CARDINAL INNOVATIONS HEALTHCARE

NOTICE OF NONDISCRIMINATION AND ACCESSIBILITY REQUIREMENTS

Discrimination is against the law. Cardinal Innovations Healthcare (Cardinal Innovations) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Cardinal Innovations does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Cardinal Innovations:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats [large print, audio, accessible electronic formats, other formats], and

- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact Cardinal Innovations at 1.800.939.5911. Hearing impaired resources are available through NC Relay TTD/TTY by first calling 711 or 1.800.735.2962.

If you believe that Cardinal Innovations has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by phone, mail, or in person. Instructions on filing a grievance can be found here: https://www.cardinalinnovations.org/Contact/Report-concerns.

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/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201
1.800.868.1019, 1.800.537.7697 (TDD)


ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1.800.939.5911 (TTY: 1.800.735.2962).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.939.5911 (TTY: 1.800.735.2962).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.800.939.5911 (TTY: 1.800.735.2962).

주의: 한국어를 사용하시는 경우, 한국어로 상담을 받기 위해 이용하실 수 있습니다. 1.800.939.5911 (TTY: 1.800.735.2962) 번으로 전화해 주십시오.


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 обращение, вторичную помощь, национальных, возраст, инвалидности, или пол, вы можете подать жалобу, с помощью телефона 1.800.939.5911 (TTY: 1.800.735.2962).

请注意：如果您说中文，请用中文给我们打电话，电话号码是 1.800.939.5911 (TTY: 1.800.735.2962)。

MEMBER & FAMILY HANDBOOK 2021

This handbook is available in Spanish and in large-print formats. If you need a larger print format email<br>memberquestions@cardinalinnovations.org or call our 24-hour, toll-free Crisis and Referral Line at 1.800.939.5911.

Este manual está disponible en español y en formatos de gran tamaño. Si necesita una impresión más grande, o tiene capacidad de lectura limitada, llame a la oficina de la comunidad en su área o nuestro número de teléfono de la línea de la crisis y de la remisión de las 24 horas, sin peaje en 1.800.939.5911.

This is the 15th edition of the Cardinal Innovations Healthcare Member & Family Handbook.

Reproduction of this handbook, in whole or in part, without the permission of Cardinal Innovations Healthcare is strictly prohibited.

Services as described in this handbook are available only to qualified residents of the counties of Alamance, Caswell, Chatham, Davidson, Davie, Forsyth, Franklin, Granville, Halifax, Mecklenburg, Orange, Person, Rockingham, Rowan, Stokes, Vance and Warren in the state of North Carolina.

Please send your comments and suggestions via email to memberquestions@cardinalinnovations.org or by mail to
Cardinal Innovations Healthcare, Attn: Member Engagement, 10150 Mallard Creek Rd., Suite 400, Charlotte, NC 28262.

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First printing, March © 2005
Welcome to Cardinal Innovations Healthcare. Our mission is to improve your health and wellness. If you live in one of the counties listed below, and have Medicaid or do not have health insurance, we help connect you to providers and oversee requests for:

- Mental health (MH) needs
- Intellectual or developmental disabilities (IDD)
- Substance use disorders (SUD)

Cardinal Innovations is a managed care organization (MCO). We work with local providers to coordinate care. We pay for Medicaid and state services under our contracts with the NC Department of Health and Human Services (NC DHHS).

Please read this handbook carefully. It has information about how you, or a family member, can get help. We want you to live your best life by receiving the right care and supports at the right time in the right place.

If you need services, call our 24-hour, toll-free Crisis and Referral Line at 1.800.939.5911. (Si necesita servicios, llame a nuestra línea gratuita de crisis y referencias las 24 horas al 1.800.939.5911.)

If you already receive services for MH, IDD, or SUD conditions, you do not have to take any action. Your provider will request services and submit claims to Cardinal Innovations on your behalf.

This Member & Family Handbook is available online as part of a complete Member Packet at https://www.cardinalinnovations.org/getmedia/b38030ea-08e1-4a7e-99c5-698f5dd453a4/cardinal-innovations-consumer-family-handbook.pdf.

If you want more information or need a printed copy of this handbook, the Member Packet or any materials referenced by hyperlink in this document, you may call our Access Department at 1.800.939.5911 or email memberquestions@cardinalinnovations.org.

Cardinal Innovations covers the following NC counties:

- Alamance
- Caswell
- Chatham
- Davie
- Davidson
- Forsyth
- Franklin
- Granville
- Halifax
- Hillsborough
- Person
- Rowan
- Mecklenburg
- Orange
- Person
- Stokes
- Vance
- Warren
- Rockingham

Cardinal Innovations Healthcare Member & Family Handbook 2021
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Corporate Office:
Cardinal Innovations Healthcare
10150 Mallard Creek Rd., Suite 400, Charlotte, NC 28262
Phone: 704.939.7700 / Fax: 704.939.7907

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<th>Community Offices</th>
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<tr>
<td>Alamance-Caswell</td>
<td>336.513.4222</td>
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<td>Five County</td>
<td>252.430.1330</td>
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<td>Mecklenburg</td>
<td>980.938.4200</td>
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<td>Piedmont</td>
<td>704.939.7590</td>
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<td>24-Hour, toll-free</td>
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<td>Crisis and Referral</td>
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<td>Line 711 or</td>
<td>1.800.735.2962</td>
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<td>Report Concerns/</td>
<td>1.888.213.9687</td>
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<td>File a Grievance</td>
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<td>Report Fraud, Waste</td>
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<tr>
<td>Resources to help you:</td>
<td><a href="http://www.cardinalinnovations.org/resource-library">www.cardinalinnovations.org/resource-library</a></td>
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<tr>
<td>Member Engagement email</td>
<td><a href="mailto:memberquestions@cardinalinnovations.org">memberquestions@cardinalinnovations.org</a></td>
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TTY Relay Calls and Assistance in Languages Other Than English

Dial 711 for NC Relay. When the message “RC NBR Calling PLS GA” appears on the TTY display screen, type the area code and telephone number of the Access/Crisis number listed above. You will be connected to a Communications Assistance Specialist will place your call.

The Access Call Centers staff can connect you for free to an interpretation service for 150 languages.
CHAPTER 1

Our Health Plan

Cardinal Innovations believes that everyone has the right to respect, choice, dignity, and a health care plan unique to their individual needs. Our personalized approach to health care combines social supports with healthcare services from high-quality service providers. Our partnership with providers and community stakeholders gives you access to best-in-practice treatments and the opportunity to be an active member of your community.

Community-Based

Our community-based model of managed care helps develop relationships among members, their families, providers and stakeholders. Our local presence is key to creating a positive experience for all who interact with Cardinal Innovations. We rely on:

• Care Coordinators who work directly with members and their families
• Community Operations staff who provide member and stakeholder training/education, advocacy and outreach
• Network and Quality Management Specialists who partner with providers to achieve the best outcomes for our members

Value Driven

We hold ourselves and others accountable to the highest standards of care. We are committed to reinvesting in our members and their communities by:

• Creating innovative new services
• Identifying and serving local needs
• Employing people with expertise in mental health (MH), substance use disorder (SUD) and intellectual or developmental disabilities (IDD) who review your care

• Helping our providers deliver the best possible care

• Making sure our operations are efficient and sustainable

We are fully accredited by the National Committee for Quality Assurance (NCQA) — a private, non-profit company dedicated to improving healthcare outcomes.

**Medicaid Services Available through Cardinal Innovations Healthcare**

We operate the Medicaid State Plan through two separate waivers: NC MH/DD/SAS and NC Innovations.

The NC MH/DD/SAS Health Plan is a managed care waiver. It allows us to have a network of providers for you to select from and to manage resources to connect you with the services you need.

The NC Innovations Waiver is a Home and Community Based Waiver. This means if you have an intellectual or developmental disability, you can choose to receive services in your home and community rather than in an institution.

**Benefits of our Health Plans**

• Choice of providers

• Voice in treatment

• Selection of services

• Offering of all medically necessary services in the benefit plan and making sure that providers are available to deliver services to meet your needs

• Focus on disability-specific treatment options

• Process for resolving complaints or grievances

• Second opinions on diagnoses or treatment options

**Requirements of our Health Plans**

Cardinal Innovations must do the following:

• Provide written material explaining the benefit plan, how to get services and your rights within 14 days of Medicaid enrollment

• Perform an annual mailing to inform you of any changes in this member handbook and to ensure you are notified yearly of your rights and responsibilities

• Have qualified staff to evaluate services requested by providers

• Offer a qualified provider network in which you are given a choice between at least two providers

• Offer a choice of providers within 30 minutes/30 miles in an urban area, 45 minutes/45 miles in a rural area

• Offer telephone contact 24 hours per day, seven days per week, 365 days per year

• Provide emergency care within two hours

• Provide urgent care within 48 hours (usually an assessment)

• Provide routine care within 14 calendar days

• Specify appointment wait times
  o Scheduled appointments: one hour
  o Walk-in appointments: two hours
  o Emergencies: face-to-face within two hours; if life threatening, immediate attention

• Set provider reimbursement rates to promote best practices or to better serve a target group of members

• Have quality assurance measures in place for our service providers

• Adjust existing services to meet changing needs

• Obtain member and family feedback to help direct system changes and improve communication on access to services
The NC MH/DD/SAS Health Plan

The NC MH/DD/SAS Health Plan is a pre-paid inpatient health plan funded by Medicaid. It covers all Medicaid enrollees in our coverage area. If you get Medicaid from any of the counties in the Cardinal Innovations region, you are automatically a member of the NC MH/DD/SAS Health Plan, which:

• Focuses on the importance of treatment in the most inclusive setting
• Pays attention to the whole person
• Concentrates on individual strengths

Services of the NC MH/DD/SAS Health Plan

The NC MH/DD/SAS Health Plan bases its current services on the Medicaid State Plan for Behavioral Health and Developmental Disabilities Services. The definitions of the services are based on the state’s Service Definitions and Clinical Coverage Policies. These documents include service descriptions and the eligibility requirements.

For more information, visit the state’s website: https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/behavioral-health-clinical-coverage-policies

Description of Services

There are two general levels of routine service benefits: Basic Benefit Services and Enhanced Benefit Services. Emergency and Crisis Services, such as inpatient care are also immediately available when these are necessary. Each service is based on:

• Need
• Treatment history
• The state’s definition of medical necessity

Basic Benefit Services are health care services that provide help for people with less severe needs. They:

• Are brief interventions for short-term needs
• Services that help you continue progress you have made

• Include assessments, outpatient therapy, psychological testing, and psychiatric services
• Are available by referral from Cardinal Innovations providers or our Access Call Center
• Allow unmanaged visits (visits that do not require prior approval) for members each fiscal year

Enhanced Benefit Services provide a range of services and supports for people who have more long-term needs. They:

• Are for members who need more visits to improve their level of functioning
• Typically must be approved through Cardinal Innovations’ Utilization Management Department based on the member’s need and medical necessity criteria for the requested service
• Provide a range of services and support appropriate for members seeking to recover from severe forms of mental illness and substance use disorders
• May include a Care Coordinator who can make sure the member receives the proper services without duplication
• Range in intensity from home- and community-based services (such as Peer Support or Respite) to more intensive levels of service (such as residential treatment)

Basic and Enhanced Benefit services do not include emergency or crisis services. You can use emergency or crisis services without prior approval. If you or a family member are experiencing a crisis, please call our 24/7 Access Line at 1.800.939.5911.

