

Revised: October 2011



Behavioral
HEALTHCARE

Member and Family
Handbook

LARGE PRINT

Welcome!

Welcome to Behavioral Healthcare Inc. If you live in the Arapahoe, Douglas, or Adams County, 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.

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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/members.htm>.

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 10 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.

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
- Alternatively, 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 in the Behavioral Healthcare Inc. Provider Directory, nothing will change. You will keep getting your care at the same place. If you are getting mental health services from someone who is not in our Provider Directory, call us at (720) 490-4400 right away. You 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 medically necessary. This means:
 - A service is needed to diagnose and treat your mental health condition.
 - Without the treatment, your health could get worse.
- 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. Alternatively, if you have Medicare, your Medicare pays before Behavioral Healthcare Inc.

Be sure to tell us if you have other insurance. **If you have other insurance:**

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

Different Kinds of Mental Health Services

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

This is a list of some of the services you may receive:

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). Children under age 21 may be able to get more visits. The extra visits must be needed to continue treating the child's mental health condition.

Case Management. A case manager can:

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

Medication Management.

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

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 do not get care right away.

If you have a mental health emergency, 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 in a hospital for care of a mental health condition. There is a limit of 45 days per year (July 1 – June 30). Children under age 21 may be able to get more inpatient days, if needed. The extra days must be needed to continue treating the child's mental health condition.

Home-Based Services for Children and Adolescents. These mental health services 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. We may ask you about your health, your family situation, and other important information.

Deaf and Hard of Hearing Services.

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

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

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

- Help writing a résumé.

- Help to prepare for job interviews.
- Work skills training.
- Career development.

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

More Services. We have other services. If you need those, we will help you find the right services to meet your mental health care needs.

BHI will not deny services on moral or religious grounds.

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) for services. These guidelines:

- Help you and your providers know which services can help you and your family best.
- Help decide if you should keep getting care.
- Help you and your provider decide on the best time 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 (ECT)
- 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 changes happen.

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, 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
- Services for people who have a developmental disability

To find out more about these services, you can call Longterm Care Options’ main number at (720) 974-0032. Alternatively, 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>. You can also 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, 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 serious medical condition. It is serious enough that you or someone with average information about healthcare might think it could:

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

An urgent situation might not be as dangerous as an emergency. However, 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) 602-7221

Denver V.A. Medical Center

1055 Clermont St., Denver
Emergency Department: (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
Main Number: (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: (720) 754-4111

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

11600 W. 2nd Place, Lakewood
Main Number: (720) 321-0000

Saint Anthony Hospital-North

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

Sky Ridge Medical Center

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

The Children's Hospital

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

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 an 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
- In person within (1) one hour if you live in a city
- 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?

- Emergency Evaluation: We have licensed therapists trained in handling emergencies. 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. 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 BHI covers for ATU services.
- **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.?

You do not need to get pre-authorization (approval) 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. If you have any questions concerning your Emergency Services benefits, please call Behavioral Healthcare Inc. at (720) 490-4400.

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	Yes

		children under 21.	
Acute Treatment Unit (ATU)	Bridge House 6507 S Santa Fe Dr. Littleton, CO 80120	No annual 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 annual limit if a provider says the service is needed to treat your mental illness.	Yes

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.
- Alternatively, you can call one of the mental health centers listed below.

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
- Someone with a certain cultural background

You can choose the provider you want to see. You can also use the online Provider Directory on our website at <http://www.bhicares.org> under the “Members” tab.

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. 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 40).

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. Have your Medicaid number ready.
- We can also help you. Call our Office of Member and Family Affairs at (720) 490-4400. 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 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 three (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 restart your heart or breathing.

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. You should also talk with family and people who are close to you. Be sure to give copies of your directive to your provider, family members, and healthcare proxy (if you have one).

