

The Cardinal Innovations Health Plan

PBH Region Consumer & Family Handbook 2011
Fifth Edition



Your Behavioral Health Benefits

Mental Health, Intellectual/Other Developmental Disabilities and Substance Use/Addiction Services

PBH Corporate Office
4855 Milestone Avenue
Kannapolis, NC 28081

PBH Community Operations Center
245 Le Phillip Court NE
Concord, NC 28025

Alamance-Caswell Community Operations Center
2451 South Church Street
Burlington, NC 27215

PBH

Corporate Office

4855 Milestone Avenue
Kannapolis, NC 28081
Phone: 704.939.7700
Fax: 704.939.7907

Toll Free Concern Line: 1.888.213.9687

Toll Free Information, Access and 24-hour Help Line: 1.800.939.5911

In Alamance-Caswell, call 1.888.543.1444



This handbook is available in Spanish and in alternate formats. If you need a larger print version, or have limited reading ability, call the PBH 24 Hour Toll Free/800 Number at 1.800.939.5911 or 1.888.543.1444 in Alamance-Caswell.

Si necesita información en español, llámenos al 1.800.939.5911 or 1.888.543.1444 (Alamance-Caswell).

Inside you will find:

- Where to call when you need help
- A list of your rights and responsibilities
- How to get services
- How to make a complaint or grievance

This is the fifth edition of the PBH Region Consumer & Family Handbook. Reproduction of this handbook, in whole or in part, without the permission of PBH is strictly prohibited. Services as described in this handbook are available only to qualified residents of the counties of Alamance, Cabarrus, Caswell, Davidson, Rowan, Stanly and Union in the state of North Carolina. Mail your comments and suggestions to: The Office of Consumer Affairs, PBH, 4855 Milestone Avenue, Kannapolis, NC 28081.

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Second Edition printing, Revised May 2006
Third Edition printing, Revised February 2009
Fourth Edition printing, Revised November 2010
Fifth Edition printing, Revised August 2011

Important Names and Phone Numbers:

PBH 24 hour toll free/800 number: 1.800.939.5911; 1.888.543.1444 in Alamance-Caswell.

PBH toll free Anonymous Concern Line: 1.888.213.9687

TTY Relay Calls:

1. Dial 711 or 1.800.735.2962.
2. When the message “RC NBR Calling PLS GA” appears on the TTY display screen, type the area code and telephone number you are calling for the PBH Access Call Center, which is 1.800.939.5911 or 1.888.543.1444 in Alamance-Caswell.
3. You will be connected to a Communications Assistant who will place your call and assist you throughout the call.

Assistance in Languages Other Than English:

The PBH Access Call Center staff can connect you to a translation service for 150 different languages. This is a free service, available on any call. You may have to wait briefly for the conference call with the interpreter to begin.

My behavioral health care provider’s name: _____

My behavioral health care provider’s telephone number: _____

My Care Coordinator’s name: _____

My Care Coordinator’s telephone number: _____

If you are experiencing a medical emergency, dial 911

A Message from PBH Chief Executive Officer Pamela Shipman

To Members of the PBH Region Cardinal Innovations Health Plan:

I want to welcome you to the PBH system of care. PBH is a managed behavioral healthcare organization that oversees public funds for people with mental health, intellectual/other developmental disabilities and substance use/addiction service needs. We are the insurance plan for people with Medicaid and for people that are uninsured or underinsured who live in the PBH Region. This region includes Alamance, Cabarrus, Caswell, Davidson, Rowan, Stanly and Union counties. This handbook provides information to help you obtain the care that you or your family member needs.

Our goal is to offer the same respect and high quality care that you would expect from a private insurance plan. PBH does not provide services. Our responsibility is to manage public funds to serve the citizens of the PBH Region. We do this by enrolling providers to deliver the services that you need, and by ensuring that you have a choice of providers whenever possible. We have high standards for providers in our network and we work very hard to make sure that these standards are met.

I hope that you find our system easy to use and that you are pleased with the quality of services you receive. We welcome your feedback, whether positive or negative. Knowing about problems you experience helps us make improvements, and knowing about good experiences gives us important information about provider performance. You are encouraged to call our Access Call Center, our Office of Consumer Affairs, or our Concern Line with your thoughts.

We are very proud to help you find solutions that will make a difference in your life or the life of your loved one!

A handwritten signature in cursive script that reads "Pamela Shipman".

Pamela Shipman, CEO

Welcome to the Cardinal Innovations Health Plan

Mental Health, Intellectual/Other Developmental Disabilities & Substance Use/Addiction Services

PBH manages behavioral health care for members and families who have Medicaid and state funding in the PBH Region. Services are managed through the PBH Corporate Office in Kannapolis, and through two local community operations centers (COCs). The PBH COC covers Cabarrus, Davidson, Rowan, Stanly and Union counties and the Alamance-Caswell COC covers Alamance and Caswell counties.

PBH Corporate Office

4855 Milestone Avenue
Kannapolis, NC 28081
704.939.7700

PBH COC

245 LePhillip Court NE
Concord, NC 28025
704.721.7000

Alamance-Caswell COC

2451 South Church Street
Burlington, NC 27215
336.513.4222

All offices may be reached by calling the PBH 24 hour toll free/800 number:

1.800.939.5911 or 1.888.543.1444 (Alamance-Caswell)

Introduction and Guide to Your Benefits

Please read this handbook. It contains information to help you access services for mental health, intellectual/other developmental disabilities and substance use/addiction service needs. It also has contact information for PBH. If you do not have Medicaid, you will also need to refer to the enclosed booklet, State-Funded Supplement to the PBH Region Consumer & Family Handbook. This booklet has information specific to receiving state services.

We want to make it easy for you to get services. If you have questions, call the PBH 24 hour toll free/800 number: **1.800.939.5911**. In Alamance-Caswell, call toll free at 1.888.543.1444. Please tell us if you need an interpreter or assistance in a language other than English. We can provide translation services for 150 different languages. We can also provide this handbook in Spanish.

Regular business hours are 8:30 am to 5 pm. Our Access Call Center answers calls 24 hours a day, 7 days a week, 365 days a year at the PBH 24 hour toll free/800 number: **1.800.939.5911**; Alamance-Caswell, **1.888.543.1444**. When you call this number, you will get a qualified professional who can assist you with information, provider referral and appointments, and help in a crisis. You may also call this number to request a copy of this handbook or the Provider Directory, which is a comprehensive, electronic list of service providers in the PBH Provider Network. This directory is available online at www.pbhsolutions.org/handbooks.

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Information About PBH

PBH is a managed care organization that authorizes Medicaid and state funds for members in the PBH Region who need services for mental health, intellectual/other developmental disabilities and substance use/addiction. We have three offices in the PBH Region:

PBH Corporate Office

4855 Milestone Avenue
Kannapolis, NC 28081
704.939.7700
Administrative Oversight
for all locations

PBH COC

245 LePhillip Court NE
Concord, NC 28025
704.721.7000
Serving Cabarrus, Davidson,
Rowan, Stanly & Union counties

Alamance-Caswell COC

2451 South Church Street
Burlington, NC 27215
336.513.4222
Serving Alamance & Caswell counties

All locations may also be contacted by calling the PBH 24 hour toll free/800 number:

1.800.939.5911 or 1.888.543.1444 (Alamance-Caswell)

PBH is accredited as a Managed Behavioral Healthcare Organization (MBHO) by the National Committee on Quality Assurance (NCQA). A board of directors, with representatives from each of its participating counties, governs the organization.

The PBH philosophy is one of self-direction and well-being. PBH believes best outcomes are reached when individuals receive the right level of service in the right amounts at the right time. PBH efficiently manages resources to ensure system-wide quality for its members. Services are delivered through a closed network of community providers and licensed practitioners, and are closely monitored for quality.

PBH welcomes feedback as one means of maintaining quality services. Concerns and grievances are resolved quickly and efficiently. Members and their families may express concerns by calling the PBH toll free **Anonymous Concern Line at 1.888.213.9687**. PBH values a system driven by member and family priorities. The values of Recovery, Self-Determination, Person Centered Planning, and consumer and family driven services are the foundation of the system at PBH. We believe it is important to work in partnership with our members, their families and the community to meet the challenges of mental health, intellectual/other developmental disabilities and substance use/addiction service needs.

For more information on PBH, call the PBH 24 hour toll free/800 number at 1.800.939.5911 or visit our website at www.pbhsolutions.org. In Alamance-Caswell, call toll free at 1.888.543.1444.

PBH 2010-2011 Continuous Quality Improvement Activities

The PBH Quality Improvement Program is an important means of ensuring delivery of quality services. The annual Continuous Quality Improvement (CQI) Work Plan outlines PBH's yearly efforts to maintain and improve services for members.

Annual CQI Work Plan:

The annual CQI Work Plan outlines the objectives for the year by monitoring identified quality improvement and risk management issues. This plan is part of PBH's Quality Improvement Program and is required by NCQA. Each PBH department establishes CQI goals that are measured either quarterly or annually and are reported on a set schedule to the CQI Committee. PBH also seeks input for the CQI Work Plan from the Global CQI and Clinical Advisory subcommittees, which are external groups that include providers, consumers and family members. The goals in the plan address key performance areas such as:

- ✓ **Follow Up After Hospitalization**
- ✓ **Accessibility and Availability**
- ✓ **Enrollee Satisfaction**
- ✓ **Delegation Agreements**
- ✓ **Education Outreach to members and their families**

CQI Program Description:

The CQI Program Description is a document that outlines PBH's quality improvement plan. This document is reviewed and revised based on an annual evaluation of the CQI program. The CQI Program Description is required by NCQA and is updated annually. The CQI Program Description outlines the purpose of the PBH CQI program, which is designed to ensure accessibility of services, availability of the network and the quality and appropriateness of behavioral health services. In addition to continuous assessment of clinical elements of behavioral healthcare, the CQI program looks at administrative and service issues that affect the delivery of care. The CQI Program Description is designed to describe the efforts of PBH to meet state and federal regulations and national accreditation standards (NCQA).

The 2010-2011 Annual CQI Program Evaluation and the 2011-2012 CQI Program Description are posted on the PBH External Website at www.pbhsolutions.org under the Evaluations & Outcomes tab.

**If you would like a printed copy of either of these documents, please contact PBH at 1.800.939.5911.*

The Cardinal Health Plan and the Cardinal Innovations Waiver

The Cardinal Health Plan is a pre-paid health plan funded by Medicaid. Medicaid pays for many mental health, intellectual/other developmental disabilities and substance use/addiction services. PBH operates the Cardinal Health Plan under a 1915(b)(c) Medicaid Waiver, which allows some Medicaid requirements to be waived in order to provide alternatives to the traditional service delivery system. If you get Medicaid from any of the counties in the PBH Region, you are a member of the Cardinal Health Plan.

Available services include current North Carolina Medicaid services, plus some additional services identified through review of evidence-based practices and service gaps. The Cardinal Health Plan puts importance on treatment in the most inclusive setting, attention to the whole person, and concentration on individual strengths instead of weaknesses.

The Cardinal Innovations Waiver is a Home and Community Based Waiver for people with intellectual/other developmental disabilities and is part of the Cardinal Health Plan. The number of individuals who participate in the Cardinal Innovations Waiver is limited by the Center for Medicare and Medicaid Services, and by the availability of state Medicaid funds. It provides services to significantly impaired individuals with mental retardation, or a condition closely related to mental retardation, and can serve individuals regardless of their ages.

Cardinal Innovations offers flexibility to individuals who live in private homes and their communities. Services that promote increased independence include:

- Socialization – self-awareness, self-control, development of personal relationships
- Training and support to accomplish everyday activities – eating, bathing, dressing, personal hygiene and mobility
- Community participation – recreation, leisure skills, using community resources and facilities

Cardinal Innovations offers members and their families three levels of control and responsibility for services: Provider Directed, Individual and Family Directed (which includes Employer of Record) and Agency with Choice. Self-direction is the option known as Individual and Family Directed Supports. This option gives members and their families greater control over all or part of the supports in their Individual Support Plan. In the Employer of Record model, the member/legally responsible person becomes the employer. Under this model, with the assistance of a Community Guide, individuals can hire, train or arrange for training, schedule work, evaluate and terminate the direct service worker.

What are the Benefits of Waivers?

- Choice
- Voice
- Medically necessary needs are met
- Process for complaint/grievance resolution
- Second opinions

What are the Requirements of a Waiver?

Waivers must:

- Provide telephone contact 7 days a week, 24 hours a day
- Provide emergency referrals 24/7 within one hour
- Provide emergency care within 2 hours
- Provide urgent care within 48 hours (usually an assessment)
- Provide routine care within 10 working days
- Specify appointment wait times:
 - Scheduled appointments – 60 minutes
 - Walk-in appointments – 2 hours
 - Emergencies – face-to-face within 2 hours; if life threatening – immediate attention
- Offer all medically necessary services in the benefit plan regardless of whether or not there is a provider in the network for that service
- Have qualified staff to evaluate service requested by providers
- Offer a qualified provider network with the member given a choice between at least two providers
- Have a choice of providers within 30 minutes in an urban area
- Provide written material explaining the benefit plan, how to access services and member rights within 14 days of receipt of the first service
- Facilitate better communication with access to local decision makers
- Show better use of savings
- Allow the Managed Care Organization to change reimbursement rates to incentivize best practices or to better serve a target group of members
- Keep funding in the public system
- Adjust existing services to meet changing needs
- Give consumer and family feedback in an annual Consumer Satisfaction Survey

Member Rights and Responsibilities

If you get Medicaid from any of the counties in the PBH Region, you are a member of the Cardinal Health Plan.

As a member of the Cardinal Health Plan, you have rights and responsibilities for your care.

What are my Rights?

PBH believes that every member has the following rights:

- The right to receive information about PBH, its services, its providers/practitioners, and member rights and responsibilities presented in a manner appropriate to your ability to understand.
- The right to be treated with respect and recognition of your dignity and right to privacy.
- The right to participate with providers/practitioners in making decisions regarding health care.
- The right to a candid discussion with service providers/practitioners on appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage. You may need to decide among relevant treatment options, the risks, benefits and consequences, including your right to refuse treatment and to express your preferences about future treatment decisions regardless of benefit coverage limitation.
- The right to voice complaints or appeals about the organization or the care it provides.
- The right to make recommendations regarding the organization's member rights and responsibilities policy.
- The right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.
- The right to refuse treatment.
- The right to request and receive a copy of your medical record, subject to therapeutic privilege, and to request that the medical record be amended or corrected. If the doctor or therapist determines that this would be detrimental to your physical or mental well-being, you can request that the information be sent to a physician or professional of your choice.
- If you disagree with what is written in your medical records, you have the right to write a statement to be placed in your file. However, the original notes will also stay in the record until the statute of limitations ends according to the MH/DD/SA retention schedule (11 years for adults; 12 years after a minor reaches the age of 18; 15 years for DUI records).
- A treatment plan must be implemented within 30 days after services start.
- The right to a second opinion.
- The right to participate in the development of a written person centered treatment plan that builds on individual needs, strengths and preferences.
- The right to take part in the development and periodic review of your treatment plan

and to consent to treatment goals in it.

- The right to freedom of speech and freedom of religious expression.
- The right to equal employment and educational opportunities.
- The right to treatment in the most natural, age-appropriate and least restrictive environment possible.
- The right to ask questions when you do not understand your care or what you are expected to do.

If I am a Minor, do I have any Rights?

Minors have the right to agree to some treatments without the consent of a parent or guardian:

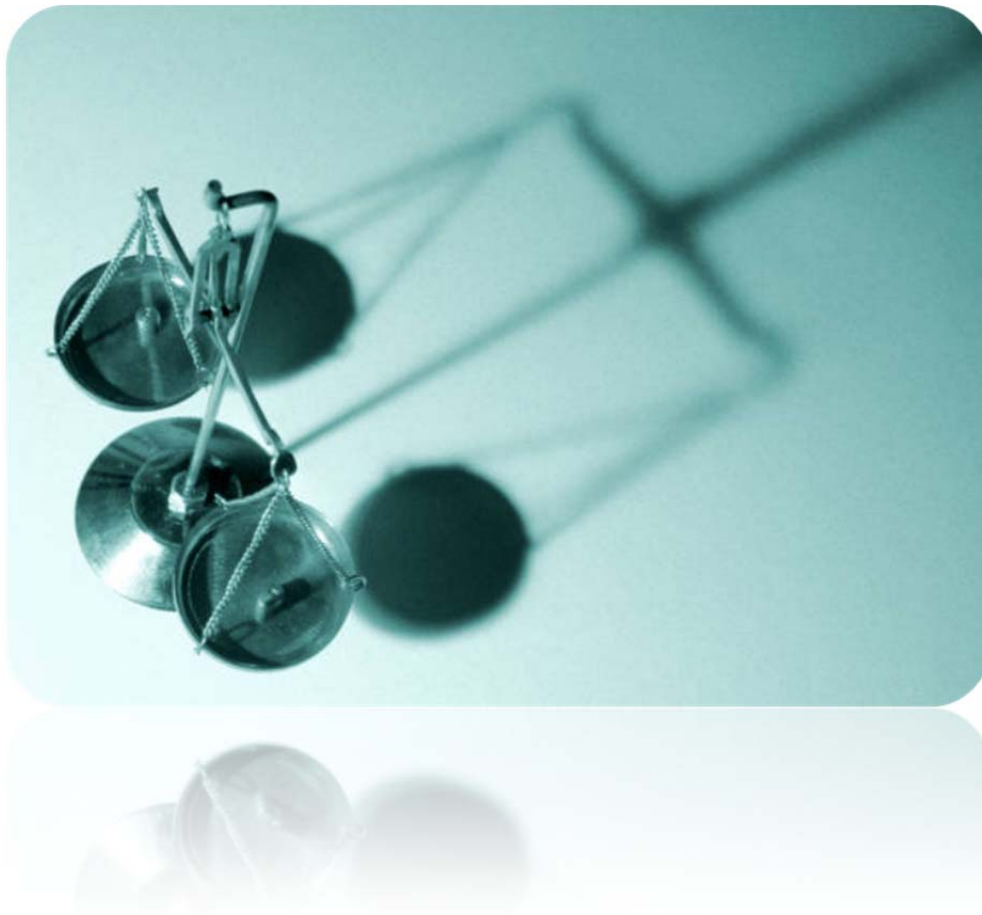
- For treatment of venereal diseases
- For pregnancy
- For abuse of controlled substances or alcohol
- For emotional disturbances

What are my Responsibilities?

In addition to your rights as a member of the Cardinal Health Plan, you can ensure the best outcomes for yourself by assuming the following responsibilities:

- Supplying information (to the extent possible) that PBH and its providers/practitioners need in order to provide care for you.
- Following the plans and instructions for care that you have agreed to with your providers/practitioners.
- Understanding your health problems and participating in developing mutually agreed-upon treatment goals, to the degree possible; to tell the doctor or nurse about any changes in your health; and to ask questions when you do not understand your care or what you are expected to do.
- Inviting people who will be helpful and supportive to you to be included in your treatment planning.
- Respecting the rights and property of other members and of program staff.
- Respecting other members' needs for privacy.
- Working on the goals of your Person Centered Plan.
- Keeping all the scheduled appointments that you can.
- If unable to keep an appointment, canceling it at least 24 hours in advance.
- Meeting financial obligations according to your established agreement.
- Informing staff of any medical condition that is contagious.
- Taking medications as they are prescribed for you.
- Telling 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.

- Telling your doctor or therapist if you do not agree with their recommendations.
- Telling your doctor or therapist when/if you want to end treatment.
- Carrying your Medicaid or other insurance card with you at all times.
- Cooperating with those trying to care for you.
- Being considerate of other patients and family members.
- Seeking out additional support services in your community.
- Reading, or having read to you, written notices from PBH about changes in benefits, services or providers.
- When you leave a program, requesting a discharge plan, being sure you understand it and being committed to following it.



Services of the Cardinal Health Plan

The Cardinal Health Plan covers services for:

- Mental health needs
- Substance use/addiction needs
- Intellectual/other developmental disabilities needs

The current service array is based on the (State Funded) North Carolina Division of Mental Health/Developmental Disabilities/Substance Abuse Services and Division of Medical Assistance Service listing (Medicaid) for Behavioral Health and Developmental Disabilities Services.

The definitions of those services are based on the current North Carolina Division of Mental Health/Developmental Disabilities/Substance Abuse Service Definitions Manual (APSM 1026), which includes the following provisions:

- Admission Criteria
- Continuation Criteria
- Discharge Criteria
- Appropriate Service Funding
 - Medicaid
 - State

If you have questions about services and your eligibility for them, call the PBH 24 hour toll free/800 number at **1.800.939.5911**.

How do I know if I am Eligible for Services under the Cardinal Health Plan?

The Cardinal Health Plan is for individuals who are already on Medicaid. To be eligible for Medicaid coverage in the PBH Region you must:

- Be a U.S. citizen or provide proof of eligible immigration status
- Be a resident of North Carolina
- Have a Social Security number or have applied for one
- Apply and be approved for Medicaid at your local Department of Social Services (DSS) Office
- Be in one of the Medicaid aid categories that qualifies you under the Cardinal Health Plan

If you are currently receiving Social Security Insurance (SSI), Special Assistance to the Blind, Work First Family Assistance, or Special Assistance for the Aged or Disabled, you are automatically eligible for Medicaid and do not have to apply at DSS.

What if I have Insurance other than Medicaid?

You should tell both PBH and your provider if you have insurance other than Medicaid. This could include Medicare or private insurance. Federal regulations require Medicaid to be the “payer of last resort.” Medicaid pays for services after your other insurance has processed the claim and made a payment determination.

Description of Services

There are three levels of service that are based on need, treatment history and the state’s definition of medical necessity. The levels of service are:

- **Basic Benefits**
 - Provide brief interventions for acute (immediate but short-term) needs
 - Are available through a simple referral from a provider in the PBH Network or through the Access Call Center
 - Require no prior authorization
 - Allow up to eight visits for adults and 12 visits for children
 - Are not typically assigned to a PBH case manager/care coordinator

- **Basic Augmented Benefits**
 - Are for members who need more than the allowed number of visits to maintain or improve his/her level of functioning
 - Must be authorized through PBH’s Utilization Management Department, with authorization based on the member’s need and medical necessity criteria for the requested service

- **Enhanced Benefits**
 - Are accessed through the member’s person centered planning process
 - Provide a range of services and supports that
 - Are appropriate for members seeking to recover from severe forms of mental illness and substance use/addiction, and
 - Address the needs of members with intellectual/other developmental disabilities
 - Are highly coordinated to ensure the member receives the proper services but without duplication of services

What are Preventive Health Programs?

PBH is required to develop Preventive Health Programs as one means of improving care to consumers and to meet national accreditation rules. The purpose of these initiatives is to educate members on their diagnoses, treatment options and ways to maximize treatment. PBH mails information on Preventive Health Programs to members annually. To request information about these programs, call the PBH 24 hour toll free/800 number at 1.800.939.5911 and an Access Call Center professional can assist you. In Alamance-Caswell, call toll free at 1.888.543.1444.

What is Early and Periodic Screening, Diagnosis and Treatment (EPSDT)?

Federal law requires Medicaid to pay for certain periodic screening, vision, dental and hearing services for children under 21 years of age. The services, listed in 42U.S.C. 139d(a) [1905(a) of the Social Security Act], must be medically necessary to correct or ameliorate a defect, physical or mental illness, or a condition identified through screening. This means service must be necessary to improve or maintain an individual's health in the best condition possible, to compensate for a health problem to prevent it from getting worse, or to prevent the development of additional health problems. For more information on EPSDT, toll free at 1.800.939.5911 or talk to your healthcare provider; 1.888.543.1444 in Alamance-Caswell.



Accessing Services and the PBH Provider Network

PBH operates a closed network of providers to ensure delivery of available services to members. The PBH Provider Network consists of independent practitioners, agencies or facilities that provide services to members of the Cardinal Innovations Health Plan. Members of the Network:

- Have met the PBH Corporate Endorsement and Service Site criteria
- Are located and provide the services within the PBH Region
- Meet all eligibility requirements to be a member of the PBH Provider Network
- Have a contract with PBH to provide services

How do I Access Services?

You can access services by:

- Calling the PBH 24 hour toll free/800 number: 1.800.939.5911; 1/888.543.1444 in Alamance-Caswell, or
- Walking into one of the PBH Comprehensive Community Providers (CCPs)/Critical Access Behavioral Health Agencies (CABHAs) and requesting enrollment in the PBH system.

CCPs/CABHAs are agencies located in the PBH Region that serve at least two disability groups and provide five different services, including emergency services. There is at least one CCP/CABHA located in each county within the PBH Region.

If I call the PBH 24 Hour Toll Free/800 Number who will answer my call?

The PBH 24 hour toll free/800 number is answered by staff in the Access Call Center. Qualified professionals answer this number 24 hours a day, 7 days a week, 365 days a year. The Access Call Center is staffed by:

- Access Coordinators who can provide information on mental health, intellectual/other developmental disabilities and substance use/addiction resources and services, and help with routine referrals.
- Access Clinicians have a minimum of a master's degree in the field of Behavioral Health, are licensed, and are trained to work with callers who have urgent and emergency needs.

You may call this number for the following needs:

- Telephone assessments and enrollment of individuals for mental health,

intellectual/other developmental disabilities and substance use/addiction services

- Information on community resources for mental health, intellectual/other developmental disabilities and substance use/addiction
- Crisis intervention by telephone or to arrange for an emergency face-to-face clinical assessment related to a crisis
- Referral for services to PBH's local network of providers

If you are not currently receiving treatment but would like to, your first step is to call the Access Call Center to make an appointment for evaluation and intake. To ensure PBH links you with the best services, you will be evaluated using nationally recognized assessment tools. Assessment tools consist of questions about:

- What you are able to do each day and what you have trouble doing
- Your age
- Your education
- Your physical health
- How many people depend on you

Assessments may be completed over the telephone or face-to-face. If the assessment is completed by telephone when you call the Access Call Center, the information will be given to the provider to whom you are referred. This will prevent duplication of assessment and enable services to begin sooner.

If you request or are enrolled in Cardinal Innovations Waiver or b(3) deinstitutionalization services, you will receive an assessment using the Supports Intensity Scale™ (SIS). The SIS is a tool that measures the relative intensity of support needed by an individual with intellectual/other developmental disabilities in order to fully participate in community life.

How do I get a List of Providers in the PBH Provider Network?

PBH maintains an electronic listing of providers and makes this available on our website in the Provider Directory. You can access the current Provider Directory by going to www.pbhsolutions.org/handbooks. You may also call the PBH Access Call Center and request a printed copy of the Provider Directory.

PBH 24 hour toll free/800 number: 1.800.939.5911
In Alamance-Caswell: 1.888.543.1444

Can I Change my Provider?

If you are not satisfied with your current provider, you have the right to change providers. You may get information on other providers by contacting the Access Call Center. Someone will assist you in finding a new provider. You may also access information on providers by using the online provider search tool at www.pbhsolutions.org/search.

What do I need to take to my Appointment with my Provider?

When you go to your appointment, you should take with you:

- A list of your current medications with you (prescribed and over-the-counter)
- A list of programs you have attended prior to your appointment (including dates)
- A list of your hospitalizations (including dates)
- Your Medicaid ID card and other insurance card, if applicable

Location of Providers

Most services will be available within 30 miles or 30 to 45 minutes from your home. However, some specialty providers may be located in another county. PBH will assist you in locating a provider that can meet your needs as close to your home as possible. You may access emergency services at any location that provides emergency care without prior authorization.

Can I Receive Services from an Out-of-Network Provider?

You must receive prior authorization to receive services from an out-of-network provider. If it is an emergency, you do not have to have prior authorization. PBH will authorize payment to an out-of-network provider if:

- The member cannot be safely or appropriately transferred to a network provider or
- The member requires care, but appropriate care is not available with a network provider

You may be responsible for payment of services if you go to an out-of-network provider for non-emergency services that have not been pre-authorized by PBH. To get pre-authorization, call the Access Call Center at 1.800.939.5911; 1.888.543-1444 in Alamance-Caswell.

Prioritization of Services

PBH prioritizes services as:

- Emergent needs
- Urgent needs, or
- Routine needs

An Emergent need is:

- A life-threatening condition in which you are suicidal, homicidal, actively psychotic, displaying disorganized thinking or reporting hallucinations and delusions that may result in self-harm or harm to others, and/or are unable to care for yourself, or
- A life-threatening condition in which you are – due to your use of alcohol or other drugs – suicidal, homicidal, actively psychotic, displaying disorganized thinking or reporting hallucinations and delusions, which may result in self-harm or harm to others, and/or are unable to adequately care for yourself without supervision due to the effects of chronic substance use/addiction or dependence.

Members with emergent needs will receive referrals 24 hours a day and can expect a return call within one hour. PBH will provide you with face-to-face care within **no more than two hours** after the request for care is initiated. You will receive immediate face-to-face care for life-threatening emergencies.

An Urgent need is:

- A condition in which you are not actively suicidal or homicidal; deny having a plan, means or intent for suicide or homicide, but express feelings of hopelessness, helplessness or rage; have the potential to become actively suicidal or homicidal without immediate intervention; display a condition which could rapidly deteriorate without immediate intervention; and/or without diversion and intervention will progress to the need for emergent service and care, or
- A condition in which you are not imminently at risk of harm to self or others or unable to adequately care for yourself, but by virtue of your substance use are in need of prompt assistance to avoid further deterioration in your condition which could require emergency assistance.

Members with urgent needs will receive a face-to-face assessment and/or treatment within **two days** from the request for care.

A Routine need is:

- A condition in which you describe signs and symptoms that are causing an impairment or disruption in performing life tasks; your symptoms are interfering with your ability to participate in daily living; and/or your quality of life has markedly decreased, or
- A condition in which you describe signs and symptoms consequent to/caused by substance use, resulting in a level of impairment which can likely be diagnosed as a substance use disorder, according to the current version of the Diagnostic and Statistical Manual (DSM).

Members with routine needs will receive face-to-face care for service assessment and/or treatment within **10 business days (14 calendar days)** from the date of request for care.

What do I do in an Emergency?

Mental health emergencies can be serious but **do not always** require an evaluation at a hospital emergency room. Most emergencies can be resolved without a trip to the emergency room, and do not require prior authorization. If you do not have a life-threatening situation:

- Call your provider, or
- Call the PBH 24 hour toll free/800 number at 1.800.939.5911 and an Access Call Center staff member will help you find a facilities-based crisis center. In Alamance-Caswell, call 1.888.543.1444.

PBH offers several alternatives to seeking treatment in a hospital emergency room:

- Advanced Access Centers
- Crisis Recover Centers
- Mobile Crisis Services

Advanced Access Centers

Individuals may walk into any Advanced Access Center for an assessment Monday through Friday from 8 am to 8 pm. Licensed staff will work with you to determine the level of care needed to address your needs. (A determination will be made about what type, how much and how quickly care is needed.)

- Daymark Recovery Services operates the Advanced Access Centers in Cabarrus, Davidson, Rowan, Stanly and Union counties. You may walk into any Daymark location for services.
- Triumph LLC operates the Advanced Access Center for Alamance and Caswell counties. It is located at 319 N. Graham-Hopedale Road, Burlington, NC, the site of the former Alamance-Caswell Walk-in Crisis Center.

Crisis Recovery Centers

Adults (18 and older) may be admitted for inpatient mental health crisis stabilization and detoxification from drugs and/or alcohol in a safe environment at the PBH Crisis Recovery Centers. PBH currently has two Crisis Recovery Centers:

Kannapolis Crisis Recovery Center
1309 S. Cannon Blvd.
Kannapolis, NC 28083
704.933.3212

Union County Crisis Recovery Center
1408 East Franklin Street
Monroe, NC 28110
704.283.6040

You should go to the Crisis Recovery Center if you:

- Have a known history of mental illness
- Are threatening or feeling suicidal
- Are hearing voices
- Are intoxicated but able to walk and speak
- Are depressed
- Are talking to yourself

Mobile Crisis Services

Mobile Crisis Services can offer you face-to-face counseling and supportive services at the time of a crisis. PBH operates Mobile Crisis in Alamance, Cabarrus, Caswell, Davidson, Rowan, Stanly and Union counties. Mobile Crisis:

- Can be accessed by calling the PBH 24 hour toll free/800 number: 1.800.939.5911; 1.888.543.1444 in Alamance-Caswell.
- Provides evaluation, treatment and referral for safe transfer of a person to correct supports and services
- Offers help for intoxication, drug withdrawal, impaired judgment or suicidal thoughts

If you are experiencing a medical emergency, call 911 and/or go to an emergency room at your local hospital.

