

THE NC MH/DD/SAS HEALTHPLAN

2013

Alamance
Cabarrus
Caswell
Chatham
Davidson
Franklin
Granville
Halifax
Mecklenburg
Orange
Person
Rowan
Stanly
Union
Vance
Warren

MENTAL HEALTH,
INTELLECTUAL AND
DEVELOPMENTAL
DISABILITIES
AND SUBSTANCE
USE/ADDICTION
DISORDERS

This is the seventh edition of the Cardinal Innovations Healthcare Solutions (formerly PBH) Consumer & Family Handbook. Reproduction of this handbook, in whole or in part, without the permission of Cardinal Innovations Healthcare Solutions is strictly prohibited. Services as described in this handbook are available only to qualified residents of the counties of Alamance, Cabarrus, Caswell, Chatham, Davidson, Franklin, Granville, Halifax, Mecklenburg, Orange, Person, Rowan, Stanly, Union, Vance and Warren in the state of North Carolina. Mail your comments and suggestions to Community Partners, Cardinal Innovations Healthcare Solutions, 4855 Milestone Avenue, Kannapolis, NC 28081.

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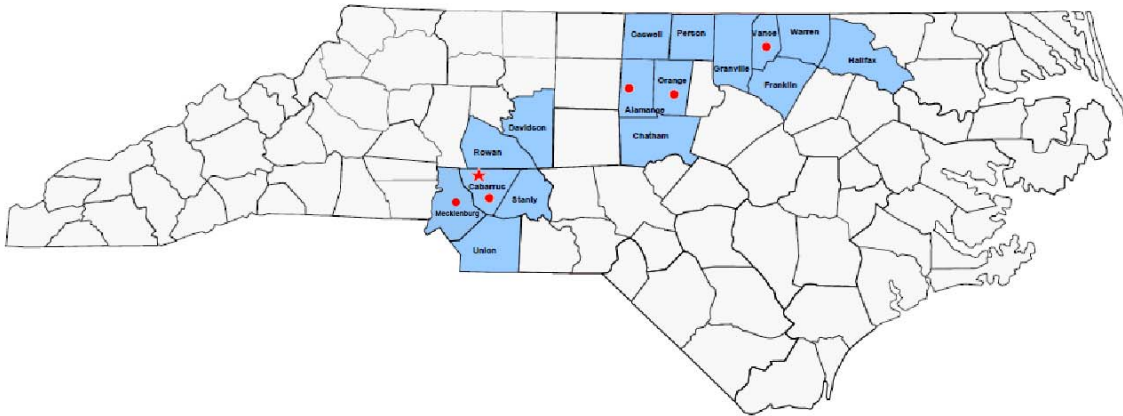
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Cardinal Innovations Healthcare Solutions Corporate Office

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Cardinal Innovations Healthcare Solutions is a managed care organization offering prepaid healthcare services funded by Medicaid and North Carolina state funds through a network of contracted providers. Cardinal Innovations Healthcare Solutions covers 16 counties in the state of North Carolina: Alamance, Cabarrus, Caswell, Chatham, Davidson, Franklin, Granville, Halifax, Mecklenburg, Orange, Person, Rowan, Stanly, Union, Vance and Warren. Services are managed through local service regions, which support our commitment to a community system shaped by the choices of consumers and their families.

This handbook provides information on where to call when you need help, how to get services, a list of your rights and responsibilities, and how to file a complaint or report fraud.

This handbook is available in Spanish and in large-print formats. If you need a larger print, or have limited reading ability, please call the Community Operations Center in your area or the corresponding Access/Crisis number listed on Page 4 of this guide.

Si necesita información en español, llame al número que corresponde al área donde usted vive. Refiérase a los números de teléfono enumerados en la página 4 de esta guía.

Important Phone Numbers

Toll-Free Anonymous Concern Line

888.219.9687

(To express complaints about providers, services, the MCO)

Community Partners Line

800.357.9084

Director of Community Partners: Allison Crotty

24-hour, Toll-Free Access/Crisis Line:

1.800.939.5911

Northern Service Region:

Regional Executive Director: Yvonne Copeland

Alamance Caswell Community Operations Center

Burlington

2451 South Church Street

Burlington, NC 27215

Phone: 336.513.4222

Fax: 336.227.3350

Executive Director: Debra Welch

OPC Community Operations Center

Chapel Hill

201 Sage Road

Chapel Hill, NC 27517

Phone: 919.913.4000

Fax: 919.913.4001

Executive Director: Debra Farrington

Five County Community Operations Center

Henderson

134 South Garnett Street

Henderson, NC 27536

Phone: 252.430.1330

Fax: 252.431.3463

Mecklenburg Service Region:

Regional Executive Director:

Nicole P. McKinney, PhD, LPC

A Community Operations Center will be established in Mecklenburg County. Please watch our website for location and other detailed information.

Southern Service Region:

Regional Executive Director: Anna Yon

Piedmont Community Operations Center Concord

245 LePhillip Court NE

Concord, NC 28025

Phone: 704.721.7000

Fax: 704.721.7010

Executive Director: Anna Yon

TTY Relay Calls

Dial 711 for NC Relay. When the message "RC NBR Calling PLS GA" appears on the TTY display screen, type the area code and telephone number of the Access/Crisis number listed above. 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 Cardinal Innovations Healthcare Solutions Access Call Center staff can connect you to an interpretation 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.

A Message from Chief Executive Officer Pamela Shipman

Welcome to the Cardinal Innovations Family!

We want to be available to you or your family member if you need services for mental health, substance use, or intellectual/developmental disability conditions. Cardinal Innovations is the largest and longest operating public managed care organization in North Carolina. We have a great deal of experience and expertise. Our responsibilities are to:



- Make sure that the people we serve have access to medically necessary care
- Ensure that there is a sufficient number of qualified providers available to provide the care that is needed
- Provide assistance to people who need help in getting the care that they need

We have established four community offices called Community Operations Centers across the 16 counties that we serve to ensure that we are available to the people that need us. The Executive Directors in each of these Community Operations Centers are responsible for making sure that the local service system meets the needs of people we serve wherever they live in our 16 counties. We know that services for people that need mental health, substance use, and intellectual/developmental disabilities care are best provided in the communities in which they live.

We depend on you to let us know if you or someone in your family experiences problems in getting the care needed, or are concerned about the quality of services. It is also important for us to know if you disagree with our decisions about your services. If you are covered by Medicaid, you have a right to appeal the decisions we make. Everyone has the right to make a complaint. We respect these rights and work very hard to understand and correct problems that are presented to us. You can call us to ask questions about services at any time. You can also make a complaint or voice a concern by calling our toll-free Anonymous Concern Line. These telephone numbers are located on Page 4.

We also want to hear from you if you find a great provider, or are pleased with how we responded to your questions or needs. This information is essential in helping us understand what is working well in our system. We manage this system for you and we want you to be pleased with how we perform.

Mental health and substance use problems are very common in our society. Sometimes people are uncomfortable in asking for help. However, these problems are health problems similar to other health problems such as diabetes or high blood pressure. We want to be sure you know that there is both hope and help for people with mental health or substance use problems and for the people that share their lives.

At Cardinal Innovations, we want to help you find solutions to the mental health, substance use or intellectual/developmental disabilities that affect your lives. Please ask us, we are here for you!

