

Member Rights and Responsibilities

Policy and Procedures
Medicaid Community Mental
Health Program

Abbreviations Used

- BHO – Behavioral Health Organization
- NBH – Northeast Behavioral Health
- HCPF – HealthCare Policy and Financing
- CR – Consumer Representative
- PFA – Parent Family Advocate
- OCFA – Office of Consumer and Family Affairs
- EPSDT – Early and Periodic Screening and Diagnostic Testing

Abbreviations Used

- QIAS – Quality Improvement Administrative Subcommittee
- QIC – Quality Improvement Committee
- Centers – Community Mental Health Centers
- IPN – Independent Provider Network
- ALJ – Administrative Law Judge

Contacting NBH

- Northeast Behavioral Health
- 1300 North 17th Avenue
- Greeley, CO 80631
- 970-347-2366
- Toll Free 1-888-296-5827
- www.northeastbho.org
- Carol Staples – Director of the Office of Consumer and Family Affairs
 - 970-347-2367

Local Consumer and Family Affairs Offices

- Centennial Mental Health Center
 - Consumer Representatives
 - Jean Knopp, Ft. Morgan, 970-867-4924
 - Roberta Dry, Limon, 719-775-2313
 - Jennifer Kerr, Sterling, 970-522-4392
 - Parent/Family Advocates
 - Rosie Bowey, Ft. Morgan, 970-867-4924
 - Melanee Johnson, Burlington, 719-346-0292
 - Kirstin Schelling, Sterling, 970-522-4392

Local Consumer and Family Affairs Offices

- Larimer Center for Mental Health
 - Consumer Representative
 - Laurie Seiler, 970-494-4359
 - Parent/Family Advocate
 - Libby Stoddard, 970-494-4239

Local Consumer and Family Affairs Offices

- North Range Behavioral Health
 - Consumer Representative
 - Bridget Ramirez, 970-347-2348
 - Parent/Family Advocate
 - Marsha Jones, 970-347-2408

OCFA Functions

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

OCFA Functions

- Provide information to consumers on:
 - Rights, Responsibilities, Services and Programs
 - The grievance, fair hearing and appeals processes
 - Community resources
 - 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:
- NBH must ensure that rights are taken into account by Providers when providing services.
- NBH must communicate rights and protections to consumers, NBH staff and affiliated providers.

Consumer Rights Summary

Consumers have the right to:

- Be treated with respect and due consideration for his/her dignity and privacy.
- Receive information on mental health benefits and how to access them.
- Be told about the benefits, risks, and side effects of any recommended service.
- Refuse treatment except when an emergency exists under (CRS 27-10-101) or a court order is in effect.

Consumer Rights Summary

- Participate in decisions regarding his/her health care, including the right to refuse treatment except as provided by law.
- Receive information on available treatment options and alternatives, presented in a manner appropriate to the member's condition and ability to understand.

Consumer Rights Summary

- Be free from any form of restraint, 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 his/her medical records, and request that they be amended or corrected.

Consumer Rights Summary

- Have an independent advocate.
- Choose a provider from the provider network or,
- Request that a specific provider be considered for inclusion in the network.
- Request an exemption from the Medicaid Mental Health program.
- Receive a second opinion without a fee.
- Receive culturally appropriate and competent services.

Consumer Rights Summary

- Receive member information in alternative formats and in Spanish.
- Receive oral interpretation services for members with communication disabilities or non-English speaking members.
- Receive prompt notification of termination or changes in services or providers.

Consumer Rights Summary

- Be furnished medically necessary services in accordance with Federal regulations including urgent and emergent care available 24 hours a day, 7 days a week.
- 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.

Consumer Rights Summary

- 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 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.

Consumer Rights Summary

- Have an Advance Directive and expect it to be followed.

Consumer Responsibilities

- Keep your appointment, or call to cancel or change if you cannot get to it.
- Take medications as they are written for you.
- Ask questions when you don't understand or need more information.
- Make goals that will help you in your recovery.
- Tell you Care Coordinator if you are having any symptoms or are not feeling well.

Consumer Responsibilities

- Tell the medical staff if your medications are making you feel worse since you started taking them.
- Treat your Care Coordinator and other staff as you would like to be treated.
- Know your rights and understand how to use the complaint process.

Consumer Responsibilities

- Protect the Privacy and Confidentiality of others.
- Give Providers the information they need to help you better.
- Follow the requirements of NBH as described in the Member Handbook.
- Notify NBH of any third party insurance, including Medicare.

