel to an appointment.
- Center or NBHP emergency staff can arrange transportation with an ambulance or other safe method.
- Services will be provided for individuals in nursing homes on site if the person cannot reasonably travel.
- The BHO will arrange, but will not pay for transportation under the contract.

Medicaid Ombudsman



- Assists members with information and referral about all Medicaid managed care services for physical health and mental health.
- Answers specific questions about Medicaid programs and services.
- Assists consumers to file a complaint or appeal with BHOs, MCOs, or primary care providers.
- Contact Information:
 - Call 303-830-3560
 - 1-877-435-7123
 - TTY: 1-888-876-8864
- Ombudsman posters in both English and Spanish are available on the provider website at http://www.nbhpartnership.com/providers/prv_handbook.htm under the Office of Member and Family Affairs section.

EPSDT



- **NBHP Providers are required to provide mental health services to children and youth ages birth through 20 whose mental health needs have been identified through an EPSDT screening.**
- **They must coordinate services with the primary care physician or other provider.**
- **They must inform physicians about the services they provide for children and adolescents.**

EPSDT (continued)



- They must assess the mental health needs of children and adolescents referred by PCPs.
- They need to ask if an EPSDT screen has been done, and either get results for records or refer parents to get one.
- NBHP provides a brochure about EPSDT for parents/legal guardians and providers.

Advance Directives



- **Advance directives are written instructions recognized under State law relating to medical treatment decisions if an individual is incapacitated. Advance directives recognized under Colorado law include, but are not limited to:**
 - **Medical durable power of attorney: naming someone to make medical decisions**
 - **Living will: withdrawing life support**
 - **CPR Directive: do not resuscitate**

Advance Directives (continued)



- The Advance Directives brochure will be provided to each adult consumer at the time of intake. Information is also in the Handbook.
- Individual Care Coordinators must write a note in the chart that they have discussed Advance Directives.
- Adult Members will be asked if they have Advance Directives and will be encouraged to bring a copy to place in their file.
- Adult members will be encouraged to make a mental health crisis plan for themselves and may request to put it in their file.

Grievance Policy



- **NBHP supports the rights of members, family members and interested others to register concerns or complaints about any issues related to the mental health care received through NBHP providers.**

Grievance Policy (continued)



- **Grievance refers to any oral or written expression of dissatisfaction about any matter (other than an action) including issues about:**
 - Access and availability
 - Clinical Care
 - Customer Service
 - Failure to respect a consumer's rights
 - Financial/Billing
 - Uncovered benefits
 - Denial of expedited appeal review

Grievance Policy (continued)



- A clinical care complaint means any grievance made in regard to the professional competence and/or conduct of a physician or other mental health care provider which could adversely affect the health or welfare of the consumer.
- A clinical care complaint will be reviewed by a clinical peer who was not involved with any previous level of review and who has appropriate clinical expertise in treating the member's condition. This person will recommend a resolution to the complaint.

Grievance Process (continued)



- A complaint may be filed with the Center's Consumer Advocate, Parent/Family Advocate, the NBHP OMFA Director or NBHP Service Center by phone, in person, or in writing, within 30 calendar days of the precipitating event.
- A complaint will be acknowledged in writing within two working days.

Grievance Process (continued)



- A complaint may be filed by any interested party including the consumer, legal guardian, independent advocate, provider or designated client representative. If the grievance is filed by someone other than the consumer or legal guardian, the consumer or legal guardian will be contacted in order to obtain permission to investigate and resolve the grievance, sign a DCR (Designated Consumer Representative) form and to obtain releases of information.

Grievance Process (continued)



- **The time for complaint resolution may be extended for 14 more calendar days if:**
 - The member requests more time to provide more information.
 - NBHP feels that more information is needed and a delay is in the consumer's best interest.
 - The member will be sent written notice of the reason for delay and how it is in the member's best interest if the time is extended.

Grievance Process (continued)



- The center advocates, OMFA Director, or NBHP Service Center staff will investigate and work to resolve the issues of the grievance.
- This may include:
 - Contacting relevant parties
 - Reviewing records that may show evidence of a particular situation
 - Coordinating a mediation session between parties
 - Consulting with appropriate program, clinical or supervisory parties
 - Formulating a resolution

Grievance Process (continued)



- The complaint resolution letter will be sent to the member as soon as possible, but within 15 working days of filing the grievance.
- A complaint resolution with which the consumer disagrees can be reviewed at HCPF, with the HCPF decision final.
- There is no retaliation for filing a grievance. Members are asked to report any type of retaliation and appropriate corrective action will be taken.

