



**JEFFERSON  
BEHAVIORAL  
HEALTH**

Managed Mental Health Care Organization for Coos, Curry, Douglas, Jackson, Josephine, and Klamath Counties

**PART I: POLICY  
Member Rights**

**Policy Number:**  
97311

**Effective Date:**  
June 26, 2006

**Supersedes:** JBH Consumer Rights Policy, dated November 11, 1997, as revised on August 24, 2000

**Approved by:**

**Date:**

**I. POLICY DESCRIPTION**

The purpose of this policy is to ensure a consistent practice of how JBH and its Participating Providers shall communicate information to its Members.

This policy should serve as a standard for JBH staff, Participating Provider agency staff, OHP Members and/or their Representatives, stakeholders, and regional and/or allied agencies in providing the most expeditious, least formal and least costly process for resolving specific concerns about any aspect of service provided by or through Jefferson Behavioral Health.

**II. APPLICABILITY**

For the purposes of this policy, the term Jefferson Behavioral Health (JBH) includes the Jefferson Behavioral Health staff and its authorized representatives. JBH shall follow this policy as it applies to the OHP mental health services governed by the Mental Health Organization Agreement between the State of Oregon and JBH. Participating Providers shall follow this policy to the extent that it applies to the mental health services that they provide to JBH Members. The responsibilities outlined in this policy shall also include, but not be limited to, the Local Mental Health Authorities (LMHA) in the JBH service area, and any agency delegated with the responsibility for managing non-inpatient mental health services for JBH members in the LMHA's county.



**PART II: PROCEDURES**

**Member Rights**

<b>Policy Number:</b>  97311	<b>Effective Date:</b>  June 26, 2006	<b>Supersedes:</b> JBH Consumer Rights Policy, dated November 11, 1997, as revised on August 24, 2000
------------------------------------	--	---

<b>Approved by:</b>	<b>Date:</b>
---------------------	--------------

**I. DEFINITIONS**

The following key terms that relate to and/or support this procedure have been included in this Section. The language used to define these terms is taken in part from Exhibit K of the 2004-2005 MHO Agreement and Oregon State Law. For additional terms not listed in this Section or for the most current language or terminology, Exhibit K of the most recent MHO Agreement shall be used.

1. **Complaint Process:** The term used to refer to the overall system that includes Notices of Action, Appeals, Grievances, and DHS Administrative Hearings.
2. **Member:** An individual found eligible by a program of the Oregon Department of Human Services (DHS) to receive health care services under the Oregon Health Plan (OHP) Medicaid Demonstration Project or State Children’s Health Insurance Program (SCHIP) and who, for purposes of this policy, is assigned to JBH for mental health services.
3. **Member Representative:** A person who can make OHP related decisions for a Member who is not able to make such decisions him or herself. Member Representative may be, in the following order of priority:
  1. A person who is designated as Member’s health care representative;

2. A court-appointed guardian, a spouse, or other family member as designated by Member;
3. The Individual Service Plan Team (for OHP Members with developmental disabilities);
4. The DHS case manager, or other DHS designee.

For Members in the care or custody of the DHS Children, Adults and Families division or the Oregon Youth Authority (OYA), the Member Representative is DHS or OYA, as applicable.

## **II. PROCEDURE**

### **A. Member Rights**

A Member has the right to:

1. Receive written materials describing the Member's rights and responsibilities that are listed in this policy, services covered by Member's OHP insurance, how to access those services, and what to do in an emergency situation.
2. Be provided written materials within 14 calendar days of enrollment with JBH in the form of a health plan member handbook.
3. Have written materials explained in a manner that is understandable to the Member.
4. Be informed about how to access information in alternative formats, which include but are not limited to translation into languages other than English, sign language, oral interpretation, large print, audio translations, and Braille.
5. No cost to a Member for translation or interpretation of information.
6. Be treated with respect and with due consideration for his or her dignity and privacy.
7. Receive information on available treatment options and alternatives, presented in a manner appropriate to Member's condition and ability to understand.
8. Consent to treatment or to refuse services, and to be told the consequences of that decision.
9. Be informed of the Member's right, if the Member is an adult, to execute a Declaration for Mental Health Treatment; to be informed of JBH's and Participating Provider's policies related to the Member's right to execute a Declaration; to receive a copy of the Declaration form; and to be given information about who to contact for additional information about the Declaration form.
10. Be informed of the Member's right, if the Member is an adult, to execute an advance directive for health care decisions, such as those related to end-of-life care; to be informed of JBH's policies related to the Member's right to execute an advance directive; to receive a copy of the advance directive form; and to be given

information about who to contact for additional information about the advance directive form. Member must be informed of any limitation regarding the implementation of advance directives as a matter of conscience.

