



SANDHILLS CENTER



MEMBER HANDBOOK

A guide for Members, Families and Providers

Effective Date: January 2, 2013

Revised: December 4, 2015



SERVING THE NORTH CAROLINA COUNTIES OF ANSON, GUILFORD, HARNETT, HOKE,
LEE, MONTGOMERY, MOORE, RANDOLPH AND RICHMOND

MISSION STATEMENT

The mission of Sandhills Center Managed Care Organization/Local Management Entity is to develop, manage and assure that persons in need have access to quality mental health, developmental disabilities and substance abuse services.

VISION

Sandhills Center Managed Care Organization/Local Management Entity will partner with members, their families, service providers, policy makers, and other community stakeholders in creating, managing, and supporting Behavioral Health services that meet the needs of our Community.

WORKING PRINCIPLES

Sandhills Center Managed Care Organization strives to promote:

- Access to a continuum of services to meet the Behavioral Health needs of the citizens of Anson, Guilford, Harnett, Hoke, Lee, Montgomery, Moore, Randolph, and Richmond Counties of North Carolina;
- Active partnerships among members, families, providers and the community;
- High quality Mental Health, Developmental Disabilities, and Substance Abuse services;
- Cost-effective delivery of services in the least restrictive environment, appropriate to the needs of members;
- A provider network that is culturally competent and respectful in meeting members needs;
- A collaborative approach to problem solving and resource development.

Welcome to Sandhills Center

Sandhills Center carries out its mission by developing and managing a progressive, innovative and fiscally responsible network of behavioral health providers.

Sandhills Center strives to ensure services delivered within the system are accessible, timely, appropriate, efficient, respectful and caring. Sandhills Center (a Medicaid Waiver Entity) is a nine (9) county Managed Care Organization (MCO) serving the citizens of Moore, Montgomery, Hoke, Anson, Richmond, Randolph, Lee, Harnett and Guilford Counties. Sandhills Center and Guilford Center merged effective January 1, 2013. Guilford County was added under the Medicaid b/c Waiver in April of 2013.

In staying with this mission, Sandhills Center appropriates specialized Medicaid and State funds to community based providers to provide a complex array of mental health, intellectual/developmental disabilities, and substance abuse services. These partnerships and community-based initiatives involve connecting Sandhills Center and its providers to people, resources and ideas through culturally appropriate efforts.

This handbook answers questions you may have about Sandhills Center and helps you to know what services you can get. It also tells you where you can go to get those services.

Upon request and at least once per year we shall notify all enrollees of their right to obtain a copy of this handbook.

You can find this handbook on our website: www.sandhillscenter.org

If you would like to find out more about the information in this Member Handbook, please call Sandhills Center Customer Services at our toll-free number 1-800-256-2452; for hearing impaired, you may use TTY services at 711 or 1-800-855-2880 to reach a relay Communications Assistant directly through Customer Services.

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WHAT ARE WAIVERS?

The state and federal governments want to make sure that individuals needing assistance with a variety of problems can get that assistance, even though they may not have private insurance. Through the 1915 (b) section of the Social Security Act, states are permitted to submit a request to waive some Medicaid requirements in order to provide alternatives to the traditional service delivery system. The purpose of a waiver is not to reduce costs but to create an opportunity to work closely with members and providers on better coordination and management of services, resulting in better outcomes and savings. 1915(b) waivers only fund services for people that already have Medicaid.

The state chose 1915 (b) (c) concurrent waivers in order to:

- ✦ Better coordinate its system of care for members, families and providers.
- ✦ Be able to manage system resources so that money can be directed to those most in need.
- ✦ Develop a more complete range of services and supports in the community so that most 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 money generated from savings produced by managing care and resources more effectively.

This 1915(b) waiver, called the NC MH/DD/SAS Health Plan, provides services to SHC's nine counties, including Anson, Harnett, Hoke, Lee, Montgomery, Moore, Randolph, Richmond and Guilford Counties. Sandhills Center and Guilford Center merged effective January 1, 2013. Guilford County was added under the Medicaid b/c Waiver in April of 2013. All individuals with Medicaid coverage from one of the nine counties described above will be eligible and enrolled into this plan for their mental health, intellectual/developmental disability and substance use/addiction service needs. The services that are available include current North Carolina State Medicaid services, plus some additional services identified through review of evidence-based practices (what works best), and requests by members and families. The NC MH/DD/SAS Health Plan puts importance on treatment in the most inclusive setting, attention to the whole person, and concentrating on each individual's strengths instead of weaknesses.

The NC Innovations Waiver is a Home and Community Based Waiver for people with intellectual/developmental disabilities and is part of the NC MH/DD/SAS Health Plan.

The NC Innovations Waiver is designed for significantly disabled individuals with mental retardation (intellectual disability) or a condition closely related to mental retardation, and can serve individuals regardless of their age. NC Innovations offers flexible services for individuals who live in private homes and residential facilities to promote access to their communities. The goal of the waiver is to provide services that allow individuals to learn and maintain skills that promote more independence. This waiver offers two levels of control and responsibility for services from which the individual and his or her family choose.

They are:

- ❖ Provider Directed
- ❖ Individual and Family Directed, which includes Agency with Choice

Under the Provider Directed option, a provider agency is the Legal Employer of staff. The individual or legally responsible person is responsible for choosing the provider agency. The provider agency may choose to allow the individual to be involved in the hiring, firing and training of staff.

A unique option of the NC Innovations Waiver is Self-direction known as Individual and Family Directed Supports: Agency with Choice. Under this option, individuals or families have more control of all or parts of the supports in their Person Centered Plan. In the Agency with Choice model, the individual/legally responsible person or family works closely with an agency to hire, train, or arrange for training, schedule work and evaluate their directed service staff. Research has shown that individuals who direct their own services are much more satisfied with the services they receive and have better outcomes.

Community Guide services are available to provide additional training on individual and family directed services. SHC additionally offers a second model of self-direction through Individual and Family Directed Supports.

SERVICES OF THE NC MH/DD/SAS HEALTH PLAN

The Medicaid Managed Care Waiver for mental health, intellectual/developmental disabilities and substance use/addictions is called the NC MH/DD/SAS Health Plan. This plan allows for a waiver of freedom of choice of providers so that SHC can determine the size and scope of the provider network.

The definitions of the services in the NC MH/DD/SAS waiver are the same as those in the current North Carolina Division of Mental Health/Developmental Disabilities/Substance Abuse Service Definitions Manual.

If you have questions about services and your eligibility for them, do not hesitate to call SHC's Customer Service at 1-800-256-2452 twenty-four (24) hours a day, seven (7) days a week, three hundred and sixty-five (365) days per year. A specially trained customer service representative will answer your questions or explain more about what services might best fit your needs.

WHAT IS THE CARE COORDINATION DEPARTMENT AT SHC?

Care Coordination is an administrative function within SHC's managed care system. It is designed to proactively intervene to ensure the best of care for individuals with serious impairment in the Special Needs Population. Care Coordination will ensure that individuals receive appropriate clinical assessment, treatment planning and access to clinical and medical specialists. Care Coordination is available to individuals in all three disability areas. Care Coordination assists individuals who are at high risk of hospitalization or institutionalization to receive the services and supports they need.

Care Coordination is focused on the individual as part of a population and in relationship to the overall system. Care Coordinators manage the individual's care across the continuum of care, throughout various care settings, and work in conjunction with the person, providers and others to improve outcomes for the individual and to support effective use of available resources.

CARE COORDINATION – SPECIAL NEEDS POPULATIONS

Designated special needs populations for DD Care Coordination include the following:

- ✦ Individuals enrolled in the NC Innovations Waiver
- ✦ Individuals who receive B3 Deinstitutionalization (DI) funding
- ✦ Individuals with Intellectual/Developmental Disabilities who are functionally eligible for ICF-MR level of care but are not enrolled in NC Innovations, the B3 DI funding or an ICF-MR facility.
- ✦ Individuals with an intellectual developmental disability who are currently in, or have been within the past 30 days, a facility operated by the Department of Corrections (DOC) or the Department of Juvenile Justice and Delinquency (DJJDP) for whom the LME-MCO has received notification of discharge.

Designated special needs populations for MH/SA Care Coordination include the following:

- ✦ Adults with Severe and Persistent Mental Illness and current LOCUS (Level of Care Utilization System) Level of VI
- ✦ Children with Severe Emotional Disturbance or current CALOCUS (Child and Adolescent Level of Care Utilization System) level of IV or are currently in, or have been within the past 30 days, a facility operated by the Department of Corrections (DOC) or the Department of Juvenile Justice and Delinquency (DJJDP) for whom the LME-MCO has received notification of discharge.
- ✦ Individuals that have Substance Use/Addiction Dependence diagnosis and current ASAM Level of III.7 or II.2D or higher.
- ✦ Individuals with an opioid dependence diagnosis and who have been reported to have used drugs by injection within the past 30 days.
- ✦ Individuals with both a mental illness diagnosis and a substance abuse/addiction diagnosis and current LOCUS/CALOCUS of V or higher OR current ASAM PPC Level of III.5 or higher.
- ✦ Individuals with both a mental illness diagnosis and a developmental disability diagnosis and current LOCUS/CALOCUS of IV or higher.
- ✦ Individuals with both a developmental disability diagnosis and a substance use/addiction diagnosis and current ASAM PPC Level of III.3 or higher.

CARE COORDINATION FUNCTIONS

Care Coordination includes the following:

- ✦ Identification of Special Needs Population individuals
- ✦ Clinical assessment:

- DD – arranging for clinical assessments, including Supports Intensity Scale, psychological evaluations, adaptive behavior assessments and other assessments as indicated.
- MH/SA – Securing clinical assessment of individuals who have special health care needs in order to identify needs related to treatment and monitoring
- ✦ Ensures that a Person Centered Plan is available for all individuals with special needs
- ✦ For individuals in identified MH/SA special health populations, ensuring that a Person Centered Plan is completed by the Behavioral Health Clinical Home
- ✦ Proactively engaging individuals identified as a special needs population.
- ✦ Identifying the gaps in needed services as intervening to ensure the person receives appropriate care
- ✦ Coordinating services for the individual across the system and with other systems of care, including Primary Care.
- ✦ Measuring results of intervention and treatment, including reduction in high risk events and inappropriate service utilization.
- ✦ Collaboration with CCNC Care Coordinators to assure that members medical care is considered in accordance with CCNC/LME/MCO protocols.

What can I expect in the Innovations Plan of Care process?

- During the planning process, your Care Coordinator will explain the different services to you and work with you to develop your Plan of Care based on the services you wish to request. Your Care Coordinator will also explain the requirements in the Innovations Waiver around those services.
- Your Care Coordinator will assure that your Plan of Care will include the services that you want to request, for the length of time that you want to request them. Your Plan of Care should be used to plan for the entire year, and services that you expect to need at any point during that 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.
- You must have a signed Plan of Care in order to receive services through the Innovations Waiver. That means that you need to sign a Plan containing the level of services that you want to request, which may be different than the level of services that will be approved. Your Care Coordinator will draft the Plan of Care 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.
- 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 Plan of Care at any time.
- You (or your legally responsible representative) will need to sign the Plan of Care once it is complete. You will not be asked to sign a plan that does not contain the level of services that you want to request. If you expect to need those services all

year, you will not be asked to sign a plan that does not request those services for the entire plan year.

- The Utilization Management Department of Sandhills Center will determine whether or not the services you request are medically necessary, not your Care Coordinator. A decision on your request for services in your Plan of Care will be made within 15 days unless more information is needed.
- If any service requested in your Plan of Care is not fully approved (for example, a service is denied or is approved for fewer hours or for a length of time that is less than what you requested), you will receive a written explanation of that decision and information about how you can appeal.
- Sandhills Center will not retaliate against you in any way if you appeal. Your Care Coordinator can assist you with the forms needed to file an appeal.
- If some services are approved and some are denied, 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 wish to do so.
- Your Plan of Care will include information on the period of time for which services are requested. If services that have been requested in your Plan have been approved and then are later reduced, suspended, or terminated before the approval period has ended, and you appeal that decision, you may be able to continue to receive services during an appeal. You will receive written notice about that process before any services are reduced, suspended or terminated.

WHAT IF I AM NOT RECEIVING ANY SERVICES?

If you are not currently receiving services, but would like to, or you have received treatment in the past, your first step is to call Customer Service at 1-800-256-2452 to make an appointment with a provider of your choice for a current evaluation or assessment to begin the intake process for getting services. An interview appointment will be made with the provider and consumer for an evaluation to see which services might be helpful to you. Adults and children up to 24 visits before a final decision is made on your level of care and treatment.

