



Behavioral Health Services

MEMBER HANDBOOK

**FOR COMMUNITY CARE MEMBERS IN
CARBON, MONROE, AND PIKE COUNTIES**

**Community Care Behavioral Health Organization
Customer Services 1-866-473-5862**

www.ccbh.com

Behavioral Health Services

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Si Ud. necesita la versión en Español de este manual, por favor solicite una a este teléfono 1-866-229-3187.

If you need an audio version of this handbook, please call Community Care Customer Services at 1-866-473-5862.

Section 1

About Community Care

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HealthChoices

People in Pennsylvania who have Medical Assistance for their health care needs are members (also referred to as "customers") of a program called HealthChoices. The mental health services and drug and alcohol services that are offered to you through HealthChoices are called "behavioral health care" services and are managed by Community Care Behavioral Health Organization (Community Care).

What is Community Care?

Community Care is a non-profit company that answers your questions, and your service provider's questions, and helps you find a service provider. Community Care works to make sure that you can find a provider near you and that you have a choice of providers. Community Care makes sure that you are receiving the kind of services that you need and that the services are covered under HealthChoices. Community Care pays your provider's bills.

Community Care may not cover all of your health care expenses. Read your handbook carefully to determine which health care services are covered. You can call Community Care at 1-866-473-5862 with any questions about which health care services are covered.

About Community Care

Community Care is a managed care company that takes care of your behavioral health services.

Use the services of Community Care when you need information about or want to get care for:

- A mental health condition
- An alcohol problem
- A drug problem

Use this handbook to learn how to get the help you need, or call us at 1-866-473-5862.

Calling Community Care

All calls are toll free. Call us 24 hours a day, 7 days a week with your questions.

Customer Services Phone Number:	1-866-473-5862
TTY for the Hearing Impaired:	1-877-877-3580
En Español:	1-866-229-3187

Calls are sometimes monitored to help us improve the quality of service. You can ask for your call not to be monitored.

Community Care Offers

Information

We answer questions about your health plan and your benefits. We answer your questions about your mental health or drug and alcohol treatment plans. Ask about self-help groups in your community.

Referrals

We refer you to health and social services not covered by your health plan. We can also refer you to self-help and support groups.

Treatment

We can help you find treatment for a mental health or drug and alcohol problem and help you make an appointment.

Transportation

We help you get to your mental health or drug and alcohol appointments and our meetings.

Health Coordination

We help all of your healthcare providers work together to meet your needs.

Care Management

Your Care Managers are health professionals such as social workers, nurses or psychologists who work for Community Care. They will work with you and your provider to plan your treatment for behavioral health care services.

Emergency Help

You can call your county's Crisis Services hotline 24 hours a day, 7 days a week with a behavioral health emergency. (See the Contact Information section of this Member Handbook). You can also call 911 for emergency help or you can call your Community Care office or a Community Care provider.

Care Manager:
A health care professional, such as a nurse, social worker, or psychologist, who works at Community Care.

Using Your Health ID Cards

Carry your ACCESS (Medical Assistance) ID card, physical health ID card, and your Community Care ID card with you all the time.

The Community Care ID card is pictured below.

- Your Community Care ID Card identifies Community Care as your behavioral health care plan.
- Your Community Care ID Card helps you remember our phone number.
- Call Community Care's Customer Services number if you haven't received a card or to report a lost or stolen card — or to report a change of address.
- If you lose your Community Care ID card, you can still get services while you wait for your new card.



COMMUNITY CARE
Behavioral Health Organization

www.ccbh.com

Carbon, Monroe, and Pike Counties

We help get mental health and substance abuse services for you.

Customer Service, Referrals, Complaints 1-866-473-5862

TTY For the Hearing Impaired 1-877-877-3580

Always Carry this Member Card with You

Vea al Reverso para español

Your Physical Health

Community Care does not manage your physical health care. Your physical health plan, or Physical Health Managed Care Organization, takes care of your physical (medical) needs.

Your physical health plan is either Gateway Health Plan, Three Rivers MedPlus+, or UPMC *for You*. Your Primary Care Physician (PCP) coordinates your medical needs.

You will be using the services of your physical health plan when you:

- Are sick.
- Need a check-up.
- Need to get a prescription filled. (This does not apply to all medications, for example, methadone and buprenorphine. Please contact your Primary Care Physician (PCP) with questions, or call Community Care).
- Need ambulance transportation.

Remember, no matter which physical health plan you choose, you will be a Member of Community Care as long as you are enrolled in HealthChoices.

Section 2

Behavioral Health Services for HealthChoices Members

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Covered Services

Community Care pays for the mental health and drug and alcohol services listed below.

You must have permission from your treatment team to use these services and they must be considered medically necessary.

Treatment team: The group of health professionals who are taking care of you. This includes people from Community Care and your provider's office.

Medically Necessary: This describes services that are used on a regular basis to treat a mental health or drug and alcohol problem. These services are needed to keep you stable and healthy.

Covered Services:

- Admission to a hospital for 24-hour care for mental or emotional illness
- 24-hour care and rehabilitation for alcohol or other drug problems in a hospital or non-hospital setting
- Partial hospital day programs for mental illness
- Outpatient services for mental health or drug and alcohol treatment
- Detox (detoxification) from alcohol and other drugs
- Methadone maintenance (for treating people with drug addiction)
- Laboratory services (if ordered by a psychiatrist in our network)
- Case management services
- Crisis services

Services Specific to Children and Adolescents

- Behavioral Health Rehabilitation Services (BHRS) for Children and Adolescents
- Residential Treatment Facilities (RTF)
- Family-based treatment

Other Services -----

If you do not know what kind of services you need, call Community Care.

Special Needs

If you are in a wheelchair, speak little English, don't hear well, or have other special needs, you have the right to extra help. Please call us.

