



CenterPoint

Member and Family

Handbook

The CenterPoint Member Handbook is approved under authority delegated to the Chief Administrative Officer.

Ronda Outlaw
Ronda Outlaw, LCSW, CAO

December 21, 2012

Date



CenterPoint Human Services Member and Family Handbook

Call: 1-888-581-9988

**Any time, 24 Hours a day, 365 days per year.
Calls are free and confidential.**

This Handbook is available on the CenterPoint website at www.cphs.org. A printed copy of the information posted on the website is available upon request by calling 336-714-9100 and asking for Consumer Affairs.

**CenterPoint Administrative Office
4045 University Parkway
Winston-Salem, NC
Phone: 336-714-9100
Fax: 336-714-9111
Toll Free Customer Services: 1-888-581-9988**

Puede obtener el presente manual en español

Si necesita información en español, llámenos al 1-888-581-9988.

This handbook is available in Spanish and in alternate formats. If you need a larger print version, or have limited reading ability, call Customer Services at 1-888-581-9988.

Table of Contents

Section 1

What is CenterPoint? – Page 3

Section 2

How Do I get Help? – Page 5

Section 3

What Services Can I Receive and How Will They Be Paid For? – Page 9

Section 4

What are My Rights and Responsibilities as an Enrollee? – Page 12

Section 5

What is Person Centered Planning? – Page 15

Section 6

What if I am Denied Medicaid Services? – Page 16

Section 7

What If I am Unhappy with my Services? – Page 18

Section 8

How Can I Make CenterPoint Better? – Page 20

Section 1

Welcome to CenterPoint

You or a family member are getting this handbook because you are currently receiving or requesting Mental Health, Intellectual & Developmental Disability or Substance Abuse Services. This handbook will help provide information and answer questions that you may have about our organization and the work we do.

What Is CenterPoint?

CenterPoint is responsible for the delivery of publicly-funded mental health, developmental disabilities and substance abuse services for people living in Forsyth, Stokes, Davie and Rockingham Counties. CenterPoint works closely with community partners, advocates and service providers to address the needs of the people living in our communities. Over the years, CenterPoint has been known as the Forsyth-Stokes Mental Health Center, CenterPoint Area Authority, the CenterPoint Local Management Entity (LME), and is now known as CenterPoint, a managed behavioral healthcare organization (MBHO).

What Does CenterPoint Do?

CenterPoint manages a pre-paid health plan funded by Medicaid under a 1915(b)/(c) Medicaid Waiver. This Waiver allows some Medicaid requirements to be waived in order to provide alternatives to the traditional delivery system. If you receive Medicaid in Forsyth, Davie, Stokes or Rockingham County, you are a member of this pre-paid health plan.

As a Waiver site, CenterPoint must:

- Provide you with telephone contact 24/7
- Provide emergency referrals 24/7 within one hour
- Provide emergency care within 2 hours
- Provide urgent care within 48 hours
- Provide routine care within 10 working days
- Offer all medically necessary services in the benefit plan regardless of whether or not there is a provider in the network for that service
- Have qualified staff to evaluate service requested by providers
- Offer a qualified network where you will be offered choice between at least two providers
- Have a choice of providers within 30 minutes in an urban area
- Provide written material explaining the benefit plan, how to access services and member rights within 14 days of receipt of the first service
- Develop Preventive Health programs. CenterPoint mails information on Preventive Health Programs to members annually. Information on these programs can be requested by calling Customer Services at 1-888-581-9988.

Introduction and Guide to your Benefits

Please read this handbook. It contains information to help you access services for mental health, intellectual/other developmental disabilities and substance abuse needs.

CenterPoint's regular business hours are 8:00 am to 5:00 pm, Monday to Friday. Our Customer Services Call Center answers calls 24 hours a day, 7 days a week, 365 days a year at our toll free number: **1-888-581-9988**

When you call this number, you will speak with a professional who can assist you with information, refer you to providers, or help you in a crisis.

Section 2

How Do I Get Help?

If you are not currently receiving treatment, but would like to, your first step is to call the CenterPoint Customer Services Call Center. You can call this number to get information or request services. To get services, you need to be a competent adult (age 18 or older) calling for yourself or calling for a minor child, or you need to be a court appointed guardian for a person who has been declared incompetent. Anyone may call for information.

