

Client Help Guide



CENTENNIAL

Moving lives forward

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About Centennial Mental Health Center

Centennial Mental Health Center (Centennial) serves a ten-county region, providing Mental Health and Substance Abuse treatment for the residents of Northeastern Colorado. Services include Individual Therapy, Group Education and Group Therapy, Couples and Family Therapy, Case Management, Peer Specialist Services, Mentoring Services for Youth, Crisis Response Services, Residential Respite Services, Transitional Services, Intensive Out-Patient Services, Psychiatric Assessment and Medication Management. Not all services are available in all locations. Talk with your clinician to find out the services in your county.

Centennial staff members are dedicated to providing the best treatment in the least restrictive setting at a reasonable cost to the residents of our service area. We are regulated by the State of Colorado through the Colorado Office of Behavioral Health. This handbook contains the information necessary for you to understand your rights and to weigh the benefits and risks you may face with your treatment. This information will be explained to you, and you will be asked to verify in writing that you have received this information. This booklet is used to inform all clients of the Center regardless of the types of treatment received. Some of the information may not directly relate to your treatment. Ask your therapist if you have questions.

Fee Information

Centennial operates on a sliding fee basis. You are eligible to apply for a reduced fee based on your gross income and the number of people in your family. To get a reduced fee you will need to show us some proof of income, such as a pay stub or a tax return. We are Medicaid providers and can accept many other types of insurance. You should check with your insurance company first to see if we are providers for your plan. Most fees are due at the time of service. In some instances, intake fees must be paid at the time the appointment is made.

Attendance Policy

Centennial's product is our staff's time. Late cancellations and "no-shows" waste our staff time and take away from our ability to see other people who need our help.

CANCELLATION: To cancel an appointment, you must advise the Center that you will not attend at least 24 hours before your appointment time.

NO SHOW: If you do not cancel your appointment, you will be considered a "No Show". If you are more than 10 minutes late for a service it may be considered a "No show". If you arrive under the influence of alcohol or drugs, or without proper payment, you may be considered a "No Show."

If you do not appear for your scheduled appointment, you may be required to pay for services when you make another appointment. If you no-show for a prepaid appointment, Centennial will keep your fee and it will be considered a donation and reschedule only if you pay for your next appointment when it is scheduled.

Telehealth

Centennial Mental Health Center utilizes state of the art interactive video conferencing technology (Telehealth) to provide an array of clinical services across our 10 county region. Interactive video conferencing may be offered to you as a means to 1) decrease wait time for admission to services, 2) provide access to professional staff that may be located in another location, 3) facilitate your inclusion in a group activity, and/or 4) provide urgent or emergency response. Video-conferencing is an option for service delivery, and you will not be denied treatment if you prefer not to participate in Telehealth services.

Telehealth Technology and Clinical Supervision

Video Conferencing technology may also be utilized in the provision of clinical supervision activities, wherein a supervisor will monitor the counseling session via web-camera. The supervisor will not be visible to the parties in the therapy session. Clients will be notified if such monitored supervision is to take place. Clinical supervisors are required by law to maintain strict client confidentiality; information gathered by supervisors in this fashion is utilized to improve quality of care.

Client Expectations with Telehealth Services

In order for telehealth services to be most effective, we ask that all of our clients agree to the following to maintain safety and the most quality experience possible:

- Avoid using mind altering substances prior to session
- Dress appropriately during telehealth sessions as you would if you were attending a session at the provider's office
- Be located in an area that is safe and provides privacy/confidentiality
- Please do not have anyone else in the room unless it has first been discussed and agreed upon with your provider
- Please do not conduct other activities while in session, such as driving a vehicle, shopping and/or receiving other services.
- Do not have weapons with you while you are engaging in your telehealth session (excluding rifles/weapons that may be on the wall for decorative purposes)
- Please do not record sessions without first obtaining the provider's approval.
- You must be located within the state of Colorado, where Centennial Mental Health Center is located and your provider is licensed or operating under a supervisor licensed in the state. If you are in another state, please inform the provider to confirm reciprocity for providing services within that state.
- Minors under the age of 18 years old receiving telehealth psychiatric services, must have a parent/guardian present on site with the patient.
- Minors' age 15 years and younger engaging in telehealth counseling services, should have a parent or guardian with them at the location/building where the service is received. If the minor is older than 15 years, the provider may require a parent/guardian be on-site if needed.

