



## **Grievance, Appeal, and State Fair Hearing Guide**

Si usted necesita esta información en español, por favor  
Llame al 303-432-5956 o al 1-866-245-1959

Foothills Behavioral Health Partners (FBHPartners) provides this guide for Health First Colorado (Colorado's Medicaid Program) members because we want to hear your concerns and help you solve any problems that you have with your behavioral health benefits. We want you to know that you have rights including the right to file a grievance (complaint). You also have the right to request an appeal for any adverse benefit determination (decision) that you receive.

You may ask someone else to file a complaint or appeal for you. However, you must make that person your Designated Client Representative. A Designated Client Representative (DCR) is a person whom you name to file a complaint or appeal on your behalf. This person can be one of your service providers. This means that you sign a form naming that person as your DCR and sign a Release of Information for FBHPartners to share information with that person.

The FBHPartners Client and Family Advocate will help you file your complaint or appeal and will provide you with the required forms. We will arrange for any interpreter services upon your request if you do not speak English, are deaf, or hard of hearing.

### **How to File a Grievance (Complaint)**

We encourage you to first try talking with your provider or a supervisor so that problems can be fixed quickly. If you do not want to do that, or if you have tried and it didn't help, here are other ways to file a grievance:

- Contact the Client or Family Advocate at your mental health center
- Contact the Office of Member and Family Affairs at 303-432-5956
- Contact the FBHPartners service center at their toll free number 866-245-1959 or TTY 800-432-9553
- Contact the Ombudsman for Medicaid Managed Care at 303-830-3560, 1-877-435-7123, TTY 1-888-876-8864. They will help you file a grievance with your Behavioral Health Organization



You can file your complaint in person, on the phone, or in writing through a letter or e-mail at any time. FBHPartners will send you a letter to let you know we received your complaint within two (2) working days. We will look into your concerns and may call you if we need more information. The person who makes a decision about your complaint will not be someone who was involved with your complaint. If your complaint involves a clinical issue, we will talk to a clinical person who was not involved in your complaint. You will not lose your Health First Colorado (Colorado's Medicaid Program) benefits for filing a complaint.

We will do our best to make a decision about your complaint within fifteen (15) working days after we receive your complaint. Once a decision is made, we will send you a letter explaining the outcome. If we need more time to make a decision, or if you request more time, we can extend the time to resolve the complaint for up to fourteen (14) calendar days. We will send you a letter telling you why we extended the time and how it is in your best interest.

If you do not agree with our decision, you can appeal to the Department of Health Care Policy and Financing (HCPF). The Department's decision will be final. To appeal to the Department, call:

Medicaid Customer Service  
303-866-3513 (Denver Metro area)  
1-800-221-3943 (outside the Metro area)  
TTY 303-866-7471

### **How to Request an Appeal:**

You have the right to appeal any decision that Foothills Behavioral Health Partners (FBHPartners) makes to deny, reduce, or stop any behavioral health services that you or your provider requests. We will send you a Notice of Adverse Benefit Determination letter that explains what services were denied, reduced, or stopped and the reasons for the decision.

#### Timeframes for FBHPartners to Send Letters

- If you or your provider request a service that we deny or limit, we will send you a letter within ten (10) calendar days of when you ask for the service. This is considered a standard service authorization decision.
- FBHPartners will mail you a letter as soon as possible before your transfer or discharge when:



- The safety or health of other people in the facility is in danger,
  - Your health improves enough that you can be immediately transferred or discharged,
  - An immediate transfer or discharge is needed due to your urgent medical needs, or
  - You have not lived in the facility for thirty (30) days.
- If FBHPartners stops or reduces a previously authorized service, we will mail the Notice to you at least ten (10) calendar days before the date we want the service to end.
  - If FBHPartners confirms that a member has committed fraud, we may send you the letter five (5) calendar days from the date of Adverse Benefit Determination.
- We will contact you by mail when:
    - Death of a member
    - You tell us in writing that you no longer want services
    - You give information that requires FBHPartners to stop or reduce your services and you understand that FBHPartners' action is the result of you providing this information
    - You are admitted to a facility where you are no longer eligible to receive Health First Colorado,
    - Your whereabouts are unknown and the post office returns your letter with no forwarding address,
    - We learn that you have Medicaid in another county or state, or
    - Your doctor prescribes a change in your level of care

If FBHPartners shortens the timeframe for sending you a Notice of Adverse Benefit Determination letter, we will explain this in the letter.

