



Member and Family
Handbook

Welcome!

Welcome to Access Behavioral Care. If you live in Denver County and get Medicaid, you are automatically enrolled in this program. We are honored to serve you.

This book can help you understand your Medicaid mental healthcare benefits. If you or your family member needs mental health services, we want you to get the best possible care. We want these services to be easy to use.

About This Handbook

This handbook is a guide to your mental health benefits. In this handbook you will find:

- Information to help you understand your mental health benefits
- Information about how to get mental health services.

Please keep this handbook.

Do You Have Questions?

If you have questions or want more information, please call us at (303) 751-9030 or toll free 1-800-984-9133, Monday through Friday, 8 a.m. to 5 p.m.

Do You Need Special Help With This Handbook?

If you need this book in large print, on tape, or in another language, call us. If you want someone to explain something from this handbook, call us. We will talk with you on the phone, or we can visit you in person. We are here to help. Just call us at (303)751-9030.

If you are deaf or hard of hearing, call our TTY at (720) 744-5126 or toll free 1-888-803-4494.

Tenemos este libro disponible en español bajo el código:

Si necesita información en español, llámenos al (303) 751-9030. Tenemos este libro en español.

If You Change Your Address

Please call us at (303) 751-9030 or toll free 1-800-984-9133 with your new address.

Table of Contents

Table of Contents	1
Welcome to Access Behavioral Care	1
You may reach us at:.....	1
What is Recovery?	1
What is Care Coordination?.....	2
Things to Know About Mental Health Services and Benefits	3
Medicaid	3
If You Already Get Mental Health Services.....	3
All Your Mental Healthcare is Free of Charge.....	3
You Might Have to Pay if:.....	3
Do You Have Other Health Insurance?	3
Different Kinds of Mental Health Services	4
Service Authorization (Approval).....	5
Criteria (Guidelines) for Services	5
Changes in Benefits, Services, or Providers	6
Other Medicaid Services.....	6
How To Get Emergency Mental Health Services	8
What is an Emergency or an Urgent Situation?.....	8
What Can You Expect in Case of Emergency?	9
What Emergency Services Does Access Behavioral Care Provide?	9
Do Emergency Services Have To Be Pre-authorized by Access Behavioral Care?.....	10
How Soon Will I See a Provider After I Leave the Hospital?	10
Summary of Emergency Service Benefits	11
How To Get Routine Mental Health Services	12
How to Get an Appointment	12
Choice of Providers.....	12
What You Can Expect When You Call for an Appointment.....	13
Transportation	13
Individualized Service Plans (ISP)	13
How to Get a Second Opinion	14
Advance Medical Directives.....	14

Summary of Routine Service Benefits	16
Office of Member and Family Affairs	17
Member and Family Advisory Board	17
Member and Family Member Partnership Newsletter	17
Wellness Recovery Action Plan (WRAP)	17
Peer Support Services	17
Contacting the Office of Member and Family Affairs.....	18
Member Rights and Responsibilities.....	19
Confidentiality (Privacy)	19
Your Rights.....	20
Your Responsibilities.....	21
Exemptions	22
Asking for Information	22
Grievances and Appeals.....	24
How to Use a Designated Client Representative (DCR)	24
Grievances.....	24
Appeals	26
Expedited (“Rush”) Appeals.....	29
How to Request a State Fair Hearing.....	29
Our Quality Improvement Program	30
Member Grievance Form	32
Designated Client Representative Form	33

Welcome to Access Behavioral Care

You have Medicaid in Denver County. This means you are a member of Access Behavioral Care. What does this mean? If you need any mental healthcare, we will help you. We can help you get the right mental healthcare for you or your family.

The State of Colorado chose Access Behavioral Care to take care of all Medicaid mental health services in Denver County. This means it is our job to make sure you get mental healthcare if you need it.

Access Behavioral Care, is a nonprofit health plan that provides healthcare for Medicaid eligible people in Colorado. If you want more information about the structure and operations of Access Behavioral Care, call us.

Access Behavioral Care works closely with the .Mental Health Center of Denver (MHCD), Denver Health, University of Colorado Hospital, and The Children's Hospital. You can get care from any of these agencies.

You can also get care from other mental health providers that are in the Access Behavioral Care network. These providers are listed in the Access Behavioral Care Provider Directory. You will get a copy of the Provider Directory with this handbook. You can also call us at the phone number below to request a Provider Directory at any time. We also offer an online Provider Directory. Use this Web address to find it: <http://www.coaccess.com/access-behavioral-care>.

As a member of Access Behavioral Care, you will not be charged for covered services that you get from providers in our network. There are some reasons why you might have to pay for services. Please see page 3 of this handbook for more information.

You may reach us at:

Access Behavioral Care
10065 East Harvard Avenue – Suite 600
Denver, Colorado 80231
Phone: (303) 751-9030 or toll free 1-800-984-9133

Our office hours are 8:00 a.m. – 5:00 p.m., Monday through Friday. If you call us evenings or weekends, a mental health clinician at our after-hours service can help you.

What is Recovery?

People with mental illness can and do recover. This does not always mean that your mental illness goes away. Recovery means different things to different people. It can mean:

- You got a job.
- You can manage your illness.

- You are living on your own.
- You have friends.
- You have hope that your life is getting better.

We want to make sure you have all the information you need about recovery. Call us if you have questions or need help.

- We have many services to help you recover.
- We see families as an important part in helping people recover.
- We will work with you to find your strengths and needs.
- We will respect your wishes for treatment.
- We will work with you to help you get what you need.

What is Care Coordination?

Our care coordination staff works together with you, your family members, providers, and other agencies to help you get what you need. Our care coordination staff can:

- Help you get mental health care.
- Create a good treatment plan.
- Make sure all of your providers are working together.
- Let you know about special healthcare programs.
- Help you find resources (such as food, clothing, and shelter).
- Talk to the different people involved with you and your family (such as your doctor, or child's school, or the Department of Human Services).
- Help you get your medical care.

