



SMOKY MOUNTAIN LME/MCO HEALTH PLAN

Consumer and Family Handbook

2015-2016



Welcome!



Meeting community needs, one person at a time.

You have received this handbook because you are now a member of the Smoky Mountain LME/MCO Health Plan. This handbook provides information on where to call if you or a loved one needs help or is in crisis, what services you might be eligible for and how to get services, how peer support can help you pursue Smoky Mountain Health Plan. This includes how to file a complaint or grievance, request an appeal or report fraud.

We encourage you to write down the following important phone numbers so you can easily find them when you need to speak to someone about your care.

My primary care provider's name and number:

My behavioral healthcare provider's name and number:

My local crisis management provider's name and number:

My care coordinator's name and number (if you have one):

Smoky Health Plan Information

Administrative headquarters
200 Ridgefield Court, Suite 206
Asheville, NC 28806
Telephone: 828-225-2785
Fax: 828-252-9584

Smoky manages public funds for mental health, substance use and intellectual or developmental disability services for eligible residents of the following 23 western North Carolina counties:

- | | | |
|-----------|------------|--------------|
| Alexander | Haywood | Swain |
| Alleghany | Henderson | Transylvania |
| Ashe | Jackson | Watauga |
| Avery | Macon | Wilkes |
| Buncombe | Madison | Yancey |
| Caldwell | McDowell | |
| Cherokee | Mitchell | |
| Clay | Polk | |
| Graham | Rutherford | |



The current edition of this Consumer and Family Handbook is available on our website:
www.smokymountaincenter.com.

A printed copy of this handbook is available upon request by calling the Smoky Customer Services line at 1-888-757-5726.

This handbook is available in Spanish and in alternative formats. If you need a larger-print version, or have limited reading ability, call our Customer Services line at 1-888-757-5726.

Si necesita información en español, llámenos al 1-888-757-5726.

Important Phone Numbers

Access to Services toll-free 24 hours a day, seven days a week: 1-800-849-6127

Please call this number if you or a loved one are experiencing a crisis or need an assessment or a referral. Hearing impaired/TTY, please contact RelayNC at 711.

IMPORTANT: Please call 911 for medical or life-threatening emergencies.

Assistance in languages other than English: 1-888-757-5726

Smoky's Customer Services staff can connect you to an interpretation service for languages other than English. This is a free service to you, available on any call, but you may have to wait briefly for the conference call with the interpreter to begin.

Customer Services: 1-888-757-5726, customer.services@smokymountaincenter.com

Call Customer Services to get help with a question, concern or complaint or to report a grievance about a provider, services or Smoky.

Consumer Relations Team: 1-888-757-5724

Call the Consumer Relations Team to speak with an individual or family member in recovery or with personal mental health, substance use or intellectual or developmental disability experience.

Smoky Confidential Compliance (Fraud and Abuse) Hotline: 1-866-916-4255 (24 hours a day, 7 days a week) or report online at <https://www.integrity-helpline.com/smc.jsp>

Smoky encourages all members of our community, including people receiving services, family members and provider employees, to report potential Medicaid fraud, waste or abuse of funds and suspicious billing practices. See Section 12 for more information about fraud and abuse.

All Smoky offices and extensions can be reached by calling toll-free 1-800-893-6246.

This number will connect you to a switchboard that contains a staff directory. You can also reach our staff directory by calling any of our community offices:

- Administrative headquarters (Buncombe County): 200 Ridgefield Court, Suite 206, **Asheville**, NC 28806 | Telephone: 828-225-2785 | Fax: 828-252-9584
- Caldwell County: 825 Wilkesboro Blvd. SE, **Lenoir**, NC 28645
Telephone: 828-759-2160 | Fax: 828-759-2161
- Jackson County: 44 Bonnie Lane, **Sylva**, NC 28779
Telephone: 828-586-5501 | Fax: 828-586-3965
- Watauga County: 895 State Farm Road, Suite 507, **Boone**, NC 28607
Telephone: 828-265-5315 | Fax: 828-262-1859

Directions to our community offices can also be found on our website, www.smokymountaincenter.com.

Welcome to Smoky

Welcome to the Smoky Health Plan! Smoky's roots in the community go back to 1965, when Smoky Mountain Area Mental Health opened as an outpatient clinic in Cullowhee. We became an area mental health authority in 1972, serving the seven westernmost counties of North Carolina, and transitioned to a local management entity as part of statewide mental health reforms that began in 2001. Smoky now operates as a public managed care organization serving 23 counties in western North Carolina. We believe services are best managed by an organization based in our local communities. Smoky has four regional offices and local staff to ensure that we are available to the people who need us.



It is our job to manage and oversee publicly funded services for mental health, substance use and intellectual and developmental disability conditions. Our responsibilities include helping you find a professional who can provide medically necessary care for you or a family member, maintaining a network of quality service providers, effectively managing public service dollars and ensuring that individual and family needs can be met in the community.

Smoky promotes a successful and responsive system of care for people seeking publicly funded services. We encourage our providers to use best practices proven to change people's lives. At Smoky, we take the concept of "person-centeredness" very seriously. We place the person receiving services at the center of our efforts and focus on the total person to help him or her recognize personal interests, goals, needs and new ways of thinking about the future.

If you have any questions about the information in this handbook or the services available through Smoky, please call our Access to Services Line at **1-800-849-6127**. Staff members are available 24 hours a day, 7 days a week, every day of the year. You can also call our Customer Services line at **1-888-757-5726** if you have a complaint, grievance or compliment. We depend on you to let us know if you or someone in your family has problems getting care or have concerns about the quality of services provided. We also want to know about things that are working well in our system so we can continue to improve the care you receive.

Mental health and substance use problems are very common and can be treated, but sometimes the stigma associated with these problems prevents people from seeking help. We want you to know that there is hope, that recovery and integration are possible and that we can help you find the services that will improve your life or the life of a loved one. It is our privilege to serve you.

A handwritten signature in black ink, appearing to read "B. Ingraham". The signature is stylized and fluid.

Brian Ingraham, CEO

Table of contents

Introduction to benefits.....	6
Section 1: What is Smoky Mountain LME/MCO?	7
Section 2: How and when to access services.....	11
Section 3: Alternatives to the emergency department.....	17
Section 4: Services available through the Smoky Health Plan.....	23
Section 5: Eligibility for services	26
Section 6: Coordinating your care.....	29
Section 7: Provider network and quality management	34
Section 8: How are services approved?	39
Section 9: How can Smoky help you in recovery?	44
Section 10: Member rights and responsibilities	50
Section 11: Grievances and appeals.....	59
Section 12: Fraud and abuse	67

Introduction to benefits

Please read this handbook carefully. It has helpful information about how to access services for your mental health, substance use/addiction or intellectual or developmental disability service needs. Although some services are available only to people who have Medicaid or who are enrolled in the N.C. Innovations Waiver, Smoky also pays for services funded with state and county dollars that are available to people without Medicaid. We want to make it easy for you to get the services you need. Contact us if you need to talk to someone about the services that are available to you or ask for help in a crisis:

- If you are in crisis or have questions about services and your eligibility for them, please call Smoky's **Access to Services Line at 1-800-849-6127** anytime 24 hours a day, 7 days a week, 365 days a year. When you call this number, you will speak with a specially trained representative who can give you information about services, eligibility, provider referral and appointments and can help you in a crisis.
- If you have a complaint, concern or general question, or want to file a grievance or let us know about something that is working well in the system, please call our **Customer Services Line at 1-888-757-5726** between the hours of 8 a.m. and 5 p.m., Monday through Friday, except holidays. Customer Services representatives will listen to your concern and will help you or transfer you to someone who can help.
- You can also call **1-888-757-5724** between the hours of 8 a.m. and 5 p.m., Monday through Friday, except holidays, to speak with an individual or family member in recovery or with personal mental health, substance use or intellectual or developmental disability experience.

If you are experiencing a medical or life-threatening emergency, please call 911.

This handbook also contains information about your rights and responsibilities as a member of the Smoky Health Plan, including your rights to:

- Participate in person-centered planning and advocate for yourself or a loved one
- File complaints or grievances about your provider or about Smoky
- Appeal if Smoky does not authorize the services you requested
- Participate in Smoky governance, including the Consumer and Family Advisory Committee
- Prepare a crisis plan or advance directive
- Report fraud or abuse

Please see Section 10 of this handbook for more information about your rights and responsibilities and Section 11 for information on how to file a grievance or appeal.

Section 1

What is Smoky Mountain LME/MCO?

Smoky Mountain LME/MCO (Smoky) is a public managed care organization that manages Medicaid, state and local funding for mental health, intellectual or developmental disability and substance use/addiction services in Alexander, Alleghany, Ashe, Avery, Buncombe, Caldwell, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Watauga, Wilkes and Yancey counties. We have served people with mental health, intellectual or developmental disability and substance use/addiction needs continuously since 1965. All of our staff and offices are located in western North Carolina, and we have deep roots in our local communities.

Smoky believes it is important to work in partnership with individuals, families and community stakeholders, like county Departments of Social Services, public health departments, Federally Qualified Health Centers and local hospitals, to meet the challenges of people in our region with mental health, intellectual or developmental disability and substance use/addiction needs. Smoky's mission is to encourage, enable and support self-direction and recovery through person-centered initiatives. We want to be part of finding creative solutions for you and your family, one person at a time.

Smoky is responsible for efficiently managing the limited public resources available for our services. We have a proven track record of significant savings to taxpayers and positive results for our members, including successful integration of people in the community under the Transition to Community Living (USDOJ) Initiative. Smoky was selected by the state of North Carolina to assume management of the former Western Highlands Network LME/MCO based on our history of success.

We are also responsible for providing access to quality services that meet your needs. Smoky does this through the development and oversight of our provider network. Members of the Smoky provider network must undergo a rigorous credentialing review and are continuously monitored to ensure quality. Smoky is accredited by URAC in the areas of Health Call Center, Health Network and Health Utilization Management.

The 1915(b)/(c) Medicaid Waiver model

Smoky contracts with the N.C. Division of Medical Assistance to operate the N.C. Medicaid 1915(b)/(c) Waiver in our 23-county region. This waiver was approved by the federal Centers for Medicare & Medicaid Services (CMS) and is designed to:

- Better coordinate the system of care for individuals, families and providers

- Manage resources so that service dollars can be directed to those most in need
- Develop a more complete range of services and supports in the community so that more people can receive services in their community, with as little disruption to their lives as possible
- Create new services that are not available statewide by using the money generated from savings achieved by managing care and resources more effectively

About the 1915 (b) MH/DD/SA Health Plan Waiver

The North Carolina MH/DD/SA Health Plan is a pre-paid inpatient health plan funded by Medicaid and authorized under Section 1915(b) of the Social Security Act (the federal law that created and governs Medicaid). It allows North Carolina to manage mental health, substance use and I/DD services using alternatives to the traditional service delivery system. It is called a “waiver” because some requirements of the Social Security Act are waived:

- Waives state-wideness: Allows North Carolina to have behavioral health managed care plans in specific areas of the state, such as Smoky’s 23-county region
- Waives comparability of services: Lets North Carolina provide different benefits to people enrolled in the managed care system
- Waives freedom of choice: Means that Smoky is allowed to have a closed network and that you must choose from providers within that network, with some exceptions

The N.C. MH/DD/SA Health Plan offers improved coordination and management of services and is designed to result in better results and savings. Any savings can then be used for new, optional (b)(3) services that are only available for people with Medicaid. These (b)(3) services are identified by reviewing what kind of practices work best and requests from plan members and families.

About the N.C. Innovations 1915 (c) Waiver

The Innovations 1915(c) Waiver is a home and community-based services waiver for people with intellectual or developmental disabilities (I/DD) and is part of the Smoky Health Plan. This waiver allows long-term care services to be provided in home and community-based settings for persons with I/DD, regardless of age, who meet institutional level of care criteria. The Innovations Waiver includes some non-medical services, such as home modification, that are not available under traditional Medicaid and may help keep people out of institutional settings. This waiver is designed to promote independence, choice, community integration and the ability to realize life goals. It includes services that:

- Support you to live where you choose
- Support you to spend your day in a way that you choose
- Provide education on how to be more integrated into your community
- Teach and support you to live more independently and manage your own services if you choose

The number of people who participate in the Innovations Waiver is limited by CMS and by the availability of slots funded by N.C. Medicaid. People who are potentially eligible for the Innovations Waiver may have to wait for funding to become available. People who have not received a waiver slot can be placed on the Registry of Unmet Needs. The Registry of Unmet Needs is a first-come, first-serve list, so ***members are encouraged to place children who have an intellectual or developmental disability who may need Innovations Waiver services in the future on the registry.***

One option under the Innovations Waiver is self-direction, which allows you and your family to have greater control of all or part of the supports in your Individual Support Plan. You or your family can also choose to follow the provider-directed model.

To learn more about the Innovations Waiver or the Registry of Unmet Needs, please call Smoky's Customer Services Department at 1-888-757-5726 or read Smoky's N.C. Innovations Waiver Individual and Family Guide.

Governance and advocacy

Smoky Board of Directors

Smoky is governed by a 21-member board of directors, which includes at least one county commissioner; individuals with specific healthcare, social services, insurance, hospital administration and mental health expertise; and three Consumer and Family Advisory Committee (CFAC) members. The president of the Smoky Provider Council serves on the board as a non-voting member. The board meets at least six times a year, and meetings are open to the public. Recent minutes and other documents from Smoky board meetings can be found on our website: www.smokymountaincenter.com.

Consumer and Family Advisory Committee

The Consumer and Family Advisory Committee (CFAC) consists of individuals and family members of individuals who receive mental health, substance use or intellectual or developmental disability services. Smoky's CFAC has 56 members representing the 23 counties in Smoky's service area, as well as all three disability groups. CFAC is a self-governing committee that serves as an advisor to Smoky administration and our board of directors. CFAC appoints three of its members to serve as voting members of Smoky's board of directors. CFAC helps ensure that people receiving services are involved in Smoky's oversight, planning and operational committees. Smoky's CFAC has certain responsibilities under state law:

- Review, make comment and monitor implementation of the local business plan
- Identify service gaps and underserved populations
- Make recommendations about the service array
- Review and comment on the Smoky annual budget
- Participate in all Smoky quality improvement measures and performance indicators
- Submit findings and recommendations to the state CFAC about ways to improve service delivery

Smoky's CFAC operates under its own bylaws. The committee has been a strong voice at Smoky and in the community since 2002. Members are very active and are responsible for CFAC initiatives, which are developed in collaboration with Smoky staff. CFAC's meeting schedule is posted on the Smoky website at www.smokymountaincenter.com/consumers.asp?section=cfac.

