



Member Rights and Responsibilities

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

Member Rights

All IBHP members have the right to:

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

21. Not be kept alone or forced to do something you do not want to do.
22. Give input on these Rights and Responsibilities.
23. Have providers make decisions about your care based on treatment needs.
24. Get IBHP services you are eligible for according to Federal and State laws about your rights.
25. Make decisions about your treatment
 1. If you cannot make them by yourself, you can have someone help you or do it for you.
 2. You can refuse treatment unless the law makes you get it.
26. Ask for and get a second opinion at no cost when you:
 1. Need more information about a treatment
 2. Think the provider is not giving you the right care
27. Not be kept alone or held back because Magellan or a provider wants to:
 1. Force you to do something
 2. Discipline you
 3. Make things easier for a provider
 4. Punish you
28. File a Complaint about Magellan, a provider, or your care (see the Complaints, Appeals and State Fair Hearings Chapter for more information).
29. File an Appeal about an action or decision Magellan made (see the Complaints, Appeals and State Fair Hearings Chapter for more information).
30. Ask for a State Fair Hearing if you are not happy with the outcome of your appeal (see the Complaints, Appeals and State Fair Hearings Chapter for more information).
31. Ask for and get a copy of your records for free and ask for changes or corrections to them.
32. Exercise your rights without it negatively affecting the way Magellan or network providers treat you.
33. Get written information about psychiatric advance directives (Mental Health Declarations) and your rights under State law (see the Mental Health Declarations chapter for more information).
34. Get IBHP services you are eligible for whether or not you have completed an advance directive (Mental Health Declaration).
35. Get information you can understand from your providers and be able to talk to them about your options without any interference from Magellan or regard to cost or coverage.
36. Get a written statement of Patient Rights and Responsibilities from your or your child's provider, before you or your child get mental health services, that has information on who to contact with questions, concerns or complaints.
37. To request reasonable accommodations if you have a visual, hearing, or physical disability to ensure you can get all services you are eligible for.
38. Know that Magellan complies with applicable Federal and State laws including:
 1. Title VI of the Civil Rights Act of 1964
 2. The Age Discrimination Act of 1975
 3. The Rehabilitation Act of 1973
 4. Titles II and III of the Americans with Disabilities Act
 5. Other laws about privacy and confidentiality
39. Be protected by parity requirements for total lifetime and annual dollar limits, and requirements for financial requirements and treatment limitations.
40. Not have to pay for services if:
 1. Magellan goes out of business
 2. The State of Idaho does not pay Magellan or a provider
 3. A provider bills you for amounts over what Magellan covers

41. Get conflict-free case management if you are eligible for case management.
42. Get emergency help when and where you need it without Magellan's approval.
43. Reject services.
44. Talk to us and your child's providers about changes made to their care plan for visitation or care arrangements when placed out of the home, such as residential treatment or foster care.
45. At the time of out-of-home placement (voluntary or involuntary), be informed through a service agreement, in terms you understand, of the rights and obligations of you, your child or ward, providers and Magellan while the child is there.
46. Have a six (6)-month review for a child in out-of-home placement.
47. If you or your child is admitted to a facility (voluntary or involuntary), be informed, orally and in writing, of your and your child's rights and obligations in terms you can understand.
48. If you or your child have been taken to a social detoxification facility (where you/they can stay for up to 3 days), you/your child have the right to:
 1. Request and take a test to see if you are intoxicated or using a substance of abuse
 2. Be released if the tests show you are not
 3. Have the facility keep a record of your test results
49. If your child is in a facility, they have the right to:
 1. Be treated nicely in a clean and safe place
 2. Leave for a short time if it is safe for you/them to do so
 3. Not be restrained or secluded if you/they don't need to be
 4. Not get hit or otherwise abused
 5. Get enough food, liquid and exercise
 6. Have visitors in private if appropriate
 7. Send and get mail and get help writing letters
 8. Talk on the phone in private and get help using the phone
 9. Call people who are far away if you/they can pay what it might cost
 10. Pray, meditate, or do other religious acts and not be punished
 11. Have personal belongings as long as they cannot be used to hurt you/your child
 12. Tell people what your/your child's rights are and not be punished
 13. Have a lawyer help you/your child
 14. Not take too many or unhelpful medicines
 15. Get schooling
50. If your child's admission to a facility was voluntary with your consent:
 1. Tell the facility if they can give your child medicine
 2. Tell the facility to stop giving your child medicine at any time unless it is an emergency
 3. Have your child's facility admission reviewed after 30 days
 4. Be notified seven (7) days in advance of your child's 30-day admission review
51. If your child goes to a facility because of an emergency, you/they have the right to:
 1. Be told by the provider what services they may need and how long they might take
 2. Be released to you within 24 hours, unless a court says your child needs an evaluation
 3. If a court says your child needs an evaluation, be told orally and in writing:
 1. Why the court ordered it
 2. What might happen
 3. Your right to talk to a lawyer
 4. Your right to get treatment

52. If a court orders your child to go to a facility for 120 days, they have the right to:
 1. Talk to the court about it within three (3) days of the order
 2. Have a lawyer help them
 3. Have their lawyer go to the court without them
53. Have a lawyer help your child at any time and get free help from a lawyer if you/they can't pay for one.

Member Responsibilities

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

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

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

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

Mail: Magellan Healthcare, Inc.
 Civil Rights Coordinator
 Corporate Compliance Department
 8621 Robert Fulton Drive
 Columbia, MD 21046

Phone: [1-800-424-7721](tel:1-800-424-7721) (TTY [711](tel:711))

Email: compliance@magellanhealth.com

Member Signature: _____ Date: _____

Provider Signature: _____ Date: _____