Access to Crisis Services

In the event of a behavioral-health emergency, all clients and community members are directed to contact the local Centennial office (below). Calls will be answered 24 hours a day, every day of the year.

Individuals may also call the Colorado Crisis Line at **844-493-TALK (8255)** or text **TALK** to **38255**.

Akron:	970-345-2254	Julesburg:	970-474-3769
Burlington:	719-346-8182	Limon:	719-775-2313
Cheyenne Wells:	719-346-8182	Sterling:	970-522-4392
Elizabeth:	303-646-4519	Wray:	970-332-3133
Ft. Morgan:	970-867-4924	Yuma:	970-848-5412
Holyoke:	970-854-2114		

Instructions on a Natural Disaster

In the event of severe weather or other disaster please refer to Centennial’s Facebook Page (Centennial Mental Health Center, Inc.) or Corporate Website (CentennialMHC.org) for information on office closures or other instructions.

Centennial Mental Health Center is Tobacco Free!

Centennial Mental Health Center recognizes the health dangers that research has shown tobacco use causes, as well as the heightened risks to some clients with particular mental illnesses. Centennial is aware of the growing evidence that tobacco cessation enhances outcomes in both mental health and substance abuse treatment. As a healthcare provider committed to the health and safety of clients, visitors, business associates and staff, Centennial is taking in active role on the major public health issue of tobacco use, mental illness and addiction. In an effort to reduce the health and safety risks to those served by and employed with this agency, Centennial outpatient facilities and vehicles are tobacco-free environments as of January 1, 2010.

A ban on tobacco does not take away an individual’s rights, as there is no “right to smoke” in Colorado. **Centennial does not require clients to stop using tobacco** – such use is, however, prohibited on Centennial property. In an effort to **encourage our clients (and staff) to quit using tobacco products**, Centennial will make available resources to assist anyone who wishes to quit or reduce their use of tobacco. These resources may include education, support, and referral for free or low cost nicotine replacement therapies. Many health insurance plans cover costs associated with nicotine replacement therapy as well.

If you have any questions about Centennial’s tobacco-free policy, or if you would like to receive information on tobacco-cessation support, please feel free to discuss with your therapist or physician.

Confidentiality

Medical Records at Centennial are held in the strictest confidence in accordance with state and federal laws about the maintenance of Mental Health and Substance Abuse records.

We will not acknowledge that a person is receiving services or disclose any information identifying that person as a consumer of the agency or as having a mental health or substance abuse issue unless:

- The consumer consents in writing, or
- The disclosure is allowed by a court order, or
- The disclosure is made to medical personnel in a medical emergency, or
- The disclosure is necessary for audit or program evaluation.

Violation of these confidentiality laws is a crime. Suspected violations may be reported to appropriate authorities in accordance with federal and state regulations.

The guarantee of confidentiality has only a few exceptions:

- If the consumer is suspected of committing a crime at the facility or against a staff member, the authorities will be notified.
- If child abuse or neglect is suspected, the authorities will be notified.
- If abuse or neglect of an at-risk elder or at-risk adult is suspected, authorities will be notified.
- If the consumer presents an imminent risk to him/her self or others, or is gravely disabled due to a mental illness, information will be disclosed to ensure the safety of all concerned.