Providing Information to Consumers

- NBH furnishes each Medicaid enrollee with information required by regulation through:
 - Mailed Consumer Handbook.
 - Distribution at Intake.
 - NBH Website – www.northeastbho.org
 - Available at NBH and Center office front desks.

Content of Information in the Consumer 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 Consumer and Family Affairs.

Content of Information in the Consumer Handbook

- 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 understood language simplified to 6th grade reading level and easily readable.
- Written materials must be available in alternative formats; such as large print, or audio tapes.
- Contact NBH to request alternative formats.

Spanish Written Information

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

Information available in Spanish

- Consumer Handbook
- Consumer Rights and Responsibilities
- HIPAA Notice of Privacy Rights
- Mandatory Disclosure Form
- 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.

Oral Interpretation

- 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

- NBH must have a network of Providers within Centers and with Independent Providers.
- NBH 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.

Consumer Choice

- Consumers may choose a provider from any Mental Health Center or Independent Provider credentialed with NBH.
- Specific Provider information is available on NBH's website or in the Consumer Handbook.
- A staff member at intake can help the consumer 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.

Consumer Choice

Parents or legal guardians must be involved in all stages of service planning.

Adults are encouraged to have families, advocates or supporters involved.

A consumer can request that their current provider be considered for the network and can stay with their current provider for 60 days while credentialing occurs.

Exemption Process

- A consumer currently seeing a provider can ask for an exemption if the current provider doesn't want to become part of the network and there is no qualified provider in the network that the consumer can work with.
- Contact NBH OCFA to start the exemption process.

Role of Care Coordinators

Care Coordinators are clinician/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.
- They ensure 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 outpatient care 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, etc; does not preclude authorization of medically necessary services for a co-occurring mental illness diagnosis
- Authorizations for outpatient services are not required for consumers who are receiving Center services who are residents within their Center's service area.

Role of Intensive Care Coordinators

- Specific individuals at Centers and NBH who authorize inpatient care; post stabilization services; residential treatment and day treatment placements.
- They work with consumer's individual care coordinators to ensure continuity of care.
- They coordinate with inpatient settings to refer non-registered consumers to Centers or IPN providers.

Notice of Provider Termination

- Written notice will be given to the consumer within 15 days of notification of termination of an individual provider.
- This includes providers who see consumers on a regular basis such as psychiatrist, therapist, case manager, independent providers, etc.
- This does not include team staff, such as at residential or day treatment programs.
- Use the termination letter found in the Provider Manual and put a copy in the client's chart.
- Providers should send letters before leaving. Otherwise, administrative supervisors are responsible.

Second Opinion

- Consumers may request a second opinion regarding evaluation, diagnosis or medications. The Center or NBH assists in arranging a second opinion.
- There will be no charge to the consumer for a second opinion from another NBH IPN Provider or Center.

Second Opinion

- Independent Providers, Consumers, or parents/legal guardians may request a second opinion by contacting their Mental Health Center, NBH Utilization Management, CR, PFA, or OCFA 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 Care Coordinator will arrange transportation for nursing home residents.
- Center 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 consumers with information about all Medicaid services for physical health and mental health.
- Answers specific questions about Medicaid programs and services.
- Assists consumers to file a complaint with BHOs, MCOs, or primary care providers.
- Call 303-830-3560
- 1-877-435-7123
- TTY: 1-888-876-8864

EPSDT

- NBH Providers are required to provide mental health services to children and youth ages 0-21 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

- 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.
- NBH 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

Advance Directives

- CPR Directive : do not resuscitate
- The Advance Directives brochure will be provided to each adult consumer at the time of intake. Information is also in the Handbook.
- Care Coordinators must write a note in the chart that they have discussed Advance Directives.
- Adult consumers will be asked if they have Advance Directives and will be encouraged to bring a copy to place in their file.

Grievance Policy

- NBH supports the rights of consumers, family members and interested others to register concerns or complaints about any issues related to the mental health care received through NBH.
- Grievance refers to any oral or written expression of dissatisfaction about any matter (other than an action) including issues about:
 - Access and availability

Grievance Policy

- Clinical Care
- Customer Service
- Failure to respect a consumer's rights
- Financial/Billing
- Uncovered benefits
- Denial of expedited appeal review

Grievance Policy

- A clinical care complaint means any grievance made in regard to the professional competence and/or conduct of a physician or other 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 consumer's condition.

