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# Beacon Health Options Substance Abuse Prevention and Treatment Services (SAPT) in Kansas Member Handbook

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This document is a guide for Kansans looking for substance abuse prevention and treatment services. To talk to a case manager call 1-866-645-8216.

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## CONTACT

You can call Beacon Health Options 24 hours a day, 7 days a week at 1-866-645-8216 to talk to a customer service representative in English or Spanish. Other interpreter services are also available. Our customer service person can help you:

- **Learn about substance abuse treatment services**
- **Find a treatment provider who meets your needs**
- **Find answers to your questions**
- **Learn about your substance abuse treatment and rights**
- **File a grievance or appeal**
- **Talk to a care manager to help you**

The Beacon Health Options office is located at the following address:

Beacon Health Options Engagement Center  
Core First Bank  
100 SE 9<sup>th</sup> Street, 5<sup>th</sup> Floor  
Topeka, KS 66612

For more information visit our website at: [kansas.beaconhealthoptions.com](https://kansas.beaconhealthoptions.com)

## DESCRIPTION OF MEMBER SERVICES

### **What does it mean to be a Beacon Health Options member?**

As a Beacon Health Options member, you are eligible to receive Substance Abuse Prevention and Treatment Services (SAPT).

### **How do you become a Beacon Health Options member?**

If you qualify for Behavioral Health Services funding, you are also automatically enrolled as a Beacon Health Options member.

### **Who is eligible?**

Kansas residents with Substance Abuse Prevention and Treatment Service (SAPT) needs whose income is at or below 200% of the Federal Poverty Guidelines (FPG) are eligible for treatment services through Behavioral Health Services funding.

### **How does my care get authorized?**

Your Substance Abuse Prevention and Treatment Services (SAPT) provider must let Beacon Health Options know about the treatment you need before you receive SAPT services. The only exception to this would be if you are a pregnant woman, woman with children, in need of initial outpatient treatment or social detoxification. In these situations, the initial request for services is considered “On Demand” and does not require pre-authorization.

When your provider lets Beacon Health Options know what type of treatment you need, Beacon Health Options staff only has a certain amount of time to make a decision about whether or not the treatment is medically necessary. If the treatment your provider is requesting is for a residential program, Beacon Health Options has 24 hours from the time we know about the request to make a decision about medical necessity. If the treatment your provider is requesting is for an outpatient program, Beacon Health Options has 14 days from the time we know about the request to make a decision.

## YOUR SUBSTANCE ABUSE TREATMENT BENEFITS

### **How can I get treatment for a substance abuse problem?**

If you would like to get Substance Abuse Prevention and Treatment Services (SAPT), call our Customer Service Line 24 hours a day, seven days a week at 1-866-645-8216. Your call will be answered by a person who understands your situation and can help:

- Learn about substance abuse treatment services
- Find a treatment provider who meets your needs
- Find answers to your questions
- Learn about your substance abuse treatment and rights
- File a grievance or appeal
- Talk to a care manager to help you

## COVERED BENEFITS

### What kind of services can I get?

Getting services for substance abuse problems can help you think, feel, and act better. The services you get depend on your needs and on the state agency that is paying for your care; all services are not available to all members. If you have questions about your benefits, please call the Beacon Health Options Customer Service Line at 1-866-645-8216 to receive detailed information regarding services.

### What services are covered?

#### Outpatient

- Individual Counseling
- Group Counseling
- Peer Support
- Crisis Intervention

#### Intensive Outpatient Treatment

- Intensive Outpatient

#### Residential Treatment

- Reintegration
- Intermediate
- Social Detoxification

#### Auxiliary Services

- Assessment/Referral
- Person-Centered Case Management (PCCM)
- Support Services
- Dependent Children-Overnight Boarding

#### Problem Gambling

- Intake and Assessment (Problem Gambler and Concerned Other)
- Individual Counseling (Problem Gambler and Concerned Other)
- Group Counseling (Problem Gambler and Concerned Other)
- Residential Treatment (Problem Gambler)
- Transportation Services
- Voluntary Exclusion Program (VEP) Exit Interview

Social Detox is available to all Beacon Health Options members, but is paid for by Behavioral Health Services funds. Please contact Beacon Health Options at 1-866-645-8216 to determine which services you are eligible for.

