

Revised: September 2009



Member and Family Handbook

Welcome!

Welcome to Behavioral Healthcare Inc. If you live in the Arapahoe, Douglas, Adams, or the City of Aurora 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 (720) 490-4400 (local) or 1(877) 349-7379 (toll-free), 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 (720) 490-4400.

If you are deaf or hard of hearing, call our TTY at 1(888) 876-8864.

Tenemos este libro disponible en español:

Si necesita información en español, llámenos al (720) 490-4400 y marque el 3. Tenemos este libro en español.

If You Change Your Address:

Please call our Main Number at (720) 490-4400 with your new address.

Table of Contents

| | |
|-----------------------------------------------------------------------------------------|-----------|
| Welcome to Behavioral Healthcare Inc. | 4 |
| You may reach us at: | 5 |
| What is Recovery?..... | 6 |
| What is Care Coordination? | 6 |
| Things to Know About Mental Health Services and Benefits | 7 |
| Medicaid | 7 |
| If You Already Get Mental Health Services | 7 |
| All Your Mental Healthcare is Free of Charge | 7 |
| You Might Have to Pay if: | 8 |
| Do You Have Other Health Insurance?..... | 8 |
| Different Kinds of Mental Health Services | 9 |
| Service Authorization (Approval) | 11 |
| Criteria (Guidelines) for Services..... | 11 |
| Changes in Benefits, Services, or Providers..... | 12 |
| Other Medicaid Services | 12 |
| How To Get Emergency Mental Health Services | 14 |
| What is an Emergency or an Urgent Situation? | 14 |
| What Can You Expect in Case of Emergency?..... | 16 |
| What Emergency Services Does Behavioral Healthcare Inc. Provide? | 17 |
| Do Emergency Services Have To Be Pre-authorized by Behavioral Healthcare Inc.? | 17 |
| How Soon Will I See a Provider After I Leave the Hospital? | 18 |

| | |
|------------------------------------------------------------|-----------|
| Summary of Emergency Service Benefits | 19 |
| How To Get Routine Mental Health Services | 20 |
| How to Get an Appointment..... | 20 |
| Choice of Providers | 20 |
| What You Can Expect When You Call for an Appointment | 21 |
| Transportation..... | 21 |
| Individualized Service Plans (ISP)..... | 22 |
| How to Get a Second Opinion..... | 22 |
| Advance Medical Directives | 22 |
| Summary of Routine Service Benefits | 25 |
| Office of Member and Family Affairs..... | 27 |
| Member and Family Advisory Board..... | 27 |
| Member and Family Member Partnership Newsletter | 27 |
| Wellness Recovery Action Plan (WRAP)..... | 27 |
| Peer Support Services | 27 |
| Contacting the Office of Member and Family Affairs | 29 |
| Member Rights and Responsibilities | 30 |
| Confidentiality (Privacy) | 30 |
| Your Rights..... | 31 |
| Your Responsibilities | 33 |
| Exemptions | 34 |
| Asking for Information..... | 35 |
| Grievances (Complaints) and Appeals..... | 36 |
| How to Use a Designated Client Representative (DCR)..... | 36 |

Grievances36
Appeals39
Expedited (“Rush”) Appeals43
How to Request a State Fair Hearing43
Our Quality Improvement Program.....45
Member Grievance Form46

Welcome to Behavioral Healthcare Inc.

You have Medicaid in Arapahoe, Douglas, Adams County or the City of Aurora. What does this mean? This means you are a member of Behavioral Healthcare Inc. 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 Behavioral Healthcare Inc., to take care of all Medicaid mental health services in Arapahoe, Douglas, Adams County or the City of Aurora. This means it is our job to make sure you get mental healthcare if you need it.

Behavioral Healthcare Inc., is a non-profit health plan that provides healthcare for Medicaid eligible people in Colorado. If you want more information about the structure and operations of Behavioral Healthcare Inc. call us.

Behavioral Healthcare Inc works closely with Aurora Mental Health Center, Community Reach Center, and Arapahoe/Douglas Mental Health Network. You can get care from any of these agencies.

You can also get care from other mental health providers that are in the Behavioral Healthcare Inc. network. These providers are listed in the Behavioral Healthcare Inc. 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://bhicares.org/~bhicares/sites/default/files/pdf/provider_manual_2008/BHI_Provider_List_%20HCPF_Approved_113007.pdf.

As a member of Behavioral Healthcare Inc., 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 8 of this handbook for more information.

You may reach us at:

Behavioral Healthcare Inc.
155 Inverness Drive West, Suite 201
Englewood, Colorado 80112
(720) 490-4400.

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:

- Adams - Department of Human Services (303) 287-8831
- Arapahoe - Department of Human Services (303) 636-1130
- Douglas - Department of Human Services (303) 688-4825
- 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 Behavioral Healthcare Inc. 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 (720) 490-4400 right away. You may have up to 60 days to change to a Behavioral Healthcare Inc. provider. We will help you.