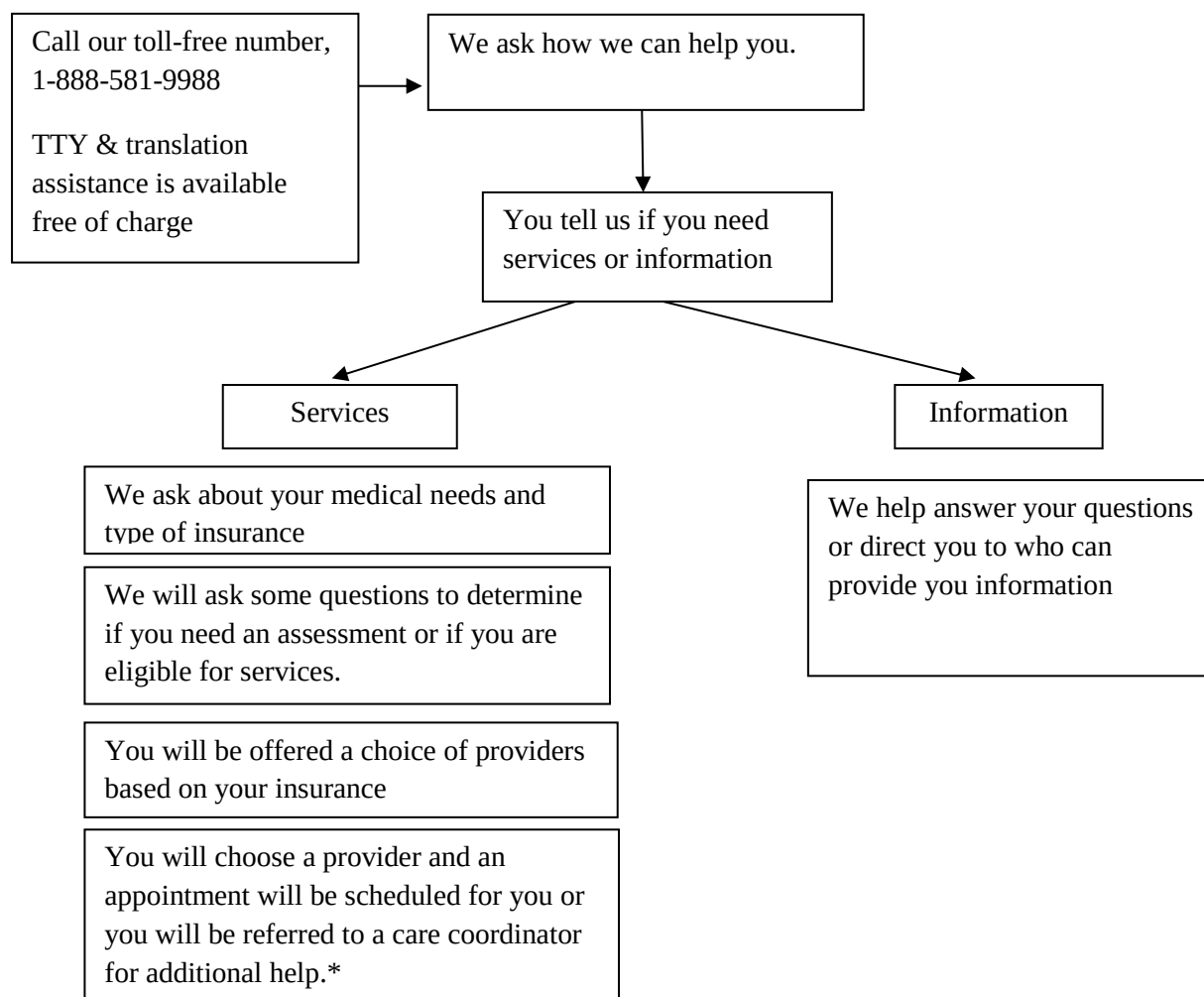
CenterPoint's Customer Services toll-free phone number which is answered 24 hours a day, 7 days a week, 365 days a year

1-888-581-9988
TTY: 1-866-625-0230

**Oral Translation Services for languages other than English
are available free of charge**

If you are experiencing a medical emergency, dial 911

This is what you can expect when you call 1-888-581-9988



*Most services will be available within 30 miles or 30 to 45 minutes from your home. Some specialty providers may be located in another county. CenterPoint will assist you in locating a provider that can meet your needs, as close to your home as possible. You have the right to access emergency services at any location that provides Emergency Care without prior authorization.

Assistance in Languages Other Than English:

Customer Service can connect you to a translation service. This is a **free service** and is available for any call. You may have to wait briefly to be connected with your interpreter.

How do I get a list of the providers in the CenterPoint Network?

A provider directory is available online at www.cphs.org/. You can also request that a printed copy be mailed to you.

If I am already receiving services, can I change providers?

Yes. You have the right to change providers. If you would like to request a change, call 1-888-581-9988 and you will receive help with this change. An online provider search tool is available at www.cphs.org/.

Can I receive Services from an Out-of-Network provider?

You must receive prior authorization to receive services from a provider outside of the CenterPoint service area. CenterPoint will authorize payment to an out-of-network provider if:

- You cannot be safely or appropriately transferred to another provider in our network; or
- You require care that is not available from a provider in our network.