Transportation

If you cannot afford bus fare, live far away from public transportation or cannot travel without aid, you can get help with transportation.

You can use the Medical Assistance Transportation Program (MATP) to get to your behavioral health appointments.

	<u>Local Number</u>	<u>Toll-Free Number</u>
Carbon County	570-669-6380	1-800-990-4287
Monroe County	570-839-8210	1-888-955-6282
Pike County	570-775-7555	1-866-681-4947

You can also call Community Care to find out how to apply for MATP.

Ambulance services that you use in an emergency are paid for by your physical health plan when they are necessary based on your condition. MATP does not provide emergency transportation services.

Payment for Treatment - - - - -

We pay your bills for treatment. There are no co-payments or deductibles for the behavioral health care that we approve.

We will only pay for care from an out-of-network provider if we approved it ahead of time or if it was an emergency.

Out-of-Network: When a provider or a hospital doesn't have a contract with Community Care to give care to our members.

You should not receive a bill or be asked to pay for behavioral health services when you receive treatment from an in-network provider. If you get a bill for services from a Community Care provider, please call us or send the bill to:

Community Care Behavioral Health Organization
The Courtyard Professional Art Building
300 Community Drive
Suite F
Tobyhanna, PA 18466

If You Have Other Insurance

If you have Medicare or another insurance plan, please tell us. We work with your other insurance plan to make sure your services are paid for.

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Getting Help

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Getting Help -----

Call us when:

- You don't think life is worth living
- Your thoughts or feelings upset you
- You can't sleep or you're sleeping too much
- You can't eat or you're eating too much
- You are having medical, family, social, or legal problems caused by drugs or alcohol and you want to quit
- You feel strange or people tell you that you are acting strangely
- You're feeling so sad that you act differently for more than a few days
- A trusted person, like a friend or family member, or your doctor or clergy, thinks you need help

You can also call the Emergency Services line for Carbon, Monroe, and Pike Counties: (toll-free) 1-800-338-6467; TTY 570-420-1904

Does my child or teenager need help? -----

Call Community Care about your child or teen if:

- There are problems at home or school
- You are worried about alcohol or other drugs
- You are worried about an emotional problem

Your child or teen might get help without telling you. Or, your child might not want to go for help. Your child has legal rights regarding getting services:

If your child is:	He or she:
Under 14 years old	<p>Must have parent or caregiver permission to get mental health services.</p> <p>Can get help for an alcohol or drug problem without permission from a parent or caregiver, and can refuse Drug and Alcohol services even if the parent requests them.</p>
14-18 years old	<p>Can get help for a mental health or an alcohol or drug problem without permission from a parent or caregiver.</p> <p>Parents can also get help for their child who is 14 to 18 years old, even if the child does not want help.</p>

All family members should know about their child’s care if possible and when legally allowed. We work to make sure you and your children get the help you need.

How can I get help from Community Care? - - - - -

Getting Started With Non-Emergency Services

You can call any Community Care provider for an appointment. Or call us to help you set up your appointment. You have the right to see a provider within 7 days of your request. The provider will call us if he or she can’t see you within 7 days. Call us if you do not have an appointment with a provider within 7 days.

If You Have an Urgent Need for Care

1. Call Community Care at 1-866-473-5862.
2. Contact any Community Care provider. (Check your Provider Directory)

In an urgent situation, you have the right to meet with a provider within 24 hours. If the provider can't see you within 24 hours, he or she will contact Community Care. We'll get you the care you need.

If you do not have an appointment with a provider within 24 hours, call Community Care right away at 1-866-473-5862.

An Urgent Situation: This means that you or another responsible person think you need care before the situation turns into an emergency.

If You Need Emergency Care

You can get help 24 hours a day, 7 days a week for an emergency. Do any of the following:

1. Call 911.
2. Call your County Crisis Services Line (See Contact Information at the back of this Member Handbook).
3. Call Community Care at 1-866-473-5862.
4. Call any Community Care provider.

Emergency Situation: This means that you or another responsible person think you need care right away so that you or someone else doesn't get hurt.

If you have an emergency, a provider must see you within one (1) hour of your request. If the provider can't see you within one hour, he or she will call Community Care. We'll get help for you.

If the situation is life-threatening, go to the nearest hospital emergency room.

At the emergency room, tell them you are a Community Care member and show them your ACCESS card.

If You Are Away From Home

If you have a behavioral health emergency when you are out of the Community Care service area, go to the nearest emergency room. The hospital will call us. Just show them your Community Care card.

You should not get a bill. Please call us right away at 1-866-473-5862 if you do get a bill.

If You Are Already Receiving Mental Health or Drug and Alcohol Services

Tell your provider that you are a member of Community Care. He or she will call us. The person you have been seeing might not be part of our network. In this case, we will work with your provider or we will arrange for you to see someone who is part of our network.

To find out if you can still see the health professional you are seeing, call Community Care at 1-866-473-5862.

Section 4

Your Rights and Responsibilities

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These are your Member rights and responsibilities. Call us if you want us to explain them to you.

Confidentiality

We will not let anyone else see information about the care you receive if you don't want us to.

These are the times when we will share information about your services:

- A. If it is required for the monitoring activities of Community Care, the Counties, and/or the State.
- B. If you or someone else could get hurt. The law says that we must share information in order to get you or another person out of danger.

Monitoring: This means watching or checking on.

You Can Ask for Information

You have the right to ask for a copy of the following information:

- A. The names, addresses, and phone numbers of providers who speak other languages.
- B. The names, addresses, and phone numbers of providers of service who are not accepting new patients.
- C. Any reasons why you could not choose a provider of service. For example, Community Care will not provide referral information for treatment services that are not generally recognized by doctors.
- D. Your member rights and responsibilities.
- E. Information about grievances and fair hearing procedures.
- F. The benefits to you, in detail.

