

# **COMMUNITY REHABILITATION AND TREATMENT CLIENT HANDBOOK**



State of Vermont  
Agency of Human Services  
Department of Mental Health

January 2008

Toll-free in the State of Vermont only:

**1-888-212-4677**

TTY Relay Service Numbers:

**1-800-253-0195 (voice)**

**1-800-253-0191 (TTY)**

**V/TTY: 711**



**Upon request, the Department of Mental Health will furnish the contents of this handbook in an alternative format for someone who has a reading or visual impairment.**

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## **Enrollment**

To be eligible for the Community Rehabilitation and Treatment (CRT) program, you must be an adult with a severe and persistent mental illness. This handbook can help you get the mental-health care you need. Please read it now. Save this handbook so you can look at it later if you have questions.

If all of your questions are not answered here, please call the Vermont Department of Mental Health (DMH) at the toll-free number: 1-888-212-4677. People are there to help you Monday through Friday from 7:45 a.m. to 4:30 p.m. (except holidays). If you have a hearing disability, you may call the TTY Relay Service at 1-800-253-0191 or 711.

## **Your Designated Agency (DA)**

DMH has a contract with a private nonprofit agency in your area to provide mental-health care. It is called a designated agency, or community mental health center. Here is a list of the names and telephone numbers for all designated agencies that offer mental-health services for adults in Vermont:

<b><u>Designated Agency</u></b>	<b><u>Serving</u></b>
1. Clara Martin Center Randolph & Bradford, Vermont CRT Randolph 1-802-728-4466 CRT Bradford 1-802-222-4477 Crisis 1-800-639-6360	Orange County
2. Counseling Service of Addison County Middlebury, Vermont CRT Middlebury 1-802-388-6751 Crisis 1-802-388-7641	Addison County
3. Health Care & Rehabilitation Services of Southeastern Vermont White River Junction, Brattleboro & Springfield, Vermont CRT Springfield 1-802-886-4500 CRT Brattleboro 1-802-254-7500 CRT White River Junction 1-802-295-9337 Crisis 1-800-622-4235	Windsor & Windham Counties
4. HowardCenter Burlington, Vermont CRT Burlington 1-802-488-6208 Crisis 1-802-488-6400	Chittenden County

- |     |  |  |
|-----|--|--|
| 5.  | Lamoille County Mental Health Services<br>Morrisville, Vermont<br>CRT Morrisville 1-802-888-5026 or 1-802-888-5513<br>Crisis 1-802-888-4914  | Lamoille County                        |
| 6.  | Northeast Kingdom Human Services<br>Newport & St. Johnsbury, Vermont<br>CRT Newport area 1-802-334-5246<br>Crisis 1-802-334-6744<br>CRT St. Johnsbury area 1-802-748-3181<br>Crisis St. Johnsbury 1-802-748-3181 | Caledonia, Essex & Orleans<br>Counties |
| 7.  | Northwestern Counseling & Support Services<br>St. Albans, Vermont<br>CRT St. Albans 1-802-524-6554<br>Crisis 1-802-524-6554  | Franklin & Grand Isle<br>Counties      |
| 8.  | Rutland Mental Health Services<br>Rutland, Vermont<br>CRT Rutland 1-802-775-4388<br>Crisis 1-802-775-1000  | Rutland County                         |
| 9.  | United Counseling Services<br>Bennington, Vermont<br>CRT Bennington 1-802-442-4968 or 1-802-447-8923<br>Crisis 1-802-442-5491  | Bennington County                      |
| 10. | Washington County Mental Health Services<br>Montpelier, Vermont<br>CRT Montpelier 1-802-223-6328<br>Crisis 1-802-229-0591  | Washington County                      |



## Community Rehabilitation and Treatment (CRT) Services

When you first ask for services, you will be evaluated to see if you are eligible for CRT services. Determining eligibility involves looking at your diagnosis of mental illness. It will also involve looking at how well you do in daily activities, in your job and home, and other information.

