



IT TAKES A
community

Cardinal
Innovations
HEALTHCARE®

YOUR SPECIALTY MEDICAID
health plan 2018

Cardinal Innovations Healthcare
Member & Family Handbook
Twelfth Edition

Welcome

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

Cardinal Innovations is a Managed Care Organization (MCO). We work to advocate for you to your providers and also work with your 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.

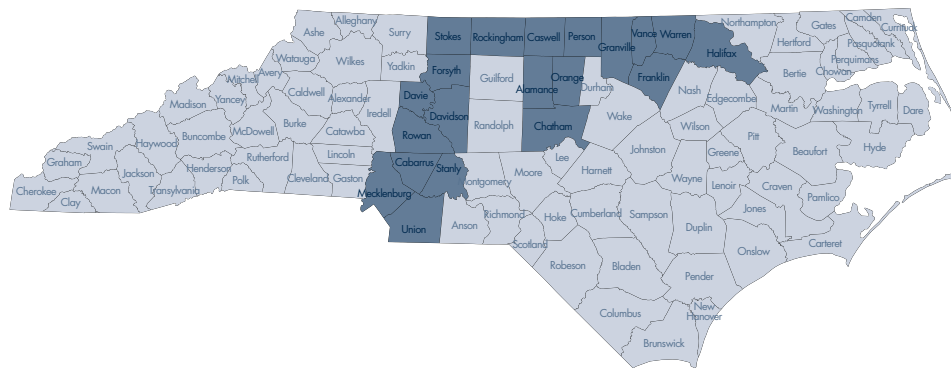
If you have questions about your plan or need services, call our 24-hour, toll-free Crisis and Referral Line at 1.800.939.5911. (Si tiene preguntas acerca de su plan o necesita servicios, llame a nuestra línea de crisis y referencias de 24 horas, sin peaje en 1.800.939.5911.)

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/resources/handbooks-manuals>.

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 Access Department at 1.800.939.5911 or email memberquestions@cardinalinnovations.org.

Cardinal Innovations covers the following counties:



| | |
|-----------|-------------|
| Alamance | Mecklenburg |
| Cabarrus | Orange |
| Caswell | Person |
| Chatham | Rockingham |
| Davie | Rowan |
| Davidson | Stanly |
| Forsyth | Stokes |
| Franklin | Union |
| Granville | Vance |
| Halifax | Warren |

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Key Contact Information for Members and Families

Corporate Office:

Cardinal Innovations Healthcare
550 South Caldwell Street, Charlotte, NC 28202
Phone: 704.939.7700 / Fax: 704.939.7907

| Community Offices | |
|-------------------|--------------|
| Alamance-Caswell | 336.513.4222 |
| Five County | 252.430.1330 |
| Mecklenburg | 980.938.4200 |
| Piedmont | 704.939.7590 |
| OPC | 919.913.4000 |
| Triad | 336.714.9100 |

| Important Numbers | |
|----------------------------------------------------|--------------------------|
| 24-Hour, toll-free Crisis and Referral Line | 1.800.939.5911 |
| TDD/TTY Hearing Impaired Resources | 711 or 1.800.735.2962 |
| Report Concerns/ File a Grievance | 1.888.213.9687 |
| Report Fraud, Waste or Abuse | 1.800.357.9084 |
| For Questions, Comments or to Request Materials | 1.800.939.5911 |

| Websites | |
|----------------------------------|----------------------------------------------------------------------------------------------------------------|
| Cardinal Innovations Healthcare: | www.cardinalinnovations.org |
| NC Health and Human Services: | www.ncdhhs.gov/divisions/mhddsas |
| Find a Provider: | www.cardinalinnovations.org/provider-search |
| Resources to help you: | www.cardinalinnovations.org/resource-library |
| Member Engagement email | memberquestions@cardinalinnovations.org |

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.