ARE THERE ANY EXCLUSIONS FROM SOME SERVICES?

Services provided by providers outside of the SHC Network of Providers are excluded from coverage unless services are provided for a documented emergency. However, some services cannot be provided at the same time as others and are therefore excluded. Each service definition lists the exclusions for that service. For questions about exclusions for other services, call our Customer Services section toll free @ 1-800-256-2452 and ask for the Utilization Management Department.

ARE THERE EVER CHANGES IN WAIVER BENEFITS AND SERVICES?

Customer Service will always have the most up-to-date information about services. The service array is approved and defined at the federal and state level and are subject to change with relatively short notice. Please call 1-800-256-2452 with any questions.

CUSTOMER SERVICE ASSISTANCE IN OTHER LANGUAGES

The Customer Services staff can connect you to a translation service. You may have to wait briefly for the conference call with the interpreter to begin. This is a free service, available on any call. Please call 1-800-256-2452 with any questions.

HOW REQUESTS FOR SERVICES ARE PRIORITIZED

The definitions of emergent, urgent and routine needs that SHC uses are as follows:

Emergent Need:

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/addiction or dependence.

SHC Response – SHC will provide you with face-to-face care within no more than two hours after the request for care is initiated, immediate for life-threatening emergencies.

Urgent Need:

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; display a condition which could rapidly deteriorate without immediate intervention; and/or without diversion and intervention will progress to the need for emergent service and care.

Routine Need:

A condition in which you are not imminently at risk of harm to self or others or unable to adequately care for yourself, but by virtue of your substance use are in need of prompt assistance to avoid further deterioration in your condition which could require emergency assistance.

SHC Response – SHC ensures that one of our providers of services meets with you face-to-face for a service assessment and/or treatment within 14 calendar days of the date of request for care.

EMERGENCY SITUATIONS

If you have a life-threatening situation, call 911. You do not need to call Customer Service 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 an Emergency Room at your local hospital.

Mental Health emergencies can be serious but do not always require an evaluation at the emergency room of a hospital. Most emergencies can be handled by calling Customer Service at 1-800-256-2452 or by calling your current service provider or your doctor. In an emergency, your existing treatment provider should speak to you immediately. He or she should listen to your concerns, and either direct you on what to do or arrange for you to receive emergency care.

Customer Service will make attempts to contact members of your treatment 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 Customer Service. A crisis worker is available 24 hours per day, 7 days a week and 365 days a year.

If you are a member of an Assertive Community Treatment (ACT) team or a Community Support Team (CST), you will have another phone number to call. Please call that number first to talk with an ACT Team or CST Provider. If you cannot reach an ACT Team or CST Provider, then call Customer Service.

Referrals to services are made according to the severity of the caller's needs. The severity is assessed by Customer Service in conjunction with the caller. For emergency services, you may be told to go to the local Emergency Services Provider or to an emergency room for further evaluation. SHC has Mobile Crisis services that are available in all nine counties. For urgent and routine referrals, Customer Service will offer to assist you with setting up an appointment.

THIRD PARTY COVERAGE

Federal regulations require Medicaid to be the “payer of last resort.” This means that all third party insurance carriers, including Medicare and private health insurance carriers must pay before Medicaid processes the claim. Additionally, providers must report any such payments from third parties on claims filed for Medicaid payment. If the Medicaid allowed amount is more than the third party payment, Medicaid will pay the difference up to the Medicaid allowed amount. If the insurance payment is more than the Medicaid allowed amount, Medicaid will not pay the additional amount.

DESCRIPTION OF SERVICES:

Basic, Augmented and Enhanced Services

The services that you may be eligible for are based on your or your family member's needs, treatment history, and the state's definition of medical necessity.

There are three levels of service:

- ✦ Basic Services
- ✦ Basic Augmented Services
- ✦ Enhanced Services

Basic Services

The Basic Benefit package of services is intended to provide brief interventions for individuals with acute (immediate but short-term) needs. The Basic Benefit package is available through a simple referral from a provider in the SHC Network or through Customer Service. Once the referral is made, there are no prior authorization requirements for these services. Referred individuals can access up to 24 visits for adults and 24 visits for children from the Basic Benefit package from any appropriate provider enrolled in the SHC's provider network.

Basic Augmented Services:

The Basic Augmented Benefit package is intended for people who need more than the automatically authorized 24 visits for adults and 24 visits for children in order to maintain or improve his/her level of functioning. An authorization for services available at this level must be requested through SHC's Utilization Management Unit. Authorization is based on the person's need and medical necessity criteria for the requested service.

Enhanced Services:

Enhanced Benefit services are accessed through a person centered planning process. Enhanced Benefit services provide a range of services and supports, which are more appropriate for individuals seeking to recover from more severe forms of mental illness and substance use/addiction, and addressing the needs of persons with intellectual/developmental disabilities. These services are designed to address more complex service and support needs that are identified in the person centered planning process. An individual may receive services to the extent that they are identified as necessary through the person centered planning process, but are not duplicated through participation in other integrated services offered through the Enhanced Benefit (e.g., an individual receiving Assertive Community Services would not also receive SHC case management/care coordination services). The goal is for the services to be highly coordinated, to reflect evidence-based practices, and to be connected to the individual's person centered plan authorized by SHC.

ASSESSMENT TOOLS AND PRACTICE GUIDELINES

SHC's Utilization Management Department uses practice guidelines and clinical standards to evaluate effectiveness and appropriateness of care. Providers may also use

these guidelines as a road map for effective evidence-based care. We also intend for members to use these guidelines to help them make choices about treatment decisions.

To request a copy of our Clinical Practice Guidelines, please call 1-800-256-2452, or go to SHC's website at www.sandhillscenter.org

To make sure SHC links you to the best services, you will be evaluated using nationally recognized assessment tools that measure an individual's functioning. Individuals with the same diagnosis can have very different strengths and abilities. Assessment tools are checklists used to gather and discuss information from multiple sources to develop a deeper understanding of what an individual thinks, feels or believes in order to gain a better picture of the individual. The assessment results can then be used to guide decision making for you and your Person Centered Planning Team. The clinicians who staff SHC Customer Service also use assessment tools. Assessment tools consist of survey questions about what you are able to do each day and what you have trouble doing. These may also include standard questions about your education, age, physical health and the number of people who depend on you. If the assessment is completed by telephone when an individual calls Customer Service, that assessment will be given to the provider to whom the individual is referred. This will prevent duplicating services and enable services to be provided in a timely manner, which will help individuals begin the recovery process sooner. Practice guidelines are intended to improve care by assisting providers and members in making clinical decisions. They are based on research and have been shown to help people with their problems. The guidelines used by SHC have been approved for use by a local committee of members and family members and professionals.

MEDICAID SERVICES FOR ADULTS AND CHILDREN

The following contains information on substance abuse and mental health services for children & adults, an explanation of the System of Care approach, & exclusions from services.

Principles of Good Service Systems

- ✦ Timely Response – SHC's goal is that a service is available when it is needed.
- ✦ Long Term Engagement – The longer an individual remains engaged in treatment, the better their outcomes.
- ✦ Levels of Care – Services do not end when one level of care is completed. As soon as someone enters a level, service providers will start discussing the next one with the consumer. SHC believes in progress and "making it."
- ✦ Services are based on Medical Necessity – A consumer does not need to "fail" at a lower level of care to be eligible for a higher one.

Substance Use/Addiction Services for Adolescents and Adults

The overall goal of substance use/addiction services is to engage members in services and keep them there as long as medically necessary. Typically, the longer someone remains in services, the better the outcomes. A consumer's motivation to receive services frequently changes, so there are often periods of stability and instability. Preventive

services are also an important component of the continuum. Like treatment services, preventive programs and outreach need to be appropriate for people of different ages, genders, and cultural and ethnic backgrounds.

Substance Use/Addiction Levels of Care

- ✦ Level 1: Outpatient Treatment
- ✦ Level 2: Intensive Outpatient/SA Comprehensive Outpatient Program
- ✦ Level 3: Residential/Inpatient Treatment
- ✦ Level 4: Medically Managed Intensive Inpatient Treatment, Opioid Maintenance Therapy

Special Populations:

Certain substance abuse clients have special service needs and can get priority admission to substance abuse treatment services. These clients are:

- A pregnant woman that is injecting drugs
- A pregnant woman who is using drugs or alcohol
- An injecting drug user –male or female

If you believe you are in one of the above groups, you can get admission preference to a treatment program. If you need more information, call your provider or 1-800-256-2452.

Mental Health and Adults

Depression, bipolar disorder (manic-depression) and schizophrenia are highly treatable medical illnesses. Unfortunately, many people do not feel they need treatment because of misunderstanding the issues surrounding the illnesses or the fear associated with stigma and discrimination. Some of the signs and symptoms of serious mental illnesses are listed here:

- ✦ 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
- ✦ Social withdrawal, isolation and loss of interest in former hobbies and pleasurable activities
- ✦ 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 TV is monitoring or controlling the individual
- ✦ Fear or aggression leading to collecting firearms

SHC is required to develop Preventive Health Programs as part of improving care to members and to meet national accreditation rules. SHC believe members who are well informed about their illness are better able to manage their illness and, therefore, have better outcomes. The purpose of these initiatives is to educate patients on their diagnoses, treatment options, and how to maximize treatment. Information about preventive health programs offered by SHC is mailed annually to members. To request information about the specific preventive health programs, call Customer Service at 1-800-256-2452.

Mental Health and Children

“Mental health problems” for children and adolescents refer to the range of diagnosable emotional, behavioral and mental disorders. They include depression, attention-deficit/hyperactivity disorder, anxiety, conduct and eating disorders. Mental health problems affect one in every five young people at any given time. “Serious Emotional Disturbances” for children and adolescents refer to disorders that severely disrupt daily functioning in the home, school or community. Serious emotional disturbances affect one in every 10 young people at any give time. If your child is not currently receiving treatment, and is experiencing any of these problems, you can call Customer Service at 1-800-256-2452 to make an appointment for an evaluation and intake. Individuals can access services for mental health, intellectual development disabilities and substance use/addiction.

Integrated Services

SHC understands that people often experience multiple problems. As a result, some people will need to work with staff that is knowledgeable and experienced in coordinating and providing services for individuals who have both a mental illness and a substance abuse/addiction disorder. The federal department called Substance Abuse & Mental Health Services Administration estimates that 50-75 percent of patients in addiction treatment have a co-occurring mental illness. Research has shown that an Integrated Dual Disorder Treatment model helps members achieve the best outcomes. Some individuals with intellectual/developmental disabilities need to access mental health and/or substance use/addiction services, in addition to the services that they receive for their intellectual development disability. In an effort to provide coordinated care, SHC ensures that people are connected with the services and supports to address *all* of their needs.

Post stabilization care services: Following an emergency you may need services to assist you in remaining stable or improve your condition. Your care provider will talk with you about these services and answer your questions. The covered services are paid by Medicaid.

What Does “Clinical Home” Mean?

An individual’s service needs may change over time so that they receive services from different staff at different agencies. The Clinical Home is the place established by the primary provider for the consumer to develop a Person Centered Plan (PCP), case management, skill building and coordination of all other services.

System of Care Approach to Services for Children and Families

A System of Care (SOC) is a group of people that come together to work on problems faced by children and families who are involved with child welfare, mental health, schools, juvenile justice and/or healthcare agencies. The core values of a SOC 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 the locus of services, as well as management and decision making responsibility, resting at the community level.
- ★ **Child centered and family focused**, with the needs of the child and family dictating the types and mix of services.

An essential part of a System of Care for Children and Families is the Child and Family Team. Child and Family teams are made up of a group of people (professionals, family members, friends and community supports) selected by the family who are interested in supporting the goals of the child and his/her family. Child and Family teams differ depending on the goals identified by the Person Centered Plan. Team members are not just paid professionals. This group can be called together as needed. SHC hosts a monthly community stakeholders meeting addressing issues reflecting our commitment to Clinical Triage and Referral Section initiatives throughout the SHC catchment area. For a schedule, contact the Clinical Triage and Referral Section Director 1-800-256-2452. If you, or someone you know, would like to become a family advocate, please contact the SOC Coordinator at 1-800-256-2452.

Adults and Children with Intellectual/Developmental Disabilities

An individual with intellectual/developmental disabilities can live successfully in his/her community. Supports may include assisting in locating a job and learning this job to be successful. Respite can assist in providing relief to the person and family in times of need. A person living in an institutional setting, but choosing to live in the community may need supports to help with the transition into the community. Providing the right supports can ensure the individual reaches his/her maximum potential.