Continued on next page

- G. How to learn about additional benefits from the State of Pennsylvania.
- H. The steps that you or a provider need to take to receive services.
- I. The steps that must be taken to use a provider of service who is not in the Community Care network.
- J. The emergency information available to you, including:
 - What is an emergency
 - The steps for getting emergency service, including calling 911
 - The names, addresses, and phone numbers of emergency providers of service
 - That emergency services do not require approval
 - That any hospital can be used when there is an emergency
 - How emergency transportation is provided

You Also Have the Right... - - - - -

- A. To receive information about Community Care, its services, its providers, and the member rights and responsibilities.
- B. To receive proper treatment regardless of your race, color, religion, lifestyle, disabilities, national origin, age, gender, or income.
- C. To be treated in a considerate and respectful manner with recognition of your dignity.
- D. To receive services where your privacy is protected.
- E. To an open discussion of appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage.

- F. To choose any provider from the Community Care provider list. You are free to change providers if you are unhappy.
- G. To have your information kept private and confidential.
- H. To know the name and qualifications of any provider who is caring for you.
- I. To voice complaints or grievances about Community Care or the care you receive and to see how Community Care responds to member complaints and grievances. You have the right to a fair process that is easy to follow.
- J. To make recommendations about Community Care's member rights and responsibilities.
- K. To receive a copy of the information that Community Care uses when we decide what care you should receive.
- L. To know about the services you are receiving, why you are receiving them, and what to expect.
- M. To know everything you need to so you can make decisions about your care.
- N. To work with providers or interpreters who understand you and your community.
- O. To get information about Community Care that is clear and easy to understand.
- P. To tell us if you are unhappy about any decision made by us or one of our providers. You have the right to a fair process that is easy to follow.
- Q. To know about the qualifications of Community Care providers and staff.

You Also Have the Right... (continued) - - - - -

- R. To receive information about options to your treatment. You have the right to receive this information in a way that is easy to understand.
- S. To play a part in the decisions about your care. You also have the right to refuse treatment.
- T. To not be restrained (tied down or locked in) or left alone—as a way for someone giving you treatment to bully you, or punish you, or as a way for that person to take a break.
- U. To ask for a copy of your medical record. You have the right to correct information inside your record.
- V. To know your rights and to not be treated differently because you do.
- W. To a second opinion.
- X. To ask and learn more about "Advance Directives".

Your Member Responsibilities - - - - -

It is important for you to:

- A. Give Community Care and your provider the information needed to provide your care.
- B. Tell your provider everything you know about your physical and mental health. Also, tell this person what medicines you are taking, including over-the-counter (store bought) medicine(s).
- C. Tell your family doctor or PCP (primary care physician) about any counseling treatment.
- D. Carry your ACCESS, Physical Health Plan (or Access Plus), and Community Care ID cards with you.

- E. Go to a Community Care participating hospital in an emergency, if possible. Call us within 24 hours if you have been seen for an emergency at a hospital that is not in our provider network.
- F. Keep your appointments. Call ahead to cancel if you must.
- G. Understand your health problems and work together with your provider on an agreed-upon treatment plan.
- H. Follow the treatment plan you have agreed upon with your provider.
- I. Tell your provider if you want to stop or change treatment.
- J. Tell Community Care and your provider about any other insurance you have.
- K. Tell your provider and Community Care right away if your Medicaid status changes.
- L. Tell your provider and Community Care right away if you move.

You Also Have the Right to a Second Opinion -----

If you feel you would like a second opinion, you can call Community Care for assistance. We will give you the name, phone number, and address of a qualified provider. Your HealthChoices benefits pay for this second opinion from a network provider. You are not billed for this help.

We Will Notify You -----

If we change information about complaint or grievance procedures or emergency services, we will send you new information about the change. Community Care will mail you the information 30 days before a change takes place. Changes come from new State guidelines.

You Can Ask About a Mental Health Advance Directive _ _ _ _

A Mental Health Advance Directive is a way of planning for your future mental health care in case you can no longer make mental health care decisions on your own as a result of illness. You can do this by creating a Mental Health Declaration or by appointing a Mental Health Power of Attorney, or both.

A Mental Health Declaration is a set of written instructions that will tell your provider:

- What kind of treatment you prefer.
- Where you would like to have your treatment take place.
- Your specific instructions about your mental health treatment.

A Mental Health Power of Attorney is a document that allows you to name a person, in writing, to make mental health care decisions for you if you are unable to make them on your own. Your Mental Health Power of Attorney will make decisions about your mental health care based on your written instructions.

If you would like to have a Mental Health Declaration or a Mental Health Power of Attorney, or both, please contact an advocacy organization such as the Mental Health Association in Pennsylvania at (toll-free) 1-866-578-3659 or e-mail info@mhapa.org. They will provide you with forms and answer any questions. It is important that you share your written Mental Health Advance Directive with your mental health provider. If you do not share your Mental Health Advance Directive with your provider, he or she will not be able to follow it.

If you or your representative believe that your provider has not handled your Mental Health Advance Directive properly or if you have any other complaints about Mental Health Advance Directives, you can follow the standard complaint process.

Section 5

Complaints, Grievances, and Fair Hearing Procedures

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What is a Complaint? -----

A complaint is when you tell us you are unhappy with Community Care or your provider, or you do not agree with a decision made by Community Care. These are some examples of a complaint:

- You are unhappy with the care or service you are getting.
- You are unhappy that you cannot get the service you want because it is not a covered service.
- You are unhappy that you have not received services that you have been approved to get.

A Complaint is what you file if you are unhappy with Community Care or your provider, or you do not agree with a decision made by Community Care.

Community Care service providers must provide services within 1 hour for emergencies, within 24 hours for urgent situations, and within 7 days for routine appointments and specialty referrals. When a treatment plan is approved, you should expect to receive services according to the time frames included in that treatment plan.

