**Bear River Mental Health Services, Inc.**

Medicaid mental health services Handbook



A guide to Medicaid Mental Health Services

for Cache, Rich, and Box Elder Counties

#### This handbook will explain:

* How to get a copy of this handbook in Spanish and other languages at no cost - Tenemos este manual en Español. Llame a Bear River Mental Health al

435-752-0750 (Logan), o al 435-734-9449 (Brigham City), o al 1-800-620-9949.

* What services are available under the Medicaid Prepaid Mental Health Plan

 at Bear River Mental Health.

* How you can get mental health services, including what to do in an emergency.
* Your rights under the Medicaid program.

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# **INTRODUCTION**

This handbook is for Medicaid members who are enrolled in Utah Medicaid’s Prepaid Mental Health Plan (PMHP). If you live in Box Elder, Cache, or Rich County, your PMHP provider is Bear River Mental Health Services, Inc. (BRMH). BRMH will provide you with mental health services if you need them.

This handbook explains the Medicaid mental health services that the PMHP covers. You can get this handbook and other written information in your language and in other formats (large print, audio, electronic, and other formats) for free. For help, call us at 435-752-0750, 435-734-9449, or 1-800-620-9949 and ask for our Service Coordinator.

Este manual es para miembros de Medicaid quienes están inscritos en el Plan de Salud Mental Prepagado (PMHP) de Utah Medicaid. Si usted vive en el condado de Box Elder, Cache, o Rich, su proveedor de PMHP es Bear River Mental Health (BRMH). BRMH provee los servicios de la salud mental si usted los necesita. Este manual explica los servicios de la salud mental que el PMHP provee.

Usted puede obtener este manual y otra información escrita en su idioma, y ​​en otros formatos (letra grande, audio, electrónico, y otros formatos) sin costo para usted. Para obtener ayuda, llame a BRMH al 435-752-0750, o al 435-734-9449 (Brigham City), o al 1-800-620-9949 y pregunte hablar con un coordinador de servicios.

**Other Languages**

Free language assistance services are available to you. Please call BRMH at 435-752-0750, 435-734-9449 or 1-800-620-9949.

Los servicios gratuitos de asistencia lingüística están disponibles para usted. Llame a BRMH al 435-752-0750, o al 435-734-9449 (Brigham City), o al 1-800-620-9949.

# **SERVICES AVAILABLE**

**WHAT SERVICES ARE COVERED?**

Inpatient hospital care for mental health problems and outpatient services for mental health problems are covered. Outpatient mental health services include:

* Mental health evaluations
* Psychological testing
* Individual, group, and family therapy
* Medication management services
* Individual and group therapeutic behavioral services
* Individual skills training and development
* Psychosocial rehabilitation services (day treatment)
* Peer support services
* Recreational Therapy Services
* Targeted Case Management services

BRMH will offer you services after we meet with you to talk about what you need.

Services are provided by licensed mental health professionals, including doctors, nurses, psychologists, licensed clinical social workers, clinical mental health counselors, recreational therapists, peer specialists, targeted case managers, etc. If you want more information on any of these services or providers, call us at 435-752-0750, 435-734-9449, or 1-800-620-9949 and ask for our Service Coordinator.

**ARE ANY OTHER SERVICES AVAILABLE?**

Yes. other covered services are:

* Electroconvulsive Therapy (ECT)
* Interpreter services

There are some other services that can be covered based on your needs. These services are:

* Respite Care
* Psychoeducational services
* Personal services
* Supportive Living

If you have questions, your provider will talk to you about these services.

# **SERVICES NOT COVERED BY BRMH**

**WHAT SERVICES MIGHT BE COVERED BY MEDICAID BUT NOT BY BEAR RIVER MENTAL HEALTH?**

Some of the services that can be covered by Medicaid or your physical health plan, but not by BRMH, are medical, dental, and vision care. Medical care includes medical detoxification in a hospital for a substance abuse problem. Either Medicaid or your physical health plan (if you have one) covers these services. If you have questions about these services or any other services covered by Medicaid, call Medicaid at 1-800-662-9651or your physical health plan.

Also, methadone maintenance services for substance abuse problems are not covered by BRMH. If you need this service, you can get it from a Medicaid methadone maintenance service provider. If you have questions, call Medicaid at 1-800-662-9651.

# **TRANSPORTATION**

**HOW CAN I GET HELP WITH TRANSPORTATION TO MY OUTPATIENT MENTAL HEALTH SERVICES?**

If you do not have your own rides, you may be able to get help with rides.

