

- Get the names and titles of CT BHP staff members.

YOUR QUESTIONS, CONCERNS, AND OPINIONS MATTER TO US...

As a HUSKY Health member, you have the right to speak to us at any time.

Please call us at 877-552-8247.

If you would like more information about the CT BHP, or you would like to express your opinion, feel free to contact us! Please do not wait. Share your thoughts with us right away. No question or concern is too small. Remember, your feedback and active involvement will truly help you get the most out of your care. Most concerns can be solved quickly and informally. In rare situations you may want to use more formal ways to solve your concern.

B. MEMBER RESPONSIBILITIES

As a partner in your care, your responsibilities are to:

- Respect the dignity and privacy of others.
- Give your provider or facility the information that they need to serve you better.
- Work with your provider to develop a treatment plan and ask questions when you do not understand your treatment.
- Follow the treatment plans you developed with your provider.
- Tell your provider if you do not agree with your treatment plan.
- Contact your provider if you want to stop your treatment.
- Keep your appointments with your provider, or contact your provider if you need to cancel or reschedule your appointment, preferably at least 24 hours in advance of the appointment.
- Call the CT BHP if you move and change your address/phone number.
- Call the CT BHP if you have questions about your responsibilities.
 - If you are deaf or hard of hearing, call 711 Relay Service.

Section IV: Quality Management Program

A. COMPLAINTS AND GRIEVANCES

What if You Have a Problem with Services?

All members, adults, families, and children, along with providers, have a voice in the services provided. A complaint or grievance can refer to anything involving your care. For example, if you believe you were treated unfairly, if you had to wait too long for your appointment, or if you felt a staff person was rude, you can file a complaint. Please note: the complaint and grievance process is not for appeals of denied clinical care. Read the appeals process below for appeals related to denials of 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 resolve the complaint within thirty (30) calendar days of the date we receive your complaint. We will send you a letter by the end of the thirty (30) calendar days informing you of our decision and how we have addressed the problem. A one-time extension of fifteen (15) calendar days can be used 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 emergency 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 our resolution of 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 it. 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 3D, Rocky Hill, CT 06067 Fax: 855-575-6532 (toll-free)

Email: ctbhpappeals@carelon.com

B. 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 and/or providers may appeal (challenge) any one of

these decisions made by the CT BHP. An appeal is not a complaint or grievance.

All members or their designated representatives (for example, a conservator, or, if the member is a minor under age 14, the member's parent or guardian) have the right to submit an appeal of any clinical denial, partial denial, reduction, suspension, or ended services. For HUSKY A, C, and D (Medicaid), the appeal request must be submitted within sixty (60) calendar days from receipt of a Notice of Action.

Please call CT BHP Customer Service at 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 711 Relay Service to access these.

HUSKY Health (A, C, and D) Members

Once the CT BHP has denied, partially denied, reduced, suspended, or ended services, a letter called a Notice of Action (NOA) 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.

If you wish to appeal, you must complete the Appeal and Administrative Hearing Request Form and mail or fax it within sixty (60) calendar days from the date the Notice of Action was mailed to you. You can mail the request form to:

State of Connecticut - Department of Social Services (DSS)
Office of Legal Counsel Regulations & 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. If you want to continue to get the services while the appeal process is going on, the appeal form or letter you send must be faxed, postmarked, or received by CT BHP within ten (10) calendar days of the mail date of the NOA. HUSKY A, C and D members can have an expedited or rushed appeal, to be certified by the treating physician or therapist, if the member's life or health is threatened.

HUSKY B Members

There is a way for HUSKY B members to file an appeal if the CT BHP partially or fully denies, suspends, reduces, or ends authorization of goods or services. If you do not agree with the decision, the denial notice tells you how to file an appeal.

You must appeal within sixty (60) calendar days of the date of the denial notice. Appeals received after sixty (60) calendar days are too late for appeal. You will be told in writing that you

may not appeal the decision.

You can file an appeal within sixty (60) days of the denial notice either by calling 877-552-8247 or by writing to:

The Connecticut Behavioral Health Partnership
Attn: Complaints and Grievances Coordinator
500 Enterprise Drive, Suite 3D, Rocky Hill, CT 06067
Fax: 855-575-6532 (toll-free)
Email: ctbhappeals@carelon.com

If you do not agree with the CT BHP decision on your appeal, you will be given a chance to ask DSS to review the decision. This is called an **External Appeal** and needs to be sent to:

State of Connecticut – Department of Social Services (DSS)
Behavioral Health HUSKY B External Appeals – 9th Floor
55 Farmington Ave, Hartford, CT 06105
Fax: 860-424-4892

The whole process from the date of the initial denial to the external appeal decision will not take more than ninety (90) calendar days.

A HUSKY B member whose life or health is threatened, as per the member's primary care physician (PCP) or therapist, can have an expedited or rushed appeal to be decided within seventy-two (72) hours. The rush appeal can be done with an internal or external appeal.

DCF Limited Benefits Members

The CT BHP will mail the Member Notice of Action for Denied Services letter and an appeal packet 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 regional office contact person for any child who is committed to or in the custody of DCF, by certified mail.

The appeals request form must be postmarked within sixty (60) days of the date of the Member Notice of Action for Denied Services letter. A fair hearing will be scheduled to review the appeal.

The CT BHP will provide you and DCF with a summary of the initial denial and the appeal for all Limited Benefit program members within ten (10) business days prior to the scheduled fair hearing.

Limited Benefit Program Member Appeal determinations are made as soon as possible, but no later than thirty (30) days of the member filing the appeal.