What Happens if Your Advance Medical Directive Is Not 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/members.htm>

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	Is 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 annual limit for other outpatient services.	No
Day Treatment	No annual limit if approved by us.	Yes
Psychosocial Rehabilitation	No annual limit.	No
Case Management	No annual limit.	No
Medication Management	No annual limit.	No
Residential Services	No annual limit if approved by us.	Yes
School-Based Services*	You get up to 35 individual counseling visits per year (July 1 – June 30). Children under 21 may get more visits if a provider says it is needed. No annual limit for other outpatient services included in school-based services.	Yes
Home-Based Services for Youth	No annual 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

Type of Service	Benefit Limit	Is Authorization (Approval) Necessary?
	No annual limit for other outpatient services.	
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). No annual limit for other outpatient services.	No
Respite Services	No annual limit if approved by us.	Yes
Peer Specialist Services	No annual 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 Newsletter

The BHI Member and Family Newsletter is published every three months. It is sent out to provider offices and other service sites. It is available to each of our members. It has information about member and family activities and programs that may be helpful to you. To receive our newsletter, please call us at (720) 490-4400.

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. We also offer groups to show you how to create a plan.

Peer Support Services

Peer support services are run by people who have been a part of the mental health system and understand it. These include peer support groups and drop-in centers. Our Member and Family Affairs staff can give you information about these services.

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

It is important to us to help our members be physically and mentally well. We offer different programs and services that promote wellness. These programs include:

- Tobacco Smoking Cessation
- Nutrition Education
- Physical Activity Groups
- Wellness Advocacy and Support
- Postpartum Depression

In addition, we offer online mental health screenings. Our online screenings are available in both English and Spanish. They can detect mental health disorders early. The screening can be taken any time and in private on your home computer. The online screenings we offer include:

- Depression
- Generalized Anxiety disorder (GAD)
- Bipolar disorder
- 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
Englewood, CO 80112
(720) 490-4403

Member Rights and Responsibilities

Confidentiality (Privacy)

Your privacy is important. In most cases, information about your mental health treatment will not 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 a mental health provider suspects that you are abusing or neglecting a child, they must report this to the county child welfare agency.
- If a provider believes you could be a danger to yourself or to others, he or she may share information to help make you or others safe.
- A judge can order that information about your mental health be shared in court. In this case, Behavioral Healthcare Inc. or your mental health providers must do so.
- State agencies may look at your records to make sure you are receiving high quality services.

Questions or Complaints About Privacy

If you believe your privacy rights have been violated or have a question about how your health information is handled, please contact:

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

Behavioral Healthcare Inc. will not take any negative action against you if you file a complaint. If your complaint is not resolved, you can contact:

Department of Health Care Policy and Financing
Privacy Officer
Phone: (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.
- Receive 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 and to appeal that decision.
- 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 from additional appointments with your provider
- 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 receive 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 do not 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.

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. If approved, you would still have Medicaid but your mental health benefit would change. Please ask about changes in your services if you get 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. Behavioral Healthcare Inc. cannot contract with your provider.
- You feel you cannot work with Behavioral Healthcare Inc.
- Continued enrollment in the program is not 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 services
 - How you can get services 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 organized and operated
- 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 unhappy with any aspect of your mental health services.

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. Office of Member and Family Affairs at (720) 490-4403.

You will not lose your Medicaid benefits if you express a concern, or 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. You will also need to sign a release of information that gives us permission to talk to your DCR. Your DCR will not have access to your medical record unless you give permission in writing.

Grievances

BHI has two processes to help resolve concerns you may have with your mental health services. These are the appeal and grievance processes. You can appeal any decision to limit, or change a service you requested. You can find more information on appeals in the next section. You can file a grievance about any other concerns you have about your mental health services. 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 services 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 include the things that you want to work on.
- You could not get an appointment when you needed one.

How to File a Grievance with Behavioral Healthcare Inc.:

You or your DCR can call or write us at the address or phone number listed below. You can also fill out the grievance form at the end of this booklet and send it to us. You should do this within 30 days from when the problem happened. We are happy to help you put your grievance in writing if you would like help.