What should I do if I have a Complaint? -----

First Level Complaint

To file a complaint, you can:

- Call your Community Care office to tell us your complaint
- Or write down your complaint and mail it to us at:

Community Care Behavioral Health Organization
The Courtyard Professional Art Building
300 Community Drive, Suite F
Tobyhanna, PA 18466

When should I file a First Level Complaint? - - - - -

If you are unhappy because...	You must file a Complaint...
Community Care decided to deny a service for you because it is not a covered service.	Within 45 days of the date on the letter from Community Care telling you of this decision.
Community Care decided not to pay a provider for a service you received AND the provider can bill you for the service.	
Community Care did not decide your Complaint or Grievance within 30 days of when you filed it.	Within 45 days of the date on the letter from Community Care telling you that we did not decide your Complaint or Grievance within the time frame we were supposed to.
Community Care's provider did not give you a service by when you should have received it.	Within 45 days of the date you should have received the service.
A Community Care provider made a treatment decision you disagree with, you're having trouble obtaining an appointment, you think that Community Care or one of our providers treated you rudely, you received a bill from a provider for a covered service, or you think a provider is not treating you properly for reasons including age, race, and religion.	There is no time limit for these types of complaints. You may file a complaint with Community Care about these issues at any time.

What happens after I file a First Level Complaint? - - - - -

Community Care will send you a letter to let you know we received your complaint and telling you about the First Level Complaint process. You may ask Community Care to see any information we have about your complaint. You may also send information that may help with your complaint to Community Care. You can ask for assistance by calling Community Care at 1-866-473-5862.

If you file a complaint because of one of the following reasons, you can be included in the First Level Complaint review. (You must call Community Care **within 10 days** of the date on the letter acknowledging your complaint to tell us that you want to be included.)

- You are unhappy that you have not received services that you have been approved to get.
- You are unhappy that Community Care has decided you cannot get a service you want because it is not a covered service.
- You are unhappy that Community Care will not pay a provider for a service you received.
- You are unhappy that Community Care did not decide your Complaint or Grievance within 30 days.

You can come to our office or be included in the complaint review by phone. You do not have to attend the meeting. If you do not attend, it will not affect our decision.

One or more Community Care staff, who has not been involved in the issue you filed your complaint about, will make a decision on your complaint. Your complaint will be decided no more than 30 days after we received it.

A letter will be mailed to you no more than 5 business days after Community Care makes its decision. This letter will tell you the reason(s) for the decision. It will also tell you how to file a Second Level Complaint if you don't agree with the decision.

What if I do not like Community Care’s decision? _ _ _ _ _

Second Level Complaint

If you are not happy with Community Care’s First Level Complaint decision, you may file a Second Level Complaint with Community Care.

When should I file a Second Level Complaint? _ _ _ _ _

You must file your Second Level Complaint within 45 days of the date you get the First Level Complaint decision letter. Use the same address or phone number you used to file your First Level complaint.

What happens after I file a Second Level Complaint? _ _ _ _ _

Community Care will send you a letter to let you know we received your complaint. The letter will tell you about the Second Level Complaint process.

- You may ask Community Care to see any information we have about your complaint. You may also send information that may help with your complaint to Community Care.
- You can come to a meeting of the Second Level Complaint committee or be included by phone. Community Care will contact you to ask if you want to come to the meeting. You don’t have to attend if you do not want to. If you do not attend, it will not affect our decision.
- The Second Level Complaint review committee will have three or more people on it. At least one Community Care Member will be on the committee. The members of the committee will not have been involved in the issue you filed your complaint about.

- The committee will make a decision no more than 30 days from the date Community Care received your Second Level Complaint. A letter will be mailed to you within 5 business days after the committee makes its decision. This letter will tell you the reason(s) for the decision. It will also tell you how to ask for an External Complaint Review if you don't agree with the decision of the committee.

What if I still don't agree with the decision? - - - - -

External Complaint Review

If you are not happy with the Second Level Complaint decision, you may ask for a review of your complaint by the Pennsylvania Department of Health or the Pennsylvania Insurance Department.

The Pennsylvania Department of Health handles complaints that involve the way a provider gives care or services. The address for the Pennsylvania Department of Health is on the following page.

The Pennsylvania Insurance Department reviews complaints that involve Community Care's policies and procedures. The address for the Pennsylvania Insurance Department is on the following page.

You must ask for an External Complaint Review within 15 days of the date you receive the Second Level Complaint decision letter.

If you ask, Community Care will help you put your External Complaint in writing.

You must send your request for an External Complaint Review in writing to either:

- Pennsylvania Department of Health Bureau of Managed Care
 Health and Welfare Building, Rm 912, 7th and Forster Streets
 Harrisburg, PA 17120
 Phone: 1-888-466-2787; Fax: 1-717-705-0947
 Relay Service: 1-800-654-5984 (For persons with hearing impairments)
- Pennsylvania Insurance Department Bureau of Consumer Services
 1321 Strawberry Square, Harrisburg, PA 17120
 Phone: 1-877-881-6388

If you send your request to the wrong department, it will be sent to the correct department. The Pennsylvania Department of Health or the Pennsylvania Insurance Department will get your complaint information from Community Care. You may also send them any other information that may help with the External Review of your complaint. You may be represented by an attorney or another person during the External Complaint Review. A decision letter will be sent to you after the decision is made. This letter will tell you the reason(s) for the decision and what you can do if you don't agree with the decision.

What should I do to continue getting services if Community Care decides that those services should be reduced, changed, or stopped because they are not covered services for me?

If you file:	You will continue to receive those services until a decision is made about your complaint.
A First Level Complaint within 10 days of the date on the letter from Community Care telling you of this decision...	
A Second Level Complaint within 10 days of the date on the letter from Community Care telling you of this decision...	
An External Complaint within 10 days of the date on the letter from Community Care telling you of this decision...	