A handwritten signature in black ink that reads "Pamela Shipman". The signature is written in a cursive, flowing style.

Pamela L. Shipman, CEO

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Introduction and Guide to Your Benefits

Please read this handbook carefully. It contains information to help you access services for mental health, intellectual disabilities/developmental disabilities and substance use/addiction service needs. If you do not have Medicaid, you will also need to refer to the enclosed State-Funded Services Consumer Guide. The booklet is a supplement to the Consumer & Family Handbook, which contains information about available state-funded services.

We want to make it easy for you to get the services you need. If you have questions, call our 24-hour, toll-free Access/Crisis telephone number listed on Page 4. Tell us if you need an interpreter or assistance in a language other than English. We can provide interpretation services for 150 different languages. We can also provide this handbook in Spanish.

Our Access Call Center answers calls 24 hours a day, seven days a week, 365 days a year in your service region. When you call the Access/Crisis number, you will speak with 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 list of service providers in our Provider Network. This directory is available online at <http://www.cardinalinnovations.org/enrollee>.

You may also call our Community Partners Department. This telephone number is also listed on Page 4. Community Partners includes staff who are consumers or family members of consumers who have experienced mental health, intellectual disabilities/developmental disabilities or substance use/addiction conditions. They can help you

- ✦ Learn about your rights and responsibilities
- ✦ Address concerns about possible discrimination due to your disability
- ✦ Be a self advocate
- ✦ Fill out paperwork, such as Psychiatric Advanced Directives
- ✦ Bring your suggestions to your local office
- ✦ Resolve grievances or complaints
- ✦ Find local, state and national advocacy organizations and resources

Information About Our Company

Cardinal Innovations Healthcare Solutions is a managed care organization currently covering 2.4 million individuals in North Carolina. Cardinal Innovations manages Medicaid, state and local funding for mental health, intellectual/developmental disability, and substance use/addiction services in our covered areas.

Our philosophy is one of self-direction and wellness. Cardinal Innovations Healthcare Solutions believes that the best results are reached when individuals receive the right service, in the right amount, at the right time, from the right provider, at the right rate and with the right outcome. The values of recovery, self-determination, and consumer and family driven services are the foundation of Cardinal Innovations. 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 disabilities/developmental disabilities and substance use/addiction service needs.

We welcome your feedback because it helps us to maintain the best services for you and your family. You may call our Community Partners Department to discuss your questions or concerns about your provider, your services or Cardinal Innovations. You may also file a complaint or grievance about your concerns by calling the toll-free Anonymous Concern Line. *These numbers are listed on Page 4 of this handbook.* If you need to report provider fraud, waste or abuse, you may do so by following the guidelines on Page 25.

We efficiently manage resources to ensure system-wide quality for our members. Services are delivered through a comprehensive network of more than more than 1,000 of the best providers across the state, who are closely monitored for quality assurance. We are a community-focused organization with a history of sustained partnerships with members, local stakeholders and elected officials designed to create effective solutions for people who rely on the public system for care.

Cardinal Innovations has a 38-year history of managing community services for people with mental health, intellectual disabilities/developmental disabilities, and substance use/addiction conditions. We are proud of our eight-year track record of proven success in operating a Medicaid Managed Care waiver. We have redefined Medicaid managed care through our hands-on and compassionate approach. Our track record includes significant savings to taxpayers, positive outcomes for members and reinvestment in additional services for the people and the communities we serve. The North Carolina General Assembly endorsed our model as the basis for the statewide expansion of the Medicaid Managed Care waiver.

Cardinal Innovations Healthcare Solutions is accredited as a Managed Behavioral Healthcare Organization (MBHO) by the National Committee for Quality Assurance (NCQA), which is the gold star accreditation for managed care organizations. We are governed by a Board of Directors, made up of representatives from the healthcare field, county commissioners, members from each Community Oversight Board and the Consumer and Family Advisory Committees (CFACs).

1915(b)(c) Medicaid Waivers:

The NC MH/DD/SAS Health Plan and NC Innovations

Cardinal Innovations operates the NC MH/DD/SAS Health Plan and the NC Innovations Waiver under Section 1915 (b)(c) of the Social Security Act. This is known as the 1915 (b)(c) Medicaid Waiver. The NC MH/DD/SAS Health Plan is a pre-paid inpatient health plan funded by Medicaid. Medicaid pays for many mental health, intellectual/developmental disability, and substance use/addiction services. The 1915 (b)(c) waiver allows some exceptions to Medicaid services in order to provide substitutions to the traditional service delivery system. If you get Medicaid from any of the counties in the Cardinal Innovations Healthcare Solutions regions, you are a member of the NC MH/DD/SAS Health Plan.

The Health Plan includes current North Carolina Medicaid services available to all NC Medicaid-eligible recipients, plus additional services identified to expand proven practices and address service gaps. The NC MH/DD/SAS Health Plan focuses on the importance of treatment in the most inclusive setting, attention to the whole person and concentration on individual strengths.

The NC Innovations Waiver is a Home and Community Based Waiver for people with intellectual disabilities/developmental disabilities and is part of the NC MH/DD/SAS Health Plan. The number of individuals who participate in the NC Innovations Waiver is limited by the Center for Medicare and Medicaid Services and by the availability of Medicaid funds. It provides services to individuals with an intellectual/developmental disability, or a condition closely related to mental retardation, and serves individuals regardless of their ages.

The NC Innovations Waiver provides services that promote independence, choice and the skills to realize life goals. NC Innovations includes

- ✦ Services to support you to live where you choose
- ✦ Services that support you to spend your day in a way that you choose
- ✦ Services that teach and support you to live more independently
- ✦ Services that provide education on how to link to your community and increase your community connections
- ✦ Services that teach you to manage your own services if you choose

The NC Innovations Waiver offers members and their families different ways to manage their services: Provider Directed and Individual and Family Directed. The Individual and Family Directed Support option provides the choice of directing some or all of the services that the member receives, and it includes both the Employer of Record and Agency with Choice options. In the Employer of Record option, the member/legally responsible person becomes the employer. Under this option, with the assistance of the Community Guide, individuals learn to hire, set pay rates, schedule work, train and evaluate their staff. The Agency with Choice option offers the member/legally responsible person the opportunity to participate in some or all of the activities required to be an employer, yet the responsibility still lies with the provider agency.

What are the Benefits of Waivers?

- ✦ Choice of providers
- ✦ Voice in treatment or service selections
- ✦ Medically necessary needs are met
- ✦ Disability-specific focus
- ✦ Process for resolving complaints or grievances
- ✦ Second opinions on diagnoses or treatment options

What are the Requirements of Waivers?