Behavioral Healthcare Inc.
Office of Member and Family Affairs
155 Inverness Drive West
Englewood, 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 two (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 you contact us, 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

Other Organizations that Can Help You with a Problem with Your Mental Health Services

The Department of Health Care and Financing can do another review of your problem. You can call or write the Department at:

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.

Other organizations that can help you with this process:

The Ombudsman for Medicaid Managed Care (MAXIMUS):

.....(303) 830-3560
.....1 (877) 435-7123
..... 1 (888) 876-8864
(TTY)

The National Alliance for the Mentally Ill (NAMI):

.....(303) 321-3104
.....1 (888) 566-6264

The Legal Center for Persons with Disabilities and Older People:

.....(303) 722-0300
.....1(800) 288-1376

The Federation of Families for Children’s Mental Health:

.....(303) 572-0302
.....1 (888) 569-7500

Appeals

An appeal is when you try to change a decision, called an “action” that 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 provide information to you within timelines required by the State
- 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. This can happen if all of these requirements are met:

- Your appeal has been sent to us within the required timeframes.
- A Behavioral Healthcare Inc. provider has asked that you receive the services.
- The time period that was approved for providing services has not ended.
- 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 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 ask for a State Fair Hearing within those (10) ten days, your services 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 do not 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:

- You or your DCR can file an appeal.
- There are some time limits you should know about if you want to appeal an action. Time limits are based on the date of the letter you received telling you about the decision Behavioral Healthcare Inc. took or planned to take. This letter is called the Notice of action.
- If you disagree with a decision about a new service, you have 30 days from the date of the Notice of Action to ask for an appeal.
- If you disagree with a decision about a service that was already approved by BHI, you have to ask for an appeal within 10 calendar days of the Notice of Action **or** before the authorization for the service expires, whichever comes first.

You or your DCR can call BHI at (720) 490-4400 to start an appeal. 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.
Office of Member and Family Affairs
155 Inverness Drive West, Suite 201

Englewood, Colorado 8011

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

If you are getting services that have already been approved by 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.

We will make our decision on an expedited appeal within (3) three business days. This means that you or your DCR have a short amount of time to look at our records, and 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 your Notice of Action letter. 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.

Appealing first to Behavioral Healthcare Inc. may put you outside the deadline for asking for an ALJ hearing. We suggest that you think about appealing to the ALJ and Behavioral Healthcare Inc. at the same time. 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.

While you are waiting for the ALJ judge's decision, you may be able to keep getting your mental health. You may have to pay for the 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 services possible. To help make sure that we are meeting members' 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 80112

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.

Notice of Privacy Rights

THIS NOTICE DESCRIBES HOW MEDICAL [INCLUDING MENTAL HEALTH] INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. Ordinarily that information is confidential and will not be used or disclosed, except as described below.

I. USES AND DISCLOSURES OF PROTECTED INFORMATION

A. General Uses and Disclosures Not Requiring the Consumer's Consent. BHI will use and disclose protected health information in the following ways.

1. *Treatment.* Treatment refers to the provision, coordination, or management of health care [including mental health care] and related services by one or more health care providers. For example, BHI staff involved with your care may use your information to plan your course of treatment and consult with other staff to ensure the most appropriate methods are being used to assist you.
2. *Payment.* Payment refers to the activities undertaken by a health care provider [including a mental health provider] to obtain or provide reimbursement for the provision of health care. Since Medicaid covers you, information will be provided to the State of Colorado's Medicaid program, including but not limited to your treatment, condition, diagnosis, and services received.
3. *Health Care Operations.* Health Care Operations refers to activities undertaken by BHI that are regular functions of management and administrative activities. For example, BHI may use your health information in monitoring of service quality, staff training and evaluation, medical reviews, legal services, auditing functions, compliance programs, business planning, and accreditation, certification, licensing and credentialing activities.
4. *Contacting the Consumer.* BHI may contact you to remind you of appointments and to tell you about treatments or other services that might be of benefit to you.

5. *Required by Law.* BHI will disclose protected health information when required by law or necessary for health care oversight.

