

# OFFICE OF MEMBER AND FAMILY AFFAIRS (OMFA)

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Each of the three Behavioral Health Organizations (BHO) has an Office of Member and Family Affairs. ValueOptions Colorado provides support to the three OMFAs. The three BHOs, Colorado Health Partnerships, Foothills Behavioral Health Partners, and Northeast Behavioral Health Partnership, each contract with the state of Colorado for the Medicaid Community Mental Health Services Program. The BHOs and ValueOptions comply with all federal and state regulations to protect member rights, educate members about their behavioral health services; and promote recovery and resilience.

As a ValueOptions Provider, you must be aware of and uphold Medicaid member's rights. Per Federal Regulations, Colorado Regulations, and BHO and ValueOptions policies, Medicaid members are entitled to learn about their Medicaid benefits, receive information in a format that they can understand, have access to a grievance process, and have their rights and responsibilities upheld. As a ValueOptions provider, you are required to:

- Prominently post member rights statements in waiting areas or hand each Medicaid client a copy at intake (found in the Appendix).
- Prominently post information about the Ombudsman for Medicaid Managed Care or hand each Medicaid client a copy at intake (found in the Appendix in English and Spanish).
- Inform members of their right to file a grievance or appeal an action.
- Provide BHO Member information in Spanish. The BHO OMFA offices can provide you with Spanish materials. OMFA contact information is provided in this section.
- Offer interpreter services for members who are Deaf, hard of hearing or have other communication disabilities. If you have a client who is deaf or does not speak English-or their family member is deaf or does not speak English, our contract requires that interpreter services be provided. Let ValueOptions know if you need an interpreter for a client or family member or assistance with a referral to a provider who is fluent in the member's language.

The BHO Office of Member and Family Affairs (OMFA) provides support and advocacy to Medicaid members. The OMFA is administered both at the BHO and local Community Mental Health Center level and is driven by a belief that people can and do recover from mental illness and can achieve success in their lives, despite a diagnosis of major mental illness.

Office of Member and Family Affairs staff are located at the BHO offices and at your local Community Mental Health Center. You can find up-to-date contact information at the respective BHO websites. OMFA staff:

- Handle grievances including complaint resolution, assisting members with filing grievances and advocating for members.
- Assist members with filing an appeal and supporting members through that process.
- Helps members /families understand their rights and responsibilities and works to uphold those rights.

- Provide members/families with information about community resources that will help them with their recovery.
- Help members and family members understand and access their benefits.
- Identify local concerns of members, family members, providers and stakeholders.
- Help members/families have a voice in the mental health system by getting involved in committees and advisory boards.

Staff from The Office of Member and Family Affairs also provide:

- Member Handbooks, wellness brochures and tip sheets.
- Educational presentations on a variety of topics including recovery, symptom management, and wellness maintenance.
- Training in crisis planning, such as Wellness Recovery Action Plan (WRAP). WRAP is a tool developed by Mary Ellen Copeland, M.A. WRAP teaches people who have a mental illness to plan ahead to avoid triggers and relapse, and to develop strategies to maintain their wellness.
- Information about Peer Specialists and client-run programs, and at some BHOs, provide peer services. Many Medicaid members benefit from client-run programs. The OMFA employs trained peer specialists as well as maintains a data base of client-run and self help programs.

### **MEMBER AND FAMILY INPUT**

The three BHOs and ValueOptions Colorado seek member and family input into the design of our programs and services. Members and family members have an opportunity to:

- Participate in focus groups and member surveys,
- Serve on member advisory committees and forums
- Participate in survey design and administration.

Any Medicaid member is eligible to participate.

### **CULTURAL COMPETENCE**

ValueOptions Providers are required to provide culturally appropriate care. The OMFA staff conducts provider trainings on cultural issues. To get a copy of the BHO Cultural Competence Plan log onto our website at:

Colorado Health Partnerships - <http://www.chnpartnerships.com>

Foothills Behavioral Health Partners - <http://www.fbhpartners.com>

Northeast Behavioral Health Partnership - <http://www.nbhpartnership.org>

### **OMFA ASSISTANCE TO MEMBERS WISHING TO FILE A GRIEVANCE OR APPEAL**

APPEALING A NOTICE OF ACTION (refer to the Reviews, Reconsiderations, and Appeals Section)  
The grievance process is not used for “actions”. Medicaid actions are defined below and are handled through the Appeals process.