If you are a Behavioral Health Services member, you may have to pay a portion of the bill for services covered by your Behavioral Health Services Substance Abuse Plan. Your provider should let you know if you will be billed for services before you receive treatment.

## TREATMENT PROVIDERS

Beacon Health Options wants you to get the best possible care. We make it easy for you to choose a treatment provider from our network or continue seeing your current treatment provider if they have been approved by KDADS to receive an SAPT grant allocation. . If a member finds that a program's mission and values do not agree with his or her own, the individual has the right to object and get a referral to a different treatment provider within a reasonable period of time.

### **How do I find a treatment provider?**

Beacon Health Options has treatment providers located throughout Kansas. If you would like to get Substance Abuse Prevention and Treatment Services (SAPT), please call our Customer Service Line at 1-866-645-8216 and we will help you find a treatment provider as close to where you live as possible. We will try to match the treatment provider's skills with your needs. You can also find a treatment provider by visiting the Beacon Health Options Web site at [kansas.beaconhealthoptions.com](https://kansas.beaconhealthoptions.com) or by contacting Beacon Health Options to have a directory mailed to you. The treatment provider directory gives the treatment provider's name, address, and languages spoken other than English.

### **How soon can I see a treatment provider?**

Beacon Health Options has contracted with treatment providers to use the following guidelines when making appointments:

- Routine Appointments (not an emergency or urgent situation) -- the treatment provider should offer you an appointment within 14 days from the day you call.
- Urgent Situation -- you should be seen within 24 hours of the time you call.
- For Emergencies (prior authorization is not required) you should immediately go to a hospital or call 911.
- If your treatment provider does not schedule your appointment in the time noted above, please call the Beacon Health Options Customer Service Line at 1-866-645-8216.

### **What if I am not happy with my current Substance Abuse treatment provider?**

If you are not happy with your current treatment provider, please call the Beacon Health Options Customer Service Line at 1-866-645-8216 and we will help you find another one and or file a grievance. For details on the grievance process, please see page 9 in this handbook.

## **RIGHTS AND RESPONSIBILITIES**

### **What are my rights?**

It is the policy of Beacon Health Options that members, parents, guardians, and other family members, where applicable by law, have certain rights and protections. Beacon Health Options staff and treatment providers must respect these rights. Each member is free to exercise their rights without fear that KDADS, Beacon Health Options or treatment providers will treat them negatively. All members shall be guaranteed the following rights and protections:

#### Company and Provider Information

- You have the right to receive information about Beacon's services, benefits, practitioners, providers, member rights and responsibilities and clinical guidelines.

#### Respect

- You have the right to be treated with respect, dignity, and privacy regardless of race, gender, veteran status, religion, marital status, national origin, physical disabilities, mental disabilities, age, sexual orientation, or ancestry.
- You have a right to receive information in a manner and format that is understandable and appropriate. You have the right to oral interpretation services free of charge for any Beacon materials in any language.
- You have the right to be free from restraint and seclusion as a means of coercion, discipline, convenience, or retaliation.

#### Member Input

- You have the right to have anyone you choose speak for you in your contacts with Beacon. You have the right to decide who will make medical decisions for you if you cannot make them. You have the right to refuse treatment, to the extent allowed by the law.
- You have the right to be a part of decisions that are made about plans for your care. You have the right to talk with your provider about the best treatment options for your condition, regardless of the cost of such care, or benefit coverage.
- You have the right to obtain information regarding your own treatment record with signed consent in a timely manner and have the right to request an amendment or correction be made to your medical records.
- You have the right to a copy of your rights and responsibilities. You have a right to tell Beacon what you think your rights and responsibilities as a member should be.
- You have the right to exercise these rights without having your treatment adversely affected in any way.