Our Health Plan

Cardinal Innovations believes that everyone has the right to respect, choice, dignity and a healthcare plan unique to their individual needs. Our personalized approach to healthcare 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 and 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 MH, SUD and IDD who review your care
- Helping our providers deliver the best possible care
- Making sure our operations are efficient and sustainable

Cardinal Innovations is fully accredited by the National Committee for Quality Assurance, a private, non-profit company dedicated to improving healthcare outcomes.

Medicaid Services Available through Cardinal Innovations Healthcare

Cardinal Innovations operates the Medicaid Health 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 Cardinal Innovations:

- To have a network of providers for you to select from
- 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 make 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 annually 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
- Make sure that member and family feedback is obtained to provide direction for system changes to improve communication on access to services with local decision makers

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: <http://dma.ncdhhs.gov/document/behavioral-health-clinical-coverage-policies>.

Description of Services

There are two general levels of service benefits: Basic Benefit Services and Enhanced Benefit Services. Each is based on:

- Need
- Treatment history
- The state's definition of medical necessity

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

- Are brief interventions for acute (immediate short-term) needs
- Include assessments, outpatient therapy, psychological testing, and psychiatric services
- Are available by referral from Cardinal Innovations providers or the 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
- Must typically be authorized 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 disorder
- 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 the needs of members with IDD. They focus on helping people remain in their homes and communities, and avoid hospitalization or living in an institution. Cardinal Innovations is able to offer these additional services as a result of the Medicaid waivers. For more information about (b)(3) services, visit the Cardinal Innovations website: <https://www.cardinalinnovations.org/Members/How-Coverage-Works/Medicaid-funded-coverage?tab=2>.

Alternative/In Lieu Of Services

Cardinal Innovations was approved by the state to create Alternative/In Lieu Of services. These are services in addition to services in the Medicaid State Plan or state-funded services. They must be new services or major changes to a current service. The cost of an Alternative/In Lieu Of service must be less or equal to the service it is replacing. These services may fill gaps in the treatment array.

For more information on Cardinal Innovations' Alternative/In Lieu Of services, visit our website: <https://www.cardinalinnovations.org/Resources/Blog/In-Lieu-Of-and-Alternative-Services?sort=0>.

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

The Individual and Family Directed Support 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 the provider agency

For more information about NC Innovations services, view Behavioral Health Clinical Coverage Policy 8-P: <https://files.nc.gov/ncdma/documents/files/8p.pdf>.

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.

Some services are available only to Medicaid recipients; others require members to meet the criteria for state-funded services. 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 care to members and to meet national accreditation rules. Preventive Health Programs educate members:

- On their 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

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

- Stress Management
- Healthy weight
- Exercise and physical activity
- Health 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

Cardinal Innovations notifies members of any significant change in its 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 state Medicaid 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 NC MH/DD/SAS Health Plan. As a member of the NC MH/ DD/SAS Health Plan, you have rights and responsibilities for your care.

Your Rights

Every member has the right to:

- Receive information about Cardinal Innovations Healthcare's structure and operations, its services, its providers and practitioners, and have member 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 members 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
- Make suggestions to us about our policies and services by calling the 24-hour, toll-free Crisis and Referral Line at 1.800.939.5911 (for deaf or hard of hearing, dial 711 for NC Relay) and requesting to speak to a Member Engagement Specialist. You also may call our toll-free Anonymous Concern Line at 1.888.213.9687. If you would prefer to email your suggestions, they can be sent to the Member Engagement department at memberquestions@cardinalinnovations.org or to our Quality Management Department at QMEmail@cardinalinnovations.org. If you prefer to contact someone other than Cardinal Innovations, you may contact the NC Department of Health and Human Services (NC DHHS) Customer Service Center at 1.800.662.7030
- Participate with providers and practitioners in making decisions about healthcare, 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
- 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 the member
- 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 MH/DD/SAS retention schedule (11 years for adults; 12 years after a minor reaches the age of 18; 15 years for DUI records)
- Take part in creating a written, person-centered treatment plan that builds on your needs, strengths and preferences. A treatment plan must be put into action within 30 days after services start
- Participate in the creation of an Individual Support Plan (ISP) to request services specific to people with 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 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, minors 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 person-centered 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 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 rent and 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 Medical Assistance's webpage: <https://dma.ncdhhs.gov/advanced-directives>.