You may be responsible for payment if you go to an out-of-network provider for non-emergency services that have not been pre-authorized by CenterPoint. To get pre-authorization, call 1-888-581-9988.

What If I am experiencing an Emergency?

If you do not have a life-threatening situation:

- Call your provider, or
- Call CenterPoint Customer Services at 1-888-581-9988.
- Customer Services can assist you with alternatives to seeking help in the emergency room when you are having a crisis that is not life threatening may include:
 - Walking into Daymark's Advanced Access Center for an assessment Monday through Friday from 8 am to 8 pm. Advanced Access Centers are located in Winston-Salem and Wentworth.
 - Mobile Crisis Services are available to help you 24/7. Mobile Crisis teams provide evaluation, treatment and referrals if you are having a crisis that is not life threatening.

Do I need prior authorization for crisis services?

No. Crisis services are always provided in an emergency. If you receive crisis services you will be enrolled with CenterPoint as soon as possible. The date of enrollment will be the date when the emergency service was provided. You must be enrolled with CenterPoint before you can receive additional, non-emergency services.

What if I am having a crisis and cannot make decisions about my care?

You have the right to make instruction for your treatment in advance. There are three types of advance directives that let your wishes be known in the event you are unable to make decisions for yourself. These are:

- **Psychiatric Advance Directives (PAD)** or the Advance Directive for Mental Health Care. This is a legal document that states the instructions for mental health treatment you would want to receive if you are in a crisis and unable to make decisions for yourself
- **Health Care Power of Attorney** allows you to designate someone who can make decisions for you if you are unable to make your own choices about treatment
- A **Living Will** is a document that tells others that you want to die a natural death if you are incurably sick and cannot receive nutrition or breathe on your own.

What if I need help with Transportation to Appointments?

The Department of Social Services in your county has an application for Medicaid approved transportation. There is no fee for Medicaid recipients. For more information on transportation services, call your local Department of Social Services or the CenterPoint 24 hour toll free number: 1-888-581-9988.

**If you are experiencing a medical emergency, call 911 and/or
go to an emergency room at your local hospital.**

Section 3

What Services Can I Receive and How Will They Be Paid For?

CenterPoint manages a pre-paid health plan funded by Medicaid under a 1915(b)/(c) Medicaid Waiver. This Waiver allows some Medicaid requirements to be waived in order to provide alternatives to the traditional delivery system. If you receive Medicaid in Forsyth, Davie, Stokes or Rockingham County, you are a member of this pre-paid health plan.

What is Medicaid?

Medicaid is an insurance program for people who cannot afford medical service costs. Medicaid serves low-income parents, children, seniors, and people with disabilities. You can apply for Medicaid at your local Department of Social Services (DSS) Office. You may already be eligible for Medicaid if you receive certain types of disability benefits. If you are eligible for Medicaid, you will receive a Medicaid Identification Card (MID). A Medicaid membership card looks like this:

ANNUAL MEDICAID IDENTIFICATION CARD		N.C. DEPT. OF HEALTH AND HUMAN SERVICES DIVISION OF MEDICAL ASSISTANCE	
CASEHEAD NAME	•	RECIPIENT I.D.	•
CASEHEAD ADDRESS LINE 1	•	RECIPIENT NAME	•
CASEHEAD ADDRESS LINE 2	•	000.00.0000.N JONNXXXX Q. PUBLIC	•
CASEHEAD ADDRESS LINE 3	•	BIRTH DATE ##/##/####	•
CASEHEAD ADDRESS LINE 4	•	ISSUE DATE SEPT 1, 2010	•
CASEHEAD ADDRESS LINE 5	•	PRIMARY CARE PROVIDER NAME	•
	•	PRIMARY CARE PROVIDER ADDRESS LINE 1	•
	•	PRIMARY CARE PROVIDER ADDRESS LINE 2	•
	•	PRIMARY CARE PHONE NO. AND AFTER HOURS NO.	•
Recipient Signature _____	•	For questions about your Medicaid coverage and/or to report	•
(Not valid unless signed)	•	Medicaid fraud, waste or program abuse, please contact	•
USE OF THIS CARD BY ANYONE NOT LISTED ON THE CARD IS FRAUD	•	CARE-LINE at 1-800-662-7030 or locally call 919-855-4400.	•
AND IS PUNISHABLE BY A FINE, IMPRISONMENT OR BOTH	•		•

How will CenterPoint help me figure out what my medical needs are?:

Medical needs are determined by having an assessment. An assessment will help you know what services will be helpful and how those services will be paid for. In some cases, you may have already had an assessment, and may simply be asked to send a copy to CenterPoint before you can be referred to a provider. A provider may ask you to receive additional assessments if your needs are not clear. You must have a mental health, intellectual or developmental disability or substance abuse need identified in your assessment to be referred to a CenterPoint provider.