You can call us if you would like to talk with someone from care coordination. We may contact you if we have a special healthcare program for you.

Things to Know About Mental Health Services and Benefits

Medicaid

If you need help with your Medicaid, call your Medicaid technician at:

- The Denver County Department of Human Services at (720) 944-3666 or the phone number provided in your Medicaid enrollment materials.

If you do not know who your technician is, call us. We will help you find the right person.

If You Already Get Mental Health Services

If you already get mental health services from someone that is in the Access Behavioral Care Provider Directory, then nothing will change. You will keep getting your care at the same place.

If you are getting mental health services from someone that is not in our Provider Directory, call us at (303) 751-9030 or toll free 1-800-984-9133 right away. You may have up to 60 days to change to an Access Behavioral Care provider. We will help you.

All Your Mental Healthcare is Free of Charge

All mental healthcare you get from Access Behavioral Care is free of charge as long as:

- You have current Medicaid for Denver County,
- You use an Access Behavioral Care provider for non-emergency care,
- The care is necessary to treat your mental health condition, and
- The care is approved by Access Behavioral Care, if required.
- Emergency mental health care is free even if the provider is not an Access Behavioral Care provider.

You Might Have to Pay if:

- You do not tell us that other insurance will be paying for your care.
- You get mental health services outside of the United States.
- You get services during an appeal and you lose the appeal.

Do You Have Other Health Insurance?

Sometimes another insurance company pays for your care. This is called a “third party.” For example, if you are in a car accident, the other person’s car insurance might pay. Or if you have Medicare, Medicare pays before Access Behavioral Care.

Be sure to tell us if you have other insurance.

If you have other insurance:

- Always follow the rules of the other insurance company for your mental healthcare.
- Use the providers in the other insurance company's network for non-emergency care.
- If you do not follow the rules of this other insurance, you may have to pay.
- If another insurance company will be paying for your care, you must tell us or you may have to pay.

Different Kinds of Mental Health Services

We have many kinds of mental health services. We will help you find out what works best for you. We have services for individuals and for families.

This is a list of some of the services you can get:

Outpatient Treatment. This can include:

- Individual counseling
- Family counseling
- Group counseling
- Case management services
- Medication management with a psychiatrist or nurse

You meet with the provider and decide what you need. You will get care as long as it is needed to treat your mental health needs.

For individual counseling, there is a limit of 35 visits per year (July 1 – June 30), except when medically necessary for children under age 21.

Case Management. A case manager can help you:

- Get the right care from providers, schools and other programs.
- Help you find resources (such as food, clothing, and housing).

Medication Management.

- Doctors and nurses help get the right medicine for you.
- They help you understand your medicine.
- They also tell you about possible side effects.

Inpatient Services: This means 24-hour mental health services provided for you in a hospital for the care of a mental illness. There is a limit of 45 days per year (July 1 – June 30), except when medically necessary for children under age 21.

Emergency Services. This is for when you need help right away. This may mean going to the hospital. An emergency is an event you think will cause death or serious harm to your life if you don't get care right away.

If you think you are having an emergency, go to the nearest hospital or call 911.

Home-Based Services for Children and Adolescents: These are mental health services that are provided in your home. The goal is to help your family stay together.

Evaluations/Assessments: An evaluation (also called an assessment) is a way to find out the best kind of care for you or your family member.

Deaf and Hard of Hearing Services:

If you are deaf or hard of hearing and need mental health services, we have:

- Counselors who know sign language
- Interpreter services
- Therapists who can give care to hearing parents of deaf children

Vocational Services: These are services that help you work. They include:

- Help writing a résumé
- Help to prepare for job interviews
- Work skills training
- Career development

Senior Services: These are mental health services for older adults. You can be living at home, in a skilled nursing home, or an assisted living facility. A team works with you and your family to develop a care plan. This plan is made especially for seniors.

More Services: We have other services and if you need those, we will help you. We help you meet your mental health care needs.

Service Authorization (Approval)

Some services need approval from Access Behavioral Care. This approval is called an authorization.

- Your provider contacts us to get an authorization (approval).
- You do not need to call us for the approval.

Criteria (Guidelines) for Services

Access Behavioral Care has approved criteria (guidelines) to help you and your providers know which services can help you and your family best. These guidelines are also used to see if you should keep getting care, and to see when the best time is to stop your services.

There are criteria for these services:

- Inpatient hospital
- Acute observation
- Community-based acute treatment
- Residential services
- Partial hospital services
- Day treatment
- In-home services
- Outpatient services
- Intensive case management
- Wrap-around services
- Respite
- Emergency services
- Electro-convulsive therapy
- Psychological testing

Access Behavioral Care uses “InterQual Criteria” a nationally-recognized standard that is licensed by McKesson. You can review information about the criteria upon request. Call us if you want to do this.

Changes in Benefits, Services, or Providers

We will tell you about any changes that may decrease or increase your mental health benefits or services. We will tell you in writing 30 days before any change happens.

If your provider leaves our network, we will tell you in writing. We will tell you this within 15 days of learning that your provider is leaving. If this happens, we will help you find a new provider.

If you have questions, call us at (303) 751-9030 or toll free 1-800-984-9133.

Other Medicaid Services

Physical healthcare

Access Behavioral Care provides services for mental healthcare. You can get physical health services from other Medicaid programs.

HealthColorado can tell you more about these Medicaid programs. You can choose which one you want.

To make your Medicaid choice, call *HealthColorado* at (303) 839-2120 (Denver Metro) or 1-888-367-6557 (outside of Denver Metro area). The call is free.

If you are deaf or hard of hearing, please call TTY: 1-888-876-8864. Call Monday through Friday, 8:00 a.m. to 4:30 p.m.

Also, call *HealthColorado* if you have special healthcare needs or if you have any health insurance other than Medicaid.

Wrap-around Services

There are other Medicaid services that you may qualify for. These are called “wrap-around” services. They may include services provided in your home to help you take care of things like cleaning and laundry, long-term care services in an assisted living facility, or services that are only for the benefit of people who have a developmental disability.