WHAT IS EPSDT? (Early and Periodic Screening, Diagnosis and

Treatment). Early and Periodic Screening, Diagnosis and Treatment (EPSDT) is known as Health Check in North Carolina. It is a federal law that requires Medicaid to pay for certain periodic screening, vision, dental and hearing services for children and youth under 21 years of age. The services are listed in 42U.S.C. 1396d (a) (1905 (a) of the Social Security Act). For Medicaid to pay for these services, they must be medically necessary to correct or ameliorate a defect, physical or mental illness, or a condition identified through screening. Federal law states that “ameliorate” means: to improve or maintain the members’ 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. The services Medicaid will pay for must be medical, medically accepted procedures or treatments, safe and effective, and cannot be experimental or investigational. These services may be available to you (if you are under 21) or your child even if they are not covered under the NC MH/DD/SAS Health Plan. If you or your child has Medicaid, you can speak with your mental health, intellectual developmental disability or substance use/addiction provider and/or pediatrician to find out if the needed services can be covered under EPSDT/Health Check.

State Funded Services for Adults and Children with No Medicaid

The following contains information about the availability of state funded services for individuals who do not have Medicaid.

AM I ELIGIBLE FOR STATE FUNDED SERVICES?

You are eligible to receive State funded behavioral health services if you are in need of services and are unable to pay for them. If you have Medicaid coverage and the needed service is not covered by Medicaid, that service may be covered if funding is available. Although you may be eligible to receive State (publicly) funded behavioral health services, the services are not an entitlement; the availability of services is dependent and contingent upon State funds made available to Sandhills Center. SHC has very limited state funds available to address the needs of people who do not have Medicaid. Every consumer enrolled with SHC will be evaluated to determine their ability to pay for services. The combination of a consumer's adjusted gross income and the number of dependents will show if they have the ability to pay. SHC's established rates will apply when determining the amount for which the consumer will be liable. If a consumer's income exceeds the amount allowed for the sliding fee schedule, they will be required to pay 100% of the cost of the provided services. Members with Medicaid or Medicare are not subject to the sliding fee schedule for Medicaid or Medicare covered services.

Medicaid regulations will deny payment for services delivered to inmates of public correctional institutions or for patients in facilities with more than 16 beds that are classified as Institutions of Mental Diseases (IMD). The IMD rule does not apply to members under 21 or over 65 years of age. Sandhills Center does not offer financial or other rewards to providers to restrict or withhold services. For Medicaid Waiver services there are no co-pay fees.

WHY IS THERE A WAITING LIST FOR SOME PROGRAMS?

It may be necessary to have a waiting list for Innovations Waiver Services (Registry of Unmet Needs) when capacity is reached because of limitations of non-Medicaid funding sources. Slots are assigned based on date of placement on the registry unless reserve capacity criteria are met and a slot is available.

Re: Other Waiting Lists: A waiting list for services may be necessary

- 1) When the demand for services exceeds available resources (Non-Medicaid Funds Only) or

- 2) When service capacity is reached; for example, there is no available provider for the needed Medicaid or state-funded services (e.g., if all Residential Level II beds were full).

Customer Service will maintain a waiting list for all services meeting the service capacity or funding limitations. When providers report openings in service capacity or funding for services becomes available, Customer Service is notified and then identifies potential individuals from the waiting list. The following factors will be considered in the selection of individuals for services:

- 1) Service need (individual meets medical necessity for the service)
 - 2) Risk factors such as health and/or safety issues
 - 3) Risk of hospitalization or a higher level of care if need is not addressed
 - 4) Whether the resources identified are adequate to meet the individual's need
 - 5) If other funding sources are available to meet the individual's need
- ✦ If the opening is within an identified program, the program is provided a list of eligible individuals. All applicants are screened and the provider and consumer will make a selection based on the factors identified above.
 - ✦ Individuals referred from regional mental retardation centers, state mental health facilities or state substance use/addiction facilities will be given equal consideration for community referrals. Bringing members back to the community is a high priority for SHC.
 - ✦ Individuals must be considered without regard for race, ethnicity, religion or sexual orientation.

Some of the services funded with state funds are not based on income, such as Respite Care for Intellectual/Developmental Disabilities and Adult Developmental Vocational Programs (ADVP). Individuals who receive state-funded services are subject to a sliding fee scale, which means that they may be responsible for some percentage of the cost of services.

PRIORITY POPULATIONS STATE FUNDING ONLY

Priority Populations are those defined as representing people with the most severe types of mental illness and severe emotional disturbances, as well as substance use/addiction service needs with key complicating life circumstances, conditions and/or situations. Priority Populations applies to individuals who receive state services only and who do not apply to Medicaid services.

SHC, through review of screening, triage and referral information, determines that an individual is likely to meet priority population criteria. If the mental health, intellectual/developmental disabilities and substance use/addiction system does not serve these individuals, there is no other system that will serve them. The mental health, intellectual/developmental disabilities and substance use/addiction system is the public safety net. SHC is committed to making sure its resources will be focused on those most in need.

PERSON CENTERED PLANNING

What Is Person Centered Planning?

Person Centered Planning is a means for people with disabilities to exercise choice and responsibility in the development and implementation of their care plan. It assists and guides individuals in defining and pursuing desires and choices in having a meaningful life. Person Centered Planning is designed to find out what is important to the person and to learn about how the individual views health, safety, and risk issues in his/her life. Person Centered Planning is meant to assist individuals and clinical teams in having real and honest discussions about their desires, needs and supports. Striking a balance between a happy and safe life is essential. Services and supports are provided in a way that maximizes social participation and inclusion in the community, using necessary specialized services, generic resources, and natural support networks. The planning process is directed by the individual and identifies strengths and capacities, desires and support needs.

A good Person Centered Plan generates actions – positive steps that the person can take toward realizing a better, more complete life. Good plans also ensure that supports are delivered in a consistent, respectful manner and offer valuable insight into how to assess the quality of services being provided. Individuals guide their care plans and choose others to help them. Family members and friends are frequent contributors; the more traditional, professional service providers are also included. Plans incorporate varied supports, training, therapy, treatment and other services as needed to achieve the personal goals set by the individual. Plans draw upon diverse resources, mixing paid and natural supports to best meet the goals set.

Overview of the Person Centered Plan

The Person Centered Plan is a vehicle to help people reach their potential. The Person Centered Plan is for the individual, friends, family, professionals, paid staff and any other person with whom the individual would like to share the plan. The Person Centered Plan is used by individuals to assist others involved in their life to understand their wants, desires and needs. The plan needs to clearly express the voice of the person.

All Plans:

- ✦ Are “respectful” of the person and those who support the person
- ✦ Are easily read, or user friendly
- ✦ Are constructed so information is located easily
- ✦ Use complete thoughts but not necessarily complete sentences
- ✦ Use everyday language
- ✦ Have enough detail and/or examples that someone newly present in the person’s life can understand what is meant.

The phases of completing the Person Centered Plan are:

- ✦ Gathering information/assessment
- ✦ Organizing the information for team review/team meeting

- ✦ Developing the PCP
- ✦ Requesting PCP approval
- ✦ Implementing the PCP

SHC believes that you will have more success at remaining well if you take responsibility for your own treatment and help your providers know what works for you. You can assist with your treatment by saying what is helpful or feels harmful. Person Centered Planning is a process that will occur annually or anytime you have a significant change in your life.

In developing your Person Centered Plan, think about:

- 1) What has been happening in your life over the past year?
- 2) What do you want your life to look like?
- 3) Do you want to volunteer or work at a paid job?
- 4) Where do you want to live and with whom?
- 5) What would make where and how you live better?
- 6) What support do you need to maintain the important things in your life?
- 7) What would you change about your life, if you could?
- 8) What part of the day do you like best and why?
- 9) Do you have enough money to pay for all the activities you would like to do?
- 10) What kind of person makes the best support person for you?
- 11) How is your health? Do you have concerns about your general health?

The Person Centered Plan is about your life and what you want to achieve for your personal goals.

HOW CAN I PREPARE IN THE EVENT OF A CRISIS?

SHC requires a crisis plan for individuals who are at risk of inpatient treatment, incarceration or out of home placement. The crisis plan is written with your treatment team. You can also have your crisis instructions recorded into a computer database. Then anyone who is treating you, including hospitals, can follow your instructions.

You may develop your own individual crisis plan for everyone to follow during a Behavioral Health emergency. Your crisis plan will be shared with all of your caregivers. For example, if you are experiencing depression, your crisis plan might indicate a phone number you can call to assist you.

Another example is, if you have bought alcohol or plan on going to a party where drugs will be, is to have 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 AA meeting or Dual Recovery Anonymous meeting.

Writing a crisis plan requires you to think about what the early signs of trouble or a crisis are for you. You can share these signs with people who are willing to be your support network. Some individuals with mental health and substance use/addiction service needs have been trained to help you write a Wellness Recovery Action Plan (WRAP). If you cannot write, another individual can help you think about what you need to do to stay healthy and help you make a list. Other individuals who have avoided crisis/relapse can help you with ideas to remember your medications and appointments. They can be good listeners when you need to talk over your problems because they have had some of the same problems.

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

- ✦ Protect your right to make medical decisions and choices about your health care,
- ✦ 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.
- ✦ Stipulate who can pay your rent and bills, or take care of your pets, if you are hospitalized.

ACCESS TO SERVICES

HOW CAN I GET CARE IN AN EMERGENCY?

You can contact Sandhills Center Clinical Triage and Referral Section for help. Call toll-free at 1-800-256-2452. In a medical emergency, or any life threatening situation, please use the Emergency Medical Services (EMS) available in your area and activate EMS by dialing 911.

HOW CAN I GET NON-EMERGENCY CARE?

The Sandhills Center Clinical Triage and Referral Section is designed to be a clinical triage, screening, and referral resource. Anyone in our nine-county geographic area can locate mental health, substance abuse, and intellectual/developmental disabilities services through the Clinical Triage and Referral Section.

HOW DO I CONTACT THE SANDHILLS CENTER CLINICAL TRIAGE AND REFERRAL SECTION?

Clinical Triage and Referral Section services can be accessed 24 hours a day, seven days a week, 365 days per year by calling toll free 1-800-256-2452. Persons in the community can call regarding questions about Mental Health, Intellectual/Developmental Disabilities, and Substance abuse. Clinical Triage and Referral Section staff will help you determine if you are in need of behavioral health services. Call us for information or for an initial assessment and referral to a provider of services contracted by Sandhills Center.

When you call the Sandhills Center Clinical Triage and Referral Section, staff answering the calls will help you:

- Learn how to become a member and get behavioral health services.
- Learn about the services you can get.
- Find a provider.
- Get answers to your questions.
- Make a complaint or give feedback about services.

Following a determination of your needs, the licensed clinical staff refers you to resources and settings relevant to your need(s).

We shall give each Enrollee written notice of any “significant change” in the information at least 30 days before the intended effective date of the change. A “significant change” is a change that requires modifications to the MCO Waiver or the Medicaid State Plan.

HOW CAN I GET TRANSPORTATION ASSISTANCE IF I NEED IT?

We suggest that you discuss such needs with your service provider to determine community resources for which you may be eligible.

The following systems and contact numbers provide information that may assist you in accessing transportation services in your area:

County/ System	Telephone
Anson County Transportation System (ACTS)	704-694-2596
Guilford County Transportation and Mobility Services	336-641-4848
Harnett Rural Area Transportation System (HARTS)	910-814-4019
Hoke Area Transit Services (HATS)	910-875-8696
Lee County of Lee Transit System (COLTS)	919-776-7201
Montgomery RCATS Transportation	910-572-3430
Moore Moore County Transportation	910-947-3389
Randolph Randolph Coordinated Agency Transit System (RCATS)	336-629-7433
Richmond Area of Richmond Transit (ART)	910-895-1313

WHAT HAPPENS AFTER I'M ENROLLED WITH SANDHILLS CENTER?

Authorization of Services:

Sandhills Center authorizes services based on the member's clinical need and ensures that members have access to the most appropriate service in a timely manner. Members can receive an evaluation by a provider to determine the need for additional services. Based on those needs, providers can request authorization for services. Sandhills Center reviews the authorization request and provides notification to the provider within designated timeframes based on the urgency of the request. Sandhills Center authorizes routine requests for services within 14 calendar days and urgent requests for services within 72 hours. The member can request an extension to these timeframes for up to 14 calendar days to provide additional information. The member or provider can contact the Utilization Management Department to request the extension. Sandhills Center expects providers to deliver services in a manner that is:

- Strength-based and Family friendly
- Culturally sensitive and Clinically sound

The first step in getting services through a Sandhills Center provider is the intake process. During the intake process, a Sandhills Center network provider collects information to enroll you (or your child) in the system. The provider will work with you so that the process is as easy as possible. The staff member will also give you information about the system. Each person getting services will be part of a team. The members of the team may include the following:

- The person getting services, and/ or their legal guardian
- Family members and Behavioral health clinician(s)
- Other agencies and/or other people at the request of the person getting services.