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>). 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. The Health Care Power of Attorney and the Living Will must be notarized.

Service Eligibility

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>). 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

If you are currently receiving Social Security Insurance (SSI), Special Assistance to the Blind, Work First Family Assistance or Special Assistance for the Aged or Disabled, you are automatically eligible for Medicaid and do not have to apply at the DSS.

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 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 big limits in three of six major life activity areas:
 - 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 (ICF group home or developmental center for individuals with an intellectual or developmental disability)
- 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 Innovations Waiver. This means people who may 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 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 704.939.7980. You may also refer to the

Individual and Family Guide at <https://www.cardinalinnovations.org/Cardinal.Innovations/media/Documents/Resource%20Library/Handbook/individual-and-family-guide.pdf>.

The Registry staff will advise 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 and/or on the Registry of Unmet Needs, you will receive an assessment called the Supports Intensity Scale® (SIS). The SIS is a tool that measures the level of support needed by person with IDD to fully take part in community life.

Getting Services

If you are not receiving treatment, but want to receive services, your first step is to call our 24-hour, toll-free Crisis and Referral Line at 1.800.939.5911. This number is answered by experts who provide brief over-the-telephone screenings. Our Access Call Center staff will complete the screening and help connect you to the services you need as quickly as possible. You can also ask another person to call this number for you. This can include a family member, your primary healthcare physician or another healthcare provider.

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

- What you are able to do each day and what you need help to do
- Your age
- Your education
- Your physical health
- Your dependents

This information will be made available to the provider to whom you are referred.

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.
- You will be connected to a Communications Assistance Specialist who will place your call.

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. This line is answered by staff in the 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.

The Access Call Center is staffed by:

- Access Coordinators (bachelor's 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 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,

- Call your provider, or
- Call our 24-hour toll-free Crisis and Referral Line for confidential screenings, referrals and emergency counseling, 1.800.939.5911



Our licensed counselors can connect you to services. This helps to avoid long waits in emergency rooms and unnecessary hospitalizations, and find treatment for substance use disorders quickly.

Counselors 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
- Recommend that you go to one of our community facilities: Open Access Centers, Crisis Recovery Centers or Comprehensive Community Clinics. You can visit these facilities without an appointment if you are experiencing a crisis.

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, 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 the 24-hour, toll-free Crisis and Referral Line.

Categories of Need

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

| If you have: | This means: | What will happen? |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| An Emergency need: | <ul style="list-style-type: none"> • 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: | <ul style="list-style-type: none"> • 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: | <ul style="list-style-type: none"> • 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

You can get help by going to a Comprehensive Community Clinic (CCC) 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. Call the 24-hour, toll-free Crisis and Referral Line, 1.800.939.5911, for a list of clinics.

Open Access Clinics

Cardinal Innovations also has Open Access Clinics and Facility Based Crisis Centers throughout the service region. Assessments are available Monday through Friday. Licensed staff will work with you to determine the level of care you need. Appointments are not needed.

