

### *Recovery Model*

Recognizing that recovery, as a process, is highly individualized, NBH fully supports recovery approaches to services that include: providing service environments that encourage hope for providers and consumers; developing a collaborative relationship between providers and consumers; helping consumers establish personally meaningful goals in their service plans; providing opportunities for empowerment through inclusion in a broad range of decision making from treatment planning to resource planning; supporting consumer-driven and consumer-run programs, services and activities developed in collaboration with consumers and their families.

### *Medically Necessary*

Services are provided that are medically necessary to all Medicaid eligible persons. A covered service shall be deemed medically necessary if, in a manner in accordance with professionally accepted clinical guidelines and standards of practice in behavioral health care, the service:

- Is reasonably necessary for the diagnosis or treatment of a covered mental health disorder or to improve, stabilize or prevent deterioration of functioning resulting from such a disorder;
- Is furnished in the most appropriate and least restrictive setting where services can be safely provided; and
- Cannot be omitted without adversely affecting the client's mental and/or physical health or the quality of care rendered.

NBH, in consultation with the service provider, client, family members, and/or person with legal custody, shall determine the medical necessity of the covered service. NBH also takes into consideration other factors, such as the need for services and supports to assist a client to gain new skills or regain lost skills that support or maintain functioning and promote recovery.

NBH does not deny a service based on medical necessity solely because the client has a poor prognosis or has not shown improvement, if the covered services are necessary to prevent regression or maintain present condition.

### *Covered Diagnoses*

NBH provides all mental health services necessary to treat a diagnosis that is included in the Mental Health Capitation and Managed Care Program. For consumers who have both a covered and a non-covered diagnosis under the program, NBH provides all necessary services to treat the covered diagnosis, regardless whether this diagnosis is the primary diagnosis or a secondary diagnosis.

Refer to Appendix for a list of covered diagnoses. Substance abuse, alcoholism,

mental retardation, and organic brain syndrome are not considered psychiatric illnesses under the Colorado Medicaid Program and, therefore, NBH is not responsible for treating these illnesses.

### *Confidentiality*

NBH accepts the trust given to us by consumers. To this end, NBH holds each person associated with NBH (Centers, providers, and employees) accountable for the confidentiality of the consumer. This includes, but is not limited to, name and personal information about the consumer, mental health issues, and services that the consumer receives.

NBH has adopted the confidentiality regulations set by State and Federal agencies. These regulations include:

- Confidentiality statutes from the State of Colorado C.R.S. 27-10-101 et seq.;
- License statutes from Colorado Mental Health Statutes, Title 12;
- Rules and regulations from Health Care Policy and Financing, Medical Services Board;
- Rules and regulations from Department of Mental Health, Human Services Board; and
- Health Insurance Portability and Accountability Act of 1996 (HIPAA).

### *Cultural Competency*

NBH places high importance on ensuring that Members have access to services that are sensitive to their cultural and linguistic needs. Efforts to offer a "culturally competent" Provider Network include recruitment, training, and monitoring strategies, along with a network management system that allows NBH to match the needs of the Member with a specific Provider.

Providers are encouraged to evaluate their clinical practices in light of the following guidelines

- Awareness of and respect for the importance of culture/diversity;
- Importance of assessment of the impact of cross-cultural relations;
- Awareness of the dynamics of "difference"; and
- Continuous expansion of cultural knowledge and culturally competent practice patterns.