Services are called different things depending on what type of disability that you have. Here are some types of services that might be recommended:

Assessments - helps you identify strengths and medical needs for service and how they will be paid for.

Care Coordination - helps you find a provider and helps your services work together.

Medication Management - helps you decide if medicine can help you and what kind you should take.

Therapy - helps you treat the medical needs identified in the assessment.

Respite - provides family members a break from providing care to a disabled person.

Residential Services - helps support you to live independently by using therapy in your everyday life.

Vocational Services - helps you to train for, apply for, and keep a job.

Crisis Services - helps you when your need for services increases or changes suddenly.

Inpatient Services - when you go to the hospital or treatment center to receive intensive medical care.

How will My Services Be Paid For if I have insurance other than Medicaid?

You should tell CenterPoint and your provider if you are covered by insurance other than Medicaid. This could include Medicare or private insurance. Federal regulations require Medicaid to be the “payer of last resort.” Medicaid pays for services after your other insurance has been processed and a decision on payment has been made.

Description of Services

There are three levels of services that are based on medical necessity and treatment history. These levels of service are:

- Basic Benefits
 - Provide brief interventions for acute (immediate but short term) needs
 - Are available through a referral from a provider in the CenterPoint Network or through the Customer Services Call Center
 - Require no prior authorization
 - If you receive basic benefits, you will not typically be assigned a Care Coordinator
- Basic Augmented Benefits
 - These are benefits when your care needs calls for more than the allowed number of visits to improve or maintain your level of functioning
 - These services must be authorized based on your need and medical necessity for the service
- Enhanced Benefits
 - If you have severe mental illness, substance abuse issues, or an intellectual/other developmental disability, you may need enhanced benefits
 - These services are highly coordinated to make sure that you receive the proper amount of care
 - If you receive enhanced benefits, these will be accessed through the person centered planning process. Section 5 of this handbook provides more information on person centered planning.

Preventive Health Programs

CenterPoint is required to develop Preventive Health Programs as one means of improving care to consumers and to meet national accreditation rules. The purpose of these initiatives is to educate members on their diagnoses, treatment options and ways to maximize treatment. CenterPoint mails information on Preventive Health Programs to members annually. To request information about these programs, call Customer Services at 1-888-581-9988.

Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

Federal Law requires Medicaid to pay for certain periodic screening, vision, dental and hearing services for children under 21 years of age. The services, list in 42U.S.C. 139d(a) [1905(a) of the Social Security Act], must be medically necessary to correct or ameliorate a defect, physical or mental illness, or a condition identified through screening. This means service must be necessary to improve or maintain an individual's health in the best condition possible, to compensate for a health program to prevent it from getting worse, or to prevent the development of additional health problems. For more information on EPSDT, call CenterPoint Customer Services at 1-888-581-9988.

Prioritization of Services

Services are prioritized as:

- **Emergent:** These are life-threatening situations where you may be suicidal, homicidal, actively psychotic, or displaying behaviors or using alcohol or substances that may result in self-harm or harm to others. If you have an emergent need, you will receive referrals 24 hours a day. You will be provided with face-to-face care within no more than two hours. You will receive immediate face-to-face care for life threatening emergencies.
- **Urgent:** These are situations where you are not actively suicidal or homicidal, but may be in danger of deterioration without an intervention. If you have an urgent need, you will receive a face-to-face assessment within two days from the request for care.
- **Routine:** This is a condition in which you describe signs and symptom that are causing an impairment that is interfering with your ability to participate in daily living, or the quality of your life has decreased. If you have a routine need, you will receive a face-to-face assessment and/or treatment within 10 business days (14 calendar days) from the date of your request for care.

If I need a service that requires an authorization, how does this work?

Utilization Management (UM) has the responsibility of making authorization decisions to help you get the right care, in the right amount, at the right time. UM decision-making is based on appropriateness of care and service, and the existence of coverage.

Do I need Prior Authorization for Crisis Services?

No. Crisis services are always provided in an emergency. If you receive crisis services you will be enrolled with CenterPoint as soon as possible. The date of enrollment will be the date when the emergency service was provided. You must be enrolled with CenterPoint before you can receive additional, non-emergency services.

To learn more about services call **1-888-581-9988**.

Section 4

What Are My Rights And Responsibilities?