The members of your treatment team will be involved in making decisions about your (or your child's) treatment. A clinical home is identified for each person getting services. A clinician from this clinical home makes sure that everything is going well with treatment. The next step is for the provider to do an assessment. During this step, the provider will ask you questions about:

- Your (or your child's) strengths
- Your (or your child's) needs
- Your (or your child's) goals and
- If you (or your child) need other special evaluations

Following your assessment, the provider and your (or your child's) team develop a Service Plan for you (or your child). The information from your assessment will be used to develop your (or your child's) service plan. The plan will describe what needs to be done to meet your (or your child's) needs and improve your (or your child's) health. Your provider will give you (or your child) services based on your (or your child's) Service Plan.

Your provider and clinical team will review your Service Plan at least every year or whenever your service needs change. This is to make sure that it is just what you (or your child) need.

Sandhills Center Service List for Medicaid Services
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Periodic Services

Assertive Community Treatment Team (ACTT)

Community Support - Team

Diagnostic Assessment

Emergency Services/Assessments

Inpatient Psychiatric Physician Services
--

Intensive In-Home

Mobile Crisis Management

Multi Systemic Therapy (MST)

Outpatient Opioid Treatment

Peer Support

Substance Abuse Comprehensive Outpatient Treatment (SACOT)
--

Substance Abuse Intensive Outpatient (SAIOP)
--

Other (please specify)

Day/Night Services

Child & Adolescent Day Treatment

Partial Hospitalization (PH)

Psychosocial Rehabilitation (PSR)

Other (please specify)

Residential/24 hour Services

Ambulatory Detoxification

Facility Based Crisis Program

Residential Level II – Program Type

Residential Level III

Residential Level IV

Professional Treatment Services in Facility Based Crisis Program
--

Psychiatric Residential Treatment Facilities (PRTF)

Residential/24 hour Services Continued
Substance Abuse Medically Monitored Community Residential Treatment
Substance Abuse Non-Medical Community Residential Treatment
Other (please specify)
NC Innovations Waiver Services
Community Guide Services
Community Networking Services
Community Transition Services
Crisis Services
Day Supports
Financial Support Services
In-Home Skill Building
Personal Care
In-Home Intensive Support
Natural Supports Education
Residential Supports
Respite
Specialized Consultative Services
Others: Supported Employment, Primary Crisis Response, Home Modifications, Individual Goods and Services, Crisis Behavioral Consultation, Assistive Technology Equipment and Supplies, Out of Home Crisis, Vehicle Adaptations.

Sandhills Center Service List for Integrated Payment and Reporting System (IPRS) Non Medicaid Services
Periodic Services
Assertive Community Treatment Team (ACTT)
Assertive Engagement

Community Support – Team
Developmental Therapy
Diagnostic Assessment
Emergency Services/Assessments
Geriatric Specialty Team
Hospital Transition Team
Inpatient Psychiatric Physician Services
Intensive In-Home
Jail Diversion
Mobile Crisis Management
Multi Systemic Therapy (MST)
Outpatient Opioid Treatment
Peer Support
Personal Assistance
Respite – Community
Respite – Hourly
Substance Abuse Comprehensive Outpatient Treatment (SACOT)
Substance Abuse Intensive Outpatient (SAIOP)
Substance Abuse Primary Prevention Services
Day/Night Services
Adult Developmental and Vocational Program (ADVP)
Child & Adolescent Day Treatment
Developmental Day
Partial Hospitalization (PH)
Psychosocial Rehabilitation (PSR)
Supported Employment
Residential/24 hour Services
Ambulatory Detoxification
Facility Based Crisis Program
Family Living

Group Living – Low
Group Living – Moderate
Group Living – High
Residential Level II – Program Type
Residential Level III
Residential Level IV
Non-Hospital Medical Detox
Professional Treatment Services in Facility Based Crisis Program
Psychiatric Residential Treatment Facilities (PRTF)
Social Setting Detox
Substance Abuse Halfway House
Substance Abuse Medically Monitored Community Residential Treatment
Substance Abuse Non-Medical Community Residential Treatment
Supervised Living I – VI
Residential Level II – Family Type
Other (please specify)
Other
Outpatient Therapy

Other services available are as follows:

- ✦ Caregiver Training
- ✦ Guidance for Troubled Youth
- ✦ TBI Services
- ✦ Interpreter Services
- ✦ Peer Support
- ✦ Skill Building
- ✦ And other services tailored to individual needs

WHAT IS A PROVIDER NETWORK?

A provider network is a group of behavioral health service providers who work with Sandhills Center and are available to provide behavioral health services in the Sandhills Center geographic area.

The following map shows the Sandhills Center geographic area.



A listing of available Sandhills Center network providers, their locations, and telephone numbers can be found online at www.sandhillscenter.org. If you do not have access to the Internet at your home, free Internet service is usually available at public libraries. If you need our assistance call 1-800-256-2452.

Some providers may not be taking new members or have limited services. To find out which providers in the Sandhills Center provider network are accepting new members and what services they provide, contact the Sandhills Center Clinical Triage and Referral Section at 1-800-256-2452.

In case of emergency care needs, call the Sandhills Center Clinical Triage and Referral Section at 1-800-256-2452.

HOW DO I CHOOSE A PROVIDER?

The SHC Provider Network is a group of individuals, agencies or facilities who provide services to members of the NC MH/DD/SAS Health Plan. If you want to know the professional qualifications and credentials of a doctor or therapist, call Customer Services at 1-800-256-2452 and ask someone to look up the information for you.

The Sandhills Center Website includes a list of care providers in the SHC Network you can choose from. The list includes:

- Names/Locations
- Services provided/How to contact them

Call Customer Service staff @ 1800-256-2452 to assist you in obtaining information pertaining to our Provider Directory at any time. Sandhills Center LME/MCO must credential & re-credential every provider they do business with. Network is comprised of qualified agencies, facilities, hospitals and licensed independent practitioners. The process includes complete review of an application submitted by the provider, primary sources verification, licensure verification's, back ground checks and accreditation verifications to complete the credentialing review.

If after verifying a provider's information and the MCO chooses to do business the provider is added to the Network. A Network Provider has a contract with SHC to provide services. Some providers will leave the Network and others will join. If you cannot find a provider near you, check with the Customer Services for new providers. In the event of the termination of a provider, SHC will make a good faith effort to give written notice to members within 15 days of the termination of the provider, and will send you a list of other providers. Within the SHC Network of Providers (providers who are under contract with SHC), you have the right to change providers to find someone you think you could work with more easily and effectively. You have the right to evaluate providers you are currently using and request a change if needed. SHC strives to have enough providers enrolled in each county to offer choices to members. SHC is encouraging its Provider Network to develop cultural competency to ensure that the highest quality of care is provided to all members. To find out the qualification, colleges graduated from, and credentials of a therapist, Ph.D. or M.D., call 1-800-256-2452 and someone will access the provider database to get that information for you.

TYPES OF PROVIDERS

Critical Access Behavioral Health Agencies (CABHA's).

Critical Access Behavioral Health Agencies (CABHAs) are agencies that serve at least two disability groups and provide five different services, including emergency services. CABHAs are considered Official Enrollment Sites. As such, you may also walk into these agency locations and request enrolment in the SHC system. There is at least one CABHA in each county. The Comprehensive Community Providers have also been designated by the state as CABHAs. CABHAs will deliver many services but they will be the only agencies that can provide Intensive In-Home services to assist individuals with mental health and/or substance use/addiction service needs.

Licensed Independent Practitioners

Licensed Independent Practitioners include Medical Doctors, Practicing Psychologists (Ph.D.), Licensed Psychological Associates (LPA), Licensed Clinical Social Workers (LCSW), Licensed Marriage and Family Therapist (LMFT), Licensed Professional

Counselors (LPC), Licensed Clinical Addiction Specialists (LCAS), Advanced Practice Clinical Nurse Specialists, Psychiatric Nurse Practitioners, and Licensed Physician Assistants. The Licensed Practitioners charge for services under their own license and must meet all criteria to directly bill Medicaid. Each Practitioner has been credentialed by SHC's Credentialing Committee.

Out of Area Providers

A provider who has been credentialed by Sandhills Center whether within or out of catchment area has a contract to provide services, but is located and provides the services outside of the nine SHC counties.

Out of Network Providers

If you have contacted a provider for services who is not part of the SHC Network of Providers, you must call either the SHC Customer Service at 1-800-256-2452 to discuss the process of how to request approval of this service through the SHC Medical Director. If the situation is an emergency, approval is not needed.

Quality Services

Providers should treat you as an individual rather than a diagnosis. Building a relationship enhances your chances for quality of care. Some suggestions regarding choosing a provider are:

- Select a provider when you are feeling clear and able to communicate your needs effectively.
- Look for willingness to answer your questions.
- Advise providers about any secondary conditions that you may also 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.

Once you choose your provider, take a list of your medications (prescribed and over-the-counter), a list of your hospitalizations, a list of programs you have attended to your appointment, and a list of any questions you might have. Remember that 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, work or with your medications.

CAN I RECEIVE SERVICES FROM A NON-NETWORK PROVIDER?

Admission to a non-network facility/program will be authorized for payment if:

- 1) The member cannot be safely or appropriately transferred to a network facility/program or
- 2) The member requires care, but appropriate care is not available in a network facility.

Authorization of payment for services in a non-network facility/program will continue until the member can be safely and appropriately transferred to a network facility/program. SHC will only pay for services that have been previously authorized by SHC.

It is important to remember to keep your appointment within the dates authorized for services. Once you are past the service dates for your authorization, a re-authorization for services from Utilization management will be needed, even though you may not have exhausted your last authorized amount.

If your individualized 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 UM Care Manager will certify the treatment plan according to the guidelines for authorization at that level of care. The UM Care Manager will initiate the Out of Network Approval Procedure in order to arrange for payment for the out of network facility or provider if appropriate. You will be responsible for payment of services if you go to an out of network provider for non-emergency services that have not been pre-authorized by SHC. You should have the out-of-town physician call Customer Service at 1-800-256-2452.

HOW DO I TRANSFER TO A DIFFERENT PROVIDER?

If you wish to change your provider you need to contact your current provider to make changes or cancel your appointments. If you need help with scheduling your appointments, you can contact Sandhills Center Clinical Triage and Referral Section toll-free at 1-800-256-2452.

If you plan to move out of the Sandhills Center geographic area but continue to need services, it is very important to notify your service provider in order to coordinate the transition. This can be a lengthy process so advanced planning time is required to minimize any delay in services. If you plan to move, your current provider will ask you to sign a release of information so they can transfer your services. Your records may be given to the new provider once you give written permission. Sandhills Center or your provider can help you with a referral to a new provider.

HOW CAN I SEE MY OWN RECORD?

If you wish to see your provider record, you have the right to do so except under certain circumstances, specified by law. To request to see your provider record, let your service provider know that you would like to review it. If you are discharged from a 24 hour program, you are also entitled to a copy of your discharge plan.

IS MY BEHAVIORAL HEALTH INFORMATION PRIVATE?

Sometimes, it is very important for your treatment to be coordinated with other professionals that are working with you. These may include your primary care physician, school professionals, or other agencies. Should it be necessary to release information

about you, the reasons will be fully explained to you by your provider and you will be asked to sign any authorization so this information may be released. Sometimes the law may require Providers to provide information regarding your treatment, without your permission. These may include:

- A court order to release your record.
- If you are in jail and it has been determined that you are in need of mental health or substance abuse services, or intellectual/developmental disabilities support.
- To a physician, or other health care provider who is providing emergency medical services.
- Coordination of your care with other Area or State facilities when it has been determined that disclosure of that information is needed to ensure appropriate and effective care.
- If you appear to law enforcement personnel, to be a danger to yourself or others, are likely to commit a crime, or threaten to commit a crime.
- If you have a legal guardian or are under the age of eighteen, your parent(s) or legal guardian may have access to treatment information and authorize release of information on your behalf, unless services are being provided to minors in accordance with the law (G.S. 90-21.5); The reporting of suspected abuse, neglect, or exploitation of a child or disabled adult.
- If there is legal action related to your treatment, our attorney may review the record.
- If your treatment records must be reviewed or audited to abide by government regulations.
- If you feel that your Right to Confidentiality has been violated, you have the right to complain. You may call the Customer Service Director toll free at 1-800-256-2452. You also have the right to ask someone you trust to assist you in voicing this concern or complaint.

