



Foothills Behavioral Health Partners Medicaid Grievance and Appeal Guide

Si usted necesita esta información en español, por favor
llame al 303- 432-5956 o al 1-866-245-1959.

You have the right to file a grievance (complaint) about your mental health services. Also, you have the right to appeal any decision by FBHPartners to deny, reduce or stop your services. You have the right to ask for a state Fair Hearing on any action denying, reducing or stopping services.

If you are a parent or guardian asking for residential treatment for a child who has Medicaid, you also have access to ask for residential treatment under the Colorado Child Mental Health Treatment Act (CMHTA). The Office of Member and Family Affairs (OMFA) can help you with both processes.

- A **Grievance** is a complaint about your service, a provider or other staff. It can be in person, by telephone, or in writing.
- An **Action** is when FBHPartners:
 - Denies or limits all or part of a requested mental health service, including the type or level of service.
 - Reduces, changes, or ends treatment that was already approved.
 - Denies payment, in whole or in part, for a service.
 - Fails to act within the approved time frames for resolution of grievance or appeals.
 - Fails to provide treatment in a timely manner.
- An **Appeal** is what you do if you disagree with an **Action** and ask for a review of the Action. You can make your appeal orally, but must follow up in writing.
- The **state Fair Hearing Process** is a hearing before a state administrative law judge (ALJ) and is available for Appeals, only.

If you need help

The Office of Member and Family Affairs (OMFA) will help you with grievances and appeals. To appeal a Notice of Action, call OMFA at 303-432-5956 or 1-866-245-1959. You may also call OMFA if you have a grievance about your services with one of FBHPartners' Independent Providers.

If you have a grievance about your services at either mental health center, call the OMFA Client and Family Advocate at the center. Those numbers are:

- OMFA Advocate, Mental Health Partners at 303-413-6204.
- OMFA Advocate, Jefferson Center for Mental Health at 303-432-5047.

You may also call the **Ombudsman for Medicaid Managed Care** at 303 830-3560 for help. Or, call the Colorado Department of Health Care Policy and Financing (HCPF) at 303-866-3513 or 1-800-221-3943.

If you want a Second Opinion

You have the right to ask for a **second opinion** about any clinical decision. You may choose a provider from the FBHPartners' provider network to give you a second opinion. There is no charge to you for this service. Call OMFA for help with this.

If you want to File a Grievance

You have 30 calendar days from the date of the event to file a grievance. You may file your grievance on the phone, in person or in writing. OMFA will send you a letter telling you we received your grievance within 2 working days. We will make sure that the persons who make a decision on your grievance were not involved in any earlier decision on this. Also, we will make sure they have the necessary training, if it is a clinical issue.

OMFA will make a decision and notify you within 15 working days. If we need more time, we may ask you for 14 more calendar days. We must explain the reason for the delay and why it is in your interest. We will send you a letter telling you the decision and the date it was made. If you disagree with the decision, you may ask for a review of our decision by the Department of Health Care Policy and Financing (HCPF) at 303-866-3513 or 1-800- 221-3943. OMFA can help you with this. HCPF's decision will be final.

If you want to Appeal an Action

FBHPartners will send you a **written notice** for each action that it plans to take regarding your services. The **Notice of Action** will include:

1. The action FBHPartners or its provider has taken or intends to take.
2. The reasons for the action.
3. Your right or your designated representative's right, to appeal the action and how to do so.
4. Your right to ask for a state Fair Hearing if the decision is not in your favor.
5. Your right to ask for a state Fair Hearing without first appealing to FBHPartners.
6. Information on how to ask for a state Fair Hearing.
7. The situations when you can ask FBH for an expedited (quicker) decision on your appeal and how to do that and the limited time available.
8. The situations when you can ask for your services to continue during the appeal and how to do that.
9. An explanation that you might have to pay for services if the final decision is not in your favor.

When does FBHPartners send you a Notice of Action?

If FBHPartners denies or limits a requested service:

- For standard service authorization (approval) decisions that deny or limit services, FBHPartners will mail the Notice to you within 10 calendar days of when you ask for the service.
- In cases where a delay could put your health at risk, FBHPartners will make the decision within 3 working days. This is called an expedited (quicker) authorization.
- FBHPartners may extend the timeframe if you request it or if FBHPartners needs more information.
 - If FBHPartners extends the timeframe, FBHPartners will give you the reason in writing and tell you how the delay is in your best interest.
 - The Notice will explain your right to file a grievance if you disagree.
 - FBHPartners will make a decision as quickly as your health requires and no later than the date the extension ends.
 - Also, FBHPartners will mail the Notice to you no later than the date the extension ends.

If FBHPartners does not authorize a requested service within the 10 calendar days, FBHPartners will mail the Notice on the date the timeframes expire.

If FBHPartners denies payment of a claim, FBHPartners will mail the Notice at the time of the action (denial).