- ✦ Provide telephone contact seven days a week, 24 hours a day
- ✦ Provide emergency referrals 24/7 within one hour
- ✦ Provide emergency care within two hours
- ✦ Provide urgent care within 48 hours (usually an assessment)
- ✦ Provide routine care within 14 calendar/10 business days
- ✦ Specify appointment wait times
 - Scheduled appointments – 60 minutes
 - Walk-in appointments – two hours
 - Emergencies—face-to-face within two hours; if life threatening—immediate attention
- ✦ Offer all medically necessary services in the benefit plan and ensure that providers are available to provide these services
- ✦ Have qualified staff to evaluate services requested by providers
- ✦ Offer a qualified provider network where the member is given a choice between at least two providers
- ✦ Offer a choice of providers within 30 minutes/30 miles in an urban area, 45 minutes/45 miles in a rural area
- ✦ Provide written material explaining the benefit plan, how to access services and member rights within 14 days of start of the first service
- ✦ Improve communication on access to services with local decision makers
- ✦ Allow the managed care organization to change reimbursement rates to promote best practices or to better serve a target group of members
- ✦ Keep funding in the public system
- ✦ Adjust existing services to meet changing needs
- ✦ Ensure that member and family feedback is obtained to provide direction for system changes

Member Rights and Responsibilities

If you get Medicaid from any of the counties in the Cardinal Innovations Healthcare Solutions Region, you are a member of the NC MH/DD/SAS Health Plan. As a member of the NC MH/DD/SAS Health Plan, you have rights and responsibilities for your care.

What are my Rights?

Every member has the following rights

- ✦ The right to receive information about Cardinal Innovations Healthcare Solutions, its services, its providers/practitioners, and member rights and responsibilities presented in a manner you can understand
- ✦ The right to receive information in culturally and linguistically appropriate formats
- ✦ 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 healthcare
- ✦ 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, risks, benefits and consequences, including your right to refuse treatment and to express your preferences about future treatment decisions regardless of benefit coverage limitations.
- ✦ The right to voice complaints or appeals about the organization or the care it provides. You may voice your concerns or file a grievance by calling 1.888.213.9687. At this number, you may leave a message to have someone return your call or you may leave an anonymous message, if you prefer.
- ✦ 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 records and to request that the medical records be amended or corrected. If a 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/SAS retention schedule (11 years for adults; 12 years after a minor reaches the age of 18; 15 years for DUI records).
- ✦ The right to a second opinion
- ✦ The right to participate in the development of a written person centered treatment plan that builds on your individual needs, strengths and preferences. A treatment plan must be implemented within 30 days after services start.

- ✦ The right to help develop and update your treatment plan and to consent to treatment goals in that plan
- ✦ 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 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 NC MH/DD/SAS Health Plan, you can ensure the best outcomes for yourself by assuming the following responsibilities:

- ✦ Supplying information (to the extent possible) that Cardinal Innovations Healthcare Solutions and its providers need in order to provide care for you
- ✦ Following the plans and instructions for care that you have agreed to with your providers
- ✦ Understanding your health problems and participating in developing 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 provider staff
- ✦ Respecting other members' needs for privacy
- ✦ Working on the goals of your person centered plan
- ✦ Keeping all the scheduled appointments that you can
- ✦ Canceling an appointment at least 24 hours in advance, if you cannot keep it
- ✦ Paying for services if included in 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 are not helping you feel better

- ✦ Telling your provider if you do not agree with their recommendations
- ✦ Telling your provider when or 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 members and family members
- ✦ Seeking out additional support services in your community
- ✦ Reading, or having read to you, written notices from Cardinal Innovations Healthcare Solutions about changes in benefits, services or providers
- ✦ Requesting a discharge plan when you leave a provider; being sure you understand it and being committed to following it
- ✦ If you feel that your rights have been violated, you may contact our Client Rights Committee at 1.800.357.9084. You may also call our toll-free Anonymous Concern Line at 1.888.213.9687 or email our Quality Management Department at QMEmail@cardinalinnovations.org. If you prefer to contact someone other than Cardinal Innovations, you may contact the DHHS Customer Service Center at 1.800.662.7030

Services of the NC MH/DD/SAS Health Plan

The NC MH/DD/SAS Health Plan covers services for

- ✦ Mental health needs
- ✦ Intellectual/developmental disability needs
- ✦ Substance use/addiction needs

Description of Services

There are three levels of service benefits that are based on your 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 Cardinal Innovations Healthcare Solutions Provider Network or through the Access Call Center
- ✦ Require no prior authorization
- ✦ Allow up to 24 visits for adults and children per year for individuals who have Medicaid
- ✦ Allow up to 8 visits for adults and 12 visits for children under age 21 who receive State-funded services
- ✦ Any services provided by a network psychiatrist
- ✦ Are not typically assigned to a Cardinal Innovations Healthcare Solutions 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 Cardinal Innovations Healthcare Solutions' Utilization Management Department, with authorization based on the member's need and medical necessity criteria for the requested service
- ✦ Are not typically assigned to a Cardinal Innovations Healthcare Solutions Care Coordinator

Enhanced Benefits

- ✦ Are accessed through the member's person centered planning
- ✦ 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
- ✦ Address the needs of members with intellectual disabilities/developmental disabilities
- ✦ Are highly coordinated to ensure the member receives the proper services but without duplicating services

What are Preventive Health Programs?

Cardinal Innovations Healthcare Solutions is committed to providing Preventive Health Programs as one way to improve care to members and to meet national accreditation rules. The purpose of these initiatives is to educate members on their diagnoses and treatment options, and to identify ways to maximize treatment. Cardinal Innovations Healthcare Solutions mails information on Preventive Health Programs to members who have new onset of depression and ADHD. To request information about these programs, call the 24-hour toll-free Access/Crisis number listed on Page 4.

The current services available are based on the North Carolina Division of Mental Health/Developmental Disabilities/Substance Abuse Services (State-funded) and Division of Medical Assistance Service (Medicaid) listing for Behavioral Health and Developmental Disabilities Services.

The definitions of these 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

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

If you have questions about services and your eligibility for them, call the 24-hour toll-free Access/Crisis number listed on Page 4.

How do I Know if I am Eligible for Services Under the NC MH/DD/SAS Health Plan?

The NC MH/DD/SAS Health Plan is for individuals who have Medicaid insurance. To receive Medicaid, you must apply and be approved at your local Department of Social Services (DSS) Office (<http://ncdhhs.gov/dss/local/>). To be eligible for Medicaid insurance, 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

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 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 services must be necessary to improve or maintain a child's health in the best condition possible, to prevent a health problem from getting worse. For more information on EPSDT, talk to your healthcare provider or call the 24-hour, toll-free Access/Crisis number listed on Page 4.

Accessing Services and the Provider Network

Cardinal Innovations Healthcare Solutions operates a *closed network* of providers to ensure delivery of high quality services to plan members. A closed network means that providers must apply and become approved to offer services. The Cardinal Innovations Healthcare Solutions Provider Network consists of independent practitioners, agencies or facilities that provide services to members of the NC MH/DD/SAS Health Plan.

Providers in the Network

- ✦ Are located in and provide services to members who receive Medicaid from one of the counties in the Cardinal Innovations Healthcare Solutions region
- ✦ Meet all eligibility requirements to be a member of the Cardinal Innovations Healthcare Solutions Provider Network
- ✦ Have a contract with Cardinal Innovations Healthcare Solutions to provide services
- ✦ Submit all claims for members (you do not submit claims for services)

How do I Receive Services from a Network Provider? You can access services by calling the 24-hour toll-free Access/Crisis number for the service region where you live. You can also access services by walking into one of the Cardinal Innovations Healthcare Solutions Comprehensive Community Clinics and request services. Comprehensive Community Clinics are agencies located in the Cardinal Innovations region that serve at least two disability groups and provide multiple services, including emergency services. There is at least one Comprehensive Community Clinic located in each county within the Cardinal Innovations region. You can find the nearest Comprehensive Community Clinic by calling the Access/Crisis number on Page 4.

