



## **Foothills Behavioral Health Medicaid Grievance and Appeal Guide**

Si usted necesita esta información en español, por favor llame al 303 432-5956 o al 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 FBH to deny, reduce or stop your services.

If you are a parent or guardian requesting residential treatment for a child enrolled in Medicaid you also have access to the process provided under the Colorado Child Mental Health Treatment Act (HB 99-1116). The Office of Consumer and Family Affairs can help you with both processes.

### **Definitions**

#### **Action:**

- The denial or limited authorization of a requested service.
- The reduction, suspension or termination of a service that FBH had authorized.
- The failure to provide services in a timely manner.
- The failure to act within the required timeframes.

**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 something that is not an Action. This could include quality of care and customer service complaints. Or it could be a complaint about your rights.

**House Bill 99-1116:** Colorado Child Mental Health Treatment Act 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.

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

**State Fair Hearing Process:** A hearing before a state administrative law judge (ALJ).

### **If you need help**

The **Office of Consumer and Family Affairs (OCFA)** will help you with grievances and appeals. To appeal a Notice of Action, call OCFA at 303 432-5955 or 866 245-1959. You may also call OCFA if you have a grievance about your services with one of FBH's Independent Providers.

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

- OCFA Advocate, Mental Health Center Serving Boulder and Broomfield Counties at 303 413-6204.
- OCFA 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 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 FBH provider network to give you a second opinion. There is no charge to you for this service. Call OCFA for help with this.

### **If you want to File a Grievance**

You have 20 calendar days from the date of the event to file a grievance. You may file your grievance on the phone, in person or in written form. OCFA 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-making. Also, we will make sure they have the necessary training, if it is a clinical issue.

OCFA 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 will send you a letter telling you the decision and the date it was made. If you disagree with the decision, you may appeal to the **Department of Health Care Policy and Financing (HCPF)**. OCFA can help you with this appeal. HCPF's decision will be final.

### **If you want to Appeal an Action**

FBH 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 FBH 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 when the appeal is due.
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 FBH.
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.
8. Your right to ask that your services continue during the appeal and how and when that can happen.
9. An explanation that you might have to pay for services if the final decision is not in your favor.

### When does FBH send you a Notice of Action?

If FBH denies or limits a requested service:

- For standard service authorization (approval) decisions that deny or limit services, FBH 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, FBH will make the decision within 3 working days. This is called an expedited (quicker) authorization.
- FBH may extend the timeframe if you request it or if FBH needs more information.
  - If FBH extends the timeframe, FBH will give you the reason in writing.
  - The notice will explain your right to file a grievance if you disagree.
  - FBH will make a decision as quickly as your health requires and no later than the date the extension ends.
  - Also, FBH will mail the Notice to you no later than the date the extension ends.

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

- If FBH stops or reduces a currently authorized service, we will mail the Notice to you at least 10 calendar days before the action.
- FBH 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.
- FBH may mail the Notice no later than the date of action if FBH
  - Learns of the death of a member,
  - You sign a written statement that you no longer want services,
  - You give information that requires FBH to stop or reduce your services and you understand that FBH's 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,
- FBH learns that you have Medicaid in another county or state, or
- Your doctor prescribes a change in the level of care.

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

### To file an Appeal of an Action

**You have 20 calendar days from the date of the Notice of Action to file an appeal.** You can file an appeal by phone, in person or in writing. OCFA can help you with this. Also, OCFA will arrange for interpreter services and a toll-free and TTY/TDD number if needed.

You can also appeal directly to an Administrative Law judge (ALJ). If you appeal first to FBH you can still appeal to an ALJ. However you must make each of these appeals within 20 calendar days from the date of the Notice of Action.

Because appealing to FBH might put you outside the 20 calendar day deadline, FBH suggests that you consider appealing directly to an ALJ at the same time you file an appeal with FBH. 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 HB 99-1116 process—even if you decide to appeal to an ALJ. The HB 99-1116 process allows you to appeal to the Colorado Department of Human Services. The FBH OCFA can help you with both processes.

Within two working days, OCFA 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.

OCFA 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.

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

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

### **Standard resolution (decision) of an Appeal**

FBH will resolve your appeal and notify you as quickly as your health requires or within certain timeframes. For standard resolutions, FBH 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.)

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.
- Your right to ask to continue services until the appeal process is finished, 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 think the time for a standard review is harmful to your health, you can ask for an expedited review. FBH will not take any negative action against a provider who helps you with this. If OCFA agrees with your request, you will receive a written decision on your appeal within three working days from when OCFA gets your request. Also, OCFA will try to give you notice by telephone. If OCFA denies your request, the appeal will be handled as a standard resolution. OCFA will contact you by phone and will send you written notice within two calendar days.

### **Your final appeal--the state Fair Hearing**

You can appeal the FBH's reviewer's decision by asking for state Fair Hearing. You can also ask for a state Fair Hearing without first appealing to FBH. In both cases, however, you must ask for the state Fair Hearing within 20 calendar days of the FBH Notice of Action. 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 FBH OCFA at 303 432-5955 or 866-245-1959.

To ask for a state Fair Hearing, contact:

Office of Administrative Courts  
633 17<sup>th</sup> Street, Suite 1300  
Denver, Colorado 80202  
303 866-2000  
FAX 303 866-5909

### To have your services continue during an Appeal

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

- You file the appeal within the 20 calendar day deadline,
- The appeal involves the termination, suspension or reduction of a currently authorized course of treatment,
- An authorized provider ordered the services, and
- The time period covered by the original service authorization has not past.

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

- You withdraw the appeal,
- 10 days pass after FBH mails the notice that its decision on your appeal 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.

### If the Hearing Officer rules in FBH's favor

If the final decision of the state Fair Hearing Officer agrees with FBH's action, you may have to pay FBH for the cost of the services during the appeal process.

### If the Hearing Officer rules in your favor

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



## Medicaid Grievance Form

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

Consumer's Name: \_\_\_\_\_

Name of Person Filing, if different from above: \_\_\_\_\_

Date of Designated Client Representative (DCR) form: \_\_\_\_\_

Relationship to Consumer: \_\_\_\_\_

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 FBH 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 FBH Office of Consumer and Family Affairs, 9101 Harlan St. #100, Westminster, CO 80031. Phone 303 432-5955 Fax 303 432-5970**

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FBH Use Only:

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

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

Disposition of HIPAA Complaint: