

HEALTHY U BEHAVIORAL

Behavioral Health Services
Medicaid Member Handbook

SUMMIT COUNTY



HEALTH PLANS
UNIVERSITY OF UTAH

TABLE OF CONTENTS

Introduction	2
Services Available	2
Services Not Covered By Healthy U Behavioral	3
Transportation	4
Interpreter Services	4
Getting Behavioral Health Services	5
Choosing Providers	5
Emergency Services	6
Mental Health Care in a Hospital	6
Payment for Services	7
Client Rights and Responsibilities	8
Adverse Benefit Determination	9
Appeals	10
Medicaid Fair Hearings	11
Complaints/Grievances	12
Advance Health Care Directives	12
Privacy	13
Healthy U Behavioral Information	13
Reporting Fraud, Waste, or Abuse	13

INTRODUCTION

As a Medicaid member, you are part of a Prepaid Mental Health Plan (PMHP). If you live in Summit County, your PMHP provider is Healthy U Behavioral. We will provide you with mental health and substance use disorder services if you need them. In the handbook, these services are called behavioral health services.

This handbook explains the Medicaid mental health and SUD services that we cover. You can get this handbook and other written information in Spanish. You can also get this handbook electronically in either English or Spanish. For help, call us at 801-213-4104 or toll free at 1-833-981-0212.

Como miembro de Medicaid, usted es parte del 'Prepaid Mental Health Plan' (PMHP). Si usted vive en el Condado de Summit, su proveedor de PMHP es Healthy U Behavioral. Healthy U Behavioral provee los servicios de salud mental y el abuso de sustancias si usted los necesita. Este manual explica los servicios de Medicaid de la salud mental y el abuso de sustancias que el PMHP cubre bajo del programa de Medicaid. Usted puede obtener esta guía y otra información en español. También puede obtener este folleto en versión digital en inglés o español. Para obtener ayuda, llame la oficina Healthy U Behavioral más cercano a su hogar.

We provide mental health and SUD services for children, youth, and adults. If you need mental health or SUD services, call us at 801-213-4104 or toll free at 1-833-981-0212. (See *Getting Behavioral Health Services*)

SERVICES AVAILABLE

WHAT BEHAVIORAL HEALTH SERVICES ARE COVERED?

Inpatient hospital care for mental health problems and outpatient services for mental health and SUD problems are covered.

Outpatient mental health and SUD services include:

- Evaluations
- Psychological testing
- Individual, family, and group therapy
- Individual and group therapeutic behavioral services
- Medication management
- Individual skills training and development
- Psychosocial rehabilitation services (day treatment)
- Peer support services
- Targeted case management services

Your provider will offer you services after meeting with you to talk about what you need.

If your provider thinks a different provider might be better for you, they will let you know.

Services are provided by licensed mental health and SUD professionals, including doctors, nurses, psychologists, licensed clinical social workers, SUD counselors, other professional counselors, targeted case managers, and others.

If you want more information on any of these services, call us at 801-213-4104 or toll free at 1-833-981-0212.

ARE ANY OTHER SERVICES COVERED?

Yes, other covered services are:

- Electroconvulsive therapy (ECT)*
- Interpreter services

If you have Traditional Medicaid, there are other services that can be covered based on your needs. These services are:

- Respite care*
- Psycho-educational services*
- Personal services*
- Supportive living*

**These services are not covered if you are getting services for SUD only.*

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

SERVICES **NOT** COVERED BY HEALTHY U BEHAVIORAL

WHAT SERVICES MIGHT BE COVERED BY MEDICAID BUT NOT BY HEALTHY U BEHAVIORAL?

Some of the services that might be covered by Medicaid or your physical health plan but not by Healthy U Behavioral are:

- Medical care, including medical detoxification in hospital for a SUD
- Dental care
- Vision care
- Pharmacy services

If you have questions about these services or any other services that might be covered by Medicaid, call your physical health plan or Medicaid at 1-800-662-9651.

Also, methadone administration by an Opioid Treatment Program (OTP) is not covered by Healthy U Behavioral. OTPs can bill Medicaid directly for the methadone administration. If you have questions, call Medicaid at 1-800-662-9651.

TRANSPORTATION

HOW CAN I GET HELP WITH TRANSPORTATION TO MY BEHAVIORAL HEALTH SERVICES?

Traditional Medicaid Members

If you do not have your own rides to your appointments, you can get help with rides through Medicaid's transportation program. For more information, please see the Medicaid Member Guide. To ask for a copy, or if you have questions, call Medicaid at 1-866-608-9422. You can also find information online at Medicaid.utah.gov.

Also, if you live in the Park City area, you can use the free Park City Shuttle. They can be contacted at 1-800-453-1360.

If you need help with rides in other parts of Summit County or if you have special needs you can call us at 801-213-4104 or toll free at 1-833-981-0212.

Non-Traditional Medicaid Members

Transportation to your behavioral health services is not covered by Medicaid.

INTERPRETER SERVICES

WHAT IF I NEED AN INTERPRETER?

We know that it can be hard to talk with your provider if your first language is not English or you are hard of hearing. We might have providers who speak or sign your language. You can ask to get services from them, or 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 or be with you at your mental health or SUD visits. The interpreter will help you and your provider understand each other. To ask for an interpreter or a provider who can speak or sign your language, call us at 801-213-4104 or toll free at 1-833-981-0212.

WHAT IF I WANT TO CALL HEALTHY U BEHAVIORAL AND I AM DEAF, HARD OF HEARING OR HAVE A HARD TIME SPEAKING?

You can call Relay Utah at 711. If you have a hard time speaking, you can also call Speech-to-Speech Relay Utah at 1-888-346-5822 and a trained person will help you. 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.

GETTING BEHAVIORAL HEALTH SERVICES

HOW DO I GET BEHAVIORAL HEALTH SERVICES?

We have providers in your area.

You can call us at 801-213-4104 or toll free at 1-833-981-0212 for help finding a provider. If you need services in the evenings, let us know when you call. Evaluations and some therapy services can be provided in the evenings.

You can also look at our provider directory at healthybehavioral.com. The directory has providers' addresses, phone numbers, services they provide, languages they speak, and information on whether they are taking new clients.

After you choose a provider, call the provider to schedule your first appointment.

HOW QUICKLY CAN I BE SEEN?

If you need emergency care, you will be seen right away. See Emergency Services, on page 8 for information on how to get emergency care. If you need urgent care, the provider will see you within 5 working days. If you do not have an urgent need for care, the provider will see you within 15 working days. If your condition changes, and you think you need to be seen sooner, call the provider. If the provider cannot see you sooner, call us at 801-213-4104 or toll free at 1-833-0212. We will talk about your needs again. We can also help you find a different provider who can see you sooner.

CHOOSING PROVIDERS

CAN I CHOOSE MY HEALTHY U BEHAVIORAL PROVIDER?

Yes, you can talk to us at any time about the provider you would like to see. Call us at 801-213-4104 or toll free at 1-833-981-0212.

CAN I GET MENTAL HEALTH OR SUD SERVICES FROM SOMEONE OUTSIDE OF THE HEALTHY U BEHAVIORAL NETWORK?

In some situations, you can go to a provider outside of the Healthy U Behavioral network. You and the provider must get approval before you get services outside of the Healthy U Behavioral network. For more information, call us at 801-213-4104 or toll free at 1-833-981-0212.

CAN I GET A SECOND OPINION?

Yes. You can get a second opinion about your behavioral health. If you would like a second opinion, call us at 801-213-4104 or toll free at 1-833-981-0212.

EMERGENCY SERVICES

WHAT IS AN EMERGENCY?

- When you think your life is in danger.
- When you believe you might harm yourself or others.
- When your safety or others' safety is at risk.