(b)(3) Services

(b)(3) Services are additional supports for people who have Medicaid. They are in addition to the services in the Medicaid State Plan. These services address member needs across all three disability areas (MH/IDD/SUD). We are able to offer these services to...
additional services as a result of the Medicaid waivers. For more information about (b)(3) Services, visit our website: https://www.cardinalinnovations.org/Members/How-Coverage-Works/Medicaid-funded-coverage?tab=2.

In Lieu Of Services
In Lieu Of Services are developed by LME/MCOs as a cost-effective option for members. These are services in addition to services in the Medicaid State Plan or state-funded services.

In Lieu Of Services must be a new service or a current service with major changes. Completely new In Lieu Of Services should fill gaps in the Medicaid State Plan’s service array. For example, another state may use a best practice service that is not available here. An LME/MCO could develop that service as an In Lieu Of Service in North Carolina.

The cost of an In Lieu of Service must be less or equal to the service it is replacing. In Lieu of Services should only be considered after all other service options have been explored. Members have a right to refuse In Lieu of Services and can request another service if they choose to.

Current In Lieu Of Services

• **Assertive Community Treatment Team Step Down (ACTT Step Down)** – This service is offered for members with the most serious and ongoing mental health care needs (e.g., schizophrenia and other psychotic disorders) who no longer need the level of care provided in Assertive Community Treatment (ACT). The same team of experts in the community who worked with you in ACT will continue to provide treatment that’s right for you.

• **Case Support** – This service was developed in response to the COVID-19 pandemic. It is offered for members who are diagnosed with either mental health, substance use disorder, and/or intellectual or developmental disabilities. The service is designed to meet some of the broad health care, educational, vocational, residential, financial, social, or other non-treatment needs.
Your Specialty Medicaid Health Plan

of the member. This can include: 1) making referrals to service providers, 2) connecting you to supportive contacts, and 3) skill reinforcement and development through telephonic or other technology means. This service is both an In Lieu Of and Alternative Service.

• Comprehensive Clinical Support – This service was developed in response to the COVID-19 pandemic. It is offered for members who are diagnosed with either a mental health condition, substance use disorder, and/or an intellectual or developmental disability. The service is designed to provide support for members when typical services (usually those that are offered in a group setting) cannot be provided. This can include 1) making referrals for other services if necessary and 2) following up to ensure services are initiated. This service is both an In Lieu Of and Alternative Service.

• Enhanced Crisis Response (ECR) – This service is provided by licensed clinicians who work with youth in crisis. Specifically, they work with 1) youth at risk of going to the emergency department/hospital or 2) youth who are in the emergency department/hospital but unable to return home. It’s intended for children with mental health diagnoses. However, ECR may be appropriate for youth who also have a substance use disorder or intellectual disability. Staff members providing this service are available 24 hours a day, seven days a week, 365 days a year. They can meet with you in your home or in your community.

• Family Centered Treatment® (FCT) – This service provides family treatment for children and teens with a mental health or substance use disorder diagnosis. Some youth using this service may also have an intellectual or developmental disability. This service is based on a national model and is used in several states. FCT is provided at home and may also include coordination with schools, Department of Social Services (DSS), the legal system, and primary care doctors. This service would be an alternative for members who may need residential treatment in a group home.

• High Fidelity Wraparound (HFW) – This service offers a team approach for children who are involved with multiple systems (e.g., mental health care, child welfare, juvenile/criminal justice, special education), who are experiencing serious emotional or behavioral difficulties. Children may be at risk of placement out of the home. HFW is based on a national model that works with the entire family. It’s intended for children with mental health diagnoses. However, it may be appropriate for youth who also have a substance use disorder or an intellectual or developmental disability (addressed on a case-by-case basis). Team members providing this service can meet with you in your home, school, library, the courts, homeless shelter, or other settings.

• In Home Therapy Services (IHTS) – This therapy is provided in the home for children or teens who have complex needs related to their mental health or substance use disorders. When needed, the service also coordinates with other systems such as school, primary care, juvenile justice, or social services. In Home Therapy includes a focus on improving and/or repairing relationships with family. When necessary, care is coordinated in other community settings such as schools, court, or homeless shelters. This service can be considered for members who need more treatment than traditional outpatient services but do not meet criteria for Intensive In Home or Multisystemic Therapy Services.

• Rapid Care – This service is an alternative to the emergency department/hospitalization for children or adults who have a mental health and/or substance use disorder. It is a behavioral health urgent care treatment. It may be provided for up to 24 hours in a facility, where a team (led by a psychiatrist) addresses your crisis situation, observes you for safety, and identifies the best services to meet your needs. Facilities that provide this service are open 24 hours per day, every day.
Your Specialty Medicaid Health Plan

- **Residential Services-Complex Needs** – This service is an alternative to 1) Intermediate Care Facilities (ICF) for those with intellectual or developmental disabilities (IDD) or 2) Psychiatric Residential Treatment Facility (PRTF) services for those with mental health diagnosis. It is provided in a small group home or other similar setting for children aged 10+ or adults who have a complex diagnosis. It’s primarily for individuals with both mental health diagnoses and IDD. In this service, additional staff (with specific training and experience) are available to the group home or alternative family living setting to ensure all needs are identified and met.

**Alternative Services**

Like with In Lieu of Services, the LME/MCOs develop Alternative Services as an option to the State Funded service array. These services are also considered cost-effective and can be an existing service (with major changes) or a new service. Alternative Services should only be considered after all other options have been explored. Members have the right to refuse an Alternative Service and can request another service if they choose to.

**Current Alternative Services**

- **Safety Supervision** – This service provides extra staff in a residential setting, such as a group home. The extra staff are added temporarily to help keep a member with dangerous behavior safe in the setting and in the community.

- **Assertive Engagement** – This short-term service is intended to help people connect to mental health or substance use treatment. It may be provided in an office, the home, or a community setting.

**NC Innovations Waiver**

The NC Innovations Waiver provides services that promote independence, choice and the skills to reach your life goals. NC Innovations includes services that support and educate you in your efforts to:

- Live where you choose
- Spend your day as you choose
- Live more independently
- Increase your community connections
- Manage your own services, if you choose

It offers you and your family different ways to manage your services:

- Provider Directed (managed by a provider)
- Individual and Family Directed (managed by you or your family)

The Individual and Family Directed Support (IFDS) option provides the choice of directing some or all of your services. It includes the two options noted below.

- Employer of Record: The member/legally responsible person becomes the employer. With the help of a Community Navigator, you learn to hire, set pay rates, schedule work, train and evaluate your staff

- Agency with Choice: This option lets you, or your legally responsible person, take part in some or all of the activities required to be an employer, yet the responsibility still lies with a provider agency

For more information about NC Innovations services, view the Division of Health Benefits’ NC Innovations Waiver webpage: [https://medicaid.ncdhhs.gov/nc-innovations-waiver](https://medicaid.ncdhhs.gov/nc-innovations-waiver).
State-Funded Services for Individuals without Medicaid

State-funded services are available to people who do not have private insurance or Medicaid benefits. State services are subject to available funding and are not an entitlement. Cardinal Innovations manages state-funded services for mental health, intellectual and developmental disabilities, and substance use disorders for members that reside in one of Cardinal Innovations covered counties.

For information on state services, go to the state’s website at http://www.ncdhhs.gov/divisions/mhddsas/servicedefinitions

Preventive Health Programs

Cardinal Innovations provides Preventive Health Programs to improve your care and to meet national accreditation rules. Preventive Health Programs educate you on:

• Your diagnoses
• Treatment options
• How to get the most out of treatment

We work with providers to offer these programs and share information. Also, our Member Engagement teams provide free health education, navigation and support to prevent increased health risks.

For information about these programs or to see if you are eligible, call our 24-hour, toll-free Crisis and Referral Line at 1.800.939.5911.

Wellness Management

We believe in the importance of the overall health and wellness of our members. Tools to help you learn more and self-manage these areas to live your best life include:

• Stress Management
• Healthy weight
• Exercise and physical activity
• Healthy eating

This information can be found on our website at: https://www.cardinalinnovations.org/Resources/Live-your-best-life under the Health and Wellness tab or by calling our 24-hour, toll-free Crisis and Referral Line 1.800.939.5911 for a printed version.

Member Notification of a Significant Change

We notify you of any significant change in our benefit plans at least 30 calendar days prior to the change taking effect. When there is a significant change in any of the Cardinal Innovations benefit plans, written notice will be sent to affected members. A significant change is a change that requires modifications to the Health Plans (waivers), the Medicaid State Plan, or Cardinal Innovations’ contract with the state.
Member Rights and Responsibilities

If you get Medicaid from any of the counties in the Cardinal Innovations Healthcare region, you are a member of the N.C. Division of Mental Health, Developmental Disabilities and Substance Abuse Services (NC MH/DD/SAS). As a member of the NC MH/DD/SAS Health Plan, you have rights and responsibilities related to your care.

Your Rights
You have the right to:

- Receive information about Cardinal Innovations Healthcare’s structure and operations, its services, its providers and practitioners, and have your rights and responsibilities presented in a manner you can understand
- Be treated with respect and with recognition for your dignity and privacy
- Receive information on available treatment options and alternatives in a manner you can understand
- Receive information about changes in benefits, services or providers; Cardinal Innovations will notify you in writing of any significant changes to programs or services
- Receive information in culturally and linguistically appropriate formats
- Make suggestions about Cardinal Innovations’ member rights and responsibilities policy
- Participate with providers and practitioners in making decisions about health care, including the right to refuse treatment
- Prepare Advance Directives – These are instructions for your care if, in the future, you are unable to make decisions about your care
- Have an open discussion with service providers or practitioners on appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage. You may need to decide among relevant treatment options, risks, benefits and consequences, including your right to refuse treatment and to express your preferences about future treatment decisions regardless of benefit coverage limitations

Make suggestions to us about our policies and services. To make a suggestion:

| Call our 24-hour, toll-free Crisis and Referral Line and ask to speak to a Member Engagement Specialist | 1.800.939.5911 |
| For deaf or hard of hearing, call NC Relay and ask to speak to a Member Engagement Specialist | Dial 711 |
| Email Member Engagement | memberquestions@cardinalinnovations.org |
| Email Quality Management | QMEmail@cardinalinnovations.org |
| Contact NC DHHS Customer Service Center | 1.800.662.7030 |
• Voice complaints about us or the care we provide. You may voice your concerns or file a grievance by calling 1.888.213.9687 (at this number, you may leave a message to have someone return your call or you may leave an anonymous message, if you prefer)

• Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation

• Receive a second opinion from a qualified behavioral health professional within the Cardinal Innovations network, or one that is out of network at no cost to you

• Request and file an appeal for changes in your Medicaid behavioral healthcare services

• Request a reconsideration if your service has been denied, reduced, suspended or terminated. You (or your provider with your permission) can request Reconsideration within 60 days of such notice. This is the first step in the Appeal Process. For more information, call your assigned Care Coordinator or contact the Appeals Coordinators at 704.939.7700

• Have a state-level Fair Hearing

• Request and receive a copy of your medical records and to request that the medical records be amended

• Disagree with what is written in your medical records. If you disagree, you have the right to write a statement to be placed in your file. However, the original notes will also stay in the record until the time for retention ends according to the Mental Health/DevelopmentalDisability/Substance Abuse Services (MH/DD/SAS) retention schedule

• Take part in creating a written, person-centered treatment plan that builds on your needs, strengths and preferences.