Contact our Consumer Affairs Department at 1-336-714-9100 (Monday – Friday 8 a.m. to 5 p.m.). If you need assistance after hours, please call 1-888-581-9988 with questions about your rights and responsibilities

If you receive services from CenterPoint or from a CenterPoint provider, you have certain rights and responsibilities. Your rights are defined by and protected by federal and state laws. These rights include, but are not limited to the following. You have the right:

- **To be treated with respect and due consideration of dignity** - You have the right to be treated the way you feel you should when it comes to all aspects of the services provided to you throughout your wellness and recovery process.
- **To privacy** - You have the right to privacy under federal and state laws that protect the confidentiality of your personal information. Information can only be shared with others with your express consent. However, there are laws that allow exceptions. These exceptions are: a court order, an emergency, as part of an investigation of child abuse, and if you are determined to be a danger to yourself or others.
- **To be protected from harm, abuse, neglect or exploitation** - Your service provider's employees are required to protect you from harm, abuse, neglect, or exploitation throughout your treatment process. Your provider is required to promote a safe and respectful environment by offering procedures that do not subject you to pain.
- **To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation** - Only in cases where there is a danger of injury or harm to self or others can restrictive procedures be used. With this right you are also given safeguards against the use of medications that may present a serious risk to you.
- **To choose your provider** - You have the right to choose the agency that provides your services. Once you begin receiving services from a provider, you also have the right to seek services elsewhere if you wish.
- **To an individual Person-Centered Plan** - You have the right to a Person-Centered Plan tailored specifically to you. Through this plan you have the ability to set personal wellness, recovery and treatment goals, and you have the right to review your plan at any time.
- **To receive information on available treatment options and alternatives presented to you in a manner appropriate to your condition and ability to understand.** – Your treatment options should be shared with you. You should be allowed to ask questions when you don't understand something.
- **To participate in decisions regarding your health care.** – This includes being informed of your medications and treatment team recommendations.
- **To refuse treatment.**
- **To be informed** - You have the right to be informed of all policies and procedures that affect you as a consumer. All service providers are required to keep you informed of

your rights, and each provider is also required to maintain documentation that each employee understands this process.

- **To informed consent** - You or your legal representative have the right to be informed in a manner that is understandable when it comes to the benefits, potential risks, and possible alternative methods of treatments. This also includes understanding the length of time the consent for services is valid, and the procedures to be followed if you or your representative chooses to withdraw consent.
- **To understand how service payment will be covered** - You have the right to a full understanding of how you, or outside sources will pay for or supplement your services.
- **To file a complaint or grievance** - You have the right to submit a formal complaint with CenterPoint.
- **To request an appeal for changes in state funded services (IPRS) mental health services** – If your state funded services have been reduced, suspended or terminated, you can file a grievance to request an appeal.
- **To request an Appeal for changes in your Medicaid mental health services** - If your service has been reduced, suspended or terminated, you or your provider can request Reconsideration within 30 days of such notice. This is the first step in the Appeal Process.
- **To request a State Fair Hearing** - Within certain timeframes, if you disagree with the outcome of the Reconsideration, you can submit an appeal to the NC Office of Administrative Hearings and receive what is referred to as a “State Fair Hearing.”
- **To request reasonable accommodations free of charge to you** – You have the right to request physical accommodations for accessibility and language assistance including teletypewriter (TTY) services, sign language interpretation, interpretative services if you do not speak English and assistance for the visually impaired.
- **To request and receive a copy of your medical record except as set forth by law. NCGS 122C-53(d)** – Each treatment provider has policies and procedures you must follow to view your medical record. Your record can be withheld if your attending doctor determines there is information that would be injurious to your physical or mental well-being.
- **To request your medical record be amended or corrected according to law. 45 CFR Part 164.**

What are my rights as a minor?

If you are a minor, you have the right to agree to some treatments without the consent of a parent or guardian. These treatments include:

- Treatment for venereal diseases
- For pregnancy
- For abuse of alcohol or drugs
- For emotional disturbances

As a recipient of services from CenterPoint or a CenterPoint service provider you have the responsibility to:

- Supply the information that CenterPoint and its providers need in order to provide you care
- Follow the plans and instructions for care that you have agreed to with your providers