In order to find out more information about these services, you can call Longterm Care Options at (720) 974-2397. We can help you find out more about these services. Call us if you want us to help you.

Medications

You can also get information about the medications that Medicaid will pay for. This can also be found at this Web site: <http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1197969485609> or you can call The Department of Health Care Policy and Financing Customer Service at (303) 866-3513, or toll free 1-800-221-3943

If you are deaf or hard of hearing, please call TTY: 1-800-659-2656. Call Monday through Friday, 8:00 a.m. to 4:30 p.m.

We can help you find out more about the medications that Medicaid will pay for. Call us if you want us to help you do this.

How To Get Emergency Mental Health Services

If you have a mental health emergency, you should do 1 of the following things:

- Call your mental health center.
Write down your mental health center's phone number here: _____
- Call your individual provider, if you have one.
Write down your provider's phone number here: _____
- Call Access Behavioral Care at **1-800-984-9133**. We are available 24 hours a day, 7 days a week.
- Go to the nearest emergency room or hospital.
- Call 911.

If you have a physical health emergency, you should do 1 of the following things:

- Call your individual provider, if you have one.
Write down your provider's phone number here: _____
- 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 center.
Write down your health center's phone number here: _____
- Go to the nearest emergency room or hospital.
- Call 911.

What is an Emergency or an Urgent Situation?

An emergency is a medical condition that you or someone else with average information about healthcare might think would result in:

- Placing the health of the person (or an unborn child, if the person is a pregnant woman) at serious risk.
- Serious impairment to bodily functions.
- Serious harm to any body organ or body part.

An urgent situation might not be as dangerous as an emergency. But it could become an emergency if you do not get care fast.

Here are some of the hospital emergency rooms in our area:

Denver Health Medical Center

777 Bannock Street
Denver, Colorado

The Children's Hospital

13123 E. 16th Avenue
Aurora, Colorado

Porter Adventist Hospital

2525 S Downing Street
Denver, Colorado

St. Anthony Central Hospital

4231 W. 16th Avenue
Denver, Colorado

Exempla Saint Joseph Hospital

1835 Franklin Street
Denver, Colorado

Rose Medical Center

4567 E. Ninth Avenue
Denver, Colorado

There are more. If you are near another hospital, go to that hospital emergency room in case of emergency.

You do not need to call Access Behavioral Care first. You may go to any hospital emergency room for immediate services, even if the hospital is not in our network.

You will not have to pay for medical and transportation costs because you called 911 or went to the nearest hospital in an emergency. After your emergency, we will help you get follow-up services.

What Can You Expect in Case of Emergency?

Our providers will help you as fast as possible. If you have an emergency, our providers should respond to you:

- By phone within 15 minutes of your phone call.
- In person within 1 hour if you live in a city, or within 2 hours if you live outside of a city.

If they do not help you quickly, please let us know.

If you have an urgent situation, your provider should be able to see you within 24 hours. If your provider cannot see you in that time, call us. We can help you get an appointment.

What Emergency Services Does Access Behavioral Care Provide?

- Crisis Evaluation: We have licensed therapists trained in crisis. They can help determine your mental health needs during an emergency.

- **Inpatient Treatment:** This means 24-hour mental health services provided for you in a hospital. This is covered by Access Behavioral Care when necessary for the care of a mental illness.
- **Acute Treatment Unit (ATU):** This is a place where you get 24-hour mental health care. This is not a hospital. It is called an acute treatment unit (ATU). In some emergencies, you do not need to stay in a hospital. Your provider could want you to stay at an ATU. If this is approved, there is no limit to the number of days you can stay at an ATU.
- **Post-Stabilization Services:** These are services that the provider who saw you in an emergency says you need before you can go home or go to another place for care.

Do Emergency Services Have To Be Pre-authorized by Access Behavioral Care?

There is no pre-authorization (approval) necessary for emergency services. You do not need to call Access Behavioral Care first. You may call 911 or go to any hospital emergency room for immediate services, even if the hospital is not in our network.

The emergency providers will evaluate your situation. If they decide that you need to stay in the hospital or ATU, they will help you. The hospital or ATU will contact Access Behavioral Care to get an authorization (approval) for the care you receive.

How Soon Will I See a Provider After I Leave the Hospital?

You will receive an appointment to see a provider after you leave the hospital. This appointment will be scheduled within 7 business days after you leave the hospital. It is very important for you to go to this appointment. A Care Manager from Access Behavioral Care will call you to make sure that you are following the directions given to you before you left the hospital.

Summary of Emergency Service Benefits

Please note: For services that need to be authorized (approved), your provider will get the approval for you.

Type of Service	Provider Locations	Benefit Limit	Authorization (Approval) Necessary?
Mobile Crisis Services	Denver Health 777 Bannock Street Denver, Colorado (303) 602-7220	No limit if provider says the service is needed to treat your mental illness.	No
Crisis Evaluation	Any hospital emergency room or 911	No limit if provider says the service is needed to treat your mental illness.	No
Inpatient Treatment	Hospitals serving Medicaid members (see provider directory)	45 days per year (July 1 – June 30) when needed to treat a mental illness, except when the provider says it is medically necessary for children under 21.	Yes
Acute Treatment Unit (ATU)	Bridge House 6507 S. Santa Fe Drive Littleton, CO 80120	No limit if provider says ATU services are needed to treat your mental illness.	Yes
Post-Stabilization Services	Hospitals serving Medicaid members (see provider directory)	No limit if provider says the service is needed to treat your mental illness.	Yes

If you have any questions concerning your Emergency Services benefits, please call Access Behavioral Care at (303) 751-9030 or toll free 1-800-984-9133.

How To Get Routine Mental Health Services

This section will tell you how to get routine mental health services or outpatient mental health services.

