



Member and Family Member Handbook

WELCOME

Welcome to Access Behavioral Care. We are honored to serve you. This book can help you understand your Medicaid mental health care benefits.

About This Handbook

This is a guide to your mental health care benefits. Please keep it. Use it to learn how to get mental health care if you want it. If you have questions or want more information, please call us at 303-751-9030 (local) or 1-800-984-9133 (toll-free), Monday through Friday, 8 a.m. to 5 p.m.

What If You Need Special Help With This Handbook?

If you need this book in large print, on tape, or another language, call us. If you want someone to explain anything, call us. We will talk with you on the phone. Or we will visit you in person. We are here to help. Just call us at 303-751-9030 or toll-free at 1-800-984-9133.

If you are hearing impaired, call our TTY at 720-744-5126 or 1-888-803-4494.

Si necesita información en español, llámenos al 303-751-9030 or 1-800-984-9133. Tenemos este libro en español.

Tenemos este libro disponible en español bajo el código: (ABC_105).

If You Change Your Address

Please call our Customer Service Department, 1-800-984-9133 (toll free), with your new address.

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Welcome to Access Behavioral Care (ABC)!

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 health care, we will help you. We can help you get the right mental health care 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 health care if you need it. Access Behavioral Care is part of Colorado Access, a nonprofit health plan that provides health care for low-income 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, 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.

As a member of Access Behavioral Care, there is no charge to you for services that you get from Access Behavioral Care providers.

You may reach us at:

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

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

Access Behavioral Care Values

- To provide comprehensive services and services that respects a person's culture to members and their families.
- To provide services that focus on recovery to members and families in their own community.
- To work in partnership with members, family members and providers.
- To create Individualized Service Plans that focus on members' strengths and the strengths of their families.
- To offer recovery-related education and supports in the service system.

- To encourage member and family input and cooperation in the partnership toward recovery.
- To utilize member and family input to guide the creative development of programs and services.

Access Behavioral Care staff, members and family members worked together to develop these value statements.

What is Recovery?

People with mental illness can and do recover. This does not always mean that your mental health issues go away. Recovery means different things to different people.

- It can mean getting a job.
- It can mean managing your illness.
- It can mean living on your own.
- It can mean having friends.
- Recovery means you have hope.
- You have hope that your life is getting better.

We have many services to help you recover.

We value the participation of families 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?

ABC Care Coordination staff works together with you, your family members, providers, and other agencies to get what you need. Our Care Coordination staff can:

- Help you get care.
- Create a good treatment plan.
- Coordinate the different kinds of services you get.
- Let you know about special 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 Department of Human Services).
- Help you get your medical care.

You can call us. We may contact you if we have a special program for you.

THINGS TO KNOW ABOUT MENTAL HEALTH SERVICES AND BENEFITS

Medicaid

If you need help with your Medicaid, call your Denver Department of Human Services (DDHS) Medicaid technician at (720) 944-3666. 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 our 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 care from someone that is **not** in our Access Behavioral Care Provider Directory, call us at 303-751-9030 or 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 Health Care is Free of Charge

All mental health care 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.

You Might Have to Pay if:

- You see a doctor or provider who is not an Access Behavioral Care provider, for non-emergency care.
- You do not tell the doctor or provider you are an Access Behavioral Care member.
- You do not tell us that other insurance will be paying for your care.
- You sign a “consent form” that says you will pay the doctor or hospital.
- You get health care outside of the United States.
- You get services during your appeal to the State of Colorado 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. Tell us if you have other insurance.

If a third party is involved:

- Always follow the rules of the other insurance company for your health care.
- 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 in writing within 15 days, or you may have to pay.
- If you file a claim or lawsuit, you must let Access Behavioral Care know in writing within 15 days.

Different Kinds of Mental Health Care

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

Day Treatment: Day treatment services are for children who have specific mental health and educational needs. Your child's school may ask for these services. They might be part of your child's Individual Education Plan (IEP).

Day treatment services can include:

- Individual counseling
- Family counseling
- Group counseling
- Educational support services

If your child has an IEP and needs help to stay in school, call us. Ask to talk with a service coordinator. Ask about day treatment services.

Psychosocial Rehabilitation: Your provider can request these services from us. They help you to live on your own. You can learn or get help with:

- Job or home skills
- Money (budget) skills
- Taking care of your family

Case Management: A case manager can help you:

- Get the right care from doctors, 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.

Emergency Services: This is for when you need help right away. This may mean going to the hospital.

