

***IMPORTANT INFORMATION FOR RESIDENTS OF LACKAWANNA,
LUZERNE, SUSQUEHANNA AND WYOMING COUNTIES ABOUT
YOUR Pennsylvania HealthChoices PROGRAM BENEFITS***

Your HealthChoices Member Handbook

FOR BEHAVIORAL HEALTH SERVICES

**The Northeast Behavioral Health Care Consortium (NBHCC) and
Community Care Behavioral Health Organization (Community Care)**

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The Northeast Behavioral Health Care Consortium (NBHCC) has contracted with Community Care Behavioral Health Organization (CCBH) to manage services for you under the HealthChoices Behavioral Health Program in the counties of Lackawanna, Susquehanna, Luzerne, and Wyoming. In this handbook, you will find all the information you need for using your Medical Assistance Behavioral Health Services through CCBH.

If you need an audio version of this handbook, then please call Community Care at 1-866-668-4696.

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

This HealthChoices Behavioral Health Program may not cover all of your health care expenses. Read this handbook carefully to determine which health care services are covered. For more information, contact Community Care Member services at 1-866-668-4696.

Section One: About Community Care

Community Care is a managed care organization 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 (care) you need, or call us at 1-866-668-4696. (See important contact information at the end of this handbook.)

Calling Community Care

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

Phone Number	1-866-668-4696
TTY	1-877-877-3580
En Español	1-866-229-3187
Business Hours	8:30 AM to 5:00 PM, Monday through Friday
Emergency Hours	24 hours a day, 7 days a week

Some calls are 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 also answer questions about your mental health or drug and alcohol treatment plans. Ask us 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.

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Health Coordination

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

Care Management

Care Managers work with you and your provider to help you coordinate your treatment for behavioral health care services.

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

Emergency Help

You can call Crisis Services at the following numbers with a behavioral health emergency:

- Scranton Counseling Center 570-348-6100 (Greater Scranton area).
- Tri-County Human Service Center 570-282-1732 (Carbondale area).
- Community Counseling Services 570-552-6000 (Wilkes-Barre area).
- Community Counseling Services 570-836-3118 (Tunkhannock area).
- Northeast Counseling Center 570-455-6385 (Hazleton area).
- Northeast Counseling Center 570-735-7590 (Nanticoke area).
- Children's Services Center 570-825-6425 (Wilkes-Barre area).
- Children's Services Center 570-836-2722 (Tunkhannock area).

You can call **911** for emergency help, or you can call your Community Care office or a Community Care provider.

Using Your Health ID Cards

Carry your ACCESS card (medical assistance), physical health plan ID, and your Community Care ID card with you all the time.

The Community Care ID card:

- Identifies Community Care as your behavioral health care plan.
- Helps you remember our phone number.

Your Physical Health

Community Care does not manage your physical health care. Your physical health plan, or ACCESS Plus plan, takes care of your physical (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.

Remember, no matter which physical health plan you choose, you will be a member of NBHCC's program managed by Community Care as long as you are enrolled in HealthChoices.

Section Two: Services for HealthChoices Members

Covered Services

NBHCC pays for the mental health and drug and alcohol services listed below. These services must be agreed upon by you and your **treatment team** and they must be considered **medically necessary**. Your provider submits all of his or her claims to Community Care.

A treatment team is the group of health professionals who assist you in your recovery. This includes people from Community Care and your provider's office.

A service is medically necessary if it is used on a regular basis to treat a mental health or drug and alcohol problem. These services are necessary to maintain mental wellness.

HealthChoices may not cover all of your health care expenses. Read your member handbook carefully to determine which health care expenses are covered. Call Community Care at 1-866-668-4696 if you have any questions about what health care expenses are covered.

Covered Services

- Admission to a hospital for inpatient care for mental or emotional illness.
- Inpatient care and rehabilitation for alcohol or other drug problems in a hospital or non-hospital setting.
- Partial hospital day programs for mental illness.
- Partial hospital programs for drug and alcohol treatment.
- Drug and alcohol assessment services.
- Intensive outpatient programs for drug and alcohol treatment.
- Targeted case management services for drug and alcohol treatment.
- Outpatient services for mental health or drug and alcohol treatment.
- Detox (detoxification) from alcohol and other drugs.
- Methadone - medication (for treating people with drug addiction).
- Laboratory Services (if ordered by a doctor in our network).
- Case management services.
- Crisis services.

