



Colorado Health Partnerships, LLC
AspenPointe ♦ SyCare ♦ West Slope Casa ♦ Beacon Health Options

Grievance, Appeal, and State Fair Hearing Guide

For a copy of this letter in large type or help with oral or written translation, please call 1-800-804-5008. We will provide this to you for free. If you have speech or hearing disabilities, you may use TTY 1-800-432-9553 or State Relay 711.

Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-804-5008 (TTY: 1-800-432-9553).

Colorado Health Partnerships (CHP) provides this guide for Health First Colorado (Colorado's Medicaid Program) members because we want to hear your concerns and help you solve any problems that you have with your behavioral health benefits. You have a right to complain. This may also be called a grievance. You can complain if you are unhappy with your service or think you were treated unfairly. You cannot lose your benefits or coverage for filing a complaint. That's the law! You also have the right to request an appeal for any adverse benefit determination (decision) that you receive.

You may ask someone else to file a complaint or appeal for you. However, you must make that person your Designated Client Representative. A Designated Client Representative is a person whom you name to file a complaint or appeal on your behalf. This person can be one of your service providers. This means that you sign a form naming that person as your DCR and also sign a Release of Information for CHP to share information with that person.

The CHP Client and Family Advocate will help you file your complaint or appeal and will provide you with the required forms. We will arrange for any interpreter services upon your request if you do not speak English, are deaf, or hard of hearing.

How to File a Grievance (Complaint)

We encourage you to first try talking with your provider or a supervisor so that problems can be fixed quickly. If you do not want to do that, or if you have tried and it didn't help, here are other

ways to file a grievance:

- Contact the Client or Family Advocate at your mental health center
- Contact the Office of Member and Family Affairs at 800-804-5040, ext. 361483
- Contact CHP's service center at their toll free number 800-804-5008 or TTY 800-432-9553
- Contact the Ombudsman for Medicaid Managed Care at 303-830-3560, 1-877-435-7123, TTY 1-888-876-8864. They will help you file a grievance with your Behavioral Health Organization

You can file your complaint in person, on the phone, or in writing through a letter or e-mail at any time. CHP will send you a letter to let you know we received your complaint within two (2) working days. We will look into your concerns and may call you if we need more information. The person who makes a decision about your complaint will not be someone who was involved with your complaint. If your complaint involves a clinical issue, we will talk to a clinical person who was not involved in your complaint. You will not lose your Health First Colorado (Colorado's Medicaid Program) benefits for filing a complaint.

We will do our best to make a decision about your complaint within fifteen 15 working days after we receive your complaint. Once a decision is made, we will send you a letter explaining the outcome. If we need more time to make a decision, or if you request more time, we can extend the time to resolve the complaint for up to fourteen (14) calendar days. We will send you a letter telling you why we extended the time and how it is in your best interest.

If you do not agree with our decision, you can appeal to the Department of Health Care Policy and Financing (HCPF). The Department's decision will be final. To appeal to the Department, call:

Medicaid Customer Service
303-866-3513 (Denver Metro area)
1-800-221-3943 (outside the Metro area)
TTY 303-866-7471

How to Request an Appeal:

You have the right to appeal any decision that Colorado Health Partnerships (CHP) makes to deny, reduce, or stop any behavioral health services that you or your provider requests. We will send you a Notice of Adverse Benefit Determination letter that explains what services were denied, reduced, or stopped and the reasons for the decision.

Timeframes for CHP to Send Letters

- If you or your provider request a service which we deny or limit, we will send you a letter within ten (10) calendar days of when you ask for the service. This is considered a standard service authorization decision.
- CHP will mail you a letter as soon as possible 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 thirty (30) days.
- If CHP stops or reduces a previously authorized service, we will mail the Notice to you at least 10 calendar days before the date we want the service to end.
 - If CHP confirms that a member has committed fraud, we may send you the letter five (5) calendar days from the date of Adverse Benefit Determination.
 - We will send you the letter no later than the date of Adverse Benefit Determination if we learn of:
 - Death of a member
 - You tell us in writing that you no longer want services
 - You give information that requires CHP to stop or reduce your services and you understand that CHP's action is the result of you providing this information
 - You are admitted to a facility where you are no longer eligible to receive Health First Colorado,
 - Your whereabouts are unknown and the post office returns your letter with no forwarding address,
 - We learn that you have Medicaid in another county or state, or
 - Your doctor prescribes a change in your level of care

If CHP shortens the timeframe for sending you a Notice of Adverse Benefit Determination letter, we will explain this in the letter.

Members' Responsibility Upon Receiving Letter

After you receive the Notice of Adverse Benefit Determination letter, you will have sixty (60) calendar days to request an appeal if you disagree with our decision. You can request an appeal over the phone, however, you need to follow up this request in writing. We will notify you within two (2) working days that we received your standard appeal. You have the right and are encouraged to provide any additional information you think would be helpful in making a decision about your appeal. You can request to see and review any records we use in making a decision. You do not have to pay for these records.

If your authorization has not ended and you ask for those services to continue during an appeal, you must file your appeal within ten (10) days from the mailing date of the Notice of Adverse Benefit Determination or the date that the decision is effective. We will go be the latest date Remember,

- The service must have been ordered by an authorized provider,

- The time period for the authorized service must not be over yet, and
- You must ask CHP to continue the service.

If you are requesting for an appeal decision to be made quickly because you or your provider believe that waiting for a decision would be harmful to your health, you may ask us to make a decision within seventy-two (72) hours. This is called an expedited appeal. The CHP Medical Director will decide if your appeal should be expedited. Their decision is based on whether taking the time for a standard resolution could be harmful to your health. If your appeal is expedited, we will send you a written decision within seventy-two (72) hours of your request. We will also try to call you on the phone to tell you our decision.