All Your Mental Healthcare is Free of Charge

All mental health care you get from Behavioral Healthcare Inc. is free of charge as long as:

- You have current Medicaid for Arapahoe, Douglas, Adams County or the City of Aurora,
- You use a Behavioral Healthcare Inc. provider for non-emergency care,
- The care is necessary to treat your mental health condition, and
- The care is approved by Behavioral Healthcare Inc., if required.
- Emergency mental health care is free even if the provider is not a Behavioral Healthcare Inc. 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 Behavioral Healthcare Inc.

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 in 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, or
- 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 and
- 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. 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 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) seven 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.

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 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, and
- 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, and
- 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 find out about and meet your mental health care needs.

Service Authorization (Approval)

Some services need approval from Behavioral Healthcare Inc. 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

Behavioral Healthcare Inc. 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

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) fifteen 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 (720) 490-4400.

Other Medicaid Services

Physical healthcare

Behavioral Healthcare Inc. 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) 974.0032 -- main number. Or, by county at:

- **Arapahoe: (720) 974-2379**
- **Adams: (720) 974-2439**
- **Douglas: (720) 974-2379**

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 be found on the Web at:

<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 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 or crisis, go directly to the nearest emergency room or call 911. Emergency services are available 24 hours a day, (7) seven days a week.

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:

Centennial Peaks

2255 S 88th Street, Louisville
Main Number: (303) 673-9990

Denver Health Medical Center

777 Bannock, Denver
Psychiatric Emergency: (303) 436-6266

Denver V.A. Medical Center

1055 Clermont St., Denver
Emergency Dept: (303) 399-8020 X 2353

Exempla Lutheran Medical Center,

8300 W. 38th Avenue, Wheat Ridge
Emergency Department: (303) 425-8591

Exempla Saint Joseph Hospital

1835 Franklin St., Denver

Emergency Department: (303) 831-6700

Health ONE Swedish Medical Center,
501 E. Hampden Avenue, Englewood
Emergency Department: (303) 788-6911

Highlands Behavioral Health
8565 Poplar Way, Littleton: (720) 348-2800

Littleton Adventist Hospital
7700 S. Broadway, Littleton
Main Number: (303) 730-8900

Medical Center of Aurora
1501 S. Potomac, Aurora
Main Number: (303) 695-2600

North Suburban Medical Center
9191 Grant, Thornton
Emergency Department: (303) 450-4482

Presbyterian St. Luke's Medical Center,
1719 E. 19th Avenue, Denver
Emergency Department: (303) 839-711

Porter Adventist Hospital
2525 S. Downing, Denver
Main Number: (303) 778-1955

Rose Medical Center
4567 E. 9th, Denver
Emergency Department: (303) 320-2455

Saint Anthony Hospital-Central
4231 W. 16th Avenue, Denver
Emergency Department: (303) 629-3722

Saint Anthony Hospital-North

2551 W. 84th Avenue, Westminster
Emergency Department: (303) 426-2121

Sky Ridge Medical Center

10101 RidgeGate Parkway
Lone Tree, CO
Main Number: (720) 225-1000

The Children's Hospital

13123 East 16th Avenue, Aurora
Emergency Department: (720) 777-1234

University of Colorado Hospital

4200 E. 9th Avenue, Denver
Emergency Services: (303) 372-8911

University of Colorado Hospital

12065 E 16th Avenue, Aurora
Emergency Services: (720) 848-9111

There are more locations that are not listed. If you are near another hospital, go to that hospital emergency room, in case of emergency.

You do not need to call Behavioral Healthcare Inc. 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, or
- In person within (1) one hour if you live in a city, or within (2) two 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 Behavioral Healthcare Inc. 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 Behavioral Healthcare Inc. 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 might 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 Behavioral Healthcare Inc.?

There is no pre-authorization (approval) necessary for emergency services. You do not need to call Behavioral Healthcare Inc. 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 Behavioral Healthcare Inc. 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. The provider will check in with you to make sure that you are following the directions given to you before you left the hospital. This appointment will be scheduled within (7) seven business days after you leave the hospital. It is very important for you to go to this appointment.

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 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 a provider says the service is needed to treat your mental illness. | Yes |

If you have any questions concerning your Emergency Services benefits, please call Behavioral Healthcare Inc. at (720) 490-4400.