If you are interested in serving on the CFAC, please complete the online membership application at www.smokymountaincenter.com/cfacmemberapp.asp or call 1-800-893-6246 and ask to speak with a CFAC liaison.

Human Rights Committee (HRC)

The Human Rights Committee (HRC) has a responsibility to monitor Smoky and provider compliance with federal and state laws, rules and regulations about consumer rights, confidentiality and complaints. Smoky's HRC consists of a majority of people who receive services and their family members, who meet at least quarterly. The committee reviews and monitors trends in the use of restrictive interventions, abuse, neglect and exploitation, deaths and medication errors. The HRC reports to Smoky's Board of Directors, Quality Improvement Committee, and the N.C. Divisions of Medical Assistance and Mental Health, Developmental Disability and Substance Abuse Services.

If you are interested in serving on this committee, please complete the online membership application at www.smokymountaincenter.com/hrcmemberapp.asp or call 1-800-893-6246 and ask to speak with a Human Rights Committee liaison.

Smoky's requirements under the waiver

- Provide a telephone contact for Access to Care and crisis 7 days a week, 24 hours a day
- Provide written material explaining the benefit plan, how to access services and member rights within 14 days of start of the first service
- Provide emergency referrals 24/7 within one hour
- Provide access to emergency care within two hours, access to urgent care (usually an assessment) within 48 hours and access to routine care within 14 calendar days
- Ensure that quality providers are available in our 23 counties to provide medically necessary services covered under the waiver
- Offer a choice of providers for most services within 30 minutes/30 miles in an urban area or 45 minutes/45 miles in a rural area
- Employ or contract with individuals qualified to evaluate requests for services
- Send you a written notice and instructions on how to appeal if we deny, reduce, terminate or suspend a service that has been requested for you
- Set and change reimbursement rates to promote best practices or improve access to care
- Keep funding in the public system
- Coordinate and communicate with local stakeholders, people receiving services and family members about access to services, service system gaps and how to improve the system

Section

2

How and when to access services

You can access the mental health, substance use and intellectual and developmental disabilities services managed by Smoky in several ways:

- **Call Smoky's Access to Services Line at 1-800-849-6127**
- Request that your primary care physician or another provider request services for you or contact the Access to Services Line on your behalf
- Walk into a Comprehensive Care Center contracted with Smoky and request services. Comprehensive Care Centers are providers that serve at least two disability groups and offer clinical assessments and a wide array of services, including crisis response and enhanced services. A list of Comprehensive Care Centers is located in Section 3 of this handbook, or you can call the Access to Services Line for the name and number of the center closest to you.

Call the Access to Services Line

Smoky has a toll-free number answered by trained staff 24 hours a day, 7 days a week, 365 days a year. The phone number is **1-800-849-6127**.

Write this number on something you will always have with you, or save it in your mobile phone. Use this number to get information and referrals to providers and community organizations, to request services or to get help or advice in a crisis. When you call this number, you will be connected with staff who can help you with:

- Crisis intervention by telephone
- Arranging for an emergency face-to-face clinical assessment related to a crisis
- Referral for appointments and services from Smoky's local network of providers
- Telephone assessments and enrollment in the Smoky Health Plan
- Information on community resources for mental health, substance use and intellectual or developmental disability conditions

Smoky's Call Center staff includes:

- Customer Services clinicians who have at least a master's degree in the field of behavioral health, are licensed and are trained to work with callers who have urgent and emergency needs

- Customer Services representatives who can provide information on mental health, substance use and intellectual or developmental disability resources and services, as well as help with routine referrals

Emergency situations

If you have a life-threatening situation, call 911. You do not need to call Smoky first.

A life-threatening emergency is when you or another responsible person thinks you need care immediately so that you or someone else does not get hurt. If you think you have a life-threatening emergency, call 911 and/or go to the emergency department at your local hospital. If you have Medicaid, you will not be responsible for payment of services in the event of an emergency. You also do not have to go to a provider or facility in the Smoky network for emergency treatment.

What if I need treatment but do not have a provider?

If you do not currently receive treatment but would like to, your first step is to call the Access to Services Line at 1-800-849-6127 to make an appointment for evaluation and intake.

When you or a family member speaks with a Customer Services staff member, please be as clear as possible in your questions and in explaining your needs. The staff member will listen to you and ask you questions. If you already have a provider, the staff member will try to contact members of your treatment team. Then, they will make referrals for help according to their assessment of your needs and the severity of the problem. Many times, they will be able to connect you with the right provider the first time you call. When referring callers for services, the staff member will try to offer provider choices that best match your requests and needs, will call the provider you choose and will make an appointment for you while you stay on the line. It is important for you to keep that first appointment so that the provider can get more information from you about your needs and be willing to see you in the future. If you cannot make the first appointment, please try to call 24 hours ahead so that the scheduled appointment time can be made available to other people who need services.

When do I contact the Access to Services Line?

Call the Smoky Access to Services Line at 1-800-849-6127 if:

- You want information about Smoky Health Plan benefits
- You would like more information about mental health, substance use or intellectual or developmental disability resources
- You need to find a provider of services near you
- You have trouble finding care
- You want to make an appointment for services

- You are worried about an emotional, behavioral or learning problem
- You are worried about an alcohol or drug problem
- You are afraid of the thoughts, moods and emotions you are having
- You are depressed and tired of feeling each day is worse than the day before
- A trusted person, like a friend, family member, teacher, counselor, doctor or clergy person, thinks you need help
- You are a parent or guardian of a child or adult who has been diagnosed with an intellectual or developmental disability, and you need services and/or supports to help you meet the needs of your child or ward

When to seek help for an adult

Depression, anxiety disorder, bipolar disorder (manic-depression), schizophrenia and other mental illnesses are highly treatable medical illnesses. Unfortunately, many people do not seek treatment because they misunderstand the symptoms of the illness or they fear stigma or discrimination. Please call the Access to Services Line at 1-800-849-6127 if you or a loved one are experiencing any of the following signs and symptoms of serious mental illness:

- Prolonged sadness or unexplained crying spells
- Sleeping all day
- Decreased need for sleep
- Waking in the night and being unable to fall back to sleep
- Irritability, anger, worry, agitation, anxiety
- Pessimism, indifference, no expression on the face
- Feelings of guilt and worthlessness
- Inability to concentrate, indecisiveness
- Inability to take pleasure in former interests, social withdrawal, silence
- Recurring thoughts of death or suicide
- Increased physical and mental activity and energy
- Grandiose delusions, inflated sense of self-importance
- Racing speech, racing thoughts, flight of ideas
- Impulsiveness, poor judgment, distractibility
- Delusions and hallucinations of sight, smell, taste, hearing
- Belief the FBI, CIA, Homeland Security or the television is monitoring or controlling you
- Fear or aggression leading to collecting firearms

When to seek help for a child

Please call the Access to Services Line at 1-800-849-6127 to make an appointment for an evaluation for your child if he or she is experiencing any of the following issues:

- Current use of drugs and/or alcohol
- Inability to cope with daily problems and activities
- Sudden changes in sleeping or eating habits that can't be explained due to puberty or other natural causes, like joining a sports team
- Excessive complaints of physical ailments
- Defying authority, skipping school, stealing or damaging property
- Intense fear of gaining weight
- Long-lasting negative moods, often accompanied by poor appetite and thoughts of death
- Has an intellectual or developmental disability and needs to be placed on the Registry of Unmet Needs for potential Innovations Waiver services in the future

Call Center assistance with TTY Relay

The Smoky Access to Services Line has provisions for standard TTY Relay calls:

- Dial 711 or 1-800-855-2280 to reach a relay communications assistant directly.
- When the message "RC NBR CALLING PLS GA" appears on your TTY display screen, type the area code and telephone number you are calling, which is 1-800-849-6127.
- You will be connected to a communications assistant who will place your call and inform you of the call status as "ringing" or "busy."
- When the number you are calling answers, the communications assistant will relay the greeting, then "GA" for you to "Go Ahead." This means it is your turn to reply. When you are done typing your reply, type "GA."
- The communications assistant will then relay your message through speech. If you have reached a person, and not a machine, the communications assistant will listen to the reply and then relay it back to you through type.
- Continue this process throughout your call. When you are ready to end your call, type "SK." This stands for "Stop Keying." Then hang up.

Call Center assistance in other languages

Smoky staff can connect you to a translation service for 150 different languages. You may have to wait briefly for the conference call with the interpreter to begin. This is a free service for you.

Referrals for services and categories of need

Referrals to service depend on the severity of the caller's needs and what is best for your situation. For emergency services, you may be directed to a local emergency services provider, such as a hospital emergency department, a facility-based crisis center or a mobile crisis provider. Mobile crisis services are available in all 23 Smoky counties. For more information about alternatives to the emergency department, please see Section 3 of this handbook.

PLEASE BE AWARE: Depending on what you tell us, Smoky may call 911 and ask emergency responders to come to you if necessary to prevent harm to you or others.

For urgent and routine referrals, Smoky staff will offer to help you set up an appointment. Smoky follows Access to Care timeframes required by the N.C. Department of Health and Human Services:

Emergent	within two (2) hours
Urgent	within two (2) calendar days
Routine	within fourteen (14) calendar days

Call Center staff assess the level of severity during the call using the following definitions for emergent, urgent and routine needs:

Emergent need: Smoky will arrange face-to-face care from an emergency services provider within two hours after the request for emergent care is started, or immediately for life-threatening emergencies. Callers with emergent needs may receive a referral anytime, 24 hours a day, and can expect a return call within one hour. An emergent need is:

- A life-threatening condition in which you are suicidal, homicidal, actively psychotic, displaying disorganized thinking or reporting hallucinations and delusions that may result in self-harm or harm to others, and/or are unable to care for yourself

OR

- A life-threatening condition in which you are, due to your use of alcohol or other drugs, suicidal, homicidal, actively psychotic, displaying disorganized thinking or reporting hallucinations and delusions, which may result in self-harm or harm to others, and/or are unable to adequately care for yourself without supervision due to the effects of chronic substance use or dependence

Urgent need: Smoky will make an appointment for you to receive a face-to-face service assessment and/or treatment from a Smoky network provider within two days of the request for care. An urgent need is a condition in which you:

- Are not actively suicidal or homicidal
- Deny having a plan, means or intent for suicide or homicide but express feelings of hopelessness, helplessness or rage
- Have the potential to become actively suicidal or homicidal without immediate intervention
- Could rapidly worsen without immediate intervention
- Will progress to the need for emergent service and care without diversion or intervention

OR

- A condition in which you are not imminently at risk of harm to yourself or others, or unable to adequately care for yourself, but due to your substance use, you need prompt assistance so your condition does not get worse, which could require emergency assistance

Routine need: Smoky will make an appointment for you to receive face-to-face care for service assessment and/or treatment within 14 calendar days of the date of request for routine care. A routine need is a condition in which you:

- Have or describe signs and symptoms which are causing an impairment or disruption in performing life tasks or interfere with your ability to participate in activities of daily living
- Have a noticeable decrease in your quality of life

OR

- A condition in which you describe signs and symptoms of substance use and you have a level of impairment which can likely be diagnosed as a substance use disorder according to the current version of the Diagnostic and Statistical Manual (DSM)

Assessment tools

Smoky wants to help link you to the best services for your needs. Individuals with the same diagnosis can have very different strengths and abilities. When you call the Access to Services Line, you will be evaluated using nationally recognized assessment tools that measure your level of functioning. Assessment tools are a standardized set of guidelines used by clinicians to perform the initial assessment of your needs. The clinicians who staff Smoky's Access to Services Line use assessment tools including:

- Survey questions about what you are able to do each day and what you have trouble doing, and
- Standard questions about your education, age, physical health and the number of people who depend on you

The assessment completed when you call the Access to Services Line will be given to the provider to whom you are referred. This information sharing will prevent duplicate services and will allow services to begin in a timely manner. That means people can start the recovery process sooner.

When do I call the Customer Services Line?

You do not have to call the Access to Services Line if you are not in a crisis or do not need a referral or appointment. For general information, you can also call the Smoky Customer Services Line at 1-888-757-5726 between 8 a.m. and 5 p.m. Monday through Friday. Customer Services staff will always be able to link you to the most up-to-date information about services and providers and can help you if:

- You need more information about Smoky Health Plan benefits or a Smoky provider
- You would like more information about mental health, substance use or intellectual or developmental disability resources
- You have questions about changes in the waiver, your benefits or services
- You want to file a complaint or grievance, or you need help filing an appeal
- You need to be connected to your care coordinator or another Smoky staff person

Section 3

Alternatives to the emergency department

Mental health and addiction emergencies can be serious but do not always require an evaluation at a hospital emergency department. Most emergencies can be resolved without a trip to the emergency department and do not require prior authorization. This section provides information on providers, services and supports available in a mental health or substance use crisis and information on crisis prevention.

What is a behavioral health crisis?

A behavioral health crisis exists when a person shows symptoms of severe mental illness or substance use/addiction, such as:

- Suicidal, homicidal or other violent thoughts or actions
- Psychosis: partial or complete loss of the ability to know what is real and what is not (such as hallucinations, delusions, paranoia)
- Inability to provide basic self-care
- Uncontrollable outbursts or aggressive actions that place a person with I/DD or their environment at risk of harm
- Physical symptoms of withdrawal from drugs or alcohol or a realization that you need immediate help with an alcohol or drug problem

How do I get help for a behavioral health crisis?

In a crisis, you should seek help, especially if you feel concerned about your safety or the safety of someone you know. The phone number you call first will depend on the type of crisis or emergency situation and when it happens. If there is an immediate threat of danger or risk to you, your family member or someone else, call 911. This may include situations where a person has caused severe physical harm to himself/herself or others.

Whom can I call or where can I go if I am in crisis?

Smoky offers several alternatives to seeking treatment in a hospital emergency department. If you do not have a life-threatening situation, call your service provider, your primary care doctor, the Smoky Access to Services Line at 1-800-849-6127 or the mobile crisis provider in your region. Or, you may visit one of the local Comprehensive Care Centers/walk-in clinics or facility-based providers listed below.

Talk to your provider

In an emergency, your current treatment provider should speak to you immediately. Your provider should listen to your concerns and either give you guidance on what to do or arrange for you to receive emergency or crisis care. Your provider may refer you to the local Mobile Crisis Management Team.