How to Get an Appointment

- Call Access Behavioral Care at (303) 751-9030 or toll free 1-800-984-9133.
- Ask to talk with an Access Behavioral Care Service Coordinator.
- Tell us what kinds of services you need.
- Your Access Behavioral Care Service Coordinator can help set up an appointment for you.
- Or you can call one of the following places:

Mental Health Center of Denver:
MHCD Access Center
1555 Humboldt Street
Denver, CO
303-504-1650 (Intake)

University of Colorado Hospital
Outpatient Psychiatry Service
The Anschutz Medical Campus, Building 500
13001 E. 17th Place @ Aurora Ct.
Aurora, CO 80045
Second Floor, West Wing
303-724-1000

The Children's Hospital Department of
Psychiatry
13123 E. 16th Avenue
Aurora, CO
720-777-6200

Denver Health Medical Center:
Outpatient Behavioral Health Services
667 Bannock Street Unit 9
Denver, CO
303-436-6393

Asian Pacific Development Center
1825 York Street
Denver, CO
303-355-0710

Servicios de la Raza
4055 Tejon Street
Denver, CO
303-458-5851

Choice of Providers

To see a full list of providers to choose from in the Access Behavioral Care network, look in the Provider Directory that is sent in your welcome package.

If you need special help or have any other special requests, call us. Ask to talk with an Access Behavioral Care Service Coordinator. We can help you find:

- A provider with a certain specialty
- Someone who speaks another language
- Someone with a certain cultural background

You can choose the provider you want to see. You can also use the online Provider Directory at this Web address: <http://www.coaccess.com/access-behavioral-care>

What if you want to see someone who is not in our Provider Directory?

- Call us.
- Ask to talk with an Access Behavioral Care Service Coordinator.
- We will work with you to get what you need.

What You Can Expect When You Call for an Appointment

- When you call to make a regular appointment, you should get an appointment within 7 business days.
- You will also receive an appointment for follow-up services within 7 business days after a hospital stay.
- If the situation is urgent, you should get an appointment within 24 hours.
- If you do not get an appointment within those times, call us. We can help you get an appointment sooner. Or we can help you find a different provider. If you want, you can express your concern about the situation (see the Grievance section on page 24).

Transportation

If you need help getting to your appointments:

- Call LogistiCare of Colorado at 1-800-284-5150
- Make sure to tell them you have Medicaid.
- We can also help you find transportation. Call us at (303) 751-9030 or toll free 1-800-984-9133 and ask for the Office of Member and Family Affairs.

Individualized Service Plans (ISP)

Individualized Service Plans are plans that guide your mental health care.

- You make the plan with your provider.
- This plan includes your goals for your mental health.
- It may also have goals for other parts of your life. For example, the plan may have goals to help you with housing, work, and relationships.
- The plan will include how you can reach these goals.
- Your provider will work with you to help you reach your goals.
- You can choose to include other people in your plan. For example, you can include family members, friends, or other helpful people.
- Talk about this with your therapist.

How to Get a Second Opinion

You have the right to ask for a second opinion. This means you get an opinion from another provider. You might want a second opinion when:

- You do not agree with your diagnosis.
- You do not agree with the medicine that your provider gives you.
- You do not agree with the kind of care your provider recommends.

To get a second opinion, call us at (303) 751-9030 or toll free 1-800-984-9133. We will help you.

Advance Medical Directives

Advance medical directives help you:

- Protect your right to make medical decisions and choices about your healthcare.
- Help family members make decisions if you are not able to.
- Help your providers by telling them your wishes.

Advance medical directives say what kind of medical care you want if you get too sick or hurt to talk or think clearly. The State of Colorado gives you the right to have an advance medical directive if you are 18 or older. There are 3 kinds of advance medical directives:

1. Living Will

A Living Will tells your doctor whether to use artificial life support (medical help) if you become “terminally ill” (deathly sick). Copies of Living Will forms are at healthcare facilities, providers’ offices and office supply stores. You can also get them at the Guardianship Alliance of Colorado by calling (303) 228-5382.

2. Medical Durable Power of Attorney (also called a “Healthcare Proxy”)

A “medical durable power of attorney” is a person you choose to make healthcare choices for you if you cannot speak for yourself.

3. Cardiopulmonary Resuscitation (CPR) Directive

CPR is when you try to get someone’s heart and/or breathing started again. If you have a “CPR Directive,” medical staff will not try to get your heart or breathing started.

You will get more information on advance medical directives if you are admitted to a hospital. You are not required to have one. If you decide to have an advance medical directive, it is important to talk to your provider, family, and other people about your choices, or if you change them. Be sure to give copies of your advance medical directive to your provider, family members, and healthcare proxy (if you have one).

What Happens if Your Advance Medical Directive Isn't Followed?

- You can let us know about your concerns.
- Call the Colorado Department of Public Health and Environment: (303) 692-2980.
- Or write to:
Colorado Department of Public Health and Environment
4300 Cherry Creek Drive South
Denver CO 80246-1530
www.coems.info

You can get more information about Advance Directives on our Web site. Go here for more information: <http://www.coaccess.com/access-behavioral-care>

Summary of Routine Service Benefits

Please note: To be approved (paid for by Access Behavioral Care), services must be necessary to treat a covered mental health condition. **Your provider will get the approval for you, if one is required.**

Type of Service	Benefit Limit	Authorization (Approval) Necessary?
Outpatient Treatment*	You get up to 35 individual counseling visits per year (July 1 – June 30) except when a provider says it is needed for children under 21. No limit for other outpatient services.	No
Day Treatment	No limit if approved by us.	Yes
Psychosocial Rehabilitation	No limit.	No
Case Management	No limit.	No
Medication Management	No limit.	No
Residential Services	No limit if approved by us.	Yes
School-Based Services*	You get up to 35 individual counseling visits per year (July 1 – June 30) except when a provider says it is needed for children under 21. No limit for other outpatient services included in school-based services.	Yes
Home-Based Services for Youth	No limit if approved by us.	Yes
Evaluations/ Assessments	Limited to sessions needed for evaluation.	Yes
Deaf and Hard of Hearing Services *	You get up to 35 individual counseling visits per year (July 1 – June 30) except when a provider says it is needed for children under 21. No limit for other outpatient services.	No
Vocational Services	No limit if approved by us.	Yes
Senior Services*	You get up to 35 individual counseling visits per year (July 1 – June 30) except when a provider says it is needed for children under 21. No limit for other outpatient services.	No
Respite Services	No limit if approved by us.	Yes
Peer Specialist Services	No limit.	No

* Please Note: You can get up to 35 individual sessions, which may be several types of services combined (Outpatient Treatment, School-Based Services, Deaf & Hard of Hearing Services, and/or Senior Services). You cannot get 35 individual sessions in each one of those types of services.