If you want your services to continue during the appeal process, you must ask that your services continue. If you ask for services to continue, services will continue until you withdraw the appeal, an appeal decision is made that is not in your favor, or the time period or service limits of the original authorized services have expired.

If you ask for your services to continue during the appeal, it is important to know that if the decision on your appeal is not in your favor, you may have to pay CHP for the cost of the services that you received because you requested a continuation of services during the appeal process.

CHP's Responsibility Upon Request of an Appeal

We will make sure that the health professional who reviews and makes a decision on your appeal request was not involved in making the original decision to deny or limit services. We will make sure that the reviewer has the necessary clinical training if he or she is making a decision about:

- An appeal of a denial that is based on lack of medical necessity,
- A grievance about denying your request for an expedited appeal,

We will send you a letter with our appeal decision within ten (10) working days from the date that we received your appeal request. We may extend the time for making a decision on your appeal if you ask CHP for more time or if CHP needs more information. We can extend the decision by up to fourteen (14) calendar days, however, we will make the decision as quickly as possible. If we need to extend the timeframe, we will send you a letter and explain the reasons we believe it is in your best interest. The appeal decision letter will explain the decision and tell you the date it was made. If the appeal decision was not in your favor, you can request a State Fair Hearing within 120 calendar days of the adverse appeal decision. We will help you with this process.

If we deny your request for an Expedited Appeal, we will call you on the phone and send you written notice within two (2) calendar days. This notice will explain why we denied your request for an Expedited Appeal. This does not mean that your appeal was denied or dropped. It only means that your appeal will be handled in the standard timeframes. If you disagree with the Medical Director's decision NOT to handle your appeal as an expedited appeal, you can file a grievance.

If the Medical Director agrees your request for an Expedited Appeal, but decides that it would be in your best interest to extend the timeframe for making a decision, we will send you a letter extending the decision date by up to fourteen (14) calendar days. The letter will explain why this is in your best interest. You may also ask CHP to extend the expedited decision date if you think it is in your best interest.

How to Request a State Fair Hearing

When you receive the letter with the decision about your appeal and it is not in your favor, you can still request a State Fair Hearing. This request needs to be made within 120 calendar days of the adverse appeal decision. When you request a State Fair Hearing, your appeal will be heard by an Administrative Law Judge (ALJ), and they will make the decision about your appeal. You may represent yourself at the hearing, bring an advocate, or have someone else represent you. You must request a State Fair Hearing in writing. If you need help to put this request in writing, call CHP at toll free at 800-804-5040, ext. 361483 or call the Ombudsman for Medicaid Managed Care at 877-435-7123. The Ombudsman is an independent Advocate provided by the state to help members with Grievances and Appeals. Office of Administrative Courts phone number is 303-866-2000. Their address is:

1525 Sherman St., 4th Floor
Denver, Colorado 80203

Limited Speaking English and Interpreter/Translation Services

Español (Spanish)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-804-5008 or TTY: 800-432-9553

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-804-5008 TTY: 800-432-9553

繁體中文 (Chinese)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-804-5008 文字電話：800 432-9553

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-804-5008 (TTY: 번)으로 전화하십시오 800-432-9553

Русский (Russian)

ВНИМАНИЕ! Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните по номеру 1-800-804-5008 (телетайп.: 800-432-9553)

አማርኛ (Amharic)

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 800-804-5008 መስማት ለተሳናቸው: 800-432-9553

عربى (Arabic)

تظوظلم: اذا تترك شديت فيبرعلا، ناك تامدخ قدع اسلا فيوغلا رنايت كل ناجم اب. لصتا بلع مؤرلا
800-432-9553 (فنااه مصلا مكبالاو)

Deutsch (German)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufen Sie uns an unter 800-804-5008 TTY: 800-432-9553).

Français (French)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-804-5008 ATS : 800-432-9553

नेपाली (Nepali)

ध्यान दन ुहोसः ु तपाइ ले नेपाल बोल्लहन्नु भन तपाइ को नमत् भाषा सहायता सवाहस् नःशल्क रूपमा उपलब्ध छ । फोन
गनुहोसर -800-804- 5008 ट टवाइ: 800-432-9553)

Tagalog (Tagalog)

PAUNAWA: Kung nagsasalita ka ng Tagalog, may mga libreng serbisyo para sa tulong sa wika na maaari mong gamitin. Tumawag sa 800-804-5008 TTY: 1-800-432-9553

日本語 (Japanese)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。Call 1-800-804-5008 (TTY: 800-432-9553)

CUSHITE

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 800-804-5008 TTY: 800-432-9553

Bàsòò-wùdù-po-nyò (Bassa)

Dè dẹ nià ke dyédé gbo: Ǿ jǔ ké m̄ [Bàsòò-wùdù-po-nyò] jǔ ní, nií, à wuḍu kà kò dọ po-poò béin m̄ gbo kpáa. Đá 800-804-5008 (TTY: 800-432-9553)

Igbo asusu (Ibo)

Ntị: Ọ bụrụ na asụ Ibo, asụsụ aka ọasụ n'efu, defu, aka. Call 800-804-5008 TTY: 800-432-9553

èdè Yorùbá (Yoruba)

AKIYESI: Bi o ba nsọ èdè Yorùbú ọfẹ ni iranlọwọ lori èdè wa fun yin o. Ẹ pe ẹrọ-ibanisọrọ yi 1-800-804-5008 (TTY: 1-800-432-9553).

Persian (Farsi)

TTY: 1-800-804-5008 اب هرامش رگا هب نایز یسراف تبحص یم نیرک، تامدخ یرای یناسر ینابز، روطب ناگیار، رد سرتسد امش یم :هجوت

بسامت نیریگب (800-432-9553)

دشاب