| Facility Name and Locations | Operating Hours | Phone |
|--------------------------------------------------------|-----------------------------------------------------------------|--------------|
| Behavioral Health Charlotte | | |
| 301 Billingsley Road Charlotte, N.C. | 24 hours/day, 7 days/week, 365 days/year | 704.444.2400 |
| Daymark Recovery Services | | |
| 943 West Andrews Ave., Suite H Roanoke Rapids, N.C. | 8 a.m. to 5 p.m., Monday-Friday | 252.433.0061 |
| 284 Executive Park Drive Concord, N.C. | 8 a.m. to 8 p.m., Monday-Friday | 704.939.1100 |
| 1104-A South Main St. Lexington, N.C. | 8 a.m. to 8 p.m., Monday-Friday | 336.242.2450 |
| 2129 Statesville Blvd. Salisbury, N.C. | 8 a.m. to 8 p.m., Monday-Friday | 704.633.3616 |
| 1000 N. 1st St., Suite 1 Albemarle, N.C. | 8 a.m. to 8 p.m., Monday-Friday | 704.983.2117 |
| 1190 W. Roosevelt Blvd. Monroe, NC. | 8 a.m. to 8 p.m., Monday-Friday | 704.296.6200 |
| 119 W. Depot St. Mocksville, N.C. | 8 a.m. to noon, Monday, Wednesday, Friday | 336.751.5636 |
| 650 North Highland Ave. Winston-Salem, N.C. | 8 a.m. to 2:30 p.m., Monday-Friday | 336.607.8523 |
| 405 NC Highway 65 Reidsville, N.C. | 8 a.m. to 3:30 p.m., Monday-Friday | 336.342.8316 |
| 232 Newsome Rd. King, N.C. | 1:30 to 3:30 p.m., Monday & Wednesday 8 a.m. to noon, Friday | 336.983.0941 |
| 131 Plant St. Walnut Cove, N.C. | 1 p.m. to 5 p.m., Thursdays only | 336.536.1024 |

| Facility Name and Locations | Operating Hours | Phone |
|-----------------------------------------------------------|-------------------------------------------------------------------------------|--------------|
| Freedom House Recovery | | |
| 104 New Stateside Drive Chapel Hill, N.C. | 24 hours/day, 7 days/week, 365 days/year | 919.967.8844 |
| 255 South Madison Blvd., Suite C1 Roxboro, N.C. | 8 a.m. to 4 p.m., Monday-Friday | 919.967.8844 |
| Monarch Recovery Services | | |
| 5700 Executive Center Drive, Suite 110 Charlotte, N.C. | 8 a.m. to 2 p.m., Monday-Friday | 704.525.3255 |
| 350 Pee Dee Ave. Albemarle, N.C. | 8 a.m. to 4 p.m., Monday-Thursday 8 a.m. to 1 p.m., Friday | 704.983.2117 |
| 820 Grimes Blvd. Lexington, N.C. | 8 am. to 3 p.m., Monday-Thursday 8 a.m. to 1 p.m., Friday | 866.272.7826 |
| 4140 N. Cherry St. Winston-Salem, N.C. | 8 a.m. to 3 p.m., Monday-Friday | 336.306.9620 |
| RHA Behavioral Health Services | | |
| 2732 Anne Elizabeth Drive Burlington, N.C. | 8 a.m. to 8 p.m., Monday-Friday | 336.229.5905 |
| 60 N. NC Highway 125 Roanoke Rapids, N.C. | 8 a.m. to 5 p.m., Monday-Friday | 252.537.6619 |
| 219 Le Phillip Court NE Concord, N.C. | 9 am. to 5 p.m., Monday-Friday | 704.721.5551 |
| 316 I.B Shave Drive Monroe, N.C. | 9 a.m. to 3 p.m., Monday & Wednesday | 704.289.7201 |
| Trinity Behavioral Health | | |
| 2716 Trawler Road Burlington, N.C. | 9 am. to 4 p.m., Monday-Friday | 336.570.0104 |
| Vision Behavioral Health Services | | |
| 104 North Main St., Suite 200 Louisburg, N.C. | 8:30 a.m. to 6 p.m., Monday-Wednesday 8:30 a.m. to 5 p.m., Thursday-Friday | 919.496.7781 |
| Youth Haven Services | | |
| 229 Turner Drive Reidsville, N.C. | Noon to 4 p.m., Thursdays only | 919.496.7781 |