**Cache County**

If you live in Cache County and do not have a ride, bus service is available through the Logan and Cache Valley Transit District.  Call them at 435-716-9686 for more information about this service.

**Brigham City**

If you live in Box Elder County UT and do not have a ride, ask for a Utah Transit Authority (UTA) Transit Card (bus pass) by calling the Medicaid Health Program Representative (HPRs) 1-844-238-3091.

If the bus is not available where you live, or you cannot use the bus for some reason, ModivCare may be able to help with rides. Call ModivCare at 1-855-563-4403

To learn more about help with rides, see the *Utah Medicaid Member Guide*. You can find the guide online or to ask for a copy or if you have questions, call Medicaid:

Medicaid Member Guide at Medicaid.utah.gov or

Call Medicaid at 1-866-608-9422

You can also talk to us about your needs. If you are coming to BRMH for the first time, tell our Service Coordinator about your needs.  If you are already getting services from BRMH, talk to your provider about your needs.

# **INTERPRETER SERVICES (SERVICIOS DE INTERPRETE)**

**WHAT IF I NEED AN INTERPRETER?**

We know it can be hard to talk with your provider if your first language is not English or you are deaf, hard of hearing, or have a hard time speaking. You can ask for an interpreter. Interpreters are free and available in all languages, including sign language. An interpreter can help you over the phone and be with you at your mental health visits. The interpreter will help you and your provider understand each other. Also, we might have providers who speak or sign your language.

To ask for an interpreter or a provider who can speak or sign your language, call us at 435-752-0750, 435-734-9449 or 1-800-620-9949 and ask for our Service Coordinator.

**WHAT IF I WANT TO CALL BEAR RIVER MENTAL HEALTH AND I AM DEAF, HARD OF HEARING OR HAVE A HARD TIME SPEAKING?**

You can call Relay Utah at 711 or 1-800-346-4128. If you have a hard time speaking, you can also call Speech-to-Speech Relay Utah at 1-888-346-5822and someone will help you at no cost. If you speak Spanish and are deaf, hard of hearing, or have a hard time speaking, call Spanish Relay Utah at 1-888-346-3162 also at no cost.

**SERVICIOS DE INTÉRPRETES ¿- QUÉ SUCEDE SI NECESITO UN INTÉRPRETE?**

Sabemos que puede ser difícil hablar con su proveedor si su primer idioma no es inglés o es sordo, tiene problemas de audición, o tiene dificultad para hablar. Usted puede pedir por un intérprete. Intérpretes son gratuitos and están disponibles en todos los lenguajes, incluyendo el lenguaje de señas. Un intérprete le puede ayudar por teléfono y acompañarlo a sus citas de la salud mental. El intérprete puede facilitar la comunicación entre su proveedor y usted. También puede que tengamos proveedores que hablan su idioma o el lenguaje de señas. Para pedir por un intérprete o un proveedor que hable su idioma o por señas, favor de llamarnos al 435-752-0750, o al 435-734-9449 (Brigham City), o al 1-800-620-9949.

**¿QUÉ SUCEDE SI QUIERO LLAMAR A BEAR RIVER MENTAL HEALTH Y SOY SORDO, TENGO PROBLEMAS DE AUDICiON?**

Puede llamar a Relay Utah al 711 o al 1-800-346-4128. Si le resulta difícil hablar, también puede llamar a Speech-to-Speech Relay Utah al 1-888-346-5822 y una persona capacitada lo ayudará. Si habla español y es sordo, tiene problemas de audición, o le cuesta trabajo hablar, llame a Spanish Relay Utah al 1-888-346-3162.

# **GETTING MENTAL HEALTH SERVICES**

**HOW DO I GET MENTAL HEALTH SERVICES? - WHERE DO I GO?**

Call or visit the BRMH clinic nearest your home at the numbers or locations below, Monday through Friday (Garden City and Randolph offices are open Tuesday and Thursday only). If you need services in the evenings, let us know when you call. Some services can be provided in the evenings.

