

Idaho Behavioral Health Plan
Magellan Member Rights and Responsibilities
Effective July 1, 2024

Introduction

The Idaho Behavioral Health Plan (IBHP) is Idaho's program to help citizens with mental health and substance use disorders. The plan serves members of Medicaid and other Idahoans who qualify for services. Medicaid members have certain rights under the law. Magellan is extending some of these rights to members without Medicaid.

Member Rights

All IBHP members have the right to:

1. Get information required by the law
2. Get information about the Idaho Behavioral Health Plan by mail, email, on the phone, or on our website at no cost to you. This includes getting the Member Handbook by mail, email or on our website.
3. Get information about IBHP benefits you are eligible for and how to get those services
4. Get information about services that are not covered by the IBHP, or you are not eligible for and how to get those services
5. Know about services that Magellan does not cover because of moral or religious reasons and how to get those services
6. Be treated with respect, dignity, and respect for privacy by Magellan staff and network providers
7. Not be discriminated against due to your race, color, national origin, religion, disability, sex, gender identity, marital status, national origin, health status, need for services, or age
8. Talk with providers and Magellan staff in private and have your information and records kept private by your provider and Magellan
9. Understand that if the law permits, your information and records may be released without your permission
10. Get IBHP services you are eligible for in a timely fashion
11. Get information and IBHP services you are eligible for in a way that respects your culture and language, regardless of cost or coverage
12. Give input on your plan of care at any time
13. Get oral interpretation help at no cost in a language you understand
14. Use auxiliary aids to help you communicate at no cost (TTY, TDD, ASL)
15. Get written information in prevalent languages at no cost
16. Get materials that are needed to get services or help you understand and access your benefits in alternate formats at no cost
17. Get information about:
 - a) Magellan
 - b) Our services
 - c) Providers that can help you
 - d) Your role in your health

- e) Your rights and responsibilities
- 18. Get information about Clinical Guidelines we use to help you get care
- 19. Pick any Magellan network provider that you want to treat you based on your preferences and switch if you want to
- 20. Ask any provider about their work history and training
- 21. Not be kept alone or forced to do something you do not want to do
- 22. Give input on these Rights and Responsibilities
- 23. Have providers make decisions about your care based on treatment needs
- 24. Get IBHP services you are eligible for according to Federal and State laws about your rights
- 25. Make decisions about your treatment
 - a) If you cannot make them by yourself, you can have someone help you or do it for you.
 - b) You can refuse treatment unless the law makes you get it.
- 26. Ask for and get a second opinion at no cost when you:
 - a) Need more information about a treatment
 - b) Think the provider is not giving you the right care:
- 27. Not be kept alone or held back because Magellan or a provider wants too:
 - a) Force you to do something
 - b) Discipline you
 - c) Make things easier for a provider
 - d) Punish you:
- 28. File a Complaint about Magellan, a provider, or your care
- 29. File an Appeal about an action or decision Magellan made
- 30. Ask for a State Fair Hearing if you are not happy with the outcome of your appeal
- 31. Ask for and get a copy of your records for free and ask for changes or corrections to them
- 32. Exercise your rights without it negatively affecting the way Magellan or network providers treat you
- 33. Get written information about psychiatric advance directives (Mental Health Declarations) and your rights under State law
- 34. Get IBHP services you are eligible for whether or not you have completed a psychiatric advance directive (Mental Health Declaration)
- 35. Get information you can understand from your providers and be able to talk to them about your options without any interference from Magellan or regard to cost or coverage
- 36. Get a written statement of Patient Rights and Responsibilities from your or your child's provider, before you or your child get mental health services, that has information on who to contact with questions, concerns or complaints
- 37. To request reasonable accommodations if you have a visual, hearing, or physical disability to ensure you can get all services you are eligible for
- 38. Know that Magellan complies with applicable Federal and State laws including:
 - a) Title VI of the Civil Rights Act of 1964
 - b) The Age Discrimination Act of 1975
 - c) The Rehabilitation Act of 1973
 - d) Titles II and III of the Americans with Disabilities Act
 - e) Other laws about privacy and confidentiality

39. Be protected by parity requirements for total lifetime and annual dollar limits, and requirements for financial requirements and treatment limitations

40. Not have to pay for services if:

- a) Magellan goes out of business
- b) The State of Idaho does not pay Magellan or a provider
- c) A provider bills you for amounts over what Magellan covers