6. *Crimes on the premises or observed by BHI personnel.* Crimes that are observed by BHI staff, which are directed toward staff, or occur on BHI's premises, will be reported to law enforcement.

7. *Business Associates.* Some of the functions of BHI are provided by contracts with business associates. In those situations, protected health information will be provided to those contractors as is needed to perform their contracted tasks. Business associates are required to enter into an agreement maintaining the privacy of the protected health information released to them.

8. *Research.* BHI may use or disclose protected health information for research purposes if the relevant limitations of the Federal HIPAA Privacy Regulation are followed. 45 CFR § 164.512(i).

9. *Involuntary Consumers.* Information regarding consumers, who are being treated involuntarily, pursuant to law, will be shared with other treatment providers, legal entities, third party payers and others, as necessary to provide the care and management coordination needed.

10. *Family Members.* Except for certain minors, incompetent consumers, or involuntary consumers, protected health information cannot be provided to family members without the consumer's consent. In situations where family members are present during a discussion with the consumer, and it can be reasonably inferred from the circumstances that the consumer does not object, information may be disclosed in the course of that discussion.

11. *Emergencies.* In life threatening emergencies BHI staff will disclose information necessary to avoid serious harm or death.

B. Consumer Authorization or Release of Information. BHI may not use or disclose protected health information in any other way without a signed authorization or release of information. When you sign an authorization, or a release of information, it may later be revoked, provided that the revocation is in writing. The revocation will apply, except to the extent that BHI has already taken action in reliance thereon.

II. YOUR RIGHTS AS A CONSUMER

A. Access to Protected Health Information. You have the right to inspect and obtain a copy of the protected health information BHI has regarding you, in the designated record set. There are some limitations to this right, which will be provided to you at the time of your request, if any such limitation applies.

B. Amendment of Your Record. You have the right to request that BHI amend your protected health information. BHI is not required to amend the record if it is determined that the record is accurate and complete. There are other exceptions, which will be provided to you at the time of your request, if relevant, along with the Appeal process available to you.

C. Accounting of Disclosures. You have the right to receive an accounting of certain disclosures BHI has made regarding your protected health information. The accounting does not include disclosures made to you, disclosures made pursuant to a signed Authorization, or disclosures made prior to April 14, 2003.

D. Additional Restrictions. You have the right to request additional restrictions on the use or disclosure of your health information. BHI does not have to agree to that request, and there are certain limits to any restriction, which will be provided to you at the time of your request.

E. Alternative Means of Receiving Confidential Communications. You have the right to request that you receive communications of protected health information from BHI by alternative means or at alternative locations. For example, if you do not want BHI to mail bills or other materials to your home, you can request that this information be sent to another address. There are limitations to the granting of such requests, which will be provided to you at the time of the request process.

F. Copy of this Notice. You have a right to obtain another copy of this Notice upon request.

III. ADDITIONAL INFORMATION

A. Privacy Laws. BHI is required by State and Federal law to maintain the privacy of protected health information. In addition, BHI is required by law to

provide consumers with notice of its legal duties and privacy practices with respect to protected health information. That is the purpose of this Notice.

B. Terms of the Notice and Changes to the Notice. BHI is required to abide by the terms of this Notice, or any amended Notice that may follow. BHI reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all protected health information that it maintains. When the Notice is revised, the revised Notice will be posted in BHI's service delivery sites and will be available upon request.

C. Complaints Regarding Privacy Rights. If you believe BHI has violated your privacy rights, you have the right to complain to BHI management. To file your complaint, please contact the BHI Privacy Officer by calling our main number at 720-490-4400 or via e-mail at sherry@admhn.org. You also have the right to complain to the Office of Civil Rights, U.S. Department of Health and Human Services, 999 18th Street, Suite 417, Denver, CO 80202. It is the policy of BHI that there will be no retaliation for your filing of such complaints.

D. Additional Information. If you desire additional information about your privacy rights at BHI, please call our main number at 720-490-4400 or e-mail the BHI Privacy Officer at sherry@admhn.org.

Effective Date. This Notice is effective April 14, 2003