If FBHPartners terminates (stops) or reduces a currently authorized service:

- If FBHPartners stops or reduces a currently authorized service, we will mail the Notice to you at least 10 calendar days before the action.
- FBHPartners may shorten the period of advance Notice to 5 calendar days from the date of action if we have proof that a member has committed fraud.
- FBHPartners may mail the Notice no later than the date of action if FBHPartners
 - Learns of the death of a member,
 - You sign a written statement that you no longer want services,
 - You give information that requires FBHPartners to stop or reduce your services and you understand that FBHPartners' action is the result of giving the information,
 - You are admitted to an institution where you may no longer receive Medicaid,
 - Your whereabouts is unknown and the post office returns mail with no address,
 - FBHPartners learns that you have Medicaid in another county or state, or
 - Your doctor prescribes a change in the level of care.

FBHPartners may mail the Notice as soon as practical before your transfer or discharge when:

- The safety or health of other people in the facility is in danger,
- Your health improves enough that you can be immediately transferred or discharged,
- An immediate transfer or discharge is needed due to your urgent medical needs, or
- You have not lived in the facility for 30 days.

If FBHPartners shortens the timeframe for the Notice, we will tell you why in the Notice.

To file an Appeal of an Action

There are two different timeframes to Appeal, depending on the type of Action being appealed:

- **If you are appealing a Notice of Action to reduce, change or end a service that was already authorized, you must file your appeal on or before the later of the following: 1) Within 10 days from the mailing date of the Notice, or 2) the date that the Action would take effect.** (See the section “Special Situation for Previously Authorized Services” later in this Guide for more information about your rights under this type of Action.)
- **If you are appealing any other type of Notice of Action, you must file your appeal to FBHPartners within 30 calendar days of the mailing date of the Notice.**
- **If you wish to file your appeal directly to the Administrative Law Judge (ALJ), you must file your appeal within 60 calendar days of the mailing of the Notice.**

You can file an appeal by phone, in person or in writing. If you appeal by phone or in person, OMFA will consider that the date of your appeal. However, you must follow up in writing. OMFA can help you with this. Also, OMFA will arrange for interpreter services and a toll-free and TTY number if needed.

You can also appeal directly to an Administrative Law Judge (ALJ). If you appeal first to FBHPartners you can still appeal to an ALJ. However you must make each of these appeals within the timeframes explained above.

Because appealing to FBHPartners might put you outside required timeframes, FBHPartners suggests that you consider appealing directly to an ALJ at the same time you file an appeal with FBHPartners. This will preserve your right to an ALJ hearing. The ALJ contact information is listed at the end of this guide. You must make your request in writing to the ALJ.

If you have requested residential treatment for your child, you should also consider completing the parallel Colorado Child Mental Health Treatment Act (CMHTA) process—even if you decide to appeal to an ALJ. The Colorado Child Mental Health Treatment Act allows you to appeal to the Colorado Department of Human Services. The FBHPartners’ OMFA can help you with both processes.

Within two working days of receiving your appeal, OMFA will send you and your Designated Client Representative (DCR) written notice that we got your appeal. We will do this unless you ask for an expedited (quicker) resolution.

OMFA will make sure that the reviewer who decides on your appeal was not involved in the case. The reviewer will have the necessary clinical training if deciding:

- An appeal of a denial that is based on lack of medical necessity,
- A grievance about a denial of expedited resolution of an appeal, or
- A grievance or appeal that involves clinical issues.

FBHPartners will give you the chance to provide more information to the reviewer. You can do this in person or in writing. OMFA will let you know about any time limits.

Also, FBHPartners will let you and your DCR see your case file. This includes medical records and any other information used in the appeal process. OMFA can help you with this.

Timeframes for a Decision on Your Appeal

Standard resolution (decision) of an Appeal

FBHPartners will make a decision on your appeal and notify you as quickly as your health requires or within certain timeframes. You have the right to give additional information in person or in writing in support of your appeal. For standard resolutions, FBHPartners must notify you in writing within 10 working days from the day we got your appeal. (We may extend the timeframe up to 14 additional calendar days but must give you prior written notice of the reason and how the delay is in your interest.)

The letter giving you our decision will explain the decision and tell you the date it was made. If the decision is not in your favor, the letter will also explain:

- Your right to ask for a state Fair Hearing and how to do that.
- If the Notice of Action is to reduce, change or end services you are currently getting, that you have the right to ask that those services continue through the ALJ appeal process, until the current authorization would end, and how to do that.
- That you may have to pay for those services if the hearing decision is not in your favor.

Expedited (quicker) resolution of an Appeal

If you or your provider believe that the time frame for a standard review is harmful to your health, you may ask for a decision on your appeal within three calendar days. This is called an Expedited Appeal. FBHPartners may also decide that your appeal should be Expedited. In deciding if an appeal should be expedited, OMFA considers whether taking the time for a standard resolution could be harmful to life, health or ability to regain maximum functioning. If in doubt, OMFA will consult with a qualified clinical person. If you or your provider asks for an Expedited Appeal, you have a limited amount of time to provide additional information in person or in writing. FBHPartners will not take any negative action against a provider who helps you with this.