Extra Services for Children and Teens

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

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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

You can use the Medical Assistance Transportation Program (MATP) to get to your mental health appointments. Call us to find out how to apply, or call MATP directly at 570-288-8420 for Luzerne and Wyoming Counties, at 570-963-6482 for Lackawanna County, and at 570-853-4510 for Susquehanna County. Ambulance services that you use in an emergency are paid by your physical health plan when they are necessary based on your condition. MATP does not provide emergency transportation services.

Out-of-Network Services

HealthChoices ensures that you have the most choices available at the most convenient locations in your communities. This is done through a contracted network of providers and services by Community Care. In some cases, you or your provider might feel that you have a special need for services that are not included in the Community Care provider directory. For all service requests, you and/or your provider need to call Community Care first. This also applies to requests for services that are not under contract to Community Care. For requests for these services, you or your provider may call Community Care at 1-866-668-4696.

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

Payment for Treatment

Community Care receives your bills for treatment, and NBHCC pays your bills for treatment. There are no co-payments or deductibles for the behavioral health care that we approve. You should not receive a bill or be asked to pay for behavioral health services when you receive treatment from a Community Care 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

72 Glenmaura National Blvd

Moosic, PA 18507

Attention: Complaints and Grievances Department

If You Have Other Insurance

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

Section Three: Getting Help

Do I Need Care?

Call us when:

- 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 your friend, a family member, your doctor, or your clergy thinks you need help.

You can also call Crisis Services at the following numbers with a behavioral health emergency:

- Scranton Counseling Center 570-348-6100 (Greater Scranton area).
- Tri-County Human Service Center 570-282-1732 (Carbondale area).
- Community Counseling Services 570-552-6000 (Wilkes-Barre area).
- Community Counseling Services 570-836-3118 (Tunkhannock area).
- Northeast Counseling Center 570-455-6385 (Hazleton area).
- Northeast Counseling Center 570-735-7590 (Nanticoke area).
- Children's Services Center 570-825-6425 (Wilkes-Barre area).
- Children's Services Center 570-836-2722 (Tunkhannock area).

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.

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Your child has **legal rights** regarding getting services:

If your child is:	Then he or she:
Under 14 years old	Must have parent or caregiver permission to get mental health services. Can get help for an alcohol or drug problem without permission from a parent or caregiver.
14 to 18 years old	Can get help for a mental health or alcohol or drug problem without permission from a parent or caregiver. Parents can also get help for their child who is 14 to 18 years old, even if the child does not want help.

All family members should know about their child's care, if possible. 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 you can call us to help you set up an 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.

Non-emergency means that you can wait up to 7 days before receiving care.

If you do not have an appointment with a provider within 7 days, call us.

If You Have an **Urgent** Need for Care

Here is what to do:

1. Call Community Care at 1-866-668-4696.
2. Contact any Community Care provider. (Check your Provider Directory)

An **urgent** situation means you or another responsible person thinks you need care before the situation turns into an emergency.

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.

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 Community Care at 1-866-668-4696.**

You can also call Crisis Services at the following numbers with a behavioral health emergency:

- Scranton Counseling Center 570-348-6100 (Greater Scranton area).
- Tri-County Human Service Center 570-282-1732 (Carbondale area).
- Community Counseling Services 570-552-6000 (Wilkes-Barre area).
- Community Counseling Services 570-836-3118 (Tunkhannock area).
- Northeast Counseling Center 570-455-6385 (Hazleton area).
- Northeast Counseling Center 570-735-7590 (Nanticoke area).
- Children's Services Center 570-825-6425 (Wilkes-Barre area).
- Children's Services Center 570-836-2722 (Tunkhannock area).

- 3. Call any Community Care provider.**

An **emergency** situation means you or another responsible person thinks 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, 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 that 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 ID card.

You should not get a bill. Please call us right away if you do get one.

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 a 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 us at 1-866-668-4696.

Section Four: Your Rights and Responsibilities

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:

- If it is required for the **monitoring** activities of Community Care, NBHCC, and/or the State.
- 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 means checking on.

