CENTRA WELLNESS NETWORK

Board Adopted Procedure			
Procedure	03.09	**Policy Title: 03.00 Enrollee Rights**	
Effective Date: 3/10/2011		Subject: **Enrollee Rights**	
Review Cycle:		3 years	
Approval Validation Record			
Action		**Date**	**Board Sec'y Initials**
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Accountability			
Board Committee:		Policy Committee	
Agency Function:		Enrollee Rights	
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Review Date:		4/01/2020	

CENTRA WELLNESS NETWORK
PROCEDURE 03.09 ENROLLEE RIGHTS

I. PURPOSE STATEMENT:

Centra Wellness Network's (CWN) Governing Body establishes and evaluates policies and related procedures as required by statutory and contractual obligations.
CWN reserves the right in its sole discretion to adopt and implement policies and procedures that ensure a safe, functional and professional workplace that operates with integrity using person-centered focus and planning, trauma informed practices and respect of others, cultural sensitivity and transparency in communication and practice. Organizationally and in practice, CWN is responsive to the needs of clients, community and staff.
Any statements and procedures are subject to review and/or unilateral change, modification, suspension or cancelation in whole or in part of any published/unpublished policies or procedures without notice and without having to give cause, justification, or consideration to any employee. Recognition of these rights and prerogatives of CWN is a term and condition of and maintaining employment.
Policies and Procedures are approved by the Board and/or upon recommendation by the Executive Director or his/her designee.

II. APPLICATION:

Agency Wide, including employees, affiliated providers and interpreters.

III. DEFINITIONS:

N/A

IV. POLICY STATEMENT:

The purpose of this procedure is to ensure that clients receiving mental health and substance abuse services have the rights and protections afforded through Federal Regulations and the Michigan Mental Health Code.

V. PROCEDURES:

Services will be provided to consumers in a manner and format that respects the rights and protections afforded them in the Balanced Budget Act (BBA) and Michigan Mental Health code and are easily understood. This includes:

A. Informational and instructional materials that are written at a 6.9 grade reading level or other media that:
    1. Describe the availability of covered services and supports and how to access them;
    2. Information on medication and diagnoses. (Some technical information such as prescribed medication and diagnoses may not meet the reading level criteria).
B. The following general information is available to clients and/or representative at intake or a reasonable time after beginning services in a manner appropriate to the client's condition and ability to understand:
    1. Any restrictions on the clients' freedom of choice among network providers.
    2. Medicaid and Medicaid beneficiary grievance, appeal, and fair hearing procedures and timeframes that include:
        a. The right to a fair hearing;
        b. The method for obtaining a hearing;
        c. The rules that govern representation at the hearing;
        d. The right to file grievances and appeals;
        e. The requirements and timeframes for filing a grievance or appeal;

f. The availability of assistance in the filing process;
g. The toll-free numbers that the beneficiary can use to file a grievance or an appeal by phone;
h. Notice that when requested by the beneficiary, benefits will continue if the beneficiary files an appeal or a request for a fair hearing within the timeframes specified and that the beneficiary may be required to pay the cost of services furnished while the appeal is pending, if the final decision is adverse to the beneficiary; and
i. Any appeal rights that the state chooses to make available to providers to challenge the failure to cover a service.

3. The amount, duration, and scope of benefits available under the contract in sufficient detail to ensure that clients understand the benefits to which they are entitled.
4. Information on how to obtain benefits including authorization requirements.
5. Information on how to obtain benefits from out-of-network providers.
6. The extent to which, and how, after-hours and emergency coverage is provided, including:
    a. The definition of emergency medical condition, emergency services, and post-stabilization services.;
    b. Notice that prior authorization is not required for emergency services;
    c. The process and procedures for obtaining emergency services, including use of the 911 telephone system;
    d. The locations of any emergency settings and other locations at which providers and hospitals furnish emergency services and post-stabilization services covered under the Medicaid contract; and
    e. Notice that, subject to these provisions, the client has the right to use any hospital or other settings for emergency care.
7. Policy on referrals for specialty care and for other benefits not furnished by the client's primary care physician.
8. Any cost-sharing requirements.
9. Information on how and where to access benefits that are available under the state health plan but are not covered under the Northern Michigan Regional Entity (NMRE) Medicaid subcontract including cost sharing and transportation.
10. Information on advance directives procedures and applicable state law. Clients will be notified of any changes in state law as soon as possible but not later than 90 days after the effective date of the change.
11. Information upon request, regarding the structure and operation of the Prepaid Inpatient Health Plan (PIHP).
12. Notice that the PIHP and its network providers do not utilize physician incentive plans.
13. The Director of Customer and Provider Services, or designee will make a good-faith effort to provide written notice to clients of the termination of a contracted provider that provided regular care to them. The written notice shall be provided within 15 days after receipt or issuance of the termination notice.

C. Clients have the right to access information:
    1. Regarding their right to receive a summary of information on enrollee rights and protections at least once a year, and that this information

shall be explained in an understandable manner, including documentation of alternative methods utilized, and the name of the person who provided the explanation.
2. All information listed in section, 1-14 above;
3. Information pertinent to the person served in sufficient time to facilitate his or her decision making.
4. Of their own records.

D. Clients have the right to:
1. Be treated with respect and with consideration for their dignity and privacy;
2. Be free from abuse, financial or other exploitation, retaliation, humiliation and neglect; and
3. Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation;

E. Provider-Enrollee Communication
1. Health care professionals acting within their scope of practice may advise or advocate on behalf of their client, for the following:
   a. Health status, medical care or treatment options including any alternative treatment options that may be self-administered
   b. Information needed to decide among relevant treatment options.
   c. Risks, benefits, and consequences of treatment or non-treatment.
   d. Right to participate in decision regarding his or her health care, including the right to refuse treatment, and to express preferences about future treatment decisions.

F. The client has the right to participate in decisions regarding his or her health care, including the right to refuse treatment.

VI. EXHIBITS:

N/A

VII. REFERENCES:

Authority and Related Directives Trace	
Federal	42§ CFR 438.10, 438.100, and 438.102
NMRE	Administrative Manual, Chapter 7 Policy 07-01-014
County	Interlocal Agreement Between Manistee and Benzie Counties 12/15/1992, Section III, and X
CARF	CARF 2026 Behavioral Health Standards
Other	CWN Procedure 03.04 Limited English Proficiency