What if I am a Member of an ACTT or CST?

If you are a member of an Assertive Community Treatment Team (ACTT) or a Community Support Team (CST), you will have another phone number to call. Please call that number first to talk with an ACTT or CST provider. If you cannot reach an ACTT or CST provider, then call the Access Call Center.

Transportation to Appointments

Transportation services enable individuals with low incomes to access health and community resources that would otherwise be unavailable because of the lack of private or public transportation. The Department of Social Services in your county has an application for Medicaid approved transportation.

Transportation is for medical appointments or for traveling to the drug store to get your prescriptions. Riders have to call two-to-four days ahead to arrange for a ride. There is no fee for Medicaid recipients. For those who are not enrolled in Medicaid, transportation depends on available space and may cost from \$1-\$2 each way.

For more information on transportation services in the PBH Region, call your county Department of Social Services or the PBH 24 hour toll free/800 number: 1.800.939.5911; in Alamance-Caswell, call 1.888.543.1444.



Grievances and Appeals

The Grievance Process

A grievance is an expression of dissatisfaction about any matter other than decisions regarding requests for Medicaid services. You may file a grievance with PBH either orally or in writing. PBH has a toll free Anonymous Concern Line, 1.888.213.9687, which you may call to leave a message about your concern or file a grievance. PBH Quality Management staff checks the concern line daily Monday through Friday. You may also leave an anonymous message on the concern line, unless you want someone to return your call for more details or to investigate the issue.

If you prefer to discuss your concern informally before filing a grievance, contact the PBH Office of Consumer Affairs. You can reach Consumer Affairs by calling:

- **PBH Corporate Office at 704.939.7700**
- **PBH Community Operations Center at 704.721.7000**
- **Alamance-Caswell Community Operations Center at 336.513.4222**

You can call the following numbers to file an oral grievance or to ask that forms be mailed to you:

- | | |
|---|-------------------------------|
| ▪ Concern Line (may be anonymous) | 1.888.213.9687 |
| ▪ PBH 24 toll free/800 number | 1.800.939.5911 |
| ▪ Alamance-Caswell toll free number | 1.888.543.1444 |
| ▪ Office of Consumer Affairs or Quality Management | 704.939.7700 |
| | (Corporate Office) |
| | 704.721.7000 (PBH COC) |
| | 336.513.4222 (A/C COC) |

The Appeals Process

If you receive a letter from PBH that denies your request for Medicaid services, you can appeal this decision. You may also appeal reductions, suspensions or a termination of existing services.

The first step in the appeals process is to request a Reconsideration Review of PHB's decision.

What is the Process for Requesting a Reconsideration Review?

- You or your provider must complete and return the Reconsideration Review request form to PBH within 20 days from the date of the notice of decision letter. You may return the form by fax, mail, email, verbally over the telephone or in person.
- You may ask to review any information utilized as part of the Reconsideration Review process.
- You may also submit any additional information you feel supports your request for Medicaid services.
- PBH will notify you within 30 days with a possible extension of up to an additional 14 days of the Reconsideration decision.

What if I Disagree with the Reconsideration Review Decision?

If you disagree with the decision, you may appeal that decision to the North Carolina Office of Administrative Hearings. The form to start the appeals process is enclosed with the Reconsideration Review decision.

What is the Appeals Process?

- You must file your appeal with the North Carolina Office of Administrative Hearings within 30 days from the date of the Reconsideration Review decision. You may represent yourself in this process or you may retain an attorney.
- After you file your appeal, you will be offered the opportunity to have your case mediated.
- If you accept mediation, it must be completed within 25 days of your request.
- If you decline mediation, or if mediation is unsuccessful, your appeal will proceed to a hearing.
- After the hearing, an administrative law judge will make a recommendation regarding your case.
- The North Carolina Department of Health and Human Services will review the administrative law judge's recommendation and make the final decision.
- If you disagree with the final decision, you may retain an attorney and appeal your case to Superior Court.

To help you better understand the appeals process, you received a copy of the Cardinal Innovations Health Plan Appeals Process brochure in your member packet. This brochure outlines the appeals process. To learn more about the appeals process, call the North Carolina Office of Administrative Hearings at 919.431.3000 or call the PBH 24 hour toll free/800 number at 1.800.939.5911; in Alamance-Caswell, call 1.888.543.1444.

Fraud and Abuse

Medicaid fraud and abuse is planned deception or misrepresentation that results in a benefit such as payment or coverage. Examples of Medicaid fraud and abuse include:

- An individual does not report all income when applying for Medicaid.
- An individual does not report other insurance when applying for Medicaid.
- A non-Medicaid recipient uses a Medicaid recipient's card with or without the recipient's permission.
- A provider's credentials are not accurate.
- A provider bills for services that were not rendered.
- A provider performs and bills for services not medically necessary.

Reporting Provider Fraud and Abuse

You are encouraged to report matters involving Medicaid fraud and abuse. If you want to report fraud or abuse, you can remain anonymous. However, sometimes in order to conduct an effective investigation we may need to contact you. Your name will not be shared with anyone investigated. (In rare cases involving legal proceedings, we may have to reveal who you are.)

To Report Provider Fraud and Abuse

You may report fraud and abuse by doing any of the following:

- Call toll free: 1.800.939.5911 or 1.888.543.1444 (Alamance-Caswell only).
- Contact the Division of Medical Assistance by calling the DHHS Customer Service Center at 1.800.662.7030
- Call the Medicaid fraud, waste and program abuse tip line at 1.877.DMA-TIP1 (1.877.362.8471)
- Call the Health Care Financing Administration Office of Inspector General's Fraud Line at 1.800.HHS-TIPS (1.800.447.8477)
- Call the State Auditor's Waste Line at 1.800.730.TIPS (1.800.730.8477)

Complete and submit a Medicaid fraud and abuse confidential online complaint form by going to the DHHS Customer Service website: <http://www.ncdhs.gov/dma/fraud/fraud.aspx>

To Report Recipient Fraud and Abuse

You may follow any of the steps listed above or you can call your County Department of Social Services (DSS) office.

Coordination of Care

PBH recognizes that people often experience multiple problems. In an effort to provide coordinated care, PBH ensures that members are connected with the services and supports to address all of their needs. This is accomplished through designation of a Behavioral Health Home.

What is a Behavioral Health Home?

A Behavioral Health Home is the agency, determined by the primary service provider for the member, which will assist in development of a Person Centered Plan, will provide case management and skill building, and will coordinate all other services.

Person Centered Plans

Person Centered Planning is a tool of the Cardinal Health Plan that helps members with disabilities exercise choice and responsibility in the development and implementation of their care plans. It helps define what is important to the person, and it allows individuals to have real and honest discussions with their clinical teams about their desires, needs and supports. It can occur annually or anytime an individual experiences significant life changes.

The Person Centered Plan (PCP) helps individuals reach their potential by:

- Ensuring that the individual has maximum social participation and inclusion in the community
- Providing an opportunity for members to guide their care plans, with assistance from family, friends and professional service providers
- Incorporating a variety of supports, including training, therapy, treatment and other services needed to achieve the individual's personal goals
- Drawing upon a diverse mix of resources, including paid and natural supports to best meet the individual's goals

The Person Centered Plan should clearly express the voice of the person. All plans:

- Are "respectful" of the person and those who support the person
- Are easy to read and understand, and uses everyday language
- Are constructed so information is located easily
- Use complete thoughts but not necessarily complete sentences
- Have enough detail and/or enough examples to be easily understood by someone newly present in the individual's life

The phases of completing the Person Centered Plan are:

- Gathering information/assessment
- Organizing the information for team review/team meeting
- Developing the PCP
- Requesting PCP approval from PBH
- Implementing the PCP

PBH believes that you will have more success at remaining well if you take responsibility for your own treatment and help your providers know what works for you. In developing a Person Centered Plan, you should consider:

- What has been happening in your life over the past year?
- What do you want your life to look like?
- Do you want to volunteer or work at a paid job?
- Where do you want to live and with whom?
- What would make where and how you live better?
- What supports do you need to maintain the important things in your life?
- What would you change about your life if you could?
- What part of the day do you like best and why?
- Do you have enough money to pay for all the activities you would like to do?
- What kind of person makes the best support person for you?
- How is your health? Do you have concerns about your general health?