• Participate in the creation of an Individual Support Plan (ISP) to request services specific to people with intellectual and/or developmental disabilities (IDD) or a Person-Centered Plan for other services

• Help create and update your treatment plan or ISP and consent to treatment goals in that plan

• Express freedom of speech and freedom of religious expression

• Receive equal employment and educational opportunities

• Receive treatment in the most natural, age-appropriate and least restrictive environment possible

• Ask questions when you do not understand your care or what you are expected to do

• If you live in an Adult Care Home, you have the right to report any suspected violation of your rights to the appropriate regulatory authority, which is the North Carolina Division of Health Service Regulation, https://www2.ncdhhs.gov/dhsr/ciu/index.html. You may contact them by phone at 1.800.624.3004 or 919.855.4500
Rights of Minors

Under NC state law, if you are a minor, you have the right to treatment for the following conditions without the consent of a parent or guardian:

• Venereal diseases
• Pregnancy
• Use of controlled substances or alcohol
• Emotional disturbances

Exercising Your Rights

You are free to exercise all of these rights. Exercising these rights will not negatively affect your access to services or the way that Cardinal Innovations or our network providers treat you.

Your Responsibilities

In addition to your rights as a member of the NC MH/DD/SAS Health Plan, you can reach the best outcomes for yourself by taking on the following responsibilities:

• Supplying information (to the extent possible) that Cardinal Innovations and our providers need to provide care for you
• Following the plans and instructions for care that you have agreed to with your providers
• Understanding your health problems and taking part, to the degree possible, in creating treatment goals
• Telling the doctor or nurse about any changes in your health and asking questions when you do not understand your care or what you are expected to do
• Inviting people who will be helpful and supportive to you to be included in creating your treatment plan
• Respecting the rights and property of other members and of provider staff
• Respecting other members’ needs for privacy
• Working on the goals of your treatment plan
• Keeping all the scheduled appointments that you can
• Canceling an appointment at least 24 hours in advance, if you cannot keep it
• Paying for services, if payment is included in your established agreement
• Informing staff of any medical condition that is contagious
• Taking medications as they are prescribed for you
• Telling your doctor if you are having unpleasant side effects from your medications, or if your medications are not helping you feel better
• Telling your provider if you do not agree with their suggestions
• Telling your provider when or if you want to end treatment
• Carrying your Medicaid or other insurance card with you at all times
• Cooperating with those trying to care for you
• Being considerate of other members and family members
• Seeking additional support services in your community
• Reading, or having read to you, written notices from Cardinal Innovations about changes in benefits, services or providers
• Requesting a discharge plan when you leave a provider; being sure you understand it and being committed to following it
• Contacting our toll-free Anonymous Concern Line at 1.888.213.9687 if you feel that your rights have been violated. You may also email our Quality Management Department at QMEmail@cardinalinnovations.org or our Member Engagement Department at memberquestions@cardinalinnovations.org. If you prefer to contact someone other than Cardinal Innovations, you may contact the N.C. Department of Health and Human Services (NC DHHS) Customer Service Center at 1.800.662.7030.
Preparing For a Crisis and Advance Directives

You have the right to create instructions in advance to be used for your care if you become unable to make decisions for yourself. These are called Advance Directives. Also, Cardinal Innovations requires you to have a written crisis plan if you are at risk of:

- Hospitalization
- Jail
- Out-of-home placement

Crisis Plan

Your treatment team will help you write your crisis plan. You also can have your crisis plan recorded into a computer database so that anyone treating you can follow your instructions.

Writing a crisis plan will:

- Protect your right to make medical decisions and choices about your health care
- Help family members make decisions if you cannot make your own decisions
- Help you remember allergies to medications or foods
- Communicate your wishes to your doctor or practitioner
- Stay in recovery longer and decrease the chance of another crisis
- Increase your self-esteem in dealing with stress
- Arrange for someone to be with you if you are fearful
- Identify who can pay your bills or take care of your pets if you are hospitalized
Advance Directives

Advance Directives are legal documents that let you make your wishes known if you are unable to make decisions for yourself. There are three types of Advance Directives:

- Psychiatric Advance Directives
- Health Care Power of Attorney
- Living Will

Your Advance Directives are active until you cancel them. You may cancel or change your Advance Directives at any time. If you cancel or change your Advance Directives, be sure to tell everyone who has copies. For more information, visit the North Carolina Division of Health Benefits’ webpage: https://files.nc.gov/ncdma/documents/files/advancedirectexpanded.pdf.

If you have an Advance Directive and feel that a provider does not comply with the laws about Advance Directives, you may file a grievance with the North Carolina Division of Health Service Regulation: 1.800.624.3004 or 919.855.4500.

Psychiatric Advance Directives

A Psychiatric Advance Directive (or Advance Directive for Mental Health Care) is a legal document. It provides instructions for mental health treatment you want to receive if you are in a crisis and unable to make decisions. The instructions give information about:

- What helps calm you
- How you feel about seclusion or restraints
- What medicines you do not want to take
- Which doctor you want in charge of your treatment

Keep a copy of your Psychiatric Advance Directive in a safe place. Also give copies to:

- Your family
- Your treatment team
- Your doctor
- The hospital where you are likely to receive treatment

You can file your Psychiatric Advance Directive in a national database or register it with the North Carolina Advanced Health Care Directive Registry. This database is kept by the Department of the North Carolina Secretary of State (https://www.sosnc.gov/divisions/advance_healthcare_directives). There is a $10 fee to register a Psychiatric Advance Directive. This includes the registration, a revocation form, registration card and password. You can use the revocation form at any time if you change your mind about your advance directives.

Health Care Power of Attorney

A Health Care Power of Attorney lets you name the person you want to make healthcare decisions for you if you are unable to make decisions for yourself. This document must be notarized.

Living Will

A Living Will tells others that you want to die a natural death if you are incurably sick and cannot receive nutrition or breathe on your own. This document must be notarized.

All three of these documents must be written and signed by you while you are able to understand your condition and treatment choices, and are able to make your wishes known. Two qualified people must witness all three types of advance directives. This document must be notarized.
Eligibility for the NC MH/DD/SAS Health Plan

The NC MH/DD/SAS Health Plan is for people in some Medicaid insurance categories. To receive Medicaid, you must apply and be approved at your local Department of Social Services (DSS) Office ([http://ncdhhs.gov/dss/local](http://ncdhhs.gov/dss/local)). To be eligible for Medicaid insurance in North Carolina, you must:

- Be a U.S. citizen or provide proof of eligible immigration status
- Be a resident of North Carolina
- Have a Social Security number or have applied for one

You are automatically eligible for Medicaid and do not have to apply at the DSS if you currently receive any of the following:

- Social Security Insurance (SSI)
- Special Assistance to the Blind
- Work First Family Assistance
- Special Assistance for the Aged or Disabled

Early and Periodic Screening, Diagnosis and Treatment

Federal law requires Medicaid to pay for certain periodic screening, vision, dental and hearing services for children under 21. These services must be medically necessary to improve or maintain a child’s health in the best condition possible or to prevent a health problem from getting worse. Early and Periodic Screening, Diagnosis and Treatment (EPSDT) can be used to add to or extend existing services. For information on EPSDT, talk to your healthcare provider or call our 24-hour, toll-free Crisis and Referral Line at 1.800.939.5911.

Eligibility for the NC Innovations Waiver

Participation in the NC Innovations Waiver is based on eligibility criteria and availability. People eligible for the NC Innovations Waiver must meet the following criteria:

- Have a diagnosis of an intellectual disability or a related condition and have limits in three or more of six major life activity areas. The limits would be indicated through a standard assessment completed by a clinician. The life areas considered are:
  - Self-care
  - Understanding and use of language
  - Learning
  - Mobility
  - Self-direction
  - Capacity for independent living
- Need waiver services to keep living at home or to move out of an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) group home or developmental center
- Be eligible for Medicaid upon approval for the waiver
- Live in a private living arrangement or a small residential facility (no more than six residents) where health and safety can be maintained
Registry of Unmet Needs

The state of North Carolina provides a limited amount of funding for NC Innovations services. Only the NC General Assembly can decide how many people across the state can receive services through the waiver. This means people who could be eligible for the NC Innovations Waiver may have to wait for these specific services to become available. People who have not received NC Innovations funding can be placed on the Registry of Unmet Needs. This is sometimes referred to as the IDD (intellectual and developmental disabilities) Waitlist.

The Registry of Unmet Needs is a first-come, first-serve by county list kept by Cardinal Innovations to keep track of people waiting for NC Innovations services. If you or your child with IDD need NC Innovations Waiver services in the future, we urge you to call us so that you can add yourself or your child to the Registry. For more information about the NC Innovations Waiver or the Registry of Unmet Needs, call our Registry Department at 1.800.958.5596. Our Registry staff will tell you if you may be eligible for other services while you are waiting for NC Innovations services to become available.


Supports Intensity Scale®

If you ask to be enrolled, or are already enrolled, in the NC Innovations Waiver, you will receive an assessment called the Supports Intensity Scale® (SIS). The SIS is a tool that measures the level of support needed by a person with an IDD to fully take part in community life.
If you are not receiving treatment but want to receive services or need information about your benefits, call our Member Services Line at 1.833.580.1965. The Member Services Line is available Monday – Saturday, 7 a.m. – 6 p.m.

If you need immediate crisis services, please call 1.800.939.5911 or dial **ASK (star-star-2-7-5) from a cell phone.

Both numbers are answered by experts who provide brief phone screenings. Our staff will complete the screening and help connect you to the right services as quickly as possible. You can also ask another person to call this number for you. This can include a family member, your primary health care physician or another health care provider. If someone calls on your behalf, our Call Center staff will need your verbal permission (if you are your own legal guardian) to connect you to services.

To make sure we link you with the best service for you, you will be evaluated using questions about:

- Any mental health or substance use crisis needs
- The symptoms you are experiencing
- Previous services and diagnoses
- Your age
- Your education
- Your physical health
- Your dependents

Our staff will give this information to the provider when they make a referral.

Languages other than English

Because we serve a diverse population, Cardinal Innovations provides telephone support for 150 languages. If you need help in a language other than English, we will connect you to someone who can help you in the language you speak. Additionally, Cardinal Innovations has staff interpreters and translators who are available for telephone or face-to-face Spanish interpretation. They also translate all written member documents into Spanish.

If you are Hearing Impaired

If you are hearing impaired, our Access Call Center staff is trained to take calls through Text Telephone systems (TTY Relay). A TTY is a special device that lets people who are deaf, hard of hearing or speech-impaired use the telephone to communicate by typing messages back and forth to one another instead of talking and listening. To make a TTY Relay call:

- Dial 711 for NC Relay. NC Relay is part of a nationwide system that helps make the telephone network available to people who are hearing or speech impaired. For more information, visit https://www.nad.org
- When the message “RC NBR Calling PLS GA” appears on the TTY display screen, type the area code and telephone number for the Access Call Center, 1.800.939.5911 for crisis services or the member services number, 1.833.580.1965
- You will be connected to a Communications Assistance Specialist who will place your call
Your Specialty Medicaid Health Plan

What to do if you are having a crisis

The number for our 24-hour, toll-free Crisis and Referral Line is 1.800.939.5911 or by dialing **ASK (star star 2-7-5) from a cellular phone. This line is answered by staff in our Access Call Center 24 hours per day, 7 days per week, and 365 days per year. Mental health emergencies can be serious, but do not always require a trip to a hospital emergency room. Treatment for mental health emergencies does not require prior approval from Cardinal Innovations.

When you call the 24-hour, toll-free Crisis and Referral Line, our team can quickly assess the situation and get help for you from a behavioral health provider or first responder.

Our Access Call Center is staffed by:

- Access Coordinators (bachelor’s degree level, qualified professionals) who can give you information on mental health, intellectual and developmental disabilities and substance use disorder resources and services.
- Access Clinicians (master’s degree level, licensed professionals) who can give you information on resources and services, as well as help with routine behavioral health referrals. They also are trained to work with callers who have urgent or emergent needs.