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 Behavioral Healthcare Inc. at (720) 490-4400.
- Ask to talk with the Director of Utilization Management.
- Tell us what kinds of services you need.
- Your Director of Utilization Management can help set up an appointment for you.
- Or you can call one of the following places:

Arapahoe/Douglas Mental Health Network:

- Appointments and Information – (303) 730-8858
- Emergency and Crisis Intervention – (303) 730-3303

Aurora Mental Health Center:

- Appointments and Information - (303) 617-2300
- Emergency and Crisis Intervention – (303) 617-2300

Community Reach Center:

- Appointments and Information – (303) 853-3500
- Emergency and Crisis Intervention – (303) 853-3500

Choice of Providers

To see a full list of providers to choose from in the Behavioral Healthcare Inc. 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 the BHI Director of Utilization Management. We can help you find:

- A provider with a certain specialty,
- Someone who speaks another language, or
- 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://bhicares.org/~bhicares/sites/default/files/pdf/provider_manual_2008/BHI_Provider_List %20HCPF Approved 113007.pdf](http://bhicares.org/~bhicares/sites/default/files/pdf/provider_manual_2008/BHI_Provider_List%20HCPF_Approved_113007.pdf).

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

- Call us.
- Ask to talk with the Behavioral Healthcare Inc. Director of Utilization Management.
- 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) seven business days.
- You will also receive an appointment for follow-up services within (7) seven 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 36).

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, and have your Medicaid number ready.
- We can also help you. Call our Office of Member and Family Affairs at (720) 490-4403. 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.
- 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 (720) 490-4400. 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” (sick enough that you are expected to die). 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 at (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://bhicares.org/~bhicares/sites/default/files/pdf/provider/Provider_Manual_2008/Section_II-Consumer_and_Family_Affairs/Advanced_Directives_12-31-07.pdf

Summary of Routine Service Benefits

Please note: To be approved (paid for by Behavioral Healthcare Inc.), 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 |

| Type of Service | Benefit Limit | Authorization (Approval) Necessary? |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| 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 type of service.

Office of Member and Family Affairs

Behavioral Healthcare Inc. 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 (MAB)

This board advises Behavioral Healthcare Inc., about mental health issues that members and their families are facing. The board meets the third Thursday of every month. We invite each of our members and their family members to participate. Call (720) 490-4400 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.

Wellness

Behavioral Healthcare Inc. is committed to helping our members be physically and mentally well. We do this by offering several programs that promote wellness.

These programs include:

- Tobacco Smoking Cessation programs
- Wellness advocacy and support
- Postpartum Depression – Information will be posted beginning December 1, 2009 on Behavioral Healthcare's website.
- Online mental health screenings by the National Depression Screening Day (NDS) *CommunityResponse* program. Our online screenings are available in both English and Spanish.

These screenings promote a positive mental health image and can detect mental health disorders early. The screenings can be taken at any time and in the privacy of your own home. The online screenings we offer include:

1. Depression
2. Generalized Anxiety disorder (GAD)
3. Bipolar disorder
4. Posttraumatic Stress disorder (PTSD)

If you are interested in these programs please refer to the Behavioral Healthcare Inc. website at <http://www.bhicares.org>.

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
Behavioral Healthcare Inc.
155 Inverness Drive West
Centennial, CO 80112
(720) 490-4403

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 Behavioral Healthcare Inc. 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 (720) 490-4400.

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 Behavioral Healthcare Inc. or your mental health providers must do so.
- State agencies may review your records to see how Behavioral Healthcare Inc. or other providers are doing in providing your services.

Questions or Complaints About Privacy

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

Behavioral Healthcare Inc.
Attention: Privacy Official
155 Inverness Drive West
Centennial, CO 80112
(720) 490-4400

Behavioral Healthcare Inc. 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 Behavioral Healthcare Inc., you have certain rights. It is important that you know what those rights are. We want to help you understand your rights and 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 Behavioral Healthcare Inc., 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 Behavioral Healthcare Inc. network.
- Get culturally appropriate and competent services from Behavioral Healthcare Inc. 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) seven days a week for emergency conditions.

- Get emergency services from any provider; even those who are not in our network, without calling Behavioral Healthcare Inc. first.
- Get a routine appointment within (7) seven days, or an urgent appointment within 24 hours of your request.
- Receive medically necessary covered services from a provider who is not in the Behavioral Healthcare Inc. 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 Behavioral Healthcare Inc.
- Get written notice of any decision by Behavioral Healthcare Inc. 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, or as a punishment.
- Get copies of your treatment records and service plans and ask Behavioral Healthcare Inc. 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 Behavioral Healthcare Inc. without retaliation.
- Have an independent advocate help with any questions, problems or concerns about the mental health system.