If you have a mental health emergency or crisis, go directly to the nearest emergency room or call 911. Emergency services are available 24 hours a day, 7 days a week.

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.

Residential Services: These are services for supervised housing. This is housing for people learning to live with a mental illness. This includes:

- Help with basic daily activities
- Learning skills for living on your own
- Getting mental health care

Home-Based Services for Children and Adolescents: This is mental health care that you get 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 your or your family member's mental health needs. This tells you about the best kind of care for you.

Deaf and Hard of Hearing Services:

If you are deaf or hard of hearing, you can get counseling. 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:

- Resume writing
- Interview skills
- 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: If you need other services, 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.

1. Your provider contacts us to get an authorization (approval).
2. You do not need to call us for approval.
3. Your provider gets the authorization.
4. You give information to your provider. For example, you may give a copy of your Medicaid card.

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. They are also used to see if you should keep getting care, and 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 to your benefits or services that may decrease services in the behavioral health benefit. We will tell you 30 days before any change happens. We will let you know in writing.

If your provider leaves Access Behavioral Care, we will tell you in writing. We will tell you this within 15 days of learning that your provider is leaving. We will help you deal with the change. We will help you find a new provider.

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

Services That Are Not Covered

Access Behavioral Care provides services for **mental** health. You can get **physical** health care 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). The call is free.

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

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

HOW TO GET ROUTINE MENTAL HEALTH SERVICES

If you have a mental health emergency or crisis, go directly to the nearest emergency room or call 911. Emergency services are available 24 hours a day, 7 days a week.

There is more information on emergency mental health services in the next chapter. This section will tell you about outpatient mental health services.

How to Get an Appointment

1. Call Access Behavioral Care at 303-751-9030 or 1-800-984-9133.
2. Ask to talk with an ABC service coordinator.
3. Tell us what kinds of services you need.
4. Your Service Coordinator can help set up an appointment for you.
5. **Or** you can call one of the following places:

- **Mental Health Center of Denver:**

MHCD Access Center
1555 Humboldt Street
Denver, CO 80218
303-504-1650 (Intake)

- **University of Colorado Hospital Outpatient Psychiatric Services**
4455 East 12th Avenue
303-724-1000

- **The Children's Hospital Department of Psychiatry**
1056 East 19th Avenue
303-861-6700

- **Denver Health Medical Center:**

Outpatient Behavioral Health Services
667 Bannock Street Unit 9
303-436-6393

Westside Family Health Center
1100 Federal Blvd.
303-436-4202

Eastside Family Health Center
501 28th Street
303-436-4600

- **Servicios de la Raza**
4055 Tejon Street
303-458-5851
- **Asian Pacific Development Center**
1825 York Street
303-355-0710

Choice of Providers

There are more providers in the **ABC Provider Directory** that is sent in your welcome package.

We have lots of different providers. We can help you find:

- a provider with a specialty
- someone who speaks another language
- someone with a particular cultural background

If you need special accommodations or have any other special request, call us. Ask to talk with an ABC service coordinator. We will help you find mental health care. You can choose who you want.

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

- Call us.
- Ask to talk with an ABC service coordinator.
- We will work with you to get what you need.
- Sometimes you may still see the person who is not in our ABC network. We will work with you and the provider to be sure that your care is the right care for you. We will also make sure that the provider has the right kind of training and experience, and gives quality care.

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 days.
- If the situation is urgent, you should get an appointment within 24 hours.
- If you do not, call us. We can help you get an appointment sooner. Or we can help you find a different provider. If you want, you can file a grievance.

Transportation

If you need help getting to your appointments:

1. Call **LogistiCare of Colorado** at 1-800-284-5150
2. Make sure to tell them you have Medicaid.
3. We can also help you. Call our Office of Member and Family Affairs at 303-751-9030 or toll-free at 1-800-984-9133. Ask for help with transportation.

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 care.
- 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.
- It 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 doctor 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 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 health care
- Help family members make decisions if you cannot
- Help your doctors 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. There are three 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 health care facilities, doctors’ offices and office supply stores. They are also at the Guardianship Alliance of Colorado (303-423-2898).

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

A “medical durable power of attorney” is a person you choose to make health care 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 doctor, family, and other people about your choices, or if you change them. Give copies of your advance medical directive to your doctor, family members, and health care proxy if you have one.