11. Be informed that complaints concerning JBH's noncompliance with the requirements for advance directives may be made with the Office of Mental Health and Addictions Services.
12. Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
13. Request and receive a copy of the Member's own clinical record, unless such access is restricted by law, and to request that those records be amended or corrected.
14. Obtain a second opinion at no cost to the Member from a qualified Mental Health Professional at a provider agency within JBH's Panel of Participating Providers, or from a non-Participating Provider if a qualified Mental Health Practitioner is not available in-panel.
15. Have an opportunity to select an appropriate Qualified Mental Health Professional and Service site from within JBH's Panel of Participating Providers.
16. Be actively involved in developing the Member's own treatment plan.
17. Refer oneself to a provider agency within JBH's Panel of Participating Providers without first having to gain authorization from the Member's primary care practitioner or other medical provider involved in Member's health care.
18. Receive mental health services covered by the Member's OHP insurance that are Medically Appropriate for the Member's condition.
19. Have a clinical record maintained that documents conditions, services received and referrals made.
20. Transfer a copy of his/her clinical record to another Provider.
21. Receive a written notice when previously authorized services will be reduced, suspended or terminated; when a request to authorize services is denied or approved at less than requested levels; or when a request to pay a claim for services is denied.
22. Receive written notice of any change that the State has determined to be "significant" in the Member's services at least 30 days before the intended effective date of the change.
23. Receive written notice within 15 days after receipt or issuance of termination that a service provider's contract has been terminated. Notice shall be sent to each Member who has been seen on a regular basis by the terminated provider.
24. File a Grievance or Appeal, or request an Administrative Hearing with the Oregon Department of Human Services.
25. Request an Expedited Appeal or Expedited DHS Administrative Hearing if the Member feels that the mental health problem is an Urgent or Emergency Situation, and cannot wait for the standard Appeal or DHS Administrative Hearing process.

26. Request continuation of services until a decision in an Appeal or DHS Administrative Hearing is rendered.
27. Be informed that he or she may be required to repay the cost of any continued services if the decision is not in favor of the Member.
28. Privacy and confidentiality, and to have the Member's clinical record kept confidential in accordance with Federal and State laws and rules.
29. Receive interpreter services if the Member is hearing-impaired or speaks a primary language other than English.
30. Be notified in a timely manner about appointment cancellations.
31. Have access to mental health services that at least equals access available to any other individual seeking the same services.
32. Be treated in the same manner as any other individual seeking mental health services.
33. Have a friend, family member or advocate present during appointments and at other times as needed within clinical guidelines.
34. Access Protective Services as described in ORS 430.735 through 430.765, Abuse Reporting for Mentally Ill, and OAR 309-040-0200 through 309-040-0290, Abuse Reporting and Protective Services in Community Programs and Community Facilities.
35. Exercise any of the aforementioned rights without adverse treatment of or penalty to the Member by JBH or Participating Provider.

## **B. Member Responsibilities**

A. Member has the responsibility to:

1. Treat JBH and Participating Provider staff with respect
2. Be on time for appointments with the Member's Mental Health Practitioner, and call in advance either to cancel if unable to keep the appointment or if Member expects to be late.
3. Request prior authorization to receive services from a non-Participating Provider, except in the case of an Emergency Situation.
4. Use Urgent and Emergency services appropriately.
5. Give accurate information for inclusion in the Member's clinical record.
6. Help JBH or Participating Provider obtain the Member's clinical record from another Provider, which may include signing an authorization for release of information.
7. Ask questions about conditions, treatments and other issues related to the Member's mental health services that are not understood.
8. Use information to make informed decisions about treatment before it is given.

9. Help in the creation of a treatment plan with the Member's Mental Health Practitioner.
10. Follow the prescribed, agreed upon, treatment plans.
11. Inform JBH, Participating Provider or non-Participating Provider before receiving mental health services that Member has OHP insurance and, if requested, show a copy of the Member's current OHP identification card.
12. Notify the Member's DHS worker and Participating Provider about any change in address or phone number.
13. Tell the Member's DHS worker and Participating Provider if Member has any other insurance available.
14. Pay for services that are not covered by the Member's OHP insurance. The Participating Provider must inform Member in advance of receiving a non-covered service that the service is not covered by OHP, the estimated cost of the service, and the Member's responsibility for payment.
15. A Member must sign documentation acknowledging that the Member has received information regarding their responsibility for payment, and that the Member knowingly and voluntarily agreed to be responsible for payment.
16. Pay the monthly OHP premium on time, if so required.
17. Assist JBH or Participating Provider in pursuing any third party resources.
18. Bring issues or Grievances to the attention of JBH or Participating Provider.
19. Sign an authorization for release of information in the event of a DHS Administrative Hearing, so that DHS and JBH can respond to the Hearing request in an effective and efficient manner.

### **C. Communication of Member Rights and Responsibilities**

- a. JBH shall inform Members of the rights and responsibilities identified in this policy through the handbook that is provided to all new JBH Members.
- b. Participating Provider shall inform Members about these same rights and responsibilities by posting the information in a visible place in all locations (e.g., waiting areas, satellite or part-time offices, practitioners' private practice offices) that are frequented by JBH Members.

### **D. Right for a Member to Complain**

- a. If a Member becomes dissatisfied with any aspect of the Member Rights process, he/she has the right to initiate a complaint with JBH or the Participating Provider.
- b. Complaints shall follow the guidelines set forth in JBH's Client Notices, Grievances, Appeals and Hearing Process.

- c. A Member or Member Representative needing assistance in filing a complaint shall contact JBH or its Participating Providers.