What if I am a Member of an Assertive Community Treatment Team?

If you are a member of an Assertive Community Treatment Team, you will have a different phone number to call to access services. Please call that number first to talk with an ACTT provider. If you cannot reach an ACTT provider, then call the Access Call Center listed on Page 4.

What do I Need to Take to my Appointment?

- ✦ A list of your current medications (prescribed and over-the-counter)
- ✦ A list of services you have received prior to your appointment (including dates)
- ✦ A list of your hospitalizations (including dates)
- ✦ Your Medicaid ID card and other insurance card, if you have one
- ✦ Your Social Security card

Will I have a Co-Payment for my Appointment?

Medicaid and NC Health Choice for Children recipients may be required to pay a co-payment. This means that you may have to pay the first few dollars of a charge when you go to the doctor's office, outpatient therapist for counseling, hospital for outpatient care, emergency room, or pharmacy. You must pay any required co-pays directly to the doctor, pharmacy, or hospital when the service is provided. If a **Medicaid** recipient is not able to pay the co-payment, **a provider cannot refuse treatment**, however the patient is still responsible for the co-payment. Providers may open an account for the patient and collect the amount owed as co-payments at a later date. If a **NC Health Choice for Children** recipient is not able to pay the co-payment, **a provider may** permit the patient to be billed for the co-payment after the service is provided, or refuse treatment to the patient.

If I call the 24-Hour Toll-Free Access Number, who will answer my call?

The 24-hour, toll-free Access/Crisis number is listed on Page 4. This line is answered by staff in the Access Call Center 24 hours a day, 7 days a week, 365 days a year. The Access Call Center is staffed by

- ✦ Access Coordinators (Bachelor's Level, Qualified Professionals) who can provide information on mental health, intellectual disabilities/developmental disabilities and substance use/addiction resources and services, and help with routine behavioral health referrals
- ✦ Access Clinicians (Master's Level, Licensed Professionals) who can provide information on mental health, intellectual disabilities/developmental disabilities and substance use/addiction resources and services, help with routine behavioral health referrals, and are also trained to work with callers who have urgent or emergent needs

You may call the 24-hour, toll-free Access/Crisis number listed on Page 4 for the following needs:

- ✦ Telephone assessments and enrollment for mental health, intellectual disabilities/developmental disabilities and substance use/addiction services
- ✦ Information on community resources for mental health, intellectual disabilities/developmental disabilities and substance use/addiction services
- ✦ Crisis intervention by telephone or to arrange for an emergent face-to-face clinical assessment related to a crisis
- ✦ Referral for services to the Cardinal Innovations Healthcare Solutions Provider Network

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 a comprehensive clinical assessment. To ensure Cardinal Innovations Healthcare Solutions 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 help you need
- ✦ Your age
- ✦ Your education
- ✦ Your physical health
- ✦ Your dependents

Assessments by the Access Call Center staff will be completed over the telephone and will be made available to the provider to whom you are referred.

If you request or are enrolled in NC Innovations and/or on the Registry of Unmet Needs, you will receive an assessment using the Supports Intensity Scale®. The Supports Intensity Scale® is a tool that measures the relative intensity of support needed by an individual with intellectual disabilities/developmental disabilities in order to fully participate in community life.

Services Priorities

Cardinal Innovations Healthcare Solutions prioritizes services as Emergent, Urgent or Routine.

An Emergent need is

- ✦ A life-threatening condition in which you might hurt yourself or others, and/or are unable to care for yourself, or
- ✦ A life-threatening condition in which you—due to your use of alcohol or other drugs—might hurt yourself or others, and/or are unable to care for yourself without supervision.

Members with emergent needs will receive referrals 24 hours a day. Cardinal Innovations Healthcare Solutions may arrange for 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 using 911.

An Urgent need is

- ✦ A condition in which you are not currently at risk of hurting yourself or others, but are experiencing feelings of hopelessness, helplessness or rage; have a condition which could rapidly deteriorate without immediate help and require emergency assistance.
- ✦ A condition in which you are not at risk of hurting yourself or others or unable to adequately care for yourself, but due to your substance use are in need of prompt assistance to avoid making your condition worse.

Members with urgent needs will receive a face-to-face assessment and/or treatment within **48 hours** from the request for care.

A Routine need is

- ✦ A condition in which you describe signs and symptoms that are interfering with your quality of life, or
- ✦ A condition in which you describe signs and symptoms caused by substance use, resulting in a level of impairment that interferes with your quality of life.

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.

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

Cardinal Innovations Healthcare Solutions maintains an up-to-date 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 <http://www.cardinalinnovations.org/enrollee>. You may also call the Access/Crisis 24-hour toll-free number listed on Page 4.

Location of Providers

Most services will be available in urban areas within 30 miles/30 minutes to 45 miles/45 minutes in rural areas from your home. However, some specialty providers may be located a greater distance from your home. Cardinal Innovations Healthcare Solutions 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. Cardinal Innovations Healthcare Solutions will authorize payment to an out-of-network provider if

- ✦ You cannot be safely or appropriately transferred to a network provider, or
- ✦ You require 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 Cardinal Innovations Healthcare Solutions. To get pre-authorization, call the Utilization Management Department at 704.939.7700.

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 for your region (see Page 4). Your existing service provider will be responsible for transitioning your care to a new provider. You may also access information on providers by accessing the current Provider Directory online at <http://www.cardinalinnovations.org/enrollee>.

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 24-hour toll-free Access/Crisis number in the service region where you live and an Access Call Center staff member will help link you to services. (See Page 4.)

Alternatives to Seeking Treatment in a Hospital

Cardinal Innovations Healthcare Solutions offers several alternatives to seeking treatment in a hospital emergency room:

- ✦ Advanced Access/Walk-in Crisis Centers
- ✦ Comprehensive Community Clinics
- ✦ Facility Based Crisis Services
- ✦ Mobile Crisis Services

Advanced Access/Walk-in Crisis Centers

Individuals may walk into any Advanced Access/Walk-in Crisis Center for an assessment Monday through Friday. 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.)

Alamance Caswell Community Operation Center:

- ✦ RHA operates the Advanced Access/Walk-in Crisis Center for Alamance and Caswell counties. It is located at 319 N. Graham-Hopedale Road Suite E, Burlington, NC 27217, the site of the former Alamance-Caswell Walk-in Crisis Center. Hours of operation are 8:00 am to 8:00 pm Monday through Friday. Telephone number is 336.513.4200.

Five County Community Operation Center: Members living in any of the five counties of Franklin, Granville, Halifax, Vance or Warren can seek services at either crisis center.

- ✦ RHA operates the Advanced Access/Walk-in Crisis Center for Halifax County at 60 North, NC Hwy 125, Roanoke Rapids, NC 27870. Hours of operation are 8:30 am to 5 pm Monday through Friday. Telephone number is 252.537.6619.
- ✦ Daymark Recovery Services operates the Advanced Access/Walk-in Crisis Center in Vance County at 943 H. West Andrews Avenue, Henderson, NC 27536. Hours of operation are from 8:00 am to 5:00 pm Monday through Friday. Telephone number is 252.433.0061.