WHAT ARE EMERGENCY SERVICES?

These are behavioral health services given to treat your emergency.

HOW DO I GET EMERGENCY SERVICES?

We have emergency services available 7 days a week 24-hours a day through UNI Crisis Services. We do not require prior approval for emergency services.

To get emergency care day or night, call the University Neuropsychiatric Institute's (UNI's) crisis line at 833-995-1295. They will help you with your emergency. They might send you to a treatment provider, or send their crisis team to meet with you, if needed.

Also, 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 do not need approval from us before you get emergency services.

MENTAL HEALTH CARE IN A HOSPITAL

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. We use University Neuropsychiatric Institute for mental health care in a hospital.

University Neuropsychiatric Institute
501 Chipeta Way
Salt Lake City, Utah 84108

If you think you need hospital care, call us at 801-213-4104 or toll free at 1-833-981-0212.

If it is an emergency, go to the nearest hospital.

If a hospital other than UNI treats your emergency and wants to admit you, the hospital must call us at 801-213-4104 or toll free at 833-981-0212 to ask for approval. It is important to let the hospital know Healthy U Behavioral is your Medicaid behavioral health provider so they can call us if they want to admit you. We might have you stay at that hospital or we might transfer you to UNI.

PAYMENT FOR SERVICES

HOSPITAL EMERGENCY ROOM 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. You may have to pay for non-emergency services in an emergency room.

MENTAL HEALTH CARE IN A HOSPITAL

Will I have to pay for mental health care in a hospital?

There is a \$75 co-pay for each hospital admission.

However, no hospital can charge more than the co-pay that Medicaid requires.

OUTPATIENT BEHAVIORAL HEALTH SERVICES

Will I have to pay for outpatient behavioral health services?

Non-Emergency Outpatient Services

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

- You get a service that is not covered by us or Medicaid; or
- You get a service that is not pre-approved by us (the provider or you tried to get approval, but we denied the request or approved less than was asked for); or
- You do not go to a Healthy U Behavioral 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 things below are met:

1. The provider has a written policy for billing all patients for services that are not covered, not just Medicaid patients;
2. The provider tells you before you get the service that you will have to pay for the service;
3. You agree to pay for the service; and
4. 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 we did not approve a service you or your provider asked for, you can ask us to review this decision before you agree to pay for the service. This is called an appeal. See section “How do I file an appeal?” on page 10.

You might also have to pay your provider for a service if:

1. You ask for and get services during an appeal with or during a Medicaid state fair hearing. You would only have to pay if the appeal or state fair hearing decision is not in your favor. Learn more about Medicaid state fair hearings on page 11.
2. 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 ambulance services for emergency care.

CO-PAYMENTS

ARE THERE CO-PAYMENTS FOR MENTAL HEALTH AND SUD SERVICES?

There is a \$75 co-pay for inpatient hospital. There are no co-pays for outpatient mental health and SUD services.

CLIENT RIGHTS AND RESPONSIBILITIES

WHAT ARE MY RIGHTS AS A CLIENT?

As a client, you have the right to:

1. Get mental health and SUD services regardless of your age, race, color, national origin, ancestry, creed or religion, disability, sex, sexual orientation, gender identity, political affiliation, or any other designation stipulated by applicable state and federal law. If you feel you have been treated unfairly or discriminated against for any reason, call any of the numbers listed below:
 - Call 801-213-4104 or toll free at 1-833-981-0212 and ask for the Healthy U Behavioral Health Program Manager; or
 - Call Medicaid Constituent Services toll-free at 1-877-291-5583; or
 - Call the Federal Office for Civil Rights toll-free at 1-303-844-2024, or
 - Go to their website at: www.hhs.gov/ocr. or
 - Visit the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or
 - Mail the Centralized Case Manager Operations, U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201, or
 - Call the U.S. Department of Health and Human Services at 1-800-368-1019, 1-800-537-7697 (TDD), or
 - Email the Office of Civil Rights at OCRComplaint@hhs.gov
2. Get information on the Prepaid Mental Health Plan that is easily understood, in common languages and in other formats;
3. Be treated with respect and dignity;
4. Have your privacy protected;
5. Get information on other types of treatment in a way that is easily understood;
6. Take part in decisions about your mental health or SUD services, including the right to refuse treatment;
7. Get a second opinion at no cost to you;
8. Be free from restraint or seclusion if it is used to force, discipline, to retaliate, or for convenience;
9. Get a copy of your medical records and to ask that it be amended or corrected, when allowed by federal law;
10. Get mental health or SUD covered services in the amount you need and when you need them; and
11. Use your rights at any time and not be treated badly if you do.