The best time to contact your service provider is between 8 a.m. and 5 p.m. If it is after 5 p.m. and you cannot wait until morning, call your provider's after-hours number or call the Access to Services Line at 1-800-849-6127. A crisis worker is available 24 hours per day, 7 days a week, 365 days a year.

If you receive services from an Assertive Community Treatment Team (ACTT), Community Support Team (CST), day treatment, Intensive In-Home (IIH) Team, Intercept or Multisystemic Therapy (MST) Team or Substance Abuse Intensive Outpatient (SAIOP) Team, you will have another phone number to call. Please call that number first to talk with that team provider. If you cannot reach the team provider, you can call the Access to Services Line at 1-800-849-6127.

Mobile Crisis Management

Mobile crisis services provide face-to-face counseling and supportive services during a crisis and can offer help for intoxication, drug withdrawal, impaired judgment, suicidal thoughts or other behavioral health crisis issues. Mobile crisis is available to people residing in all 23 counties covered by Smoky and provides evaluation, treatment and referral for safe transfer to ensure appropriate support and services. You can access mobile crisis by calling the Access to Services Line at 1-800-849-6127 or by calling one of the regional numbers listed below:

- Alexander, Buncombe, Caldwell, Henderson, Madison, McDowell, Mitchell, Polk, Rutherford, Transylvania and Yancey counties: 1-888-573-1006
- Alleghany, Ashe, Avery, Watauga and Wilkes counties: 1-877-492-2785
- Cherokee, Clay, Graham, Haywood, Jackson, Macon and Swain counties: 1-888-315-2880

Comprehensive Care Centers

Adults, adolescents or families in crisis can walk into any Comprehensive Care Center/walk-in clinic for immediate care at the locations listed below. The care may include an assessment and diagnosis for mental illness, substance use or intellectual or developmental disability issues, as well as planning and referral for future treatment, depending on eligibility. Other services may include medication management, outpatient therapy and short-term follow-up care. Staff at a walk-in center may also be able to determine if you could be eligible for some state-funded services. Walk-in center hours of operation are generally from 8 a.m. to 5 p.m. Monday through Friday. However, extended weekday and weekend hours may be available in your area. Please call a Comprehensive Care Center near you to learn more about their hours and services and ask for directions:

Alexander County

RHA Health Services — Alexander Center

Phone: 828-848-2515
393 3rd Avenue SW, Taylorsville, NC 28681

Alleghany County

Daymark Recovery Services — Alleghany Center

Phone: 336-372-4095
1650 N.C. Highway 18 S., Sparta, NC 28675

Ashe County

Daymark Recovery Services — Ashe Center

Phone: 336-246-4542
101 Colvard St., Jefferson, NC 28640

Avery County

Daymark Recovery Services — Avery Center

Phone: 828-733-5889
360 Beech St., Newland, NC 28657

Buncombe County

Family Preservation Services

Phone: 828-225-3100
1314-F Patton Ave., Asheville, NC 28806

RHA Health Services

Phone: 828-254-2700
356 Biltmore Ave., Asheville, NC 28801

Caldwell County

RHA Health Services — Caldwell Center

Phone: 828-394-5563
2415 Morganton Blvd., SW, Lenoir, NC 28645

Cherokee County

Appalachian Community Services — Cherokee Center

Phone: 828-837-0071
750 US Hwy. 64 West, Murphy, NC 28906

Clay County

Appalachian Community Services — Clay Center

Phone: 828-389-1494
254 Church St., Hayesville, NC 28904

Graham County

Appalachian Community Services — Graham Center

Phone: 828-479-6466
217 South Main St., Robbinsville, NC 28771

Haywood County
Appalachian Community Services — Haywood Center
Phone: 828-452-1395
1482 Russ Avenue, Waynesville, NC 28786

Henderson County
Family Preservation Services
Phone: 828-697-4187
1430 Asheville Highway, Hendersonville, NC 28791

Jackson County
Meridian Behavioral Health Services — Jackson Center
Phone: 828-631-3973
154 Medical Park Loop, Sylva, NC 28779

Macon County
Appalachian Community Services — Macon Center
Phone: 828-524-9385
100 Thomas Heights, #206, Franklin, NC 28734

Madison County
RHA Health Services
Phone: 828-649-9174
13 S. Main St., Marshall, NC 28753

McDowell County
RHA Health Services — McDowell Center
Phone: 828-652-2919
486 Spaulding Road, Suite B, Marion, NC 28752

Mitchell County
RHA Health Services
Phone: 828-765-0894
129 Skyview Circle , Spruce Pine, NC 28777

Polk County
Family Preservation Services
Phone: 828-894-2290
94 White Drive, Columbus, NC 28722

Rutherford County
Family Preservation Services
Phone: 828-287-7945
356 Charlotte Road, Rutherfordton, NC 28139

Swain County
Appalachian Community Services — Swain Center
Phone: 828-488-3294
100 Teptal Terrace, Bryson City, NC 28713

Transylvania County
Blue Ridge Community Health
Phone: 828-883-5550
89 Hospital Drive, Suite B, Brevard, NC 28712

Watauga County
Daymark Recovery Services — Watauga Center
Phone: 828-264-8759
132 Poplar Grove Connector, Boone, NC 28607

Wilkes County
Daymark Recovery Services — Wilkes Center
Phone: 336-667-5151
1400 Willow Lane, West Park C61-2
North Wilkesboro, NC 28659

Yancey County
RHA Health Services
Phone: 828-682-2111
72 Blue Ridge Lane, Burnsville, NC 28714

Facility-based crisis centers

Adults who are 18 and older may be admitted for inpatient mental health treatment or drug or alcohol detoxification in a safe environment at any Smoky facility-based service provider. There are currently three facility-based crisis centers in the Smoky region that are open 24 hours a day, 7 days a week, 365 days a year:

Buncombe County
Neil Dobbins Center
Phone: 828-253-6306
277 Biltmore Ave., Asheville, NC 28801

Haywood County
The Balsam Center
Phone: 1-888-315-2880
91 Timberlane Road, Waynesville, NC 28786

Wilkes County
Synergy Recovery
Phone: 336-667-7191
118 Peace St., North Wilkesboro, NC 28659

What can I do to prevent a behavioral health crisis?

We know that things will happen in your life, and a behavioral health crisis cannot always be prevented, but there are ways that you can reduce the risk of a crisis occurring:

- Keep your treatment appointments.
- Follow your doctor's orders for safely taking your medications.
- Use the information in your person-centered plan, Individual Support Plan or crisis plan that you have developed with your treatment provider.
- Seek help if you experience a problem. Contact your service provider or visit a walk-in center.
- Use your Wellness Recovery Action Plan® (WRAP®). Your WRAP® helps you identify steps to maintain wellness. Contact your service provider to find out about upcoming WRAP® classes, or call Smoky Mountain's Consumer Relations Team at 1-888-757-5724 for more information.
- Keep contact information handy for the people in your life who can support you. There is space in this handbook to write notes and important phone numbers.
- Work with your service provider or care coordinator (if you have one) to create a crisis plan.
- Advance directives provide instructions for when you are in a crisis and cannot communicate for yourself or make decisions. Contact your service provider, care coordinator (if you have one) or attorney for information about advance directives. Please refer to Section 9 of this handbook for more information about WRAP® plans, crisis plans and advance directives.

Section 4

Services available through the Smoky Health Plan

The Smoky Health Plan covers services for:

- Mental health needs
- Substance use or addiction needs
- Intellectual or developmental disability needs

In general, we do not cover services for physical health needs. If you have Medicaid and you have questions about what services are available to meet your physical health needs, such as diabetes or hypertension, please call the N.C. Department of Health and Human Services' Customer Service Center (8 a.m. to 5 p.m., Monday through Friday) at 1-800-662-7030 (operators who speak Spanish are available). If you have been assigned a Smoky care coordinator, he or she can help connect you with a primary care provider.

Smoky benefit plans

Smoky administers three different benefit plans:

- Medicaid 1915(b) services (mental health, substance use and intellectually/developmental disabilities)
- Medicaid 1915(c) services (Innovations Waiver services for individuals with intellectual or developmental disabilities)
- State- and locally-funded services for individuals who cannot pay for care

Each of these benefit plans has a different set of covered services and may include different authorization limits for the kinds and amounts of services available. Service definitions are issued by the N.C. Division of Medical Assistance (DMA) and the N.C. Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS). Service definitions are approved and denied at the federal and state level and are subject to change with relatively short notice. Each service definition lists the criteria, limits and exclusions for that service that Smoky must follow when reviewing requests for authorization. Adult services begin at age 18 for state-funded services and at age 21 for Medicaid-funded services, with exceptions for a few services. For questions about limits or exclusions on services, call Customer Services at 1-888-757-5726.

Principles of good service systems

- Timely response: Smoky's goal is that a service is available when it is needed.

- Long-term engagement: The longer people are engaged in treatment, the better their results.
- Services are based on medical necessity: You do not need to “fail” at a lower level of care to be eligible for a higher one.
- Levels of care: Services do not end when one level of care is completed. As soon as you enter a level, service providers should start discussing the next one with you.

Service array and eligibility

Smoky’s service array is based on the services allowed under the N.C. State Plan for Medical Assistance, the 1915(b)/(c) waiver, DMA clinical coverage policies and DMH/DD/SAS-approved service definitions. The services for which you may be eligible are based on you or your family member’s needs and treatment history, medical necessity and/or EPSDT criteria, clinical practice guidelines and the benefit plan for which you are enrolled. If Smoky decides that a service you have requested is not medically necessary, you will receive a formal written notice and appeal form with instructions. See Section 11 of this handbook for more information on your appeal rights.

Smoky offers different levels of service benefits based on your needs, treatment history and medical necessity. Smoky’s benefit plans include a continuum of care that reflects least restrictive to most restrictive levels of intervention. Smoky’s state and Medicaid benefit plans are available on the Smoky website at: www.smokymountaincenter.com/providers.asp?section=authinfo.

EPSDT (Early and Periodic Screening, Diagnosis and Treatment)

EPSDT is a part of the federal Medicaid law that requires Medicaid to pay for regular screenings and certain services for children and youths under age 21, even if the services are not included in the N.C. State Plan for Medical Assistance or the 1915(b) Waiver. In North Carolina, this program is known as “Health Check.” Medicaid pays for these services only when they are medically necessary to correct or ameliorate a defect, physical or mental illness or condition identified through the screening. Ameliorate means “to improve or maintain the consumer’s health in the best condition possible, to compensate for a health problem to prevent it from getting worse or to prevent the development of additional health problems.”

Certain criteria must be met for Smoky to approve a request under EPSDT:

- Must fall within a category of services listed at Section 1905(a) of the Social Security Act. This means that most Innovations Waiver services are not covered under EPSDT.
- Must be determined to be medical in nature
- Must be generally recognized as an accepted method of medical practice or treatment
- Must not be experimental or investigational
- Must be safe and effective

Requirements for prior approval apply to EPSDT services. If you are under age 21 or the parent of a child under age 21, services may be available to you or your child even if they are not covered under the Smoky Health Plan. Limits that apply to adult services do not apply to services under EPSDT. If you or your child has Medicaid, please talk to your provider or pediatrician to find out if the services needed may be covered under EPSDT/Health Check. If your provider is not familiar with EPSDT or has questions, ask them to call the Care Management Team at 1-800-893-6246, extension 1902.

Basic benefits

Basic benefit services are designed to provide brief interventions for people with acute but short-term needs. These services:

- Generally include assessments, individual, group and family outpatient treatment
- Can be accessed through a simple referral from a provider in the Smoky network or through the Access to Services Line
- Do not require prior authorization, unless you need more than the number of visits allowed under the applicable benefit plan
- Are not typically assigned to a Smoky care coordinator

Enhanced benefits

Enhanced benefit services are intended to provide a range of services and supports that are appropriate if you are seeking to recover from more acute forms of mental illness or substance use or to address your needs if you have an intellectual and developmental disabilities. Smoky strives to ensure that enhanced services are highly coordinated, reflect evidence-based practices and are connected to your person-centered plan. These services:

- Require a person-centered planning process to identify complex service and support needs
- Require prior authorization through the Care Management Team

Transportation to appointments

Transportation services help people with low incomes access health and community resources that would otherwise be unavailable because of the lack of private or public transportation. Your county Department of Social Services can provide you with an application for Medicaid-approved transportation. Transportation is for medical appointments and/or getting your prescriptions at the pharmacy. Generally, riders have to call two to four days ahead to arrange a ride. There is no fee for people enrolled in Medicaid. For people not enrolled in Medicaid, transportation depends on available space and may cost from \$1 to \$2 each way.

Section 5

Eligibility for services

Who is eligible?

If you get a qualifying category of Medicaid from Alexander, Alleghany, Ashe, Avery, Buncombe, Caldwell, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Watauga, Wilkes or Yancey counties, you are automatically a member of the Smoky Health Plan. The state of North Carolina and our 23 counties also provide limited funding to Smoky to pay for services for some people who cannot afford care. If you are not eligible for Medicaid, you may be eligible to access Smoky's state-funded benefit plan.

Am I eligible for Medicaid?

To be eligible for Medicaid coverage, you must:

- Be a U.S. citizen or provide proof of eligible immigration status. If you need emergency services, you are not required to provide documentation of immigration status; AND
- Be a resident of North Carolina and provide proof of residency; AND
- Have a Social Security number or have applied for one; AND
- Meet Category of Aid* eligibility criteria. You must apply for and be approved for Medicaid at your local Department of Social Services (DSS) office. For Medicaid services, your local DSS decides Medicaid eligibility and potential co-payment or deductibles.
- If you are unable to apply in person, you may print and mail your completed Medicaid application to your local DSS office.

OR

- If you are currently receiving Supplemental Security Income (SSI) benefits, 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.

* Some Medicaid Categories of Aid are not covered under the Smoky Health Plan and remain under the N.C. Division of Medical Assistance (DMA). DMA is the North Carolina state agency responsible for

managing the Medicaid program. Call the Smoky Customer Services Line at 1-888-757-5726 if you have additional questions about Medicaid eligibility.

Medicaid regulations do not allow payment for services delivered to inmates of public correctional institutions or for people in facilities with more than 16 beds that are classified as Institutions of Mental Diseases (IMDs). This may include some Adult Care Home and Family Care Home settings.

How do I know if I have Medicaid?