Crisis Recovery Centers

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

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

There is also a Youth Based Crisis Center in Mecklenburg County operated by Monarch, and a Behavioral Urgent Care Center in Winston-Salem operated by Daymark Recovery Services

If you are experiencing a crisis related to mental health or substance use disorder, you can walk into either center and someone will help you. The centers also serve people with intellectual or developmental disabilities who are experiencing mental health or substance use crises.

| Facility Name and Locations | Operating Hours | Phone |
|------------------------------------------------------|------------------------------------------|--------------|
| Behavioral Urgent Care | | |
| Highland Ave. Winston-Salem, N.C. | 23 hours/day, 7 days/week, 365 days/year | 866.275.9552 |
| Cabarrus Crisis Recovery Center | | |
| 280 Executive Park Drive, Suite 160 Concord, N.C. | 24 hours/day, 7 days/week, 365 days/year | 704.933.3212 |
| Union Crisis Recovery Center | | |
| 1408 East Franklin St. Monroe, N.C. | 24 hours/day, 7 days/week, 365 days/year | 704.635.2080 |
| Davidson Crisis Recovery Center | | |
| Davidson Center | 24 hours/day, 7 days/week, 365 days/year | 336.242.2450 |
| SECU Youth Crisis Center | | |
| 1810 Back Creek Drive Charlotte, N.C. | 8 a.m. to 8 p.m., Monday-Friday | 844.263.0050 |

Post Stabilization for Emergency Medical Conditions

You are entitled to post stabilization services after treatment for an emergency medical condition. Post stabilization services are services intended to keep your condition from getting worse and requiring further emergency treatment. Requests for post-stabilization services may be made 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 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

| Facility Name and Locations | Operating Hours | Phone |
|---------------------------------------------------------|------------------------------------------|------------------------------|
| Behavioral Health Charlotte | | |
| 501 Billingsley Road Charlotte, N.C. | 24 hours/day, 7 days/week, 365 days/year | 704.444.2400 800.418.2065 |
| Freedom House Recovery Center | | |
| 104 New Stateside Drive, Bldg. 110 Chapel Hill, N.C. | 24 hours/day, 7 days/week, 365 days/year | 919.967.8844 |
| Novant Health Presbyterian Medical Center | | |
| 200 Hawthorne Lane Charlotte, N.C. | 24 hours/day, 7 days/week, 365 days/year | 704.384.4000 800.786.1585 |
| Residential Treatment Services of Alamance Inc. | | |
| 136 Hall Ave. Burlington, N.C. | 24 hours/day, 7 days/week, 365 days/year | 336.227.7417 |

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 about \$1 to \$2 each way)

For more information on transportation services, call your county Department of Social Services.

Our Providers

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 the Cardinal Innovations network that you want to see for treatment. Our providers share our commitment to:

- Quality care
- Integrity
- Accountability

Cardinal Innovations providers:

- Are located in and provide services to members who receive Medicaid from one of the counties in the Cardinal Innovations 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)

Cardinal Innovations keeps 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 languages they speak. You may also call the 24-hour, toll-free Crisis and Referral Line at 1.800.939.5911 to request a paper copy of the provider directory or

use the current Provider Directory at <https://www.cardinalinnovations.org/Cardinal.Innovations/media/Documents/Resource%20Library/Directory/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 in the Cardinal Innovations network 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 Cardinal Innovations' 20 counties. These are called out-of-area providers. Similarly, there are certain cases when you may be able to receive services from providers that are not a part of Cardinal Innovations 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 Utilization Management Department at 704.939.7700.

Changing your provider

If you are unhappy with your current provider, you have the right to change providers. 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 the current Provider Directory at <https://www.cardinalinnovations.org/Cardinal.Innovations/media/Documents/Resource%20Library/Directory/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 (this means where you receive services) must be part of the Cardinal Innovations Provider Network (unless it is for an emergency). If you have questions about eligibility call the 24-hour, toll-free Crisis and Referral Line at 1.800.939.5911.