WHAT ARE MY RESPONSIBILITIES AS A CLIENT?

1. Keep your appointments and cancel 24-hours in advance;
2. Be on time for your appointments. If you are a parent/guardian and your child is in treatment, you are responsible to make sure your child comes for scheduled appointments;
3. Participate with your therapist in your treatment plan and care;
4. Tell the Healthy U Behavioral Case Worker, Care Manager, your therapist, and your Medicaid eligibility worker of changes in your address, phone number, insurance, or financial situation;
5. Tell medical staff of all medications you are taking. This includes medical and mental health prescriptions and over-the-counter medications, herbs, etc.;
6. Complete surveys about the services we give you;
7. Respect the property, comfort, and confidentiality of clients and staff;
8. Follow program participation guidelines; and
9. Notify your treatment provider when you want to stop getting services.

ADVERSE BENEFIT DETERMINATION

WHAT ARE ADVERSE BENEFIT DETERMINATIONS?

Adverse benefit determinations are when:

We deny (turn down) services, or approve fewer services than you wanted;

We deny payment for a service that you might have to pay for;

We do 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 Getting Behavioral Health Services, page 6.);

We do not settle an appeal or grievance you have with us as soon as we are supposed to;

We do not reach a decision about approving a subcontractor who provides your services within a 14-day required time-frame; or

Your provider reduces 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 do not want the change.

How will I know if Healthy U Behavioral is taking an adverse benefit determination?

We will send you a letter called a "Notice of Adverse Benefit Determination". You will have the right to ask for an appeal if you disagree with our adverse benefit determination.

APPEALS

WHAT IS AN APPEAL?

An appeal is a review of an adverse benefit determination to see if we made the best decision.

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 Notice of Adverse Benefit Determination letter will give complete information on the appeal process, including how soon you must tell us you want to appeal the adverse benefit determination. In most situations, you must tell us you want to file an appeal within 60 days from the date on the Notice of Adverse Benefit Determination letter.

HOW DO I ASK FOR AN APPEAL?

The Notice of Adverse Benefit Determination letter will tell you how to ask for an appeal. If you need help asking for an appeal, call us toll free at 801-213-4104 or toll free at 1-833-981-0212.

CAN I KEEP GETTING SERVICES IF I FILE AN APPEAL?

If our adverse benefit determination was to reduce or stop services we had previously approved, you need to tell us if you want to keep getting those services. You must ask us to keep giving you the services during the appeal on or before the later of the following: within 10 days of the mailing of the Notice of Adverse Benefit Determination letter to you, or the effective date of our proposed decision to reduce or stop services. If you ask for an appeal in the timeframe required and you ask in the required timeframe that those services continue, we will keep giving you the services. You might have to pay for the services if the appeal decision is not in your favor. If you are asking for an appeal of any other kind of adverse benefit determination, and have questions about services during the appeal, call us at 801-213-4104 or toll free at 1-833-981-0212.

WHEN WILL HEALTHY U BEHAVIORAL TELL ME THE DECISION ON MY APPEAL?