Logan Outpatient Clinic Brigham City Outpatient Clinic

90 East 200 North 663 West 950 South

Logan, UT 84321 Brigham City, UT 84302

435-752-0750 or 1-800-620-9949 435-734-9449

Tremonton Outpatient Clinic Garden City Office

440 W. 600 N 115 South Bear Lake Blvd.

Tremonton, UT 84337 Garden City, UT 84028

435-257-2168 1-800-620-9949

Randolph Office

275 N. Main Randolph, UT 84064

1-800-620-9949

**HOW QUICKLY CAN I BE SEEN?**

If you need emergency care, you will be seen right away. (See *Emergency Services,* on page 8.) We will give you urgent care for conditions that need to be taken care of right away, but that are not emergencies. If you need urgent care, we will see you within *5 working days*. If you do not have an urgent need for care, we will see you within *15 working days*. If your condition changes and you think you need to be seen sooner, please call us. We will talk about your needs again.

# **CHOOSING PROVIDERS**

**CAN I CHOOSE MY PROVIDER?**

Yes. You can talk to us at any time about the provider you would like to see at BRMH. Call us at 435-752-0750, 435-734-9449, or 1-800-620-9949 and ask for our Service Coordinator. Also, during your assessment, we will discuss with you the types of providers available, the non-English languages providers speak, and which providers are accepting new clients.

**DOES BRMH HAVE A PROVIDER DIRECTORY AND WHERE CAN I FIND IT?**

BRMH has a directory of all our mental health providers. You can see our directory on our website at [BRMH.COM] The directory is organized by clinic location and lists the providers in that clinic. Our directory also includes other community providers that we have a written agreement with to provide services.

If you have any questions about our provider directory or would like a copy, call us at 435-752-0750 or 1-800-620-9949.

**CAN I GET OUTPATIENT MENTAL HEALTH SERVICES FROM A PROVIDER OUTSIDE BEAR RIVER MENTAL HEALTH?**

In some situations, you can go to a provider outside BRMH. You must get approval before you get services outside BRMH, but you do not need approval before you get emergency services (See *Emergency Services*, page 8).

If you want services from a community provider in our directory or a community provider that is not in our directory, call us at 435-752-0750, 435-734-9449, or 1-800-620-9949 and ask for our Service Coordinator.

**WHEN WILL I BE TOLD IF I CAN SEE A PROVIDER OUTSIDE BEAR RIVER MENTAL HEALTH?**

We can usually decide within 14 calendar days after you ask. If you or your provider want us to take more time to make a decision, let us know. Sometimes we might need more time to make a decision. Medicaid lets us take up to another 14 calendar days to make a decision. If we need more time, we will let you know in writing. If you are unhappy that we need more time, you can file a grievance. (See *Complaints and Grievances*, page 14.)

If you or your provider think it is important to make a decision quickly and we agree, we will try to make a decision in 72 hours. If you want us to take more time, or if we need more time to make a decision, Medicaid lets us take up to 14 more calendar days.

We will give you our decision over the phone and let the provider know our decision. If we do not make a decision as soon as Medicaid wants us to, or we do not approve the service or approve less than you or the provider asked for, this is an adverse benefit determination. We will also send you a Notice of Adverse Benefit Determination letter explaining that you can ask for an appeal of this decision. (See *Adverse Benefit Determinations*, page 11, and *Appeals,* page 12)

**ARE THERE ANY OUTPATIENT MENTAL HEALTH SERVICES THAT DO NOT NEED APPROVAL FROM BRMH?**

You do not need approval from BRMH to get emergency services. See *Emergency Services*, below.

You do not need approval from BRMH to get mental health services from a federally qualified health center (FQHC).

If you are an American Indian or Alaska Native, you do not need approval from BRMH to get mental health services from an Indian health provider. An Indian health provider is Indian Health Services, an Indian Tribe, Tribal Organization, or an Urban Indian Organization.

**CAN I GET A SECOND OPINION?**

Yes. You can get a second opinion about your mental health problem or services. There is no cost for a second opinion. If you would like a second opinion, please call us at 435-752-0750 or 435-734-9449, or 1-800-620-9949 and ask for our Service Coordinator.

# **EMERGENCY SERVICES**

**WHAT ARE EMERGENCY SERVICES?**

These are mental health services given to treat your emergency.

**HOW DO I GET EMERGENCY SERVICES?**

You can call or text the national Suicide Prevention and Crisis Lifeline at 988, 24

hours a day, 7 days a week, including holidays. You will be connected with a Utah

crisis worker. If they cannot resolve your crisis, they will link you to a BRMH crisis

worker for service.

If you don’t want to call first, you can come right away to any of our Logan, Brigham City, or Tremonton outpatient clinics between 8 a.m. and 5 p.m. and talk to a crisis worker.