Some members are required to pay a co-payment each month to be eligible for Medicaid. Cardinal Innovations does not require additional co-payments, deductibles or other forms of cost sharing. Cardinal Innovations also does 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 other than Medicaid. This could include Medicare or private insurance. Federal regulations require Medicaid to be the "payer of last resort." Medicaid pays for services after your other insurance has 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.

Local Presence

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:

| | |
|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Community Relations | Senior Community 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. |
| Community Engagement | 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. |
| Care Coordination | Care Coordinators work directly with members to connect them with the right services. |
| System of Care | 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. |
| Transitions to Community Living | Transitions to Community Living Specialists work with individuals who are in adult care homes and want to move to their own homes in their own communities. |



Wellness Centers

Cardinal Innovations' has 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.

| Wellness Centers | Location and Hours |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| <u>Davie</u> Phone: 336.778.3658 | 142 Gaither St., Mocksville, N.C. Monday-Friday from 8:30 a.m. to 5 p.m. |
| <u>Forsyth</u> Phone: 336.714.9100 | 650 North Highland Ave., Winston-Salem, N.C. Monday-Friday from 8:30 a.m. to 5 p.m. |
| <u>Rockingham</u> Phone: 336.778.3659 | 509 S. Buren Road, Eden, N.C. Monday-Friday from 9 a.m. to 5 p.m. |
| <u>Stokes</u> Phone: 336.778.3657 | Autumn Square, 3169 NC 8 Hwy. South, Suite 200, Walnut Cove, N.C. Monday-Friday from 8:30 a.m. to 5 p.m. |
| For More Information: https://www.cardinalinnovations.org/Members/Wellness-Centers | |

Coordination of Care

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 care plan and coordinates all of your services. The Behavioral Health Home is chosen by you and your primary service provider.



Person-Centered Planning

Cardinal Innovations believes in care plans that are unique to your individual needs. This approach is called person-centered planning. For members with IDD or other complex conditions, we create a care 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
- Do you have enough money to pay for all the activities you would like to do what would those be
- 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

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 if you need additional supports to make sure you receive appropriate assessments and medically necessary services. Core functions of Care Coordination include the following:

- Providing your assessment
- Assisting you with person-centered planning or linking you to a Person-Centered Plan
- Linking you to clinically appropriate services

- Monitoring your services
- Helping you 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
 - People who are functionally eligible for the 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 Cardinal Innovations has received notification of discharge
- Mental Health, Substance Use and IDD Special Population Groups who require support due to:
 - Detention/incarceration
 - Psychiatric hospitalizations
 - DOJ participants (also known as Transition to Community Living Initiative)
 - Crisis events
 - Child Residential Treatment
 - Member-specific contract requests (MH/SUD only)

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

A System of Care is a group of community-based services and supports formed to meet the needs of families who are involved with multiple child service agencies. This includes child welfare, mental health, schools, juvenile justice and healthcare agencies. System of Care is not a service or a program – it is a way of working together with youth and families to reach the desired outcomes identified by the youth and family.

The goal is for this group to work with the family to make sure supports and services are:

- Effective
- Built on the child's strengths and needs

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

- Sensitive to the cultural, racial and ethnic differences of the people they serve
- Community-based with the focus on services, and management and decision-making at the community level
- Child-centered and family-focused, with the needs of the child and family driving the types and mix of services

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

- Is chosen by the family
- Consists of family members, friends, community supports and providers who are interested in supporting the goals of the child and family
- Differs depending on the goals identified by the Person-Centered Plan
- Can be called together as needed

Utilization Management

Cardinal Innovations is 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 right for you
- Whether the person requesting services is eligible for benefits

Cardinal Innovations does 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 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.
 - Cardinal Innovations 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 such as Peer Support, or Substance Abuse Intensive Outpatient Programs (SAIOP) before an authorization is required

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.