What is a System of Care Approach to Services for Children and Families?

A System of Care (SOC) is a group of people that come together to work on problems faced by children and their families who are involved with child welfare, mental health, schools, juvenile justice and/or healthcare agencies. The core values of a SOC require services to be:

- Culturally competent, with agencies, programs and services that are responsive to the cultural, racial and ethnic differences of the populations they serve.
- Community based, with the focus of services, as well as the management and decision making responsibility, resting at the community level.
- Child centered and family focused, with the needs of the child and family dictating the types and mix of services.

The Child and Family Team is an essential part of the SOC. The Child and Family Team:

- Is selected by the family
- Is made up of professionals, family members, friends and community supports who are interested in supporting the goals of the child and family
- Differ depending on the goals identified by the Person Centered Plan
- Can be called together as needed

If you, or someone you know, wants to become a family advocate, please call the PBH 24 hour toll free/800 number, 1.800.939.5911, and ask to be put in touch with the SOC Coordinator. In Alamance-Caswell, call 1.888.543.1444.

Preparing for a Crisis and Advance Directives

PBH requires a crisis plan for individuals who are at risk of inpatient treatment, incarceration or out of home placement. Your treatment team will help you write a crisis plan. You can also have your crisis instructions recorded into a computer database so that anyone treating you can follow your instructions.

What is a Crisis Plan?

A crisis plan is a set of written instructions you want followed if you are experiencing a behavioral health emergency. All of your caregivers will have your plan. Writing a crisis plan requires you to think about what the early signs of trouble are for you. For example:

- Not being able to sleep for several nights
- Buying alcohol or planning to attend a party where you could get drugs or alcohol

Writing a crisis plan will help you:

- Protect your right to make medical decisions and choices about your health care
- Help family members make decisions if you cannot
- Remember allergies to medications or foods
- Help your doctors by telling them your wishes
- Stay in recovery longer and decrease the likelihood of recurrences
- Increase your self-esteem in dealing with life stressors
- Arrange for someone to be with you if you are fearful
- Stipulate who can pay your rent and bills, or take care of your pets if you are hospitalized

What if I Experience a Crisis and am unable to make a Decision about my Care?

You have the right to make instructions for your treatment in advance. There are three types of advance directives. These legal documents allow you to let your wishes be known in the event you are unable to make decisions for yourself. These are:

- Psychiatric Advance Directives or the Advance Directive for Mental Health Care
- Health Care Power of Attorney
- Living Will

Psychiatric Advance Directives

The Psychiatric Advance Directives (PAD) or the Advance Directive for Mental Health Care is a legal document that states the instructions for mental health treatment you would want to receive if you are in a crisis and unable to make decisions for yourself. The instructions give information about:

- What you think helps calm you
- How you feel about seclusion or electric shock treatments
- What medicines you do not want to take
- Which doctor you want to be in charge of your treatment

Health Care Power of Attorney

A Health Care Power of Attorney allows you to designate someone who can make decisions for you if you are unable to make your own choices about treatment.

Living Will

A Living Will is a document that tells others that you want to die a natural death if you are incurably sick and cannot receive nutrition or breathe on your own.

All three of these documents must be written and signed by you while you are able to understand your condition and treatment choices and are able to make your wishes known. Two qualified people must witness all three types of advance directives. The Living Will and the Health Care Power of Attorney must be notarized.

What do I do with my Advance Directives?

Be sure to keep a copy in a safe place, and give copies to your family, your treatment team, your doctor and the hospital where you are likely to receive treatment. You can also have your PAD filed in a national database or registered with the North Carolina Advanced Health Care Directive Registry, which is part of the Department of the North Carolina Secretary of State (www.sosnc.com). There is a \$10.00 fee to register a PAD. This includes the registration, a revocation form, registration card and password. You can use the revocation form at any time if you change your mind.

How long do my Advance Directives stay active?

Your Advance Directives are active until you cancel them. You may cancel or change your PAD at any time. If you cancel or change your Advance Directives, be sure to communicate the change to anyone who has a copy of the PAD.

Care Coordination

Care Coordination is an administrative function within PBH's managed care system that is designed to proactively intervene and ensure optimal care to at-risk individuals in designated special needs populations. It is available to members in all three disability groups. Care Coordinators:

- Assist individuals who are at high risk for hospitalization or institutionalization
- Manage the individual's care across the continuum of care
- Work directly with the individual, providers and others to improve outcomes for the individual
- Ensure that individuals receive:
 - Appropriate clinical assessment
 - Treatment planning
 - Access to clinical and medical specialists

What are Special Needs Populations?

Designated special needs populations for Intellectual/Other Developmental Disabilities (IDD) Care Coordination include the following:

- Individuals enrolled in the Cardinal Innovations Waiver
- Individuals who receive b(3) deinstitutionalization (DI) funding
- Individuals with intellectual/other developmental disabilities who are functionally eligible for ICF-MR level of care but are not enrolled in Cardinal Innovations, the b(3) DI funding or an ICF-MR facility
- Individuals with an IDD who are currently in, or have been in within the past 30 days, a facility operated by the Department of Corrections or the Department of Juvenile Justice and Delinquency for whom PBH has received notification of discharge

Designated special needs populations for Mental Health and/or Substance Use/Addiction Care Coordination include the following:

- Adults with Severe and Persistent Mental Illness and current LOCUS Level of VI
- Children with Severe Emotional Disturbance or current CALOCUS level of VI or are currently in, or have been in within the past 30 days, a facility operated by the Department of Corrections (DOC) or the Department of Juvenile Justice and Delinquency (DJJDP) for whom the LME has received notification of discharge
- Individuals that have Substance Use/Addiction Dependence diagnosis and current ASAM Level of III.7 or II.2D or higher
- Individuals with an opioid dependence diagnosis and who have reported to have used drugs by injection within the past 30 days
- Individuals with both a mental illness diagnosis and a substance use/addiction diagnosis and current LOCUS/CALOCUS of V or higher, or a current ASAM PPC Level of III.5 or higher
- Individuals with both a mental illness diagnosis and a IDD diagnosis and a current LOCUS/CALOCUS of IV or higher
- Individuals with both an IDD diagnosis and a substance use/addiction diagnosis and a current ASAM PPC Level of III.3 or higher

PBH closely monitors individuals in the Special Needs Population and provides Care Coordination intervention as needed to ensure appropriate assessment, linkage to services and person centered planning. Most referrals for direct care coordination support are initiated within PBH through routine monitoring or by Utilization Management or Access Call Center

staff who have identified a need for support to reduce crisis events or to support transition to appropriate services.

What are the Functions of Care Coordination?

Care Coordination includes the following:

- Identification of Special Needs Population individuals
- Clinical assessment
 - DD—arranging for clinical assessments, including Supports Intensity Scale, psychological evaluations, adaptive behavior assessments and other assessments as indicated
 - MH/SA—completing or securing clinical assessment of individuals who have special health care needs in order to identify needs related to treatment and monitoring
- Ensuring that a Person Centered Plan is available for all individuals with special needs
- For individuals in identified MH/SA special health populations, ensuring that a Person Centered Plan is completed by the Behavioral Health Home
- Proactively engaging individuals identified as special needs to ensure they receive needed services
- Convening key providers and others to address the special needs of the individual, including the Care Coordinator if the individual receives this service
- Identifying the gaps in needed services and intervening to ensure the individual receives appropriate care
- Coordinating services for the individual across the system and with other systems of care, including Primary Care
- Measuring results of intervention and treatment, including reduction in high risk events and inappropriate service utilization
- Coordinating medical care with the CCNC-Care Coordinators in accordance with NC CCNC-LME protocols

Utilization Management

Utilization Management (UM) has the responsibility of keeping track of the type, amount and how often services are used. UM is staffed by experienced clinicians who make authorization decisions to ensure members get the right care, in the right amount and at the right time. PBH is prohibited from implementing UM procedures that provide incentives for the individual or entity conducting utilization reviews to deny (reduce, terminate or suspend), limit or discontinue medically necessary services to any enrollee. UM decision-making is based only on appropriateness of care and service, and the existence of coverage. PBH does not reward practitioners or other individuals for issuing denials of coverage or services. There are no financial incentives for UM decision-makers that would encourage decisions resulting in under-utilization.