Day or night, you can go to any hospital emergency room for emergency care. Even if you are out of town, go to the nearest hospital emergency room.

You can get emergency services from any emergency room or mental health provider even if they are not one of BRMH’s providers.

**HOW DO I GET MENTAL HEALTH CARE IN A HOSPITAL?**

Mental health care in a hospital, after an emergency, is usually called post-stabilization care services.  BRMH mostly uses Logan Regional Hospital located at 1400 North 500 East, Logan, UT.

If Logan Regional Hospital or another hospital treats your emergency and wants to admit you, the hospital must call BRMH for approval. It’s important to let the hospital know BRMH is your Medicaid mental health provider so they can call us if they want to admit you. Hospitals can call us at 435-752-0750, 435-734-9449 or 1-800-620-9949 to talk with us about your need for inpatient mental health care. We might have you stay at that hospital, or we might transfer you to another hospital.

# **PAYMENT FOR SERVICES**

**WILL I HAVE A CO-PAYMENT (CO-PAY) FOR OUTPATIENT MENTAL HEALTH SERVICES?**

There are no co-pays for outpatient mental health services for any Medicaid members.

The *Utah Medicaid Member Guide* has information on co-pays, including information on groups of Medicaid members that do not have co-pays on any Medicaid services.

**WILL I HAVE TO PAY FOR SERVICES IN A HOSPITAL EMERGENCY ROOM?**

You will not have to pay for emergency services in a hospital emergency room. However, there is a co-pay if you use the emergency room when it is not an emergency.

**WILL I HAVE TO PAY FOR MENTAL HEALTH CARE IN A HOSPITAL?**

If you have co-pays, the hospital can charge you $75 for each hospital stay. Hospitals cannot charge more than the co-pay.

Some Medicaid members do not have co-pays. You can look at the *Utah Medicaid Member Guide* for information on individuals who do not have co-pays.

**WILL I HAVE TO PAY FOR OUTPATIENT MENTAL HEALTH SERVICES?**

You might have to pay your provider for a **non-emergency** outpatientservice if:

* You get a service that is not covered by BRMH or Medicaid; or
* You get a service that is not pre-approved by BRMH; or
* You do not go to a BRMH provider.

If any of the above happens, your provider might ask you to pay for the

service. You should only be billed for the service if all four items below are met:

* The provider has a written policy for billing all patients for services that are

 not covered, not just Medicaid patients.

* The provider tells you before you get the service that you will have to pay

 for the service.

* You agree to pay for the service; and There is a written agreement signed by you and the provider that says what the service is and how much you will have to pay.

NOTE: If BRMH did not approve a service you or your provider asked for, you can ask for an appeal of this decision with BRMH before you agree to pay the provider for the service. Section **What is an appeal?** on page 12 explains how to appeal.

You might also have to pay your provider for a non-emergency outpatient service if:

* You ask for and get services during an appeal with BRMH or during a Medicaid fair hearing. You would only have to pay if the appeal or fair hearing decision is not in your favor.
* You are not on Medicaid when you get the service.

**EMERGENCY OUTPATIENT SERVICES**

You will not have to pay for emergency outpatient services.

**AMBULANCE SERVICES FOR EMERGENCY CARE** You will not have to pay for an ambulance for emergency care.

# **CLIENT RIGHTS AND RESPONSIBILITIES**

**WHAT ARE MY RIGHTS AS A CLIENT?**

As a client, you have the right to: receive mental health and substance abuse services regardless of your race, color, national origin, sex, sexual orientation, gender identity, religion, age, or disability, or political affiliation, or anything else in state or national law. If you feel you have been treated unfairly or discriminated against for any reason, you can contact us at 435-752-0750, 435-734-9449, or 1-800-620-9949 and ask for our Non-Discrimination Coordinator.

U.S. Department of Health and Human Services, Office for Civil Rights:

Phone: 1-800-368-1019 or 1-800-537-7697 (TDD),

Email: OCRMail@hhs.gov

Online: [hhs.gov/ocr](http://www.hhs.gov/ocr) or ocrportal.hhs.gov/ocr/smartscreen/main.jfs.

Mail: Centralized Case Management Operations

 U.S. Department of Health and Human Services

 200 Independence Avenue, SW Room 509F, HHH Building

 Washington, D.C. 20201

If you want to email or mail your complaint to the Office for Civil Right, you can write your complaint or you can use their complaint form available at:

Hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html

If you have questions or need help filing a complaint, call us at 435-752-0750 or 1-800-620-9949.

