



Category: A. Care Management Agency Staffing

Title: 2. After Hours Emergencies

Applies to:

- St. Peter's Health Partners (SPHP)
- All SPHP Component Corporations **OR** Only the following Component Corporations: [\(Click here for a list\)](#)

- All SPHP Affiliates **OR** only the following Affiliates: [\(Click here for a list\)](#)
 All Capital Region Health Connections Care Management Agencies
- St. Peter's Health Partners Medical Associates (SHPMA)

Contents

PURPOSE 1

POLICY STATEMENTS 1

SCOPE OF AUTHORITY / COMPETENCY..... 1

DEFINITIONS..... 2

PROCEDURE 2

 A. Care Management Agency Hours 2

 B. After Hours Emergencies 2

ATTACHMENT A: Member Bill of Rights 4

PURPOSE

The purpose of this policy is to provide a standard set of expectations regarding on-call staffing requirements for Care Management Agencies

POLICY STATEMENTS

It is the policy of Capital Region Health Connections that all enrolled Health Home Members be made aware of how to obtain crisis services outside of regular business hours.

SCOPE OF AUTHORITY / COMPETENCY

All Care Management Agencies that comprise the Capital Region Health Connections Health Home program.

DEFINITIONS

Health Home Member: An individual who is enrolled in Health Home services.

Mobile Crisis Team: The after-hours psychiatric emergency services available in Albany County.

Samaritan Hospital Crisis Unit: The after-hours psychiatric emergency services available in Rensselaer County.

PROCEDURE

A. Care Management Agency Hours

1. All Care Management Agencies (CMA's) are permitted to set their own business hours during which time Care Coordinators and other agency staff will be available to Health Home Members.
2. The CMA's regular business hours, as described above, should be communicated to Health Home Members.
3. Health Home Members should be notified of their CMA's after hours or on-call system. This should be done via the Member Bill of Rights at the bottom of page one (1) (See Attachment A). Additionally, Members should be educated on the appropriate utilization of this resource.

B. After Hours Emergencies

1. All enrolled Health Home Members should be made aware of the psychiatric emergency services available to them in the community to be utilized when Care Management Agencies are not open.

Albany Mobile Crisis Team	24 hours a day, 7 days a week	518-549-6500
CDPC Crisis Unit	24 hours a day, 7 days a week	
Samaritan Hospital Crisis Unit	24 hours a day, 7 days a week	518-271-3540
Ellis Hospital Crisis Unit	24 hours a day, 7 days a week	518-243-4000
Northern Rivers Mobile Crisis Services	M-F 8:00am – 10:00pm S-S 11:00am – 7:00pm Holidays 10:00am – 6:00pm	518-292-5499

2. All enrolled Health Home Members should be made aware of options for medical emergencies after hours and when to utilize those supports. This would include the use of the Emergency Department, Urgent Care Center and physician supports made available via the Member’s Primary Care Physician.

3. In the event of an after-hours emergency, Care Coordinators should follow-up with Members, in-person whenever possible, upon learning of the after-hours emergency. In addition, the appropriate and consented providers should be notified to provide support and follow-up post-emergency.

Approving Official: Rachel Handler, MS CRC, LMHC		Effective Date: December 1, 2019
Key Sponsor: Janelle Shults, LMSW		Original Date: May 1, 2017 Reviewed/Revised Date: December 1, 2019
Reviewed By: Lindsay Homenick, MSW		*Reviewed, No Revisions **Revised without Full Review
Search Terms:		Replaces: Care Management Agency Staffing: After Hours Emergencies (May 1, 2017) Care Management Agency Staffing: After Hours Emergencies (December 1, 2017)



ST PETER'S HEALTH
PARTNERS

Capital Region Health Connections

Health Home
2212 Burdett Avenue
Troy NY 12180
ph (518) 271-3301
fx (518) 271-5009
sphp.com

ATTACHMENT A: Member Bill of Rights

Welcome to Capital Region Health Connections!

Capital Region Health Connections (CRHC) services are voluntary and use your Medicaid benefits, so there is no cost to you. As a member of CRHC, you and your family or caregivers, will have a single contact for your medical and community service needs. This could include behavioral health service, substance abuse services and housing support, etc.

Your Care Coordinator is: _____

Your Care Management Agency is: _____

You can reach your Care Coordinator at: _____

We hope you are happy with your services through CRHC. If you have any concerns or questions about CRHC you can call 518-271-3301 or 1-855-358-4482. Our office hours are Monday through Friday from 8:00am to 4:00pm.