Consumer's Treatment Rights

1. To be treated with respect and dignity.
2. To have a service plan established for your treatment with your participation.
3. To have the service plan reviewed every 6 months by the professional clinical staff assigned to supervise and implement your plan.
4. To receive a second opinion (at no cost for Medicaid consumers).
5. To have the professional person in charge of your treatment explain the procedures and medications that will be used, including the benefits, risks and side effects. To be given information about other treatment procedures that are available.
6. To refuse the services offered to you, unless an emergency exists or a court order is in effect.
7. To have your treatment and medical records kept confidential except when release of this information is authorized by law.
8. To see your records or have them shown to any person that you designate in writing according to Colorado law and applicable Federal law, including HIPAA.
9. To file a complaint about the services you are receiving or about the denial of services or treatment rights. No retaliation can be made against you for complaining.
10. To receive assistance from a Consumer Services Representative or Parent/Family Advocate in making complaints or grievances and to receive copies of the complaint/grievance procedure.

11. To have a staff person, the Consumer Service Representative or Parent/Family Advocate explain these rights to you in a language you understand best.
12. To receive appropriate services that are available and accessible when medically necessary, including crisis care 24 hours a day, 7 days a week.
13. To receive culturally appropriate and competent services, including the availability of interpreter services if you have a communication disability or if you don't speak English.
14. To choose, according to your individual needs, a specific provider in terms of gender, location, hours, ethnicity, etc., in keeping with available resources.
15. To understand the risks and benefits of experimental programs or research and to refuse to participate in such programs.
16. Be free from sexual intimacy with a provider. If this happens, report it to the Colorado Department of Regulatory Agencies (DORA) at 303-894-7788. Or write to DORA at 1560 Broadway, Suite 1350, Denver 80202.

Additional Rights for Individuals with Medicaid

State of Colorado Insurance Regulations and Medicaid Rules provide additional rights and protections for individuals who have Medicaid. Medicaid consumers also have the right to:

1. Receive written information on available services and network providers.
2. Choose a provider from the provider network.
3. Request that a specific provider be considered for inclusion in the network.
4. Express an opinion about Centennial's services to regulatory agencies, legislative bodies or the media without risk of any adverse effects upon the provision of services.
5. Have an independent advocate.
6. Receive prompt notification of termination or changes in services or provider.
7. Receive explanation if you are denied access to your records and appeal the denial.
8. Any other rights guaranteed by statute or regulation.
9. Be free from sexual intimacy with a provider. If this happens, report it to the Colorado Department of Regulatory Agencies (DORA) at 303-894-7788. Or write to DORA at 1560 Broadway, Suite 1350, Denver 80202.

All Clients have the responsibility to:

- Learn about your mental health benefits and how to use them.
- Be a partner in your care. This means:
 - Following the plan you and your care coordinator have agreed on.
 - Participating in your treatment and working toward the goals in your service plan.
 - Taking medications as you and your doctor agreed.
- Tell your therapist or doctor if you do not understand your service plan. You should tell him or her if you do not agree with your service plan or want to change it.
- Give your therapist or doctor the information he or she needs to give you good care. This includes giving written permission so that your providers can coordinate your care. This may also be called a release of information.

- Come to your appointments on time. You should call the office if you will be late, or if you can't keep your appointment.
- Let us know when you change your address or phone number.
- Treat others with the same courtesy and respect that you expect.

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 Carefully.

During the process of providing services to you, Centennial Mental Health Center will obtain, record, and use mental health and medical information about you that is protected health information.

Ordinarily that information is confidential and will not be used or disclosed, except as described below.

USES AND DISCLOSURES OF PROTECTED INFORMATION

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

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, Center 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.

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. For example, the Center will use your information to develop accounts receivable information, bill you, and with your consent, provide information to your insurance company for services provided. The information provided to insurers and other third party payers may include information that identifies you, as well as your diagnosis, type of service, date of service, provider name/identifier, and other information about your condition and treatment. If you are covered by Medicaid, information will be provided to the State of Colorado's Medicaid program, including but not limited to your treatment, condition, diagnosis, and services received.

Health Care Operations: Health Care Operations refers to activities undertaken by the Center that are regular functions of management and administrative activities. For example, the Center 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.