## Complaints

- You have the right to make complaints (verbally or in writing) about Beacon staff, services or the care given by providers.
- You have a right to appeal if you disagree with a decision made by Beacon about your care. Beacon administers your appeal rights as stipulated under your benefit plan.

## Confidentiality

- You have the right to have all communication regarding your health information kept confidential by Beacon staff and contracted providers and practitioners, to the extent required by law.

## Access to Care, Services, & Benefits

- You have the right to know about covered services, benefits, and decisions about health care payment with your plan, and how to seek these services. You have the right to receive timely care consistent with your need for care.

## Claims and Billing

- You have the right to know the facts about any charge or bill you receive.

## **What are my responsibilities?**

It is the policy of Beacon Health Options that members, parents, guardians, and other family members, where applicable by law, have the responsibility to:

- You have the responsibility to provide information, to the best of your ability that Beacon or your provider may need to plan your treatment.
- You have the responsibility to learn about your condition and work with your provider to develop a plan for your care. You have the responsibility to follow the plans and instructions for care you have agreed to with your provider.
- You are responsible for understanding your benefits, what's covered and what's not covered. You are responsible for understanding that you may be responsible for payment of services you receive that are not included in the Covered Services List for your coverage type.
- You have the responsibility to notify your health plan and or Beacon and your provider of changes such as address changes, phone number change, or change in insurance.
- If required by your benefit, you are responsible for choosing a primary care provider and site for the coordination of all your medical care.
- You are responsible for contacting your Behavioral Health Provider, if you have one, if you are experiencing a mental health or substance use emergency.

## **What is Fraud and Abuse?**

Health care fraud and abuse is a willful deception or lie, made by a member, family member, provider, or any other person, knowing that this could result in some unauthorized benefit to that person or another interested party. If you think that a provider, a member, or any other person is involved with fraud and abuse involving the Beacon Health Options of Kansas plan, please report it immediately to Beacon Health Options by calling our Customer Service Department at 1-866-645-8216.

## CONFIDENTIALITY

Beacon Health Options is required by federal and state laws to maintain the privacy of your health care information. As part of our day-to-day activities, Beacon Health Options may need to create, receive, or keep medical information about you. Examples of how we may use and or share your information include:

- To arrange for treatment with those who can provide the care you require.
- To coordinate your care among treatment providers or between a treatment provider and an insurance company or government aid program.
- To pay claims submitted by your treatment providers.
- To look at how you and others use services so we can provide access to better care.
- To comply with federal, state, or local law when ordered by the courts to submit your information.
- To put together information about disease or injury to report it to a public health authority.
- To cooperate with law enforcement or other public safety agency in order to prevent or reduce a serious threat of harm.
- We will not disclose your health information without your written permission, except in the following cases:
  - Internal treatment program communications
  - Crimes on program premises or against program personnel
  - Child abuse reporting
  - Medical emergencies
  - Court ordered disclosures
  - Disclosure to Qualified Service Organizations (QSOs)

To obtain a complete listing of the privacy rules for Beacon Health Options visit our website at: [kansas.beaconhealthoptions.com](http://kansas.beaconhealthoptions.com)

## GRIEVANCES

### What is a grievance?

A grievance is an expression of dissatisfaction about any matter other than a denial of a requested service. This may include, but is not limited to, the quality of care or services provided, rudeness of a treatment provider or treatment provider's employee, or a failure to respect your rights.



Beacon Health Options understands that there may be times when you are not happy with the services you get. We want to know when this happens. By telling us when you are unhappy, we can help you solve the problem. It also tells us how we can improve care for everyone. Beacon Health Options has a process for handling grievances, and we want you to use this process. You or your designee may file a grievance either orally or in writing. If you choose another person or entity to file a grievance for you, you must specify in writing to Beacon Health Options who your designee is. Beacon Health Options will not hold it against you or your designee if you file a grievance. Any grievance you file with Beacon Health Options will be confidential. Beacon Health Options will not share it with anyone else unless you tell us we can or if it is required by law.