You also have the right to:

* Get information on the Prepaid Mental Health Plan in a way that is easily understood, in common languages and in other formats;
* Be treated with respect and dignity;
* Have your privacy protected;
* Get information on other types of treatment in a way that is easily understood;
* Take part in treatment decisions regarding your mental health services, including the right to refuse treatment;
* Get a second opinion at no cost to you;
* Be free from restraint or seclusion if it is used to force, discipline, to retaliate, or for convenience;
* Get a copy of your medical records and to ask that it be amended or

 corrected, when allowed by federal law;

* Get mental health services in the amount you need and when you need them; and use your rights and not be treated badly by BRMH, your provider, or Medicaid if you do.

**WHAT ARE MY RESPONSIBILITIES AS A CLIENT?**

* Keep all your appointments as they are planned;
* Tell us at least 24-hours before, if for some reason you cannot keep an

 Appointment;

* Tell us and your Medicaid worker of any changes in your address,

 phone number, or insurance;

* Closely follow all mental health care directions;
* Take all medications only as they have been ordered;
* Tell our doctors and nurses about all medications you are taking;
* Work on meeting the goals in your plan of care;
* Value the property and privacy of our staff and other clients; and
* Tell your therapist or case manager if you decide to stop getting

 services.

# **ADVERSE BENEFIT DETERMINATIONS**

**WHAT ARE ADVERSE BENEFIT DETERMINATIONS?**

Adverse Benefit Determinations are when BRMH:

* Denies (turns down) or approves fewer services than you wanted;
* Denies all or part of a payment for a service that you might have to pay for;
* Does not offer your first appointment within the required amount of time

 for emergency, urgent, or non-urgent care and you are not happy with

 this. (See *How Quickly Can I Be Seen?*  page 7);

* Does not settle an appeal or grievance you have with us as soon as Medicaid wants us to;
* Your provider reduces, suspends, or stops a service previously approved. If you agree with the change, it is not an adverse benefit determination. It is only an adverse benefit determination if you tell us you don’t want the change; does not make a decision about approving services you have asked for as soon as Medicaid wants us to; or denies your request to dispute a financial liability.

**HOW WILL I KNOW IF BEAR RIVER MENTAL HEALTH IS MAKING AN ADVERSE BENEFIT DETERMINATION?**

We will send you a letter called an Adverse Benefit Determination. If you disagree with our adverse benefit determination, you can ask for an appeal.

# **APPEALS**

**WHAT IS AN APPEAL?**

An appeal is a review of our adverse benefit determination to see if we made the best decision. If the adverse benefit determination is because we did not settle your appeal as soon as Medicaid wants us to, we will send you a Notice of Adverse Benefit Determination letter. In the letter, we will explain that you can now ask for a Medicaid fair hearing and how and when to ask for one. (See *Medicaid Fair Hearings*, page 13)

**WHO CAN ASK FOR AN APPEAL?**

You, your legally authorized representative, or your provider can ask for an appeal.

**WHEN DO I HAVE TO ASK FOR AN APPEAL?**

Your Adverse Benefit Determination letter will give information on the appeal process, including how soon you must tell us you want to appeal the adverse benefit determination. You must ask for an appeal within 60 calendar days from the date on the Adverse Benefit Determination letter.

**HOW DO I ASK FOR AN APPEAL?**

The Adverse Benefit Determination letter will tell you how to ask for an appeal.

You can ask for an appeal:

* In writing using the appeal request form we gave you with your Notice of Adverse Benefit Determination letter. Send your written appeal request to:

Bear River Mental Health Services, Inc.

90 East 200 North

Logan, Utah 84321

* Or by calling us at 435-752-0750 or 1-800-620-9949 and ask for our Compliance Officer.

**CAN I KEEP GETTING SERVICES IF I ASK FOR AN APPEAL?**

If our adverse benefit determination was to reduce, suspend, or stop services we had already approved, and you want to keep getting the services during the appeal, you need to tell us if know if you want to keep getting the services. If you want to keep getting the services, you must let us know on or before the later of the following:

* 10 calendar days of BRMH sending the Notice of Adverse Benefit Determination letter to you; or
* the effective date of our proposed decision to reduce, suspend, or stop services.

To let us know, call us at 435-752-0750 or 1-800-620-9949and ask for our Compliance Officer.