If you are eligible, the county Department of Social Services where you live will send you a Medicaid Identification Card. This card serves as your Smoky Health Plan membership card. If your county of Medicaid eligibility is one of the 23 counties we serve, Smoky's name and toll-free Access to Services Line phone number are printed on your card.

Am I eligible for state-funded services?

To become eligible for state-funded services, you must first enroll in Smoky's benefit plan by calling the Access to Services Line at 1-800-849-6127. Eligibility for state-funded services is based on citizenship, income and availability of other insurance and is limited to the services offered in the state-funded benefit plan. If you request state funding, you will be interviewed and asked to provide information about your annual household income to determine if you are eligible for services. If you receive state-funded services, you are subject to a sliding fee scale, which means you may be responsible for some percentage of the cost of services.

Residential treatment is generally not covered under the state-funded benefit plan. When Smoky has funds available, exceptions may be made in limited circumstances where there is an identified, specific, significant health and safety risk to you, immediate family or the community and when the requested service is designed to treat your disorder and no other funds are available. Some state-funded services, such as respite care for developmental disabilities and the Adult Developmental Vocational Program (ADVP), are not based on income.

The services managed by Smoky act as a public safety net. Smoky is committed to making sure our resources benefit people who need it most. Smoky targets its state and county funds toward people who meet priority population criteria based on screening, triage and referral information. Priority populations are groups of people with the most severe types of mental illness, severe emotional disturbances and substance use disorders with key complicating life circumstances, conditions and/or situations.

To find out if you may be eligible for state-funded services, contact your provider or call the Access to Services Line at 1-800-849-6127.

Third-party coverage

Federal regulations require Medicaid to be the “payor of last resort.” This means that any claim for services must be filed with third-party insurance policies, including Medicare and private health insurance, before Medicaid processes a claim. Your provider must report any other insurance payments for claims when filing for Medicaid payment.

Medicare Part D for prescriptions

Beginning January 1, 2006, people covered by both Medicare and Medicaid receive prescription drug coverage through Medicare Part D instead of Medicaid. Prescribed medications may cost a co-payment of \$1 to \$3 per prescription based on monthly income. It is important to keep both cards with you. If you change addresses, notify Medicaid and Medicare so your cards can be mailed to you. If you move frequently, you can use the address of someone with a permanent address. If you have problems with Medicare Part D, talk to your pharmacist.

Section 6

Coordinating your care

Smoky recognizes that people often experience multiple problems at the same time, including co-occurring mental illness and addiction, co-occurring mental illness and intellectual or developmental disability disorders and co-occurring medical problems, such as diabetes or heart or lung problems. We know treating the “whole person” will result in better outcomes for you. We work with your primary care doctor, treatment providers, Community Care of North Carolina and others in the community to ensure you are connected with services and supports to address all your needs. Smoky coordinates your care through an assigned behavioral health home or an assigned Smoky care coordinator.

Behavioral health homes

A behavioral health home is the provider agency that assists in developing your person-centered plan, helps coordinate supports and services among all your care providers, collaborates with your primary care doctor or other physical health care providers and acts as a first responder for your crisis and emergency needs.

Certain services, such as Assertive Community Treatment Team, are specifically designated as behavioral health home services. In those situations, that provider is the designated behavioral health home for you and operates as the first responder in a crisis. For services not formally designated as a behavioral health home, there should always be a lead service provider that functions as the behavioral health home for service planning and coordination. In these situations, full first responder capabilities are not required of the provider, but all providers are required to respond to people they serve who are in crisis by telephone 24 hours a day, seven days a week.

Person-centered planning

Person-centered planning is an approach that helps you make choices and take responsibility in the development and implementation of your care plan. It helps define what is important to you and allows you to have honest discussions with your care team about your wants, needs and support systems. Person-centered plans (PCPs) may include specific services to address mental health, substance use or intellectual or developmental disabilities needs, but a person-centered plan is also about your life and your personal goals.

Some people who receive services through Smoky will develop PCPs or Individual Support Plans (ISPs) with their family and service team. This plan should be developed at least once a year or anytime you experience a significant life change. Smoky believes 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 your person-centered treatment plan, think about:

- What has happened 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 make where and how you live better?
- What support 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?
- What kind of person makes the best support person for you?
- How is your health? Do you have concerns about your general health?

Person-centered planning is the basis for self-directed services, individual self-determination, and essential lifestyle planning. We encourage you to write your own plan using the questions above.

Care coordination

Care coordination is a service offered by Smoky to eligible members who meet special criteria. Care coordinators work with providers to ensure that people with complex mental health, substance use or intellectual or developmental disabilities needs receive appropriate assessments and integrated treatment planning and are linked to the right services that meet their needs. Care coordinators:

- Identify members who are eligible for care coordination through referrals and reports
- Assist members who are at high risk for hospitalization or institutionalization
- Assist members returning to the community who have been living in an institution, hospital or residential setting
- Manage your care across the continuum of care and link you to appropriate treatment
- Ensure that you receive appropriate clinical assessments and evaluations and have access to clinical and medical specialists
- Check on the health and safety of Innovations Waiver participants
- Work directly with you, providers and others to improve results for you

Care coordinators also ensure that you receive integrated care planning. Integrated care planning is designed to ensure person-centered outcomes and should:

- Include the people and services you need to meet your treatment or habilitative goals, including your doctor, dentist and other specialists or care management entities that provide or support care

- Possibly include representatives from departments of Social Services or Juvenile Justice or other people you identify who are working with you and your family
- Include people who will support you even after certain services stop. These should be people you trust and call when you need help in your daily life who are not paid supports.

What are special needs populations?

Special needs populations for intellectual or developmental disabilities care coordination include:

- Individuals enrolled in the Innovations Waiver
- Individuals who are on the Registry of Unmet Needs, are Medicaid eligible and need to be linked to a Medicaid service
- Individuals with an intellectual or developmental disability (I/DD) diagnosis who are eligible for an Intermediate Care Facility-I/DD level of care but are not enrolled in the Innovations Waiver and do not live in an Intermediate Care Facility (ICF). An ICF is responsible for all care coordination for residents.
- Individuals with an intellectual or developmental disability diagnosis who are currently in, or have been in within the past 30 days, a correctional facility and for whom Smoky has received notification of discharge

Special needs populations for mental health and/or substance use care coordination include:

- Adults with depression, bipolar or psychosis and current LOCUS* level of VI
- Children with a wide range of behavioral health diagnoses and current CALOCUS** level of VI or who are currently in, or have been in within the past 30 days, a correctional facility, and for whom Smoky has received notification of discharge
- Children or adults that have a substance use dependence diagnosis and current ASAM*** Level of III.7 or II.2D or higher
- Children or adults with an opioid dependence diagnosis who reported using drugs by injection within the past 30 days
- Children or adults with both a mental illness and a substance use diagnosis and current LOCUS/CALOCUS of V or higher, or a current ASAM PPC Level of III.5 or higher
- Children or adults with both a mental illness diagnosis and a I/DD diagnosis and a current LOCUS/CALOCUS of IV or higher
- Children or adults with both an I/DD and a substance use diagnosis and a current ASAM PPC Level of III.3 or higher

LOCUS and CALOCUS: The LOCUS (adults 18 and older) and CALOCUS (children ages 5 to 17) are assessment and placement instruments developed by the American Association of Community Psychiatrists (AACP) and the American Academy of Child and Adolescent Psychiatry (AACAP). These tools focus on a person's level of functioning rather than just a diagnosis. The higher the score, the more

supports a person needs. A CALOCUS is not validated for an adult with an I/DD. However, it can be used for a child with an I/DD.

ASAM: The ASAM is used to make level of care decisions for people with substance use disorder or a co-occurring diagnosis. Like the LOCUS or CALOCUS, it focuses on a person's level of functioning versus just a diagnosis. The higher the score, the more supports are indicated as necessary.

Individual Support Plan development

All N.C. Innovations Waiver participants are assigned a Smoky care coordinator. The care coordinator will help manage your care, link you to needed services and supports, perform regular visits to make sure you are healthy and safe and draft your Individual Support Plan (ISP), also called a Plan of Care. The ISP is a document that describes you as a person, your likes, your dislikes, what is important to you, your goals and the services and supports you need to live an integrated life in the community of your choice. Here are some things you should know about the annual process for developing your ISP:

- The ISP is designed to cover a 12-month period that runs from the first day of the month following the participant's birth month to the last day of the month of the birth month. Your care coordinator will contact you to schedule a planning meeting in the weeks prior to your birth month. If you wish to change or add services during the plan year, you may ask your care coordinator to help you request the change by writing an update to your ISP at any time.
- During the planning process, your care coordinator will explain the different services to you and the benefit limits and requirements in the Innovations Waiver for those services.
- Your care coordinator will work with you, your natural supports and your provider to develop a Plan of Care that includes the services you want to request for the length of time you want to request them.
- The ISP should be used to plan for the entire year and include any services you expect to need at any point during the year. If you expect to need services for the entire year, your care coordinator will assure that the plan requests those services for the entire year.
- Your care coordinator will draft the ISP based on your wishes, will review the plan with you before you sign it, will answer any questions you have and will make any changes to the plan that you request before you are asked to sign it.
- Smoky care coordinators will never ask you to sign a plan that does not contain the level of services that you want to request. If you expect to need the services for the entire plan year, you will not be asked to sign an ISP that does not request those services for the entire plan year.
- You or your legally responsible person must sign the ISP once it is complete. You must have a signed ISP in order to receive services through the Innovations Waiver. This means that you need to sign a plan containing the level of services that you want to request, which may differ than what Smoky approves.
- A medical necessity review of the services and supports requested in your ISP is done by the Smoky Care Management Team, which will make a decision within 15 days unless more

information is needed. That department is separate from care coordination. Your care coordinator does not make the decision about whether the services you request are medically necessary.

- If any service requested in your ISP is not fully approved, you will receive a written explanation of that decision and information about how you can appeal. See Section 11 of this handbook for more information about the appeal process. Your care coordinator can assist you with the forms needed to file an appeal.

Co-occurring diagnoses

Some people need to work with staff members who are knowledgeable and experienced in coordinating and providing services for individuals who have both a mental illness and a substance use disorder. The federal Substance Abuse and Mental Health Services Administration estimates that 50 to 75 percent of people in addiction treatment have a co-occurring mental illness. Research shows that an Integrated Dual Disorder Treatment model helps people achieve the best results.

People who have an intellectual or developmental disability may also need mental health and/or substance use services. Studies show that approximately 30 percent of people with an I/DD diagnosis also have a mental health diagnosis. Individuals with an I/DD are also highly likely to have had multiple trauma experiences. Treatment services tailored for people with an I/DD are effective in treating mental health or substance use needs.

The System of Care approach to services for children and families

A System of Care is a group of people who work together to address problems of children and families who are involved with child welfare agencies, mental health services, schools, juvenile justice systems and/or healthcare agencies. The core values of a System of Care are that services should be:

- Culturally competent, with agencies, programs and services that are responsive to the cultural, racial and ethnic differences of the populations they serve
- Community-based, with services, as well as management and decision-making responsibility, resting at the community level
- Child-centered and family-focused, with their needs determining the types and mix of services

The Child and Family Team is an essential part of the System of Care and consists of groups of people (family members, friends, community supports and professionals) selected by the family who are interested in supporting the goals of the child and family. These teams meet as needed and are an important part of the person-centered planning process. Smoky hosts a monthly, multi-county community collaborative committed to System of Care initiatives. For the meeting schedule or to become a family advocate, call 1-800-893-6246 and ask to speak with the community outreach director or local community specialist for your county.

Section 7

Provider network and quality management

If you need help finding or choosing a provider, contact the Access to Services Line at 1-800-849-6127. Call Center staff can refer you to a provider and can also give you information about provider locations, office hours, languages and specialties.

Provider network

The Smoky provider network is the group of people, agencies or facilities that meet enrollment criteria and are contracted with Smoky to provide services to members of the Smoky Health Plan. Enrollment is based on state criteria, Smoky requirements, demonstrated quality and need. Not all providers in our 23-county area meet criteria for enrollment.

Provider directory

The Smoky provider directory is available on the Smoky website and includes names, addresses, locations, telephone numbers and services for providers in our network. Visit www.smokymountaincenter.com and click “Find a Provider.” You can look up service providers using:

- Provider name
- Service region
- Age group served
- Disability group served
- Payment type
- Language
- Service type
- Physical county location

If you want to know the professional qualifications and credentials of a doctor or therapist in the Smoky network, call Customer Services at 1-888-757-5726 and someone will find the information for you.

How to Choose Quality Services

Providers should treat you as an individual, not as a diagnosis. You deserve a meaningful therapeutic relationship and good quality care. Here are some tips to help you choose a quality provider who will meet your needs:

- Select a provider when you are feeling clear and able to communicate your needs effectively.
- Select a provider who is willing to answer your questions.
- Search for a provider who is aware of any secondary conditions you may have, such as diabetes, lung conditions, hepatitis or heart disease.
- Try to find a professional who is willing to be part of a team to work with you to be as healthy as you possibly can be.
- Consider asking friends, relatives, doctors and other people you trust about whom they would recommend as therapists or service providers.

Once you choose your provider, remember to take a list of your medications (prescribed and over-the-counter), services you have received (including dates), hospitalizations and programs you have attended (including dates), your Medicaid ID card, your Social Security card and any other insurance card to your appointment. Most appointments with a doctor or psychiatrist will last only 15 to 20 minutes. You can request a longer appointment if you are having particular problems at home, at work or with your medications.

Locations

Most services will be available within 30 to 45 miles, or 30 to 45 minutes, from your home. However, some specialty providers may be located further away. Smoky will help you find a provider who can meet your needs as close to your home as possible. You have the right to receive emergency services at any location that provides emergency care without prior authorization from Smoky.

Changing providers

Within our provider network, you have the right to change providers for any reason. You have the right to evaluate providers you are currently seeing and request a change if needed to find someone you could work with better. You have the right to complain and submit complaints or grievances about your providers. We strive to offer you a choice of qualified providers. If you live in a rural area, there will be fewer providers available because fewer people who need services live in that area. If your provider leaves Smoky's network for any reason, changes counties served or changes the services he or she offers, we will notify you in writing at least 30 days before the effective date of the change and give you a list of other providers, unless a shorter time is necessary due to circumstances beyond the control of Smoky (such as a provider going out of business unexpectedly).

Can I receive services from an out-of-network provider?

Smoky will pay for unauthorized services from an out-of-network provider if services were provided to address an emergency medical condition that placed your health in serious jeopardy, including post-stabilization care services that were provided in order to maintain your stabilized condition. Once your

condition has stabilized, the provider must request authorization from Smoky to continue your treatment.

