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Mid-Valley Behavioral Care Network (MVBCN)		Date: 05/09/2011
Subject:	Prepared By:	Approved By:
Member Rights and Responsibilities	MVBCN Administrative Services Manager	Department of Human Services – Addictions and Mental Health Division

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PURPOSE AND APPLICABILITY

This policy and procedure identifies the rights and responsibilities of MVBCN Oregon Health Plan (OHP) Members, and specifies how MVBCN and Participating Providers must communicate this information to Members. MVBCN shall review this policy and procedure at least annually. Any policy revisions must be submitted to AMHD for review and approval.

MVBCN shall follow this policy as it applies to the OHP mental health (MH) services governed by the MHO Agreement. Participating Providers shall follow this policy to the extent that it applies to the MH services that they provide to MVBCN Members. For purposes of this policy, the responsibilities listed for Participating Providers shall also apply to the Local Mental Health Authorities (LMHA) in MVBCN’s Service Area, to each of which MVBCN has delegated responsibility for managing non-inpatient MH services for MVBCN Members in the LMHA’s county.

DEFINITIONS

Certain key terms used in this policy are defined below. For any term not listed below, the definition in the most current MHO Agreement shall apply.

1. **MEMBER:** An individual found eligible by a program of the Oregon Department of Human Services (DHS) to receive services under the Oregon Health Plan (OHP) and who, for purposes of this policy, is assigned to MVBCN for MH services.
2. **MENTAL HEALTH PRACTITIONER:** An individual with current and appropriate licensure, certification, or accreditation in a mental health profession, which includes but is

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not limited to: psychiatrists, psychologists, registered psychiatric nurses, Qualified Mental Health Associates, and Qualified Mental Health Professionals.

3. **PARTICIPATING PROVIDER:** An individual, facility, corporate entity, or other organization credentialed by MVBCN as a Provider of non-inpatient MH services and approved by MVBCN's Board of Directors as a sub-contractor to provide OHP MH services to MVBCN Members. Participating Providers must enter into a formal contract with MVBCN and agree to bill and/or submit encounter data in accordance with that contract.
 - a) For purposes of this policy, the responsibilities listed for Participating Providers shall also apply to the LMHAs in MVBCN's Service Area, to each of which MVBCN has delegated responsibility for managing non-inpatient MH services for MVBCN Members in the LMHA's county. In this capacity, the LMHA may make service authorization and utilization management decisions that may require issuance of a Notice of Action.
4. **PROVIDER:** An organization, agency or individual licensed, certified and/or authorized by law to render professional health services to OHP Members.

POLICY AND PROCEDURE

I. Member Rights

A. Member has the right to:

1. Receive written materials describing Member's rights and responsibilities that are listed in this policy, services covered by Member's OHP insurance, how to access those services, what to do in an emergency situation, and how to file a Grievance or Appeal, or request an Administrative Hearing.
 - a) This information shall be provided to Member within 14 calendar days of enrollment with MVBCN in the form of a health plan member handbook.
2. Have written materials explained in a manner that is understandable to Member.
 - a) Member shall be informed about how to access information in alternative formats, which include but are not limited to translation into languages other than English, sign language, oral interpretation, large print, audio translations, and Braille.
 - b) There shall be no cost to Member for translation or interpretation of information.
3. Be treated with respect and with due consideration for his or her dignity and privacy.
4. Receive information on available treatment options and alternatives, presented in a manner appropriate to Member's condition and ability to understand.
5. Consent to treatment or refuse services, and to be told the consequences of that decision.
6. Be informed of Member's right, if Member is an adult, to execute a Declaration for Mental Health Treatment; to be informed of MVBCN's and Participating Provider's policies related to Member's right to execute a Declaration; to receive a copy of the Declaration form; and to be given information about who to contact for additional information about the Declaration form.
7. Be informed of Member's right, if Member is an adult, to execute an advance directive for health care decisions, such as those related to end-of-life care; to be

informed of MVBCN's policies related to Member's right to execute an advance directive; to receive a copy of the advance directive form; and to be given information about who to contact for additional information about the advance directive form. Member must be informed of any limitation regarding the implementation of advance directives as a matter of conscience.