### **How do I file a grievance?**

We encourage you to work out your issues directly with your treatment provider, when possible. You can do this by telling your treatment provider about the issue or writing him/her a letter. You can also file a grievance with Beacon Health Options by calling our Customer Service Line or writing a letter and sending it to:

**Beacon Health Options Engagement Center  
Core First Bank  
100 SE 9th Street, 5th Floor  
Topeka, KS 66612**

A customer service representative can explain how the Beacon Health Options grievance system works and can help you file your grievance to speak to a representative call 1-866-645-8216.

### **When should I file a grievance?**

You have up to 180 calendar days to file a grievance. The 180 calendar days start on the date the event happened. Please contact us as early as possible so we can begin to investigate and solve the problem. You will receive a letter to let you know we have received your grievance and an estimated resolution date. We will try to resolve your grievance within 14 calendar days of the date we receive all of the required information. You will receive a letter within the 14 calendar days informing you how we have resolved the problem. We may extend that time up to an additional 14 days if you ask for more time or if KDADS agrees that more time would be in your best interest.

## **APPEAL OF ACTION**

### **When can I file an appeal of an action?**

There may be times when your services for a substance abuse problem are reduced, denied or stopped due to a Beacon Health Options action. This can happen when your needs change and you do not need the same amount of care. It is also considered an action if we do not authorize or provide access to services in a timely manner.

If Beacon Health Options reduces, denies, or stops requested services, we will send you a Notice of Action. We will also send a Notice if we deny payment for a service already received that you might have to pay for. This Notice of Action explains our decision, when the decision takes effect, and your

appeal rights. The Notice of Action also tells you about your right to request a fair hearing with the Office of Administrative Hearings and your right to request a continuation of benefits.

You can file an appeal with Beacon Health Options any time within 30 calendar days of the date that we sent you our Notice of Action. You can have someone else file the appeal for you, including your treatment provider, but we have to have your permission in writing to let this person file on your behalf. For clinical appeals this requires you to complete a valid release form.

You can request a fair hearing with the Office of Administrative Hearings at any time within 30 calendar days of Beacon Health Options Notice of Action. You can request a fair hearing even if you also file an appeal with Beacon Health Options. A fair hearing request must be made in writing, signed, and sent to the Office of Administrative Hearings, 1020 S Kansas Avenue, Topeka, KS 66612-1311. You may access a Fair Hearing Request form at <https://oah.ks.gov/>. Generally, the hearing is held within 45 days after your request is filed with the agency. Notice of the date, time, and place of the hearing will be sent to you at least 10 days before the hearing.

### **Does the Beacon Health Options appeal have to be in writing?**

You can tell someone in Beacon Health Options Customer Service that you want to appeal an action. The Customer Service Representative can explain and assist you with the process. If you tell the Customer Service Representative you want to appeal an action, you must also make the appeal in writing within 10 days of making the verbal request. We will send you a letter to let you know we received your appeal. You can give us more information about your case in person or in writing. You can also ask to see your case file at any time during the appeal process.

### **How long will this take?**

Beacon Health Options has 14 calendar days to review the decision. We will send you a letter before the 14 days are over. This letter will tell you what we decided upon review of the original action. You can ask for an extension of 14 more days if you need more time to prepare your case. Additionally, if we need more time, Beacon Health Options can ask KDADS for a 14-calendar-day extension. KDADS will only give us more time if you, the member, ask for more time or if the agency thinks an extension is in your best interest.