Smoky will also pay for services from an out-of-network provider under the following circumstances:

- You are currently receiving services from an out-of-network provider and cannot be safely or appropriately transferred to a network provider; OR
- Medically necessary care is not available from an in-network provider; AND
- Smoky has authorized the service through the Care Management Team.

Authorization for services from an out-of-network provider will continue until you can be safely and appropriately transferred to a network provider. You are responsible for paying for services if you go to an out-of-network provider for non-emergency services that are not pre-authorized by Smoky. You should have the out-of-network provider call Customer Services at 1-888-757-5726. Our staff can help you and your provider with getting out-of-network authorization, or we can refer you to a provider in the Smoky network.

Types of providers

- **In-network providers:** In-network providers have a contract with Smoky to provide services in one of the 23 counties in Smoky's service area.
- **Out-of-network providers:** If you have contacted a provider for services who is not part of the Smoky provider network, you must call either Customer Services at 1-888-757-5726 or your care coordinator (if one has been assigned to you) to learn about how to request authorization to receive services from an out-of-network provider. You do not need prior approval in an emergency. If there is an in-network provider who can offer the service, we may refer you to that provider.
- **Licensed practitioners:** Licensed practitioners include medical doctors, psychiatrists, psychologists (PhD), psychology associates (LPA), master's-level social workers (LCSW), licensed marriage and family therapists (LMFT), licensed professional counselors (LPC), licensed clinical addiction specialists (LCAS), advanced practice clinical nurse specialists, psychiatric nurse practitioners and licensed physician assistants. These practitioners may be contracted directly with Smoky as licensed independent practitioners (LIPs) and bill Smoky directly for services, or they may work for a provider agency or group practice. In those cases, the agency or group practice bills Smoky for the practitioner's services. Smoky individually credentials all practitioners in the Smoky network, except for licensed hospital staff, who are credentialed directly by the hospital.
- **Group practices:** Group practices are groups of practitioners who have created a corporate entity for billing purposes. These practitioners usually share office space and offer only

outpatient therapy services.

- **Agencies and facilities:** Provider agencies and facilities are licensed entities enrolled with Smoky to deliver a wide array of basic, enhanced, specialty, residential and inpatient services and include Comprehensive Care Centers, Critical Access Behavioral Health Agencies (CABHAs), and residential providers such as group homes, Psychiatric Residential Treatment Facilities and hospitals. Smoky contracts with all of the hospitals within our 23-county region and most hospitals operating in North Carolina.

Call Customer Services at 1-888-757-5726 to request a printed copy of our provider directory at any time. You may want to carry it with you when you go out of town.

Cultural competence of Smoky network providers

Smoky's goal is for providers in our network to be culturally competent. We want our service system to reflect the uniqueness of our local communities, improve the quality of services and be shaped by the choices of people served and their families. Smoky encourages our provider network to develop cultural competency to provide the highest quality of care to all people. Cultural competence extends beyond cultural sensitivities into the behaviors, attitudes and policies that enable our system to work more effectively in cross-cultural situations.

Smoky and our provider network have adopted a cultural competence plan that highlights the steps toward the progression of cultural competence:

- People will experience the positive effects of a service provider through their diversity of décor (wall and table decorations) and atmosphere.
- Providers will become more engaged in the community of the consumers. This may include participating in community events, focus groups and community advisory councils.
- Providers and their staff will become more aware of ethnic, racial, regional and cultural differences.
- Providers and their staff will become better educated on how best to deliver services to culturally and ethnically diverse people and on how to eliminate barriers to treatment, such as language and interpretation.

If you believe staff serving you does not understand your language or religious, cultural, educational or social background, you have the right to ask about changing staff to better meet your needs.

Client Rights/Human Rights Committees

Each provider network agency is required to maintain a Client Rights/Human Rights Committee consistent with state laws and rules. Providers must submit the minutes of their Client Rights/Human Rights Committee meetings to Smoky four times a year. Providers must have a process that lets you

submit complaints and grievances about your concerns or your family's concerns about your services. Providers must document all complaints received, including date received, points of complaint and resolution information. Any unresolved concerns or complaints should be referred to Smoky. Providers must share their complaint and grievance processes to all people receiving services, and their families, when services start and any time it is requested. Providers must advise people receiving services and their families that they may contact Smoky directly about any concerns or grievances.

Provider monitoring

Smoky conducts routine and focused monitoring and post-payment reviews of providers in our network to ensure quality care and prevent fraud and abuse of public funds. Our staff investigates complaints about providers in our network, whether those complaints come from you, family members, community stakeholders or Smoky staff. If we substantiate a complaint, the provider may be asked to complete and implement a plan of correction, or we may take action against the provider, including suspension of referrals or payments or termination from the provider network. We believe it is our responsibility to closely monitor providers who deliver your care to ensure your health and safety.

Program integrity

Smoky has a team of certified investigators who investigate allegations of fraud, waste and abuse in our Medicaid managed care program. This team identifies and recovers overpayments made to providers in our network and refers allegations of fraud to the Medicaid Investigations Division of the N.C. Attorney General's Office. These investigations are confidential.

Quality management

Smoky is committed to a robust quality management (QM) program that ensures access to care, a well-qualified provider network and a comprehensive array of behavioral health and intellectual or developmental disabilities services that are clinically appropriate and meet quality standards. This program helps make sure your services are high quality, including services provided in outpatient, inpatient/hospital, residential and community-based settings. Smoky's QM program assesses and monitors clinical outcomes and indicators, as well as administrative issues that affect how your care is delivered.

Smoky's Quality and Integrity Operations (QIO) Department includes program integrity investigators, staff who monitor Smoky's performance, staff who respond to grievances filed about Smoky or network providers and staff who monitor critical incidents filed by Smoky providers in the N.C. Incident Response Improvement System. Quality improvement activities focus on access to care, quality and appropriateness of care, the over- and under-utilization of services and network provider performance. A full description of the Quality Management Plan can be found on the Smoky website at www.smokymountaincenter.com.

Section

8

How are services approved?

Smoky care management

Federal Medicaid regulations require Smoky to perform utilization review and management of services. This process helps us keep track of the type and amount of services and how often they are used. Smoky's Care Management Team is staffed by experienced clinicians who review requests for services. They make decisions to ensure you get the right care, in the right amount and at the right time.

Smoky does not engage in practices that would provide incentives for care management staff or contractors to deny, reduce, terminate, suspend, limit or discontinue medically necessary services to any member. Smoky's decision-making is based only on member eligibility and whether the requested service is appropriate using established medical necessity and EPSDT criteria, clinical practice guidelines, waiver limits and service definition requirements. Smoky does not offer rewards to providers for denying services. There are no financial incentives for Smoky care management staff that would discourage approval of services.

People receiving services must meet medical necessity criteria for the amount and duration of the requested services. Medicaid beneficiaries enrolled in the Smoky Health Plan are entitled to medically necessary services to address their specific condition. People without Medicaid who meet medical necessity criteria will receive services to the extent they are eligible and resources are available.

Submission, review and appeal process

If your provider thinks you need a service requiring prior authorization, he or she should submit a Service Authorization Request (SAR) via the electronic AlphaMCS Provider Portal. Your provider is responsible for submitting documentation to show that the service is necessary for you.

In general, Smoky has 14 calendar days to review each SAR and make a decision about the request. This timeframe can be expedited if the 14-day timeframe could seriously jeopardize your life or health or ability to attain, maintain or regain maximum function. If Smoky determines that you meet expedited criteria review, we must make a decision on your request for services and provide written notice within 72 hours. If we do not agree that your request should be expedited, you will be notified in writing and can file a grievance if you disagree. Both the regular and expedited timeframes may be extended by up to 14 calendar days at your request or if Smoky determines that we need additional information and the extension would be in your best interest.

If a care manager determines the requested service does not meet criteria, the request will be reviewed by a licensed psychologist or medical doctor (peer reviewer), who will make a final decision. Only peer reviewers can decide to deny, reduce or terminate a service you have requested. In some cases, other levels or kinds of services may be recommended. Smoky's goal is to ensure that people receive the right service at the right level, using the most effective and efficient treatment possible.

If Smoky decides to deny, reduce or terminate a service requested for you, we will send you or your guardian a notice in writing with instructions and a form for filing an appeal. Section 11 of this handbook provides detailed information on how to appeal.

Prior authorization

All services must be medically necessary, and Smoky must authorize some services before they are provided. Authorization covers the dates and amounts of services provided. Prior authorization is generally required for all N.C. MH/DD/SA Health Plan-covered services, with the following exceptions:

- **Basic services:** Medically necessary outpatient visits for adults and children who have Medicaid do not require prior approval unless you are receiving other enhanced services at the same time. If you receive state-funded services, you can receive up to eight visits for adults and 16 visits for children under age 18 without prior approval.
- **Emergency/crisis services:** Smoky will reimburse providers for documented emergency or crisis services at any time without regard to prior authorization or whether the provider is enrolled in the Smoky network. Members with Medicaid who receive emergency or crisis services will be enrolled with Smoky as soon as possible. The date of enrollment will become the date the emergency or crisis services were provided. Individuals must be enrolled in our system before they can receive additional, non-emergency services.

Your provider should know which services require prior authorization, or you can call Smoky's Customer Services Line at 1-888-757-5726 for more information.

It is important to attend your appointments within the dates authorized for services. Once you are past the dates for your authorization, you will need to get additional authorizations for services from Smoky even if you did not use all the services that were authorized.

Medical necessity

Smoky uses medical necessity criteria when determining appropriate care for Smoky Health Plan members. Medically necessary treatment includes procedures, products and services that are:

- Necessary and appropriate for the prevention, diagnosis, palliative, curative or restorative treatment of a mental health or substance use condition

- Consistent with Medicaid clinical coverage policies and national or evidence-based standards, bulletins, standards or other guidance issued by CMS, N.C. DHHS or its divisions or verified by independent clinical experts at the time the procedures, products and the services are provided
- Provided in the most cost-effective, least restrictive environment that is consistent with good clinical standards of care
- Not provided solely for the convenience of you, your 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 services and in accordance with the N.C. State Plan for Medical Assistance, the North Carolina Administrative Code, Medicaid clinical coverage policies and other applicable federal and state laws, rules, regulations and directives
- Sufficient in amount, duration and scope to reasonably achieve their purpose
- Reasonably related to the diagnosis for which they are prescribed regarding type, intensity and duration of service and treatment settings

Medically necessary treatment is designed to:

- Be provided along with a person-centered service plan based upon a comprehensive assessment and developed with you or a child and the child’s family or legal guardian and community team
- Conform to any advance directive you have prepared
- Respond to the unique needs of linguistic and cultural minorities
- Prevent the need for involuntary treatment or institutionalization

Clinical practice guidelines and other care management criteria

Smoky’s Care Management Team uses clinical practice guidelines, clinical decision support tools such as the LOCUS, CALOCUS and ASAM and other clinical standards to evaluate whether care is effective and appropriate. Providers use these guidelines as a road map for effective evidence-based care. We also encourage you to use these guidelines to help make choices about treatment decisions.

Practice guidelines are meant to improve care by helping you and your provider make clinical decisions. They are based on research and have been shown to help people with their problems. A local committee of people receiving services, family members and professionals has approved the guidelines Smoky uses.

For more information about the N.C. State Plan for Medical Assistance, N.C. Medicaid Clinical Coverage Policies (service definitions) or N.C. DHHS directives, visit the N.C. Division of Medical Assistance website at www.dhhs.state.nc.us/dma. For a full listing of care management criteria or to request a copy of Smoky’s Clinical Practice Guidelines, please call 1-888-757-5726 or visit Smoky’s website at www.smokymountaincenter.com. If you feel your doctor or provider is not following these guidelines, please call Customer Services at 1-888-757-5726 and let us know about your concerns. If you don’t tell us about your concerns, we cannot improve the care you receive.

Waiting list for services

Smoky may place you on a waiting list for services if:

- Demand for services exceeds available resources (non-Medicaid funds only), or
- There is no provider available for a Medicaid or state-funded service (for example, if all residential level II beds are full).

If your clinical needs cannot be met with a network provider, or no bed or slot is available at a network facility, and you meet criteria for the requested level of care, the care manager will certify the treatment plan according to the guidelines for authorization at that level of care. The Care Management Team maintains a waiting list for all services at capacity or subject to funding limitations and is notified when providers report openings or funding for services becomes available. The department then identifies potential candidates from the waiting list. The following factors are considered when selecting people from the waitlist for services:

- Service need
- Risk factors such as health and/or safety issues
- Risk of hospitalization or a higher level of care if the need is not addressed
- Whether the resources identified are adequate to meet your needs
- If other funding sources are available to meet your needs
- Length of time you have been waiting
- For group settings, the compatibility with other people receiving treatment. In some cases, people in residential settings are given choices over preferred housemates (adult services).

You are then given a list of qualified providers and may select from that list. If the opening is within an identified program, the program receives a list of people who are eligible. An admissions committee then screens applicants and makes a selection based on the factors identified above. The committee considers people without regard to race, ethnicity, religion or sexual orientation. People referred from regional developmental centers, state mental health facilities or state substance use facilities will be given equal consideration for community referrals. Bringing people back to the community is a high priority for Smoky.

Requesting EPSDT services

EPSDT requires that children under age 21 have access to services necessary to improve their condition regardless of Medicaid benefit plan limitations. If you or your provider want to request a service under EPSDT that is not covered in the N.C. MH/DD/SA Health Plan and cannot be requested electronically through the AlphaMCS Provider Portal, please call 1-800-893-6246, extension 1902, and a care manager can help you with your request.

New treatments

Smoky is always interested in learning about new treatments or therapies to determine if they should be covered benefits. We review new behavioral health advances, government studies and peer-reviewed research as they are made available to determine if experts have agreed that new treatments are safe and effective. New proven therapies and treatments must result in outcomes that are as good as, or better than, covered benefits currently offered by Smoky. Requests for new treatments are reviewed by the chief medical officer and the Clinical Practices Cross-Functional Team to determine need within Smoky's 23 counties.

Section 9

How can Smoky help you in recovery?

What is recovery?

“Recovery is a journey of healing and transformation enabling a person to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential.”