If OMFA agrees with your request for an Expedited Appeal, you will receive a written decision on your appeal within three calendar days from when OMFA gets your request. Also, OMFA will try to give you notice by telephone. If OMFA denies your request, the appeal will be handled as a standard resolution. OMFA will contact you by phone and will send you written notice within two calendar days. This notice will tell you that we have denied your request for an Expedited Appeal and will handle your appeal under the standard timeframes.

If OMFA grants your request for an Expedited Appeal, but decides that it would be in your best interest to extend the timeframe, OMFA will send you a letter extending the decision date by up to 14 calendar days. The letter must explain why this is in your best interest. You may also ask OMFA to extend the Expedited decision date if you think it is in your best interest.

Your final appeal--the state Fair Hearing

You can appeal the FBHPartners reviewer's decision by asking for a state Fair Hearing. You can also ask for a state Fair Hearing without first appealing to FBHPartners. In both cases, however, you must ask for the state Fair Hearing within the timeframes explained above. You must put your request for a state Fair Hearing in writing. You may represent yourself at the Hearing or have someone else represent you. For information or to get help putting your request in writing, call FBHPartners OMFA at 303- 432-5956 or 1- 866-245-1959.

To ask for a state Fair Hearing, contact:

Office of Administrative Courts
1525 Sherman Street, 4th Floor
Denver, Colorado 80203
303-866-2000

Special Situation for Previously Authorized Services

If FBH terminates (stops) or reduces a previously authorized service and you want your services to continue during the Appeal

You may ask OMFA to arrange for your services continue during the FBHPartners appeal and the state Fair Hearing, if:

- You file the appeal timely. Timely means that you must file your appeal on or before the later of the following: 1) Within 10 days from the mailing date of the Notice, or 2) the date that the Action would take effect,
- The time period covered by the original authorization has not ended,
- An authorized provider ordered the services, and
- You ask that the benefits (services) continue.

If FBHPartners continues or restarts your services during the appeal, services will continue until:

- You withdraw the appeal,
- 10 days pass after FBHPartners mails its decision on your appeal and the decision is against you,
- A state Fair Hearing officer makes a decision that is not in your favor, or
- The time period or service limits of a currently authorized service have been met.

It is important for you to know that if the final decision of the state Fair Hearing Officer agrees with FBHPartners' action, you may have to pay FBHPartners for the cost of the services during the appeal process.

If the Hearing Officer rules in your favor

If FBHPartners denied or reduced services and the FBHPartners reviewer or the state Fair Hearing officer rules in your favor, and those services were not provided during the appeal, FBHPartners must quickly approve the services. If those services were continued during the appeal, FBHPartners must pay for the services.

Definitions

Action:

- The denial or limited authorization of a requested service, including the type or level of service.
- The reduction, suspension or termination of a service that FBHPartners had authorized.
- The denial, in whole or in part, of payment for a service.
- The failure to provide services in a timely manner.
- The failure to act within the required timeframes for resolution of grievances and appeals.

Appeal: The request for review of an action.

Designated Client Representative (DCR): Any person you ask to represent you. A DCR can be a mental health provider, a lawyer, or a friend. You must give that person written permission to represent you.

Grievance: A complaint about your service, a provider or other staff. You can file a grievance if you are unhappy about any service or staff person. You can file your grievance in person, by telephone, or in writing.

Quality of Care Complaint: A grievance about the ability or conduct of a doctor or other provider.

The Colorado Child Mental Health Treatment Act: A state law that allows families to access residential services for their child without having to go through the dependency and neglect process, when there is no abuse or neglect of the child.

Timely Filing: Timely means that you file your appeal on or before the later of the following:
1) Within 10 days from the mailing date of the Notice, or 2) the date that the Action would take effect.

Medicaid Grievance Form

You may use this form to file a grievance against Foothills Behavioral Health Partners (FBHPartners) or one of its providers.

Client's Name: _____

Name of Person Filing, if different from above: _____

Date of Designated Client Representative (DCR) form: _____

Relationship to Client: _____

Phone number of consumer or person filing: ____/____-____

Email: _____

Please state your grievance (complaint). Be as specific as possible. (Use a second page if necessary.)

If you have already talked to someone at FBHPartners or a provider to try to resolve the issue, please tell us about that:

What would you like to see happen to resolve your grievance?

Signature: _____ **Date:** _____

Please mail or fax to FBHPartners Office of Member and Family Affairs, 9101 Harlan St. #100, Westminster, CO 80031. Phone 303- 432-5956 Fax 303- 432-5970

FBHPartners Use Only:

HIPAA Complaint: No Yes (If yes, send copy to Privacy Officer.)

Retain copy until: ____/____/____ (6 years from complaint date.)