Once you are enrolled for CRT services, you will be assigned a case coordinator who will become familiar with your treatment needs. A case coordinator is an individual at the agency who can best understand your needs and talk to you about them. You and your case coordinator will decide how much and what types of mental health services you need.

You and your case coordinator will design a service plan for you. The plan will list the services (and their type and frequency) that you will get to meet your mental health needs.

Your DA and your case coordinator are committed to providing you with responsive care and to making sure that you get the services that you need. Your DA offers all of the services listed below; however, your DA may offer only some of these services to you depending on your needs.

- ★ Service Planning and Coordination (case management)
- ★ Community Supports (someone to help you with activities of daily living)
- ★ Psychiatric Medication
- ★ Education to help you understand mental illness, medications, and services, and to provide information to answer your questions
- ★ Involving family and friends as you wish
- ★ Help finding and keeping a job
- ★ Help finding and keeping a home
- ★ Assistance with admission for mental-health treatment at a hospital
- ★ Help making a plan before a crisis

## Emergency and Crisis Stabilization Services

You can reach Emergency Services by telephone twenty-four hours a day, seven days a week. The DA is required to return your call within an average of fifteen minutes. The following services are there if you need them:

- ★ Face-to-face meeting with a mental-health professional
- ★ Helping you to become stable in a crisis situation
- ★ Referral to other service providers if you need them
- ★ Admission to an area hospital
- ★ Admission to Vermont State Hospital



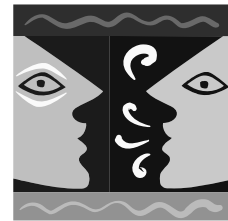
## Confidentiality

All private information will be kept in a safe and secure location. Information is shared only when necessary. Anyone who sees information from your record has to keep it confidential.

Your case coordinator will discuss with you what type of information may be shared and with whom. Your case coordinator will also ask you to sign a release-of-information form to talk to your primary care physician. Signing this release form will help to coordinate your health and mental-health care. You and your case coordinator should review your release-of-information choices annually.

Sometimes information from your record must be shared with staff from the Department of Mental Health. For example, if you ask for a Medicaid Fair Hearing, the staff there must review your record in order to make a decision about your appeal (see pages 5-8 for more information on Fair Hearings and filing appeals). Information on the kinds of services that people use is also shared with DMH. All DMH staff must keep this information confidential as well.

## Your CRT Health Care Rights & Responsibilities



### Your rights include:

- ❖ Being treated with respect
- ❖ Being treated with dignity
- ❖ Having your questions answered
- ❖ Finding out about what services are covered and who can provide them
- ❖ Finding out how the DA decides which services might be helpful for your particular needs
- ❖ Getting complete, current facts about your mental health in terms you understand
- ❖ Being part of decision-making about your service or treatment plans
- ❖ Having a complete service plan that includes other agencies if needed
- ❖ Asking for a change in therapist, case coordinator, or other staff (within reason) if that is what you think will help
- ❖ Seeing your mental-health care records
- ❖ Voicing complaints about your mental-health care
- ❖ Appealing treatment decisions, refusing services, or stopping services (except those required by a court order)

### You have the responsibility to take care of your health by:

- ❖ Telling your provider about your symptoms and mental-health history
- ❖ Asking questions when you need more facts or do not understand something
- ❖ Working to develop a service plan you agree with
- ❖ Keeping appointments or calling ahead to cancel if you cannot go to them
- ❖ Treating staff with respect
- ❖ Responding to consumer satisfaction surveys to improve all CRT services for everyone who needs them

## **What to Do to Try to Resolve Problems About Your Mental-Health Care**

Under Vermont's Global Commitment to Health, the Office of Vermont Health Access (OVHA) has established a process for you to resolve problems about your mental-health care. For example, you might not like the quality of your services. Or you might tell your case coordinator that another staff member was rude to you. Or you might be dissatisfied because the DA changes the kind or amount of services you receive.