Contacting the Consumer: The Center may contact you to remind you of appointments and to tell you about treatments or other services that might be of benefit to you.

Required by Law: The Center will disclose protected health information when required by law or necessary for health care oversight. This includes, but is not limited to: (a) reporting child/older adult abuse or neglect; (b) when court ordered to release information; (c) when there is a legal duty to warn or take action regarding imminent danger to others; (d) when the consumer is a danger to self or others or gravely disabled; (e) when required to report certain communicable diseases and certain injuries; and (f) when a Coroner is investigating the consumer's death.

Health Oversight Activities: The Center will disclose protected health information to health oversight agencies for oversight activities authorized by law and necessary for the oversight of the health care system, government health care benefit programs, and regulatory programs or determining compliance with program standards.

Crimes on the premises or observed by Center personnel: Crimes that are observed by Center staff that are directed toward staff or occur on the Center's premises will be reported to law enforcement.

Business Associates: Some of the functions of the Center are provided by contracts with business associates. For example, some administrative, clinical, quality assurance, billing, legal, auditing, and practice management services may be provided by contracting with outside entities to perform those services. 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.

Research: The Center may use or disclose protected health information for research purposes if the relevant limitations of the Federal HIPAA Privacy Regulation are followed.

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.

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. However, if the consumer objects, protected health information will not be disclosed.

Fund Raising: The Center, or its fund raising Foundation, may contact consumers as a part of its fund raising activities.

Emergencies: In life threatening emergencies Center staff will disclose information necessary to avoid serious harm or death.

Consumer Authorization or Release of Information: The Center 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 the Center has already taken action in reliance thereon.

YOUR RIGHTS AS A Client

Access to Protected Health Information: You have the right to inspect and obtain a copy of the protected health information the Center 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. To make a request, ask Center staff for the appropriate request form.

Amendment of Your Record: You have the right to request that the Center amend your protected health information. The Center 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. To make a request, ask Center staff for the appropriate request form.

Accounting of Disclosures: You have the right to receive an accounting of certain disclosures the Center has made regarding your protected health information. However, that accounting does not include disclosures that were made for the purpose of treatment, payment, or health care operations. In addition, the accounting does not include disclosures made to you, disclosures made pursuant to a signed Authorization, or disclosures made prior to April 14, 2003. There are other exceptions that will be provided to you, should you request an accounting. To make a request, ask Center staff for the appropriate request form.

Additional Restrictions: You have the right to request additional restrictions on the use or disclosure of your health information. The Center 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. To make a request, ask Center staff for the appropriate request form.

Alternative Means of Receiving Confidential Communications: You have the right to request that you receive communications of protected health information from the Center by alternative means or at alternative locations. For example, if you do not want the Center 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. To make a request, ask Center staff for the appropriate request form.

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

ADDITIONAL INFORMATION

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

Terms of the Notice and Changes to the Notice: The Center is required to abide by the terms of this Notice, or any amended Notice that may follow. The Center 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 the Center's service delivery sites and will be available upon request.

Complaints Regarding Privacy Rights: If you believe Centennial Mental Health Center has violated your privacy rights, you have the right to make a complaint. To file your complaint, call:

Client Experience Coordinator

Julie Spradlin

821 E. Railroad Ave. Ft Morgan, CO, 80701

Phone: 970-867-4924

julies@centennialmhc.org

You also have the right to complain to the United States Secretary of Health and Human Services by sending your complaint to:

Office for Civil Rights Regional Manager

Office for Civil Rights

U.S. Department of Health & Human Services

1961 Stout Street - Room 1426

Denver, CO 80294

It is the policy of the Center that there will be no retaliation for your filing of such complaints.

Additional Information: If you desire additional information about your privacy rights at the Center, please call any of the Consumer Services Representatives listed above.