If you ask for an appeal on time, and you let us know on time that you want to keep getting the services while we make a decision, you can keep getting the services. You might have to pay for the services if the appeal decision is not in your favor.

If you have questions about services during an appeal, call us at 435-752-0750 or 1-800-620-9949 and ask for our Compliance Officer.

**WHEN WILL BEAR RIVER MENTAL HEALTH TELL ME THE DECISION ON MY APPEAL?**

Usually, we will give you a written decision no later than 30 calendar days from the day we get your appeal request. Sometimes we might need more time to make a decision. Medicaid lets us take up to another 14 calendar days to make a decision. If we need more time, we will let you know by phone as quickly as possible and in writing within two calendar days. Also, you or your provider might want us to take more time for some reason. If so, let us know.

**CAN I GET A DECISION MORE QUICKLY ON MY APPEAL?**

If you or your provider thinks waiting 30 calendar days for our decision could harm your health, life, or ability to maintain or regain maximum function, you or your provider can ask for a quick appeal. This means we will usually make a decision within 72 hours. Sometimes we might need more time to make a decision. Medicaid lets us take up to 14 more calendar days to make a decision. If we need more time, we will let you know by phone as quickly as possible and in writing within two calendar days. Also, you or your provider might want them to take more time for some reason. If so, let us know.

If we deny your request for a quick appeal, we will let you know by phone as soon as possible and in writing within two calendar days.

**HOW DO I ASK FOR A QUICK APPEAL?**

You or your provider can ask for a quick appeal by calling us at 435-752-0750 or 1-800-620-9949and ask for our Compliance Officer.

**MEDICAID FAIR HEARINGS**

**WHAT CAN I DO IF I AM UNHAPPY WITH THE APPEAL DECISION?** If you are unhappy with our decision on your appeal, or we cannot make a decision on your appeal as soon as Medicaid wants us to, this is what you can do:

You, your legally authorized representative, or your provider can ask for a fair hearingwith Medicaid. In our appeal decision letter, we will tell you that you can ask for a fair hearing. The letter will tell you how and when to ask for the fair hearing. We will also give you the fair hearing request form to send to Medicaid. You must ask for a fair hearing in writing using the form we give you. You can also get a hearing request form from Medicaid by calling Medicaid at 801-538-6576 or 1-800-662-9651.

**WHEN DO I HAVE TO ASK FOR A FAIR HEARING WITH MEDICAID?**

In most situations, you must ask for a fair hearing within 120 days from the date of BRMH’s appeal decision letter.

If the hearing is about our adverse benefit determination to reduce, suspend, or stop services we had already approved, and you want to keep getting the services during the fair hearing, you must:

* ask for a fair hearing within 10 calendar days after we send you the appeal decision letter; and
* on the hearing request form, ask that the services be continued.

If you file your fair hearing request in time, and you ask to keep getting the services during the fair hearing, you can keep getting the services. You might have to pay for the services if the fair hearing decision is not in your favor.

If the fair hearing is about any other kind of adverse benefit determination, you can discuss your services during the fair hearing.

If you have questions or need helping filling out the fair hearing request form, call us at 435-752-0750 or 1-800-620-9949 and ask for our Compliance Officer.

At a fair hearing, you can speak for yourself, or you can have a relative, friend, lawyer, or anyone else speak for you. Before and during the fair hearing, you, and any person helping you, can present documents. Also, you, and any person helping you, can look at all the documents that will be used at the fair hearing.

# **COMPLAINTS AND GRIEVANCES**

**WHAT IF I HAVE A COMPLAINT ABOUT BEAR RIVER MENTAL HEALTH OR A PROVIDER?**

If you have a complaint about anything other than an adverse benefit determination, this is called a grievance. Examples of grievances are complaints about the quality of care or services given to you, rudeness of a provider, or a provider not respecting your rights.

**WHO CAN FILE A GRIEVANCE?**

You, your legally authorized representative, or your provider can file a grievance. A grievance can be filed at any time.

**HOW DO I FILE A GRIEVANCE?**

You can:

* Talk to your provider or any BRMH staff about your grievance; or
* Call us at 435-752-0750 or 1-800-620-9949 and ask for our Compliance Officer and say you want to file a grievance; or
* Give it to us in writing. Give it to your provider or any staff

 member, or mail it to the following address:

Bear River Mental Health Services, Inc.