What is a Grievance?

A grievance is what you file when you do not agree with Community Care's decision that a service that you or your provider asked for is not medically necessary. A grievance is usually about your or your provider's concerns about getting treatment approved. You may file a grievance in writing or by phone. You can file a grievance if Community Care does any one of these things:

- Denies a covered service.
- Approves less than what was asked for.
- Approves a different service from the one that was asked for.

You can file a grievance when you do not agree with Community Care's decision that a service that you or your provider asked for is not medically necessary.

What should I do if I have a Grievance?

First Level Grievance

If Community Care does not completely approve a service for you, we will tell you in a letter. The letter will tell you how to file a grievance. You have 45 days from the date you receive this letter to file a grievance.

To file a grievance, you can either:

- Call Community Care and tell us your grievance.
- Write down your grievance and send it to us at:
Community Care Behavioral Health Organization
The Courtyard Professional Art Building
300 Community Drive, Suite F
Tobyhanna, PA 18466

Attention: Complaints and Grievances Department

Your provider can file a grievance for you if you give the provider your consent in writing to do so.

If your provider files a grievance for you, you cannot file a separate grievance on your own.

When should I file a First Level Grievance?

If you are unhappy because...	You must file a Grievance with Community Care within 45 days of the date you received the letter from Community Care telling you of this decision.
You or your provider asked for a service that Community Care decided to deny because it is not medically necessary.	
Community Care approved less of a covered service than what was asked for by you or your provider.	
Community Care approved a different service than what was asked for by you or your provider.	

What happens after I file a First Level Grievance?

Community Care will send you a letter to let you know we received your grievance and telling you about the First Level Grievance process. You may ask Community Care for a copy of any information we have about your grievance. You may send us information that may help with your grievance. Ask for assistance with your grievance by calling Community Care at 1-866-473-5862.

If you want to be included in the First Level Grievance review, you must call us within 10 days of the date on the letter we sent you letting you know we received your grievance. You can come to our office or be included by phone. You don't have to attend. If you do not attend, it will not affect our decision.

A committee of Community Care staff, including a doctor or licensed psychologist, who have not been involved in the issue you filed your grievance about, will make a decision about your First Level Grievance no more than 30 days after we received it. A letter will be mailed to you no more than 5 business days after Community Care makes its decision telling you the reason(s) for the decision and how to file a Second Level Grievance if you do not agree with the decision.

What if I do not like Community Care’s decision? _ _ _ _ _

Second Level Grievance

If you are not happy with Community Care’s First Level Grievance decision, you may file a Second Level Grievance with Community Care.

When should I file a Second Level Grievance? _ _ _ _ _

You must file your Second Level Grievance within 45 days of the date you get the First Level Grievance decision letter. Use the same address or phone number you used to file your First Level grievance.

What happens after I file a Second Level Grievance? _ _ _ _ _

Community Care will send you a letter to let you know we received your grievance and telling you about the Second Level Grievance process. You may ask Community Care for a copy of any information we have about your grievance. You may send us information that may help with your grievance. Ask for assistance with your grievance by calling Community Care at 1-866-473-5862.

You can come to a meeting of the Second Level Grievance review committee or be included by phone. You don’t have to attend. If you do not attend, it will not affect our decision.

The Second Level Grievance review committee will have three or more people on it. At least one Community Care Member and a doctor or licensed psychologist will be on the committee. The members of the committee will not have been involved in the issue you filed your grievance about. The committee will make a decision no more than 30 days from the date Community Care received your Second Level Grievance.

A letter will be mailed to you within 5 business days after the committee makes its decision. This letter will tell you the reason(s) for the decision. It will also tell you how to ask for an External Grievance Review if you don't agree with the decision.

What if I still don't agree with the decision? - - - - -

External Grievance Review

If you are not happy with the Second Level Grievance decision, you can ask for an External Grievance Review.

You must call or send a letter to Community Care asking for an External Grievance Review within 15 days of the date you received the Second Level Grievance decision letter. Use the same address and phone number you used to file your First Level Grievance. We will then send your request to the Pennsylvania Department of Health.

The Pennsylvania Department of Health will notify you of the External Grievance reviewer's name, address and phone number. You will also be given information about the External Review process. Community Care will send your grievance file to the reviewer. You may provide additional information that may help with the External Review of your grievance to the reviewer within 15 days of filing the request for an External Grievance Review.

You will receive a decision letter within 60 days of the date you asked for an External Grievance Review. This letter will tell you the reason(s) for the decision and what you can do if you do not agree with the decision.

What should I do to continue getting services if Community Care decides that those services should be reduced, changed, or stopped because they are not medically necessary for me?

If you file:	You will continue to receive those services until a decision is made about your grievance.
A First Level Grievance within 10 days of the date on the letter from Community Care telling you of this decision...	
A Second Level Grievance within 10 days of the date on the letter from Community Care telling you of this decision...	
An External Grievance within 10 days of the date on the letter from Community Care telling you of this decision...	

If you have any questions about complaints or grievances, call:

- Community Care's toll-free number, 1-866-473-5862
- Pennsylvania Legal Aid (www.palegalservices.org), 1-800-322-7572
- Pennsylvania Health Law Project (www.phlp.org), 1-800-274-3258
- Your local legal aid office (See the Contact Information section of this Member Handbook.)

What can I do if my health is at immediate risk? - - - - -

Expedited Complaints and Grievances

If your doctor or psychologist believes that the usual time frames for deciding your complaint or grievance will harm your health, you, or your doctor or psychologist, can call Community Care at 1-866-473-5862 and ask that your complaint or grievance be decided faster.

You will need to have a letter from your doctor or psychologist faxed to Community Care at 1-866-562-2405 explaining how the usual time frame of 30 days for deciding your complaint or grievance will harm your health.

