

Medicaid Prepaid Mental Health Plan Handbook

Serving Davis County



Emergency Services 24 hours/day - 7 days/week

Main Street Clinic

934 South Main Street
Layton, Utah 84041

Layton Clinic

2250 North 1700 West
Layton, Utah 84041

Bountiful Clinic

150 North Main Street Ste 101
Bountiful, UT 84010

Clearfield Clinic

129 S State Street Ste 240
Clearfield, UT 84015

Syracuse Clinic

1799 Antelope Drive
Syracuse, UT 84075

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*If you have any questions about the information in this handbook or need help reading the handbook, call us at 801-773-7060 or 1-844-305-4782, TTY:711. You can get this handbook and other written information for free in your language and other formats (large print, audio, electronic, and other formats). Free language assistance services are available to you. For help call us.

**Usted puede obtener este manual y cualquier otra información escrita en su idioma y en otros formatos (letra grande, audio, electrónico, y otros formatos) sin costo para usted. Para*

obtener ayuda, llámenos al 801-773-7060 o al 1-844-305-4782. Los servicios gratuitos de asistencia lingüística están disponibles para usted. Llámenos al.

Section 1 – Introduction

If you live in Davis County, your mental health provider is Davis Behavioral Health (DBH). This handbook explains the services that DBH covers.

Si vive en el condado de Davis, su proveedor de salud mental es Davis Behavioral Health (DBH). Este manual explica los servicios que cubre DBH.

Section 2 – Covered Services

DBH provides mental health and substance use services. If you need these services, call us. (See Section 4, Getting Mental Health and Substance Use Services, page 5).

What services are covered by DBH?

DBH covers inpatient hospital care for mental health problems and outpatient services.

If you need help, you can get our services in a clinic, at home, or at school. The people who will help you can be doctors, nurses, counselors, case managers, or others.

Outpatient services include:

- Evaluations
- Testing
- Individual and group therapy
- Family therapy
- Individual and group therapeutic behavioral services
- Medication management
- Individual skills training and development
- Psychosocial rehabilitation services (day treatment)
- Peer support services
- Crisis services
- Recreational therapy
- Supportive Living
- Targeted case management services

What other services are available?

- Electroconvulsive Therapy (ECT)

The following additional services can also be covered:

- Respite Care
- Psychoeducational Services
- Personal Services

Section 3 - 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 other's safety is at risk

What are emergency services?

These are mental health or substance use services given to treat your emergency.

How do I get emergency services?

- We have 24-hour emergency services seven days a week. Call us at 801-773-7060 or 1-844-305-4782 to talk to a crisis worker.
- You can also talk to our crisis worker in person. Go to either of our clinics listed on page one of this handbook, a crisis worker will see you within one hour.
- Day or night, you can go to any hospital emergency room (ER) for emergency services, even if you are out of town.
- You can get emergency services from any provider, even if they are not one of our providers.

You do not need approval from us before you get emergency services from an ER or a provider that is not one of our providers.

You can call or text the National Suicide Prevention and Crisis Lifeline at 988 anytime. You will be connected to a crisis worker.

Section 4 – Getting Mental Health or Substance Use Services

How do I ask for mental health or substance use services from DBH?

To make an appointment, call us at 801-773-7060 or 1-844-305-4782.

We provide services at:

- The Main Street Clinic: Mental health & substance use outpatient services for children, youth, and adults.

- The Layton Clinic: Mental health outpatient services, day treatment, and residential treatment for adults
- The Syracuse Clinic: Mental health outpatient services for children, youth, and adults.

We have evening appointments; please let us know if that is what you need.

How quickly can I be seen?

If you need emergency care, you will be seen right away. (See Section 3, Emergency Services, Page 4)

If you need to be seen soon, but do not have an emergency, we will give you an appointment within five working days. If you do not need to be seen soon, we will see you within 15 working days. If your situation changes and you think you need to be seen sooner, call us and we will talk about your needs again.

Section 5 - Choice of Provider

Can I choose my mental health or substance use provider at DBH?

Maybe. You can talk to the intake worker about your choice of DBH provider who is right for your needs. If you are already a client and want a different provider, you can ask your current provider or call us and ask to talk with an intake worker.

Does DBH have a provider directory, and where can I find it?

DBH has a directory of all our providers. This is located on our website. It is listed by location. It also includes other community providers that can provide services.

If you have any questions about our provider directory or would like a copy, call us.

Can I get outpatient services from a provider outside of DBH?

Sometimes, you can go to a doctor or provider who is not part of DBH. If you want services from a local provider, you and the provider need to get an OK from us first. Call us to talk about your request.