You may call the 24-hour, toll-free Crisis and Referral Line for the following needs:

- Telephone screening and enrollment services.
- Information on community resources.
- Crisis Intervention by telephone or to arrange a face-to-face clinical assessment related to a referral for services.

If you do not have a life-threatening situation, you may:

- Call your provider, or
- Call our Member Services Line for confidential screenings, referrals and assistance understanding your benefit, 1.833.580.1965

Our team can connect you to services. This helps you:

- Avoid long waits in emergency rooms.
- Avoid unnecessary hospitalizations.
- Find treatment for substance use disorders quickly.

Our staff may:

- Set up an appointment for you within seven days, depending on the urgency of your situation.
- Dispatch Mobile Crisis for face-to-face counseling and support services.
- Work with local law enforcement to request an officer trained in behavioral health crisis intervention if needed.

If you receive services from an Assertive Community Treatment Team

If you receive services from an Assertive Community Treatment Team (ACTT), you will have a different phone number to call to access crisis services. This will be given to you by your ACTT provider. Please call that number first to speak with an ACTT provider. If you cannot reach your ACTT provider, call our 24-hour, toll-free Crisis and Referral Line.
## Categories of Need

Cardinal Innovations Healthcare prioritizes services as emergent, urgent or routine.

<table>
<thead>
<tr>
<th>If you have:</th>
<th>This means:</th>
<th>What will happen?</th>
</tr>
</thead>
</table>
| An Emergent need:   | • A life-threatening condition in which you might hurt yourself or others, and/or are unable to care for yourself, or;  
|                     | • A life-threatening condition in which you—due to your use of alcohol or other drugs—might hurt yourself or others, and/or are unable to care for yourself without supervision. | Members with emergency needs will receive referrals 24 hours a day. Cardinal Innovations may arrange face-to-face care within two hours after the request for care is made. You will receive immediate face-to-face care for life-threatening emergencies using 911. |
| An Urgent need:     | • A condition in which you are not currently at risk of hurting yourself or others, but are experiencing feelings of hopelessness, helplessness or rage; have a condition that could rapidly worsen without immediate help and requires emergency help;  
|                     | • A condition in which you are not at risk of hurting yourself or others or unable to adequately care for yourself, but due to your substance use are in need of prompt help to avoid making your condition worse. | Members with urgent needs will receive a face-to-face assessment and/or treatment within 48 hours of the request for care. |
| A Routine need:     | • A condition in which you describe signs and symptoms that are interfering with your quality of life, or  
|                     | • A condition in which you describe signs and symptoms caused by substance use, resulting in a level of impairment that interferes with your quality of life. | Members with routine needs will receive face-to-face care for service assessment and/or treatment within 14 calendar days from the date of request for care. |

If you are having a medical emergency, call 911.
Getting Help in My Community

Comprehensive Community Clinics/Open Access Clinics

You can get help by going to a Comprehensive Community Clinic (CCC), also known as an Open Access Clinic, and requesting services. CCCs are agencies located across the Cardinal Innovations region that serve at least two disability groups and provide multiple services, including urgent services. They are designed to provide our members increased access to Medicaid and state-funded services. You may go to any of the CCCs within the Cardinal Innovations network to receive services. Assessments are available during business hours, with varying days and times depending on the agency. Licensed staff will work with you to determine the level of care that you need. You may walk in to the clinic or call our Member Services line 1.833.580.1965.

<table>
<thead>
<tr>
<th>Facility Name and Locations</th>
<th>Operating Hours</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>943 West Andrews Ave., Suite H Henderson, N.C.</td>
<td>8 a.m. to 5 p.m., Monday-Friday</td>
<td>252.433.0061</td>
</tr>
<tr>
<td>284 Executive Park Drive Concord, N.C.</td>
<td>8 a.m. to 8 p.m., Monday-Friday</td>
<td>704.939.1100</td>
</tr>
<tr>
<td>1104-A South Main St. Lexington, N.C.</td>
<td>8 a.m. to 8 p.m., Monday-Friday</td>
<td>336.242.2450</td>
</tr>
<tr>
<td>2129 Statesville Blvd. Salisbury, N.C.</td>
<td>8 a.m. to 8 p.m., Monday-Friday</td>
<td>704.633.3616</td>
</tr>
<tr>
<td>1000 N. 1st St., Suite 1 Albemarle, N.C.</td>
<td>8 a.m. to 8 p.m., Monday-Friday</td>
<td>704.983.2117</td>
</tr>
<tr>
<td>1190 W. Roosevelt Blvd. Monroe, N.C.</td>
<td>8 a.m. to 8 p.m., Monday-Friday</td>
<td>704.296.6200</td>
</tr>
<tr>
<td>377 Hospital Street, Suite 100 Mocksville, N.C.</td>
<td>8 a.m. to 5 p.m., Monday-Friday</td>
<td>336.751.5636</td>
</tr>
<tr>
<td>650 North Highland Ave. Winston-Salem, N.C.</td>
<td>8 a.m. to 5 p.m., Monday-Friday</td>
<td>336.607.8523</td>
</tr>
<tr>
<td>405 NC Highway 65 Reidsville, N.C.</td>
<td>8 a.m. to 5 p.m., Monday-Friday</td>
<td>336.342.8316</td>
</tr>
<tr>
<td>232 Newsome Rd. King, N.C.</td>
<td>8 a.m. to 5 p.m., Monday-Friday</td>
<td>336.983.0941</td>
</tr>
<tr>
<td>1105 E. Cardinal St. Siler City, N.C.</td>
<td>8 a.m. to 5 p.m., Monday-Friday</td>
<td>919.663.2955</td>
</tr>
<tr>
<td>Facility Name and Locations</td>
<td>Operating Hours</td>
<td>Phone</td>
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<tr>
<td>Freedom House Recovery</td>
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</tr>
<tr>
<td>104 New Stateside Drive Chapel Hill, N.C.</td>
<td>24 hours/day, 7 days/week, 365 days/year</td>
<td>919.967.8844</td>
</tr>
<tr>
<td>355 South Madison Blvd., Suite C1 Roxboro, N.C.</td>
<td>8 a.m. to 4 p.m., Monday-Friday</td>
<td>919.967.8844</td>
</tr>
<tr>
<td>Monarch Recovery Services</td>
<td></td>
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<tr>
<td>5700 Executive Center Drive, Suite 110 Charlotte, N.C.</td>
<td>8 a.m. to 5 p.m., Monday-Friday</td>
<td>704.525.3255</td>
</tr>
<tr>
<td>350 Pee Dee Ave. Albemarle, N.C.</td>
<td>8 a.m. to 5 p.m., Monday-Friday</td>
<td>704.983.2117</td>
</tr>
<tr>
<td>1104 S. Main St. Lexington, N.C.</td>
<td>8 a.m. to 5 p.m., Monday-Friday</td>
<td>336.242.2450</td>
</tr>
<tr>
<td>4140 N. Cherry St. Winston-Salem, N.C.</td>
<td>8 a.m. to 5 p.m., Monday-Friday</td>
<td>336.306.9620</td>
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<tr>
<td>RHA Behavioral Health Services</td>
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<tr>
<td>2732 Anne Elizabeth Drive Burlington, N.C.</td>
<td>8 a.m. to 8 p.m., Monday-Friday</td>
<td>336.229.5905</td>
</tr>
<tr>
<td>60 N. NC Highway 125 Roanoke Rapids, N.C.</td>
<td>8:30 a.m. to 5 p.m., Monday-Friday</td>
<td>252.537.6619</td>
</tr>
<tr>
<td>219 Le Phillip Court NE Concord, N.C.</td>
<td>8:30 am. to 5 p.m., Monday-Friday</td>
<td>704.721.5551</td>
</tr>
<tr>
<td>439 US Hwy. 158 Yanceyville N.C.</td>
<td>8:30 a.m. to 5 p.m., Monday-Friday</td>
<td>336.694.1777</td>
</tr>
<tr>
<td>Trinity Behavioral Health</td>
<td></td>
<td></td>
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<tr>
<td>2716 Troxler Road Burlington, N.C.</td>
<td>9 a.m. to 6 p.m., Monday-Friday</td>
<td>336.570.0104</td>
</tr>
<tr>
<td>Vision Behavioral Health Services</td>
<td></td>
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</tr>
<tr>
<td>104 North Main St., Suite 200 Louisburg, N.C.</td>
<td>8:30 a.m. to 6 p.m., Monday-Tuesday</td>
<td>919.496.7781</td>
</tr>
<tr>
<td></td>
<td>8 a.m. to 5 p.m., Wednesday</td>
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<td>8:30 a.m. to 5 p.m., Thursday</td>
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<td></td>
<td>8:30 a.m. to 3 p.m., Thursday</td>
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</table>
Crisis Recovery Centers

Crisis Recovery Centers help people stabilize their medications or detox from drugs or alcohol.

There are four Crisis Recovery Centers in the Cardinal Innovations service area: one in Concord (Cabarrus County), one in Lexington (Davidson County), one in Monroe (Union County) and one in Winston Salem (Forsyth County). Daymark Recovery Services operates these centers. The centers are open 24 hours a day, seven days a week and 365 days a year.

<table>
<thead>
<tr>
<th>Facility Name and Locations</th>
<th>Operating Hours</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Urgent Care</td>
<td>Highland Ave.</td>
<td>24 hours/day, 7 days/week, 365 days/year</td>
</tr>
<tr>
<td></td>
<td>Winston-Salem, N.C.</td>
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</tr>
<tr>
<td>Cabarrus Crisis Recovery Center</td>
<td>280 Executive Park Drive, Suite 160</td>
<td>24 hours/day, 7 days/week, 365 days/year</td>
</tr>
<tr>
<td></td>
<td>Concord, N.C.</td>
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<tr>
<td>Union Crisis Recovery Center</td>
<td>1408 East Franklin St.</td>
<td>24 hours/day, 7 days/week, 365 days/year</td>
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<td></td>
<td>Monroe, N.C.</td>
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<tr>
<td>Davidson Crisis Recovery Center</td>
<td>Davidson Center</td>
<td>24 hours/day, 7 days/week, 365 days/year</td>
</tr>
<tr>
<td></td>
<td>1104 S. Main St., Lexington, N.C.</td>
<td></td>
</tr>
<tr>
<td>SECU Youth Crisis Center</td>
<td>1810 Back Creek Drive</td>
<td>8 a.m. to 8 p.m., Monday-Friday</td>
</tr>
<tr>
<td></td>
<td>Charlotte, N.C.</td>
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</tbody>
</table>

Post Stabilization for Emergency Medical Conditions

You are entitled to post stabilization services after treatment for an emergency medical condition. Post stabilization services are covered services related to an emergency medical condition, provided after you are stabilized. These services are intended to maintain, improve or resolve your medical condition so that you can be safely discharged or transferred to another location. They may be provided by Comprehensive Community Clinics/Open Access Clinics and Crisis Recovery Centers (such as those noted in the charts above), emergency departments or hospitals. You may also may requests for post-stabilization services to our Access Call Center on our 24-hour, toll-free Crisis and Referral Line: 1.800.939.5911.
Facility-Based Treatment

Cardinal Innovations has facility-based service providers. Most of these facilities treat adults (18 and older) as inpatients for mental health crises or drug/alcohol detoxification. However, the youth facility-based crisis facility in Mecklenburg County can treat youth under the age of 18.