If your doctor or psychologist does not fax Community Care this letter, your complaint or grievance will be decided within the usual 30-day time frame.

A committee of three or more people, including a doctor or psychologist and at least one Community Care member, will review your Expedited complaint or grievance. No one on the committee will have been involved in the issue you filed your complaint or grievance about. The committee will make a decision about your complaint or grievance and inform you of their decision within 48 hours of receiving your doctor or psychologist’s letter explaining how the usual time frame of 30 days for deciding your complaint or grievance will harm your health, or within three business days from receiving your request for an Expedited complaint or grievance, whichever is shorter. You will also receive a letter telling you the reason(s) for the decision. It will tell you how to ask for an expedited External complaint or grievance review if you don’t like the decision.

Expedited External Complaints and Grievances - - - - -

If you want to ask for an Expedited External complaint (by the Department of Health) or Expedited External grievance (by a doctor

who does not work for Community Care) review, you must contact Community Care within 2 business days from the date you get the expedited complaint or grievance decision letter. A decision will be issued within 5 business days from when we receive your request.

What kind of help can I get with the Complaint and Grievance processes?

If you need help filing your complaint or grievance, a staff member of Community Care will help you. This person can also assist you during the complaint or grievance process. You do not have to pay for the help of a staff member. This staff member will not have been involved in any decision about your complaint or grievance.

You may also have a family member, friend, lawyer or other person help you file your complaint or grievance. This person can also help you if you decide you want to appear at the complaint or grievance review. At any time during the complaint or grievance process, you can have someone you know represent you or act on your behalf. If you decide to have someone represent you, tell Community Care, in writing, the name of that person and how we can reach him or her.

You or the person you choose to represent you may ask Community Care for a copy of any information we have about your complaint or grievance. You or the person you choose to represent you may submit any written comments, documents, or other information relevant to your complaint or grievance to Community Care.

For legal assistance, you can contact the Pennsylvania Legal Aid office at 1-800-322-7572 (www.palegalservices.org), or the Pennsylvania Health Law Project, 1-800-274-3258 (www.phlp.org). Or call your local legal aid office (See the Contact Information section of this Member Handbook).

Persons Whose Primary Language is Not English - - - - -

If you ask for language interpreter services, Community Care will provide the services at no cost to you.

Si Ud. Necesita la versión en Español de este manual, por favor solicite una a este teléfono 1-866-229-3187.

Persons with Disabilities and Special Needs - - - - -

If needed, Community Care will provide persons with disabilities with the following help in presenting complaints or grievances at no cost.

- Providing sign language interpreters.
- Providing information submitted by Community Care at the complaint or grievance review in an alternative format. The alternative format version will be given to you before the review.
- Providing someone to help photocopy and present information at your complaint or grievance review.

For some issues you can request a Fair Hearing from the Pennsylvania Department of Public Welfare in addition to or instead of filing a Complaint or Grievance with Community Care. In some cases you can request a Fair Hearing at any time.

What Is a Fair Hearing? - - - - -

In some cases you or your representative can ask the Department of Public Welfare (DPW) to hold a hearing because you are unhappy about, or do not agree with, something Community Care did or did not do. These hearings are called DPW Fair Hearings. You can ask for a Fair Hearing when you file a complaint or grievance or after Community Care decides your First or Second Level Complaint or Grievance.

What kinds of things can I request a Fair Hearing for and when do I have to ask for a Fair Hearing?

If you are unhappy because Community Care...	You must ask for the Fair Hearing...
Decided to deny a service because it is not a covered service.	Within 30 days of the date on the letter from Community Care telling you of this decision OR within 30 days of the date on the letter from Community Care acknowledging or telling you its decision after you filed a complaint about this issue.
Decided not to pay a provider for a service you received AND the provider can bill you for the service.	
Did not decide your First Level Complaint or Grievance within 30 days of when you filed it.	Within 30 days of the date on the letter from Community Care telling you that we did not make a decision about your complaint or grievance within the time frame we were supposed to follow.
Decided to deny, decrease, or approve a service different than the one your provider requested because it was not medically necessary.	Within 30 days of the date on the letter from Community Care telling you of this decision OR within 30 days of the date on the letter from Community Care acknowledging or telling you its decision after you filed a grievance about this issue.
Community Care's provider did not give you a service by the time you should have received it.	Within 30 days of the date on the letter from Community Care telling you its decision after you filed a complaint about this issue.

How do I ask for a Fair Hearing? -----

You must ask for a Fair Hearing in writing and send it to:

Department of Public Welfare
Office of Mental Health and Substance Abuse Services
Division of Grievances and Appeals
Beechmont Building #32
P. O. Box 2675
Harrisburg, PA 17105-2675

Your Request for a Fair Hearing Should Include All of the Following Information: -----

- The Member's name AND
- The Member's social security number and date of birth AND
- A telephone number where you can be reached during the day AND
- If you want to have the fair hearing in person or by telephone AND
- A copy of any letter you have received about the issue you are requesting your fair hearing for

What happens after I ask for a Fair Hearing? -----

You will get a letter from the Department of Public Welfare's Bureau of Hearings and Appeals telling you where the hearing will be held and the date and time of the hearing. You will receive this letter at least 10 days before the date of the hearing.

You may come to where the Fair Hearing will be held or be included by phone. A family member, friend, lawyer or other person may help you during the Fair Hearing.

Community Care will also go to your Fair Hearing to explain why we made the decision or explain what happened.

If you ask, Community Care must give you (at no cost to you) any records, reports and other information we have that is relevant to what you requested your Fair Hearing about.

When will the Fair Hearing be decided? _ _ _ _ _

If you ask for a Fair Hearing it should be decided within 90 days from when the Pennsylvania Department of Public Welfare gets your request.