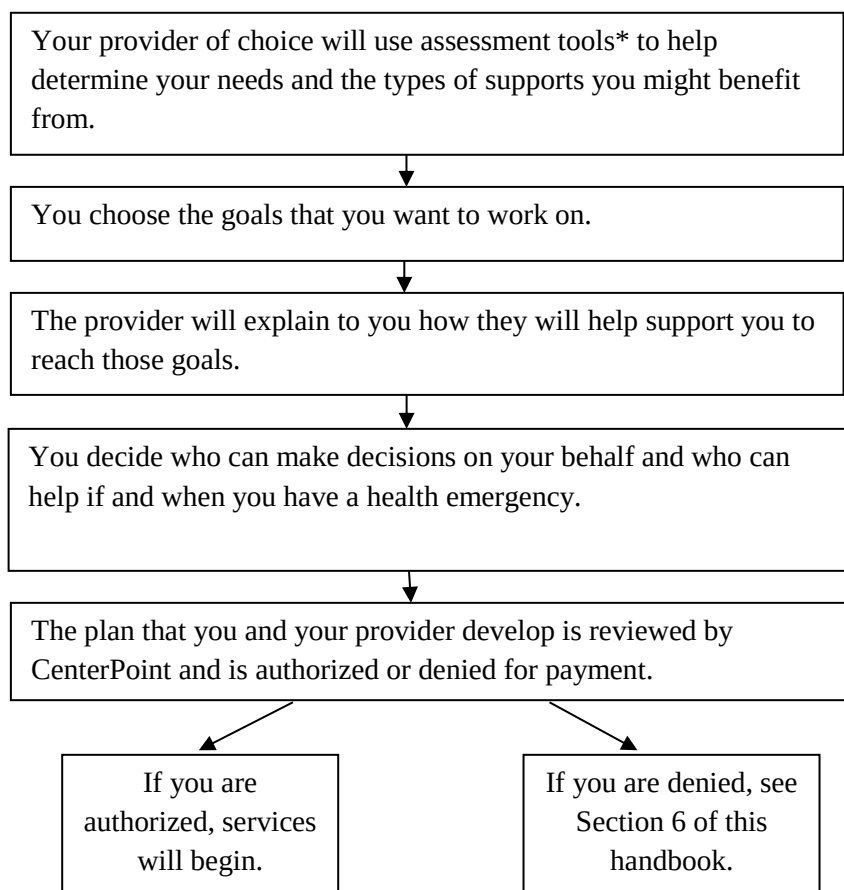
- Tell the service provider about changes in your medical condition
- Ask questions when you do not understand your care or what you are expected to do
- Invite people who will be helpful and supportive to you to be included in your service planning
- Work on the goals of your service plan
- Keep all the scheduled appointments you can
- If unable to keep an appointment, cancel it at least 24 hours in advance
- Pay for services that are provided and provide copies of insurance coverage
- Take medications as they are prescribed for you
- Tell your doctor if you are having unpleasant side effects from your medications, or if your medications do not seem to be working to help you feel better
- Tell your doctor or therapist if you do not agree with their recommendations
- Tell your doctor or therapist when/if you want to end treatment
- Bring your Medicaid or other insurance card with you to all scheduled appointments

Section 5

What is Person Centered Planning?

All services provided by CenterPoint and its network of providers are guided by a Person Centered Plan. This plan is developed by members, their families and providers. This plan organizes the path to recovery and/or a more self-determined life. Person Centered Planning encourages people to self-direct their care whenever possible.

How is the Person Centered Plan Developed?



*To learn more about assessment tools, contact your care coordinator, provider of choice, or call CenterPoint Customer Services at **1-888-581-9988**

Section 6

What If I Am Denied Medicaid Services?

This Section contains information on how to ask for a review of Medicaid decisions and who to call with questions. If you have questions, please contact CenterPoint's Consumer Affairs Specialist at 1-336-714-9100 (Monday – Friday 8 a.m. to 5 p.m.). If you need assistance after hours, please call 1-888-581-9988.

If you have Medicaid, you have due process rights that are protected by state and federal law. If CenterPoint denies, reduces, suspends, or terminates a service you are receiving, you must be notified and you have the right to appeal. The service level or type can be appealed. The duration of a service authorization, or how long a service can be received, is not something that can be appealed. At least 10 days before the service reduction, suspension, or termination, CenterPoint is required to provide information about the appeals process in a written notice so that you may file an appeal in a timely manner. Below is a summary of this process:

Level 1: Reconsideration

If you file an appeal within 30 days of the service change, you have the right to request Reconsideration. Reconsideration must be completed within 45 days from the date the reconsideration request was received. You can review information used as a part of the Reconsideration process. You may also submit additional information that supports the level of service being requested. The Reconsideration is a review conducted by a licensed professional who did not have any role in the original decision to reduce, deny, suspend, or terminate the service you are appealing. You may examine your medical records during the appeal process. Discussion can occur during Reconsideration between you and the CenterPoint reviewer. Agreements can be reached on the types and amount of service and supports provided to you.

The Reconsideration process must be utilized before you can use the State Fair Hearing process. You can appeal the Reconsideration decision and submit an appeal to the North Carolina Office of Administrative Hearings (OAH). Information on this process is included in the notification of the Reconsideration decision.

Level 2: Mediation

If you appeal Reconsideration, it must be filed within 30 days of that decision to the North Carolina Office of Administrative Hearings (OAH). After filing, you will be offered the opportunity to accept Mediation. If you accept Mediation, it must be completed within 25 days of your request. A mediator from the Mediation Network of North Carolina will be assigned to your case. You may choose to have Mediation by telephone or at the mediator's office. You may bring information to support your need for services based on medical necessity.