You do not need approval before getting emergency services. (See Section 3, Emergency Services, page 4)

When will DBH tell me the decision?

We try to decide within 7 calendar days after you ask. If you or your provider wants us to take more time to decide, let us know. Sometimes we might need more time to decide. We can take up to an additional 14 calendar days to make a decision. If we need more time, we will let you know about this in writing. You may file a grievance if you are unhappy with our need to take more time.

If you or your provider thinks it is important to decide quickly and we agree, we will try to decide within 72 hours. If you want us to take more time, or if we need more time to decide, we can take up to 14 more calendar days.

We will give you our decision in writing and also tell the provider.

If we do not decide as soon as Medicaid wants us to, or we do not approve the service or approve less than you or the provider asked for, this is an ABD. We will also send you a letter explaining that you can ask for an appeal of this decision. See Section 12, ABDs, and Section 13 Appeals.

Are there any outpatient services that do not need approval from DBH?

You do not need approval from DBH to get emergency services. (See Section 3, Emergency Services, Page 4)

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

If you are an American Indian or Alaska Native, you do not need an OK from DBH to get services from an Indian health provider. An Indian health provider is:

- Indian Health Services,
- Indian Tribe,
- Tribal Organization, or
- Urban Indian Organization.

Can I get a second opinion?

Yes. You can get a second opinion about your mental health or substance use problem or care. If you would like a second opinion from another provider, call us. There is no cost for a second opinion.

Section 6 – Mental Health Care in a Hospital

How do I get mental health care in a hospital?

You can get mental health care in a hospital after an emergency.

DBH uses the following hospitals:

McKay-Dee Hospital
4401 Harrison Blvd, Ogden

Holy Cross Hospital
1600 West Antelope, Drive Layton

If a hospital wants to keep you after treating your emergency, they must get an OK from us. **Let the hospital know DBH is your Medicaid mental health plan to get approval. We may have you stay at that hospital or send you to another hospital.**

Section 7 – Transportation

Can I get help with rides to my outpatient mental health or substance use services?

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

- You can call Medicaid’s Health Program Representatives (HPRs) and ask for a Utah Transit Authority (UTA) Transit Card (bus pass) at 1-844238-9091.
- If UTA bus service is not an option for you, ModivCare may be able to help with rides. Call ModivCare for help at 1-855-563-4403.
- UTA Flex Trans is a special bus service that might be able to help as well at 1-877-882-7272

To learn more about help with rides, see the Utah Medicaid Member Guide at medicaid.utah.gov. To ask for a copy or if you have questions, call Medicaid. You can also talk to your provider about your needs.

Section 8 - 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 deaf, hard of hearing, or have a hard time speaking. You can ask us for an interpreter. Interpreters are free and available in all languages, including sign language. An interpreter can help you over the phone and be with you at your mental health or substance use visits. The interpreter will help you and your provider understand each other. Also, we might have providers who speak or sign your language. To ask for an interpreter or a provider who can speak or sign your language, call us.

Servicios de intérpretes

¿Qué sucede si necesito un intérprete?

Sabemos que puede ser difícil hablar con su proveedor si su primer idioma no es inglés o es sordo, tiene problemas de audición, o tiene dificultad para hablar. Usted puede pedir por un intérprete. Intérpretes son gratuitos and están disponibles en todos los lenguajes, incluyendo el lenguaje de señas. Un intérprete le puede ayudar por teléfono y acompañarlo a sus citas de la salud mental y uso de sustancias. El intérprete puede facilitar la comunicación entre su proveedor y usted. También puede que tengamos proveedores que hablan su idioma o el lenguaje de señas. Tenemos proveedores que hablan español. Para pedir por un intérprete o un proveedor que hable su idioma, llámenos al y un representante le ayudara.

What if I want to call DBH and am deaf, hard of hearing, or have a hard time speaking?

You can call Utah Relay at 711 or 1-800-346-4128. If you have a hard time speaking, 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.

¿Qué sucede si quiero llamar al DBH y soy surdo, tengo problemas de audición, o tengo dificultades para hablar?

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

Section 9 – Services Not Covered by Davis Behavioral Health

What services might be covered by Medicaid but not by DBH?

Some types of care might be paid by Medicaid or your physical health plan but not us. This can be care in a hospital for drug or drinking problems, care for your teeth, eye care, help for brain injuries, autism, other special needs, and medicine. If you have questions about this, call Medicaid at 1-800-662-9651 or your physical health plan.