Office of Member and Family Affairs

Access Behavioral Care has an Office of Member and Family Affairs to help you. We can help you with:

- Understanding the mental health system.
- Advocating for yourself.
- Answering any questions, concerns, and complaints.

We want to help you understand what services you get. We can also help you know what your rights and responsibilities are.

Member and Family Advisory Board

This board advises Access Behavioral Care about mental health issues that our members and their families are facing. The board meets quarterly (every 3 months). We invite each of our members and their family members to participate. Call (303) 751-9030 or toll free 1-800-984-9133 for more information.

Member and Family Member Partnership Newsletter

The Partnership newsletter is sent quarterly (every three months) to each of our members. It has information about member and family activities and programs that may be helpful to you.

Wellness Recovery Action Plan (WRAP)

This is a tool for you to write down what helps you feel better, what your supports are, and how you want to be treated when you are not doing well. We will make sure you have the help you need to write your WRAP plan. Your mental health provider or care manager can show you how to use it in your recovery process.

Peer Support Services

There are peer support groups and drop-in centers. They are run by people who have been a part of the mental health system and understand it. Our Member and family affairs staff can help you find these.

Education and Training

Our Member and Family Affairs staff can give you information on:

- Services we offer.
- Your rights and responsibilities.
- How to get services.
- How to advocate for yourself or a family member.
- Helpful hints to take charge of your care and recovery.

Affairs

Contacting the Office of Member and Family Affairs

We will help you get any of these services above. We welcome your call. You can call us or write to us at:

Office of Member and Family Affairs
Access Behavioral Care
P.O. Box 17580
Denver, CO 80217-0580

Phone: (303) 751-9030 or toll free 1-800-984-9133

Member Rights and Responsibilities

Confidentiality (Privacy)

Your privacy is important. In most cases, information about your mental health treatment won't be shared with anyone without your signed permission. The times that we may share information are explained below.

A copy of the Access Behavioral Care Notice of Privacy Practices is sent with this handbook. This tells you how we keep your information private. If you want another copy, call us at (303) 751-9030 or toll free 1-800-984-9133.

How Your Health Information May Be Used or Shared

There are times when information about you can be shared without your permission. The law says information about your mental health treatment can be shared for these reasons:

- To help you get treatment and services, pay for your treatment and services, do reviews of your treatment and services, or conduct approved research.
- If someone who is treating you for your mental health issues suspects that you are abusing or neglecting your children, they must report this to the county child welfare agency.
- If you are in a mental health emergency and may be a danger to yourself or to others because of a mental illness, providers may contact other professionals or persons who have information about you that could help make you or others safe.
- If a judge orders that information about your mental health issues be shared in court, then Access Behavioral Care or your mental health providers must do so.
- State agencies may review your records to see how Access Behavioral Care or other providers are doing in providing your services.
-

Questions or Complaints About Privacy

If you have a question or complaint about how Access Behavioral Care handles your health information, or if you believe that your privacy rights have been violated by Access Behavioral Care, you can contact:

Access Behavioral Care
Attention: Privacy Official
10065 East Harvard Avenue, Suite # 600
Denver, Colorado 80231

Phone: (720) 744-5100 or toll free 1-800-511-5010

Access Behavioral Care will not take any negative action against you if you file a complaint. If you are not satisfied with the way we handle your complaint, you may make a complaint to the privacy officer at the Department of Health Care Policy and Financing at (303) 866-4366.

Your Rights

As a member of Access Behavioral Care, you have certain rights. It is important that you know what those rights are. We want to help you understand your rights. We want to make sure that you are being treated fairly. If you have any questions about these rights, please call our Office of Member and Family Affairs.

You Have the Right to:

- Be treated with respect for your dignity and privacy.
- Ask for information about Access Behavioral Care, our services and providers, including:
 - Your mental health benefits
 - How to access care
 - Your rights
- Get information in a way that you can easily understand.
- Choose any provider in the Access Behavioral Care network.
- Get culturally appropriate and competent services from Access Behavioral Care providers.
- Get services from a provider who speaks your language or get interpretation services in any language needed.
- Ask that a specific provider be added to the provider network.
- Get services that are appropriate and accessible when medically necessary, including care 24 hours a day, 7 days a week for emergency conditions.
- Get emergency services from any provider; even those who are not in our network, without calling Access Behavioral Care first.
- Get a routine appointment within 7 business days, or an urgent appointment within 24 hours of your request.
- Receive medically necessary covered services from a provider who is not in the Access Behavioral Care network if we are otherwise unable to provide them.
- Know about any fees you may be charged. There are no fees or copayments for the covered Medicaid services you receive through Access Behavioral Care.
- Get written notice of any decision by Access Behavioral Care to deny or limit requested services.
- Get a full explanation from your providers about:
 - You or your child's mental health diagnosis and condition,
 - Different kinds of treatment that may be available,
 - What treatment and/or medication might work best, and
 - What you can expect.
- Participate in discussions about what you need, and make decisions about your mental health care with your providers.
- Get a second opinion if you have a question or disagreement about your treatment.
- Be notified promptly of any changes in benefits, services, or providers.
- Refuse or stop treatment, except as provided by law.