Mecklenburg Community Operations Center:

- ✦ A Community Operations Center will be established in Mecklenburg County. Please watch the Cardinal Innovations website (www.cardinalinnovations.org) for updates and details. If you live in Mecklenburg County, you may call the 24-hour, toll-free Access/Crisis number listed on Page 4 to find the Advanced Access/Walk-in Crisis Center nearest you.

OPC Community Operation Center:

- ✦ Freedom House Recovery operates the Advanced Access/Walk-in Crisis Center in Orange and Person counties. In **Orange County**, the center is located at 104 New Stateside Drive, Chapel Hill, NC 27516; it is open 24 hours a day, seven days a week. In **Person County**, the center is located at 355 South Madison Blvd., Ste. C1, Roxboro, NC 27573; hours of operation are 8:00 am to 4:00 pm Monday through Friday. Telephone number: 919.967.8844.
- ✦ Center for Behavioral Healthcare, PA operates the Advanced Access/Walk-in Crisis Center for Chatham County at 1105 East Cardinal Street, Siler City, NC 27344. It is open from 8:00 am to 5:00 pm Monday through Friday.

Piedmont Community Operations Center:

- ✦ Daymark Recovery Services operates the Advanced Access/Walk-in Crisis Centers for Cabarrus, Davidson, Rowan, Stanly and Union counties. You may walk into any Daymark location for services. Hours of operation are 8:00 am to 8:00 pm Monday through Friday. To find the Daymark

Facility-Based Crisis Services

Adults (18 and older) may be admitted for inpatient mental health crisis treatment and drug/alcohol detoxification in a safe environment at any Cardinal Innovations Healthcare Solutions facility-based service provider.

You should go to a facility-based crisis center if you are experiencing a behavioral health problem and you

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

Alamance Caswell Community Operations Center:

- ✦ Residential Treatment Services of Alamance Inc. operates the Facility-Based Crisis/Detox facility for Alamance and Caswell counties. The facility is located at 136 Hall Avenue, Burlington, NC 27217. It is open 24 hours a day, seven days a week, 365 days a year. The phone number is 336.227.7417. Walk-ins will be assessed for facility-based crisis. Individuals for detox must have a referral from another source [such as RHA's Advanced Access program] and in some cases may need medical clearance prior to admission.

Five County Community Operations Center:

- ✦ Recovery Innovations of North Carolina, Inc. (RINC) operates the Facility-Based Crisis center for Franklin, Granville, Halifax, Vance and Warren counties. It is located at 300 Parkview Drive West, Henderson, NC 27536. The facility is open 24 hours a day, seven days a week, 365 days a year. The phone number is 252.438.4145.

Mecklenburg Community Operations Center:

- ✦ A Community Operations Center will be established in Mecklenburg County. Please watch the Cardinal Innovations website (www.cardinalinnovations.org) for updates and details. If you live in Mecklenburg County, you may call the 24-hour, toll-free Access/Crisis number listed on Page 4 to find the Facility-Based Crisis center nearest you.

OPC Community Operations Center:

- ✦ Freedom House Recovery Center operates the Facility-Based Crisis Center for Orange, Person and Chatham counties. It is located at 104 New Stateside Drive, Chapel Hill, NC 27516. It is open 24 hours a day, seven days a week, 365 days a year. telephone number is 919.967.8844.

Piedmont Community Operations Center:

- ✦ Daymark Recovery Services operates two Facility-Based Crisis Centers for Cabarrus, Davidson, Rowan, Stanly and Union counties. Both centers are open 24 hours a day, seven days a week, 365 days a year. Address, location and phone numbers are

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

Mobile Crisis Services

Mobile Crisis Services can offer you face-to-face counseling and supportive services at the time of a crisis. Mobile Crisis is available to individuals residing in all 16 counties covered by Cardinal Innovations Healthcare Solutions. Mobile Crisis may be accessed by calling the 24-hour toll-free Access/Crisis number listed on Page 4.

Mobile Crisis

- ✦ Provides evaluation, treatment and referral for safe transfer to ensure appropriate support and services
- ✦ Offers help for intoxication, drug withdrawal, impaired judgment or suicidal thoughts

If you are experiencing a medical emergency, call 911.

Transportation to Appointments

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

Transportation is available 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 people receiving Medicaid. For those who are not enrolled in Medicaid, transportation depends on available space and may cost from \$1 to \$2 each way.

For more information on transportation services in the Cardinal Innovations Healthcare Solutions Service Region, call your county Department of Social Services or the Cardinal Innovations Healthcare Solutions 24-hour toll-free Access/Crisis number listed on Page 4.

Grievances and Appeals

The Grievance Process *(refer to Page 25 regarding ways to report fraud, waste and/or abuse)*

A grievance is a complaint or concern by or on the behalf of a consumer about any matter other than decisions regarding requests for Medicaid services. You may file a grievance with Cardinal Innovations Healthcare Solutions either verbally or in writing. Cardinal Innovations Healthcare Solutions has a toll-free Anonymous Concern Line, 1.888.213.9687, which you may call to leave a message about your concern or to file a grievance. Cardinal Innovations Healthcare Solutions' Quality Management staff check 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.

If you prefer to discuss your concern informally before filing a grievance, contact the Cardinal Innovations Healthcare Solutions Community Partners by calling the toll-free number listed on Page 4. You can also call the Community Partners number, or any of the other numbers listed below, to file a grievance or ask that forms be mailed to you. You may also get a copy of the grievance form by going to <http://www.cardinalinnovations.org/consumerfamily/grievance.asp>.

✦ Concern Line (may be anonymous)	1.888.213.9687
✦ Ask for a Community Partners or Quality Management representative	
○ Corporate Office	704.939.7700
○ Alamance Caswell Service Region	336.513.4222
○ Five County Service Region	252.430.1330
○ Mecklenburg Service Region	704.939.7700
○ OPC Service Region	919.913.4000
○ Piedmont Service Region	704.721.7000

The Appeals Process

If you receive a letter from Cardinal Innovations Healthcare Solutions that denies your request for Medicaid services, or reduces, suspends or ends existing authorized services, you can appeal this decision.

The first step in the appeals process is to request a Reconsideration Review of Cardinal Innovations Healthcare Solutions' decision. A Reconsideration Review is performed by an impartial healthcare professional who has not had prior involvement with the decision. The reviewer will review your request, the information Cardinal Innovations considered, and any additional information you would like to submit, and either uphold, overturn, or modify Cardinal Innovations' decision.

The Process for Requesting a Reconsideration Review

✦ You or your representative (which can include your provider, with your written consent) may request a Reconsideration Review in writing by completing and returning the Reconsideration Review request form to Cardinal Innovations Healthcare Solutions within 30 days from the date on the notice of the decision letter. You may return the form by fax, mail, email, or in person. Additionally, you may choose to notify Cardinal Innovations of your request for a Reconsideration Review verbally by calling Cardinal Innovations. Verbal notifications must be followed by submission of the written Reconsideration Review request form, unless your request was for an Expedited Review.

- ✦ You may ask to review any information used as part of the Reconsideration Review process.
- ✦ You may also submit any additional information you feel supports your request for Medicaid services.
- ✦ Cardinal Innovations Healthcare Solutions will notify you within 30 days (with a possible extension of up to an additional 14 days) of the Reconsideration Review decision.