National Consensus Statement on Mental Health Recovery

Smoky believes you can reach your goals by identifying your strengths and working with your family and your support system. Each person’s path to recovery is unique. Through the recovery process, people who experience psychiatric or substance use disorders are empowered to understand that who they are as a whole person – not their diagnosis – is central to their lives as they work to participate more fully in their communities. Founded upon the guiding principles of recovery as outlined by the Substance Abuse and Mental Health Services Administration (SAMHSA), Smoky believes that recovery:

- Emerges from hope
- Is person-driven
- Occurs through many pathways
- Is holistic
- Is supported by peers and allies
- Is supported through relationships and social networks
- Is culturally-based and influenced
- Is supported by addressing trauma
- Involves individual, family and community strengths and responsibility
- Is based on respect

Smoky strives to support you on your path to recovery by engaging in community collaboration and promoting services that may improve the health and wellbeing of those we serve. Our hope is that these programs will help you achieve your recovery goals and empower you to live in a healthy, safe and meaningful way.

Community education

Smoky believes that people who are well-informed about their illnesses are better able to manage them and achieve desired results. Our community education initiatives provide helpful information to individuals about their diagnoses, treatment options and maximizing treatment benefits.

To request information about community education initiatives, including preventive health programs, call the Smoky Customer Services Department at 1-888-757-5726.

Community Collaboration Department

Smoky's Community Collaboration Department has a number of teams, programs and initiatives to help you in recovery, support your rights, prevent crisis situations and engage and support the community through outreach, education, training and technical assistance.

Community Outreach Team

- Provides System of Care (SOC) coordination, activities and training and implementation of SOC core values to all Smoky counties
- Provides support for community collaboratives and health and wellness coalitions
- Focuses on prevention and early intervention activities, programs and training
- Provides technical assistance and community education to community stakeholders

Consumer Relations Team

- Maintains and supports the Smoky CFAC and Human Rights Committee
- Smoky's peer and family support specialists help people and families navigate the system, develop and maintain individual and family support networks, provide wellness planning and peer support specialist trainings and provide individualized peer support for people with identified unmet needs
- Smoky's family partners work with community specialists to carry out the System of Care (SOC) core values and principles, help families navigate the child system and support families to lead the person and family-centered planning process of the Child and Family Team

Crisis Management/Crisis and Emergency Department Initiative

- Provides daily management of data and coordination of services for people receiving treatment in emergency departments (EDs)
- Provides leadership in building community capacity to prevent crisis, support people in crisis and ensure evidence-based practice in crisis management through the Crisis/ED Initiative (CEDI)
- Provides training for magistrates, law enforcement, ED staff, DSS staff and others about crisis management and involuntary commitment, including partnering with Smoky training staff to support Crisis Intervention Team (CIT) training

Geriatric and Adult Mental Health Specialty Team (Gero Team)

- The Gero Team is a state-funded program that includes registered nurses, licensed clinicians and qualified mental health professionals serving all 23 Smoky counties.
- The teams provide education and consultation for staff of long-term care facilities, as well as family members and caregivers of individuals 60 years and older with mental illness or who are experiencing emotional or behavioral challenges.
- The teams may also assist staff of long-term care facilities, as well as family members and caregivers of individuals who are under 60 years of age who are experiencing early onset of dementia or other geriatric-type health illnesses.

Transition to Community Living Initiative (TCLI)

- This program implements a settlement agreement between the state of North Carolina and the U.S. Department of Justice to coordinate community integration for people with severe and/or persistent mental illness or substance use disorders.
- TCLI provides supports such as housing, treatment, supported employment, tenancy supports and oversight for people being treated by Smoky providers.
- Smoky's TCLI team includes N.C. certified peer support in-reach specialists, transition coordinators and supervisors, housing specialists and supported employment specialists.

Housing and employment

- Housing activities include providing housing information to people receiving services, providers and managed care organization staff, administering HUD SPC and MCO housing programs and increasing housing resources through partnerships with service and housing providers.
- Smoky works with ADVP and SE/LTVS providers to increase service quality, educate providers and the public about the new SE/LTVS service definition utilizing the IPS model, provide employment information to people receiving services, providers and managed care organization staff and work directly with people when paid employment supports are not successful.

Hospital liaison

- Smoky hospital liaisons evaluate the needs of people in hospitals and participate in treatment teams with hospital social workers to ensure appropriate treatment planning.
- Hospital liaisons coordinate with people's behavioral health homes or refer people to an appropriate provider who can serve as their behavioral health home.
- Hospital liaisons refer people to and collaborate with care coordination staff prior to discharge to ensure adequate follow up with appointments after someone is discharged.

You can develop a crisis plan

Smoky encourages you to have a crisis plan, and we require providers to develop a written crisis plan for all people who are at risk of hospitalization, incarceration or out-of-home placement. You may develop a crisis plan on your own or with your treatment team. This plan is for everyone to follow during a mental health or substance use emergency. Your crisis plan is shared with all your caregivers and can be recorded into a computer database. Then, anyone who provides treatment to you, including hospitals, can follow your instructions. For example, if you have not been able to sleep for three nights, your crisis plan might include the name of a person to whom you give permission to take away your keys or limit your long distance phone calls. As another example, if you have bought alcohol or plan on going to a party where there will be drugs, the crisis plan will identify someone to talk to about these events and what they may mean to your recovery. You may also have a plan for a sponsor who will take you to an Alcoholics Anonymous, Narcotics Anonymous or Dual Recovery Anonymous meeting.

When you write your crisis plan, think about what the early signs of trouble or crisis are for you. You can share these signs with people who are willing to be your support network. Some people who receive mental health or substance use services are trained to help you write a Wellness Recovery Action Plan® (WRAP®). If you cannot write, another person receiving services can help you make a list of things that will help you stay healthy. Other people who have avoided a crisis or relapse can help you with ideas to remember your medications and appointments. They can be good listeners when you need to talk about your concerns.

Writing down or talking about what you want to happen if you are in crisis will help you:

- Protect your right to make medical decisions and choices about your treatment, placement, health care, foods, medicine, surroundings or friends
- Help family members make decisions if you cannot
- Remember allergies to medications or foods
- Help your doctors by telling them your wishes
- Stay in recovery longer and decrease the likelihood of recurrences
- Increase your self-esteem in dealing with life stressors
- Arrange for someone to be with you if you are fearful
- Decide who can pay your rent and bills and take care of your pets if you are hospitalized

Planning for the future

You have the right to make instructions for your mental health, substance use or intellectual or developmental disability treatment in advance to use if you become incapable of making such decisions. There are three types of advance directives in North Carolina which allow you to make your wishes known in case you are unable to make decisions for yourself: (1) healthcare power of attorney, (2) psychiatric advance directives (also known as the Advance Directive for Mental Health Care) and (3)

advance directive for a natural death (also known as a living will). The N.C. Secretary of State provides forms you can use to create advance directives that meet the requirements of North Carolina law: <https://www.secretary.state.nc.us/ahcdr/Forms.aspx>

However, you are not required to use these forms, and North Carolina law allows the use of other forms that meet certain requirements. If you prepare your own advance directive, you should be very careful to make sure it is consistent with North Carolina law.

If you want to use any of the N.C. Secretary of State forms, you must complete the form, sign it and have your signature witnessed by two qualified witnesses and a notary public. Follow the instructions about which choices you can initial very carefully. Do not sign the form until two witnesses and a notary public are present to watch you sign it.

All of the documents mentioned in this section must be written and signed by you while you still have capacity, understand your condition and your treatment choices and are able to make your wishes known. Keep a copy in a safe place and give copies to your healthcare agent, any alternates, your family, treatment team, doctor and the hospital where you are likely to receive treatment.

You can also arrange to have any of these advance directives filed in the N.C. Advance Health Care Directive Registry maintained by the N.C. Secretary of State: <http://www.nclifelinks.org/ahcdr/>. There is a \$10 fee to register an advance directive. This includes registration, a revocation form, registration card and password. You have the right to file a grievance with the N.C. Division of Health Service Regulation or with Smoky if you feel the laws governing the advance directives have not been followed correctly.

Even if you do not wish to file these forms as legal documents, the questions on these forms will help you plan for a crisis and think about what kind of treatment you would want. Smoky's peer and family support specialists can send you these forms and help you consider some of the questions on the forms. Call 1-888-757-5726 and ask for the Consumer Relations Team.

Healthcare power of attorney

This document gives the person you designate as your healthcare agent broad powers to make healthcare decisions for you when you cannot make the decision yourself or cannot communicate your decision to other people. You should discuss your wishes concerning life-prolonging measures, mental health treatment and other healthcare decisions with your healthcare agent. Except to the extent that you express specific limitations or restrictions in this form, your healthcare agent may make any healthcare decision you could make yourself.

Psychiatric advance directives

The psychiatric advance directive (PAD), or Advance Directive for Mental Healthcare, is a legal document that provides your instructions for your mental health treatment if you cannot communicate or make voluntary decisions for yourself. The instructions may include statements about:

- What you think calms you down
- How you feel about seclusion or electroconvulsive therapy
- Whom to contact in the event of a mental health crisis
- What medicines you do not want to take
- Which doctor you want to be in charge of your treatment

These are decisions you can make in advance of any situation in which you are unable to communicate your wishes about your care and provide specific instructions to be followed by a physician or psychologist. The instructions you include in the PAD will be followed if a physician or eligible psychologist determines that you are incapable of making and communicating treatment decisions. Otherwise, you will be considered capable to give or withhold consent for the treatments. Your instructions may be overridden if you are being held in accordance with civil commitment law.

Living will

You can use the living will form to give instructions for the future if you want your healthcare providers to withhold or withdraw life-prolonging measures in certain situations. 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. A living will goes into effect when you are unable to share what you want to happen regarding your care or when you are in a persistent vegetative state. You should talk to your doctor about what these terms mean. The living will states what choices you would have made for yourself if you were able to communicate. Talk to your family members, friends and others you trust about your choices.

Revocation

Your advance directives are active until you cancel them. There is a revocation form available on the N.C. Secretary of State website that you can use at any time if you change your mind. You may cancel or change your advance directives at any time you have not been determined to be incapable, but if you do, be sure to inform anyone who has copies about the change. It is important to know that you may not revoke advance directives after you are found incapable by a physician or other authorized mental health treatment provider. A revocation is effective when it is communicated to your attending physician or other provider.

Section 10

Member rights and responsibilities

The protection and promotion of your rights is a crucial component of our service delivery system. You are guaranteed certain rights by law. Smoky network providers must respect your rights at all times, provide you with continual education regarding your rights and support you in fully exercising your rights.

The rights and responsibilities in this handbook are based on N.C.G.S. Chapter 122C, Article 3, rules codified at Title 10A, Subchapters 27C, 27D, 27E and 27F of the N.C. Administrative Code and other federal and state laws, rules and regulations. If you feel that your rights have been violated, you should contact the Smoky Human Rights Committee or file a grievance by calling the Customer Services Line at 1-888-757-5726. If you prefer to contact someone other than Smoky, please call the N.C. DHHS Customer Service Center at 1-800-662-7030.

Human values

Smoky's management of services is based on a set of human values. These values were embedded in the vision of the North Carolina State Plan, called "Blueprint for Change," effective November 30, 2001. That plan stated that people with mental health, substance use or developmental disability service needs should have:

- A meaningful say in the design and planning of the service system
- Information about services and how to access them
- Easy, immediate access to appropriate services
- Services to prevent and resolve crises
- Satisfaction with the quality and quantity of services
- The opportunity to voice complaints
- An orderly, fair and timely system of arbitration and resolution
- Educational and employment opportunities
- Safe and humane living conditions in communities of their choice
- Reduced involvement with the criminal justice system
- Opportunities to participate in community life and make choices

You have the right to recommend changes to Smoky's policies and services. If you wish to do so, please contact Customer Services at 1-888-757-5726 or write us at: Smoky Mountain LME/MCO, 200 Ridgefield Court, Suite 206, Asheville, NC 28806.

As a member of the Smoky Health Plan, you have certain rights and responsibilities for your care:

Your rights

- The right to confidentiality and privacy
- The right to be treated with respect and recognition of your dignity
- The right to humane care and freedom from mental and physical abuse, neglect and exploitation
- The right to live as normally as possible while receiving care and treatment
- The right to be free from unwarranted searches of your person or seizure of your possessions
- The right to be free from unnecessary or excessive medication, which shall not be used for punishment, discipline or staff convenience and which shall be administered in accordance with accepted medical standards and only upon the order of a physician or other medical practitioner as documented in your health record
- 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 be free from any form of discrimination prohibited by federal and state laws, rules and regulations
- The right to freedom of speech and freedom of religious expression
- The right to exercise the same civil rights as any other citizen, including the right to vote, marry, divorce, make a will and buy, sell and own property, unless the exercise of such rights has been precluded by an unrevoked adjudication of incompetency (adults only)
- The right to be free from the threat of unwarranted suspension or expulsion from treatment
- The right to consent to or refuse treatment, except in a medical emergency or an involuntary commitment
- The right to receive treatment in the most natural, age-appropriate and least restrictive environment possible
- The right to participate with your treating providers in making healthcare decisions
- The right to participate in the development and periodic review of your written person-centered treatment or habilitation plan that builds on individual needs, strengths and preferences
- The right to have an individualized treatment or habilitation plan implemented within 30 days of admission to any inpatient or residential facility
- The right to ask questions of Smoky or your treating providers at any point in the process and receive accurate information
- The right to participate in a candid discussion with your treatment providers about medically necessary treatment options and alternatives for the relevant diagnosis or condition, regardless of benefit coverage limitation
- The right to be informed in advance of the benefits or risks of treatment choices, and to a second opinion at no cost to you
- The right to decide among relevant treatment options and express preferences about future treatment decisions regardless of benefit coverage limitation

- The right to be informed of the cost of services at the first visit or during scheduling of the first appointment
- The right to have health information kept secure and confidential by Smoky and treating provider(s) in accordance with federal and state laws, rules and regulations
- The right to request and receive a copy of your medical record, subject to therapeutic privilege, and to request that your medical record be amended or corrected
- The right to voice complaint(s) or file a grievance about Smoky or the care and treatment you receive from Smoky providers
- The right to receive written notification from Smoky about adverse decisions on requests for prior authorization
- The right to file an appeal with Smoky of the denial, reduction, suspension or termination of a service and to request a State Fair Hearing if you disagree with Smoky's final decision
- The right to receive oral interpretation services and other accommodations as needed for accessibility, free of charge
- The right to a current listing of network providers and access to a choice of providers from within the network to the extent possible or required by law
- The right to receive information about Smoky, its services, its providers/practitioners and member rights and responsibilities presented in a manner appropriate to your ability to understand
- The right to receive a written notice from Smoky of any "significant change" at least 30 days before the intended effective date of the change. A "significant change" is a change that requires modifications to the 1915 (b)/(c) Waiver, Smoky's contract with the Division of Medical Assistance or the N.C. Medicaid State Plan.