## **Actions**

An appeal may be filed for events categorized as Actions. Actions include:

1. The denial or limited authorization of a requested service, including the type or level of service;
2. The reduction, suspension, or termination of a previously authorized service.
3. Denial of payment for a service, in whole or in part.
4. Failure of the BHO to provide a service in a timely manner.
5. Failure of the BHO to act within approved timeframes for grievances or appeals.
6. Denial of a request by a member in a rural area to obtain treatment outside of the ValueOptions Medicaid Provider Network.

## GRIEVANCES UNRELATED TO AUTHORIZATION OR DENIAL OF AUTHORIZATION

The three BHO OMFAs and ValueOptions offer a grievance resolution process for Medicaid members that is compliant with state and federal regulations. Members, family members and interested others can register concerns or complaints about any issues related to the mental health care they receive from the BHOs, ValueOptions or our providers. A grievance refers to any oral or written expression of dissatisfaction about any matter (other than an action).

Examples include:

- Access to Care
- Customer Service
- Failure to respect a member's rights
- Financial/Billing issues
- Uncovered benefits
- Denial of expedited appeal

Grievances can be filed over the phone, in person, or in writing, within 20 calendar days of the precipitating event. At CHP or NBHP, a grievance may be filed with the Office of Member and Family Affairs, the ValueOptions' Grievance Coordinator or the Client Advocate at a Community Mental Health Center. At FBHPartners, a grievance may be filed with the FBHPartners' Office of Member and Family Affairs or with the FBHPartners' Client and Family Advocate at the local community mental health center.

Any interested party can file a grievance including the member, member's legal guardian, an independent advocate or a designated client representative (DCR). If the grievance is filed by someone other than the member or legal guardian, the member or legal guardian will be contacted in order to obtain permission to investigate and resolve the grievance, sign a DCR form and sign releases of information.

All grievances must be filed within 20 calendar days from the date of the occurrence. Filing a grievance will not restrict or compromise the member's access to mental health services.

The Office of Member and Family Affairs can assist in the grievance process. Staff from the Office of Member and Family Affairs can:

- Explain the grievance and resolution process
- Investigate the grievance by contacting agencies and others to gather information

- Provide a resolution to the grievance
- Provide support to the member during the process

### ADMINISTRATIVE GRIEVANCE REVIEW

If the member is not satisfied with the resolution, the member, guardian, or DCR can file an oral or written request to have the decision reviewed by the Department of Health Care Policy and Financing. Requests for review of a decision should be directed to:

Department of Health Care Policy and Financing  
(800) 221-3943 or (303) 866 3513

This is the final step in the administrative grievance process and the decision of the Department is final.

### COMPLIMENTS

Our providers and staff also want to know what we are doing well. If you have a compliment, please contact the Grievance Coordinator. The compliment will be forwarded to the appropriate provider or staff member.

### OMBUDSMAN FOR MEDICAID MANAGED CARE

The Ombudsman for Medicaid Managed Care is an independent program that provides assistance with grievance and appeals of actions for Medicaid eligible members who are receiving mental health services. Anyone who has filed a grievance on behalf of a member can get help with any portion of the grievance or appeal process. They can be reached by calling:

The Ombudsman for Medicaid Managed Care  
877-435-7123 or 303 830 3560

Providers are required to post information about the Ombudsman for Medicaid Managed Care or to give it to the member at intake. Posters in English and Spanish can be found attached to this section.

### CONTACTING THE BHO OFFICES OF MEMBER AND FAMILY AFFAIRS AND VALUEOPTIONS COLORADO

To get answers to your questions about the member grievance process, get copies of educational or member materials, or learn how a client can participate on an advisory committee:

**For Colorado Health Partnerships and ValueOptions Colorado** contact the CHP Office of Member and Family Affairs at **1-800-804-5040**.

**For Northeast Behavioral Health Partnership** contact the NBHP Office of Member and Family Affairs at **1-970-347-2367**.

**For Foothills Behavioral Health Partners**, contact the FBHPartners Office of Member and Family Affairs at **303-432-5956 or 1-866-245-1959**.