What if I Disagree with the Reconsideration Review Decision?

If you disagree with the decision, you may request a State Fair Hearing with the North Carolina Office of Administrative Hearings.

- ✦ 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 hire an attorney.
- ✦ After you file your appeal, you will be offered the opportunity to have your case mediated.
- ✦ If you decline mediation, or if mediation is unsuccessful, your appeal will proceed to a hearing in front of an administrative law judge.
- ✦ During the hearing, both sides (you and Cardinal Innovations) will be able to present evidence in support of their position.
- ✦ After the hearing, an administrative law judge will make a final decision regarding your appeal.
- ✦ If you disagree with the final decision, you may appeal your case to Superior Court.

To help you better understand the appeals process, you received a copy of the Cardinal Innovations Healthcare Solutions 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 704.939.7700 and ask to speak to the Appeals Coordinator. You may also access the Appeals brochure online at <http://www.cardinalinnovations.org/brochures>.

Note: Appeals information can be provided in the member's primary language.

Fraud and Abuse

Cardinal Innovations is committed to combatting fraud and abuse in the Medicaid program. Medicaid fraud occurs anytime an individual or provider submits a false claim or intentionally deceives someone in order to obtain government-funded benefits, such as coverage of or payment for Medicaid services. Abuse of the Medicaid program occurs when an individual or provider engages in activities that result in unreasonably or excessive cost. Some examples of Medicaid fraud and abuse are listed below.

- ✦ An individual does not report all income or 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 bills for services that were not provided
- ✦ A provider performs and bills for services not medically necessary
- ✦ A provider's reported credentials are not accurate

Dos and Don'ts

- ✦ **DO** review your Medicaid bill carefully to ensure charges and dates of service are correct.
- ✦ **DO** ask for a copy of everything you sign.
- ✦ **DON'T** let anyone borrow or use your Medicaid card or number.
- ✦ **DON'T** ask your doctor or other healthcare provider for treatment or care that you do not need.
- ✦ **DON'T** share your medical records or other medical information with anyone except a doctor, clinic, hospital, or other healthcare provider.

Reporting Suspected Provider Fraud and Abuse

We encourage you to report any activity you believe may constitute Medicaid fraud or abuse. Cardinal Innovations provides reporting options that allow you to remain anonymous, if you choose. To facilitate our investigation, it is helpful to have as much information as possible. Pertinent information includes

- ✦ Name of Medicaid recipient and Medicaid ID number
- ✦ Name of healthcare provider
- ✦ Date of service
- ✦ Amount of money Medicaid approved and/or paid; and
- ✦ A description of the acts that you suspect involve fraud

You may report suspected fraud and abuse in any of the following ways:

- ✦ Call Community Partners: 1.800.357.9084
- ✦ Call the toll-free Anonymous Concern Line: 1.888.213.9687
- ✦ Call the Medicaid fraud, waste and program abuse tip line at 1.877.DMA-TIP1 (1.877.362.8471)
- ✦ Call the US 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.ncdhhs.gov/dma/fraud/fraud.aspx> or by calling 1.800.662.7030

Coordination of Care

We recognize that people often experience multiple problems at the same time. In an effort to coordinate care, Cardinal Innovations Healthcare Solutions ensures that members are connected with the services and supports to address all of their needs. This coordination is accomplished through an assigned Behavioral Health Home.

What is a Behavioral Health Home?

A Behavioral Health Home is the agency, determined by the member and the primary service provider, which will assist in development of a person centered plan, skill building and will coordinate all other services.

Person Centered Planning

Person Centered Planning is an approach used in the NC MH/DD/SAS 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 care teams about their desires, needs and supports. It can occur annually or anytime an individual experiences significant life changes.

The Person Centered Plan helps individuals reach their potentials by

- ✦ Ensuring that the individual participates in the community as much as possible
- ✦ Providing an opportunity for members to guide their care plans with assistance from people they choose such as family, friends and professional service providers
- ✦ Using a variety of supports, including training, therapy, treatment and other services needed to achieve the individual's personal goals
- ✦ Drawing upon a 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 member. All plans

- ✦ Are respectful of the person and those who support the person
- ✦ Are easy to read and understand
- ✦ Are written 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 new in the individual's life

The phases of completing the Person Centered Plan are

- ✦ Gathering information and assessments
- ✦ Organizing the information for team review/team meetings
- ✦ Developing the person centered plan
- ✦ Requesting person centered planning approval from Cardinal Innovations Healthcare Solutions
- ✦ Implementing the person centered plan

Cardinal Innovations Healthcare Solutions believes that you will have more success staying 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, or ask people you know and trust to assist you in considering

- ✦ 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 improve where and how you live?
- ✦ 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 is an approach that brings a group of people 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 System of Care require services to be

- ✦ Sensitive to the cultural, racial and ethnic differences of the people they serve
- ✦ Community-based, with the focus on 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 driving the types and mix of services

The Child and Family Team is an essential part of the System of Care. The Child and Family Team

- ✦ Is selected by the family
- ✦ Is made up of family members, friends, community supports and providers who are interested in supporting the goals of the child and family
- ✦ Differs depending on the goals identified by the person centered plan
- ✦ Can be called together as needed

Preparing for a Crisis and Advance Directives

Cardinal Innovations Healthcare Solutions requires a written crisis plan for individuals who are at risk of hospitalization, jail or out-of-home placement. Your treatment team will help you write a crisis plan. You can also have your crisis plan recorded into a computer database so that anyone treating you can follow your instructions.

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
- ✦ Communicate your wishes to your doctor/practitioner
- ✦ Stay in recovery longer and decrease the chance of another crisis
- ✦ Increase your self-esteem in dealing with stress
- ✦ Arrange for someone to be with you if you are fearful
- ✦ identify 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 establish instructions for your treatment in advance. There are three types of advance directives. These legal documents allow you to make your wishes known in case 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 and Living Will.

Psychiatric Advance Directives

A Psychiatric Advance Directive (or 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 restraints
- ✦ 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 is a notarized document that allows you to identify 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 notarized 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 Psychiatric Advance Directives?

Keep a copy in a safe place; give copies to your family, your treatment team, your doctor and the hospital where you are likely to receive treatment. You can file your Psychiatric Advance Directive in a national database or register it with the North Carolina Advanced Health Care Directive Registry, which is maintained by the Department of the North Carolina Secretary of State (www.sosnc.com). There is a \$10.00 fee to register a Psychiatric Advance Directive. 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 about your advance directives.

How long do my Advance Directives stay active?

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

Care Coordination

Care Coordination is a part of Cardinal Innovations Healthcare Solutions' managed care system that is designed to help at-risk individuals in specific 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 member's care across the continuum of care
- ✦ Work directly with the member, providers and others to improve outcomes for the member
- ✦ Ensure that members receive
 - Appropriate clinical assessment
 - Treatment planning
 - Access to clinical and medical specialists

What are Special Needs Populations?