Your DA has a grievances and appeals (G&A) coordinator who will help you understand how the process works. If the DA has forms to complete, and you need help in filing your grievance or appeal, the DA will assist you in filling out the forms.

### **Grievances and Appeals**

There may come a time when you are not satisfied with your services and want to take steps to address your concerns. You may do so in a formal or informal manner. To address your concerns informally, you could talk to your DA's grievances and appeals coordinator about a complaint you have. If you are not satisfied with the DA's response, you can then file a formal grievance or appeal. The definitions below will help you understand the difference between a grievance and an appeal.

**Grievance:** You may file a grievance when you are not satisfied with the quality of your services or the way your case manager listens to you. Examples of quality and other grievance issues include:

- ↵ Dissatisfaction with a staff/contractor
- ↵ Dissatisfaction with management
- ↵ Dissatisfaction with program decision
- ↵ Dissatisfaction with policy decision
- ↵ Dissatisfaction with quality of services
- ↵ Dissatisfaction with accessibility of services
- ↵ Dissatisfaction with timeliness of response
- ↵ Dissatisfaction with services not offered or not available

**Appeal:** You can file a formal appeal when you do not agree with proposed changes to the services offered as part of your treatment plan, for example. Another example would be if you request a new service but the DA denies your request. Other examples include:

- ↵ Denial, in whole or in part, of payment for a service
- ↵ Failure to provide services in a timely manner
- ↵ Failure to provide clinically indicated covered services
- ↵ Denial of request for covered services outside Medicaid network

## How to File a Grievance

Grievances may be spoken or written. To file a grievance, you or your representative must:

- Contact the G&A coordinator by mail, phone, or in person and
- Request a written response from the DA.

You should file your grievance as soon as possible after the problem or issue arises, but you must file the grievance **within 60 days**.

The DA has five days to write you a letter acknowledging your grievance and ninety days to address your grievance. By the end of that ninety-day period, the DA must write you a letter explaining how your grievance was addressed.

If you do not like how the DA addressed your grievance, you may request a grievance review by contacting either the DA or the DMH Quality Management Director. You must make this request **within ten days** of receiving the notification of how the DA addressed your grievance. The DA/DMH, as appropriate, will acknowledge your request for a review within five days of receiving it. DMH will write you a letter about the findings of its grievance review. **This review is final.**

## What to Do about a Reduction or Denial of Services You Have Been Getting

The following are examples of actions that your DA, as a part of the Medicaid managed care organization (MCO) in Vermont, might take in regard to your services:

- ❖ A denial or limited authorization of a requested covered service
- ❖ Reduction, suspension or termination of a previously authorized covered service or service plan
- ❖ Denial, in whole or in part, of payment for a covered service
- ❖ Failure to provide a clinically indicated, covered service
- ❖ Failure to act in a timely manner when required by state rules
- ❖ Denial of a request to obtain covered services outside the Medicaid network

If any of these actions should happen to you, the DA must send you a Notice of Decision or some other form of notification explaining the action taken. If you do not agree with the action, you may:

- ◆ **Ask for a reconsideration** of the action. You may do this yourself, or you may ask a representative or a provider to make the request for you. The request may be spoken or written. A reconsideration is an optional informal process for clients; it is not considered an appeal. Generally, the DA's reconsideration would be based on new information or a clarification of what is already known. As a general rule, DAs should be able to make decisions on reconsiderations within 15 days of the request for one.
- ◆ **Appeal the action.** As with a reconsideration, you may either request an appeal yourself or you may ask someone else to make the request for you. The request may be spoken or written.
- ◆ **Ask for a fair hearing.** Again, you may either request a fair hearing from the Human Services Board or you may ask someone else to make the request for you. The request may be spoken or written and may be made at any time throughout the appeal process.

The fair hearing and appeal requests may go on at the same time. You may request just an appeal or just a fair hearing.

If the appeal/fair hearing involves ending, suspending, or reducing a service you are currently getting, the DA may continue to provide that service to you until your appeal/fair hearing is resolved. You must file your appeal **within 10 days** of receiving notice of an action from the DA if you want your services to continue and you meet other criteria.

