

**Rocky Mountain Health Plans
Case Management Agency (CMA)
Rights, Roles, and Responsibilities
Complaint and Appeals Process**



If you need help reading or understanding this document, please call us at 800-346-4643 or 970-243-7050, or TTY/Relay at 711; para asistencia en español llame al 800-346-4643. This notice is available at <https://www.rmhp.org/documents/>.

Member and Individual Rights, Roles, and Responsibilities

Member and Individual Rights, Roles, and Responsibilities

You have the right to...

- Receive the same legal rights and responsibilities as anyone else under the law, unless those rights are modified through the law.
- Receive the same consideration and treatment as anyone else regardless of race, color, ethnic or national origin, ancestry, age, sex, gender, sexual orientation, gender identity and expression, religion, creed, political beliefs, or disability.
- Advocate for case management services or supports or direct services and supports without facing retaliation.
- Have someone read or explain in your or your family's native language, any policy and/or procedures adopted by your provider or the case management agency.
- Be fully informed of your rights and responsibilities.
- Have intake, referrals, enrollment, and service planning done fairly and independently, without any pressure or influence from service providers. This means service providers are not allowed to coach, force, or try to sway decisions. If a provider tries to pressure you or influence your decisions, please let us know right away.
- Participate in creating and approving your support plan. You may have a copy.
- Choose from service providers that are available, qualified, and willing.
- Know that the CMA is the only one who decides what programs, waivers, and services you qualify for.
- Access the uniform complaint system that is provided for everyone served by the case management agency.
- Access to a standard appeal process when your benefits or services are denied or reduced, and the issue is appealable.
- Have someone read or explain any and all case management agency policies and procedures that apply to your activities, services, and supports. You may have copies of these policies and procedures at no cost or at a reasonable cost.

- Request that an assessment be completed even if the case management agency staff say you don't qualify. The assessment will be completed.
- Include anyone you like in decisions about planning your services.
- Have support that will help you direct the planning process to the maximum extent possible and help you make informed choices and decisions.
- Schedule the planning process at a time and place that is convenient to you.
- Choose any Long-Term Services and Supports programs and services you are eligible for, enrolling in one waiver at a time.
- Know ahead of time if your services are going to stop or be reduced.
- Services and supports that do not have any potential conflict of interest with your case manager or the development of your support plan.
- Access the case management agency without physical or program barriers as required by law.
- Request meetings outside of the case management agency office.
- Be free from discrimination and to file a complaint with a case management agency about your services without fear of retaliation. This includes if or when an advocate files a complaint on your behalf.
- Have your case management services provided in a way that considers your individual unique needs, preferences, and values.

You or your legal representative agree to participate in the coordination of services and will be responsible to...

- Give accurate information to the case manager regarding your ability to complete activities of daily living.
- Assist in promoting your own independence.
- Cooperate in the determination of financial eligibility for Medicaid.
- Participate in all waiver program required activities such as screenings, assessments, planning, monitoring (including visits in your home), and required in-person activities.
- Notify the case manager within 30 days or as soon as you can when changes happen. This includes:
 - Changes in your support system, care needs, medical condition, and living situation.
 - Hospitalizations, emergency room admissions, nursing home placements or Intermediate Care Facility placements.
 - If you have not received services for one month or if you are having problems receiving the services.
 - Changes that might affect your Medicaid financial eligibility like changes in income or assets. Change in your legal status, guardianship, or with your legal representative.

Case Manager Roles and Responsibilities

Case Manager Roles and Responsibilities

Your Case Manager will inform you or your legal representative of the following:

- The CMA Case Manager's roles and responsibilities.
- Roles and responsibilities for participation in a long-term care program managed by RMHP.
- The right to file a complaint or appeal (see the complaint and appeal section below).
- The right to have intake, referrals, enrollment, and service planning done fairly and independently, without any pressure or influence from service providers. This means that service providers are not allowed to coach, force, or try to sway decisions.
- During each long-term care certification and service planning period, if there is a reduction, termination or denial of services, the case manager will provide a Notice of Action form that includes appeal rights and instructions for filing an appeal for a Medicaid Fair Hearing with the Office of Administrative Courts. If there has been a reduction, termination, or denial of a service(s), and you did not receive this information, you may ask for it.

Your Case Manager will:

- Communicate with you timely (within 2 business days) and in the way you prefer so that it's easy to understand.
- Provide options counseling and help with the application process.
- Complete required screenings and help collect necessary documentation.
- Help explain that the CMA is the only one who decides what programs, waivers, and services you qualify for.
- Help explain your choices for services, supports, and providers.
- Coordinate person-centered support and services.
- Communicate with service providers regarding service delivery and concerns.
- Monitor, review, and revise services, as needed.
- Notify you regarding any change in services.
- Notify you when services are denied, suspended, terminated, or reduced.
- Help you find alternative programs and community resources that may fit your needs.
- Document, report, and resolve complaints and concerns.
- Report abuse, neglect, mistreatment, and exploitation to the appropriate authority.

