

Section IV:

WHAT IF I HAVE PROBLEMS WITH MY MENTAL HEALTH CARE?

NBH cares about the way services are provided to you. We want you to tell us about any concerns you might have. NBH is committed to upholding your rights as a consumer including the right to complain.

What should I do when I have concerns about NBH services?

There are a few things you can do:

- If it feels right, talk to your Care Coordinator. They often do not know of your problem. They may be able to quickly resolve it.
- You can call, visit, or write the Consumer Representative or Family Advocate at your local Center, or at NBH.
- You can ask for a second opinion if your problem is about your diagnosis, medications, or treatment.
- If you do not feel comfortable making a complaint with someone at NBH or at a Center, you can call:

Ombudsman for Medicaid Managed Care

303-830-3560

1-877-435-7123

TTY: 1-888-876-8864

What is a concern/complaint?

This is when you ask NBH to deal with problems about your services. These problems may include:

- Concerns about quality of care.
- Being unhappy with the facility.
- Being treated badly by a staff person.
- Any violation of your rights.

How do I tell you about my concerns/complaints?

You can contact NBH. You can have someone else do it. If the person doing it for you is not your legal parent or guardian, you must sign a form saying that this person is the person you chose to be your Designated Consumer Representative.

Step 1: Contact NBH

You must contact NBH within 20 calendar days of when the problem happened. You can call or write the Office of Consumer and Family Affairs, a Consumer Representative or a Family Advocate. Be sure you include all the information needed:

- Your name, address and telephone number.
- Your Medicaid ID number.
- When and what happened.
- How you think the problem can be fixed.

Step 2: Confirm the details and let us investigate.

NBH will talk with you to be sure we understand your complaint. We will write down what you tell us. NBH will also send a letter telling you that we received your concern/complaint within 2 working days of when you called or when your letter was received. If our letter is not right, contact the person who signed the letter and explain what is wrong.

You will need to let us investigate and resolve the problem.

Step 3: Investigation

The person you talked to will look into the problem. This is done in many ways:

- › Talking with the people involved.
- › Reviewing records.
- › Doing a clinical review of your records for clinical concerns. A qualified professional who has not been involved with you or your problem does this.
- › Discussing options with supervisors.
- › Setting up a meeting with you and your Care Coordinator to discuss the problem and ways to fix it.

Step 4: Fixing the problem.

As soon as possible, but not later than 15 working days after receiving your complaint, we will send you a letter with the resolution decision. This letter will include:

- › How we resolved the problem
- › Who we talked to.
- › The outcome of the investigation.
- › The fact that no one can do anything to you for complaining.
- › How you can get a review of the decision if you disagree with the NBH decision. The review will be done by:

Department of Health Care Policy and Financing
1570 Grant Street
Denver, CO 80203-1818
1-800-221-3943, ext 2245

The decision from the Department of Health Care Policy and Financing is final.

You will be asked to call and let us know if you agree with or do not agree with the answer to your problem or to tell us if you experienced retaliation.

The deadline for answering you may be extended by 14 more calendar days if you need more time to provide additional information. If we feel that more information is needed, NBH can also take 14 days more. We will send you a letter giving you the reasons for the delay.

What is an appeal?

An appeal is your request in a letter for a review of an action taken by NBH. The appeal is about an NBH decision with which you disagree. You can also appeal when NBH doesn't do something. This is a list of things that can be appealed:

- › NBH reduces or stops a previously approved service.

- NBH denies a request for a covered service.
- NBH fails to provide services to you within 1 hour in urban and 2 hours in rural areas for an emergency; within 24 hours for an urgent appointment; within 7 days for a routine appointment.
- NBH does not send you an action letter on time; answer your concern/complaint in 15 working days or your appeal in 10 working days.
- NBH denies a request to get services outside the network in rural areas with only one MCO.
- NBH denies payment (in whole or in part) for a service.

Who can file an appeal for you?

You may have a family member or an advocate file for you. You must authorize the advocate to be your Designated Consumer Representative. If the consumer is deceased, the legal representative of the estate can file the appeal.

What is an action?

An action is a decision made by NBH about your treatment. NBH approves services for you based upon medical necessity standards.

When a service to you does not meet medical necessity standards, NBH may decide to stop, deny, or change the service. NBH will send you a letter called a Notice of Action. It tells you the reasons for the decision.

If you do not agree with the decision, you have the right to appeal that decision.

What does a Notice of Action look like?