HOW TO ACCESS BEHAVIORAL HEALTH SERVICES

Behavioral Health Services help people think, feel, and act in healthy ways. There are services for individuals with mental health problems, substance abuse problems, and there are services for persons who are intellectually disabled. You can get services based on three things:

- Your need.
- Your insurance/benefit eligibility.
- Approval of Authorization

Not all services are available to all members. If you would like to see the guidelines that are used to determine admission, continued stay, and discharge, contact Sandhills Center Clinical Triage and Referral Section toll free 1-800-256-2452.

You, along with your clinical team, decide what services you need. Your provider or clinical team may ask Sandhills Center for approval of a service for you, however the approval may be denied for some reason. If your provider's request for approval of a service is denied, you can file an appeal for further consideration of the matter. For more information on filing an appeal, see the section called "Appeal of Non-certification Decisions".

You and your provider may not agree about the services you need. If you feel you need a service, and your provider does not agree, you may contact Sandhills Center Customer Service toll-free at 1-800-256-2452 to discuss the matter.

RIGHTS PROTECTIONS

BASIC HUMAN RIGHTS/What are my rights? (As set forth in 42 C. F. R. 438.100). It is the policy and practice of Sandhills Center to assure your basic human rights. You have the right to:

- Be treated fairly and with respect regardless of race, ethnicity, religion, mental or physical disability, sex, age, sexual preference, or ability to pay.
- Participate in making your Service Plan and in decisions regarding your Health Care including the right to refuse treatment.
- Right to be free from restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.
- The right to request and receive a copy of your medical record, except as set forth in N.C.G.S. 122C-53(d), and to request that the medical record be amended or corrected in accordance with 45 C.F.R. part 164.
- Include any persons you wish in your treatment.
- Have your protected health information kept private.
- Get your services in a safe place.
- Agree to or refuse treatment services, unless the services are court-ordered.
- Get information in your own language or have it translated.
- The right to receive oral interpretation services at no cost to you.
- File a complaint, appeal or grievance without penalty.
- Receive good care from providers who know how to take care of you.
- Choose a provider within the Provider Network.
- Use your rights with no negative action by the NC Division of MH/DD/SAS or Sandhills Center and maintain the same civil and legal rights as anyone else.
- The right to be treated with respect and due consideration of dignity and privacy.
- The right to receive information on available treatment options and alternatives, presented in a manner appropriate to the Enrollee's condition and ability to understand.
- The right to a State Fair Hearing concerning any action taken by the MCO, including a service denial.
- You have the right to recommend changes to LME-MCO Policy and Procedures.
- The right to receive procedures for recommending changes in LME-MCO Policy and Procedures.
- The right to formulate Advance Directives.
- You have the right for a second opinion for treatment.

YOUR CIVIL RIGHTS: Members are entitled to all civil rights including:

- To register and vote. To buy or sell property, own property.
- To sign a contract.
- To sue others who have wronged you.

- To marry or get a divorce. To procreate and raise children.

Persons determined to be incompetent and who are assigned a court appointed guardian retain all legal and civil rights except those rights that are granted to the guardian by the court. The protection and promotion of recipient rights is a crucial component of the service delivery system. All members are assured rights by law and it is expected that Providers will respect these rights at all times and provide members continual education regarding their rights as well as support them in exercising their rights to the fullest extent. *North Carolina General Statutes (GS 122C 51-67) and the North Carolina Administrative Code (APSM 95-2) outline specific requirements for notification of individuals regarding their rights as well as operational policies and procedures that ensure the protection of rights.*

These statutes and regulations also outline the policy and operational requirements for the use and follow up of restrictive interventions and protective devices. It is expected that all Network Providers are knowledgeable of all outlined statutes and regulations regarding consumer rights and the use of restrictive interventions and protective devices and that providers develop operational procedures that ensure compliance. The Provider is also expected to maintain an ongoing knowledge of changes to the statutes and regulations and immediately alter operations to meet changes.

Each Network Provider Agency is expected to maintain a Client Rights Committee consistent with regulations outlined in North Carolina General Statute and Administrative Code. Providers are required to submit the minutes of their Client Rights Committee meetings to SHC on a quarterly basis. Providers should de-identify any information that is not in relation to SHC members. SHC maintains a Client Rights Committee that is responsible, as a sub-committee of the LME-MCO Board, for the monitoring and oversight of Provider Client Rights Committee functions. The SHC Client Rights Committee receives routine reporting from SHC staff on the use of restrictive interventions, rights violations and incidents of abuse, neglect and exploitation within the SHC Network.

Client Rights regulations are in NCGS 122-C-51-67 and APSM 95-2 and APSM 30-1 and NCASC 27G.0504, 10A NCAC 27G.0103 and NC Council Communication Bulletin #30. You have the right to request and obtain the following information at any time:

- A Member Handbook at least annually and as needed from Sandhills Center.
- The name, location, and telephone number of the current providers in your service area that speak a language other than English and the name of the language(s) spoken.
- The name, location, and telephone number of the current providers in your service area that are not accepting new members.
- Any limits of your freedom of choice among network providers.
- Your rights and protections. A description of how after-hours and emergency coverage is provided.
- A description of what is an emergency medical condition and what are emergency and post stabilization services.

- The process for getting emergency services, including the use of the 911 telephone system or local emergency numbers.
- The location of providers and hospitals that provide emergency/post stabilization services. Your right to use any hospital or other setting for emergency care.
- Your right for a second opinion for treatment. (Without cost from a Qualified Health Care Professional within the network, or outside the network if necessary).
- Your right to get emergency services without prior approval.
- The amount, duration, and scope of your benefits.
- The process for getting services, including approval requirements.
- The extent to which, and how, you may get benefits from out-of-network providers.
- The rules for post stabilization care services. How and where to access services including how transportation can be provided.
- The structure and operation of the NC Division of MH/DD/SAS.
- The grievance, appeal, and fair hearing procedures and timeframes.
- You have the right to recommend changes to LME-MCO Policy and Procedures. To recommend changes, contact the LME/MCO via our toll free # 1-800-256-2452, or in writing to Sandhills Center LME-MCO P.O. Box 9 West End, NC 27376 or in person at the Area office located at 1120 Seven Lakes Drive, West End NC 27376.
- The right to receive procedures for recommending changes in LME-MCO Policy and Procedures. The right to formulate Advance Directives.

To request any of this information, contact Sandhills Center Customer Service section toll free at 1-800-256-2452.

WHAT ARE MY RESPONSIBILITIES? You have the responsibility to:

- Give information needed for your care to your providers.
- Follow instructions and guidelines from your providers.
- Know the name of your Clinical home and the staff working with you.
- Schedule appointments during regular office hours when possible, limiting the use of Urgent Care and Emergency Room facilities.
- Arrive on time for appointments.
- Attend all scheduled appointments or call to cancel.
- Tell providers if you have to cancel an appointment before the scheduled time.
- Participate in creating your Service Plan.
- Be aware of your rights. Take care of yourself.
- Assist in moving towards your recovery.
- Treat others with respect and work cooperatively with others.
- Provide financial information and Document your income.

Sandhills MCO/LME Responsibilities: Individuals who have a serious and persistent mental illness, children with a serious emotional disturbance or individuals with limited financial resources will not be denied care.

WHAT CAN I DO IF I HAVE A COMPLAINT ABOUT MY CARE?

When receiving services from a provider, please address any concerns or complaints with that provider and allow them an opportunity to resolve the issue. If you are not happy with the outcome, you are encouraged to contact Sandhills Center Customer Service toll free at 1-800-256-2452. Sandhills Center Customer Service staff are committed to responding quickly to your questions, concerns and complaints. Every effort will be made to resolve your issue as soon as possible.

WHAT IS A COMPLAINT AND HOW DO I MAKE ONE?

A complaint can be made when you are not satisfied with any aspect of the quality of your care or services (or lack of) for any reason. Your concerns could pertain to any provider or LME-MCO functions or staff. Reasons for complaints could include such things as:

- The quality of care or services received or access to any service.
- A disagreement about the service you receive or with the LME-MCO.
- The failure of a provider or LME-MCO to respect a person's rights, privacy or confidentiality.
- A provider or an LME-MCO or employee of a provider or LME-MCO being rude or abusive to you or neglected you or exploited you in any way.

Complaints can be made either verbally or in writing to any Sandhills Center staff at any time or by calling our Customer Service toll free at 1-800-256-2452; or you can write to Sandhills Center Customer Service, PO Box 9 West End, North Carolina 27376. You can also make a complaint in person at the Area office of the LME/MCO located at 1120 Seven Lakes Drive, West End NC 27376. Our staff provides assistance as needed in regards to your complaint. Assistance will be provided if needed with filing appeals and State Fair Hearings.

Upon Receipt of a Complaint:

The LME/MCO reviews the complaint and communicates to the complainant within (5) business days of receipt of complaint that it has been received and will be investigated.

Complaints are either investigated by Sandhills Center and completed within 30 days or referred out to an external agency for review. For Complaints investigated by Sandhills, Sandhills may extend the timeframe for complaint completion (Medicaid only), by fourteen days if the member requests the extension; or, Sandhills demonstrates to DMA that there is need for additional information and the delay is in the best interest of the member. If the timeframe is extended, the member will be notified in writing. CFR 438.408

When the complaint is referred by the LME-MCO to the State or local government agency responsible for the regulation and oversight of the provider, the LME-MCO will send a letter to the complainant informing him or her of the referral and the contact person at the agency where the referral was made. The LME-MCO will contact the State or local government agency where the referral was made within eighty (80) business days of the date the LME-MCO sent the complaint to determine the actions the State or local government agency has taken in response to the complaint. The LME-MCO will communicate the status of the State or local government agency's response to the complainant and to the member's home LME-MCO Organization, if different.

Complaint Appeal Process:

If you are dissatisfied with the resolution of your complaint or concern, you may file an appeal in writing. If you would like additional information regarding the appeal process you can do this by contacting our Customer Service toll free at 1-800-256-2452 and the process will be explained to you in detail.

If the complainant is a member or member representative the appeal must be received in writing within 20 business days from the date of the resolution letter. In either case the LME-MCO-CEO or designee will:

- (A) Convene an appeal review committee; and
- (B) Issue an independent decision after reviewing the appeal review committee's recommendation. The decision shall be dated and mailed to the member or member representative (appellant) by the LME-MCO within 21 calendar days from receipt of the appeal.
- (C) There is no further appeal process in accordance with our DMA contract pertaining to enrollee grievance and appeal procedures.

MEDICAID FRAUD AND ABUSE

The North Carolina Department of Health and Human Services wants all Members and Provider staff to be informed that anyone with knowledge of Medicaid Fraud or Abuse needs to report it by calling toll-free **1-877-DMA-Tip1 (1-877-362-8471)**.

If you are unsure what Medicaid fraud or abuse is, it could include any of several dishonest acts-from letting someone else use your Medicaid card to undergoing unnecessary medical procedures. A more complete list is available on web at the following address:

<http://www.dhhs.state.nc/dma/provider/fraud/htm>. Thinking “it doesn’t hurt anyone” is just wrong. Every dollar wasted or stolen is a dollar that could have been spent on providing health care to someone who needs it and who follows the rules. **AND** those dollars add up---tens of millions in North Carolina each year.

Whether you are a provider, recipient or simply a taxpayer, Medicaid Fraud and abuse **COST YOU!** If you know of Medicaid fraud or abuse **call 1-877-DMA-TIP1, or call this DHHS Care-Line (English or Spanish) at 1-800-622-7030, or report online at www.ncdhhs.gov/dma/fraud/reportfraudform.htm**

How you can save Medicaid Dollars: Keep all paper work together and be alert for the following:

- Services promised but never given
- Unnecessary tests or procedures
- Repeat billing for same procedure
- Statements that don’t match your actual health or medical condition
- Do not allow anyone to use your Medicaid card
- Never sign a blank form
- Do not share medical records or your Medicaid number with anyone except your doctor, hospital, pharmacist or other health care provider
- Report Medicaid recipients who lie about eligibility, lie about medical conditions, forge prescriptions, sell prescription drugs, or loan Medicaid cards to others

DON’T FEEL GUILTY ABOUT REPORTING SOMEONE WHO STEALS HEALTH CARE FROM THOSE WHO NEED AND DESERVE IT!!!