Complaints and Appeals

Your satisfaction with our services is very important to us. We want you to be treated fairly and respectfully. If you feel for any reason that you haven't been treated fairly, we want to hear from you.

How You Can Make a Complaint

Our client experience coordinator will help you get your complaint answered.

Julie Spradlin
Client Experience Coordinator
821 E. Railroad Ave, Ft Morgan, Co 80701
970-867-4924
julies@centennialmhc.org

Even though the client experience coordinator is employed by Centennial, it is her job to represent and protect your interest. You may ask anyone, at any time, to help you pursue your complaint or concern and they will contact the client experience coordinator.

Note: No person receiving services may be terminated from services during the time the Complaint Resolution Process is occurring or during appeal of a decision, unless continuation of services presents a risk to that person or others.

What We Will Need From You

To make sure we have all the information we need to help with your complaint, please be prepared to tell us the following at the time you call or write:

1. Personal information so we can get in touch with you (name, phone number, address, birth date.)
2. Who the complaint is about
3. What the complaint/problem is (date, what happened people involved, etc.)
4. How you would like the situation resolved

For clients who are **Medicaid members**, please see the ***"Northeast Health Partners Complaint Guide"*** for specific information on Complaints, Grievances and Adverse Service Determination actions.

General Procedure

This is the procedure should be used to complain about access to services, satisfaction, mental health treatment, substance abuse treatment, individual staff, quality of service, or a rights violation.

To start the process, please:

1. Report your complaint within 30 days of the incident to the client experience coordinator in person, writing, email, or via telephone.
2. The client experience coordinator will call you to confirm the details of the complaint. Any written documentation you submit will be attached to the written record. If you have some idea of how you want the complaint resolved, please inform the client experience coordinator when you talk to her.
3. The client experience coordinator will investigate and provide you a written response with a proposed resolution to your complaint within fifteen (15) calendar days of receipt of your complaint. The letter will include information about the appeal process to Northeast Health Partners.

If you are not satisfied with the resolution, you can appeal to

- **For Mental Health Consumers:** The Consumer Representative at Colorado Mental Health Services (MHS) at 1-800-811-7648.
- **For Substance Use Disorder Consumers:** Signal Behavioral Health Network at 303-639-9320; 6130 Greenwood Plaza Blvd., Greenwood Village, CO 80111
- Or **The Office of Behavioral Health** at 303-866-7400; 3824 W Princeton Circle, Denver, CO 80235-311

For people without Medicaid, the process stops with a decision from MHS or OBH. If you do have Medicaid and are still not satisfied after receiving the decision of MHS, you can appeal before an administrative law judge through Health Care Policy and Financing.

Other Options for Help

OMBUDS Program (MHOPC)

This independent advocacy group is available to assist consumers and family members with complaints.

Call 1-877-317-9900 toll free.

Centennial Mental Health Center

Advanced Directives

What is an advanced directive?

An Advanced directive tells your doctor what kind of care you would like to have if you become unable to make medical decisions (if you are in a coma, for example). If you are admitted to the hospital, the hospital staff will probably talk to you about advanced directives.

A good advanced directive describes the kind of treatment you would want depending on how sick you are. For example, the directives would describe what kind of care you want if you have an illness that you are unlikely to recover from, or if you are permanently unconscious. Advanced directives usually tell your doctor that you don't want certain kinds of treatment. However, they can also say that you want a certain treatment no matter how ill you are.

Advanced directives can take many forms and are controlled by State laws. Advanced directives recognized under Colorado law include, but are not limited to a Living Will, Durable Power of Attorney and Do Not Resuscitate Order.

What is a Living Will?

A living will only comes into effect when you are terminally ill. Being terminally ill generally means that you have less than six months to live. In a living will, you can describe the kind of treatment you want in certain situations. A living will doesn't let you select someone to make decisions for you.

What is a Durable Power of Attorney for health care?

A durable power of attorney (DPA) for health care states whom you have chosen to make health care decisions for you. It becomes active any time you are unconscious or unable to make medical decisions. A DPA is generally more useful than a living will but a DPA may not be a good choice if you don't have another person you trust to make these decisions for you.