Usually, we will give you a written decision within 30 calendar days after we get your request for an appeal. Sometimes, we might need more time to make the decision. If we need more time, we will let you know in writing. Also, you might want us to take more time for some reason. If so, let us know. When you, your provider, or we think it is important to make a decision on the appeal quickly, we will usually make a decision within 72 hours.

MEDICAID FAIR HEARINGS

WHAT CAN I DO IF I AM UNHAPPY WITH THE APPEAL DECISION?

If you are unhappy with our appeal decision or we cannot make a decision on the 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 hearing with Medicaid. Our appeal decision 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.

At a fair hearing, you can speak for yourself, or you can have a relative, friend, lawyer or anyone else you would like to 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.

If you have questions or need help to fill out the fair hearing request form, call us at 801-213-4104 or toll free at 1-833-981-0212.

CAN I CONTINUE MY SERVICES IF I ASK FOR A FAIR HEARING?

If the fair hearing is about our decision to reduce or stop services we have previously approved, you need to check the box on the fair hearing form asking that the services continue. If you request a fair hearing in the required timeframe and ask that we keep giving you services, we will continue to give you services. You might have to pay for these 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.

COMPLAINTS/GRIEVANCES

WHAT IF I HAVE A COMPLAINT ABOUT HEALTHY U BEHAVIORAL OR MY 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.

How do I file a grievance?

You can talk to your provider about your grievance; or

You can call us at 801-213-4104 or toll free at 1-833-981-0212 and tell us you want to file a grievance; or

You can give it to us in writing. Give it to your provider or any staff member, or mail it to:

ATTN: Grievances
Healthy U Behavioral
6053 S. Fashion Square Dr., Ste. 110
Murray, UT 84107

If you do not want to talk to us about your grievance, you can call Medicaid weekdays toll free at 1-877-291-5583.

What if I have questions or need help filing my grievance?

You can call us at 801-213-4104 or toll free at 1-833-981-0212.

When will Healthy U Behavioral tell me the decision on my grievance?

We will give you a decision within 90 calendar days after we get your grievance. Sometimes we need more time to make the decision. If we need more time, we will let you know about this in writing. Once we make a decision, either we will talk to you about our decision on your grievance, or we will send you a letter.

ADVANCE HEALTH CARE DIRECTIVES

WHAT IF I AM ILL AND CANNOT 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 cannot decide for yourself.

Once you have filled out the Advance Health Care Directive form, be sure to give a copy to each of your health care providers. You should also keep a copy and give one to your family members. If you would like the form or need more information, call us at 801-213-4104 or toll free at 1-833-981-0212.

If you have an Advance Directive and there is a problem with it being followed, call the Utah Survey and Certification Agency at 801-538-6158 or toll-free at 1-800-662-4157.

PRIVACY

WHO CAN READ OR GET COPIES OF MY MEDICAL RECORD?

We follow federal laws about privacy of your behavioral health record. We do 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 your provider or us.

HEALTHY U BEHAVIORAL INFORMATION

WHAT IF I WANT TO KNOW MORE ABOUT HOW HEALTHY U BEHAVIORAL 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. Call us at 801-213-4104 or toll free at 1-833-981-0212.

REPORTING FRAUD, WASTE OR 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 more expensive for everyone.

Some examples of fraud, waste, and abuse are:

By a Medicaid Member

- Changing the amount or number of refills on a prescription.
- Giving their Medicaid card to someone else to use.
- Lying to get medical or pharmacy services.

By a Provider

- Billing for services that have not been provided.
- Not reporting a patient's misuse of a Medicaid card.

If you think there might be fraud, waste, or abuse, call us at 435-634-5606 or toll-free at 1-800-574-6763.

You can also contact:

For provider fraud, waste, or abuse

Utah's Office of Inspector General (OIG) email: mpi@utah.gov
Toll-free hotline: 1-855-403-7283

For Medicaid Member fraud, waste, or abuse

Utah Department of Workforce Services Fraud email: wsinv@utah.gov or toll-free hotline: 1-800-955-2210

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