Authorization of Services

Prior authorization is required for all Cardinal Health Plan covered services, with the following exceptions:

- Basic services – eight medically necessary Outpatient Services for adults and up to 12 for children under 21 years of age
- Crisis services – crisis services are always provided in an emergency. Individuals who receive crisis services will be enrolled in the Cardinal Health Plan as soon as possible. The date of enrollment will be the date when the emergency services were provided. Individuals must be enrolled in the Cardinal Health Plan before they can receive additional, non-emergency services.

What is Medical Necessity?

Medically necessary treatments are procedures, products and services provided to Medicaid recipients. PBH also uses medical necessity criteria when determining funding for state-funded members. Medically necessary treatments are:

- Necessary and appropriate for the prevention, diagnosis, palliative, curative or restorative treatment of a mental health or substance use/addiction condition
- Consistent with national or evidence-based standards, Department of Health and Human Services defined standards, or verified by independent clinical experts at the time the procedures, products and the services are provided
- Provided in the most cost effective, least restrictive environment that is consistent with good clinical standards of care
- Not provided solely for the convenience of the member, member's family, custodian or provider

- Not for experimental, investigational, unproven or solely cosmetic purposes
- Furnished by, or under the supervision of, practitioners licensed under state law in the specialty for which they are providing service and in accordance with 42 CFR, the North Carolina Administrative Code, Medicaid medical coverage policies and other applicable federal and state directives
- Sufficient in amount, duration and scope to reasonably achieve their purpose
- Reasonably related to the diagnosis for which they are prescribed regarding type, intensity and duration of service and treatment setting

When determining level of care for individuals receiving state funding, PBH will also use medical necessity criteria.

Medically necessary treatments are designed to:

- Be provided in accordance with a Person Centered Plan
- Conform to any Advance Medical Directives the individual has prepared
- Respond to the unique needs of linguistic and cultural minorities and be furnished in a culturally relevant manner
- Prevent the need for involuntary treatment or institutionalization

For more information, go to the NC Division of Mental Health, Developmental Disability and Substance Abuse Services website at <http://www.ncdhhs.gov/mhddsas/> or the NC Division of Medical Assistance website at <http://www.ncdhhs.gov/dma/services/piedmont.htm>.

For the UM criteria, you may also call the PBH 24 hour toll free/800 number at 1.800.939.5911. Access Call Center Coordinators are available by telephone 24 hours a day, 7 days a week and 365 days a year for prior-authorization of psychiatric inpatient, detoxification services, facility-based crisis services and state hospital psychiatric inpatient services. In Alamance-Caswell, call 1.888.543.1444.

What is Utilization Review?

Utilization Review (UR) is a part of Utilization Management that ensures members receive good clinical care by reviewing the services received by members.

Can I Request a New Treatment?

You may call toll free at 1.800.939.5911 or 1.888.543.1444 (Alamance-Caswell) to ask PBH to consider a new treatment or therapy. PBH's Medical Director and network providers review new behavioral health and IDD advances to determine if these advances should be covered benefits. PBH also reviews studies to determine if the government has agreed the treatment is safe and effective. The new proven therapies and treatments must give results that are as good as, or better than, covered benefits currently in use.

Governance and Advocacy

PBH Board of Directors

PBH is governed by a Board of Directors, which is responsible for entrusting, overseeing and reforming the service system for children and adults with psychiatric, intellectual/other developmental disabilities, cognitive, or substance use/addiction needs. The PBH Board consists of community stakeholders that are appointed by their respective county commissioners, as well as a commissioner from each county in the PBH Region. Providers who contract with PBH are not part of the Board.

Consumer and Family Advisory Committee (CFAC)

The Consumer and Family Advisory Committee (CFAC) membership consists of consumers and family members who receive mental health, intellectual/other developmental disabilities and substance use/addiction services. Each Community Operations Center in the PBH Region has a local CFAC, which represents all three disability areas. CFAC is a self-governing committee that serves as an advisor to PBH administration and the PBH Board of Directors.

State statutes charge CFAC with the following responsibilities:

1. Review, comment on, and monitor the implementation of the local business plan
2. Identify service gaps and underserved populations
3. Make recommendations regarding the service array and monitor the development of additional services
4. Review and comment on the PBH budget
5. Participate in all quality improvement measures and performance indicators
6. Submit findings and recommendations to the State Consumer and Family Advisory Committee regarding ways to improve the delivery of mental health, intellectual/other developmental disabilities and substance use/addiction services

For more information, call toll free at 1.800.939.5911 or 1.888.543.1444 in Alamance-Caswell and you will be put in touch with someone at your local CFAC.

Client Rights Committee

The Client Rights Committee (CRC) oversees PBH's compliance with federal and state rules regarding consumer rights, confidentiality and complaints. The CRC is made up of clients, family members and expert advisors who meet at least once quarterly. It reviews and monitors all trends in the use of restrictive interventions, abuse, neglect and exploitation, deaths and medication errors. The CRC also makes reports to the PBH Board of Directors, the PBH CQI Committee and DMA/DMH. Consumers may submit rights violations to the CRC through the PBH Grievance Procedure.

PBH Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. IF YOU DO NOT UNDERSTAND ANY PORTION OF THE NOTICE, PLEASE ASK FOR CLARIFICATION.

Effective Date: June 1, 2010

Purpose of Privacy Notice:

The purpose of the “Notice of Privacy Practices” is to inform you about how your health information may be used within PBH as well as reasons why your health information could be sent to other service providers outside of the agency.

This Notice describes your rights in regards to the protection of your health information and how you may exercise those rights. The Notice also gives you the names of contacts should you have questions or comments about the policies and procedures PBH uses to protect the privacy of your health information.

Understanding Your Medical Record/Health Information

Each time you visit a healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, assessment, diagnosis, treatment plan, and treatment recommendations. This health information, often referred to as your medical record, serves as a basis for planning your treatment and a means to communicate between service providers involved in your care. It also serves as a legal document that assures you and/or a third party payer that the services billed were provided. It can also be used as a source of data to assure that we are continuously monitoring the quality of services and measuring outcomes.

Understanding what is in your medical record and how, when and why we use the information helps you make informed decisions when authorizing disclosure to others.

PBH will ensure that an internal mechanism is in place to protect oral, written and electronic Protected Health Information (PHI) across the organization. PHI will be protected with safeguards to ensure that only staff with a need to know has access. Paper documents will be protected to limit access based on minimum necessary requirements. This will include securing documents in locked cabinets to ensure they are accessible only to staff whose job responsibilities require them to have access. Documents containing PHI are filed in a secure location. Electronic information will also be protected by an automated system that allows

limited access as required by minimum necessary requirements. PHB protects PHI whenever records are removed from any location or when being transported from one location to another.

Our Responsibilities

We are required to protect the privacy of health information about you and that identifies you, which we call Protected Health Information (PHI), and provide you with a Notice of our legal duties and privacy practices associated with your health information. We must protect health information that we have created or received about your past, present, or future health condition, health care we provide to you, or payment for your health care. We are only allowed to use and disclose health information in the manner described in this Notice. We will provide you a paper copy of this Notice prior to or the first time you receive a service from us. We reserve the right to revise or change the terms of this Notice at any time and to make the new revisions effective for all health information we maintain. Whenever these are changes to this Notice, we will inform you by:

- Posting the revised notice in our offices
- Making copies of the revised Notice available upon request (either at our offices or through the Privacy Officer listed in this Notice); and
- Posting the revised Notice at our website: www.pbhsolutions.org

How We May Use and Disclose Health Information About You

1. To Provide Health Care Treatment

We may use and disclose health information about you to provide, coordinate, and/or manage your health care and related services. This may include communicating with other health care providers internally or externally regarding your treatment. For example, we may share health information about you when you need a prescription filled, or when we consult with another health care provider about your care. We may also share health information with emergency treatment providers when you need emergency services.