- Be free from any form of restraint or seclusion used as a means of convincing you to do something you may not want to do.
- Get copies of your treatment records and service plans and ask Access Behavioral Care to change your records if you believe they are incorrect or incomplete.
- Get written information on advance medical directives.
- Get information about, and help with grievances, appeals and fair hearing procedures.
- Make a grievance (complaint) about your treatment to Access Behavioral Care without the fear of being punished.
- Have an independent advocate help with any questions, problems or concerns about the mental health system.
- Express an opinion about Access Behavioral Care's services to state agencies, legislative bodies, or the media without your services being affected.
- Exercise your rights without any change in the way Access Behavioral Care or our providers treat you.
- Have your privacy respected. Your personal information can only be released to others when you give your permission or when allowed by law.
- Know about the records kept on you while you are in treatment and who may have access to your records.
- Any other rights guaranteed by statute or regulation (the law).

Your Responsibilities

To make your mental health treatment successful, we need to work together — you, your provider(s), and Access Behavioral Care staff. We do our part by providing you with information about your rights and the services we offer. Your part is to take responsibility for the following:

- Pick a provider from the Access Behavioral Care network, or call us if you want to see someone that is not in the Access Behavioral Care network.
- Follow the Access Behavioral Care and Medicaid rules described in this handbook.
- Follow the steps described in this handbook if you want to file a grievance or appeal with Access Behavioral Care about the services you're receiving.
- Pay for any services you get that are not covered by Medicaid or Access Behavioral Care.
- Tell Access Behavioral Care if you have any other insurance, including Medicare.
- Keep scheduled appointments and call to cancel or reschedule if you cannot make the appointment.
- Ask questions when you don't understand or when you want more information.
- Tell your providers any information they need in order to care for you. This includes if you are having any symptoms.
- Work with your providers to create goals that will help you in your recovery. Follow the treatment plans that you and your providers have agreed upon.
- Take medications as they are prescribed for you.

- Tell your doctor if you are having unpleasant side effects from your medications, or if your medications do not seem to be working to help you feel better.
- Seek out additional support services in the community.
- Invite the people who will be helpful and supportive to you to be included in your treatment. These people may include family members, friends, or any others you may choose.
- Understand your rights and the grievance process.
- Treat your providers as you would expect to be treated.

There may be other things you can do with your mental healthcare, which you can add to this list.

Exemptions

You have the right to ask for an “exemption” from the Colorado Medicaid Community Mental Health Services Program. This means you would not be a member of Access Behavioral Care. Your Medicaid eligibility will not be affected, but your mental health benefits will be different under an exemption. Please be sure to ask about the services you will be eligible for if you are granted an exemption from the Program.

You can ask for an exemption if:

- You already have a mental health provider that you want to keep seeing, and Access Behavioral Care is unable to contract with your provider, *or*
- You feel you cannot work with Access Behavioral Care and continued enrollment in the program would not be in your best clinical interest.

If you want to ask for an exemption, you can contact the Colorado Department of Health Care Policy and Financing (HCPF). HCPF will make a decision and let you know in writing. The address and phone number is:

Colorado Department of Health Care Policy and Financing
1570 Grant Street
Denver, Colorado 80203

Phone: (303) 866-3513 or toll free 1-800-221-3943

Asking for Information

As a member, you have the right to ask us for information at any time about:

- The names, locations, phone numbers, and languages spoken by our providers.
- The list of providers that you can choose from.
- The type of benefits and amount and length of services you can get.
- How to get covered benefits and services.
- How you can get benefits from an out-of-network provider.

- After-hours services, emergency services, and post-stabilization services (care you get after an emergency to help you recover).
- Referrals for specialty care or programs.
- Any fees you might be charged.
- How to get any benefits that are Medicaid-covered, but not part of Access Behavioral Care.
- Your rights and protections.
- Access Behavioral Care's Notice of Privacy Practices, and how you can get a copy.
- Grievance, appeal, and fair hearing procedures.
- Advance medical directives.
- How Access Behavioral Care is structured and how we operate.
- Access Behavioral Care's quality improvement program.
- How to request an exemption from the Colorado Medicaid Community Mental Health Services Program.

Grievances and Appeals

Please let us know if you are not happy with Access Behavioral Care, our providers, your services, or any decisions that are made about your treatment.

- You have the right to express a concern about anything you are not happy with.
- You also have a right to appeal. This means you can ask for a review of an Access Behavioral Care action or decision about what services you get.
- Call our Grievance and Appeals Department at (720) 744-5134, toll free 1-877-276-5184 or TTY for the deaf or hard of hearing at 1-888-803-4494.

You will not lose your Medicaid benefits if you express a concern, file a grievance or an appeal. It is the law.

How to Use a Designated Client Representative (DCR)

A DCR is someone you choose to talk for you when you have a concern or appeal about your mental health services. It could be a provider, an advocate, a lawyer, a family member, or any other person you trust.

If you decide to use a DCR, you must sign a form with the name, address and phone number of your DCR. This is so we can contact him or her during the investigation or appeal process. This person will not see your medical records or get information about your situation unless you also sign a form to release medical information to him or her.

Grievances

If you are not happy with something other than a service decision, you can file a grievance. A grievance can be about anything other than a decision by Access Behavioral Care to deny, limit or change a service that you or your provider requested. This is your right. You do not need to worry that you will be treated badly for making a grievance. We want to make sure that you are treated fairly and receive the best service possible. This is one way you can stand up for yourself and your rights. It also helps us make our services better for you and others.

Examples of grievances might include:

- The receptionist was rude to you.
- Your provider would not let you look at your mental health records.
- Your service plan does not have the things that you want to work on.
- You could not get an appointment when you needed one.

Who to Contact to File a Grievance:

- You or your DCR can call Access Behavioral Care's Grievance and Appeals Department, or
- You can fill out the grievance form at the end of this book and send it to us, or
- You can write us a letter. Call us if you want help writing your grievance.

- Other people can help you or your DCR with a grievance, including:
- The Ombudsman for Medicaid Managed Care, operated by Maximus. The phone number is (303) 830-3560 or toll free at 1-877-435-7123.
- The Department of Health Care Policy and Financing. Their phone number is (303) 866-3513 or toll free at 1-800-221-3943.

How to File a Grievance with Access Behavioral Care

You or your DCR can call or write the Access Behavioral Care Grievance and Appeals Department. You should do this within 20 days from when the problem happened.

Access Behavioral Care

Grievance and Appeals Department

P.O. Box 17580

Denver, Colorado 80217-0580

Phone: (720) 744-5134 or toll free 1-877-276-5184

Be sure to include your name, Medicaid identification (ID) number, address, and phone number.

What Happens When I File a Grievance?

- After we get your phone call or letter, we will send you a letter within 2 business days. The letter will say we got your grievance.
- We will review your grievance. We may talk with you or your DCR, talk to the people involved in the situation, and look at your medical records.
- Someone who was not involved in the situation you are concerned about, and who has the right experience, will review your grievance.
- Within 15 business days after we get your letter, we will send you a letter saying what we found and how we fixed it. Or, we will let you know that we need more time. You will get a letter from us after we finish the review.
- We will work with you or your DCR to try to find a solution that works best for you. Sometimes we may not be able to fix a problem.
- If you are unhappy with our review, you or your DCR can contact the Colorado Department of Health Care Policy and Financing. They will do another review. Their decision about your concern is final.

How to Contact the Department of Health Care Policy and Financing

You or your DCR can also call or write the Department of Health Care Policy and Financing and let them know that you have filed a grievance.

Department of Health Care Policy and Financing
1570 Grant Street
Denver, Colorado 80203

Phone: (303) 866-3513 or toll free 1-800-221-3943

Let them know that you are an Access Behavioral Care member. Tell them what the problem is. Tell them how you want it fixed.

The Department of Health Care Policy and Financing will review your grievance. They will work with you to find a solution. You will get a letter from the Department of Health Care Policy and Financing. This letter will explain the results of the review. This decision is final.

Organizations that can help you with this process:

- The Ombudsman for Medicaid Managed Care (MAXIMUS):
..... (303) 830-3560
..... 1-877-435-7123
..... 1-888-876-8864 (TTY)
- The National Alliance for the Mentally Ill (NAMI):
..... (303) 321-3104
..... 1-888-566-6264
- The Legal Center for Persons with Disabilities and Older People:
..... (303) 722-0300
..... 1-800-288-1376
- The Federation of Families for Children’s Mental Health:
..... (303) 572-0302
..... 1-888-569-7500

Appeals

An appeal is when you try to change a decision, called an “action” that Access Behavioral Care makes about your services. You have this right. If Access Behavioral Care takes an action, you and your provider will get a letter that tells you why. This letter also will explain how to appeal if you want to.

You can appeal any of the following actions:

- When we deny or limit a type or level of service you requested.
- When we reduce, suspend or stop a service that was previously approved.
- When we deny payment for any part of a service.

- When we do not provide or authorize (approve) services in a timely manner.
- When we do not act within timelines required by the state to provide notifications to you.
- If you live in a rural area and we deny your request to seek care outside of our network.

If you or your DCR asks for an appeal, we will review the decision. Your provider may file an appeal for you or help you with your appeal as your DCR. For a DCR to get your medical records for an appeal, you or your legal guardian must give written permission to your provider.

You will not lose your Medicaid benefits if you file an appeal. If you are getting services that have already been approved by Access Behavioral Care, you may be able to keep getting those services while you appeal, if all of these requirements are met:

- Your appeal has been sent to us within the required timeframes by you or your provider;
- An Access Behavioral Care provider has asked that you receive the services;
- The time period that the approval (authorization) of the services has not ended; and
- You specifically request that the services continue.

You may have to pay for services that you get during the appeal if you lose the appeal. If you win the appeal you will not have to pay. Please let us know when you ask for an appeal if you want to keep getting your services.

If you continue getting the approved services, they will continue for a certain time period. The services will continue until:

- You withdraw your appeal;
- A total of 10 days pass after we mail the original notice to you that we are denying your appeal. If you request a State fair hearing within those 10 days, your benefits will continue until the hearing is finished.
- The State fair hearing office decides that your appeal is denied.
- The authorization for the services ends.

Examples of decisions that you could appeal include:

- You are told you are being discharged from the hospital and don't feel ready to go.
- You feel your child needs residential care and Access Behavioral Care denies this care.

How to Ask for an Appeal (another review) of a Decision or Action:

- If the appeal is about a new request for services, you or your DCR must request an appeal within 20 calendar days from the date on the letter saying what action Access Behavioral Care has taken, or plans to take.

- If the appeal is about services that have already been authorized (approved) by Access Behavioral Care, you or your DCR must request an appeal:
 - Within 10 calendar days from the date on the letter saying what action Access Behavioral Care has taken or plans to take;
 - OR-
 - Before the authorization ends;
 - Whichever is less time.

- You or your DCR can call Access Behavioral Care’s Grievance and Appeal Department to start your appeal. The phone number is (720) 744-5134 or toll free 1-877-276-5184. Tell them you are an Access Behavioral Care member. Tell them you want to appeal the decision or action. If you call to start your appeal, you or your DCR must send us a letter after the phone call. The letter must be signed by you or your DCR. We can help you with the letter, if you need help. The letter must be sent to:

Access Behavioral Care
Grievance and Appeals Department
P.O. Box 17950
Denver, Colorado 80217

- You or your DCR can request a “rush” or expedited appeal if you are in the hospital, or feel that waiting for a regular appeal would threaten your life or health. The section called “Expedited (“Rush”) Appeals” tells you more about expedited appeals.

- If you are getting services that have already been approved by Access Behavioral Care, you may be able to keep getting those services while you appeal. You may have to pay for those services that you get during the appeal if you lose the appeal. If you win the appeal, you will not have to pay. Please let us know when you ask for an appeal if you want to keep getting your services.

What Happens With An Appeal:

- After we receive your phone call or letter, you will get a letter within 2 business days. This letter will tell you that we got your request for an appeal.