Special needs populations for Intellectual Disabilities/Developmental Disabilities Care Coordination include the following

- ✦ Individuals enrolled in the NC Innovations Waiver
- ✦ Individuals who receive (b)(3) deinstitutionalization funding
- ✦ Individuals with an intellectual/developmental disability diagnosis who are eligible for ICF-MR level of care but are not enrolled in NC Innovations, do not receive the b(3) deinstitutionalization funding or do not live in an ICF-MR facility
- ✦ Individuals with an intellectual/developmental disability diagnosis who are currently in, or have been in within the past 30 days, a correctional facility for whom Cardinal Innovations Healthcare Solutions has received notification of discharge

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

- ✦ Adults with Severe and Persistent Mental Illness (SPMI) 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 correctional facility for whom Cardinal Innovations 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

Cardinal Innovations Healthcare Solutions closely monitors individuals in the Special Needs Populations and provides Care Coordination to ensure appropriate assessment, linkage to services and person centered planning. Most referrals for Care Coordination start within Cardinal Innovations Healthcare Solutions by 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?

- ✦ Identification of Special Needs Population individuals
- ✦ Completing or arranging clinical assessments
- ✦ Ensuring that a person centered plan is completed for all individuals with special needs
- ✦ Ensuring that a person centered plan is completed by the Behavioral Health Home for members in identified MH/SA special health populations
- ✦ Engaging individuals identified as special needs to ensure they receive needed services
- ✦ Talking with key providers and others to address the special needs of the individual
- ✦ Identifying gaps in services and making sure the individual receives appropriate care
- ✦ Coordinating services for the individual across the system and with other systems of care, including medical care
- ✦ Measuring treatment results
- ✦ Coordinating medical care with Community Care of North Carolina

Utilization Management

The Utilization Management Department is responsible for keeping track of the type, amount and how often services are used. It is staffed by experienced clinicians who make decisions to ensure members get the right care, in the right amount and at the right time. Cardinal Innovations Healthcare Solutions is prohibited from implementing Utilization Management 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 member. Utilization Management decision-making is based only on whether the care and service is appropriate and whether the member is eligible for benefits. Cardinal Innovations Healthcare Solutions does not offer rewards to providers for denying services. There are no financial incentives for Utilization Management decision-makers that would discourage approval of services.

Authorization of Services

Prior authorization is required for all NC MH/DD/SAS Health Plan covered services, with the following exceptions.

- ✦ Basic services—up to 24 medically necessary outpatient visits for adults and children who have Medicaid, and 8 visits for adults and 12 visits for children under age 21 who receive State-funded services
- ✦ Crisis services—are always provided in an emergency. Individuals on Medicaid who receive crisis services will be enrolled in the NC MH/DD/SAS 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 NC MH/DD/SAS Health Plan before they can receive additional, non-emergency services.

What is Medical Necessity?

Cardinal Innovations uses medical necessity criteria when determining appropriate care for Medicaid-funded and State-funded members. Medically necessary treatments are

- ✦ Necessary and appropriate for the prevention, diagnosis or 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
- ✦ Provided in the most cost effective, least restrictive environment
- ✦ 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 federal and state directives
- ✦ Sufficient in amount, duration and scope
- ✦ Related to the diagnosis for which they are prescribed

Medically necessary treatments are designed to

- ✦ Be provided in accordance with a person centered plan
- ✦ Conform to any Advance Medical Directives the member has prepared
- ✦ Be furnished in a culturally sensitive 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 Utilization Management criteria for eligibility for services, you may also call the Utilization Management Department at 704.939.7700. Staff 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.

What is Utilization Review?

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

Can I Request New Treatment?

You may call the 24-hour, toll-free number listed on Page 4 to ask Cardinal Innovations Healthcare Solutions to consider a new treatment or therapy. Cardinal Innovations Healthcare Solutions' Medical Director, Assistant Medical Director and network providers review new behavioral health and intellectual/developmental disability therapies and treatments to determine if they should be covered benefits. Cardinal Innovations Healthcare Solutions 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

Cardinal Innovations Healthcare Solutions Board of Directors

Cardinal Innovations Healthcare Solutions is governed by a Board of Directors, which is responsible for overseeing the service system for children and adults with psychiatric, intellectual disabilities/developmental disabilities, or substance use/addiction needs. The Cardinal Innovations Healthcare Solutions Board includes representatives from the healthcare field, county commissioners, representatives from each Community Oversight Board and a representative from the Regional Consumer and Family Advisory Committee.

Cardinal Innovations Healthcare Solutions 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 disabilities/developmental disabilities and substance use/addiction services. The CFAC is a self-governing committee that represents all three disability areas, which serves as an advisor to Cardinal Innovations Healthcare Solutions and the Board of Directors. In addition, there are CFACs in each of the Cardinal Innovations service regions.

State statutes assigns CFAC with the following responsibilities

- ✦ Review, make comment, and monitor the implementation of the local business plan
- ✦ Identify service gaps and underserved populations
- ✦ Make recommendations regarding the service array and monitor the development of additional services
- ✦ Review and make comment on the Cardinal Innovations Healthcare Solutions budget
- ✦ Participate in all quality improvement measures and performance indicators
- ✦ Submit findings and recommendations to the State Consumer and Family Advisory Committee regarding ways to improve service delivery

Client Rights Committee

The Client Rights Committee (CRC) oversees Cardinal Innovations Healthcare Solutions' compliance with federal and state rules regarding consumer rights, confidentiality and complaints. The CRC is made up of consumers, 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, medication errors and deaths. The CRC also makes reports to the Cardinal Innovations Healthcare Solutions Board of Directors, the Cardinal Innovations Healthcare Solutions Continuous Quality Improvement Committee and DMA/DMH/DD/SAS. Consumers may submit complaints about rights violations to the CRC through the Cardinal Innovations Healthcare Solutions Grievance Procedure.

Continuous Quality Improvement Activities

The Cardinal Innovations Healthcare Solutions Quality Improvement Program is an important way to ensure quality services. The goal is to create an effective and responsive Quality Improvement Program that addresses issues that may affect members and providers. The annual Continuous Quality Improvement Work Plan outlines the company's yearly efforts to maintain and improve services for members.

Annual Continuous Quality Improvement Work Plan

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

- ✦ Follow-Up After Hospitalization
- ✦ Accessibility and Availability
- ✦ Member Satisfaction
- ✦ Preventive Health
- ✦ MH/SA Care Coordination/Consumers discharged from state and local hospitals
- ✦ Education Outreach to members and their families

Continuous Quality Program Description

The Continuous Quality Improvement Program Description is a document that outlines Cardinal Innovations Healthcare Solutions' quality improvement plan. The Continuous Quality Improvement Program Description is required by NCQA and is updated annually. The Continuous Quality Improvement Program Description outlines the purpose of the Continuous Quality Improvement program, which is designed to ensure accessibility, quality and appropriateness of behavioral health services. The Continuous Quality Improvement program looks at administrative and service issues that affect the delivery of care. The CQI Program Description describes Cardinal Innovations Healthcare Solutions' efforts to meet state and federal regulations, and national accreditation standards (NCQA).

The 2011-2012 and 2012-2013 Annual Continuous Quality Improvement Program Evaluations are posted on the Cardinal Innovations Healthcare Solutions External Website under the Evaluations & Outcomes tab at <http://www.cardinalinnovations.org/outcomes>.

**If you would like a printed copy of either of these documents, please contact Cardinal Innovations Healthcare Solutions Quality Management Department at 704.939.7700.*

Notice of Privacy Practices Cardinal Innovations Healthcare Solutions

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.