A letter will be sent to you after the decision is made. This letter will tell you the reason(s) for the decision. It will tell you what to do if you don't agree with the decision.

What To Do To Continue Getting Services:
If you have been receiving services and Community Care decides that they should be reduced, changed, or stopped and you file a Fair Hearing request within 10 days of the date on the letter telling you Community Care's decision about your First or Second Level Complaint or Grievance, your services will continue until a decision is made.

Who can I call if my health is at immediate risk? - - - - -

Expedited Fair Hearing

If your doctor or psychologist believes that using the usual time frames to decide your Fair Hearing will harm your health, you, or your doctor or psychologist can call the Pennsylvania Department of Public Welfare at 1-877-356-5355 and ask that your Fair Hearing be decided faster. This is called an Expedited Fair Hearing.

You will need to have a letter from your doctor faxed to the Pennsylvania Department of Public Welfare at 1-717-772-7827 explaining why using the usual time frames to decide your Fair Hearing will harm your health. If your doctor does not send a written statement, your doctor may testify at the Fair Hearing to explain why using the usual time frames to decide your Fair Hearing will harm your health.

The Bureau of Hearings and Appeals will contact you to schedule the Expedited Fair Hearing. The Expedited Fair Hearing will be held by telephone within 3 business days after you ask for the Fair Hearing.

If your doctor or psychologist does not send a written statement and does not testify at the Fair Hearing, the Fair Hearing decision will not be expedited. Another hearing will be scheduled and decided within 90 days.

If your doctor sends a written statement or testifies at the Expedited Fair Hearing, the decision will be made within 3 business days after you asked for the Expedited Fair Hearing.

- - - - -

These are your Member Complaint and Grievances rights and responsibilities. Call us if you want us to explain them to you.

Section 6

Your Advocate

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The Advocate -----

An advocate is a person who can help you or put you in touch with someone who can help you.

These are some of the times when you might want to call an Advocate:

- If you are having problems with the care you are getting
- If you need help with a complaint or grievance

If you would like to speak with an Advocate, please call the number for your county advocate listed in the Important Contact Information section of this Member Handbook, Community Care, or a number listed below.

For a mental health problem, you can contact an Advocate by calling the National Alliance on Mental Illness (NAMI):

NAMI Pennsylvania
 2149 North Second Street
 Harrisburg, PA 17110
 Phone: 1-800-223-0500
 on the web: <http://pa.nami.org>

For a substance abuse problem, you can contact the National Council on Alcoholism and Drug Dependence, Inc. (NCADD):

NCADD
 22 Cortlandt Street, Suite 801
 New York, NY 10007-3128
 Phone: 1-800-NCA-CALL (622-2255)
 Phone: 1-212-269-7797
 on the web: <http://www.ncadd.org>
 E-mail: national@ncadd.org

Section 7

Consumer/Family Satisfaction Team

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Consumer/Family Satisfaction Team - - - - -

Your behavioral health is important to us and we want to know about your satisfaction with services as well as any problems you may be having. Consumer/Family Satisfaction Team members interview people who are receiving mental health or drug and alcohol services. They also interview the family members of people who are receiving mental health or drug and alcohol services. Some team members have used behavioral health services themselves. Other team members have a family member who received behavioral health services.

This group tries to find out whether or not people are happy with the care and services they receive. After the interview, the Consumer/Family Satisfaction Team member talks with the provider, Community Care, and the appropriate county authority about services. The Consumer/Family Satisfaction Team doesn't identify or tell any personal information about the Member. They just give a report of how people in general feel about services they receive. The Consumer/Family Satisfaction Team and these other groups work together to improve the care they are giving people.

You may ask for an interview with a Consumer/Family Satisfaction Team member. The team member will ask you questions about your mental health or drug and alcohol services. The interview will take 10-15 minutes.

You can ask for a Consumer/Family Satisfaction Team member at your provider's office or call your county's Consumer/Family Satisfaction Team directly (See the Contact Information section of this Member Handbook).

Section 8

How To Get More Involved In Decisions About Your Services

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How can I be more involved? 59

How can I be more involved? -----

We want our members to help us improve our services. Here are some of the things you can do:

Tell Us What You Think

Call us with your ideas about how we can serve you better. Or let us know your concerns.

Respond to Satisfaction Surveys

If you get a survey in the mail or after you have been in treatment, please fill it out. Surveys are a good way for us to find out about the care we offer. All answers are confidential. We do not share the information you give us with anyone.

Join an Advisory Committee

We have many advisory committees. Some meet every month. Others meet every three months. You'll get a chance to talk with us about how we are doing and how we can improve. Call us if you want to know more about joining a committee.

Please contact us at any time. Call Community Care at 1-866-473-5862 or write to us at:

Community Care Behavioral Health Organization
The Courtyard Professional Art Building
300 Community Drive, Suite F
Tobyhanna, PA 18466

Section 9

Important Contact Information

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DPW Fraud and Abuse Hotline - - - - -

The Department of Public Welfare has a hotline if you want to report a medical provider (for example: a doctor, dentist, therapist, or hospital) or business (medical supplier) for suspected fraud or abuse for services provided to anyone with an ACCESS card). The hotline number is 1-866-DPW-TIPS (1-866-379-8477).

- Some common examples of fraud and abuse are:
- Billing or charging you for services that your health plan covers
- Offering you gifts or money to receive treatment or services
- Offering you free services, equipment, or supplies in exchange for your ACCESS number
- Giving you treatment or services that you don't need
- Physical, mental, or sexual abuse by medical staff

You can call the Hotline and speak to someone Monday through Friday, 8:30 a.m. to 3:30 p.m. You may leave a voice mail message at other times. If you don't speak English, an interpreter will be made available. If you are hearing impaired you can call the hotline using your TTY device.