You should go to a facility-based crisis center if you are experiencing a behavioral health problem and you:

- Have a known history of mental illness
- Are threatening others or feeling suicidal
- Are hearing voices
- Are intoxicated but able to walk and speak
- Are depressed

<table>
<thead>
<tr>
<th>Facility Name and Locations</th>
<th>Operating Hours</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freedom House Recovery Center</td>
<td>24 hours/day, 7 days/week, 365 days/year</td>
<td>919.967.8844</td>
</tr>
<tr>
<td>104 New Stateside Drive, Bldg. 110</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chapel Hill, N.C.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Novant Health Presbyterian Medical Center</td>
<td>24 hours/day, 7 days/week, 365 days/year</td>
<td>704.384.4000</td>
</tr>
<tr>
<td>200 Hawthorne Lane</td>
<td></td>
<td>800.786.1585</td>
</tr>
<tr>
<td>Charlotte, N.C.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Residential Treatment Services of Alamance Inc.</td>
<td>24 hours/day, 7 days/week, 365 days/year</td>
<td>336.227.7417</td>
</tr>
<tr>
<td>136 Hall Avenue</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Burlington, N.C.</td>
<td></td>
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</tr>
<tr>
<td>Behavioral Urgent Care</td>
<td>24 hours/day, 7 days/week, 365 days/year</td>
<td>866.275.9552</td>
</tr>
<tr>
<td>Highland Ave.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Winston-Salem, N.C.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cabarrus Crisis Recovery Center</td>
<td>24 hours/day, 7 days/week, 365 days/year</td>
<td>704.933.3212</td>
</tr>
<tr>
<td>280 Executive Park Drive, Suite 160</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Concord, N.C.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Union Crisis Recovery Center</td>
<td>24 hours/day, 7 days/week, 365 days/year</td>
<td>704.635.2080</td>
</tr>
<tr>
<td>1408 East Franklin St.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monroe, N.C.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Davidson Crisis Recovery Center</td>
<td>24 hours/day, 7 days/week, 365 days/year</td>
<td>336.242.2450</td>
</tr>
<tr>
<td>Davidson Center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1104 S. Main St., Lexington, NC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recovery Innovations</td>
<td>24 hours/day, 7 days/week, 365 days/year</td>
<td>252.438.4145</td>
</tr>
<tr>
<td>300 W. Parkview Drive</td>
<td></td>
<td></td>
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<tr>
<td>Henderson NC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SECU Youth Crisis Center</td>
<td>8 a.m. to 8 p.m., Monday-Friday</td>
<td>844.263.0050</td>
</tr>
<tr>
<td>1810 Back Creek Drive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Charlotte, N.C.</td>
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</tbody>
</table>
Mobile Crisis Services

Mobile Crisis Services provide face-to-face counseling and supportive services at the time of a crisis. Mobile Crisis is available to anyone residing in any of the counties covered by Cardinal Innovations. It may be accessed by calling the 24-hour, toll-free Crisis and Referral Line, 1.800.939.5911.

Mobile Crisis:
• Provides evaluation, treatment and referral for safe transfer to make sure you get appropriate support and services
• Offers help for intoxication, drug withdrawal, impaired judgment or suicidal thoughts

Help with Transportation

Transportation services can help you get to a doctor’s appointment or pick up your medications.

You can fill out an application for Medicaid-approved transportation at the Department of Social Services in your county.

Transportation Services:
• Can be used for medical appointments
• Are available for traveling to the drug store to get your prescriptions
• Must be arranged in advance (Riders must call two to four days ahead to arrange for a ride)
• Are free for people who have Medicaid
• Can be used for a minimal cost by people who do not have Medicaid if space is available (Cost is just a few dollars each way)

For more information on transportation services, call your county Department of Social Services.
To make sure you get the highest-quality services, we operate a closed network of providers. A closed network means providers must apply and be approved to offer services. The Cardinal Innovations Provider Network consists of independent behavioral health practitioners, agencies or facilities that provide services to members of the NC MH/DD/SAS Health Plan. You are able to choose the provider in our network that you want to see for treatment. Our providers share our commitment to:

- Quality care
- Integrity
- Accountability

Cardinal Innovations providers:

- Provide services to members who receive Medicaid from one of the counties in our coverage area
- Meet all eligibility requirements to be a member of the Cardinal Innovations Provider Network
- Are independent service providers who contract with Cardinal Innovations to provide services
- Submit all claims for members (members do not submit claims for services)

We keep an electronic listing of providers on our website. You can search online for a provider at https://www.cardinalinnovations.org/provider-search. Our online provider directory gives you information on providers and the languages they speak. You may also call the 24-hour, toll-free Crisis and Referral Line at 1.800.939.5911 or **ASK (star star 2-7-5) from your cell phone to request a paper copy of the provider directory or use the current Provider Directory at https://www.cardinalinnovations.org/getmedia/411e9164-aa0f-4c89-a604-0e43c2f343f7/provider-directory.pdf.

**Location of Providers**

Most services will be within 30 miles, or about a 30-minute drive, from your home in urban areas. In rural areas, the services should be within 45 miles, or about a 45-minute drive, from your home. However, some specialty providers may be located a greater distance from your home. Cardinal Innovations will help you locate a provider that can meet your needs as close to your home as possible. You may get emergency services at any location that provides emergency care without prior approval.

**Out-of-Network and Out-of-Area Providers**

In certain cases, you may be able to receive services from providers located outside of our 20 counties. These are called out-of-area providers. They are providers who are not located in our coverage area but with whom we have contracts for specific services. Similarly, there are certain cases when you may be able to receive services from providers that are not a part of our provider network. These are called out-of-network providers.

Unless it is an emergency, you must receive prior approval to receive services from an out-of-network or out-of-area provider. If it is a behavioral health emergency, you do not have to have prior approval and may go to any hospital or acute care/urgent care setting, such as a Facility-Based Crisis Center.
Cardinal Innovations will authorize payment to an out-of-network or out-of-area provider if:

- You cannot be safely or appropriately treated by or transferred to a network provider, or
- You require care, but appropriate care is not available with a network provider

The service provider must contact Cardinal Innovations for provider enrollment help for authorization, provision and payment of these services.

You may be responsible for payment of services if you go to an out-of-network or out-of-area provider for non-emergency services that have not been pre-authorized by Cardinal Innovations. If you have questions about prior authorization for non-emergency services, talk with your provider or contact the Provider Line at 855.270.3327, Option #2.

Changing your provider

If you wish to change your provider, you can find another provider by contacting the 24-hour, toll-free Crisis and Referral Line at 1.800.939.5911, searching online at https://www.cardinalinnovations.org/provider-search or using our current Provider Directory at https://www.cardinalinnovations.org/getmedia/411e9164-aa0f-4c89-a604-0e43c2f343f7/provider-directory.pdf. Your existing service provider will move your care to a new provider.

What to take to your appointment

- A list of your current medications, prescribed and over-the-counter
- A list of services you have received prior to your appointment, including dates
- A list of your hospitalizations, including dates
- Your Medicaid ID card and other insurance card, if you have one
- Your Social Security card
- Proof of income and residence, if you are receiving state-funded services

Paying for your care

For services to be paid in whole or in part by Cardinal Innovations, your provider must be part of the Cardinal Innovations Provider Network (unless it is for an emergency). If you have questions about eligibility call our 24-hour, toll-free Crisis and Referral Line at 1.800.939.5911 or **ASK (star star 2-7-5) from your cell phone.

Some members are required to pay a co-payment each month to be eligible for Medicaid. We do not require additional co-payments, deductibles or other forms of cost sharing. We also do not charge members for missed appointments.

Your care coordinator or a member engagement specialist also can help you access Medicaid benefits that are not covered and for which you could incur a cost.

Insurance other than Medicaid

You should tell both Cardinal Innovations and your provider if you have insurance in addition to 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 made a payment decision and processed the claim.

If you have NC Health Choice for Children, you may be required to pay a co-payment. For information on NC Health Choice payments, call 1.800.753.3224.
We believe it is important to be active in the communities we serve. Our staff lives in or near the communities where they work. This ensures they are knowledgeable of local resources to help you and your family.

Our staff offers a variety of services to raise awareness of behavioral health needs, including training and education for members, families and the community at large. They also build relationships with county leaders, elected officials and key stakeholders to understand how we can best serve your community.

Member Engagement Specialists are available to help you and your family navigate Medicaid benefits; interact with Cardinal Innovations; and find community resources and supports to promote self-advocacy, health awareness and wellness. You can contact Member Engagement by calling 704.939.7700 or emailing memberquestions@cardinalinnovations.org.

Other staff that can assist you in your community are:

<table>
<thead>
<tr>
<th>Community Relations</th>
<th>Regional Executives provide an executive-level link between Cardinal Innovations and local leaders, elected officials, and other key stakeholders who represent the interests of the communities we serve.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Engagement</td>
<td>Community Engagement Specialists work with key community partners, such as law enforcement agencies, school systems and non-profit organizations through outreach, education and training to raise awareness of the people we serve and their unique needs.</td>
</tr>
<tr>
<td>Care Coordination</td>
<td>Care Coordinators work directly with members to connect them with the right services.</td>
</tr>
<tr>
<td>System of Care</td>
<td>System of Care Specialists provide clinical guidance and consultation to community partners who work with youth and their families, including school systems and juvenile justice.</td>
</tr>
<tr>
<td>Transitions to Community Living</td>
<td>Transitions to Community Living Specialists work with people who are in adult care homes and want to move to their own homes in their own communities.</td>
</tr>
</tbody>
</table>
Wellness Centers

We have Wellness Centers in Davie, Forsyth, Rockingham and Stokes counties that offer a variety of programs to help in whole-person wellness. The centers host educational training and workshops on mental health, substance use recovery and intellectual disabilities/developmental disabilities.

<table>
<thead>
<tr>
<th>Wellness Centers</th>
<th>Location and Hours</th>
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<tbody>
<tr>
<td>Davie</td>
<td>142 Gaither St., Mocksville, N.C.</td>
</tr>
<tr>
<td>Phone: 336.778.3658</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Monday-Friday from 8:30 a.m. to 5 p.m.</td>
</tr>
<tr>
<td>Forsyth</td>
<td>650 North Highland Ave., Suite 130, Winston-Salem, N.C.</td>
</tr>
<tr>
<td>Phone: 336.714.9100</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Monday-Friday from 8:30 a.m. to 5 p.m.</td>
</tr>
<tr>
<td>Rockingham</td>
<td>509 S. Van Buren Road, Eden, N.C.</td>
</tr>
<tr>
<td>Phone: 336.778.3659</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Monday-Friday from 9 a.m. to 5 p.m.</td>
</tr>
<tr>
<td>Stokes</td>
<td>3172 Hwy 8 South, Unit B, Walnut Cove, N.C</td>
</tr>
<tr>
<td>Phone: 336.778.3657</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Monday-Friday from 8:30 a.m. to 5 p.m.</td>
</tr>
</tbody>
</table>

For More Information:
https://www.cardinalinnovations.org/Members/Wellness-Centers
We understand that you may have more than one need at the same time. We want to make sure you are connected to services and supports that address all of your needs. This is known as coordinating care. Cardinal Innovations coordinates care through a number of different ways. One way is through a Behavioral Health Home.

**Behavioral Health Home**

A Behavioral Health Home is the agency that helps you create a treatment plan and coordinates all of your services. The Behavioral Health Home is chosen by you and your primary service provider.

**Person-Centered Planning**

We believe in treatment plans that are unique to your individual needs. This approach is called person-centered planning. For members with complex conditions, we create a treatment plan, called a Person-Centered Plan. If you are on the NC Innovations Waiver, this document may be called an Individual Support Plan. These plans support you in deciding on treatment options.