Your responsibilities

In addition to your rights as a member of the Smoky Health Plan, you can ensure the best outcomes for yourself by assuming the following responsibilities:

- To supply all information (to the extent possible) that Smoky and its providers need in order to provide you with the best care possible
- To invite people who will be helpful and supportive to your treatment team meetings
- To cooperate with treatment providers and participate in developing mutually agreed-upon treatment goals, to the degree possible
- To work on the goals of your mutually developed person-centered plan or Individual Support Plan
- To follow the plans and instructions for care agreed to with your treatment providers
- To tell your treating provider, including a doctor, nurse or therapist, about any changes in your health or condition
- To understand your own health condition(s) or diagnosis, to the degree possible

- To ask questions when you do not understand your diagnosis, treatment expectations or the care you are receiving;
- To keep and be on time for scheduled appointments
- If unable to keep an appointment, to cancel it at least 24 hours in advance
- To meet financial obligations according to any established agreement with your provider
- To inform your provider (and Smoky staff if meeting in person) of any medical condition that is contagious
- To take your medications as they are prescribed
- To tell your prescriber or another doctor if you are experiencing unpleasant side effects from medications or if medications do not seem to be helping
- To tell your treating provider if you do not agree with their recommendations or want to end treatment
- To use the hospital emergency department only for emergency care
- To contact the Smoky toll-free Access to Services Line if you are in crisis and cannot reach your provider or need access to services
- To request a discharge plan when leaving a program or facility, be sure to understand it, and be committed to following it
- To respect the rights and property of other individuals and of Smoky and provider staff, including other consumers' privacy rights
- To be considerate of other consumers, family members and Smoky and provider staff
- To seek out additional support services in the community
- To read written notices from Smoky (or ask for them to be read to you), especially notices about changes in benefits, services, or providers
- To notify the county Department of Social Services (for Medicaid enrollees), provider or Smoky toll-free Customer Services Line (for state-funded consumers) right away with any change in your contact information, including your address or telephone number
- To carry your Medicaid or other insurance card with you at all times and not allow other persons to use or borrow them
- To review any explanation of benefits carefully to ensure that services billed are accurate
- To ask for a copy of documents you are asked to sign and keep them somewhere safe
- Not to share medical records or other sensitive information with anyone except Smoky or another insurance program, or a doctor, agency, clinic, hospital or other healthcare provider
- Not to ask a doctor or other healthcare provider for treatment or care that you do not need
- To refuse gifts or kickbacks offered by your provider and report the offer to Smoky
- To call the toll-free Fraud and Abuse Hotline if you have any concerns or suspicions about a provider's billing practices or other compliance issue
- To tell Smoky about any problems you experience with services, network providers or Smoky staff

Informed consent

A person receiving services has the right to be informed in advance of the potential risks and benefits of treatment options, including the right to refuse to take part in research studies. You have the right to consent to or refuse any treatment unless:

- It is an emergency situation;
- You are not a voluntary patient;
- Treatment is ordered by a court of law; and,
- You are under 18 years of age, have not been emancipated and the guardian or conservator gives permission.

Right to privacy

You have the right to confidentiality. The law protects the confidentiality of your care and treatment. Except as allowed by law and agency regulations, your records and other information about you will not be released without your written permission. Some examples of when we may be required to share information with another person or agency about the services you receive are outlined below.

- If you give permission, we may share information with any person that you name.
- Your next of kin may be informed that you are a consumer, if it is in your best interest.
- With your permission, your next of kin, a family member with a legitimate role in your service or another person you name may be given other information about your care.
- A consumer advocate may review your record when assigned to work on your behalf.
- The court may order us to release your records.
- Our attorney may need to see your file because of legal proceedings.
- Another public agency may need to receive your files when your care is transferred.
- If you become imprisoned, we may have to share your file with prison officials.
- In an emergency, another professional who provides treatment to you may receive your records.
- A physician or other professional who referred you to our facility may receive your files.
- If we believe that you are a danger to yourself or to others, if we believe you are likely to commit a crime or that you are abusing or neglecting your children, we are responsible for sharing this information with law enforcement and the Department of Social Services (DSS).
- We can disclose to your next of kin when you are admitted or discharged from a facility, but only if you have not objected.

Information can be provided without your consent to help in treatment and care coordination, for healthcare operations such as payment, for emergency care and to law enforcement officers to comply with a court order or subpoena. Special rules may apply if you have a legal guardian appointed, are a minor, are receiving treatment for substance use or have HIV.

Smoky may use information about you:

- To review the quality of care you receive
- To coordinate your care with other providers
- To report suspected abuse, neglect or exploitation
- To start a guardianship or involuntary commitment proceeding

You have the right to request and receive a copy of your consumer record unless your provider, doctor or therapist determines this would be detrimental to your physical or mental wellbeing. This is called therapeutic privilege as set forth in N.C.G.S. §122C-53(d). If the doctor or therapist determines that this would be detrimental to your physical or mental wellbeing, you can request that the information be sent to a physician or professional of his or her choice.

Smoky network providers must ensure that all staff providing services maintain the confidentiality of all people receiving services and other information received in the course of providing services. Provider staff will not discuss, transmit or narrate in any form any consumer information of a personal nature, medical or otherwise, except as authorized in writing by the consumer or his legally responsible person, or as permitted by applicable federal and state confidentiality laws and regulations.

A Notice of Privacy Practices is included in your welcome packet and posted on Smoky's website at <http://www.smokymountaincenter.com/consumers.asp?section=consinfo>. If you need another copy, call Customer Services at 1-888-757-5726 and ask that a copy be mailed to you. If we change our Notice of Privacy Practices, we will mail you a new copy.

Electronic mail

Smoky staff and contractors cannot transmit email with consumers about their personal or health matters unless it is through the use of a secured email service such as Zixmail. If you do not have access to a secure email service, Smoky recommends that your healthcare and other sensitive information be communicated in writing or face-to-face.

Rights of minors

A minor has the right to agree to some treatments without the consent of his or her parent or guardian, including:

- Treatment of venereal diseases
- Pregnancy
- Use of controlled substances or alcohol
- Emotional disturbance

Rights in 24-hour facilities

If you enter a 24-hour treatment facility, the specific rules for that facility will be given and explained to you. The facility rules must be given to you within 72 hours or within your first three visits to the program. These rules will cover hygiene, grooming, your living environment, your personal funds and storage and protection of clothing and possessions. These rules are in Subchapter 27F of the 10A North Carolina Administrative Code, Section .0100 through .105.

Client rights rules for community mental health, substance use and intellectual or developmental disability services are available at www.dhhs.state.nc.us/mhddsas/manuals.

Rights in jail

North Carolina correctional facilities must have a medical plan that includes policies for health screening of inmates upon admission, as well as administration, dispensing and control of prescription and non-prescription medications. Jails must provide conferences with qualified medical personnel and privacy during examinations. You will be observed twice per hour, or four times per hour if you have a record of making suicide attempts or are displaying erratic behavior.

Voluntary and involuntary commitment

In North Carolina, individuals with mental illness, substance use disorder and intellectual or developmental disabilities can be voluntarily admitted to and discharged from a facility. This applies to both competent and incompetent adults.

Competent adults may seek their own admission because they think they need it. If the facility determines they do not have a treatment that would be of benefit to you or that you do not need treatment, the facility can elect not to admit you. If you are a voluntary patient, you must be discharged within 72 hours of your own written request. An incompetent adult with a mental illness or substance use problem will have a court-appointed guardian who will act on your wishes and seek admission for you. They will be required to consent to your treatment and receive legal notices for you.

Seeking voluntary treatment when you feel the signs, symptoms and fear of losing control is usually better than waiting until a police officer, relative or neighbor goes to a magistrate and lists facts to justify that you are dangerous to yourself or to others or in need of treatment to prevent further deterioration that would predict dangerousness. The magistrate or clerk of Superior Court would then issue an order to have you examined by a physician or psychologist. An affidavit is filed with facts to show that you are imminently dangerous or already dangerous to yourself or others. The clerk or magistrate then issues a custody order to a local law enforcement officer, who locates and transports you to a physician or psychologist for evaluation, usually in an emergency department of a hospital. If the examiner determines that you meet commitment criteria, the law enforcement officer takes you to an inpatient facility, where a second examination is conducted, if possible, within 24 hours.

Within 10 days, a hearing is held in District Court. If the court finds by clear, cogent and convincing evidence that you meet inpatient commitment criteria, it may order commitment for up to 90 days. At the end of 90 days, a hearing can be held and a second commitment order issued for an additional period of up to 180 days. Re-hearings can be held at the end of this second commitment and annually thereafter.

Involuntary commitment takes control out of your hands and completely interrupts the flow of your life. If you have been involuntarily committed to inpatient care in the past and have lost a lease or a job, think about seeking help as soon as you know something is wrong. Try to go to a Comprehensive Care Center, facility-based crisis center or call the Access to Services Line at 1-800-849-6127 and ask for help.

Courts also have the option to order that an individual who meets criteria be placed under an outpatient commitment, which would require the person to obtain treatment on a regular basis while living in the community. Outpatient commitment can be ordered for persons who are deemed mentally ill, capable of surviving safely in the community with available supervision from family, friends, or others, in need of treatment in order to prevent further deterioration and whose current mental illness limits or negates the ability to make an informed decision to seek voluntary treatment or comply with recommended treatment. Failure to comply with an outpatient commitment order may result in an order to law enforcement to take the individual into custody and present them to an inpatient facility for an evaluation.

Courts can also order involuntary or outpatient commitment for substance use treatment if the person is a substance abuser and is dangerous to self or others. To obtain more information about outpatient or substance abuse commitment, please call 1-888-757-5726 and ask to speak with someone from the Consumer Affairs Team.

Firearms and concealed weapons

People who apply for a permit to carry a concealed weapon in North Carolina must give consent for the details of mental health and substance use treatment and hospitalizations to be released to law enforcement. Under federal and state law, individuals with a history of substance abuse, involuntary commitment or certain criminal history may be denied the right to purchase a firearm or to carry a concealed weapon.

Can I terminate services?

You may recover to the extent that you decide you no longer need services. However, you can access treatment any time services are needed again. You are free to stop or discontinue services at any time or refuse a recommended treatment unless a court has ordered you to be in treatment or you have a legal guardian who makes your healthcare decisions.

Guardianship and civil rights

People who do not have the ability to make and communicate important decisions about their personal and financial affairs may be declared incompetent and be assigned a guardian to help them exercise their rights. The guardian is legally appointed by the court to serve as that person's decision-maker and advocate. The guardian must give this person the opportunity to take part as fully as possible in all decisions affecting him or her.

For more information about guardianship services, please contact your local Department of Social Services (DSS). Unless a court has declared you incompetent, you are entitled to all civil rights, including:

- To register and vote
- To own, buy or sell property
- To sign a contract
- To sue others who have wronged you
- To marry or get a divorce
- To procreate and raise children

People who are determined to be incompetent and who are assigned a court-appointed guardian retain all legal and civil rights, except rights granted to the guardian by the court.

Restoration to competency

If you have been declared incompetent, you can have your guardianship reversed and possibly be restored to competency. You, the guardian or any other interested person can ask the clerk of Superior Court to re-open the case. The request begins by filing a written motion or petition with the clerk in the county where the guardianship is administered. To be restored to competency, you must prove that you are able to manage your own affairs and make and communicate important decisions. If competency is returned, the guardian is dismissed. Partial restoration of some rights is also an option.

Grievances and appeals

We want you to understand your rights to file grievances and request appeals. Please read this section very carefully. Remember that it is important for you to follow exactly all procedures that come to you in notices and letters issued by Smoky, including timelines for requesting appeals.

Grievances

A grievance is a complaint or concern by or on behalf of a Smoky Health Plan member about any matter other than a decision to deny, reduce, terminate or suspend your services (called “actions”). You have the right to file a grievance with Smoky either verbally or in writing. **To file a grievance, call the Customer Services Line at 1-888-757-5726 or mail your grievance to: Smoky Mountain LME/MCO, Quality & Integrity Operations Department, Attn: Complaints and Grievances, 1207 East Street, Waynesville, NC 28786-3438.** Examples of grievances include concerns about:

- Staff not keeping an appointment
- Staff not being respectful to you
- Not being able to get help from someone who speaks your language
- Quality of care or access to services
- Quality of your practitioner’s office site
- Wanting more or different services than what is allowed under the benefit plan

If you want to discuss your concern informally before filing a grievance, you can contact Smoky’s Customer Services Line at 1-888-757-5726 and ask to speak with a grievance specialist. You may also share your concerns with a person working with you (if you are comfortable discussing your concerns with that person) and ask him or her to help or advise you. If you need assistance filing a grievance, Smoky’s Customer Services representatives will ensure you get help. Family members, friends, advocates and/or your attorney may also help you file a grievance.

When you call Smoky to discuss your grievance, staff will make a written record of it on a computerized Smoky form. Smoky will send you a written notice acknowledging receipt of your grievance within five calendar days. When Smoky receives your grievance, it is assigned to the department that can best respond to your concerns. If your grievance involves serious health and safety issues, we will notify our chief medical officer and take immediate action, if needed.

If a Smoky network provider is involved with your grievance, we will try to resolve your grievance directly with the provider. However, you are not required to use your service provider’s grievance

process first before contacting Smoky. In order to resolve your concerns, a Smoky staff person will contact you and others involved with the grievance to help resolve your concerns. This may include:

- Talking with you or your legally responsible person (LRP), if applicable;
- Talking to others involved in the situation;
- Investigating provider agency services; and/or
- Reviewing your medical record to obtain information related to your grievance.

Smoky will make every effort to resolve your grievance within 30 days from the date of receipt, but we have up to 90 days for resolution and that timeframe can be extended under federal regulation by another 14 days if justified. You will receive written notification regarding the resolution of your grievance by trackable mail. We will also notify you if we refer your grievance to another agency, such as the Division of Health Service Regulation (for licensed facilities). **Please note that you cannot appeal the resolution of a grievance.**

Medicaid appeals

The U.S. Supreme Court has held that a Medicaid beneficiary has a constitutional right to due process before being deprived of a Medicaid benefit. Due process means you are entitled to a written notice and an opportunity to be heard. Smoky's Medicaid appeals system is based on this fundamental right to due process.