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

Utilization Review

Our Clinical staff also performs a detailed review of services based on the provider's documentation. This is called a Utilization Review. The Utilization Review is done to make sure you receive quality clinical care. This review is done to:

- Assess the quality of services provided
- Meet compliance with service definitions
- Determine whether the services were consistent with best practices.
- Review any concerns with the quality of services provided

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 behavioral health, and intellectual and developmental disability 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

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 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-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.

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>.

This form can be mailed to:

Cardinal Innovations Healthcare
Attn: Quality Management
550 South Caldwell Street, Suite 1500
Charlotte, NC 28202

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.

| How to File a Grievance | |
|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Verbally | Call: 1.888.213.9687 |
| In writing | Download form: https://www.cardinalinnovations.org/Contact/Report-concerns Mail completed form to: Cardinal Innovations, Attn: Quality Management, 550 South Caldwell St., Suite 1500, Charlotte, NC 28202 |
| What if I want to discuss my concern before filing a grievance | Call 1.888.213.9687 to discuss a concern with the grievance resolution specialist |

Appeals

You have the right to ask for a review of certain decisions Cardinal Innovations makes. 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

Important Appeal Timelines

| | |
|------------|---------------------------------------------------------------------------------------------------|
| 60 | days to request a Reconsideration Review |
| 30 | days to receive a response |
| 120 | days from response to request a hearing with the North Carolina Office of Administrative Hearings |

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 Cardinal Innovations' 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 Cardinal Innovations' decision. The reviewer examines:
 - Your request
 - The information Cardinal Innovations considered
 - Any additional information you would like to submit

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 days of the date on the decision letter. You may return the form by fax, mail, email or in person. You also may notify Cardinal Innovations of your request verbally by calling us. Verbal notifications must be followed by submission of the written Reconsideration Review

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.

Request Form, unless your request was for an expedited reconsideration review.

You may ask to review any information used as part of the reconsideration review process.

You may also submit any additional information verbally or in writing you feel supports your request for Medicaid services.

We will notify you about the reconsideration review decision within 30 days (with a possible extension of up to an additional 14 days).

An expedited reconsideration review can be requested by you or your provider on your behalf. You have 30 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. An expedited reconsideration 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.

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 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 to 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
- 10 days after Cardinal Innovations mails 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

The Office of Administrative Hearings issues a final decision that upholds Cardinal Innovations original decision:

If the Office of Administrative Hearings upholds Cardinal Innovations' decision to reduce, suspend or terminate the requested service, then 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/Cardinal.Innovations/media/Documents/Resource%20Library/Handbook/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 919.431.3000 or call 704.939.7700 and ask to speak to the Appeals Coordinator.

Note: Appeals information is available in the member's primary language.