- It helps define what is important to you
- It allows you to have honest discussions with your care team about your desires, needs and support systems
- It can occur annually or anytime you experience a significant life change
- It helps you reach your potential by:
  - Ensuring you participate in your community as much as possible
  - Enabling you to guide your care with help from people you choose, such as family, friends and professional service providers
  - Using a variety of supports, including training, therapy, treatment and other services needed to reach your goals
  - Drawing on a mix of resources, including paid and natural supports to best meet your goals

The Person-Centered Plan should clearly express your voice. All plans should be:

- Respectful of you and those who support you
- Easy to read and understand
• Written so information is located easily
• Written in complete thoughts but not necessarily complete sentences
• Contain detail and/or examples to be easily understood by someone new in your life

A Person-Centered Plan is completed by:
• Gathering information and assessments
• Organizing information for team review/team meetings
• Creating the Person-Centered Plan
• Requesting plan approval from Cardinal Innovations
• Implementing the Person-Centered Plan

We believe you will have more success staying well if you take responsibility for your treatment and help your providers know what works for you. You should consider the following questions that will help form your plan. You may also ask people you know and trust to help you answer these questions.

• What has been happening in your life over the past year?
• What do you want your life to look like?
• Do you want to volunteer or work at a paid job?
• Where do you want to live and with whom?
• What would improve where and how you live?
• What supports do you need to maintain the important things in your life?
• What would you change about your life if you could?
• What part of the day do you like best and why?
• What are the activities you would like to do?
• Do you have enough money to pay for all the activities you would like to do?
• What kind of person makes the best support person for you?
• How is your overall health and are there any concerns about your general health?
• Do you need assistance with housing, food, employment or any other daily needs?

**Care Coordination**

Care Coordination is provided throughout Cardinal Innovations’ coverage area. Its primary focus is on high risk, high need members. Care Coordinators are trained healthcare professionals who work with members, providers and others to:

• Coordinate, manage/monitor care and transitions across varying levels and intensity of services
• Connect different components of the healthcare team
• Improve outcomes
• Promote member self-management, coordination and engagement in positive treatment outcomes

The goal of Care Coordination is to identify people who need additional support to make sure that they receive appropriate assessment and medically necessary services. Core functions of Care Coordination include the following:

• Assessment
• Person-centered planning or linking to a Person-Centered Plan
• Linking to clinically appropriate services
• Monitoring services
• Helping members to follow up with services

Special population groups supported by Care Coordination include:

• Intellectual or Developmental Disability Special Population Groups
  ▪ Individuals participating in the NC Innovations Waiver or (b)(3) services Deinstitutionalization Service Array
- People who are functionally eligible for the NC Innovations Waiver but who are:
  - Not yet enrolled
  - Not living in an ICF-IID facility

- People who currently are, or have been within the past 30 days, in a facility operated by the Department of Corrections (DOC), or the Department of Juvenile Justice and Delinquency Prevention (DJJDP) for whom we have received notification of discharge

- Mental Health, Substance Use and IDD Special Population Groups who require support due to:
  - Detention/incarceration
  - Psychiatric hospitalizations
  - Participants in the Transitions to Community Living Initiative
  - Crisis events
  - Child Residential Treatment

**Eligibility for Care Coordination**

Eligibility for care coordination is based upon whether or not you are in one of the previously mentioned Special Population Groups and if your current need meets criteria for care coordination. MH/SUD and IDD Non-Innovations referrals are monitored and reviewed by a referral specialist. Referrals can be directed through our 24-hour, toll-free Crisis and Referral Line, 1.800.939.5911.

**System of Care for Children and Families**

System of Care is a comprehensive network of community-based services and supports organized to meet the needs of families who are involved with multiple child service agencies, such as child welfare, mental health, schools, juvenile justice and health care. The goal is for families and youth to work in partnership with public and private organizations, ensuring supports are effective and built on the individual’s strengths and needs.

System of Care is not a service or a program – it is a way of working together with youth and families to achieve the desired outcomes identified by the youth and family.

*North Carolina Collaborative for Children, Youth and Families: [https://nccollaborative.org/what-is-system-of-care](https://nccollaborative.org/what-is-system-of-care)

The core values of a System of Care approach require services to be:

- Family driven and youth guided, with the strengths and needs of the child and family determining the types and mix of services and supports provided
- Community based, with the focus on accessing local services and systems with family friendly developed processes
- Culturally and linguistically competent, with agencies, programs, and services that reflect the cultural, racial, ethnic, and linguistic differences of the populations they serve

The Child and Family Team is a vital part of the System of Care approach.

Child and Family Teams implement the System of Care philosophy by bringing together the family and their support team to create a plan that promotes positive, sustainable outcomes.

- Team members are selected by the youth and family and can include anyone they identify as a support: relatives, natural supports, mentors, supportive services and family advocates
- The plan is tailored to the family’s strengths and needs and differs depending on the goals identified by the Person-Centered Plan
Utilization Management

We are required by federal Medicaid rules to review authorization requests to make sure that services being asked for are medically necessary. Our Utilization Management Department (UM) is staffed by experienced clinicians who monitor requests for services. This includes keeping track of the type and amount of services, and how often they are used. They make decisions to make sure you get the right care. Our decision-making is based on:

- Whether the care and service is clinically appropriate
- Whether the person requesting services is eligible for benefits

We do not offer incentives to UM staff or providers to deny (reduce, terminate or suspend), limit or discontinue medically necessary services to any member. There are no financial rewards for UM decision-makers that would discourage approval of services.

Authorization of Services

Prior approval is required for all North Carolina Mental Health/Developmental Disabilities/Substance Abuse Services (NC MH/DD/SAS) Health Plan covered services, with the following exceptions:

- Basic Services: Basic Services are medically necessary outpatient visits for adults and children
  - This means adults and children who have Medicaid may have up to 24 outpatient visits before authorization is required
  - If you use State-Funded Services, you may use up to eight outpatient visits for adults and 12 visits for children under age 21 before authorization is required

- Crisis Services: Crisis Services are services provided in an emergency situation
  - We will always cover emergency services
  - If you are on Medicaid and receive Crisis Services, you will be enrolled in the NC MH/DD/SAS Health Plan as soon as possible. The date of enrollment will be the date when the emergency services were provided
  - You must be enrolled in the NC MH/DD/SAS Health Plan before you can get additional, non-emergency services

- There are also some specialized services that may have a limited number of hours or time period before an authorization is required, such as Peer Support or Substance Abuse Intensive Outpatient Programs (SAIOP)

Authorization Process and Timelines

We will respond to all routine requests within 14 calendar days of receiving the request. The UM team reviews requests as soon as possible after receiving them. Often requests are approved in less than 14 days. Sometimes, the UM team needs more information to make a decision. In these cases, the timeline may be extended for an additional 14 calendar days. If an extension is needed, formal notification will be provided to you, your guardian and/or legally responsible person, and your provider. It is the responsibility of your provider to gather the requested information and submit it to Cardinal Innovations, but they may ask you for information that they do not have. However, all requests are reviewed as timely as possible based on your health condition,
and any serious conditions which could significantly worsen if treatment is delayed.

If your request meets expedited review criteria, it will be reviewed within three days. Expedited review criteria means waiting 14 days could cause you an immediate health and safety issue.

**Medical Necessity**

We use medical necessity criteria to determine the right care for you. This is true whether you have Medicaid or use State-Funded Services. Medically necessary treatments are:

- Necessary and appropriate for the prevention, diagnosis or treatment of a mental health condition or substance use disorder
- Consistent with national or evidence-based standards, Department of Health and Human Services defined standards, or verified by independent clinical experts
- Provided in the most cost-effective, least restrictive environment
- Not provided solely for the convenience of the member, member’s family, custodian or provider
- Not for experimental, investigational, unproven or solely cosmetic purposes
- Furnished by, or under the supervision of, practitioners licensed under state law in the specialty for which they are providing service and in accordance with federal and state directives
- Sufficient in amount, duration and scope
- Related to the diagnosis for which they are prescribed

Medically necessary treatments must:

- Be provided in accordance with your Person-Centered Plan
- Conform to any Advance Medical Directives you have prepared
- Be furnished in a culturally sensitive manner
- Prevent the need for involuntary treatment or institutionalization

Some services also may have additional service-specific criteria. For more information on eligibility criteria for services:

- Call the UM Department at 704.939.7700
- Call the 24-hour, toll-free Crisis and Referral Line at 1.800.939.5911. Staff members are available for prior-authorization of psychiatric inpatient, detoxification services, facility-based crisis services and state hospital psychiatric inpatient services

**Focused reviews**

These reviews occur due to an identified pattern of concern for a service or a provider or for providers who have requested specialty service rates. The area for focus may result from a routine review or may be requested by an employee or internal committee. The decision of whether a focused review will occur will be determined by the Utilization Management Team in consultation with the Quality Management Department as necessary. Factors that will be considered include, but are not limited to, patterns of over- or under-utilization, lack of positive treatment outcomes, volume of services, impact of concerns if not reviewed, or to gather additional clinical information to determine if there is a pattern of concern with a provider or a specific service.

**Requesting New Treatments**

If you want us to consider a new treatment, you can call our 24-hour, toll-free Crisis and Referral Line at 1.800.939.5911. Requests for new treatments are reviewed by Cardinal Innovations’ doctors, other clinical staff and our network providers. We review new therapies and treatments to keep informed of changes in clinical practice. We also review new studies to determine if the government has agreed that the treatment is safe and effective. New proven therapies and treatments must give results that are as good as, or better than, covered benefits currently in use.
Grievances

How to File a Grievance

<table>
<thead>
<tr>
<th>Verbal or in person</th>
<th>Call: 1.888.213.9687 or by Email: <a href="mailto:QMemail@cardinalinnovations.org">QMemail@cardinalinnovations.org</a></th>
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<tbody>
<tr>
<td>In writing</td>
<td>Download form: <a href="https://www.cardinalinnovations.org/Contact/Report-concerns">https://www.cardinalinnovations.org/Contact/Report-concerns</a></td>
</tr>
<tr>
<td></td>
<td>Mail completed form to: Cardinal Innovations, Attn: Quality Management, 10150 Mallard Creek Rd., Suite 400, Charlotte, NC 28262</td>
</tr>
<tr>
<td>To discuss your concern before filing a grievance</td>
<td>Call 1.888.213.9687 to discuss a concern with the grievance resolution specialist</td>
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</table>

A grievance is a complaint or concern about any matter other than a denial, reduction, suspension or termination of your services. You may file a grievance with Cardinal Innovations by mail, by phone, or in person. Your provider or family member also may file a grievance on your behalf.

Call our toll-free Anonymous Concern Line at 1.888.213.9687, choose English or Spanish language, and leave a message for a return call if you want to file a grievance or discuss a concern before filing a grievance. Cardinal Innovations staff members check the concern line Monday through Friday. You may also file a grievance by leaving an anonymous message on the concern line. Leave your name and a phone number if you want someone to return your call.