Grievance Process

- A complaint may be filed with the Center's Consumer Representative, the Parent/Family Advocate, or the NBH OCFA Director by phone, in person, or in writing, within 20 calendar days of the precipitating event.
- A complaint will be acknowledged in writing within two working days.

Grievance Process

- A complaint may be filed by any interested party including the consumer, legal guardian, independent advocate 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 form and to obtain releases of information.

Grievance Process

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

Grievance Process

- The CR, PFA, or OCFA Director 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
 - Then formulating a resolution

Grievance Process

- The complaint resolution letter will be sent to the consumer 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.

Reporting Grievances

- Center CRs and PFAs will send copies of all grievance information to the NBH OCFA Director quarterly.
- OCFA Director will consolidate all complaints including those received by the OCFA Director in a report to HCPF quarterly.
- All complaints received in a quarter will be reported to NBH QIAS, QIC and NBH Board of Managers.
- Issues of compliance taking rights into account, and clinical care issues will be reviewed.

Monitoring Grievances

- Complaint information is monitored for completeness, timeliness, appropriateness of consultation, clinical review and resolution.
- Corrective action will be requested if necessary.
- An independent reviewer will conduct an annual audit of grievances and appeals.

Action Policy

- Definitions:

- An action is a written decision, or lack of action by NBH that can be appealed.
- An action letter is a decision that denies, suspends, or terminates 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.

Action Policy

- NBH will send a written Notice of Action to the consumer at least 10 calendar days before the date of any action, with some exceptions.

Action Procedure

- Providers, internal to Centers or IPN, will send an action recommendation form to the NBH UM Department and confer with NBH about records and details.
- NBH UM will review the information and issue an action letter to the consumer within 10 calendar days before the date of the action unless NBH authorizes the requested services.

Appeal Policy

- The consumer must file an appeal with NBH and/or the Office of Administrative Courts for a Fair Hearing within 20 calendar days of the date of the action letter.
- Parents/legal guardians must request a Fair Hearing as an appeal within 20 calendar days of an adverse decision from the Division of Mental Health under the Child Mental Health Treatment Act.

Appeal Policy

- A consumer can request an expedited appeal if the wait for a standard appeal decision would jeopardize the life, health, or future functioning of the consumer.
- The consumer must be sent a receipt of appeal notice within 2 working days of filing the appeal.

Appeal Policy

- NBH must appoint a clinical reviewer who has no previous involvement with the appeal issue, and who is clinically qualified to provide an opinion on the decision denying, suspending, or terminating services.
- The clinical reviewer must make a decision and the decision communicated to the consumer within 10 working days of the receipt of the appeal request.

Appeal Policy

- Either the consumer or NBH can request a 14 day extension if needed to get information.
- Consumers may request a State Fair Hearing within 20 calendar days of the date of the action letter, whether or not they want to use the NBH process.
- The consumer can provide evidence of fact or law in person as well as written evidence.
- Consumers can get help from NBH to file for a State Fair Hearing

Appeal Policy

- Benefits can continue during the appeal process or hearing, but the consumer has to request this, and may have to pay back the costs of the service if the NBH review or the State Fair Hearing upholds the action.
- NBH will ensure that punitive action is not taken against a provider who requests an expedited resolution or supports a member's appeal.

Appeals Procedure

- The consumer contacts the OCFA Director and requests an appeal of the action in writing, within 20 calendar days of the date of the action letter.
- The consumer can ask another person to represent them by filling out a DCR form and release of information form.

Appeals Procedure

- The OCFA Director notifies the UM Department and the NBH Clinical Director that an appeal has been received and requests the appointment of a clinical reviewer.
- The OCFA Director works with the consumer and the UM Department to collect paperwork, clinical records, oral or in-person information that is used in the appeal review.

Appeals Procedure

- The clinical reviewer assesses all the information and writes up the decision.
- The OCFA Director sends the appeal decision letter to the consumer, within 10 working days of receiving the appeal request, unless a 14 day extension was requested.
- The OCFA Director offers help to the consumer to file an appeal with the Office of Administrative Hearings if the NBH decision is unfavorable to the consumer.

Expedited Appeal Process

- The expedited process will take 3 working 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

- Within 20 calendar days of the date of the Notice of Action from NBH the consumer can file an appeal with the State.

Office of Administrative Courts

633 17th Street, Suite 1300

Denver, CO 80202

Phone 303-866-2000

Fax 303-866-5909

State Fair Hearing

- The OCFA Director can assist the consumer in filing the appeal.
- The consumer 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

Northeast Behavioral Health 2007