What is an approval (certification) of services and what are my notification rights? You and your clinical team will work together to make decisions about the services you need. Some services, for example community support and residential treatment, need to be approved before you can get them except for emergency services. Your provider/clinical team must ask for approval of these services from

SHC's appropriate behavioral health professionals. You will be notified if the service is approved (certified) or not approved (non-certified).

AM I ELIGIBLE FOR MEDICAID COVERAGE?

To be eligible for Medicaid coverage you must:

- ✦ Be a U.S. citizen or provide proof of eligible immigration status
- ✦ Be a resident of North Carolina
- ✦ Have a Social Security number or have applied for one
- ✦ Apply and be approved for Medicaid at your local Department of Social Services (DSS) office.
- ✦ If you are currently receiving Social Security Insurance (SSI) benefits, Special Assistance for 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.

Your Medicaid Identification Card (MID) is your NC MH/DD/SAS Health Plan membership card. The Medicaid card is issued annually by DSS. The county DSS offices can request a replacement MID Card for you.

MEDICATION IDENTIFICATION (MID) CARD

As long as you are eligible, you will usually receive a new card for each month or annually in the mail. Most people receive their new card annually. The card is good only for the month(s) printed under the VALID DATES on the card. Some cards may be valid for more than one month.

Sign the Medicaid card when you receive it. Take your current card with you every time you or a Medicaid recipient in your family goes to the doctor, hospital, or any medical provider including the pharmacist. Your Medicaid card is your proof that you are covered, just like insurance.

If you or your family member(s) do not show your card to the person treating you, that person will not know you are covered by Medicaid. You may then have to pay for the full cost of the treatment or prescription drug.

A **BLUE** card means you have full Medicaid coverage.

A **GREEN** card means you are “Eligible for Limited Family Planning Services Only.” This will be printed on the card.

A **PINK** card means you have coverage only for services related to your pregnancy only.

A **BUFF/TAN** card means that you have Medicaid for only your Medicare cost. Medicaid only pays for the Medicare premiums, the deductibles and co-insurance for charges covered by Medicare. If you are enrolled in Community Care of North Carolina (CCNC), also known as Carolina ACCESS (CA), the name of your Carolina ACCESS doctor (medical home) and phone numbers are printed on your card. If you lose your Medicaid card, call your County Department of Social Services (DSS) and request a replacement card.

Example of the new **BLUE** Medicaid identification card for **Adult and Family's, and Children's** Medicaid programs.

**N.C. DEPT. OF HEALTH AND HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE**

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MEDICAID IDENTIFICATION CARD				N.C. DEPT. OF HEALTH AND HUMAN SERVICES DIVISION OF MEDICAL ASSISTANCE															
CAP CODE	COUNTY CASE #	ISSUANCE	PROGRAM	CLASS	RECIPIENT I.D.	ELIGIBLES FOR MEDICAID	INS. BIRTH SEX												
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DNCA-5005 Rev. 10/08

Example of the new **GREEN** Medicaid identification card for **FAMILY PLANNING WAIVER** services.

THIS DOCUMENT CONTAINS FLUORESCENT FIBERS, FLUORESCENT ARTIFICIAL WATERMARK AND IS PRINTED ON CHEMICAL REACTIVE PAPER

**N.C. DEPT. OF HEALTH AND HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE**

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INS.#	NAME CODE	POLICY NUMBER	TYPE																
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DNCA-5005 (10/08) security

Example of the new **PINK** Medicaid identification card for Medicaid for

Pregnant Women services.

THIS DOCUMENT CONTAINS FLUORESCENT FIBERS, FLUORESCENT ARTIFICIAL WATERMARK AND IS PRINTED ON CHEMICAL REACTIVE PAPER

N.C. DEPT. OF HEALTH AND HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE

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MEDICAID IDENTIFICATION CARD

CAP CODE	COUNTY CASE #	INSURANCE PROGRAM	CLASS	RECIPIENT I.D.	ELIGIBLES FOR MEDICAID	INS DATE	SEX
VALID				THRU			

INS.# NAME CODE POLICY NUMBER TYPE

Recipient Signature (Not valid unless signed)

MDMSE MAY RESULT IN FRAUD PROSECUTION

This recipient is only entitled to receive pregnancy related services which include prenatal, delivery and postpartum care as well as services required for conditions which may complicate pregnancy.

SAMPLE

Example of the **BUFF/TAN** Medicaid identification card for Medicare-Qualified Beneficiaries

NOTICE TO RECIPIENT

USE OF CARD - This card is proof of eligibility for MEDICARE-AID for the month(s) shown in the Valid From and Thru dates. You will receive a card for each month you are eligible. It is to be used with your MEDICARE card so that your medical providers can bill the MEDICAID program for MEDICARE deductibles and coinsurance. If you do not show your MEDICARE-AID card, the providers may bill you for the deductibles and coinsurance. Lost cards may be replaced at the county DSS. Always notify your caseworker of any change in your income, resources or living situation. This card is valid only for medical care and services covered by MEDICARE.

RIGHT TO RECONSIDERATION REVIEW - You have the right to request a review if you are billed by a provider for MEDICARE deductibles and coinsurance which you expected to be paid by the MEDICAID program. To ask for a review, write to: DMA, 1885 Unstead Drive, Raleigh, N.C. 27603.

FRAUD - Use of the MEDICAID ID card by any person other than the authorized recipient is against federal and State laws and therefore is punishable by a fine or imprisonment.

MEDICARE-AID ID CARD
N.C. DEPT. OF HEALTH AND HUMAN SERVICES DIVISION OF MEDICAL ASSISTANCE

PROGRAM	ISSUANCE	VALID	
		FROM	THRU
RECIPIENT I.D.	INS. NAME CODE	BIRTH-DATE	SEX

SAMPLE

(Not valid unless signed)

SIGNATURE _____

HOW DO I FILE AN APPEAL OF A MEDICAID DECISION?

An appeal is a request for administrative review of an action determined by Sandhills Center. Actions that can be appealed are service denials, reductions, limited authorization periods, type or level of service, suspensions or terminations of a previously authorized service; the denial in whole or in part of payment for a service; the failure to provide services in a timely manner, as defined by the State; the failure of Sandhills Center to act within the timeframes.

If you get a Letter of Notification from SHC saying that some or all of your Medicaid benefits have been reduced, suspended, terminated or denied, you can appeal this decision. If you appeal within the timelines listed in your letter, your services may continue throughout the appeal unless the appeal is for denial of a new request for services. **Your first step is to file a Reconsideration Request.** You will be notified in writing of the process for filing the Reconsideration Request to SHC and all subsequent appeals with the State of North Carolina. This information will be included in the Letter of Notification.

- ✦ **Denial:** A denial could occur if the criteria are not met to support a new authorization request for a service. You will receive a letter by U.S. Mail explaining this decision and how to request a Reconsideration. During this time, SHC will not provide the requested service during the appeal period.
- ✦ **Reduction, Suspension or Termination:** Services you are currently receiving may be reduced, suspended or terminated based on several different factors: Not following clinical guidelines or not continuing to meet medical necessity for the frequency, amount or duration of a service. You will receive a letter by U.S. Mail at least ten (10) days before the change occurs explaining how to request a Reconsideration. If you request a Reconsideration by the deadline stated in the letter, your services may continue through the end of your original authorization.

It is very important for you to exactly follow all procedures that come to you in notices and letters. Please call our Customer Services section toll free @ 1-800-256-2452 and ask for our Utilization Management Department if you have any questions. The Utilization Management Department handles appeals over suspension, termination, or denial of services.

Reconsideration Request

Under the North Carolina MH/DD/SAS Health Plan and NC Innovations Waiver, an individual who disagrees with SHC's decision must first go through the **Reconsideration** process before proceeding with the Appeals Process through the Office of Administrative Hearings (OAH). A health care professional who has appropriate clinical expertise in treating your condition or disorder decides Reconsiderations. The timeframe for a reconsideration decision to be made is 30 days with a possible 14 day extension. You or your provider may request an Expedited Reconsideration if it is determined that taking the standard time could jeopardize your health and safety. Expedited Reconsiderations will be reviewed within 72 hours. You or your provider may request an extension of up to 14 calendar days to provide additional information.

To File a Reconsideration Request

To request a **Reconsideration**, you or your provider must complete and return the Reconsideration Request by fax, mail, verbally over the phone, or by bringing the form to SHC in person. You have 30 days from the date of notification to make a Request for

Reconsideration. During Reconsideration, you and/or anyone you choose may represent you. You have the right to review any information that was utilized as part of the Reconsideration process. You may also submit any additional information you feel supports the level of service(s) being requested.

By phone: 1-800-256-2452

By fax: 336-389-6543

By mail or in person:

Sandhills Center
Appeals Coordinator
1163 Seven Lakes Drive
PO Box 9
West End, NC 27376

If you disagree with the Reconsideration decision, you may submit your appeal to the North Carolina Office of Administrative hearings. This form is enclosed with the Reconsideration decision and will start the Appeals Process.

WHAT IS THE APPEALS HEARING PROCESS?

You must file your appeal with the NC Office of Administrative Hearings (OAH) within 30 days from the date of the Reconsideration decision. After filing your appeal, you will be offered the opportunity to have your case mediated. If you accept mediation, it must be completed within 25 days of your request.

If you either decline mediation or mediation is unsuccessful, your appeal will proceed to a hearing. After the hearing, an administrative law judge will prepare a written final decision that includes findings of fact and conclusions of law. Upon notification of the final decision, either you or SHC will have the right to seek judicial review of the decision.

Am I Responsible For Services Furnished While the Appeal Is Pending?

If the NC Department of Health and Human Services' final decision is not decided in your favor (in other words, DHHS upholds SHC's decision to deny, reduce, suspend or terminate the requested service), then SHC has the right to recover the cost of the services furnished to you during the Appeal process.

Important Timelines to Remember

- ✦ If a Medicaid service is reduced, suspended or terminated, you will be notified 10 days in advance and if you appeal within 10 calendar days of the notification of reduction, suspension or termination of services, you may be eligible for continuing to receive existing services.
- ✦ If a Medicaid service is denied, you will be notified when the decision is made.

- ✦ You have 30 days from the date of the Notice of Decision letter to request a Reconsideration of the decision.
- ✦ The timeframe for a reconsideration decision to be made is 30 days with a possible 14 day extension.
- ✦ An expedited Reconsideration may be requested if it is determined that your health or safety is in jeopardy. An expedited Reconsideration will be reviewed within 72 hours.

Non-Medicaid Service Decisions

If you receive a letter from SHC stating that all or some of your non-Medicaid benefits have been reduced, suspended, terminated or denied and you disagree with the decision.

If you receive a letter from SHC stating that all or some of your non-Medicaid benefits have been reduced, suspended, terminated or denied and you disagree with the decision, you may appeal the decision. All standard appeals are processed and completed, and written notification of the appeal decision issued, within 30 calendar days of the receipt of the request for appeal.

1. Following notification by state mandate, the member or member's legal representative has fifteen (15) business days to submit a request for appeal.
2. Following receipt of the request for "standard" appeal, the Utilization Management Program has thirty (30) calendar days to conduct an appeal and issue a written notification of the appeal determination.
3. State regulations stipulate the appeal request must be in writing, by member or member's legal representative. The Utilization Management Program may assist a member in filing a written appeal.
4. Instructions for requesting a written appeal, including where and to whom to send the appeal, are included in peer review notification of non-certification. Notification also includes the timeframes in which a member has to request an appeal.
5. The appeal timeframe starts when the Utilization Management Program or the Sandhills Center organization receives the written appeal request by the member and/or member's legal representative.
6. Members may appeal upheld denials externally to the State Division of Mental Health, Developmental Disabilities and Substance Abuse Services Non-Medicaid Appeals Panel (10A NCAC 271.0600 and G.S. 143B-147(a)(9)). A panel of individuals designated by the NC MH/DD/SAS reviews the Non-Medicaid Appeal Request to DHHS. The panel will issue their recommendations within 60 days of receipt of the Non-Medicaid Appeal Request Form to both the enrollee/Guardian and SHC CEO. SHC will then issue the Final Decision in writing within 10 days for the receipt of the panel's recommendations.

An enrollee in the NC MH/DD/SAS Health Plan or guardian may submit additional information that he/she feels supports the request. All information should be faxed or mailed to the SHC Utilization Management Department with the Appeal Request Form. An enrollee/guardian may speak for him/herself or be represented by an attorney, representative or other spokesperson.