## Appeals

You have **90 days** from the date of notification of the DA's action to ask for an appeal and/or a fair hearing. The DA will mail an acknowledgment to you within five days of receiving your appeal. The DA has **15 days** to conduct an internal review of its action and inform you of its decision. If the DA upholds its original action, your appeal continues at the Department of Mental Health.

The entire appeal process must be completed within **45 days**, with the possibility of an extension of **14 days** upon request. DMH will schedule a meeting for considering the final decision on your appeal and will mail a letter detailing the date, time, and location of that meeting to you (or your designated representative). After DMH makes a decision on your appeal, you have **30 days** to request a fair hearing if you have not already done so.

You and/or your designated representative have the right to participate in person, by telephone, or in writing in the meeting in which DMH is considering the final decision regarding your appeal. If the appeal involves a DA decision, a representative of the DA may also participate in the meeting. You and/or your designated representative may submit additional information that supplements or clarifies information that was previously submitted and is likely to make a material difference in the decision on your appeal. You may also examine your case file, including medical records and other documents or records, prior to the meeting.

Upon request, the DA and DMH must provide you or your designated representative with all of the information in their possession or control about the appeal process and the subject of the appeal, including applicable policies or procedures and (to the extent applicable) copies of all necessary and relevant records. You will not be charged for copies of any records or other documents necessary to resolve your appeal.

### **Expedited Appeals**

You may ask for an appeal to be expedited if taking the time for a standard resolution could seriously jeopardize your life or health or your ability to attain, maintain, or regain maximum functioning. If a request for an expedited appeal meets clinical criteria, it must be resolved within three working days. The DA will send you a letter to tell you the decision made.

If you request an expedited appeal and it does not meet clinical criteria:

- ☛ The DA will promptly give you oral notification
- ☛ The DA will follow oral notification with a written notice **within 2 calendar days**
- ☛ The appeal will continue as a standard appeal

### **Withdrawing Appeals**

You or your designated representative(s) may withdraw appeals orally or in writing at any time. If an appeal is withdrawn orally, the DA or DMH (depending upon which one is considering your appeal at the time you withdraw it) will acknowledge the withdrawal in writing **within 5 calendar days**.

### **Fair Hearing**

You may request a Fair Hearing by the Human Services Board **within 90 days** of the date of the original DA Notice of Decision regarding action taken in regard to your services, or **within 30 days** of the appeal decision notice from DMH. To ask for a Fair Hearing call (802) 828-2536 or send a letter to:

The Human Services Board  
118 State Street, Drawer 20  
Montpelier, Vermont 05602

You can also call the Healthcare Ombudsman for help:  
1-800-917-7787



## **Other Helpful Resources**

**If you are not happy with the response from your DA, or if you need help to resolve a grievance or appeal, contact:**

Office of Health Care Ombudsman  
1-800-917-7787  
P.O. Box 1367  
264 N. Winooski Avenue  
Burlington, Vermont 05402  
8:30 am - 4:00 pm M-F

Vermont Protection and Advocacy  
1-802-229-1355  
141 Main Street, Suite 7  
Montpelier, VT 05602  
8:30 am - 5:30 pm M-F

Vermont Psychiatric Survivors  
1-800-564-2106  
1 Scale Avenue, Suite 52  
Rutland, VT 05701  
8:30 am - 4:30 pm M-F

National Alliance on Mental Illness of Vermont  
802-244-1396  
132 South Main Street  
Waterbury, VT 05676  
8:00 am - 4:30 pm M-F

**To file a request for a Fair Hearing regarding the denial of Medicaid, contact the Human Services Board at:**

Vermont Health Access Member Services  
1-800-250-8427; TDD 1-888-834-7898  
5 Burlington Square, 3<sup>rd</sup> Floor  
Burlington, Vermont 05401  
8:00 am - 4:30 pm M-F

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## Sample Grievance/Appeal Form