What is a Do Not Resuscitate Order?

A Do Not Resuscitate (DNR) order is a request not to have cardiopulmonary resuscitation (CPR) if you heart stops or if you stop breathing. Unless given other instructions, hospital staff will try to help all patients whose heart has stopped or who have stopped breathing. You can use a DNR to tell medical staff that you don't want to be resuscitated. A DNR order is put in your medical chart. DNR orders are accepted by doctors and hospitals in all states.

Should I have an advanced directive?

Most Advanced directives are written by older or seriously ill people. For example, someone with terminal cancer might write that he/she does not want to be put on a respirator if he/she stops breathing. This action can reduce suffering, increase peace of mind and increase control over death. However, even if you are in good health, you might want to consider writing an advanced directive. An accident or serious illness can happen suddenly, and if you already have a signed advanced directive, your wishes are more likely to be followed.

How can I write an advanced directive?

You can write an advanced directive in several ways:

- *Use a form provided by your doctor.*
- *Write your wishes down by yourself.*
- *Call your state senator or representative to get a form.*
- *Call a lawyer*
- *Use a computer software package for legal documents.*

Advanced directives do not have to be complicated legal documents. They can be short, simple statements about what you want done or not done if you can't speak for yourself. Remember, anything you write by yourself or with a computer software package should follow your state laws. You may also want to have what you have written reviewed by your doctor or a lawyer to make sure your directives are understood exactly as you intended. When you are satisfied with your directives, the forms should be notarized if possible, and copies should be given to your family and your doctor.

Can I change my advanced directive?

You may change or cancel your advanced directive at any time, as long as you are considered of sound mind to do so. Being of sound mind means that you are still able to think rationally and communicate your wishes in a clear manner. Again, your changes must be made, signed and notarized according to the state laws. Make sure that your doctor and any family members who knew about your directives are also aware that you have changed them.

If you do not have time to put your changes in writing, you can make them known while you are in the hospital. Tell your doctor and any family or friends present exactly what you want to happen. Usually, wishes that made in person will be followed in place of the ones made earlier in writing. Be sure your instructions are clearly understood by everyone you have told.

Advanced directive resources in Colorado

- Colorado bar association
 - 800-332-6736
 - www.cobar.org/group/index.cfm?EntityID=dpwfg&category=732
 - OFFERS DESCRIPTIONS OF CURRENT COLORADO LAWS AND PROCEDURES FOR FORMULATING ADVANCED DIRECTIVES.
- AGING WITH DIGNITY
 - 888-594-7437
 - WWW.AGINGWITHDIGNITY.ORG
 - OFFERS THE WIDELY USED "FIVE WISHES" FORM WHICH HAS BEEN FOUND TO BE LEGAL IN COLORADO.
- GUARDIANSHIP ALLIANCE OF COLORADO
 - 303-423-2898
 - WWW.GUARDIANSHIPALLIANCEOFCOLORADO.ORG OFFERS LIVING WILL FORMS
 - COLORADO ADVANCED DIRECTIVE PROGRAM
- COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT 303-455-1420
 - www.cdphe.state.co.us/em/AdvancedDirectives/PCPASHOME.asp
 - OFFERS DESCRIPTIONS OF COLORADO LAWS AND PROCEDURES, AS WELL AS CONTACT INFORMATION FOR FORMS AND ALERT BRACELETS

Health First Colorado

Information for Clients with Medicaid

For a copy of this guide in large type or help with oral interpretation or written translation, please call 1-888-502-4189. We will provide this to you for free. If you have speech or hearing disabilities, there are auxiliary aids you may use (TTY/TDY/American Sign Language).

Please call 1-800-432-9553 or State Relay 711. This is available for free.

Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-502-4189 (TTY: 1-800-432- 9553).