Expedited Appeal Process:

An Expedited appeal may be requested if it is determined that your health or safety is in jeopardy. Expedited Appeals provide you with a disposition within seventy-two (72) hours for final decision and verbal notification and three (3) calendar days for written notification.

The contact information for sending the Non-Medicaid Request Form is:

MH/DD/SAS Hearing Office
Customer Service and Community Rights
Mail Service Center 2009
Raleigh, NC 27699-3099
Phone: 919-715-3197
Fax: 919-733-4962

An enrollee/guardian may speak for him/herself or be represented by an attorney, representative or other spokesperson.

Note: Non-Medicaid services are not an entitlement.

Expedited Appeal/Complaint Process

An Expedited Appeal/Complaint process may be requested if it is determined that your health or safety is in jeopardy. Expedited Complaints provide you with a disposition of the Clinical Review of the Complaint within two calendar days after SHC receives the Complaint.

Sandhills Center Appeals Coordinator
1163 Seven Lakes Drive
PO Box 9
West End, NC 27376

Phone: 1-800-256-2452
Fax: 336-389-6543

Am I Responsible For Service Furnished While The Complaint Is Pending?

If the final decision is not decided in your favor, SHC may recover the cost of the services furnished to the enrollee during the complaint process.

Note: When an enrollee/guardian files a complaint for the denial of a new service, SHC is under no obligation to provide the requested service during the Complaint process.

ADVOCACY INFORMATION

WHAT IS AN ADVOCATE?

An Advocate is someone who has the knowledge and ability to speak with you about your rights. The following local and State advocacy resources are available to you:

Web sites and contact numbers to serve as advocacy and other helpful resources for members include:

- NAMI North Carolina (National Alliance on Mental Illness). NAMI North Carolina's Help Line provides information on mental illness, referrals to treatment and community services, and information on local member and family self-help groups throughout North Carolina. NAMI North Carolina provides emotional support, education, and advocacy to people of all ages who are affected by mental illness. Phone: **919-788-0801 or 800-451-9682 (Helpline)**
Website: <http://www.naminc.org>
- The Arc website provides information about the organization of and for people with intellectual/developmental disabilities
Website: <http://www.thearc.org>

The NC CareLink website provides up-to-date information about programs and services across North Carolina for families, seniors, youths and everyone in-between. It is a collaborative effort of the North Carolina Department of Health and Human Services and many other government and non-profit information and referral stakeholders across North Carolina. Website: <http://www.nccarelink.org/>

INFORMATIONAL WEBSITES:

Web sites and contact numbers approved by the Sandhills Center Quality Management Committee to serve as informational reference for members include:

- NAMI North Carolina (National Alliance on Mental Illness)
Phone: **919-788-0801 or 800-451-9682 (Helpline)**
Website: **www.naminc.org**

NAMI North Carolina's Help Line provides information on mental illness, referrals to treatment and community services, and information on local member and family self-help groups throughout North Carolina. NAMI North Carolina provides emotional support, education, and advocacy to people of all ages who are affected by mental illness.

**Statewide Family Help Line 1-800-377-1464 www.bianc.net
(regarding TBI Services)**

- The “Healthy Minds” website provides a broad array of information about mental illness, including characteristics and symptoms, causes, and treatment.
<http://healthyminds.org>
- The “Mental Health Recovery” website is mental health’s focus is on prevention and recovery through education, training, and research.
<http://www.mentalhealthrecovery.com>

National Alliance on Mental Illness (NAMI) in

Lee County: 919-499-9954

Harnett County: 910-476-7164

Moore County: 910-295-1053; <http://www.nami-moorecounty.org/>

Randolph County : 336-482-7298

Guilford County: 336-370-4264

The Arc of...

Lee County: 919-776-4048

Harnett County: 919-639-9370

Montgomery County: 910-428-4298

Moore County: 910-692-8272

Guilford County: Arc of Greensboro: 336-373-1076

Veterans Services: 919-733-7011 ext 216

or 1-800-662-7030 www.nccarelink.gov

**North Carolina Customer Services/
Community Rights**

3009 MSC

Raleigh, NC 27699

919-715-3197 or 1-800-662-7030

www.stuart.berde@ncmail.net

Disability Rights North Carolina

Persons with Disabilities

2626 Glenwood Ave Suite 550

Raleigh NC 27608

Toll free # 1-877-235-4210

919-856-2195 Fax: 919-733-9173

e-mail: info@disabilityrightsncc.org

The Arc of North Carolina

4200 Six Forks Road

Raleigh, NC 27609

919-782-4632 or 800-662-8706

www.arcnc.org

Association of Self-Advocates of NC

1-800-662-8706

www.self-advocate.org

Autism Society of North Carolina

505 Oberlin Road

Raleigh, NC 27605

919-743-0204 or 800-442-2762

www.autismsociety-nc.org

NAMI North Carolina

309 W. Millbrook Road, Suite 121

Raleigh, NC 27609

919-788-0801 or 800-451-9682 (Helpline)

www.naminc.org

NC Mental Health Consumers Org.

PO Box 27042

Raleigh, NC 27611

919-832-2285 or 800-326-3842

www.ncmhcosupport.org

Easterseals UCP Rockingham ACTT

607 E. Broad Ave

Rockingham, NC 28379

910-997-2676

Fax: 910-997-4173

Team Leader: Claudia Wall

Additional Resources:

Stress Management

[http://www.samhsa.gov/MentalHealth/Tips Survivors Managing Your Stress pdf](http://www.samhsa.gov/MentalHealth/Tips%20Survivors%20Managing%20Your%20Stress.pdf)

Information on Drug Interactions

<http://healthtools.aarp.org/druginteractions>

Exceptional Children's Assistance Center (ECAC): 1-800-962-6817
(Parent Info Line)
907 Barra Row, Suite 102/103
Davidson, NC 28036
www.ecac-parentcenter.org

National Center for Missing and Exploited Children
1-800-843-5678
www.ncmec.org

Silver Alert: To activate a Silver Alert
NC Center for Missing Persons
1-800-522-5437
www.nccrimecontrol.org

Amber Alert
NC Center for Missing Persons
Division of Alcohol Law Enforcement
4706 Mail Service Center
Raleigh, NC 27699-4706
1-800 522-5437

Carolinas Poison Control Center at (800) 848-6946 - Calling the National Poison Control Center at (800) 222-1222 connects callers to the nearest poison control center. If a child is unconscious or has trouble breathing, call 911 immediately.

North Carolina Families United
206 East Elm Street
Graham, NC 27253
336-395-8828

NC CARE LINE
Information & Referral Service
800-662-7030 (TTY/Voice/Spanish)
For direct connection to a state office

Alcohol/Drug Council of NC
800-688-4232

Customer Empowerment Team
Stacy Harwood @dhhs.nc.gov
Cell phone 919-604-6027
P.O. box 394 Oakridge NC 27310

Homeless Shelters

- **Anson County: House of Hope, contact Steve Adams @ 704-695-2879; men only.**
- **Anson County: Samaritan Inn in Wadesboro: 90 day homeless program for both men and women @ 704-695-2453 contact Rev. Chambers.**
- **Guilford County: Greensboro Urban Ministry: 336-271-5959**
- **Guilford County: Open Door ministries Men's Shelter: 336-886-4922**
- **Partners Ending Homelessness: 336-553-2715**
- **Harnett County: Beacon Rescue Mission @ 910-892-5772, men/women/children.**
- **Lee County: Shelter in Sanford, Pastor Kivett @ 919-499-3194, women/men.**
- **Lee County: Life Line Ministries in Sanford, contact Santiago Lopez @ 919-498-4424, women and men.**
- **Montgomery County: Crisis Council for Abused Women; women and children, 910-572-3749.**
- **Moore County: Salvation Army, men, women and children, 910-246-0122.**
- **Moore County: Bethesda House in Aberdeen, 910-944-7700, substance abuse halfway house for men.**
- **Moore County: Second Chance; 4 bedroom house in Southern Pines for homeless women contact Elaine Owens @ 910-215-0642.**
- **Moore County: Family Promise in Aberdeen, Susan Bellow @ 910-944-7149; takes women and children.**
- **Moore County: Friend to Friend; for abused women and children, 24 hour crisis line, 910-947-3333 contact Anne Friesen.**
- **Moore County: Bethany House; halfway house for women, Southern Pines, 910-692-0779.**
- **Randolph County: C4 Central Carolina Community Church 336-633-4404. Open Mon./Thurs./Fri.; 1/14 – 3/15 when temp is below 32 degrees.**
- **Randolph County: Total Committed Ministry; Pastor Jeff Looney 336-879-4377, cell 336-302-3986; open 24/7.**
- **Richmond County: Outreach for Jesus – Rev. Taylor – 910-582-8888.**
- **Richmond County/Moore/Anson: SCAP; transitional housing, 704-694-5161 contact Sabrina Hough; for women, and children.**

CONSUMER AND FAMILY ADVISORY COMMITTEE (CFAC)

The Sandhills Center Consumer and Family Advisory Committee recognizes the contribution of members and their abilities and perspective through advocating for improvements in quality care; identifying barriers, service gaps and needs as they arise and recommending possible solutions. The committee serves as a liaison between Sandhills Center and the community. It is comprised of members and their families who reside within Sandhills Center geographic area. To obtain further information you may contact the Sandhills Center CFAC staff liaison about this committee toll free at 1-800-256-2452.

WHAT IS A DESIGNATED REPRESENTATIVE?

Advocating for your rights can be hard work. Sometimes it helps to have a person with you to support your point of view. If you have been determined to have a serious mental illness, you have the right to have a designated representative help you in protecting your rights.

A designated representative may be a parent, guardian, friend, peer advocate, relative, human rights advocate, member of a Human Rights Committee, an advocate from the State Protection and Advocacy system, or any other person who may help you protect your rights and voice your service needs. You have the right to have a designated representative help you protect your rights and voice your service needs during any meetings about your Service Plan or Inpatient Treatment and Discharge Plan.

ACCOMMODATIONS:

Sandhills Center follows all requirements of the Americans with Disabilities Act (ADA), and provides accommodations when requested, to assure that everyone eligible for services has equal access to them.

Sandhills Center provides interpreter services, if you are limited in your ability to speak, read, write, or understand the English language at a level that permits you to interact effectively with staff. Forms and information may also be provided in your dominate language.

CULTURAL COMPETENCE OF SHC PROVIDERS:

SHC's mission is, in part, that the system will reflect the uniqueness of our local communities and be shaped by the choices of members and their families. SHC and its network of providers have embraced Cultural Competence wholeheartedly. Cultural Competence extends beyond cultural sensitivities into the behaviors, attitudes, and policies that enable our system to work more effectively in cross-cultural situations. SHC and our Provider Network have adopted a Cultural Competence Plan that highlights the steps toward the progression of Cultural Competence. They include Awareness, Sensitivity and Competence. As SHC becomes more aware of ethnic, racial, regional and cultural differences, sensitivities and skills are realized and developed.

- ✦ Members will experience the positive effects of a service provider through their diversity of décor (wall and table decorations) and atmosphere.
- ✦ Service providers will become more engaged in the community of the members. This may include participation in community events, focus groups, community advisory councils and other community events.
- ✦ Providers and their staff will become more educated on how to best deliver services to culturally and ethnically diverse members.

In addition, providers are being educated on how to ensure that barriers to treatment, such as language interpretation, are eliminated.

SHC wants the benefits of cultural competence to positively affect the provision of quality services to members. For more information on the status of Cultural Competence, visit our website at www.sandhillscenter.org/cultural.

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

LOCATION OF PROVIDERS:

Most services will be available within 30 miles or 30 to 45 minutes from your home. However, some specialty providers may be located in another county. SHC will assist you in locating a provider that can meet your needs, as close to your home as possible. You have the right to access emergency services at any location that provides Emergency Care without prior authorization.

INSTRUCTIONS FOR STANDARD TTY RELAY CALLS:

- Dial 711 or 1-800-855-2880 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.
- You will connect to a Communications Assistant who will place your call and inform you of the call status: “ringing” or “busy.”
- When the number you are calling answers (either a person or an answering machine), the Communications Assistant will relay the greeting he/she hears then “GA” for you to “Go Ahead.” This means it’s 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, the Communications Assistant will listen to their reply, and then relay it back to you through type.
- Continue this process through your call. When you are ready to end your call, type “SK” for “Stop Keying” then hang up.