- Express an opinion about Behavioral Healthcare Inc’s services to state agencies, legislative bodies, or the media without your services being affected.
- Exercise your rights without any change in the way Behavioral Healthcare Inc. 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 Behavioral Healthcare Inc. staff. We do our part by providing you with information about your rights and the services we offer. Your responsibility is to:

- Pick a provider from the Behavioral Healthcare Inc. network, or call us if you want to see someone that is not in Behavioral Healthcare Inc. network.
- Follow the Behavioral Healthcare Inc. and Medicaid rules described in this handbook.
- Follow the steps described in this handbook if you want to file a grievance or appeal with Behavioral Healthcare Inc. about the services you are receiving.
- Pay for any services you get that are not covered by Medicaid or Behavioral Healthcare Inc.
- Tell Behavioral Healthcare Inc. 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. If approved, this means you would not be a member of Behavioral Healthcare Inc. 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 Behavioral Healthcare Inc. is unable to contract with your provider, or
- You feel you cannot work with Behavioral Healthcare Inc. and continued enrollment in the program would not be in your best 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 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 will be able to choose from.
- The type of benefits and amount and length of services you can get.
- How to get covered benefits 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 Behavioral Healthcare Inc.
- Your rights and protections.
- Behavioral Healthcare Inc's Notice of Privacy Practices, and how you can get a copy.
- Grievance, appeal, and fair hearing procedures.
- Advance medical directives.
- How Behavioral Healthcare Inc. is structured and how we operate.
- Behavioral Healthcare Inc'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 Behavioral Healthcare Inc. 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 a Behavioral Healthcare Inc. action or decision about what services you get.
- Call the Behavioral Healthcare Inc. Department of Member and Family Affairs at (720) 490-4403.

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 Behavioral Healthcare Inc. 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 Behavioral Healthcare Inc Department of Member and Family Affairs, 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 Behavioral Healthcare Inc

You or your DCR can call or write the Behavioral Healthcare Inc. Department of Member and Family Affairs. You should do this within 20 days from when the problem happened.

Behavioral Healthcare Inc.
Department of Member and Family Affairs
Attention: Jenifer Koberstein
155 Inverness Drive West
Centennial, CO 80112
(720) 490-4403

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

What Happens When I File a 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 concerned 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. Sometimes we may not be able to 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 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 a Behavioral Healthcare Inc. 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) 435-71231 (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 Behavioral Healthcare Inc. makes about your services. You have this right. If Behavioral Healthcare Inc. 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 Behavioral Healthcare Inc., 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;
- A Behavioral Healthcare Inc. provider has asked that you receive the services;
- The time period that was approved for providing 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) ten 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) ten 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 were told you were being discharged from the hospital and don't feel ready to go.

- You feel your child needs residential care and Behavioral Healthcare Inc. denies this.

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

1. 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 Behavioral Healthcare Inc. has taken, or plans to take.
2. If the appeal is about services that have already been authorized (approved) by Behavioral Healthcare Inc., you or your DCR must request an appeal within (10) ten calendar days from the date on the letter saying what action Behavioral Healthcare Inc. has taken or plans to take.
3. You or your DCR can call Behavioral Healthcare Inc.'s Grievance and Appeal Department to start your appeal. The phone number is (720) 490-4400. Tell them you are a Behavioral Healthcare Inc. 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:
Behavioral Healthcare Inc.
Department of Member and Family Affairs
155 Inverness Drive West, Suite 201
Englewood, Colorado 80012

4. 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.
5. If you are getting services that have already been approved by Behavioral Healthcare Inc. 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:

1. After we receive your phone call or letter, a letter will be sent to you within (2) two 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 Behavioral Healthcare Inc. 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 Behavioral Healthcare Inc's records that have to do with your appeal.
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. Behavioral Healthcare Inc's 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

If you feel that waiting for an appeal would seriously affect your life or mental health, you may need a decision from Behavioral Healthcare Inc. fast. You or your DCR can ask for an expedited “rush” appeal. For a rush appeal, a decision would be made within (3) three 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, Behavioral Healthcare Inc. will call you as soon as possible to let you know. We will also send you a letter within (2) two 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 Behavioral Healthcare Inc’s decision or action. You can ask for a State Fair Hearing:

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

A request for a State Fair Hearing must be in writing. 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 Behavioral Healthcare Inc. 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 Behavioral Healthcare Inc.'s decision or action. Then the Judge will make a decision. The decision of the Judge is final.

Because appealing first to Behavioral Healthcare Inc. may put you outside the calendar day deadline, Behavioral Healthcare Inc. suggests that you think about appealing directly to the ALJ rather than first appealing to Behavioral Healthcare Inc. This will 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 Behavioral Healthcare Inc., you may be able to keep getting those services while you are waiting for the Judge's decision. You may have to pay for these 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 (720) 490-4400.

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

Behavioral Healthcare Inc. 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, and
- 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. <http://www.bhicares.org>. 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 (720) 490-4400. This information is free of charge to Behavioral Healthcare Inc. members who ask for it.



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 Behavioral Healthcare Inc. at the following address:

Behavioral Healthcare Inc.
155 Inverness Drive West, Suite 201
Englewood, Colorado 80012

You can call the Behavioral Healthcare Inc. Director of Member and Family Affairs at the following number if you want more information: (720) 490-4403.