Reporting Grievances



- All advocates handling grievances will enter the data into the NBHP Grievance database at the NBHP Service Center as each grievance is completed. Copies of all grievance letters will be sent to the Service Center.
- The Service Center will run consolidated reports about all grievances in each quarter to HCPF.
- All complaints received in each quarter will be reported to NBHP QIUM, QIMC and NBHP Board of Managers.
- Issues of compliance, taking rights into account, and clinical care issues will be reviewed there.

Monitoring Grievances



- **Complaint information is monitored for completeness, timeliness, appropriateness of consultation, clinical review and resolution.**
- **Corrective action will be requested if necessary.**

Action Definitions



- An action is a written decision, or lack of action by NBHP that can be appealed.
- An action letter is a decision that denies, suspends, or terminates previously authorized services; denies or limits the type or level of service requested by a consumer; denies payment in whole or in part for a service; denies a request for services outside the BHO in rural areas with only one BHO.
- An action may also be a failure to keep within timelines for service delivery, notices of action or grievance and appeals processes.

Action



- **NBHP will send a written Notice of Action to the consumer within one business day, or three calendar days (whichever comes first) after a denial decision has been made.**
- **The action letter explains the denial decision and why it was made.**
- **The letter explains that the member can appeal the decision and tells the member the rules about filing an appeal.**

Appeals



- After the member gets a written action letter, he/she can file an appeal and get help filing it from the center or NBHP Advocates, or the Medicaid Ombudsman.
- The member must file an appeal with the NBHP Service Center, and/or the Office of Administrative Courts for a Fair Hearing within 30 calendar days of the date of the action letter for standard appeals.
- The member must file an appeal with NBHP and/or the Office of Administrative Courts for a State Fair Hearing within 10 calendar days of the date of the action letter for appeals about previously authorized services.

Appeals (continued)



- The appeal can be made in person or by phone, but must be followed up in writing. A family member, friend, advocate or provider can appeal for the member if the member designates that person in writing (filling out an NBHP DCR form).
- Parents/legal guardians must request a Fair Hearing as an appeal about residential treatment within 30 calendar days of an adverse decision from the Division of Mental Health under the Child Mental Health Treatment Act.
- The member will be sent a receipt of appeal notice within one working day or 3 calendar days (whichever is sooner) of filing the appeal. The letter will tell more about the appeal process including the fact that the member can provide evidence of fact or law in person.

Appeals (continued)



- NBHP will make a decision and send the decision letter as soon as possible, but no later than ten(10) working days after receiving the appeal.
- NBHP must appoint a clinical reviewer who has no previous involvement in a decision about the appeal issue, and who is clinically qualified to provide an opinion about the member's condition and the decision denying, suspending, or terminating services.
- For either a standard or expedited appeal, the member or NBHP can request a 14 day extension if needed to get information in the member's best interest.
- The member can provide evidence of fact or law in person as well as written evidence.

Appeals (continued)



- For appeals about previously authorized services, benefits may be continued during the appeal process or hearing if:
 - The member has requested the continuation of services;
 - The member or provider files the appeal within the required timeframe;
 - The services asked to continue were authorized by NBHP; and
 - The current service authorization for the services has not expired.

Appeals



- **The member may have to pay back the costs of the continued service if the State Fair Hearing upholds the NBHP action.**
- **NBHP will ensure that no punitive action is taken against a provider who requests an expedited resolution or supports a member's appeal.**

Expedited Appeal Process



- A member or designee can request an expedited appeal (decision within 3 calendar days) if the wait for a standard appeal decision would jeopardize the life, health, or future functioning of the member.
- The expedited process will take 3 calendar days instead of 10 with an immediate phone confirmation of the decision. A consumer can file a grievance if the expedited appeal is denied.

State Fair Hearing



- **Members may request a State Fair Hearing within 30 calendar days of the date of the action letter for a standard appeal or 10 calendar days for previously authorized services, whether or not they want to use the NBHP process.**

Office of Administrative Courts

633 17th Street, Suite 1300

Denver, CO 80202

Phone 303-866-2000

Fax 303-866-5909

State Fair Hearing



- The OMFA Director, center advocates or the NBHP Service Center Staff can assist the member in filing the appeal.
- The member can attend the hearing in person to provide evidence of fact or law, with an attorney, or other advocate. The Administrative Law Judge (ALJ) decision is final.

The End



Please submit evidence to NBHP that you have completed this training.
You may access a certificate of training to complete at
http://www.nbhpartnership.com/providers/prv_information.htm
under the "Trainings and Upcoming Events" section.