



Dear member,

#### **Our Role**

Access Behavioral Care manages services for Medicaid members who live in the counties of Cheyenne, Denver, Elbert, Kit Carson, Larimer, Lincoln, Logan, Morgan, Phillips, Sedgwick, Washington, Weld, and Yuma. We can help you find the services you need. We can also help you start these services. If you have a complaint about your services, please let us know. We can help. Your Member and Family Handbook has more information too. If you have any questions, please call us. You can also visit our website at [abc.coaccess.com](http://abc.coaccess.com).

#### **Services**

Services are available when you need them. For routine services, most provider offices are open from 8:00 am to 5:00 pm Monday through Friday. Ask your provider for the hours services are available. Emergency services are available 24 hours a day, seven days a week. For these services you should call 844-493-8255.

#### **Access to Care Standards**

You should get services in a timely manner. If you have an emergency, you can talk to someone in person within one hour or by phone within 15 minutes. A first appointment should be scheduled within seven working days from when you ask for the service. An urgent appointment should be scheduled within 24 hours from when you ask for a service. After you leave the hospital, a follow up visit should be scheduled within seven calendar days. An appointment for a substance use disorder should be scheduled within two weeks from when you ask for the service.

#### **Grievances and Appeals**

You can file a grievance if you are unhappy with the care you get. A grievance is also called a complaint. To file a complaint, call 720-744-5134 or 877-276-5184 (toll free). You can also talk to the consumer representative at a community mental health center. You have 30 days to file a complaint. A designated client representative (DCR) can also help you file a complaint. We will help you resolve any concerns you may have. We will not tell anyone about your complaint. More information about appeals and grievances can be found in your Member and Family Handbook.

If you have questions about this letter, call us at 303-751-9030 or 800-984-9133 (toll free). TTY users should call 888-803-4494.

Sincerely,

Access Behavioral Care

**I have read and understand the information in this letter.**

\_\_\_\_\_  
Member Printed Name

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

# CARING HEART

## C O U N S E L I N G

### **ABC Medicaid Client Rights**

You may contact an Access Behavioral Care Consumer Representative if you have any concerns or complaints about the way you have been treated or about the services you have received. You can call a Consumer Representative or mail your written complaint or issue to:

Access Behavioral Care Denver

Office of Consumer and Family Affairs P.O. Box 17580

Denver, Colorado 80217-0580

720-744-5605 or 1-800-984-9133

Access Behavioral Care Pikes Peak: The Homburg Building

559 East Pikes Peak Avenue - Suite 301 Colorado Springs, Colorado 80903

719- 866-6060 or 1-800-414-6190

You also have the option of directly contacting the State of Colorado Mental Health Services Consumer Representative at 303- 866-7424 or toll-free at 1-800-811-7648 if you have a complaint you wish to register.

You have the right to a choice of provider, based on gender preference, cultural/ethnic preference, or other preferences you indicate at the time of intake/assessment. We will do our best to provide a therapist who meets your preferences and needs. You have the option to request an exemption from our program (to request to receive your services outside of our system). However, we caution you that by being granted an exemption, you may not receive the best continuum of care or services. Confidentiality:

I understand that my records will be held in confidence according to Access Behavioral Care policies and as defined by the State of Colorado Division of Health and Human Services pursuant to Colorado Revised Statutes (CRS 27- 10- 101 et.seq. & Standard CF.I et.seq) and the Division of Alcohol and Drug Abuse pursuant to the code of Federal Regulations (42 C.F.R. Part 2). There are exceptions to the rule of confidentiality which can be explained and will be identified to me should any such situations arise during therapy. In general, the exceptions include a "threat of serious harm to myself or others" as in the case of child abuse, suicide, grave disability; under a court order; or in response to any legal action by you against this agency. I understand that Access Behavioral Care will have limited access to my records in order to arrange and accommodate for my treatment and services.

#### **Follow-Up:**

I understand that Access Behavioral Care may contact me during treatment and/or after termination of treatment to gather information needed for follow-up and evaluation of services.

#### **Destruction of Records:**

I understand that the clinical records from this treatment may be destroyed if no further treatment is rendered within seven (7) years of the date of termination of the last episode of care (or seven (7) years from the date client reaches age eighteen (18), if client is a minor).

#### **Additional Rights**

- The right to be treated with respect and dignity.
- The right to receive services which are suited to individual needs, and in the least restrictive setting in keeping with available resources.



# CARING HEART

## C O U N S E L I N G

- The right to have a service/treatment plan established and to participate in the decision making process in developing the service plan
- The right, at your request and possible expense, to consult with a specialist about your service/treatment plan.
- The right to have the clinical person who is in charge of treatment explain the procedures and medications that will be used, including the benefits, any risks, and the possible side effects, and to be given information regarding alternative treatment procedures, if any.
- The right to refuse services unless an emergency exists or a court order is in effect.
- The right to have treatment and clinical records kept confidential except when the release of such information is authorized by law, or by the consumer.
- The right to inspect your records, or have them shown to any person designated in writing by the consumer according to Colorado law; if denied access to records, the right to know why and the right to appeal the decision.
- The right to complain or grieve about the services, or about the denial of services or treatment rights. No retaliation can be made for complaining.
- The right to receive assistance from a Consumer Representative or Ombudsperson (consumer advocate) in making complaints or grievances and to receive copies of the complaint/grievance procedures.
- The right to be given the names and professional status of the staff members responsible for your care.
- The right to be given reasons for proposed changes in the clinical staff responsible for your care, or changes in programming.
- The right to terminate the receipt of services from the organization unless there is an involuntary treatment order from the court.
- The right to have a staff person or a Consumer Representative explain these rights in a language you are able to understand.
- The right to a candid discussion of appropriate and necessary treatment options for your condition.

I have been informed of my provider's degrees, credentials and licenses. I have also read and been offered a copy of the information in this document. I understand my rights as a consumer of Access Behavioral Care services.

I understand that my consent to any of the items above can be revoked at any time by me.

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Client Name (Please Print)

Date

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Client Signature (Parent or Guardian for a minor)

Date

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Clinician Signature

Date

Copy to Consumer Original in Chart