Methadone services for substance use problems are not covered by DBH. If you need this service, you can get it from a Medicaid methadone service provider. If you have questions, call Medicaid. If you are getting medications for a substance use problem from a provider who is not part of DBH, you can keep seeing your provider.

Section 10 – Payment for Services

Will I have a co-pay for outpatient services?

No. You will not have a co-pay for outpatient services. The Utah Medicaid Member Guide has more information on co-pays.

Hospital Emergency Room (ER) Services

Will I have to pay for services in a hospital ER?

You will not have to pay for emergency services in a hospital ER.

If you are a Medicaid member who has co-pays, there may be a co-pay if you use the ER when it is not an emergency.

Mental Health Care in a Hospital

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

If you have co-pays, the hospital can charge you a co-pay of \$75 for each hospital stay. But you will not have to pay more than this amount.

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

Outpatient Mental Health or Substance Use Services

Will I have to pay for outpatient mental health or substance use services?

Non-Emergency Outpatient Services

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

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

If any of the above happen, 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 DBH did not OK a service, you or your provider asked for, you can ask for an appeal before you agree to pay for the service. See Section 13 on page 13.

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

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

Emergency Outpatient Services

You will not have to pay for emergency outpatient services.

Ambulance Services for Emergency Care

You will not have to pay for ambulance services for emergency care.

Section 11 - Rights and Responsibilities

What are my rights as a client?

As a client, you have the right to get care no matter your race, color, national origin, sex, sexual orientation, gender identity, religion, age, or disability. If you have questions or feel you have been treated unfairly, call us.

- You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:
Phone: (TDD)

Email: OCRmail@hhs.gov

Online: hhs.gov/ocr or ocrportal.hhs.gov/ocr/smartscreen/main.jsf

Mail: Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F,
HHH Building
Washington, D.C. 20201

If you want to email or mail your complaint to the Office for Civil Rights, you can write your complaint or you can use their complaint form available at: hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html

If you have questions or need help filing a complaint, call us.

You also have the right to:

- Get information on the Prepaid Mental Health Plan that is easily understood.
- Be treated with respect.
- Have your privacy protected.
- Get information on all treatment options in a way that is easily understood.
- Work with your therapist to plan your treatment, including saying “no” to treatment.
- Not be held down (restrained) or kept apart from others (seclusion); just because it’s easier for someone else, to punish you, or to get back at you (retaliate) for something you did.
- Get a copy of your medical record and ask that it be changed or corrected when allowed by law.
- Get mental health and substance use services in the amount you need and when you need them.
- Get your permission before any interviews are audio or videotaped; and
- Use your rights at any time and not be treated badly by DBH, your providers, or Medicaid if you do.

What are my responsibilities as a client?

As a client of DBH, they include:

- Be on time.
- Cancel appointments early.
- Work with your therapist on your treatment plan.
- Tell the front desk staff and your Medicaid eligibility worker of changes in your address, phone number, or insurance.
- Tell staff all your medications including over the counter.
- Fill out any surveys DBH gives you.
- Respect the property, comfort, and privacy of clients and staff.
- Tell your treatment provider when you want to stop services.
- Bring your Medicaid card to every visit; and
- Keep our facilities and campuses tobacco-free.
- Be respectful of DBH staff.

Section 12 – Adverse Benefit Determinations

What are adverse benefit determinations (ABD)?

ABDs are when DBH:

- Denies (turns down) or approves fewer services than you wanted.
- Reduces, suspends, or stops a service we had previously approved (If you agree with the change, it is not an ABD. It is only an ABD if you tell us, you don't want the change.)
- Denies all or part of a payment for a service that you might have to pay for.
- Does not provide an intake appointment within the required amount of time for emergency, urgent, or non-urgent care and you are unhappy with this.
- Does not settle an appeal or grievance you have with us as soon as Medicaid wants us to.
- Does not decide about approving services you have asked for as soon as Medicaid wants us to; or
- Denies your request to dispute financial liability.

How will I know if DBH is making an ABD?

We will send you a letter called a Notice of ABD. If you disagree with our ABD, you can ask for an appeal.

Section 13 – Appeals

What is an appeal?

An appeal is a review of an ABD to see if we made the best decision. If the ABD is because DBH did not settle your appeal as soon as Medicaid wants us to, we will send you a Notice of ABD letter. In the letter, we will explain that you can now ask for a Medicaid fair hearing and how and when to ask for one. (See Section 14 Medicaid Fair Hearings, Page 14)

Who can ask for an appeal?

- You,
- Your legally authorized representative, or
- your provider with your written permission.

When do I have to ask for an appeal?

Your Notice of ABD letter will give information on the appeal process, including how soon you must ask for an appeal. You must ask for an appeal within 60 calendar days from the date on the Notice of ABD letter.