Corporate Compliance Officer

90 East 200 North

Logan, Utah 84321

If you don’t want to talk to us about your grievance, you can call Medicaid Constituent Services weekdays at 1-877-291-5583.

**WHAT IF I HAVE QUESTIONS OR NEED HELP FILING MY GRIEVANCE?**

Call us at 435-752-0750 or 1-800-620-9949 and ask for our Compliance Officer.

**WHEN WILL BEAR RIVER MENTAL HEALTH TELL ME THE DECISION ON MY GRIEVANCE?**

We will give you a decision no later than 90 calendar days from the day we get your grievance. Sometimes we might need more time to make a decision. Medicaid lets us take up to another 14 calendar days to make a decision. If we need more time, we will let you know by phone as quickly as possible and in writing within two calendar days. Once we make a decision, we will either talk to you about our decision on your grievance, or we will send you a written decision.

# **ADVANCE HEALTH CARE DIRECTIVES**

**WHAT IF I AM ILL AND CAN’T MAKE HEALTH CARE DECISIONS?**

You can give other people instructions about your decisions for your health care. This is called an “Advance Health Care Directive.” This will tell us, in writing, what health care choices you want made if you get very sick and can’t decide for yourself.

Once you have filled out the Advance Health Care Directive form, be sure to give a copy to all your health care providers. You should also keep a copy and give one to your family members. If you would like more information, call us at 435-752-0750, 435-734-9449, or 1-800-620-9949 and ask for our Compliance Officer, or you can talk to your provider or case manager.

If you have an Advance Health Care Directive and there is a problem with it being followed, call the Utah Department of Health and Human Services at 801-273-2994 or 1-800-662-4157.

# **PRIVACY**

**WHO CAN READ OR GET COPIES OF MY MEDICAL RECORD (PRIVACY)?**

BRMH follows federal laws about privacy of your mental health record. BRMH does not use or share your protected health information, except, as federal law allows. When allowed by federal law, only the minimum necessary information is shared. We will talk to you about privacy when you first come to BRMH to see your provider.

# **BRMH OPERATIONS**

**WHAT IF I WANT TO KNOW MORE ABOUT HOW BEAR RIVER MENTAL HEALTH IS SET UP AND WORKS?**

We will answer any questions you have about how we are set up, including questions about our grievance system, billing practices, confidentiality policy, and how we choose providers and what is required of them. If you ask, we will give you a copy of our Preferred Practice Guidelines for mental health services. Call 435-752-0750, 435-734-9449, or 1-800-620-9949 and ask for our Service Coordinator.

# **FRAUD, WASTE AND ABUSE**

**WHAT IS HEALTH CARE FRAUD, WASTE AND ABUSE?**

Doing something wrong related to Medicaid could be fraud, waste, or abuse. We want to make sure that health care dollars are used the right way. Fraud, waste, and abuse can make health care cost more for everyone.

Some examples of fraud, waste, or abuse are:

By a Provider

* Billing for services that have not been provided
* Overcharging a Medicaid member for covered services
* Not reporting a patient’s misuse of a Medicaid ID Card

By a Medicaid Member

* Letting someone else use their Medicaid ID card
* Changing the amount or number of refills on a prescription
* Not being truthful to get on Medicaid

**HOW DO I REPORT FRAUD, WASTE, OR ABUSE?**

If you think there might be fraud, waste, or abuse, you can contact BRMH:

Online: [www.brmh.com](http://www.brmh.com) /click on “Additional Contact Information” in the footer/ click on “Report Fraud and Abuse” at the bottom of the page.

Provider Fraud, Waste, or Abuse

You can also contact the Utah Office of Inspector General of Medicaid Services (OIG):

Phone: 1-855-403-7283

Email: mpi@utah.gov

Online: [oig.utah.gov](http://oig.utah.gov/)

Medicaid Member Fraud, Waste or Abuse

 You can also contact the Department of Workforce Services:

Phone: 1-800-955-2210

Email: wsinv@utah.gov.

You will not need to give your name if you report fraud, waste, or abuse. Also, your Medicaid benefits will not change if you make a report.

**Bear River Mental Health’s Mission**

Our job is to help people have a better quality of life. We do this by giving people the best mental health care possible. We want to help any Medicaid member in our area who needs our services. Please call us anytime you feel you are in need.

Bear River Mental Health Services, Inc.

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U.S. POSTAGE

**PAID**

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PERMIT NO.

4621

90 East 200 North

Logan, Utah 84321