Fraud and Abuse

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

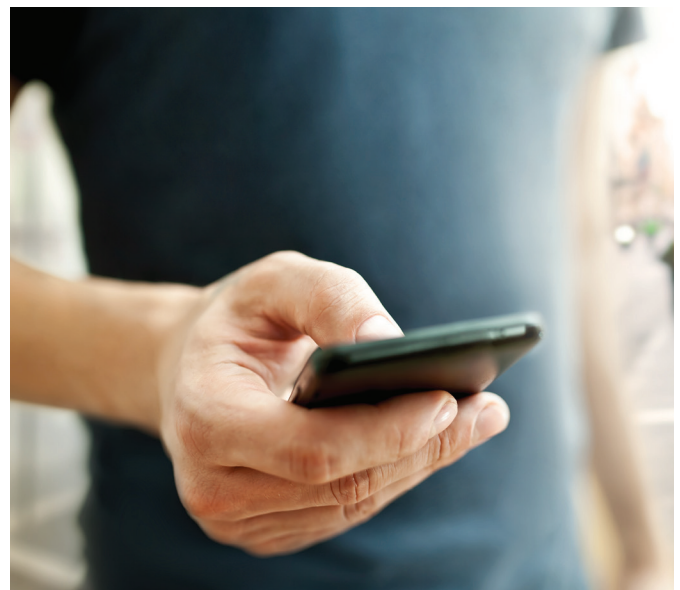
Dos and Don'ts

- 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
- Name of Medicaid recipient and Medicaid ID number
- Name of healthcare 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: | |
|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Submitting the Report Suspected Fraud or Abuse Form located on our website: | https://www.cardinalinnovations.org/Contact/Report-fraud-abuse |
| Call our Fraud and Waste Hotline: | 1.800.357.9084 |
| Call the toll-free Anonymous Concern Line: | 1.888.213.9687 |
| Email our Compliance Department: | compliance@cardinalinnovations.org |
| Call the Division of Medical Assistance (DMA) Medicaid Fraud, Waste and Program Abuse Tip Line: | 1.877.DMA.TIP1 (1.877.362.8471) |
| Contact DHHS Customer Service | Complete and submit a Medicaid fraud and abuse confidential online complaint form by going to: https://medicaid.ncdhhs.gov/get-involved/report-fraud-waste-or-abuse/complaint-form or call 1.800.662.7030 |
| Call the State Auditor's Waste Line: | 1.800.730.TIPS (1.800.730.8477) |
| Call the U.S. Office of Inspector General's Fraud Line: | 1.800.HHS.TIPS (1.800.447.8477) |
| Contact the U.S. Government Accountability Office FraudNET: | Call 1.800.424.5454 or go to the website http://www.gao.gov/fraudnet |

Governance and Advocacy

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

- County Commissioners
- Individuals from the healthcare industry
- Members from our Community Boards
- Members from the Executive Consumer and Family Advisory Committee (CFAC)

The Board is in charge of overseeing the service system for adults and children with mental health, intellectual and developmental disability or substance use disorder needs. 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 carrying out of the local business plan
- Identify service gaps and underserved populations
- Make suggestions about the service array and monitor the creation of additional services

- Review and comment on our county program 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 the Cardinal Innovations Grievance Procedure.

For questions about the committee, email Community Operations at memberquestions@cardinalinnovations.org.

Annual Quality Improvement Plan

The Cardinal Innovations Quality Improvement Program is an important way to make sure that you receive quality services. Our goal is to create a program that is effective and responsive, and addresses issues that affect our members and providers. The focus of the program is administrative and service 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.

Cardinal Innovations seeks input for the Quality Improvement Plan from internal departments based on key quality indicators. We also get input from the Global Continuous Quality Improvement and Clinical Advisory subcommittees. These are groups that include providers, members and their families. The goals in the 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 2018-2019 Annual Quality Assurance and Quality Improvement Plan* is posted on our website under Outcomes & Evaluations in the Resource Library. You may click the following link to go directly to Evaluations & Outcomes: <https://www.cardinalinnovations.org/Cardinal.Innovations/media/Documents/Resource%20Library/Report/Annual-Quality-Strategy-Performance-Improvement-Plan-FY-2019.pdf>.

**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.*

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: May 26, 2016

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 company. 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 healthcare 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 healthcare 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 healthcare 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 healthcare 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 healthcare 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 healthcare 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 purpose of activities related to monitoring an FDA-regulated product, to a person subject to the jurisdiction of the 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
 - We will not market or sell your health information 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 healthcare 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:

Privacy Officer
550 South Caldwell Street
Suite 1500
Charlotte, NC 28202
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.)

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.

| | |
|---------------------------------------------------------------------------------|-----------------------|
| Your behavioral healthcare Provider's name and phone number | |
| Your Care Coordinator's name and phone number | |
| Cardinal Innovations 24-hour, toll-free, Crisis and Referral Line | 1.800.939.5911 |
| Your Open Access Center (Refer to Page 20 to find the center closest to you) | |
| Your primary care doctor's name and phone number | |
| Your pharmacy's address and phone number | |
| Your closest hospital for medical needs | |