- You or your DCR can tell us in person or in writing why you think Access Behavioral Care should change its decision or action. You or your DCR can also give us any information or records that you think would help your appeal. You or your DCR can ask questions, and ask for the criteria or information we used to make our decision. You or your DCR can look at Access Behavioral Care’s records that have to do with your appeal.

- If the decision or action you are appealing is about a denial or change of services, a doctor will review your medical records and other information. This doctor will not be the same doctor who made the first decision.
- Access Behavioral Care will make a decision and notify you within 10 business days from the day we get your request. We will send you a letter that tells you the decision and the reason for the decision.
- If we need more time to make the decision, we will send you a letter to let you know. Or, you or your DCR can ask for more time.

Expedited (“Rush”) Appeals

If you feel that waiting for an appeal would seriously affect your life or mental health, you may need a decision from Access Behavioral Care fast. You or your DCR can ask for an expedited “rush” appeal. For a rush appeal, a decision would be made within 3 business days, instead of 10 business days for a regular appeal.

We will make our decision on an expedited appeal within 3 business days. This means that you or your DCR have a short amount of time to look at our records, and a short amount of time to give us information. You can give us information in person or in writing. During this time, your services will stay the same.

If your request for a rush appeal is denied, Access Behavioral Care will call you as soon as possible to let you know. We will also send you a letter within 2 business days. Then we will review your appeal the regular way. You will get a letter that tells you the decision of the appeal and the reason.

How to Request a State Fair Hearing

A State Fair Hearing means that a State Administrative Law Judge (ALJ) will review Access Behavioral Care’s decision or action. You can ask for a State Fair Hearing:

- Instead of using Access Behavioral Care’s appeal process;
- At any time during your appeal with Access Behavioral Care; or
- If you are not happy with Access Behavioral Care’s decision about your appeal.

A request for a State Fair Hearing must be in writing.

- If your request is about a treatment that has not been approved before, you or your DCR must make the request within 20 calendar days from the date on the letter that tells you the action that Access Behavioral Care has taken, or plans to take.
- If your request is about treatment that has been approved before, you or your DCR must make the request within 10 calendar days from the date on the letter that tells you the action that Access Behavioral Care has taken, or plans to take.

- If you or your DCR want to ask for a State Fair Hearing, you or your DCR may call or write to:

Office of Administrative Courts
633 Seventeenth Street - Suite 1300
Denver, CO 80202

Phone: (303) 866-2000
Fax: (303) 866-5909

The Office of Administrative Courts will send you a letter that explains the process and will set a date for your hearing.

You can talk for yourself at a State Fair Hearing or you can have a DCR talk for you. A DCR can be a lawyer, a relative, an advocate, or someone else. The Judge will review Access Behavioral Care's decision or action. Then the Judge will make a decision. The decision of the Judge is final.

We encourage you to file with the Administrative Law Judge (ALJ) at the same time that you file your appeal with Access Behavioral Care. This will keep you within the calendar day deadline, and protect your right to an ALJ hearing. The ALJ contact information is provided above. You must make your request for an ALJ hearing in writing and you must sign your request.

If you are getting services that have already been approved by Access Behavioral Care, you may be able to keep getting those services while you are waiting for the Judge's decision. But if you lose at the State Fair Hearing, you may have to pay for services that you get while you are appealing. If you win, you will not have to pay.

If you want help with any part of the appeal process, please contact us. We can help you with any questions you have or help you file an appeal. Call us at (720) 744-5134 or toll free 1-877-276-5184.

You can also call the Ombudsman for Medicaid Managed Care, operated by Maximus. They can help you with an appeal. The phone number is (303) 830-3560. The toll free number is 1-877-435-7123, and the TTY number is 1-888-876-8864.

Our Quality Improvement Program

Access Behavioral Care wants to provide the best care and service possible. To help make sure that we are meeting member's mental health care needs, we have a Quality Improvement Program. Some of the things we do in our Quality Improvement Program are:

- Ask you questions to see if you are happy with our services.
- Look at your concerns to find ways to do things better.

- Make sure members have access to services.
- Get information from our providers about how to do things better.

Information on our quality improvement activities and results are in the member newsletter or on our Web site at <http://www.coaccess.com/access-behavioral-care>. If you want to get information on what we have done and what we plan to do in our Quality Improvement Program, you can call us at (303) 751-9030 or toll free 1-800-984-9133. This information is free of charge to Access Behavioral Care members who ask for it.



Colorado *Access*
Behavioral Care
Member Grievance Form

Member Information:

Member's Name: _____

Medicaid ID #: _____

Name of Member's DCR (Designated Client Representative) or Guardian if applicable:

Contact Phone #: _____

Description of the Concern: (Add another page or write on back if needed)

Date(s) of Incident:

Person(s) or Provider(s) Involved:

Details:

Mail to Access Behavioral Care at the following address:

Access Behavioral Care
Grievance and Appeals Department
P.O. Box 17580
Denver, Colorado 80217-0580

If you need more information, you can call Access Behavioral Care at (303) 751-9030 or toll free 1-800-984-9133.



Designated Client Representative Form

Mail the completed form to:
Colorado Access
PO Box 17950
Denver, CO 80217-0950

If you have questions or need help completing
this form, please call us at (303) 751-9030
or toll free 1-800-984-9133

Member: _____

Authorized Representative: _____

Relationship to Member: _____

Address _____

Telephone _____

I hereby appoint the above person to serve as my Designated Client Representative for all purposes related to my grievance or appeal.

Signature of Member

Today's Date

I also give permission to Colorado Access to disclose any medical record and personal information related to my grievance or appeal that it possesses to my Designated Client Representative. This authorization begins on the date I sign it and remains in effect until my grievance or appeal is formally closed. I understand that I may cancel this authorization at any time by calling or writing Colorado Access. I also understand that if I do cancel my authorization, Colorado Access cannot take back any disclosures it has already made based on this authorization.

Signature of Member

Today's Date