



IV. Quality Management Program

We are serious about improving our members' care. Our Quality Management program:

- Tracks whether members get the mental health and substance use services they need, when they need them;
- Tracks whether members are satisfied with the care they get;
- Looks at reports and data that tell us how well we are caring for our members, how quickly we respond to and resolve complaints, grievances and appeals and other information.

IF YOU HAVE A PROBLEM WITH SERVICES

Complaints and Grievances

All members, adults, families and children, along with providers, have a voice in the services they receive and provide. A complaint or grievance can be about anything that has to do with your care. For example, if you believe you were treated unfairly, if you had to wait too long for your appointment, or if a staff person was rude, you can file a complaint. The complaint and grievance process is **not** for appeals of denied clinical care. Please read the appeals process below for how to pursue an appeal related to denied care.

Complaint Process

You or your representative may file a complaint, either verbally or in writing to the CT BHP at the address and phone number listed below. The CT BHP will send a letter within five (5) calendar days to let you know that we received the complaint. The CT BHP will send a letter within one (1) business day for complaints about emergency care.

We will try to solve the complaint within thirty (30) calendar days of the date we receive your complaint. We will send you a letter before the end of the thirty (30) calendar days telling you our decision and how we have solved the problem. A one-time extension of fifteen (15) calendar days can be taken when the solution to your complaint cannot be made within thirty (30) days. We can do this if the reason for the extension is for your benefit and you are notified prior to the end of the thirty (30) calendar days.

Complaints involving urgent care should be resolved within three (3) calendar days after the complaint is received by the CT BHP. There are no extensions for complaints involving emergency care.

Grievance Process

If you are unhappy with what we decide to do to solve your complaint, you may file a grievance by phone or in writing at the CT BHP phone number and address listed below. You will have to file your grievance within ninety (90) calendar days of receiving our decision about your original complaint. We will then send you a letter letting you know that we have received your grievance within five (5) calendar days of receipt.

We will try to solve your grievance within thirty (30) calendar days from the date we receive your grievance. We will send you a letter before the end of the thirty (30) calendar days telling you our decision and how we have solved the problem. We can take an extension of fifteen (15) calendar days when we need more time to solve your

grievance. We can do this if the reason for the extension is only for your benefit and you are notified before the end of the thirty (30) calendar day period.

HOW TO FILE A COMPLAINT OR GRIEVANCE

You can file a complaint or grievance either by calling (877) 552-8247, or by writing to:

The Connecticut Behavioral Health Partnership
Attn: Complaints and Grievances Coordinator
500 Enterprise Drive, Suite 4D, Rocky Hill, CT 06067

Filing Clinical Appeals (Challenges)

The CT BHP may deny, partially deny, reduce, suspend or end authorization for services based on the lack of medical necessity. Members or providers may appeal (challenge) any one of these decisions made by the CT BHP. An appeal is not a complaint or grievance.

Member Clinical Appeals

All members or their designated representatives (for example, a conservator, or if the member is a minor, the member's parent or guardian) have the right to submit an appeal of any clinical denial, partial denial, reduction, suspension or ended services. This appeal must be submitted within sixty (60) calendar days from receipt of either a Notice of Action or a Denial Letter.

Clinical Appeals Process

Please call the CT BHP Customer Services at 1-877-552-8247 for any questions about the appeal process. If needed, the information describing these processes is available in other formats: Call the CT BHP Customer Services or TDD/TTY 1-866-218-0525.

HUSKY HEALTH (A, B, C AND D) MEMBERS

Once the CT BHP has denied, partially denied, reduced, suspended or ended services a letter called a Notice of Action will be mailed to the member. The Notice of Action will state why a specific service was denied, partially denied, reduced, suspended or ended. Along with the Notice of Action letter, the member will also receive a "What You Should Know" letter which explains the appeal process and an Appeal and Administrative Hearing Request Form.

You must complete a paper called the Appeal and Administrative Hearing Request Form and mail or fax it within sixty (60) calendar days from receiving the Notice of Action to:

State of Connecticut - Department of Social Services ("DSS")
Office of Legal Counsel & Administrative Hearings, Appeals
55 Farmington Ave, Hartford, CT 06105 FAX: (860) 424-5729

When DSS receives this Appeal and Administrative Hearing Request Form, DSS will forward the appeal request to the CT BHP.

Upon receipt of the appeal, the CT BHP will mail the member an acknowledgement letter, letting the member know that the CT BHP has received the appeal request. The CT

BHP will then review the appeal request and make an appeal decision at the earliest point possible, but not later than thirty (30) calendar days after receiving the appeal. The member will receive a letter which will tell them the decision that was made for a Level I Appeal. If the denial is upheld during the Level I Appeal, the member will also receive a separate notification of the scheduled Administrative Hearing from DSS.

Members may request to speak or meet with the CT BHP or submit additional information for review during the appeal process. If this request is made by the member, the meeting must be made within fourteen (14) calendar days of submitting the Appeal and Administrative Hearing form. To make this request please contact the CT BHP Customer Services at (877) 552-8247.

CT BHP will provide the DSS with a summary of the initial denial and Level I Appeal for all members within ten (10) business days prior to the scheduled fair hearing.

Upon receipt of the Level II Appeal Administrative Hearing determination from the DSS, the CT BHP will update the Appeals database and comply with the Level II Appeal determination.

If a member does not show up to a scheduled Administrative Hearing or does not contact DSS to reschedule an Administrative Hearing, the appeal determination made by the CT BHP will stand.

DCF LIMITED BENEFITS MEMBERS (D05)

All Limited Benefit Program Level I Appeal requests are made in writing via mail or fax to the CT BHP.

Limited Benefit Program Member Level I Appeal determinations are made at the earliest point possible, but no later than thirty (30) days of filing the appeal.

The CT BHP will mail to the member, the member's conservator, the member's parent, or guardian (if the member is under the age of 14) and/or the DCF central office contact person for any child who is committed to or in the custody of DCF, by certified mail, within thirty (30) calendar days of the filing of the appeal.

The Level I Appeal determination includes a reminder that if the member is dissatisfied with the Level I Appeal determination that the member has the right to request a Level II Appeal of DCF within thirty (30) calendar days of the receipt of the Level I Appeal determination. The Level I Appeal determination includes a Department of Children and Family (DCF) Level II Appeal Fair Hearing Request form and instructions.

CT BHP will provide DCF with a summary of the initial denial and Level I Appeal for all Limited Benefit Program Members within ten (10) business days prior to the scheduled fair hearing.

Upon receipt of the Level II Appeal Fair Hearing determination from DCF, the CT BHP will update the Appeals database and comply with the Level II Appeal determination.