Complaint Guide (Grievances)

In Colorado, Medicaid is called Health First Colorado. As a member, you have the right to file a complaint at any time. Complaints may also be called grievances. Your regional organization, Northeast Health Partners, wants to hear your concerns and help you solve any problems that you have with your health benefits. A complaint is when you tell us about your concerns. You have the right to complain even though you are not asking for corrective action. You can file a complaint if:

- You are unhappy with your services or think you were treated unfairly
- You are not satisfied about any matter – (other than an adverse benefit determination)
- Your request for a quick appeal is not approved
- Northeast Health Partners requests more time to make an authorization decision

You can file a complaint or you can ask someone to file a complaint or appeal for you. If you want someone else to file a complaint or appeal for you, you must make that person your Designated Client Representative (DCR). This person can be a family member, a service provider, or anyone else you choose to act on your behalf. You must sign a DCR form to name that person as your DCR. If you choose to have your service provider act on your behalf, you can sign a DCR form or give your written consent in a letter. You will also need to sign a Release of Information (ROI) for Northeast Health Partners to share your information with your DCR. Both of these forms can be found on our website,

www.northeastpartners.org.



How to File a Complaint:

There is “no wrong door” when filing a complaint with Northeast Health Partners. This means that we have an Advocate and/or a Complaint Coordinator located at each of our partner sites (listed below). You can speak with the Advocate or Complaint Coordinator about your complaint. You can file your complaint in person, over the phone, or in writing through a letter or e-mail at any time. You will get a letter from Northeast Health Partners within two (2) working days after we get your complaint. The letter tells you that we received your complaint and when you can expect a decision. We will look into your concerns and call you if we need more information. The person who makes a decision about your complaint will not be the person the complaint is about or anyone who works for that person. If your complaint involves a clinical issue, we will talk to a clinical person who was not involved in your complaint. You will not lose your Health First Colorado benefits for filing a complaint. You will not be treated different if you file a complaint.

If you do not want to file a complaint where you received services, you can call, write, or email Northeast Health Partners and ask to speak with the Complaints Coordinator. This is a free call. The Complaint Coordinator will listen to you to help solve your concern, will help answer any questions about your complaint, and will send you any forms that may be required. If you need interpreter services because you do not speak English, are Deaf, or are hard of hearing, please make sure to tell us. Northeast Health Partners will arrange for interpreter services upon your request.

9925 Federal Drive, Suite 100, Colorado Springs, CO 80921

888-502-4189; TTY: 1-800-432-9553

northeasthealthpartners@beaconhealthoptions.com

We at Northeast Health Partners will do our best to make a decision about your complaint within fifteen (15) working days after we receive your complaint. Once a decision is made, we will send you a letter that explains the outcome. If we need more time to make a decision, or if you request more time, we can extend the time to resolve the complaint for up to fourteen (14) calendar days. We will send you a letter within two calendar days telling you why we extended the time and how it is in your best interest. If you do not agree with this decision to extend the time frame to resolve your complaint, you may file a complaint

If you do not agree with our decision, you can ask for a review from the Department of Health Care Policy and Financing (HCPF). The Department’s decision will be final. To ask for a review by the Department, call: **1-800-221- 3943; TTY 303-866-7471.**

You may also call the Ombudsman for Medicaid Managed Care at 303-830-3560, 1-877-435-7123, TTY 1-888-876- 8864 or email them at: help123@maximus.com. They will help you file a complaint with your regional organization. Northeast Health Partners will work with the Ombudsman to resolve your complaint.