MEMBER RIGHTS AND RESPONSIBILITIES: Your Rights

As a CRHC Member, you have rights. Your rights are written out below.

- The right to receive language translation services or hearing or vision assistance.
- The right to have services delivered with respect and dignity and in way that is free from discrimination.
- The right to confidentiality and privacy of your health information as required by State and Federal law.
- The right to provide input in your Plan of Care which is created by you and your Care Coordinator to help you manage your needs.
- The right to receive a copy of the Plan of Care.
- The right to have your Plan of Care shared with others at your request.
- The right to take an active role in your health care treatment options with your doctor, including the right to select providers.
- The right to receive help from your Care Coordinator in accessing your records from other providers.
- The right to be notified when CRHC or other services are changed or ended and why.
- The right to have others involved in your care.
- The right to allow another person to act on your behalf.
- The right to know who your Care Coordinator is and how to contact that person.
- The right to access Care Coordination services anytime by calling: _____.

MEMBER RIGHTS AND RESPONSIBILITIES: Your Responsibilities

As a CRHC Member, you have responsibilities. Your responsibilities are written out below.

- Return phone calls or other messages from the Care Coordinator.
- Participate in a safe and professional relationship with your Care Coordinator.
- Support a safe and trusting atmosphere when meeting with your Care Coordinator.
- Be involved in the Plan of Care development.
- Tell your Care Coordinator if you decide to stop consent to share confidential information with other specific providers or people.
- Tell your Care Coordinator if you decide to stop participating in Health Home services.
- Tell the right people if you are dissatisfied with your services. This could be your Care Coordinator, the Health Home, your Managed Care Organization (MCO), or the Department of Health.

COMPLAINTS

If you are unhappy with any services, we want to know about it and fix it. Many of your concerns can be addressed with your Care Coordinator directly, either in person or over the phone. If you are not comfortable talking to your Care Coordinator about it, or your Care Coordinator does not solve the problem, please follow the steps below to file a complaint. You can always ask someone you trust to help you file the complaint or file it for you. If you need our help because of a hearing or vision impairment, or if you need translation services, we can help you. We will not make things hard for you or take any action against you for filing a complaint.

How to File a Complaint:

To file by phone, call us at: _____.

If you want to speak to someone in person, please call to let us know you want to file a complaint in person.

What Happens Next:

When we get your complaint, we will work with you to fix the issue right away over the phone or in person. If we cannot find a solution right away, we will work to have one within 10 business days of when you told us about your concern.

If we are not able to come to a solution that works for everyone involved within ten days, we will send your complaint to the Lead Health Home, Capital Region Health Connections.

Your complaint will be reviewed by one or more qualified people. If your complaint involves clinical matters your case will be reviewed by one or more qualified health care professionals.

Capital Region Health Connections will work with you and the Care Management Agency to come up with a solution as soon as possible, but within 10 business days.

If we are unable to make a decision about your Complaint because we don't have enough information, we will send a letter and let you know.

FAIR HEARINGS

In some cases you may ask for a Fair Hearing from New York State if you are not satisfied with a decision your local Department of Social Services (DSS) or the State Department of Health, or CRHC has made.

How to Request a Fair Hearing:

- 1) **Telephone:** Call the state wide toll free number at 1-800-342-3334; OR
- 2) **Fax:** Fax the state at 518-473-6735; OR
- 3) **On-Line:** Complete and send the online request form at:
<http://otda.ny.gov/programs/applications/>; OR
- 4) **Letter:** Fair Hearing Section
New York State Office of Temporary and Disability Assistance
P.O. Box 1930
Albany, New York 12201.

IMPORTANT NUMBERS

Some other important numbers for you to know are listed below.

Your Care Coordinator: _____	
Your Care Management Agency: _____	
Capital Region Health Connections, Your Health Home	518-271-3301
Your Managed Care Organization (MCO): _____	
New York State Medicaid Helpline	800-541-2831
New York State Department of Health (Main Number)	518-402-0836
New York State Office of Temporary Disability Assistance (OTDA)	800-342-3334

We look forward to serving you!

MEMBER RIGHTS AND RESPONSIBILITIES: Acknowledgement

Signed copy should remain in the Member's file at CRHC.

I have read the Capital Region Health Connections Member Rights and Responsibilities, or it has been read to me. I understand the rights and responsibilities and I was given a chance to ask questions about anything that I did not understand.

Member Printed Name

Date

Member Signature

Authorized Representative Printed Name (if applicable)

Date

Authorized Representative Signature

Care Coordinator Printed Name

Date

Care Coordinator Signature