Grievances are typically resolved within 30 calendar days of receipt. Cardinal Innovations may extend the timeframe by up to 14 calendar days if the member requests the extension, or if Cardinal Innovations documents (to the satisfaction of the N.C. Department of Health and Human Services [DHHS] upon its request) that there is a need for additional information and that the delay is in the member’s interest. If Cardinal Innovations extends the timeframe without the request of the member, staff will:

- Make reasonable efforts to give the member prompt verbal notice of the delay
- Give the member written notice of the reason for the decision to extend the timeframe within two calendar days
- Inform the member of the right to file a grievance if he/she disagrees with that decision
- Resolve the grievance as expeditiously as the member’s health condition requires and no later than the date the extension expires

You also may get a copy of the Grievance Form and/or Formal Level of Review Form at [https://www.cardinalinnovations.org/Contact/Report-concerns](https://www.cardinalinnovations.org/Contact/Report-concerns). This form can be mailed to:

Cardinal Innovations Healthcare
Attn: Quality Management
10150 Mallard Creek Rd., Suite 400
Charlotte, NC 28262

If you are not satisfied with the resolution of a grievance, you can request a Formal Level of Review following the initial review of the grievance. The Formal Level of Review Form is sent to you with the Grievance Resolution Letter. You must complete the Formal level Review Form and return it to Cardinal Innovations within 15 business days of the date on the resolution letter.
You have the right to ask for a review of certain decisions we make. This is called a Reconsideration, also referred to as an Appeal. You can ask for an Appeal of:

- The denial or limited authorization of a requested service, including the type or level of service
- The reduction, suspension or termination of a previously authorized service
- The denial, in whole or in part, of payment for a service
- The failure to provide services in a timely manner
- The failure of Cardinal Innovations to act within the required timeframes or
- If you are resident of a rural area with only one Managed Care Organization (MCO), the denial of your request to exercise your right to obtain Medicaid services outside the network

The Appeals Process

- If you receive a letter from Cardinal Innovations that denies your request for Medicaid services or reduces, suspends or ends existing authorized services, you will also receive information about how to appeal this decision
- The first step in the appeals process is to request a reconsideration review of our decision. A reconsideration review is the same thing as an appeal, and is carried out by an impartial healthcare professional who was not involved with the initial decision. The reviewer can uphold, overturn or modify our decision. The reviewer examines:
  - Your request
  - The information we considered
  - Any additional information you would like to submit

### Important Appeal Timelines

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<tbody>
<tr>
<td><strong>60</strong></td>
<td>days to request a Reconsideration Review</td>
</tr>
<tr>
<td><strong>30</strong></td>
<td>days to receive a response</td>
</tr>
<tr>
<td><strong>120</strong></td>
<td>days from response to request a hearing with the North Carolina Office of Administrative Hearings</td>
</tr>
</tbody>
</table>

The Process for Requesting a Reconsideration Review

You, your legally responsible person, or your representative (which can include your provider with your written consent) may request a reconsideration review. You do this in writing by completing and returning the Reconsideration Review Request Form to Cardinal Innovations within 60 calendar days from the date on the decision letter. You may return the form by fax, mail, or email.
Who can file an appeal?

You, your legally responsible person, or your authorized representative (which, with your written consent, can include your provider) can file an appeal. Your legally responsible person or authorized representative may also assist you during each step of the appeal process.

You may also:

• Notify us of your request verbally by calling the Appeals Department at 704-939-7700

• Request an appeal through email by sending your request to appeals@cardinalinnovations.org

You have the right to ask to review any information used as part of the reconsideration review process. You may also submit any additional information verbally or in writing that you feel supports your request for Medicaid services.

Additional information can be submitted:

• Verbally, by calling 704.939.7700

• Via fax, by faxing the documents to 704.939.7507

• Via email, by emailing the documents to appeals@cardinalinnovations.org

• Through the mail, by sending paper documents to 10150 Mallard Creed Road, Suite 400, Charlotte, NC 28262

Examples of additional information you may submit to support your request may include the following:

• Psychological/psychiatric evaluation

• Behavior logs

• Sleep logs

• Medical records

• Letters of support (physician, physical therapy, provider, family member)

We will notify you about the Reconsideration Review decision within 30 days (with a possible extension of up to an additional 14 days). If you, someone on your behalf, or Cardinal Innovations determines the review period needs to be extended beyond the 30 days, you will receive a notice explaining why the extension was necessary. This notice will provide you with instructions on how you can file a grievance if you disagree.

An expedited reconsideration review can be requested by you, your legally responsible person (LRP), or your provider on your behalf with written consent. You have 60 days from the date of the Notice of Decision letter to request an expedited reconsideration review. You must provide a reason for requesting an expedited review, such as the belief that your condition may become life-threatening or worse if treatment is delayed.

If expedited criteria are met, the expedited review will be completed within 72 hours from when we receive the request. This deadline may be extended for up to 14 additional calendar days. If criteria for an expedited reconsideration review are not met, the request will be moved to the standard review timeline. You will be notified in writing and by phone call if this is not met and the timeframes change.

If You Disagree With the Reconsideration Review Decision

If you disagree with the decision, you may request a state-level Fair Hearing with the North Carolina Office of Administrative Hearings.
• You must file your appeal with the North Carolina Office of Administrative Hearings within 120 calendar days of the date of the reconsideration review decision. You may represent yourself in this process or you may be represented by someone else, including an attorney

• After you file your appeal, you will be offered the chance to have your case mediated. (This means you will have the chance to try to settle your appeal without a hearing)

• If you decline mediation, or if mediation is unsuccessful, your appeal will proceed to a hearing in front of an administrative law judge

• During the hearing, both sides (you and Cardinal Innovations) will be able to present evidence in support of their position

• After the hearing, an administrative law judge will make a final decision about your appeal

• If you disagree with the final decision, you may appeal your case to Superior Court

Getting Services during an Appeal

If we approve some services and deny others, you may receive the services that were approved while you appeal the services that were denied. If we reduce, suspend, or terminate services before the expiration of the authorization period, you may receive the disputed services during the appeal process if certain conditions are met. This is known as “Continuation of Benefits.” Continuation of Benefits does not apply for a denial of a new request for services or for a request for services to start after an authorization expires.

You must meet all of the following conditions in order to be eligible for Continuation of Benefits:

1. Your request for a Reconsideration Review is filed in a timely manner, meaning either:
   a. Within 10 calendar days of the date of the notice of a reduction, suspension or termination of services; or
   b. Before the intended effective date of Cardinal Innovations’ proposed action;

2. The Reconsideration Review must involve the reduction, suspension, or termination of currently authorized services;

3. The services must have been ordered by an authorized provider;

4. The authorization period for the services must not have expired; and

5. You are requesting that the services continue.

If all of the conditions listed above are met, you may continue to receive the current services until:

• You withdraw your Reconsideration Review

• Ten days after we mail the Reconsideration Review decision to you unless you request a state Fair Hearing within those 10 days and make a new request that your services continue through the state Fair Hearing process

If the Office of Administrative Hearings issues a final decision that upholds Cardinal Innovations original decision we have the right to recover the cost of the services you received during the appeal process.

A copy of the Cardinal Innovations Appeals Process brochure is part of your Member Packet. You can access it online at https://www.cardinalinnovations.org/getmedia/19a39221-6a5f-4727-87d4-453eacea9886/cardinal-innovations-appeals-brochure.pdf. This brochure outlines the appeals process.

To learn more about the appeals process, call the North Carolina Office of Administrative Hearings at 984.236.1850. You may also call 704.939.7700 and ask to speak to the Appeals Coordinator.

Note: Appeals information is available in the member’s primary language.
We are committed to fighting fraud and abuse in the public benefit programs we manage. Medicaid fraud occurs when a provider or employee submits a false claim or purposely deceives someone in order to obtain government-funded benefits. Medicaid abuse occurs when a person, provider or employee engages in activities that result in unreasonable or excessive costs. Examples of fraud and abuse include:

- Not reporting all of your income or other insurance when applying for publicly funded health benefits
- A non-Medicaid recipient using a Medicaid recipient’s card with or without the recipient’s permission
- A provider billing for services that were not provided
- A provider performing and billing for services that were not medically necessary
- A provider’s reported credentials are not accurate

**Do’s and Don’ts**

- DO review your Medicaid expenses carefully to make sure charges and dates of service are correct
- DO ask for a copy of everything you sign
- DON’T let anyone borrow or use your Medicaid card or number
- DON’T ask your doctor or other healthcare provider for treatment or care you do not need
- DON’T share your medical records or other medical information with anyone except a doctor, clinic, hospital or other healthcare provider

**Reporting Suspected Provider Fraud and Abuse**

You should report any activity you think is fraud or abuse. You may remain anonymous. It is helpful for us to have as much information as possible to investigate the activity, including:

- Name of Medicaid recipient and Medicaid ID number
- Name of health care provider
- Date of service
- Amount of money approved and/or paid; and
- A description of the acts that you suspect involve fraud
### You may report suspected fraud or abuse by:

<table>
<thead>
<tr>
<th>Method</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Submitting a Report Suspected Fraud or Abuse Form located on our website:</td>
<td><a href="https://www.cardinalinnovations.org/Contact/Report-fraud-abuse">https://www.cardinalinnovations.org/Contact/Report-fraud-abuse</a></td>
</tr>
<tr>
<td>Call our Fraud and Waste Hotline:</td>
<td>1.800.357.9084</td>
</tr>
<tr>
<td>Call the toll-free Anonymous Concern Line:</td>
<td>1.888.213.9687</td>
</tr>
<tr>
<td>Email our Compliance Department:</td>
<td><a href="mailto:compliance@cardinalinnovations.org">compliance@cardinalinnovations.org</a></td>
</tr>
<tr>
<td>Call the Division of Health Benefits (DHB) Medicaid Fraud, Waste and Program Abuse Tip Line:</td>
<td>1.877.DMA.TIP1 (1.877.362.8471)</td>
</tr>
<tr>
<td>Contact DHHS Customer Service</td>
<td>Complete and submit a Medicaid fraud and abuse confidential online complaint form by going to: <a href="https://medicaid.ncdhhs.gov/get-involved/report-fraud-waste-or-abuse/complaint-form">https://medicaid.ncdhhs.gov/get-involved/report-fraud-waste-or-abuse/complaint-form</a> or call 1.800.662.7030</td>
</tr>
<tr>
<td>Call the State Auditor's Waste Line:</td>
<td>1.800.730.TIPS (1.800.730.8477)</td>
</tr>
<tr>
<td>Call the U.S. Office of Inspector General’s Fraud Line:</td>
<td>1.800.HHS.TIPS (1.800.447.8477)</td>
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</tbody>
</table>
Chapter 12

Governance and Advocacy

Cardinal Innovations is governed by a Board of Directors, which includes:

- County Commissioners
- People from the healthcare industry
- Members from the Consumer and Family Advisory Committee (CFAC)

The Board oversees the service system for adults and children with mental health (MH) needs, intellectual and developmental disabilities (IDD), or substance use disorders (SUD). For more information about our Board of Directors, visit https://www.cardinalinnovations.org/About/Board-of-Directors.

Cardinal Innovations Consumer and Family Advisory Committee

Cardinal Innovations has a Consumer and Family Advisory Committee (CFAC) that is made up of people who receive services and their family members. CFAC is a self-governing committee that includes all three disability areas (MH/IDD/SUD). The CFAC serves as an advisor to Cardinal Innovations and our Board of Directors.

Under state law, CFACs have the following responsibilities:

- Review, make comments and monitor the carrying out of the local business plan
- Identify service gaps and underserved populations
- Make suggestions about services and monitor the creation of additional services
- Review and comment on our budget
- Take part in all quality improvement measures and performance indicators
- Submit findings and suggestions to the State Consumer and Family Advisory Committee about ways to improve service delivery

CFAC meetings are open, public meetings. If you are interested in taking part in or attending CFAC meetings, email memberquestions@cardinalinnovations.org.

For more information on our CFACs, including upcoming meetings and past meeting minutes, visit https://www.cardinalinnovations.org/About/Outreach-and-advocacy/Committees-councils/CFAC.

Client Rights Committee

We also have a Client Rights Committee (CRC) that oversees our compliance with federal and state rules about member rights, confidentiality and complaints. The CRC is made up of members, family members and expert advisors. It reviews and monitors all trends in the use of restrictive interventions, abuse, neglect and exploitation, medication errors and deaths.