### **Can I still get benefits during the appeal?**

Your benefits may continue while the appeal and or fair hearing process are taking place. Your benefits will continue if all of the things below happen:

- You file the appeal on time (within 30 days of the date Beacon Health Options mails the Notice of Action).
- The action involves the termination, suspension, or reduction of services already authorized.
- The services were ordered by an approved treatment provider.
- The time period covered by the original authorization has not expired.
- You ask us to continue the benefits.
- Beacon Health Options will provide benefits until one of the following occurs:
  - You stop the appeal.
  - Ten (10) days have passed since the date Beacon Health Options mailed you the resolution letter and you have not requested a State Fair Hearing.
  - The Office of Administrative Hearings decides in favor of Beacon Health Options.

- The time period or service limits of a previously authorized service has expired.

If Beacon Health Options or the Office of Administrative Hearings decision is to agree with the original denial of services, and you got these services during the appeal or fair hearing process, you will have to pay for the services you received during that time.

If Beacon Health Options or the Office of Administrative Hearings changes a decision to deny, limit, or delay services, and you did not get these services during the appeal process, Beacon Health Options will authorize services as quickly as possible.

### **EXPEDITED RESOLUTION OF APPEALS**

There may be times when a person could be hurt if we wait to make our decision. In this case, we would speed up (*expedite*) the appeal. This means that we will work to resolve the problem as quickly as possible. You (or your treatment provider on your behalf) can request that Beacon Health Options expedite your appeal. This request does not have to be in writing.

If Beacon Health Options decides your appeal should be expedited, we will make our decision within three (3) business days of when the appeal was filed. We may extend that time up to 14 days if you ask for more time or if KDADS agrees that more time would be in your best interest. We will make every attempt to contact you as quickly as we can to let you know of our decision on your appeal and will also send you a letter.

If we do not agree that your appeal should be expedited, we will still handle your appeal within the standard 14-day time frame. We will make every attempt to contact you as quickly as we can to let you know about our decision to handle your appeal in the standard time frame and will also send you a letter. If you are not happy about handling your appeal in the standard time frame, you have the right to file a grievance.

Beacon Health Options of Kansas complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Beacon does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Beacon provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
- Qualified interpreters
- Information written in other languages If you need these services, contact Provider Relations.

If you believe that Beacon has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Complaints and Grievance Coordinator, 100 SE 9th 5th Floor Suite 501 Topeka, KS 66612, by phone at (866) 645-8216, fax 785-338-9048. You can file a grievance in person or by mail, fax, or phone. If you need help filing a grievance, the Quality Manager is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>; or by mail or phone at:

U.S. Department of Health and Human Services,  
200 Independence Avenue SW., Room 509F,  
HHH Building, Washington, DC 20201,  
1-800-868-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-(866) 645-8216

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-(866) 645-8216

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-(866) 645-8216

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-(866) 261-1286 (TTY : 1-877-334-0077).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-(866) 261-1286 (TTY : 1-877-334-0077)

LALE: Ñe kwōj kōnono Kajin Majōl, kwomaron bōk jerbāl in jipañ ilo kajin ñe am ejjelok wōñān. Kaalok 1-(866) 645-8216

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-(866) 645-8216

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-(866) 645-8216

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-(866) 261-1286 (TTY: 1-877-334-0077)번으로 전화해 주십시오.

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-(866) 645-8216

ध्यान द : य द आप हदी बोलते ह तो आपके िलए मुफ्त म भाषा सहायता सेवाएं उपलब्ध हा 1-(866) 261-1286 (TTY: 1-877-334-0077) पर कॉल कर ।

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-(866) 645-8216

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-(866) 645-8216

注意事項 : 日本語を話される場合、無料の言語支援をご利用いただけます。1-(866) 261-1286 (TTY:1-877-334-0077) まで、お電話にてご連絡ください。

**\*For more information, tools, and other resources on hundreds of topics, including depression, stress, anxiety, alcohol, marriage, grief and loss, child/elder care, and work/life balance visit:**  
<https://www.achievesolutions.net/achievesolutions/en/Home.do>.