**If you are dissatisfied with your agency, a member of its staff, or decisions about services that you receive, you may complete this form and give it to the agency's grievances & appeals coordinator so that issues can be resolved reasonably quickly. This form is made available for your convenience, but you may write your concerns down in any way you choose. Or, if you prefer, you may talk to the grievances & appeals coordinator about your concerns.**

- **We encourage you to express your dissatisfaction openly.**
- **Your concerns are considered confidential.**
- **Your services will not be affected if you file a grievance or appeal an action.**
- **No staff member will treat you poorly if you express your concerns.**
- **You are entitled to an agency decision regarding your concerns and reasons for the agency's decision.**

Name: \_\_\_\_\_ (required in order to provide a response)

Address: \_\_\_\_\_ or e-mail \_\_\_\_\_

Telephone #: \_\_\_\_\_ (if preferred) Date: \_\_\_\_\_

*(X) What best describes your concerns? If your concerns are about a denial, reduction, or stoppage of service, please give as much detail as possible. If your concerns are about the agency or staff, please describe the issues.*

The following categories may help, but you are not limited to this list:

### Examples of Grievance Issues:

1.  Dissatisfaction with a staff/contractor
2.  Dissatisfaction with management
3.  Dissatisfaction with program decision
4.  Dissatisfaction with policy decision
5.  Dissatisfaction with quality of services
6.  Dissatisfaction with accessibility of services
7.  Dissatisfaction with timeliness of response
8.  Dissatisfaction with services not offered or not available

### Examples of Appeal Issues:

1.  Denial or limited authorization of a requested covered service.
2.  Reduction, suspension, or termination of an authorized service or service plan
3.  Denial, in whole or in part, of payment for a service
4.  Failure to provide services in a timely manner
5.  Failure to provide clinically indicated covered services
6.  Denial of request for covered services outside Medicaid network

Describe your concerns and what steps you have taken to resolve the problem so far: \_\_\_\_\_

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How would you like to see the problem resolved? \_\_\_\_\_

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## Sample Request for Review of the Way a DA Addressed Your Grievance

Your Address (Street or PO Box #)  
City, State ZIP Code  
Date

Quality Management Director  
Department of Mental Health  
108 Cherry Street, P.O. Box 70  
Burlington, Vermont 05402-0070

Dear G & A Coordinator:

I do not agree with how [NAME OF DA] addressed my grievance about [DESCRIBE YOUR GRIEVANCE] for the following reason(s): [TELL THE REASONS YOU DO NOT AGREE WITH THE WAY THE DA ADDRESSED YOUR GRIEVANCE]:

I received the DA's letter of notification on [DATE YOU WERE NOTIFIED].

- *You should make your request for a review within 10 days of that date.*

I would like the Department of Mental Health to review the way the DA addressed my grievance.

Sincerely,

[YOUR NAME]

Copy: *People you might want to have copies of your request:*  
*DA CRT Director*  
*Vermont Protection and Advocacy*  
*Vermont Psychiatric Survivors*

## Sample Written Appeal of a DA's Action

Your Address (Street or PO Box #)  
City, State ZIP Code  
Date

Grievance and Appeals Coordinator, CRT Program  
Designated Agency  
Address  
City, State ZIP Code

Dear G & A Coordinator:

I do not agree with [NAME OF DA's] action in regard to [DESCRIBE THE NATURE OF YOUR APPEAL] for the following reason(s): [TELL THE REASONS YOU DO NOT AGREE WITH THE ACTION].

I received the DA's notice of action on [DATE YOU WERE NOTIFIED].

- *You should make your appeal within 90 days of that date.*

I am appealing the DA's action and requesting that the DA conduct an internal review. If the DA's internal review upholds the action, I understand that my appeal will continue with the Department of Mental Health.