You do not have to give your name but if you do, the provider will not be told that you called.

You can also report suspected fraud and abuse by using the website: www.dpw.state.pa.us/omap or e-mail omaptips@state.pa.us. This has also been set up so that you do not have to give your name.

Call Community Care Customer Services at 1-866-473-5862 (toll-free)
24 hours a day, 7 days a week for assistance.
Calls are sometimes monitored for quality assurance.
You can ask that your call not be monitored.

Contact Information for Carbon County Members

Call Community Care:
Customer Services (24 hours a day/7 days a week) . . .1-866-473-5862
TTY (24 hours a day/7 days a week)1-877-877-3580
En Español (24 hours a day/7 days a week)1-866-229-3187

- Crisis Services.1-800-849-1868
- or1-570-992-0879
- MH/MR Program1-610-377-0773
- Drug and Alcohol Program1-610-377-5177
- Legal Aid1-610-377-5400
- Medical Assistance Transportation Program (MATP) . .1-800-990-4287
- OR.1-570-669-6380
- Consumer/Family Satisfaction.1-610-377-3794
- Carbon County Assistance Office1- 610-577-9020
- Area Agency on Aging.1-610-824-7830
- Children and Youth Services1-570-325-3644
- Carbon Training Center1-570-454-3754
- Social Security Office1-570-455-2139

If you have a problem with any of the numbers listed above,
please call Community Care at 1-866-473-5862 for assistance.

Call Community Care Customer Services at 1-866-473-5862 (toll-free)
24 hours a day, 7 days a week for assistance.
Calls are sometimes monitored for quality assurance.
You can ask that your call not be monitored.

Contact Information for Monroe County Members

Call Community Care:
Customer Services (24 hours a day/7 days a week) . . .1-866-473-5862
TTY (24 hours a day/7 days a week)1-877-877-3580
En Español (24 hours a day/7 days a week)1-866-229-3187

- Crisis Services1-800-849-1868
- or1-570-992-0879
- MH/MR Program1-570-421-2901
- Drug and Alcohol Program1-570-421-1960
- North Penn Legal Services1-570-424-5338
- Shared Ride/Monroe County Transit Authority1-570-839-8210
- Consumer/Family Satisfaction.1-610-377-3794
- County Assistance Office1-570-424-3030
- Area Agency on Aging.1-570-420-3735
- Children and Youth Services1-570-420-3590
- Social Security Office1-570-422-1226
- Advocacy Alliance1-877-315-6855
- Pocono Health Community Alliance1-570-517-3953
- Retired Senior Volunteer Program1-570-420-3747

If you have a problem with any of the numbers listed above,
please call Community Care at 1-866-473-5862 for assistance.

Call Community Care Customer Services at 1-866-473-5862 (toll-free)
24 hours a day, 7 days a week for assistance.
Calls are sometimes monitored for quality assurance.
You can ask that your call not be monitored.

Contact Information for Pike County Members

Call Community Care:
Customer Services (24 hours a day/7 days a week) . . .1-866-473-5862
TTY (24 hours a day/7 days a week)1-877-877-3580
En Español (24 hours a day/7 days a week)1-866-229-3187

- Crisis Services1-800-849-1868
- or1-570-992-0879
- MH/MR Program1-570-296-6484
- Drug and Alcohol Program1-570-296-7255
- Legal Aid1-800-532-8282
- Pike County Transportation1-866-681-4947
- Consumer/Family Satisfaction1-610-377-3794
- County Assistance Office1-570-296-6114
- Children and Youth Services1-570-296-3446
- Social Security Office1-570-342-8062
- Pike County Center for Developmental Disabilities . . .1-877-315-6855
- Pike County Developmental Center1-570-296-6319
- Medical Assistance for Workers with Disabilities (MAWD)1-570-296-3110

If you have a problem with any of the numbers listed above,
please call Community Care at 1-866-473-5862 for assistance.

Section 10

Definitions

Definitions

Advocate

A person who works to make sure you get the right care.

Behavioral Health

Mental Health or Drug and Alcohol Treatment.

Community

A local area or neighborhood and the people who live in the area.

Complaint

Telling or writing us to say that you are not satisfied with services.

Consumer(s)

People who use mental health or substance abuse treatment services.

Customer Services

The department of Community Care that is here to help you get information about services and answer questions about rules or benefits. Customer Services also takes complaints over the phone.

Emergency

A health problem or situation that cannot wait. When treatment is needed right away, call 911 or go to an emergency room.

Evaluation

Tests and studies that help a doctor or psychologist find out what is going on and what treatment will be best.

Grievance

Telling or writing that you do not agree with a denial of a covered service or change in a covered service.

HealthChoices

Pennsylvania's plan for providing health care for people who are eligible for Medical Assistance.

HealthChoices HMO

A Health Maintenance Organization (HMO) that is under contract to (reports to) the State of Pennsylvania to manage physical health care for people who are eligible for Medical Assistance.

Medical Necessity Criteria

The standards used by a managed care company to decide what services are needed.

Member

A person (customer) who is enrolled in HealthChoices, which is managed by Community Care, to get mental health or substance abuse services.

Network

The group of providers that provides treatment services to Members of Community Care.

Prescription

A medicine that your doctor tells you to take. Also refers to the paper the doctor uses to write out what medicine is to be used, how much and how often.

Providers

The people or agencies that provide services to Members of Community Care.

Treatment

Medication or therapy given by professionals to treat or cure an illness.

Behavioral Health Services

COMMUNITY CARE'S MISSION...

To improve the health and well-being of the community through the delivery of effective and accessible behavioral health services.

AND VISION...

To improve the quality of services for members through a stakeholder partnership focused on outcomes.

Community Care Behavioral Health Organization
The Courtyard Professional Art Building
300 Community Drive, Suite F
Tobyhanna, PA 18466

www.ccbh.com