Notice of Nondiscrimination

Rocky Mountain Health Plans (RMHP) Case Management Agency (CMA) complies with applicable civil rights laws and does not discriminate on the basis of race, color, national origin (including limited English proficiency and primary language), age, disability, or sex (including pregnancy, sexual orientation, and gender identity). RMHP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

We provide free aids and services to help us communicate with each other, such as:

- Qualified sign language interpreters (remote interpreting service or on-site appearance)
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

We provide free language assistance services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

We also provide reasonable modifications for people with disabilities.

If you need any of these services, contact RMHP at 800-346-4643, 970-243-7050, or TTY/Relay at 711; para asistencia en español llame al 800-346-4643.

Si necesita ayuda con la información en este documento incluida la traducción oral/escrita, un formato diferente (como letra grande), o un archivo de audio, podemos ayudarlo sin costo. Puede obtener ayuda llamando Rocky Mountain Health Plans (RMHP) al 800-346-4643 o State Relay 711 para personas con discapacidad auditiva o del habla.

Notice of Right to Appeal or File a Grievance or Complaint

If you do not agree with a decision about your benefits or if you believe that RMHP has failed to provide services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, sexual orientation, or gender identity, please let us know. You can ask for an informal review, file a formal appeal, grievance, or complaint in person or by phone, mail, fax, or email. If you have questions, we are here to help.

- Phone: 800-346-4643, 970-243-7050, or TTY/Relay at 711; para asistencia en español llame al 800-346-4643.
- Mail: ATTN: CMA Appeals & Grievance, Rocky Mountain Health Plans, PO Box 10600, Grand Junction, CO 81502-5600
- Fax: ATTN: CMA Appeals & Grievance, 970-244-7880
- Email: RMHPAppeals and Grievances Standard@uhc.com

Appeal means you disagree with a decision and want a State Fair Hearing with a judge. You have the right to appeal any decision about your benefits, including whether you qualify and how much assistance you get. If you want to file a formal appeal, you can:

- File an appeal online at <https://oac.colorado.gov/resources/oac-forms>
- Call the Office of Administrative Courts at 1-303-866-2000
- Mail to Office of Administrative Courts, 1525 Sherman Street, 4th Floor, Denver, CO 80203
- Fax to 1-303-866-5909

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>, or by mail or phone:

U.S. Department of Health and Human Services
200 Independence Avenue SW., Room 509F
HHH Building, Washington, DC 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-346-4643 (TTY: 711).

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-346-4643 (TTY: 711).

The Colorado Department of Health Care Policy & Financing does not discriminate on the basis of race, color, ethnic or national origin, ancestry, age, sex, gender, gender identity and expression, sexual orientation, marital status, religion, creed, political beliefs or disability in any of its programs, services, and activities.

To file a discrimination complaint or request free disability or language aids and services, contact:

- Colorado Department of Health Care Policy & Financing, 504/ADA Coordinator
1570 Grant St., Denver, CO 80203
- Phone: 303-866-6010 or state relay 711
- Fax: 303-866-2828
- Email: hcpf504ada@state.co.us

You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights:

- Complaint Portal: https://ocrportal.hhs.gov/ocr/cp/complaint_frontpage.jsf
- Mail: 1961 Stout Street Room 08-148, Denver, CO 80294
- Phone: 800-368-1019
- TDD: 800-537-7697
- Fax: 202-619-3818

Complaint forms are available at:

- <https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>

Free Help in Your Language

Rocky Mountain Health Plans 800-346-4643 (State Relay: 711)

English	ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge.
Español	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles.
中文	注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。
Việt	LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí.
한국어	주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다.
Français	ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement.
Русский	ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно.
አማርኛ	ማሳሰቢያ፡- አማርኛ የሚናገሩ ከሆነ፣ የቋንቋ ድጋፍ አገልግሎት በነፃ ይቀርብልዎታል። መረጃን በተደራሽ ቅርጸት ለማቅረብ ተገቢ የሆኑ ተጨማሪ እገዛዎች እና አገልግሎቶች እንዲሁ በነፃ ይገኛሉ።
Soomaali	FIIRO GAAR AH: Haddaad ku hadasho Soomaali, adeegyo kaalmada luuqadda ah oo bilaash ah ayaad heli kartaa. Qalab caawinaad iyo adeegyo oo habboon si loogu bixiyo macluumaadka qaabab la adeegsan karo ayaa sidoo kale bilaa lacag heli karaa.
العربية	تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا.
Deutsch	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung.
فارسي	توجه: اگر [وارد کردن زبان] صحبت می‌کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک‌ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب‌های قابل دسترس، به‌طور رایگان موجود می‌باشند.
Tagalog	PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format.
नेपाली	सावधान: यदि तपाईं नेपाली भाषा बोल्नुहुन्छ भने तपाईंका लागि निःशुल्क भाषिक सहायता सेवाहरू उपलब्ध छन्। पहुँचयोग्य ढाँचाहरूमा जानकारी प्रदान गर्न उपयुक्त सहायता र सेवाहरू पनि निःशुल्क उपलब्ध छन्।
POLSKI	UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie.
日本語	注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。