If you decline Mediation, or it is unsuccessful, your appeal proceeds to a hearing at the Office of Administrative Hearings (OAH). This level of appeal is currently available through the state Fair Hearings process.

Level 3: Office of Administrative Hearings (OAH)

If you are not satisfied with the Mediation process, you may proceed to the OAH hearing. After the hearing an administrative law judge will make a recommendation regarding your case. This level of appeal is currently available through the state Fair Hearings process.

Level 4: Final Agency Decision

The North Carolina Division of Medical Assistance (DMA) reviews the entire process and the recommendation from the OAH hearing. You, CenterPoint, and the Department of Health and Human Services (DHHS) all provide written explanations as to why they agree or disagree with the OAH decision. DMA will uphold or reverse the OAH decision and issue a written Final Agency Decision. This level of appeal is currently available through the state Fair Hearings process. If the DMA final decision is not decided in your favor, you may retain an attorney and appeal the case to Superior Court.

Continuation of Benefits

CenterPoint must continue your service during the Reconsideration process and during the State Fair hearing if all of the following are met:

- Your Reconsideration is requested within 30 days
- Your Reconsideration involves the termination, suspension, or reduction of a currently authorized service
- Your service was ordered by an authorized provider
- Your current service authorization has not expired
- You request a continuation of the service

- The service must continue until:
- You withdraw from the Reconsideration process
- Ten days after the Reconsideration decision is made, unless you request a State Fair Hearing within those 10 days
- A State Fair Hearing decision is made against you
- Your service authorization expires.

If the final appeal decision is against you, you are responsible for the cost of the services provided during the Reconsideration and/or State Fair Hearing process.

Important Numbers to Know

- To locate a Legal Aid/Legal Services office near you call: 1-877-694-2464
- For more information on your appeal rights you may also call the toll free CARELINE
- English/Spanish 1-800-662-7030, TTY 1-877-452-2514, or
- The NC Office of Administrative Hearings: 1-919-431-3000

To learn more about the reasons why Medicaid may no longer pay for some services, call the CenterPoint Consumer Affairs Specialist at 1-336-714-9100 (Monday – Friday 8 a.m. to 5 p.m.). If you need assistance after hours, please call 1-888-581-9988.

Section 7

What If I Am Unhappy With Services?

This Section contains information on how to file a grievance and the grievance process.

A grievance is an expression of dissatisfaction about any matter other than an action (appeal).

You have the right to file a grievance with CenterPoint either orally or in writing. Examples of grievances are concerns about staff not keeping an appointment, staff not being respectful to you or not being able to get help from someone who speaks your language. Other examples of grievances are dissatisfaction with quality of care or access to services, attitude of CenterPoint staff and providers, billing and financial issues or the quality of the practitioner's office site.

If you would like to discuss your concern informally before filing a grievance, you can contact CenterPoint's Consumer Affairs Specialist at **1-336-714-9100 (Monday – Friday 8 a.m. to 5 p.m.)**. **If you need assistance after hours, please call 1-888-581-9988.**

You may also take your concerns to a person working with you (if you are comfortable discussing your concerns with that person) and ask him/her to help or advise you. You may also talk with your provider or assigned CenterPoint Care Coordinator. If you decide to file a grievance, contact CenterPoint's Consumer Affairs Specialist at **1-336-714-9100 (Monday – Friday 8 a.m. to 5 p.m.)**. **If you need assistance after hours, please call 1-888-581-9988.**

What Happens When CenterPoint Gets My Grievance?

1. When CenterPoint receives your grievance, it is forwarded to the department that can best respond.
2. CenterPoint will respond to your grievance within 30 calendar days of its receipt. The responsible CenterPoint staff will contact you and others involved with the grievance to help resolve your concerns.
3. An attempt will be made to negotiate your grievance with network providers if they are involved in your grievance. You are not required to use your service provider's grievance process. Family members, friends, advocates, and/or your attorney may help you file a grievance. We may:
 - Talk with you or your Legally Responsible Person (LRP), if applicable
 - Talk to others involved in the situation, including your assigned Care Coordinator (if you have one)
 - Talk with your provider, and
 - Review your medical record to obtain information related to your grievance.

The responsible CenterPoint staff person will discuss the resolution of your grievance with you. If you do not agree with the resolution of the grievance, you may contact the Consumer Affairs Specialist at 1-866-804-4323 to request information about how to appeal to MH/DD/SAS. We strive to resolve grievances within 90 calendar days of receipt.

Anonymous Grievance

If you have concerns, you can report them anonymously by calling Consumer Affairs at **1-336-714-9100 (Monday – Friday 8 a.m. to 5 p.m.)**. **If you need assistance after hours, please call 1-888-581-9988.**

Section 8

How can I help make CenterPoint better?