What can be appealed?

You can appeal any "managed care action" issued by Smoky. A managed care action occurs whenever Smoky:

- 1) Denies or partially approves a request for services for you, **unless Smoky has authorized the maximum benefits allowed for an adult under the applicable benefit plan;**
- 2) Reduces, suspends or terminates authorization for a service you are currently authorized to receive;
- 3) Denies payment for your authorized services;
- 4) Fails to ensure that you receive services in a timely manner;
- 5) Fails to meet the grievance and appeal deadlines described in this section; and
- 6) Fails to allow you to obtain services outside the network, **but only if you live in a rural area and there is no Smoky network provider who is available to provide the services.**

If you receive a notice of any of these actions, you can appeal. If the decision changes an existing authorization, we must notify you at least 10 days prior to the effective date of the change. If it involves a new authorization (even if it is an authorization to continue a service you are currently receiving), we do not have to give you advance notice.

The notice will include an appeal form and instructions for how to file your Smoky Request for Reconsideration and all subsequent appeals. Smoky will not retaliate against you in any way if you appeal. It is very important for you to follow exactly all procedures and timelines outlined in the notice. **Your first step is to request a reconsideration review of the Smoky decision.** You must go through the Smoky reconsideration process before filing an appeal with the Office of Administrative Hearings (OAH).

How do I file a request for reconsideration?

To request a reconsideration of Smoky's decision about your Medicaid benefits, you must complete and return the Smoky reconsideration request form included with the notice to any of the following:

- By fax: 1-877-260-6517
- By mail: Smoky Mountain LME/MCO
Attn: Appeals Coordinator
P.O. Box 247
Waynesville, NC 28786
- By email: appeals@smokymountaincenter.com
- In person at any of the offices listed on the Contact Us page of the Smoky website: www.smokymountaincenter.com.
- By phone at 1-800-893-6246, ext. 1400. Please note that if you request reconsideration orally, whether in person or by phone, Smoky must receive a signed request for reconsideration within 30 days of the date of the notice you received from Smoky.
- For assistance, please call the Appeals Team at 1-800-893-6246, ext. 1400.

How much time do I have to file the request for reconsideration?

Smoky must receive your signed request for reconsideration form within 30 days of the date of the notice. We will send you a written acknowledgement within one business day when we receive your request. If you have submitted a request and have not received the acknowledgement, call us and let us know. Smoky will not accept or process requests for reconsideration filed outside the timeline.

Your provider, a family member or friend can help you file the form with your written permission. You can ask for a copy of your case file by calling 1-800-893-6246, ext. 1400. Please let us know as soon as possible if you want a copy. The case file will include all documents and records that will be considered by Smoky during the appeals process. This will include all of the documents submitted by your provider.

How do I ask for my appeal to be expedited?

You, your guardian or your provider may request an expedited Smoky reconsideration if failure to do so will jeopardize your health and safety. We will let you or your provider know by phone if we agree that it

is necessary for your reconsideration to be expedited. We will complete the expedited review within 72 hours of the request and let you or your provider know our decision by phone. We will send you a written decision no more than three days after that. This timeframe can be extended by up to 14 days at your request or if Smoky determines that we need additional information and the extension would be in your best interest. If we do not agree that your request will be expedited, you will be notified in writing and can file a grievance if you disagree.

Will my services continue during the appeal?

If we approve some services but deny others, you can receive the services that were approved while you appeal the services that were denied. You may also make a new request for different services while your appeal is pending. If you appeal within the timelines listed in the notice and request continuation of benefits, your services may continue **through the end of the original authorization period**, unless the appeal is about the denial of a new request for authorization. To maintain existing services without interruption until the end of the original authorization period, you must request reconsideration within 10 days of the date the notification letter.

When will I receive a decision about my request?

A reconsideration review is an impartial review of Smoky's decision to reduce, suspend, terminate or deny your Medicaid services. Your request will be reviewed by a healthcare professional with appropriate clinical expertise in treating your condition or disorder who was not involved in the original decision. Smoky has 30 calendar days to make a reconsideration decision. This can be extended for up to 14 days at your request or if Smoky determines that we need additional information and the extension would be in your best interest.

What if I disagree with the reconsideration review decision?

If you disagree with the Smoky reconsideration decision, you may file an appeal with the N.C. Office of Administrative Hearings (OAH) to request a State Fair Hearing. You must file your appeal with OAH within **30 days** of the date of the Smoky reconsideration decision notice. State Fair Hearing appeals are heard by an administrative law judge at OAH.

How do I request a State Fair Hearing?

To request a State Fair Hearing, you must submit a completed appeal form to the Clerk, Office of Administrative Hearings, at the address, fax number or email address provided on the form. Your provider, a family member or a friend can help you file the form with your written permission. Failure to file within 30 days or to follow the instructions may result in your appeal being dismissed. If you lost the appeal form that was included with the decision, you can get another copy by calling Smoky at 1-800-893-6246, ext. 1400, or by calling OAH at 919-431-3000.

When will the judge make a decision about my appeal?

After filing your appeal, the Mediation Network of North Carolina will contact you to discuss the case and offer an opportunity for mediation. If you accept mediation, it must be completed within 25 days of the date you filed your appeal. If mediation resolves the case, the hearing will be dismissed and services will be provided as specified by the mediation agreement.

If you decline mediation, or if you accept mediation and it is unsuccessful or if you do not show up for the scheduled mediation date, your appeal will proceed to a hearing. You will be notified by mail of the date, time and location of the hearing. You may represent yourself in the hearing process, hire an attorney or ask a relative, friend or other person to speak on your behalf. Smoky will provide you with all documents we intend to use at the hearing in advance. You can present new evidence at the hearing, although this may result in a delay. At the hearing, both sides can present evidence. After the hearing, the administrative law judge will make a decision about your case and send you a written copy. The decision must be issued. If you disagree with the judge's decision, you may appeal your case to Superior Court.

Am I responsible for services furnished while the appeal is pending?

If you decide to appeal a Smoky decision and the Smoky decision is upheld, Smoky has the right to recover from you, your spouse or your parent (if you are under 18) the cost of services furnished to you during the reconsideration and appeal process.

State-funded services appeals

Unlike regular Medicaid services, non-Medicaid (state-funded) services and Medicaid (b)(3) services are not a constitutional entitlement, and so the appeal rights are different. In general, you may request an appeal if Smoky issues a decision to deny, reduce, terminate or suspend a state-funded service. In general, you may not appeal a denial for requests for (b)(3) services or denials based on lack of state funding for the requested service. However, you can file a grievance about these decisions. Smoky will not authorize the requested services during an appeal period.

How will I be notified of a non-Medicaid decision?

Smoky is required to notify you in writing within one business day if we make a decision to deny, reduce, suspend or terminate your non-Medicaid funded services. If you get a letter from Smoky saying some or all of your non-Medicaid services have been reduced, suspended, terminated or denied, you can appeal the decision except as outlined above.

How do I File an Appeal?

The notice of decision will include an appeal form and information about how to file your Smoky appeal request and all subsequent appeals. You must file an appeal with Smoky before you file an appeal with the N.C. Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS).

To appeal the reduction, suspension, termination or denial of non-Medicaid benefits, you must complete and return the Smoky Non-Medicaid Services Appeal Form (included in the notice of decision mailed to you) to any of the following within **15 working days** of the date of your notice of decision. Your provider cannot file the appeal for you. Send the form to:

- By fax: 1-877-260-6517
- By mail: Smoky Mountain LME/MCO
Attn: Appeals Coordinator
P.O. Box 247
Waynesville, NC 28786
- By email: appeals@smokymountaincenter.com
- In person at any of the offices listed on the Contact Us page of the Smoky website: www.smokymountaincenter.com.
- For assistance, please call the Appeals Team at 1-800-893-6246, ext. 1400.

A Smoky appeal is an impartial review of Smoky's decision to reduce, suspend, terminate or deny your non-Medicaid services. A healthcare professional with appropriate clinical expertise in treating your condition or disorder who was not involved in the original decision will issue the appeal. Smoky will decide your appeal within seven business days of receipt of a valid request.

Can I ask for my non-Medicaid appeal to be expedited?

You, your guardian or your provider may request an expedited Smoky reconsideration if failure to do so will jeopardize your health and safety. We will let you or your provider know by phone if we agree that it is necessary for your reconsideration to be expedited. We will complete the expedited review within 72 hours of the request and let you or your provider know our decision by phone. We will send you a written decision no more than three days after that. If we do not agree that your request will be expedited, you will be notified in writing and can file a grievance if you disagree.

What if I disagree with the Smoky decision?

If you disagree with the Smoky appeal decision, you may file an appeal with the N.C. Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) to request a non-

Medicaid appeal hearing within 11 calendar days of the Smoky appeal decision letter date. To file an appeal with DMH/DD/SAS, you must mail or fax a completed Non-Medicaid Appeal Request Form to:

DMH/DD/SAS Hearing Office c/o Customer Service and Community Rights
Mail Service Center 3009
Raleigh, NC 27699-3009
Fax: 919-733-4962

The appeal form is included in the Smoky decision letter. If you cannot find the form, you can get a copy by calling the Smoky Appeals Team at 1-800-893-6246, ext. 1400. **Remember: DMH/DD/SAS must receive the Non-Medicaid Appeal Request Form no later than 11 days from the date of the Smoky appeal decision letter.**

How does the DMH/DD/SAS appeals process work?

Appeals are heard by a DMH/DD/SAS hearing officer at a Smoky site. If you have questions about the DMH appeal process, please call DMH/DD/SAS at 919-715-3197. Upon receipt of an appeal request, DMH/DD/SAS will:

- Review the appeal to determine your eligibility to appeal
- Accept or deny the appeal
- If the appeal is accepted, contact you to schedule a non-Medicaid appeal hearing
- Request documentation from Smoky used in the initial decision and appeal

The non-Medicaid appeal hearing:

- Is conducted by a DMH/DD/SAS hearing officer
- Is conducted in person
- Is scheduled for a two-hour time period
- Is attended by the appellant/consumer and/or his or her representatives
- Is attended by one or more Smoky representatives

Within 60 days of the written request for appeal, the hearing officer will issue a written decision that includes findings, decisions and recommendations to you or your legal representative and the Smoky CEO. Within 10 calendar days of receipt of the hearing officer's findings, Smoky will issue and send a written final decision to you or your legal representative.

What records should I keep?

It is important for you to keep good records of written correspondence and telephone conversations. Keep every letter you receive from Smoky, your providers or Medicaid. On a sheet of paper, make a telephone log sheet. Always write down:

- The date and number you called
- The name of the person with whom you spoke
- A note about the subject of the call
- When you can expect to get a response and from whom, or the name and number of another person for you to contact

Store your telephone log sheet and letters with this handbook.

Fraud and abuse

Smoky is committed to preventing and identifying fraud and abuse in the Medicaid program. The federal government estimates fraud and abuse cost U.S. taxpayers more than \$15 billion every year. Medicaid fraud occurs when a provider submits a false or fraudulent claim or when a person intentionally lies or conceals income or assets to obtain government benefits. Abuse occurs when a person or provider engages in activities that result in unreasonable or excessive cost to the Medicaid program, including a Medicaid managed care organization such as Smoky. Examples of fraud and abuse include, but are not limited to:

- You fail to report all your income or other insurance when applying for Medicaid
- You let someone else use your Medicaid card to obtain services
- Someone steals your Medicaid card and uses it without your permission
- A provider bills Smoky for services or supplies that you never received
- A provider bills Smoky for services that were not medically necessary, not coded properly or not supported by all required documentation
- A provider's reported credentials are false

We encourage you to report any suspicious billing practices or other activity you think may be fraud or abuse. You can remain anonymous, but detailed information will help us with our investigation. When you contact us, please provide the name/MID of the Medicaid beneficiary involved, the name of the provider, the date(s) of service, the amount of claims billed or paid and a description of the fraudulent or suspicious activity. You can report suspected fraud and abuse in any of the following ways:

- Call the Smoky Confidential Compliance Hotline at **1-866-916-4255**. This line is available 24 hours a day, 7 days a week and allows for anonymous reporting.
- Report online at <https://www.integrity-helpline.com/smc.jsp> (allows for anonymous reporting)
- Call the Medicaid fraud, waste and program abuse tip line at 1-877-DMA-TIP1 (1-877-362-8471)
- Call the U.S. Office of Inspector General's Fraud Line at 1-800-HHS-TIPS (1-800-447-8477)
- Call the North Carolina State Auditor at 1-800-730-TIPS (1-800-730-8477)

Dos and don'ts

- **DO** protect your Medicaid number (on your Medicaid card) and your Social Security Number (on your Social Security card). Treat your Medicaid card like it's a credit card.
- **DO** ask questions. You have a right to know everything about your care and treatment including the costs billed to Smoky by your provider.

- **DO** use a calendar to record all of your service appointments and treatments. Then check your explanation of benefits carefully to make sure you got each service listed and that all the details are correct. If you spend time in a hospital, make sure the admission date, discharge date and diagnosis on your bill are correct.
- **DO** be wary of providers who tell you that the item or service isn't usually covered, but they “know how to bill” so that Smoky will pay.
- **DO** ask for a copy of everything you sign.
- **DO** remember that nothing is ever “free.” Don't accept offers of money or gifts for free medical care.
- **DO** always check your pills before you leave the pharmacy to be sure you got the correct medication, including whether it's a brand or generic and the full amount. If you don't get your full prescription, report the problem to the pharmacist.
- **DO** report suspected instances of fraud.
- **DON'T** give your Medicaid card, Medicaid number, Social Security card, or Social Security Number to anyone except your doctor or other authorized provider.
- **DON'T** let friends, relatives or anyone else “borrow” your Medicaid card.
- **DON'T** ask your doctor or other health care provider for treatment or care that you do not need or let anyone else persuade you to see a doctor for care or services you don't need.
- **DON'T** accept gifts or kickbacks from your provider.
- **DON'T** share medical records or other sensitive information with anyone except your insurance company or other payer like Smoky, or a doctor, agency, clinic, hospital or other healthcare provider.
- **DON'T** accept medical supplies from a door-to-door salesman. If someone comes to your door claiming to be from Medicare or Medicaid, remember that Medicare and Medicaid don't send representatives to your home to sell products or services.
- **DON'T** be influenced by certain media advertising about your health. Many television and radio ads don't have your best interest at heart.



Meeting community needs, one person at a time