Sandhills Center Organizational Structure

Sandhills Center programs and departments include: Customer Services, Regulatory Compliance, Care Management/Utilization Management, Care Coordination, Health Network, Quality Management, Administrative, and Support Services. The following is a description of the programs and departments:

Customer Services Department

The Customer Services Department provides a communication link for members/families. Through this Department, Sandhills Center Staff receive and respond to general information inquiries, receive concerns/complaints and triage appropriately for investigation/resolution. In addition, the Department is designed to ensure prompt access to Licensed Clinical Staff to perform Clinical Triage and Referral which is the URAC Accredited Health Call Center Program.

Clinical Triage and Referral Department

The Clinical Triage and Referral Department ensures that members have prompt access to all relevant covered services according to their need, choice, medical necessity and established and emerging best practices.

The Sandhills Center Clinical Triage and Referral Department is a clinical triage and referral resource. Anyone in the Sandhills Center nine-county service area can locate mental health, substance abuse, and intellectual/developmental disabilities services by calling the toll-free Customer Services telephone number. The toll free number 1-800-256-2452 is available 24 hours per day, 7 days per week.

Care Management/Utilization Management Program

Care Management/Utilization Management is the means by which we monitor the appropriateness, amount and duration of care based on established criteria and manages service use by members through certification of Medicaid and State-funded MH/DD/SA services. The Utilization Management Program is accredited by URAC.

Care Management/Utilization Management staff are licensed Behavioral Health Professionals who have experience in all covered services. The Care Management/Utilization Management staff review requests for certification of covered services submitted by member's providers. If information is missing and/or does not support the need for services, Care Management/Utilization Management staff may be unable to certify the service request and recommend alternative Medicaid and State-funded or other supportive services.

Care Coordination Department

The Care Coordination Department is responsible for linking members to needed services based on specialty needs. When a member's needs put him/her in high risk situations such as relapse and hospitalization, homelessness, incarceration and/or transition between services, experienced clinical Care Coordinators provide assistance in linking the member to the care needed.

Health Network Program

The Sandhills Center Health Network Program is URAC accredited and consists of the Network Development Section and the Network Management Section. The Program is responsible for the development and management of a provider network that meets the service, quality, and capacity needs of members in the Center's geographic area. For questions pertaining to Providers call Provider Help Desk toll free @ 1-855-777-4652.

The Network Development Section is responsible for:

- Assessing provider capacity, access, and availability;
- Developing and maintaining provider communication plan;
- Providing technical support for network provider;
- Providing and assisting network providers with evidence based practice training opportunities;
- Service monitoring; and
- Provider dispute/appeals.

The Network Management Section is responsible for:

- Provider credentialing and contracting;
- Contract Monitoring; and
- Endorsement of providers for Community Intervention Services.

Sandhills Center not only considers the number of the varied types of service providers in our entire geographic area; we identify the number of “eligible” persons in need of services provided and work to recruit providers to meet the need.

Program Integrity Unit

The Program Integrity Unit is a newly created unit at Sandhills Center and is housed in the Regulatory Compliance Department. The Unit is comprised of four positions, a Program Director, Clinical Analyst, Data Analyst and Investigator. The purpose of the Unit is to ensure compliance, efficiency, and accountability within the North Carolina Medicaid Program by detecting and preventing fraud, waste and abuse, and by ensuring that Medicaid dollars are paid appropriately by implementing tort recoveries, pursuing recoupment, and identifying cost avoidance.

Regulatory Compliance/Quality Management Section

The Regulatory Compliance/Quality Management Department is responsible for oversight of internal (Sandhills Center) and external (providers of services) performance and quality.

Administration and Support Services

Administration and support services include Executive Staff, Finance, Communications, Information Technology and Human Resources Departments.

SPECIAL REGULATIONS

Some programs of some providers of services are approved to use special techniques or interventions in an emergency. There are very strict rules for staff using these interventions. Only trained staff may use restraints, isolation/time out, or protective devices. Providers under the purview of Sandhills Center may not use seclusion or mechanical restraints.

Service providers must inform you of the types of interventions that are approved for use by that program. A number of safeguards must be in place if these interventions are used. These include:

- Restrictive interventions are never used as punishment, retribution, or for staff convenience.
- Provider staff must protect you from harm.
- Such interventions must be reported to Sandhills Center.
- The right to have the person of your choice notified (should such an intervention be necessary).

- The right to refuse a restrictive intervention as a planned intervention in your person-centered plan. Parents and/or guardians may approve these interventions on your behalf.

You have the right to be free from unwarranted search of your person or property. In most service locations, search of the person served or their property rarely occurs. Most providers' policies allow for search and seizure in situations when staff has the suspicion or confirmation that you have a weapon, you possess a substance, which may be harmful, or you pose a danger to yourself or others.

NOTICE OF PRIVACY PRACTICES

All new enrollees will receive a copy of our Notice of Privacy Practices. Also for information pertaining to the Notice of Privacy Practices, please see the Sandhills Center Website under "For Families and Members" to access the Notice. You can also receive a copy of the Notice of Privacy Practices by calling the Sandhills Center toll free phone number @ 1-800-256-2452. One of the Customer Service Representatives can mail you a copy of the Notice upon request.

YOUR RIGHTS IN A 24-HOUR FACILITY

When you receive care in a 24-hour facility, you have additional rights beyond those already listed. You must be informed of these rights within 72 hours after entering the facility.

At the time of an admission to a 24-hour facility, staff may inventory your belongings in your presence to prevent dangerous or illegal substances from being brought into the facility. The facility itself may be searched if dangerous or illegal substances are reasonably believed to be present.

The following rights may not be restricted or limited in a 24-hour facility. You have the right to:

- Send and receive unopened mail and have staff read mail to you if you ask;
- Have staff help you write a letter, if you ask;
- Contact a lawyer, doctor, or other private professional, at your own expense.
- Receive medical care if you are sick.
- Contact or consult with a client advocate.

Additional rights of a minor in a 24-hour facility:

If you are a minor residing in a 24-hour facility the following rights cannot be restricted. You have the right to:

- Access proper supervision and guidance.
- Communicate with your parents or guardian.
- Have opportunities to mature physically, emotionally, intellectually, socially, and vocationally.
- Receive services separate from adults as appropriate.

RIGHTS THAT MAY BE RESTRICTED BY PROVIDERS:

The following rights may be restricted or limited by Providers of services by qualified professional in a 24-hour facility.

If these rights are limited, this information should be a part of a person centered plan. The right to:

- Make & receive telephone calls. Long distance calls will be at your expense.
- Receive visitors when it does not interfere with treatment.
- Meet and speak with individuals of your choice, under appropriate supervision.
- Make visits outside the facility, except in certain circumstances.
- Be outside daily and have access to physical exercise.
- Keep and use personal possessions, except as forbidden by law (staff will help you make a list of clothing and belongings to prevent loss).
- Participate in religious worship.
- Keep and spend a reasonable amount of your own money.
- Keep a drivers license, unless prohibited by law.
- A place to store your own belongings.
- Dignity, privacy, and humane care regarding personal care, hygiene, and grooming.
- Send and receive unopened mail **only** if you are a minor.

Special Rights in a Day/Night or 24 hour Program

You have two special rights if you receive services in a day-night or 24 hour program. You have the right to:

- Socialize with other persons in the program.
- Make suggestions about the program operations and its rules.

ADVANCE DIRECTIVES:

What Is A Psychiatric Advanced Directive?

You have the right to make instructions for your treatment in advance. North Carolina has two laws that govern Psychiatric Advanced Directives (PAD): G.S.122C-71 through 77 and G.S.32-A 15 through 25. The PAD or Advanced Directive for Mental Healthcare is a legal document that provides your instructions for mental health treatment you would want to receive if you are in a crisis and unable to communicate for yourself or to make voluntary decisions. The instructions make statements about what you think calms you down, how you feel about seclusion or electric shock, what medicines you do not want to take, and which doctor you want to be in charge of your treatment. These are decisions you make in advance to be followed by a physician or psychologist. Your instructions may be overridden; however if you are held in accordance with civil commitment law.

Under the Health Care Power of Attorney (another legal form), you may appoint a person as your health care agent to make treatment decisions for you. The powers granted by this document are broad and sweeping and cannot be made by your doctor or your treatment provider under North Carolina law.

The PAD and Health Care Power of Attorney legal forms were designed by Duke University. Even if you do not wish to file these forms as legal documents, the questions asked will help you plan for a crisis and think about what kind of treatment you would want. SHC's Customer Service can send you the forms and help you consider some of the questions on the form. To reach Customer Service, call 1-800-256-2452.

Another way you can specify your treatment in a hospital is with a formal Living Will. 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. A Living Will is a 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.

All of these must be written and signed by you while you are still able to understand your condition and treatment choices and to make your wishes known. Two qualified people must witness all three types of advance directives. The Living Will and the Health Care Power of Attorney also must be notarized. Keep a copy in a safe place, and give copies to your family, treatment team, your doctor and the hospital where you are likely to receive treatment. You can also arrange to have your PAD filed in a national database. You can also choose to file your PAD in the North Carolina Advanced Health Care Directive Registry, which is part of the Department of the North Carolina Secretary of State www.sosnc.com. There is a \$10.00 fee to register a PAD. This includes the registration, a revocation form, registration card and password. You can use the revocation form at any time if you change your mind. For a user-friendly version of advanced instructions of MH treatment, go to www.arcnc.org and look for AIMHT.

WHAT IS RECOVERY?

SHC believes in the possibility of your recovery. This does not mean that your cognitive, mood, addiction or intellectual/developmental disabilities will necessarily go away. It means that your disability will no longer be the focus for you and your family. Your goals and abilities will be what you focus on instead of symptoms. You will rediscover a role in your community.

Recovery means different things to different people:

- ✦ It can mean managing your illness or disability and feeling better.
- ✦ It can mean living on your own.
- ✦ It can mean having friends you choose.
- ✦ It can mean having a job or meaningful volunteer work and a role in the community. It can mean choosing services that are helpful to you.
- ✦ It can mean thinking about something besides symptoms; it can mean the reduction or complete remission of symptoms (President's New Freedom Commission on Mental Health's Achieving the Promise Report, 2003).
- ✦ It can mean exercise of choice and control in as many aspects of life as possible.
- ✦ It can mean no longer abusing or being addicted to alcohol and drugs.
- ✦ It can mean building resilience and some new behavioral habits.

Recovery means you have hope that your life is getting better. You have a positive outlook for your future. You have faith in your own resilience and capacity to flourish and thrive. Recovery means getting past the negative effects of stigma and using personal strengths and talents in spite of your disability.

Illness management and recovery programs strongly emphasize helping people to set and pursue personal goals. People can learn recovery strategies, practical facts about mental illness and substance use, the stress-vulnerability model, building social support, using medication effectively, reducing relapses, coping with problems and symptoms, and getting their needs met in the community.

The Client Rights listed in this handbook are based on General Statutes 122C Article 3

*For additional information you may request a copy of
"Client Rights Rules in Community MH/DD/SA Services"*

Division of MH

3022 Mail Service Center

Raleigh, North Carolina 27699-3022

www.dhhs.state.nc.us/mhddsas/manuals

CONCERNS * COMPLAINTS * COMPLIMENTS

Name: _____ Date: _____

Address: _____
 Street City State Zip Code

Would you like to be called? Yes _____ No _____

If so, when/where is the best time to reach you? _____

Telephone number where you can be reached: _____

1. What is your concern, complaint, or compliment related to services under the direction of Sandhills Center? _____

2. How have you attempted to resolve this concern or complaint? _____

3. What outcome would you like to see regarding this matter? _____

If you have a concern, complaint, or compliment related to services under the direction of Sandhills Center we would like to hear from you. We ask that you speak directly to a member of our staff, contact our Customer Service Coordinator, or complete this form and forward:

Customer Services Coordinator
PO Box 9
West End, NC 27376
mikem@sandhillscenter.org
Telephone: or toll free 800-256-2452

MY NOTES AND IMPORTANT INFORMATION

Program Name _____

Location _____

Phone Number _____

Therapist/Case Manager _____

Psychiatrist/Nurse Name _____

Rights and Complaints Contact _____

Advocate _____

Transportation # _____

Notes: _____

Sandhills Center
Serving 9 Counties
Anson, Guilford, Harnett, Hoke, Lee, Montgomery,
Moore, Randolph & Richmond

Offers Access to MH/DD/SA Services
(365 days per year – 24 hours per day)
Call 1-800-256-2452

Address: P.O. Drawer 9 West End, NC 27376





SandhillsCenter.org

Sandhills Center
1120 Seven Lakes Drive
West End, NC 27376

24-HOUR CALL CENTER
1-800-256-2452