Sincerely,

[YOUR NAME]

Copy: *People you might want to have copies of your request:*  
*DA CRT Director*  
*Vermont Protection and Advocacy*  
*Vermont Psychiatric Survivors*

## Sample Request for a Fair Hearing

Your Address (Street or PO Box #)  
City, State ZIP Code  
Date

Human Services Board  
118 State Street  
Drawer 20  
Montpelier, VT 05602

Dear Human Services Board:

I do not agree with how [DA OR DMH, WHICHEVER ONE DECIDED YOUR APPEAL] resolved my appeal about [DESCRIBE WHAT SERVICE WILL BE OR HAS BEEN DENIED, REDUCED, OR SUSPENDED BY THE DA].

[TELL THE REASONS YOU DO NOT AGREE IT WAS THE RIGHT DECISION REGARDING YOUR TREATMENT].

Additional comments or clarifying information.

I received the decision on [DATE YOU WERE NOTIFIED BY DA AND/OR DMH, WHICHEVER IS THE MOST RECENT].

*You should make your request within 90 days of the original DA action notice or within 30 days of the DA appeal decision.*

I would like a FAIR HEARING with the Human Services Board.

- *DMH will automatically begin collaborating with the DA if you request a Fair Hearing. DMH will work with you and the DA to try to resolve the disagreement regarding your treatment before going to Fair Hearing.*

Sincerely,

[YOUR NAME]

Copy: *People to whom you should send copies of the fair hearing request:*  
*DA Grievance and Appeals Coordinator*  
*DMH Grievance and Appeals Coordinator*  
*DMH Legal Unit*  
*Your attorney*

## Quality Improvement: Working Smarter for You

The Department of Mental Health and the DA want to improve the services you get. Many of our Quality Improvement (QI) activities involve asking for information from people who receive mental-health services. From time to time DMH or your local DA asks clients to complete surveys or give comments about the services provided to them.



These surveys are voluntary and will not affect your care, but we encourage you to complete and return the survey since information from you can help improve services for everyone.

We have Local and State Program Standing Committees that focus on improving mental-health services. Committee members review information and advise the DAs and DMH on the quality of services offered. Clients, family members, and providers serve on these committees. If you are interested in serving on one of these committees, call your local DA.

## Advance Directives

State and federal laws protect your right to make decisions about health care if you become unable to decide on your own. An advance directive is a written document that states the kind of health or mental-health care you want (or do not want) if you become unable to speak for yourself. You may name someone you trust to make choices for you if you become unable to make decisions about your health or mental-health treatment.

You may get information about advance directives from the Vermont Ethics Network. Its booklet, *Taking Steps to Plan for Critical Health Care Decisions*, has explanations and forms and is available free from your designated agency. You may also obtain the booklet online from [vtethicsnetwork.org](http://vtethicsnetwork.org).

If you want to speak to someone to get help to complete an advance directive in a way that makes your wishes clearly understood so that others can follow them, you may consider talking to:

- An attorney
- A hospital social worker
- Vermont Psychiatric Survivors (VPS)
- The National Alliance on Mental Illness of Vermont (NAMI—VT)
- A Recovery Educator
- Vermont Protection and Advocacy (P&A)



**To request information about advance directives, ask your local designated agency. You may also write or call:**

The Vermont Ethics Network at 1-802-828-2909  
64 Main Street, Room 25  
Montpelier, Vermont 05602

## **If You Have Questions:**

Your DA will help you if you have questions about the CRT Program.

## **Information about the Department of Mental Health**

If you have general questions about CRT programs, DMH can provide you with lots of facts about mental-health services. Contact us at:

Department of Mental Health  
Adult Unit  
108 Cherry Street  
P.O. Box 70  
Burlington, Vermont 05402-0070

**7:45 am - 4:30 pm M-F** (except holidays)

***State of Vermont only, call our toll-free number:***

***1-888-212-4677,***

or TTY Relay Service at **1-800-253-0195** (voice)

or **1-800-253-0191** or **711** (TTY)

Examples of information you might want to see include:

- A summary of available services
- A list of our providers
- Published reports and articles (go to DMH's Web site: <http://www.healthvermont.gov/mh>.)
- Phone numbers and addresses of support groups in the community

