

August 2004

Dear Medicaid Recipient:

This letter is to introduce you to Colorado Health Networks, your Medicaid mental health provider. Colorado Health Networks is the mental health contractor for western, southeastern and south central Colorado. If you are a Medicaid recipient, you are automatically enrolled in the program.

HOW AND WHERE DO I GET MENTAL HEALTH SERVICES?

If you would like to receive mental health services, simply call the Colorado Health Networks *Access To Care Line* at 800-804-5008. It is a toll free number. You can call from anywhere in the state. Our staff will help you set up an appointment with a mental health professional. You do not need a referral from your doctor and there are no co-payments. You can get services from your community mental health center or from a mental health provider who is in our network. You may choose a mental health provider from the enclosed provider listing, but we will try to match the provider's skills with your needs.

WHAT SERVICES AM I ELIGIBLE TO RECEIVE?

As a member of Colorado Health Networks, you are eligible to receive the following services:

- **Outpatient Services** are provided in a community setting. Outpatient services include one-to-one therapy, group therapy, brief therapy and family therapy. Your benefits allow you up to 35 sessions of individual and brief therapy per year.
- **Inpatient Services** provide treatment for a mental health condition that requires 24-hour supervision in a hospital setting. Your benefits allow you up to 45 inpatient hospital days per year.
- **Emergency Care** is available for mental health conditions that are life threatening.
- **Case Management Services** are supportive services that include outreach, referral and coordination of other services you are receiving.
- **Medication Management** provides an on-going evaluation of a person's mental health medications. A doctor or other licensed professional does this.
- **Psychosocial Rehabilitation Programs** help people with serious mental illness learn the skills needed to participate and function in their community.

As a member of Colorado Health Networks, you have the right to continue to receive care for medically necessary covered services from your medical provider for 60 days from the date you became enrolled. If you need more information, please call the Access to Care Line at 800-804-5040.

WHAT DO I DO IN AN EMERGENCY?

If you or someone in your family is having a mental health emergency, you can call 800-804-5008, 24 hours a day, 7 days a week. The definition of an emergency mental health condition is as follows: *"Emergency Condition" means a mental health condition that has symptoms that are severe enough (including severe pain) that a layperson, who has an average knowledge of health and medicine, could reasonably expect that not getting help would result in the following: (1) Placing the health of the person in serious jeopardy; (2) Causing serious impairment to bodily functions; (3) Causing serious dysfunction of any bodily organ or part."*

Prior Authorization is not required in an emergency. In a mental health emergency, you should do any one of the following things:

- ◆ Call your Community Mental Health Center
- ◆ Call your therapist if you have one
- ◆ Go to the nearest hospital emergency room
- ◆ Call the Access to Care Line at 1-800-804-5008
- ◆ Call 911

WHAT IF I WANT A SECOND OPINION? You have the right to receive a second opinion about your care or diagnosis. If you would like to receive a second opinion, call the Access to Care Line at 1-800-804-5008.

WHAT IF I HAVE A COMPLAINT ABOUT THE SERVICES I AM RECEIVING?

Our goal is to provide you with the highest quality mental health services. If you have a problem or complaint about your services, we want to know about it. Please refer to your benefits handbook for information on how to file a complaint. You can also contact the Ombudsman for Medicaid Managed Care 877-435-7123 or TTY (888) 876-8864.

WHAT ARE MY RIGHTS?

As a member of Colorado Health Networks, you have rights regarding your mental health services.

You have the right to:

- receive information on mental health benefits and how to access benefits;
- be treated with dignity and respect for your privacy.
- receive information on available treatment options and alternatives, presented in a way that is appropriate to your condition and your ability to understand;
- participate in decisions regarding your health care, including the right to refuse treatment, except as provided by law;
- be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation;
- request and receive a copy of your medical records, and request that they be amended or corrected;
- have an independent advocate;
- ask that we include a specific provider in our provider network.
- receive a second opinion;
- receive culturally appropriate and competent services from our providers;
- receive interpreter services if you have communication disabilities or do not speak English;
- receive prompt notification of termination or changes in services or providers;
- express an opinion about our services to regulatory agencies, legislative bodies, or the media without it causing any harmful effects to the services you receive.
- receive medically necessary mental health care services in accordance with federal regulations; and
- be free to exercise all rights without it affecting the way our providers, the State, or we treat you.

WHAT ELSE SHOULD I KNOW? We understand that some of our members, because of a disability, may need special accommodations to get the most from their mental health services. If you have a special request, please let us know when you call for an appointment.

Options has a Quality Program that assures you receive the best possible care. To learn more about our quality program, or how you can become involved, call 1-800-804-5040 and ask to speak to our Director of Quality Management.

We will contact you by mail if there are any changes in your coverage or benefits, or if there are changes with the person or facility that is providing your mental health services.

In compliance with the 1989 *Patient Self Determination Act*, a Federal Law, you have the right to make medical decisions regarding your healthcare. These decisions are called *Advance Directives*. *Advance Directives* are verbal or written statements made by competent persons, indicating their treatment wishes to accept medical or surgical treatment in the event they become incapacitated. If you wish, your PCP/Medical Doctor can give you an *Advance Directives* form to complete.

WHERE CAN I GET MORE INFORMATION ABOUT MY MENTAL HEALTH BENEFITS?

If you want more information about your mental health benefits, please refer to the benefits handbook enclosed with this letter. You can learn about our consumer-directed programs, the Colorado Ombudsprogram and other information that will help you get the most out of your mental health treatment. You can also call the community mental health center closest to you to get more information. This information is also available in Spanish, large type and audiotape. Oral interpretation of written material in other languages is also available free of charge.

At Colorado Health Networks, we believe in providing quality services in partnership with those we serve. If you ever need mental health services, we want to be your partner in good health.

Sincerely,

Steve Holsenbeck, M.D.
Executive Director

"Si usted apreciaría esta nota en el español, escriba por favor a:

**Colorado Health Networks
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