#### Members' Responsibility upon Receiving Letter

After you receive the Notice of Adverse Benefit Determination letter, you will have sixty (60) calendar days to request an appeal if you disagree with our decision. You can request an appeal over the phone; however, you must follow up this request in writing. We will notify you within two (2) working days that we received your standard appeal. You have the right and are encouraged to provide any additional information you think would be helpful in making a decision about your appeal. You can request to see and review any records we use in making a decision.

If your authorization has not ended and you ask for those services to continue during an appeal, you must file your appeal within ten (10) days from the mailing date of the Notice of Adverse



Benefit Determination or the date that the decision is effective. We will go by the latest date. Please keep in mind:

- The service must have been ordered by an authorized provider,
- The time period for the authorized service must not be over yet, and
- You must ask FBHPartners to continue the service.

If you are requesting for an appeal decision to be made quickly because you or your provider believe that waiting for a decision would be harmful to your health, you may ask us to make a decision within seventy-two (72) hours. This is called a Quick Appeal. The FBHPartners Medical Director will decide if your appeal should be made quickly. Their decision is based on whether taking the time for a standard resolution could be harmful to your health. If your appeal is quick, we will send you a written decision within seventy-two (72) hours of your request. We will also try to call you on the phone to tell you our decision.

If you want your services to continue during the appeal process, you must ask that your services continue. If you ask for services to continue, services will continue until you withdraw the appeal, an appeal decision is made that is not in your favor, or the time period or service limits of the original authorized services have expired.

If you ask for your services to continue during the appeal, it is important to know that if the decision on your appeal is not in your favor, you may be responsible for the cost of the services that you received because you requested a continuation of services during the appeal process.

#### FBHPartners Responsibility upon Request of an Appeal

We will make sure that the health professional who reviews and makes a decision on your appeal request was not involved in making the original decision to deny or limit services. We will make sure that the reviewer has the necessary clinical training if he or she is making a decision about:

- An appeal of a denial that is based on lack of medical necessity,
- A grievance about denying your request for an expedited appeal,

We will send you a letter with our appeal decision within ten (10) working days from the date that we received your appeal request. We may extend the time for making a decision on your appeal if you ask FBHPartners for more time or if FBHPartners needs more information. We can extend the decision by up to fourteen (14) calendar days; however, we will make the decision as quickly as possible. If we need to extend the timeframe, we will send you a letter and explain the reasons we believe it is in your best interest. The appeal decision letter will explain the decision



and tell you the date it was made. If the appeal decision was not in your favor, you can request a State Fair Hearing within one hundred and twenty (120) calendar days of the adverse appeal decision. We will help you with this process.

If we deny your request for a Quick Appeal, we will call you on the phone and send you written notice within two (2) calendar days. This notice will explain why we denied your request for a Quick Appeal. This does not mean that your appeal was denied or dropped. It only means that your appeal will be handled in the standard timeframes. If you disagree with the Medical Director's decision NOT to handle your appeal as a Quick Appeal, you can file a grievance.

If the Medical Director agrees your request for a Quick Appeal, but decides that it would be in your best interest to extend the timeframe for making a decision, we will send you a letter extending the decision date by up to fourteen (14) calendar days. The letter will explain why this is in your best interest. You may also ask FBHPartners to extend the quick decision date if you think it is in your best interest.