How do I ask for an appeal?

You, your legally authorized representative, or your provider may ask for an appeal in these ways:

1. Fill out the appeal form that we sent with the Notice of Adverse Benefit Determination letter. Send it to the address on the appeal request form.
2. Call the Off Panel Coordinator to ask for an appeal.

What if I need help asking for an appeal?

Call us and ask for the Off Panel Coordinator.

Can I keep getting my services if I ask for an appeal?

If our ABD is to reduce, suspend, or stop services, you need to tell us if you want to keep getting the services. If you want to keep getting the services, you must let us know by the latter of:

- 10 days from the date of the Notice of ABD letter; or
- the effective date of our proposed decision to reduce, suspend, or stop services.

To let us know, call us and ask for the Off Panel Coordinator.

If you ask for an appeal and ask for services within the required time frame, we will continue them. You might have to pay for the services if the appeal decision is not in your favor.

When will DBH tell me the decision on my appeal?

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

Can I get a decision more quickly on my appeal?

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

How do I ask for a quick appeal?

You or your provider can ask for a quick appeal by:

- Calling us and ask for our Compliance Officer, or
- Checking the expedited (quick) appeal box on the Appeal Request Form and send it to:
Davis Behavioral Health
Attn: Compliance Officer
934 South Main Street
Layton, UT 84041

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

Section 14 – Medicaid Fair Hearings

What can I do if I am unhappy with the appeal decision?

If you are unhappy with our decision on your appeal, or we cannot make a decision on your appeal as soon as Medicaid wants us to, this is what you can do:

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

If you have questions or need help filling out the form, call and ask for the Compliance Officer or talk with your provider.

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

When do I have to ask for a fair hearing with Medicaid?

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

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

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

If you ask for a fair hearing and ask for services within the required time, you can keep getting them. You might have to pay for the services if the fair hearing decision is not in your favor.

Section 15 - Complaints/Grievances

What if I have a complaint about DBH or a provider?

If you have a complaint about anything other than an ABD, this is called a grievance. Some examples are:

- complaints about services you got,
- 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 with any staff member. A grievance can be filed at any time.

How do I file a grievance?

You can:

1. Call us and ask for the Grievance Officer.
2. Give us your grievance in writing. You can give it to any staff member or your provider.
3. Mail it to the DBH Grievance Officer at:

Davis Behavioral Health
Attn: Grievance Officer
934 S. Main St.
Layton, UT 84041

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

When will DBH tell me the decision on my grievance?

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

Section 16 - Advance Health Care Directives

What if I am ill and cannot make health care decisions?

You can give others instructions about your decisions for your health care. This is called an "Advance Health care Directive (AHCD)." This will tell us in writing what health care choices you want made if you can't make decisions later. There is one form with instructions. You must use this form. Once you have filled out the form, be sure to give a copy to all your health care providers. You should also keep a copy and give one to your family members.

If you want more information, talk to your provider or an intake worker.

If you have an AHCD and it's not being followed, call the Utah Department of Health and Human Services at 801-273-2994 or 1-800-662-4157.

Section 17 – Privacy

Who may read or get copies of my medical records?

You have a right to privacy. DBH follows federal laws about the privacy of your medical record. DBH does not use or share your protected health information except as federal law allows. When allowed by federal law, only the least necessary material is shared. We will talk to you about privacy when you first come for services.

Section 18 – Davis Behavioral Health Operations

What if I want to know more about how DBH operates?

If you ask, we will give you more information on our structure and operations, including information on:

- how we choose providers and what is required of them
- grievance system
- confidentiality policy.
- preferred practice guidelines for mental health and substance use care

Call us and ask for an intake worker.

Section 19 – Fraud, Waste and Abuse

What is health care fraud, waste, and abuse?

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

Some examples of fraud, waste, and abuse are:

By a Provider

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

By a Medicaid Member

- Changing the amount or number of refills on a prescription.
- Giving their Medicaid card to someone else to use.
- Not being truthful to get on Medicaid.

How can I report Fraud, Waste, and Abuse?

If you suspect fraud, waste, or abuse, call us and ask for the Corporate Compliance Officer.

Provider Fraud, Waste, or Abuse

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

Phone: 1-855-403-7283

Email: mpi@utah.gov

Online: oig.utah.gov

Medicaid Member Fraud, Waste, or Abuse

You can also contact the Department of Workforce Services:

Phone: 1-800-955-2210

Email: wsinv@utah.gov

You will not need to give your name to file a report, and your Medicaid benefits will not change.