- a) Member shall be informed that complaints concerning MVBCN's non-compliance with the requirements for advance directives may be made with AMHD.
8. Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
9. Request and receive a copy of Member's own clinical record, unless such access is restricted by law, and to request that those records be amended or corrected.
10. Obtain a second opinion at no cost to Member from a qualified Mental Health Practitioner at a provider agency within MVBCN's Panel of Participating Providers, or from a non-Participating Provider if a qualified Mental Health Practitioner is not available in-panel.
11. Have an opportunity to select an appropriate Mental Health Practitioner and Service site from within MVBCN's Panel of Participating Providers.
12. Be actively involved in developing Member's own treatment plan.
13. Refer oneself to a provider agency within MVBCN's Panel of Participating Providers without first having to gain authorization from Member's primary care practitioner or other medical provider involved in Member's health care.
14. Receive mental health services covered by Member's OHP insurance that are Medically Appropriate for Member's condition.
15. Have a clinical record maintained that documents conditions, services received and referrals made.
16. Transfer a copy of his/her clinical record to another Provider.
17. Receive a written notice when previously authorized services will be reduced, suspended or terminated; when a request to authorize services is denied or approved at less than requested; or when a request to pay a claim for services is denied.
18. File a Grievance or Appeal, or request an Administrative Hearing with the Oregon Department of Human Services.
19. Request an Expedited Appeal or Expedited DHS Administrative Hearing if Member feels that the mental health problem is an Urgent or Emergency Situation, and cannot wait for the standard Appeal or DHS Administrative Hearing process.
20. Request continuation of services until a decision in an Appeal or DHS Administrative Hearing is rendered.
 - a) Member or Member Representative must be informed that s/he may be required to repay the cost of any continued services if the decision is not in favor of Member.
21. Right to privacy and confidentiality, and to have Member's clinical record kept confidential in accordance with Federal and State laws and rules.
22. Receive interpreter services if Member is hearing-impaired or speaks a primary

- language other than English.
23. Be notified in a timely manner about appointment cancellations.
 24. Have access to mental health services that at least equals access available to any other individual seeking the same services.
 25. Be treated in the same manner as any other individual seeking mental health services.
 26. Have a friend, family member or advocate present during appointments and at other times as needed within clinical guidelines.
 27. Access protective Services as described in ORS 430.735 through 430.765, Abuse Reporting for Mentally Ill, and OAR 410-009-0050 through 410-009-0160, Abuse Reporting and Protective Services in Community Programs and Community Facilities.
 28. Exercise any of the aforementioned rights without adverse treatment of or penalty to Member by MVBCN or Provider.

II. Member Responsibilities

- A. Member has the responsibility to:
 1. Treat MVBCN and Provider staff with respect.
 2. Be on time for appointments with Provider, and call in advance either to cancel if unable to keep the appointment or if Member expects to be late.
 3. Request prior authorization to receive services from a non-Participating Provider, except in the case of an Emergency Situation.
 4. Use Urgent and Emergency services appropriately, and notify MVBCN within 72 hours of an Emergency.
 5. Give accurate information for inclusion in Member's clinical record.
 6. Help MVBCN or Provider obtain Member's clinical record from other Providers, which may include signing an authorization for release of information.
 7. Ask questions about conditions, treatments and other issues related to Member's mental health services that are not understood.
 8. Use information to make informed decisions about treatment before it is given.
 9. Help in the creation of a treatment plan with Provider.
 10. Follow prescribed agreed upon treatment plans.
 11. Tell Provider *before receiving mental health services* that Member has OHP insurance and, if requested, show Provider a copy of Member's current OHP medical care identification form.
 12. Tell Member's DHS worker and Provider about any change in address or phone number.
 13. Tell Member's DHS worker if Member becomes pregnant and notify Member's DHS worker of the birth of Member's child.
 14. Tell Member's DHS worker if any family members move in or out of the household.
 15. Tell Member's DHS worker and Provider if Member has any other insurance available.
 16. Pay for services that are not covered by Member's OHP insurance.
 - a) Provider must inform Member *in advance* of receiving a non-covered service

that the service is not covered by OHP, the estimated cost of the service, and Member's responsibility for payment.

- i. Provider must be able to document in writing, signed by Member, that Member was provided this information and knowingly and voluntarily agreed to be responsible for payment.
17. Pay the monthly OHP premium on time if so required.
18. Assist MVBCN or Provider in pursuing any third party resources available and pay MVBCN the amount it paid to Provider for an injury from any recovery received from that injury.
19. Bring issues or Grievances to the attention of MVBCN or Provider.
20. Sign an authorization for release of information in the event of a DHS Administrative Hearing, so that DHS and MVBCN can respond to the Hearing request in an effective and efficient manner.

III. Communication of Member Rights and Responsibilities

- A. MVBCN shall inform Members of the rights and responsibilities identified in this policy through the handbook that is provided to all new MVBCN Members.
- B. Participating Provider shall inform Members about these same rights and responsibilities by posting the information in a visible place in *all* locations (e.g. waiting areas, satellite or part-time offices, practitioners' private practice offices) that are frequented by MVBCN Members.