41. Get conflict-free case management if you are eligible for case management

42. Get emergency help when and where you need it without Magellan's approval

43. If you are under age 18, keep your treatment records private and:

- a) If you are 14 or older, decide whether or not you want to let your parent/guardian see them (unless your provider thinks that would hurt you in some way)
- b) Look at and copy them (unless your provider thinks that would hurt you in some way)

c) Add your own notes to them

44. Reject services

45. Talk to us and your child's providers about changes made to their care plan for visitation or care arrangements when placed out of the home, such as residential treatment or foster care

46. At the time of out-of-home placement (voluntary or involuntary), be informed through a service agreement, in terms you understand, of the rights and obligations of you, your child or ward, providers and Magellan while the child is there

47. Have a six (6)-month review for a child in out-of-home placement

48. If you or your child is admitted to a facility (voluntary or involuntary), be informed, orally and in writing, of your and your child's rights and obligations in terms you can understand

49. If you or your child have been taken to a social detoxification facility (where you/they can stay for up to 3 days), you/your child have the right to:

a) Request and take a test to see if you are intoxicated or using a substance of abuse

b) Be released if the tests show you are not

c) Have the facility keep a record of your test results

50. If your child is in a facility, they have the right to:

a) Be treated nicely in a clean and safe place

b) Leave for a short time if it is safe for you/them to do so

c) Not be restrained or secluded if you/they don't need to be

d) Not get hit or otherwise abused

e) Get enough food, liquid and exercise

f) Have visitors in private if appropriate

g) Send and get mail and get help writing letters

h) Talk on the phone in private and get help using the phone

i) Call people who are far away if you/they can pay what it might cost

j) Pray, meditate, or do other religious acts and not be punished

k) Have personal belongings as long as they cannot be used to hurt you/your child

l) Tell people what your/your child's rights are and not be punished

m) Have a lawyer help you/your child

n) Not take too many or unhelpful medicines

o) Get schooling

51. If your child's admission to a facility was voluntary with your consent:
- a) Tell the facility if they can give your child medicine
 - b) Tell the facility to stop giving your child medicine at any time unless it is an emergency
 - c) Have your child's facility admission reviewed after 30 days
 - d) Be notified seven (7) days in advance of your child's 30-day admission review
52. If your child goes to a facility because of an emergency, you/they have the right to:
- a) Be told by the provider what services they may need and how long they might take
 - b) Be released to you within 24 hours, unless a court says your child needs an evaluation
 - c) If a court says your child needs an evaluation, be told orally and in writing:
 - i) Why the court ordered it
 - ii) What might happen
 - iii) Your right to talk to a lawyer
 - iv) Your right to get treatment
53. If a court orders your child to go to a facility for 120 days, they have the right to:
- a) Talk to the court about it within three (3) days of the order
 - b) Have a lawyer help them
 - c) Have their lawyer go to the court without them
54. Have a lawyer help your child at any time and get free help from a lawyer if you/they can't pay for one

Member Responsibilities

Whether you are an adult or a youth, Magellan needs your help so that you get the services and supports you need. You have the responsibility to:

- 1. Get treatment you need from a provider
- 2. Respect other patients, provider staff and provider workers
- 3. Give providers and Magellan information they and we need so you can get appropriate and quality care
- 4. Ask their providers questions about their care to help you understand your care.
- 5. Follow the care plan that you agreed to with your provider and family/guardian
- 6. Tell your providers about medicine changes, including:
 - a) Medicine given to you by others
 - b) Over-the-Counter medicine
 - c) Vitamins
 - d) Herbs or other natural medicine
- 7. Keep your appointments
- 8. Call your provider as soon as you know you need to cancel a visit
- 9. Tell your provider if your care plan is not working for you
- 10. Tell your provider if you have problems paying for care
- 11. Report fraud and abuse to Magellan at 1-800-755-0850 (TTY 711)
- 12. Tell Magellan if you are concerned about quality of care.
- 13. Learn about Magellan coverage, including all covered and non-covered benefits and limits
- 14. Use only network providers unless Magellan approves an out-of-network provider

15. As a child, or parent/guardian of a child, review and sign acknowledgement of documents outlining specific rights during treatment

If you have any questions about these Rights and Responsibilities, please call us at 1-800-424-7721 (TTY 711).

If you believe your Rights have been violated, you can contact us by mail, phone, or email:

Mail:

Magellan Healthcare, Inc.
Civil Rights Coordinator
Corporate Compliance Department
8621 Robert Fulton Drive
Columbia, MD 21046
Phone: 1-800-424-7721 (TTY 711)
Email: compliance@magellanhealth.com

Client Name (Printed) DOB

Client/Parent or Guardian Signatures:

Provider/Staff Signature