2. To Obtain Payment for Services

Before providing treatment or services, we may share details with your health plan(s) and utilization management companies who authorize your services that you are scheduled to receive. This allows us to ask for approval or authorization before we provide the services. We will request that you sign a Financial Agreement or authorization, giving us permission to give health information to your insurance company so that we can bill and collect payment for the treatment and services provided to you. The information on or accompanying the bill may include information that identifies you as well as your diagnosis and treatment plan.

If you refuse to sign the Financial Agreement allowing us to release health information for the purpose of billing and receiving payment from your insurance company, you will be personally responsible for paying the same amount that your insurance company would have paid us for your services.

3. To Perform Business Health Care Operations

We may use and disclose health information in performing our business activities called “health care operations.” These health care operations allow us to improve the quality of care we provide and reduce health care costs. For example, we may share health information in the following health care operations:

- **Training programs** for students, health care providers, or non-health care professionals (any trainee) to help them practice or improve their skills. Examples could be medication training for nurses on how to give medications or a billing process training for billing clerks and assistants. Trainees are not allowed to release any information obtained from their training.
- **Internal Quality Review** to assess and evaluate the skills, qualifications, and performance of health care providers taking care of you. This may involve review of your health information by our Quality Improvement Staff or the Supervisor of your provider to assess the overall care provided and progress in treatment. This information will then be used in an effort to continually improve the quality and effectiveness of the services we provide.
- **External Quality Review** by cooperation and participation in evaluations of our health care providers, staff or facilities by outside organization to assess the quality of care we provide. We may share health information to a government agency, such as Medicare and Medicaid, or to a national accrediting organization, such as the Council on Accreditation.
- **Other Reviews** to assist various external individuals or internal staff who review our activities. For example, health information may be reviewed by accountants and lawyers who make certain that we comply with various laws; to appropriate staff to plan for the future, to determine the best way to limit costs, or to audit your file to make sure that no information about you was given to someone in a way that violates this Notice.

- To communicate with other service Providers who have **Business Contracts** with PBH. These include therapeutic foster families, residential group homes, and community based service providers. When these services are contracted, we may disclose your health information to our business associates so that they can provide you services and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.
- We may use your health information for **research purposes**. For example: We may disclose information to researchers but only when an Institutional Review board has reviewed the research proposal and have approved their research. The researchers must have established protocols to ensure the privacy of your health information.
- To non-professional staff who **need to know** your health information to perform their duties.
- To remind you about an **appointment** you have for treatment or medical care.

Additional Use and Disclosure of Health Information without your Authorization

State and Federal laws require or allow that we share your information with others in specific situations in which you do not have to give consent, authorize or have the opportunity to agree or object to the use and disclosure. Prior to disclosing your health information, we will evaluate each request to ensure that only necessary information will be disclosed. These situations include, but are not limited to the following.

A. When receiving substance abuse services, Federal law allows disclosure in the following situations:

- To report abuse, neglect or domestic violence
- To respond to a court order and subpoena
- To qualified personnel for research, audit, and program evaluation
- To a health care provider who is providing emergency medical services
- If we believe that you are likely to commit a crime at the program or against program personnel
- For the purpose of internal communications, as outlined above, and
- To qualified service organization agencies when appropriate. (These agencies agree to abide by the Federal law.)

B. When receiving services other than substance abuse, State law requires disclosure in specific situations that include, but are not limited to:

- To report certain type of wounds or other physical injuries
- To report a communicable disease or risk of contracting or spreading a disease or condition
- To respond to a court order and subpoena
- To report suspected child abuse/neglect or disabled adult abuse/neglect
- Upon request of the next of kin or other family member or designee who has a legitimate role in therapeutic services offered or other person designated by the consumer/legally responsible person, the responsible treatment provider shall release the following information after the consumer is notified that the request has been made:
 - Notification of the consumer's admission to this agency
 - Transfer to another facility
 - Decision to leave this agency against medical advice
 - Discharge from this agency
 - Referral and appointment information after discharge
 - To PBH's attorney
 - For the purpose of filing a petition for involuntary commitment or adjudication of incompetency
 - To the extent necessary to fulfill responsibilities when a consumer is examined or committed for inpatient treatment
 - When there is imminent danger to the health or safety of the consumer or another individual, or when there is likelihood of the commission of a felony or violent misdemeanor

C. When participating in NC-TOPPS Assessments – Confidentiality of consumer-identifying information is protected under Federal regulations 42 CFR Part 2 and HIPAA 45 CFR Parts 160 and 164. NC-TOPPS falls under the audit or evaluation exception of these laws. Consumer identifying information may be disclosed without consumer consent to the DMH/DD/SAS and to authorized evaluation contractors under the audit and evaluation exception. The DMH/DD/SAS or its NC-TOPPS evaluation contractors may re-disclose any individual consumer-identifying information only to the designated provider facility and to the consumer's assigned LME for which this information has been submitted.

Your Rights

1. Your health information will not be disclosed without your authorization unless required or allowed by State and Federal law regulations.
2. Although your health information is the physical property of PBH, the information belongs to you. You have the right to request, in writing, certain uses and disclosures of your health information.
3. If you sign a written authorization allowing us to use and disclose your health information in a specific situation other than this Notice, you may at any time revoke or cancel your authorization in writing. We will stop any use and disclosure of your health information after we receive your written cancellation. However, we cannot cancel any disclosures that were made before we received your written cancellation.
4. You may request restrictions on the use and disclosure of your health information outlined in this Notice; however, we are not required to comply with your request.
5. You have the right to request, in writing, to review and receive copies of your health information. There may be a charge for making copies of your requested health information. There are certain situations where we will be unable to grant your request to review records.
6. You have the right to request, in writing, to amend existing information that is part of your health information. There are certain situations where we will be unable to grant your request to amend the health information.
7. You have the right to request, in writing, a list of disclosures we have made regarding your health information.
8. Your first request for a list of disclosures will be provided to you free of charge. However, if you request a list of disclosures more than once in a 12-month period, you may be charged a reasonable fee. We will inform you of the cost and you may choose to withdraw or modify your request at that time, before any costs are incurred. There are certain exceptions that apply.

9. You have a right to request, in writing, to be contacted at a different address or phone number or through other appropriate ways about your health information or bills. We will grant your request if reasonable.

10. You have the right to receive a copy of the PBH "Notice of Privacy Practices." You may request a copy by calling 1.800.939.5911 or 1.888.543.1444 in Alamance-Caswell.

How to Complain About Our Privacy Practices

If you believe your privacy rights have been violated or if you are dissatisfied with our privacy policies or procedures, or if you have questions and would like additional information, you may write or call our Privacy Officer at:

PBH Privacy Officer
4855 Milestone Ave.
Kannapolis, NC, 28081
Phone: 704.939.7700

You may also file a written complaint, by mail or fax, to the Secretary of the Department of Health and Human Services (DHHS) at:

Office for Civil Rights

U.S. Department of Health and Human Services
61 Forsyth Street, SW – Suite 3B70
Atlanta, GA 30323

Phone: 404.562.7886
TDD: 404.331.2867
Fax: 404.562.7881

- The complaint to the Secretary must be filed in writing, either on paper or electronically.
- The complaint must include the name "PBH," and describe the acts or omissions believed to be in violation of the Privacy Rules.
- The complaint must be filed within 180 days of when you knew or should have known that the act or omission occurred.
- We will provide you with assistance and/or a form to file the complaint.

If you file a complaint with our Privacy Officer or the Secretary of DHHS, we will not take any action against you or change our treatment of you in any way.

PBH History of Notice of Privacy Practices:

April 14, 2003 (HIPAA)

Revised – June 23, 2005 (added updates)

Revised – August 29, 2005 (added NC-TOPPS)

Revised – May 1, 2008 (added updates per NCQA)

Revised – June 1, 2010 (Privacy Officer Change/reflect American Recovery and Reinvestment Act update to match the external web page. Content was not changed.)