The Notice of Action is a letter, which is mailed to you by certified mail. Certified mail is a special letter, which requires your or your representative's signature. The letter will have the following information:

- The decision that NBH made.
- The date the letter was mailed.
- The effective date of the decision.
- The reasons for the decision.
- Your right to appeal.
- The date the appeal is due.
- Your right to a quick appeal process.
- How you can request a quick appeal process.
- Your right to request a State Fair Hearing.
- The procedures for a State Fair Hearing.
- Your right to have services continue until the appeal is decided.
- How to request continued services.
- A statement that you may have to pay for the cost of the services you got if the State Fair Hearing decision is for NBH.
- A statement that NBH will pay the cost of the continued services, if the State

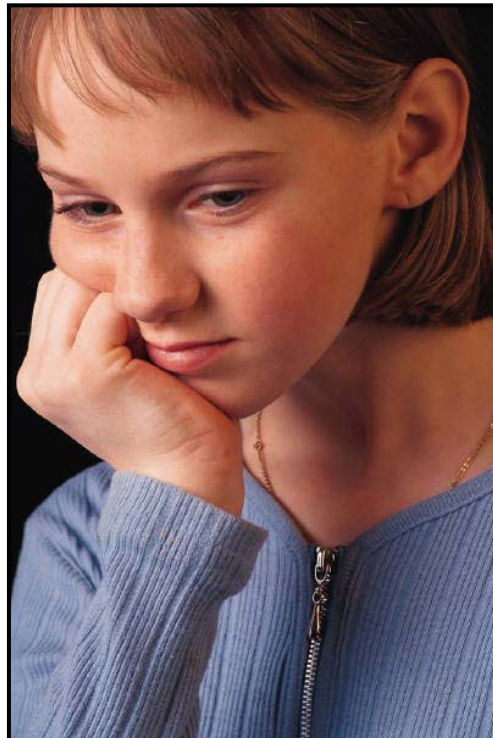
What is medical necessity?

NBH looks at your diagnosis, how well you can function and how much a service might help you based on standards. When a service can help prevent, keep stable, or improve your condition, the service is medically necessary. The service standards are based on accepted professional practices.

- › Fair Hearing overturns NBH's decision and you asked for them in writing.
- › A statement that NBH will immediately approve services if the State Fair Hearing overturns NBH's decision.

The Notice of Action must be mailed at least 10 calendar days before the date the action takes effect. There are exceptions, which are:

- › NBH may shorten the time limit to 5 calendar days if NBH has facts of probable fraud by the consumer. The fact can be verified through other sources.
- › NBH may mail the letter the date of the decision if:
 - NBH has factual information confirming the death of the consumer.
 - You sign a written statement that you no longer wish the services.
 - You sign a written statement that gives information that requires services to be stopped or reduced. You understand that this would be the result of your information.
 - You have been admitted to an institution where you are not eligible for further services.
 - Your address is unknown and mail has been returned with no forwarding address.
 - You are receiving services in another region or state.
 - Your physician has changed the amount of your medical care.
 - The action letter is the result of the preadmission screening requirements of the Social Security Act.



A letter may be given as soon as possible before transfer or discharge from a facility when:

- › The safety of individuals there would be in danger.
- › The health of individuals there would be in danger.
- › Your health improves to allow you to go to a different place or be discharged.
- › An immediate transfer or discharge is required by your medical needs.
- › You have not stayed in the facility for 30 days.

Notice for denial of payment will be mailed at the time of any action affecting the claim.

Notice for authorization decisions that deny or limit services will be mailed within 10 calendar days.

Notice for authorization decisions not reached within 10 calendar days will be made on the date the timeframes expire.

Notice for quick service authorization decisions will be mailed within 3 days.

If NBH changes the timeframe, it will give you written notice:

- The reason for the decision to move the timeframe.
- Your right to appeal if you disagree.

NBH will make its decision as quickly as your health requires and no later than the due date of the extra time.

How do I file an appeal of an action?

After you receive an action letter and you disagree with the decision, follow these steps.

Step 1: Contact NBH.

You or your representative must file your appeal within 20 days of the date of the action letter. You can call, write, or visit the Director of Consumer and Family Affairs. Tell the Director that you want to file an appeal of the action. If the situation is one, which you feel a delay can be harmful to your life, health, or future, you can ask for an expedited (quick) appeal.

Step 2: Confirm details of the appeal and give information.