Effective Date: September 23, 2013

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 Cardinal Innovations Healthcare Solutions (Cardinal Innovations), as well as reasons why your health information may be sent to other entities.

This Notice describes your rights in regards to the protection of your health information and how you may exercise those rights. The Notice also explains how to contact us should you have questions or comments about the policies and procedures Cardinal Innovations uses to protect the privacy of your health information.

Cardinal Innovations will ensure that internal mechanisms are in place to protect oral, written and electronic PHI across the organization. Electronic information shall also be protected by an automated system that allows limited access, as required by law. Cardinal Innovations protects PHI whenever records are removed from any location, or when being transported from one location to another.

**If you would like a printed copy of either of these documents, please contact Cardinal Innovations Healthcare Solutions Quality Management Department at 704.939.7700.*

Our Responsibilities

We are required by law to protect the privacy of your protected health information (PHI), and to provide you with a Notice of our legal duties and privacy practices associated with your PHI. We are also required to follow the terms of this Notice. We will provide you a paper copy of this Notice prior to or when you become enrolled in Cardinal Innovations’ system. 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 there 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 on our website – www.cardinalinnovations.org

If there is an unauthorized or improper use or disclosure of your protected health information, we are required by law to notify you.

Uses and Disclosures of Health Information

There are certain times when we may use or disclose your PHI. When we disclose your PHI, we will comply with any and all requirements surrounding the disclosures, including, but not limited to, those found in the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), as amended by the Health Information Technology for Economic and Clinical Health Act, (“HITECH”), 42 C.F.R. Part 2, and North Carolina General Statutes Chapter 122C.

When We Must Disclose Your PHI

- We are required to disclose health information about you, under certain circumstances:
- To you, or your authorized representative, upon request
- To the Secretary of the Department of Health and Human Services, upon request, to determine if we are complying with the Privacy Rule

How We May Use and Disclose Your PHI

- **For Treatment Purposes**

We may use and disclose your PHI to coordinate, and/or manage your healthcare and related services. For example, we may use or disclose health information about you when you need a prescription filled, when we consult with another healthcare provider about your care, or to emergency treatment providers when you need emergency services. To the extent any of your PHI includes records covered under 42 C.F.R. Part 2, we will comply with the terms and conditions of those regulations regarding disclosure for treatment purposes.

- **For Payment Purposes**

We may use and disclose your PHI to pay providers for the healthcare services you receive, and determine if appropriate claims are paid. For instance, we may use or disclose health care information about you when auditing a provider's claims, to determine if the claims submitted are backed by proper documentation. To the extent any of your PHI includes records covered under 42 C.F.R. Part 2, we will comply with the terms and conditions of those regulations regarding disclosure for payment purposes.

- **To Perform Business Health Care Operations**

We may use and disclose you PHI in performing our business activities called "health care operations." These healthcare operations allow us to improve the quality of care we provide and reduce healthcare costs. For example, we may use or disclose your PHI for internal quality improvement activities. We may also use and disclose your PHI for the healthcare operations of our providers. For example, we may use or disclose health information about you for internal quality improvement activities of a provider that has treated you. To the extent any of your PHI includes records covered under 42 C.F.R. Part 2, we will comply with the terms and conditions of those regulations regarding use or disclosure for healthcare operations purposes.

Additional Use and Disclosure of Health Information without your Authorization

State and federal laws **require or allow** that we share your health information with others in specific situations without your consent. Prior to disclosing your health information, we will evaluate each request to ensure that only the minimum necessary information will be disclosed.

We may disclose health information about you for the following reasons. Before we make any disclosures for these reasons, we will ensure any required circumstances for disclosure are met:

- If the use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of the law (for instance, as required under North Carolina General Statutes Chapter 122C);
- For public health activities, such as for the purpose of preventing or controlling disease;
- To report child abuse or neglect to a public health authority or other appropriate government authority authorized by law to receive such reports;

- For purpose of activities related to monitoring an FDA-regulated product, to a person subject to the jurisdiction of the FDA;
- For health oversight activities, including, but not limited to, civil, administrative, and criminal proceedings;
- In response to a court order or subpoena;
- For certain law enforcement purposes, such as for the purpose of identifying or locating a suspect or fugitive;
- To law enforcement, if you are believed to be the victim of a crime;
- To a coroner, for purposes of identifying a deceased person, determining cause of death, or other duties required by law, or to funeral directors so they may carry out their duties;
- For organ procurement purposes;
- For research purposes;
- To avert a serious threat to health or safety;
- To determine eligibility for or entitlement to benefits under laws administered by the Secretary of Veterans Affairs;
- For certain military, national security, and intelligence purposes;
- To a correctional institution or other law enforcement official having lawful custody of an inmate;
- For worker's compensation purposes; or
- For eligibility purposes

Certain Uses and Disclosures with Your Authorization

We will not use or disclose psychotherapy notes without your written authorization, except as allowed or required by law.

We will not market or sell your health information without your written authorization, except as allowed or required by law.

You may revoke a written authorization provided for any of the above purposes at any time; however, the revocation will not apply to any actions we have already taken in reliance on the authorization.

We will not use or disclose your PHI without your written authorization for any purpose not identified in this notice, except as allowed or required by law.

Your Rights

1. Your PHI will not be disclosed without your authorization, unless allowed or required by law.
2. You have the right to request, in writing, restrictions on certain uses and disclosures of your health information. We will make reasonable effort to accommodate your request; however, with limited exceptions, we are not required to agree to these restrictions.
3. If you sign a written authorization allowing us to use and disclose your PHI, you may revoke that authorization at any time. The revocation will be effective as of the date of your revocation and will not apply to any actions we have already taken in reliance on the authorization.
4. You have the right to request, in writing, to review and receive copies of your PHI. There may be a charge for making copies of your requested health information. There are circumstances where we may be unable to grant your request to review records.
5. You have the right to request, in writing, to amend existing information that is part of your protected health information. There are certain situations where we will be unable to grant your request to amend your protected health information.
6. You have the right to request, in writing, a list of certain disclosures we have made regarding your health information. This does not include disclosures we have made for treatment, payment, or healthcare operations purposes, and certain other purposes. Your first request 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 incurred and you may choose to withdraw or modify your request at that time, before any costs are incurred. There are certain exceptions that apply.

7. You have a right to request, in writing, to be contacted at a different address or phone number, or by any other appropriate manner, about your health information.
8. Our Notice of Privacy Practices is posted electronically on our website at www.cardinalinnovations.org. You have the right to receive a hard copy of our Notice of Privacy Practices. You may request a copy by calling 1-800-939-5911.

How To File a Complaint 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:

Privacy Officer
4855 Milestone Avenue
Kannapolis, NC, 28081
Phone 704-939-7700

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

Office for Civil Rights	
U.S. Department of Health and Human Services	404-562-7886
61 Forsyth Street, SW – Suite 3B70	404-331-2867 (TDD)
Atlanta, GA. 30323	404-562-7881 (FAX)

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

Cardinal Innovations 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.

Revised – January 1, 2012 (Removed Financial Agreement Portion)

Revised – November 30, 2012 (Organization Name Change from PBH to Cardinal Innovations Healthcare Solutions)

Revised – September 23, 2013 (substantive revisions and clarifications regarding our uses and disclosures of PHI, and combined with web site privacy policy)