Adverse Service Determination

For Medicaid recipients, this procedure should be used to complain if you received a notice to deny, reduce, suspend or terminate clinical services, and you don't agree with the decision of your service provider:

1. Report your complaint to your CSR or PFA, or Complaints Coordinator at Northeast Health Partners (NHP) by telephone or in person.
2. That person will immediately explain the procedures to appeal the denial of services so that you can take appropriate action, including a reconsideration request, which will take one day and will not be considered a complaint.
3. The CSR or PFA or NHP Complaints Coordinator will immediately notify the appropriate Clinical Supervisor or Utilization Manager to begin the appeals process for an Adverse Service Determination and will explain what you need to do. You will need to provide some documentation in this process.
4. The Utilization Manager will arrange the **FIRST LEVEL APPEAL REVIEW** to be completed within 10 days (and a **SECOND LEVEL APPEAL REVIEW** to be completed within 25 days, if you want one.) The Utilization Manager will keep you informed about these processes.
5. The CSR or PFA or NHP Complaints Coordinator will help you prepare for these processes, but will not conduct them.
6. If you still are denied services after the Second Level Appeal Review, you can request an Independent External Review through the Colorado Division of Insurance or appeal to Colorado Mental Health Services and then to an Administrative Law Judge through Health Care Policy and Finance. The CSR, PFA or NHP Complaints Coordinator will help you with these processes.
7. In all cases, the CSR, PFA or NHP Complaints Coordinator will maintain records of complaints for reporting purposes.

If the time frame for the appeals process for Adverse Service Determination would be life or health threatening to you or threaten your ability to regain maximum function, you can request an **EXPEDITED APPEALS PROCESS**. In this case, a review will be arranged and notification made to you within 72 hours. Contact Northeast Health Partners Complaint Coordinator at 888-502-4189.



Early and Periodic Screening, Diagnostic and Treatment

Full details about the EPSDT Program are located on our [website](#).

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive health care services. EPSDT is key to ensuring that children and youth receive appropriate preventive, dental, mental health, developmental and specialty services.

Early: Assessing and identifying problems early

Periodic: Checking children's health at periodic, age-appropriate intervals

Screening: Providing physical, mental, developmental, dental, hearing, vision, and other screening tests to detect potential problems

Diagnostic: Performing diagnostic tests to follow up when a risk is identified, and

Treatment: Control, correct or reduce health problems found.

Who Qualifies?

Children and Youth ages 20 and younger who are enrolled in Medicaid.

Benefits and Services

Colorado provides through Healthy Communities and other programs:

- Information to all Medicaid-eligible individuals under age 20 and under, including adults who are pregnant, that EPSDT services are available and of the need for age-appropriate screenings, well child visits and immunizations;
- Provide or arrange for the provision of screening services for all children;
- Arrange (through referral) for corrective treatment as determined by child health screenings;
- Missed appointment follow-up;
- Refer for transportation assistance; and
- [Outreach and Referral Process](#)



Our mission is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.
www.colorado.gov/hcpf

Periodicity Schedule

Colorado has adopted the [American Academy of Pediatrics Bright Futures Periodicity schedule](#).

Lead Screening

Lead screening is a requirement for all Medicaid eligible children at 12 and 24 months or between the ages of 36 and 72 months if not previously tested.

Medical Necessity

All Medicaid coverable, medically necessary, services must be provided even if the service is not available under the state plan to other people who qualify for Medicaid. Benefits not listed are not considered to be a state plan benefit and are therefore outside of EPSDT coverage and exceptions. No arbitrary limitations on services are allowed, e.g., one pair of eyeglasses or 10 physical therapy visits per year.

EPSDT and Managed Care

- All EPSDT requirements must be adhered to for individuals who receive services under managed care arrangements.
- Colorado is responsible for medically necessary services not included in the managed care contract.

EPSDT Data

[Form CMS-416](#) is used by the Centers for Medicare and Medicaid Services to collect basic information on State Medicaid and CHIP programs to assess the effectiveness of EPSDT.

Colorado makes the final determination of medical necessity and it is determined on a case-by-case basis. Provider recommendations will be taken in to consideration, but are not the sole determining factor in coverage. Colorado determines which treatment it will cover among equally effective, available alternative treatments.

For more information about this program contact

Gina Robinson

Gina.Robinson@state.co.us

303-866-6167



Our mission is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.
www.colorado.gov/hcpf