### **How to Request a State Fair Hearing**

When you receive the letter with the decision about your appeal and it is not in your favor, you can still request a State Fair Hearing. This request needs to be made within 120 calendar days of the adverse appeal decision. When you request a State Fair Hearing, an Administrative Law Judge (ALJ) will hear your appeal, and they will make the decision about your appeal. You may represent yourself at the hearing, bring an advocate, or have someone else represent you. You must request a State Fair Hearing in writing. If you need help to put this request in writing, call FBHPartners at toll free at 303-432-5956 or call the Ombudsman for Medicaid Managed Care at 877-435-7123. The Ombudsman is an independent Advocate provided by the state to help members with Grievances and Appeals. Office of Administrative Courts phone number is 303-866-2000. Their address is:

1525 Sherman St., 4<sup>th</sup> Floor  
Denver, Colorado 80203



Limited Speaking English and Interpreter/Translation Services

### **Español (Spanish)**

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

Llame al 1-866-245-1959 or TTY: 800-432-9553

### **Tiếng Việt (Vietnamese)**

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số

1-866-245-1959 TTY: 800-432-9553

繁體中文 (Chinese) 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-866-245-1959 文字電話：800-432-9553

### **한국어 (Korean)**

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

1-866-245-1959 (TTY: 번)으로 전화하십시오 800-432-9553

### **Русский (Russian)**

ВНИМАНИЕ! Если вы говорите на русском языке, то вам доступны бесплатные услуги

перевода. Звоните по номеру 1-866-245-1959 (телетайп.: 800-432-9553)

### **አማርኛ (Amharic)**

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-866-245-1959



መስመር ለተሳናቸው: 800-432-9553

### ቋንቋ (Arabic)

1-866-245-1959،  
1959  
،ةيبرعلا نإف تامدخ ةدع اسملا ةيوعللدا رفاوتت كل ن اجم لاب. لصتا بلع مقر لا  
ةظوحلم: اذا تنك ثدحت

800-432-9553 (فناه مصلا مكبال او)

### Deutsch (German)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche

Hilfsdienstleistungen zur Verfügung. Rufen Sie uns an unter 1-866-245-1959 TTY: 800-432-9553).

### Français (French)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés

gratuitement. Appelez le 1-866-245-1959 ATS : 800-432-9553

### नेपाली (Nepali)

ध्यान □ दनुहोसः तपाइ □ ले नेपाल □ बोलनहन्छ भन तपाइ □ को □ नमत्

भाषा सहायता सवाहरू □ नःशल्क रूपमा उपलब्ध छ । फोन गनुहोसर 1-866-245-1959 □ ट □ त्वाइ: 800-432-9553)

### Tagalog (Tagalog)

PAUNAWA: Kung nagsasalita ka ng Tagalog, may mga libreng serbisyo para sa tulong sa wika

na maaari mong gamitin. Tumawag sa 1-866-245-1959 TTY: 1-800-432-9553

## 日本語 (Japanese)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。Call 1-866-245-1959 (TTY: 800-432-9553)

## CUSHITE

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-866-245-1959 TTY: 800-432-9553

## Bàsóò-wùdù-po-nyò (Bassa)

Dè dẹ nià kẹ dyédẹ gbo: Ọ jù ké m̀ [Bàsóò-wùdù-po-nyò] jù ní, níí, ǎ wudu kà kò dọ po-poò bẹin m̀ gbo kpáa. Ọ́ 1-866-245-1959 (TTY: 800-432-9553)

## Igbo asusu (Ibo)

Nti: O buru na asu Ibo, asusu aka ọasụ n'efu, defu, aka. Call 1-866-245-1959 TTY: 800-432-9553

## èdè Yorùbá (Yoruba)

AKIYESI: Bi o ba nso èdè Yorùbú ofé ni iranlọwọ lori èdè wa fun yin o. E pe ẹrọ-ibanisọrọ yi 1-866-245-1959 (TTY: 1-800-432-9553).

## Persian (Farsi)

یسراف تب‌حص یم ،دینک ت‌ام‌دخ یرای یناسر ،ین‌ابز روطب ،ن‌اگیار رد سرئسد یم هجو  
ت: 1-866-245-1959 TTY: 800-432-9553) اب هرامش رگا هب ن‌ابز امش  
س‌امت دیریبگ  
دش‌اب