Consumer and Family Advisory Committee (CFAC): CFAC is the Consumer and Family Advisory Committee of the CenterPoint Board. CFAC provides an opportunity for meaningful participation by consumers and families in shaping the development and delivery of public mental health, developmental disabilities and substance abuse services in the four county region. CFAC's mission is to monitor services, make recommendations and advise the CenterPoint Board so that the necessary services are provided and gaps in services are addressed. Meetings are held on the second Monday of each month at 5:30 p.m. in the CenterPoint Boardroom located at 4045 University Parkway, Winston Salem, NC 27106.

Intellectual and Development Disabilities (I/DD) Advisory Committee: This committee advises CenterPoint's management team on community initiatives and service priorities for members and families with intellectual and developmental disabilities. The committee is made up of self-advocates, families, providers and community stakeholders. Meetings are held on the first Thursday of each month at 5:30 p.m. in the CenterPoint Boardroom located at 4045 University Parkway, Winston Salem, NC 27106.

The CenterPoint Board of Directors: The CenterPoint Human Services Board of Directors acts to plan, budget, implement, and monitor the support provided to disability consumers and their family members. The areas of care served by the Board are mental health (adult and child & family), developmental disabilities, and substance abuse services in Forsyth, Stokes, Davie and Rockingham Counties. The Board also seeks to represent the interests of its consumers and their family members and meet the diverse needs of the disability community. Toward that end, the Consumer & Family Advisory Committee (CFAC) is an open forum for consumers, family members, local supporters, and other interested individuals. An individual that contracts with a local management entity (LME) for the delivery of mental health, developmental disabilities, and substance abuse services may not serve on the board of the LME for the period during which the contract for services is in effect. The CenterPoint Board of Directors includes appointed representatives from Forsyth, Stokes, Davie and Rockingham Counties. Representatives are required to attend 75% of the meetings per year.

The Human Rights Committee (HRC): This committee has the responsibility to oversee CenterPoint's compliance with federal and state rules regarding consumer rights, confidentiality and complaints. The CenterPoint HRC is made up of clients, family members and expert advisors who meet at least once quarterly. It reviews and monitors all trends in the use of restrictive interventions, abuse, neglect and exploitation, deaths and medication errors. The HRC also makes reports to the CenterPoint Board of Directors, the CenterPoint Global Continuous Quality Improvement Committee (GCQIC) and DMA/DMH. Consumers may submit rights violations to the HRC through the CenterPoint Grievance Procedure. Consumers or family members of consumers who wish to apply to serve on the HRC may call the Office of Consumer Affairs at **1-336-714-9100 (Monday – Friday 8 a.m. to 5 p.m.)**. **If you need assistance after hours, please call 1-888-581-9988.**

The Client Rights Committee (CRC): Each Network Provider Agency is expected to maintain a Client Rights Committee (CRC) consistent with regulations outlined in North Carolina General Statute and Administrative Code.

The provider must have a Complaint and Grievance process to address any concerns of the consumer or the consumer's family related to the services provided. The provider must keep documentation on all complaints received including date received, points of complaint and resolution information. The provider must have a Client Rights Committee (CRC); two or three smaller providers may share a CRC. Any unresolved concerns or complaints should be referred to CenterPoint. The provider's Complaint and Grievance process must be provided to all consumers and families of consumers upon admission and upon request. The provider must advise consumers and families that they may contact CenterPoint directly about any concerns or grievances.

Client Rights regulations are in NC GS 122-C-51-67 and APSM 95-2 and APSM 30-1 and NCASC 27G.0504, 10A NCAC 27G.0103 and NC Council Communication Bulletin #30.

Disability Rights North Carolina: Disability Rights North Carolina is a private, non-profit organization in North Carolina that works to improve the lives of people with all disabilities by protecting their rights. It is a part of a nationwide protection and advocacy (P&A) system. If you are a person with a disability or have a family member with a disability and need assistance, Disability Rights North Carolina may be able to help by providing information and referral, advocacy services, or legal representation.

When you first contact Disability Rights North Carolina, you will talk with an intake specialist who will take details of your concerns. Cases are accepted for assistance based on a fair system of case selection criteria and the resources available at the time of the request. If Disability Rights North Carolina is unable to help you, you will be referred to another appropriate resource.

Types of assistance available are:

- Investigate reports of abuse, neglect or exploitation
- Assist parents in obtaining appropriate educational services from pre-school through high school
- Advocate for necessary equipment to help a person communicate, move or learn
- Ensure accessibility to public programs and services

To contact Disability Rights North Carolina:

919-856-2195 (voice)

877-235-4210 (voice)

888-268-5535 (TTY)

Fax: 919-853-2244

Write to: Disability Rights North Carolina

2626 Glenwood Avenue

Suite 550

Raleigh, NC 27608 Website: www.disabilityrightsncc.org