The CRC also makes reports to our Board of Directors, Quality Improvement Committee and state authorities. You may submit complaints about rights violations to the CRC through our grievance process.

For questions about the committee, email Community Operations at memberquestions@cardinalinnovations.org.
Annual Quality Improvement Plan

The Cardinal Innovations Quality Improvement Program ensures that you receive quality services. Our goal is to create an effective, responsive program that addresses issues that affect our members and providers. The program focuses on issues that affect delivery of care.

The Annual Quality Improvement Plan outlines our yearly efforts to maintain and improve your services. We do this by monitoring identified quality improvement and risk management issues. We also evaluate the quality goals from the previous year. This plan is part of Cardinal Innovations’ Quality Improvement Program and is required by our accrediting body, the National Committee for Quality Assurance (NCQA).

We seek input for the Quality Improvement Plan from internal departments based on key quality indicators, or signs. We also get input from the Clinical Advisory Committee. Furthermore, the Regional Provider Councils give their input on our Global Continuous Quality Improvement (GCQI) activities. Regional Provider Councils include providers, members and their families. And GCQI activities are solutions and interventions to improve overall:

- Member satisfaction
- Member care
- Member services

The goals in the Annual Quality Improvement Plan address key performance areas, which can include:

- Follow-up after hospitalization
- Accessibility and availability
- Member satisfaction
- Member safety
- Timely access to care
- Medication management
- Education outreach to members and their families

The 2021-2022 Annual Quality Strategy and Performance Improvement Plan* is posted on our website in the Resource Library.

*If you would like a printed copy of this document, please contact Cardinal Innovations Healthcare Quality Management Department at 704.939.7700 or call our 24-hour, toll-free Crisis and Referral Line at 1.800.939.5911.
CHAPTER 14

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you need help with reviewing or understanding this section, please contact our 24-hour toll-free Access/Crisis Line 1.800.939.5911 and ask to be transferred to a Member Engagement Specialist. You may also email memberquestions@cardinalinnovations.org to request a Member Engagement Specialist to answer your questions.

Effective Date: July 14, 2020

Purpose of Privacy Notice

The purpose of the “Notice of Privacy Practices” is to inform you about how your health information may be used within Cardinal Innovations Healthcare (Cardinal Innovations), as well as reasons why your health information may be sent to other entities.

This Notice describes your rights in regard to the protection of your health information and how you may exercise those rights. The Notice also explains how to contact us should you have questions or comments about the policies and procedures Cardinal Innovations uses to protect the privacy of your health information.

Cardinal Innovations will make sure that internal means are in place to protect oral, written and electronic Protected Health Information (PHI) across the organization. Electronic information shall also be protected by an automated system that allows limited access, as required by law. Cardinal Innovations protects PHI whenever records are removed from any location, or when being moved from one location to another.

Our Responsibilities

We are required by law to protect the privacy of your protected health information (PHI), and to provide you with a notice of our legal duties and privacy practices associated with your PHI. We are also required to follow the terms of this notice. We will give you a paper copy of this notice prior to or when you become enrolled in Cardinal Innovations’ system. We reserve the right to revise or change the terms of this notice at any time and to make the new revisions effective for all health information we maintain. Whenever there are changes to this notice, we will inform you by:

• Posting the revised notice in our offices
• Making copies of the revised notice available upon request (either at our offices or through the Privacy Officer listed in this notice); and
• Posting the revised notice on our website – www.cardinalinnovations.org

We are required by law to notify you of any breach of your unsecured PHI.

Uses and Disclosures of Health Information

There are certain times when we may use or disclose your PHI. When we disclose your PHI, we will comply with any and all requirements surrounding the disclosures, including, but not limited to, those found in the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as amended by the Health Information Technology for Economic and Clinical
Health Act, (HITECH), 42 C.F.R. Part 2, and North Carolina General Statutes Chapter 122C.

When We Must Disclose Your PHI
We are required to disclose health information about you, under certain cases:

- To you, or your authorized representative, upon request
- To the Secretary of the Department of Health and Human Services, upon request, to determine if we are complying with the Privacy Rule

How We May Use and Disclose Your PHI
- For Treatment Purposes
  We may use and disclose your PHI to coordinate, and/or manage your health care and related services. For example, we may use or disclose health information about you when you need a prescription filled, when we consult with another health care provider about your care, or to emergency treatment providers when you need emergency services. To the extent any of your PHI includes records covered under 42 C.F.R. Part 2, we will comply with the terms and conditions of those regulations about disclosure for treatment purposes.

- For Payment Purposes
  We may use and disclose your PHI to pay providers for the health care services you receive and determine if appropriate claims are paid. For instance, we may use or disclose health care information about you when auditing a provider’s claims, to determine if the claims submitted are backed by proper documentation. To the extent any of your PHI includes records covered under 42 C.F.R. Part 2, we will comply with the terms and conditions of those regulations about disclosure for payment purposes.

- To Perform Business Health Care Operations
  We may use and disclose your PHI in performing our business activities called “health care operations.” These healthcare operations allow us to improve the quality of care we provide and reduce health care costs. For example, we may use or disclose your PHI for internal quality improvement activities. We may also use and disclose your PHI for the health care operations of our providers. For example, we may use or disclose health information about you for internal quality improvement activities of a provider that has treated you. To the extent any of your PHI includes records covered under 42 C.F.R. Part 2, we will comply with the terms and conditions of those regulations about use or disclosure for health care operations purposes.

Additional Use and Disclosure of Health Information without your Authorization
State and federal laws require or allow that we share your health information with others in specific situations without your consent. Prior to disclosing your health information, we will evaluate each request to make sure that only the minimum necessary information will be disclosed.

We may disclose health information about you for the following reasons. Before we make any disclosures for these reasons, we will make sure any required cases for disclosure are met:

- If the use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of the law (for instance, as required under North Carolina General Statutes Chapter 122C)
- For public health activities, such as for the purpose of preventing or controlling disease
- To report child abuse or neglect to a public health authority or other appropriate government authority authorized by law to receive such reports
- For the purpose of activities related to monitoring an FDA-regulated product, to a person subject to the jurisdiction of the U.S. Food and Drug Administration (FDA)
- For health oversight activities, including, but not limited
to civil, administrative, and criminal proceedings

- In response to a court order or subpoena
- For certain law enforcement purposes, such as for the purpose of identifying or locating a suspect or fugitive
- To law enforcement, if you are believed to be the victim of a crime
- To a coroner, for purposes of identifying a deceased person, determining cause of death, or other duties required by law, or to funeral directors so they may carry out their duties
- For research purposes
- To avert a serious threat to health or safety
- To determine eligibility for or entitlement to benefits under laws administered by the Secretary of Veterans Affairs
- For certain military, national security, and intelligence purposes
- To a correctional institution or other law enforcement official having lawful custody of an inmate
- To a relative, friend, or to any other person you identify, provided the information is directly relevant to that person’s involvement with your health care or payment for that care
- To Cardinal Innovations’ business associates to help with administering your benefits
- For worker’s compensation purposes or
- For eligibility purposes

**Certain Uses and Disclosures with Your Authorization**

- We will not use or disclose psychotherapy notes without your written authorization, except as allowed or required by law
- You may revoke a written authorization provided for any of the above purposes at any time; however, the revocation will not apply to any actions we have already taken in reliance on the authorization
- We will not use or disclose your PHI without your written authorization for any purpose not identified in this notice, except as allowed

**Your Rights**

1. Your PHI will not be disclosed without your authorization, unless allowed or required by law.

2. You have the right to request, in writing, restrictions on certain uses and disclosures of your health information. We will make reasonable effort to accommodate your request; however, with limited exceptions, we are not required to agree to these restrictions.

3. If you sign a written authorization allowing us to use and disclose your PHI, you may revoke that authorization at any time. The revocation will be effective as of the date of your revocation and will not apply to any actions we have already taken in reliance on the authorization.

4. You have the right to request, in writing, to review and receive copies of your PHI. There may be a charge for making copies of your requested health information. There are cases where we may be unable to grant your request to review records.

5. You have the right to request, in writing, to amend existing information that is part of your protected health information. There are certain situations where we will be unable to grant your request to amend your protected health information.

6. You have the right to request, in writing, a list of certain disclosures we have made about your health information. This does not include disclosures we have made for treatment, payment, or health care operations purposes, and certain other purposes. Your first request will be provided to you free of charge. However, if you request a
list of disclosures more than once in a 12 month period, you may be charged a reasonable fee. We will inform you of the cost incurred and you may choose to withdraw or modify your request at that time, before any costs are incurred. There are certain exceptions that apply.

7. You have a right to request, in writing, confidential communications or to be contacted at a different address or phone number, or by any other appropriate manner, about your health information.

8. Our Notice of Privacy Practices is posted electronically on our website at www.cardinalinnovations.org. You have the right to receive a hard copy of our Notice of Privacy Practices. You may request a copy by calling 1.800.939.5911.

How to File a Complaint about Our Privacy Practices

If you believe your privacy rights have been violated or if you are dissatisfied with our privacy policies or procedures; or if you have questions and would like additional information, you may write or call our Privacy Officer at:

Cardinal Innovations Healthcare
Privacy Officer
10150 Mallard Creek Rd., Suite 400
Charlotte, NC 28262
Phone 704.939.7700

You may also file a written complaint, by mail or fax, to the Secretary of the United States Department of Health and Human Services at:

Office for Civil Rights
U.S. Department of Health and Human Services
61 Forsyth St., SW – Suite 3B70
Atlanta, GA 30323
404.562.7886
404.331.2867 (TDD)
404.562.7881 (FAX)

If you file a complaint with our Privacy Officer or the Secretary, we will not take any action against you or change our management of your care in any way.

Cardinal Innovations History of Notice of Privacy Practices:

April 14, 2003 (HIPAA)
Revised - June 23, 2005
(Added updates)

Revised - August 29, 2005
(Added NC-TOPPS)

Revised - May 1, 2008
(Added updates per NCQA)

Revised - June 1, 2010
(Privacy Officer Change/reflect American Recovery and Reinvestment Act update to match the external web page. Content was not changed.)

Revised - January 1, 2012
(Removed Financial Agreement Portion)

Revised - November 30, 2012
(Organization Name Change from PBH to Cardinal Innovations Healthcare Solutions)

Revised - September 23, 2013
(Substantive revisions and clarifications about our uses and disclosures of PHI, and combined with web site privacy policy)

Revised – May 26, 2016
(Organization name change from Cardinal Innovations Healthcare Solutions to Cardinal Innovations Healthcare and added clarifications about breach notifications, uses and disclosures of PHI, and members’ rights to receive confidential communications.)

Revised – July 14, 2020
(Update address for Privacy Officer)
## Your Personal Healthcare Contacts

You can use this page to keep up with the names and phone numbers of those working with you for your healthcare needs.

<table>
<thead>
<tr>
<th>Your behavioral healthcare Provider’s name and phone number</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Your Care Coordinator’s name and phone number</td>
<td></td>
</tr>
<tr>
<td>Cardinal Innovations 24-hour, toll-free, Crisis and Referral Line</td>
<td>1.800.939.5911</td>
</tr>
<tr>
<td>Your Open Access Center (Refer to Page 22 to find the center closest to you)</td>
<td></td>
</tr>
<tr>
<td>Your primary care doctor’s name and phone number</td>
<td></td>
</tr>
<tr>
<td>Your pharmacy's address and phone number</td>
<td></td>
</tr>
<tr>
<td>Your closest hospital for medical needs</td>
<td></td>
</tr>
</tbody>
</table>