The Director of Consumer and Family Affairs will go over the details with you to learn what you disagree with. You can give written records or information of fact or law in person to be part of the appeal. You can also set a time to review records. Within 2 working days of your request, NBH will send you a letter that NBH has received your appeal. The Director will tell you about the State Fair Hearing process.

Step 3: Review

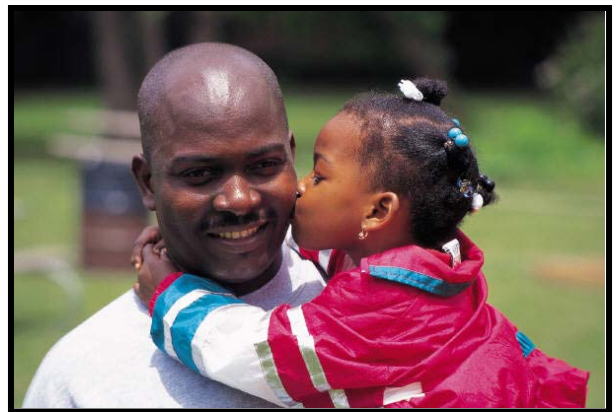
The Director of Consumer and Family Affairs will contact the NBH Clinical Director to request a review of the action.

The NBH Clinical Director will appoint a reviewer who did not have any involvement in or knowledge about the action

The reviewer must have the clinical background and knowledge to determine if the action was correct. The reviewer will look at the records in your file and any information you have given.

Step 4: Decision

As soon as possible, but no later than 10 working days, the reviewer will make a decision and tell the Director of Consumer and Family Affairs. Within 10 working days, the Director will send a letter to you with the following information:



- › The decision and the reasons for it.
- › The date the review was completed.
- › The signature and credentials of the reviewer
- › Your right to ask for a State Fair Hearing.
- › The process for a State Fair Hearing.
- › Your right to have services continue until the state hearing is completed.
- › How to request continued services.
- › A statement that you may have to pay for the cost of the services you got if the State Fair Hearing decision is for NBH.
- › A statement that NBH will pay the cost of the services you got if you asked for them in writing, and if the State Fair Hearing overturns NBH's decision.
- › A statement that NBH will approve services right away if the State Fair Hearing overturns NBH's decision.

What is an Expedited Appeal?

If you feel that the wait for an appeal decision could harm your life, health, or future, you can request an expedited appeal. This is a quick review of the appeal to get you a decision.

The process will be a review by a clinical professional who was not involved in the original action. This person must have the knowledge to determine if the action was correct.

Preferably before, but in no case more than 3 days after getting your appeal, the NBH reviewer will make a decision. We will call you as soon as the decision is made. The letter with the decision will be sent within two days of the decision. The letter will have the same information as the appeal decision letter listed in Step 4 above.

If NBH denies a request for a quick appeal process, your appeal will follow the timeframes of the appeal process in Step 4 above. NBH will call you immediately if your request is denied. The denial letter will be sent within 2 business days. You can file a grievance/concern about the denial of a quick appeal process.

NBH will make sure that no action is taken against a provider who asks for an expedited appeal process or supports your appeal.

What if I need more time for the appeal process?

The time for the appeal process may be extended by 14 more calendar days if you ask for this.

NBH may also ask for more time if it would be in your best interest to get more information.

NBH will send you a letter if there will be a delay and the reasons for the delay.

What is the State Fair Hearing Process?

If you do not like the decision NBH made in your appeal, you can contact the NBH Director of Consumer and Family Affairs to help you ask for a State Fair Hearing. This person will tell you about the process and help you with the written request for review.

You do not have to wait for the NBH appeal process before asking for a State Fair Hearing. You must ask for the State Fair Hearing within 20 days from the date of the Notice of Action. You must ask for the review in writing to:

Office of Administrative Courts
633 17th Street, Suite 1300
Denver, CO 80202
303-866-2000

You can have an independent advocate with you at the hearing and provide evidence of fact or law in person as well as in writing.

You have the right to ask for and get services while the hearing is in process. Call the Director of Utilization Management, at NBH to ask for services. You may have to pay the cost of those services if the Administrative hearing upholds the NBH action. NBH will pay the cost of those services if the hearing decision is in your favor.

If the hearing decision is in your favor, and you have not asked for services, then NBH will approve services for you right away.

If a parent or guardian wants to appeal a decision from the Division of Mental Health about a request for services under the Child Mental Health Treatment Act, the parent must ask for the State Fair Hearing within 20 calendar days after the DMH decision. The State Fair Hearing will be considered an appeal.