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

- You can file a grievance.
- 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

SUMMARY OF ROUTINE SERVICE BENEFITS

(Information on emergency services is in the next chapter)

Please note: To be approved (paid for by ABC), services must be necessary to treat a covered mental health condition. **Your provider will get the approval for you.**

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 it is medically necessary for children under 21. No limit for other outpatient services.	Yes
Day Treatment	No limit if approved by us.	Yes
Psychosocial Rehabilitation	No limit if approved by us.	Yes
Case Management	No limit if approved by us.	Yes
Medication Management	No limit if approved by us.	Yes
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 it is medically necessary for children under 21. No limit for other outpatient services.	Yes
Home-Based Services for Youth	No limit if approved by us.	Yes
Evaluations/ Assessments	Limited to sessions necessary 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 it is medically necessary for children under 21. No limit for other outpatient services.	Yes
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 it is medically necessary for children under 21. No limit for other outpatient services.	Yes

HOW TO GET EMERGENCY MENTAL HEALTH SERVICES

If you have a mental health emergency or crisis, go directly to the nearest emergency room or call 911. Emergency services are available 24 hours a day, 7 days a week.

What is an Emergency or an Urgent Situation?

An emergency is an event you think will cause death or serious harm to your life if you don't get care right away.

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 Denver:

- **Denver Health Medical Center**
777 Bannock Street
Denver, Colorado
303-436-6000
- **University of Colorado Hospital**
4200 E Ninth Avenue
Denver, Colorado
303-372-8911
- **The Children's Hospital**
1056 East 19th Avenue
Denver, Colorado
303-861-6888

There are more. If you are near another hospital, go to that hospital emergency room in case of emergency. Look in your ABC Provider Directory to find a list of hospitals.

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 they do not help you quickly, you can let us know or make a grievance. If you have an emergency, our providers should respond within these times:

- 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 in the country.

If the situation is urgent, but not an emergency, you should get an appointment within 24 hours. If you do not, call us. We can help you get an appointment sooner.

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 facility (ATU). In some emergencies, you do not need to stay in a hospital. Your doctor 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 doctor 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 (Approved) by *Access Behavioral Care*?

There is no pre-authorization (approval) necessary for emergency services. You may go to any hospital emergency room. Or you may call 911 if you are having a mental health crisis.

The 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 this care.

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?
Crisis Evaluation	Any hospital emergency room or 911	No limit if service is determined by the provider to be necessary to treat a mental illness.	No
Inpatient Treatment	Hospitals serving Medicaid members (see provider listing)	45 days per year (July 1 – June 30) when necessary to treat a mental illness, except when it is determined to be medically necessary for children under 21.	Yes
Acute Treatment Unit (ATU)	See provider listing in this handbook	No limit if ATU treatment is determined by provider to be necessary to treat a mental illness.	Yes
Post-Stabilization Services	Hospitals serving Medicaid members (see provider listing)	No limit if service is determined by the provider to be necessary to treat a mental illness.	Yes

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

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 three months). If you are a member or family of a member who gets mental health care, we invite you to participate. Call (720) 744-5610 for more information.

Member and Family Member Partnership Newsletter

The Partnership newsletter is sent quarterly (every three months) to every one 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.

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 at 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 Colorado Access 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 1-800-511-5010.

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 the 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:

Colorado Access
Attention: Privacy Official
10065 East Harvard Avenue, Suite # 600
Denver, CO 80231
Phone: 1-720-744-5100 or 1-800-511-5010 (toll-free)

There will be no retaliation by Access Behavioral Care if you file a complaint. If you are not satisfied with the way we handle your complaint, you may make a complaint to the U.S. Secretary of Health and Human Services in Washington, DC.

Your Rights

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

You Have the Right to:

- ◆ Be treated with respect and due consideration 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 ABC 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 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 co-payments 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 coercion, discipline, convenience, or retaliation.
- ◆ 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, grievance, appeal and fair hearing procedures.
- ◆ Make a grievance about your treatment to Access Behavioral Care without retaliation.
- ◆ 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 Access Behavioral Care’s 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.
- ◆ 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 health care, 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’s health plan. It does not affect your Medicaid benefits. 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 within metro Denver
1-800-221-3943 outside metro Denver

Asking for Information

As an Access Behavioral Care member, you have the right to ask us for information at any time about:

<ul style="list-style-type: none">• The names, locations, phone numbers, and languages spoken by Access Behavioral Care providers
<ul style="list-style-type: none">• Any limits on your freedom of choice among Access Behavioral Care providers
<ul style="list-style-type: none">• The type of benefits and amount and length of services the you can get
<ul style="list-style-type: none">• Procedures for getting benefits
<ul style="list-style-type: none">• How you can get benefits from an out-of-network provider
<ul style="list-style-type: none">• After-hours services, emergency services, and post-stabilization services (care you get after the emergency to help you recover)
<ul style="list-style-type: none">• Referrals for specialty care or programs
<ul style="list-style-type: none">• Any fees you might be charged
<ul style="list-style-type: none">• How to get any benefits that are Medicaid-covered, but not part of Access Behavioral Care
<ul style="list-style-type: none">• Your rights and protections
<ul style="list-style-type: none">• Access Behavioral Care’s Notice of Privacy Practices, and how you can get a copy
<ul style="list-style-type: none">• Grievance, appeal, and fair hearing procedures
<ul style="list-style-type: none">• Advance medical directives
<ul style="list-style-type: none">• The structure and operations of Access Behavioral Care
<ul style="list-style-type: none">• Access Behavioral Care’s quality improvement program
<ul style="list-style-type: none">• 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 file a grievance 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 the Access Behavioral Care Grievance and Appeal Department at 720-744-5134 or toll-free at 1-877-276-5184.

You will not lose your Medicaid benefits if you file a grievance or 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 grievance or appeal about your mental health care. 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 that we can contact him or her during the grievance or appeal process. This person will not see your medical records or get information about your grievance or appeal 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 Grievance and Appeal 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 1-877-435-7123 toll-free if you live outside Denver.

- The Department of Health Care Policy and Financing. The phone number is 303-866-3513, or 1-800-221-3943 toll-free if you live outside Denver.

How to File A Grievance with Access Behavioral Care

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

Colorado Access
Grievance and Appeal Department
P.O. Box 17580
Denver, Colorado 80217-0580
720-744-5134 or toll-free at 1-877-276-5184

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

What Happens When We Get Your Grievance

1. 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.
2. 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.
3. Someone who was not involved in the situation you are complaining about, and who has the right experience, will review your grievance.
4. 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.
5. We will work with you or your DCR to try to find a solution that works best for you. But sometimes, we cannot fix a problem.
6. 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 grievance 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 a grievance.

Department of Health Care Policy and Financing
1570 Grant Street
Denver, Colorado 80203
Phone: 303-866-3513 within metro Denver
Phone: 1-800-221-3943 outside metro Denver

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 the grievance and appeal 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

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.

You can appeal any of the following actions:

- Access Behavioral Care denies or limits a type or level of service you requested;
- Access Behavioral Care reduces, suspends or stops a service that was previously approved;
- Access Behavioral Care does not provide services in a timely manner; or
- Access Behavioral Care does not act within timelines required by the state to provide notifications to you.

If you ask for an appeal, we will review the decision. Or your DCR can ask for an appeal for you. 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 so they can give the records to your DCR.

You will not lose your Medicaid benefits if you make an appeal. But 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.

Examples of decisions that you could appeal include:

- You were told you were 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.

How to Ask for an Appeal (Another Review) of a Decision or Action:

1. 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.
2. 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 at 1-877-276-5184. Tell them you are an Access Behavioral Care member. Tell them you want to appeal the decision or action. Or, you or your DCR can write to:

Colorado Access
Grievance and Appeal Department
P.O. Box 17950
Denver, Colorado 80217

3. 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. There is a section below that tells you more about expedited appeals.
4. 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. But 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.

What Happens With An Appeal:

1. 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.
2. 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. Let us know.
3. 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.
4. 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.
5. 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

You may need a decision fast from Access Behavioral Care. You might feel that waiting would seriously affect your life or mental health. You or your DCR can ask for a “rush” (expedited) appeal. For an expedited 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 take care of your appeal in the regular way. You will get a letter that tells you the decision 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.

You or your DCR must ask for a State Fair Hearing *within 20 calendar days* from the date on the letter that tells you what action 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

They will send you a letter that explains the process. A request for a State Fair Hearing must be in writing. The Office of Administrative Courts will set a date for your hearing. If you want, you can have a DCR talk for you at a State Fair Hearing. A DCR can be a lawyer, a relative, an advocate, or someone else. Or you may talk for yourself. 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.

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 you may have to pay for services that you get while you are appealing with a State Fair Hearing. If you lose the State Fair Hearing, you may have to pay. 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 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 grievances 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.

Look for information on quality improvement activities and results in the member newsletter or on our website. 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 at 1-800-984-9133. This information is free of charge to Access Behavioral Care members who ask for it.