You Can Ask for More Information

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

- The names, addresses, and phone numbers of providers who speak other languages.
- The names, addresses, and phone numbers of providers who are not accepting new patients.
- 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.
- Information about grievances and fair hearing procedures.*
- The benefits available to you, in detail.*
- How to learn about additional benefits from the State of Pennsylvania.
- The steps that you (or a provider) need to take to receive services.*
- The steps that must be taken to use a provider who is not in the network.
- The emergency benefits 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 transportation is provided.*

* Information about this is included in this Member Handbook

Your Member Rights

- To receive proper treatment regardless of your race, color, religion, sexual orientation, lifestyle, disabilities, national origin, age, gender, or income.
- To be treated in a considerate and respectful manner.

HealthChoices Behavioral Health Program

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- To receive services where your privacy is protected.
- To choose any provider from the Community Care provider list. You are free to change providers if you are unhappy.
- To have your information kept private and confidential.
- To know the name and the qualifications of any provider who is caring for you.
- To see how Community Care responds to member complaints and grievances.
- To receive a copy of the information that Community Care uses when we decide what care you should receive.
- To know about the services you are receiving, why you are receiving them, and what to expect.
- To know everything you need so you can make decisions about your recovery.
- To work with providers or interpreters who understand you and your community.
- To get information about Community Care that is clear and easy to understand.
- 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.
- To know about the qualifications of Community Care providers and staff.

You Also Have the Right

- To receive information about options for your treatment. You have the right to receive this information in a way that is easy to understand.
- To play a part in the decisions about your recovery. You also have the right to refuse treatment.
- To not be restrained (tied down or locked in) or left alone—as a way for someone who is giving you treatment to bully you, punish you, or as a way for that person to take a break.
- To ask for a copy of your medical record. You have a right to correct the information in your record.
- To know and exercise your rights and to not be treated differently by your provider or Community Care because you do.

Your Member Responsibilities

- 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).
- Tell your family doctor or PCP (primary care physician) about any counseling treatment.
- Carry your ID Cards with you.
- 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.
- Keep your appointments. Call ahead to cancel if you must.
- Work with your provider on a treatment plan that you can follow.
- Tell your provider if you want to stop or change treatment.
- Tell Community Care and your provider about any other insurance you have.
- Tell your provider and Community Care right away if your Medicaid status changes.
- 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 within our network. Your HealthChoices benefits pay for this second opinion from a network provider. You are not billed for this.

We Will Notify You

If we change information about complaint procedures, 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. We will also notify you if there are changes in your coverage, rights, or responsibilities.

You Can Ask About Mental Health Advance Directives and Mental Health Power of Attorney

Mental Health Advance Directives are 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 Directive or by appointing a Mental Health Power of Attorney or both.

A Mental Health Directive 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.
- Specific instructions you have about your mental health care 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 recovery based on your written instructions.

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

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

Section Five: Complaints, Grievances, and Fair Hearing Procedures

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 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.*

* Community Care 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 that treatment plan.

What Should I Do if I Have A Complaint?

First Level Complaint

To file a complaint, you can:

- Call Community Care at 1-866-668-4696, tell us your complaint, and we will help you.

Or

- Write down your complaint and mail it to us at:

Community Care Behavioral Health Organization
72 Glenmaura National Blvd
Moosic, PA 18507
Attention: Complaints and Grievances Department

When Should I File A First Level Complaint?

You must file a complaint **within 45 days** of getting a letter telling you that:

- Community Care has decided you cannot get a service you want because it is not a covered service.
- Community Care will not pay a provider for a service you received.
- Community Care did not decide a First Level complaint or grievance you filed previously within 30 days of when you filed it.

You must file a complaint **within 45 days** of the date you should have received a service if your provider did not give you the service. You may file all other complaints at any time.

What Happens After I File A First Level Complaint?

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

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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 also ask for assistance with your complaint by calling Community Care at 1-866-668-4696.

If you filed a complaint because of one of the reasons listed below, you can be included in the First Level complaint review. (You must call Community Care **within 10 days** of the date on the letter 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 make a decision about your First Level complaint or grievance within 30 days of when you filed it.

You can come to our offices or be included by phone. You are not required to attend this 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 like the decision.

What to Do to Continue Getting Services:

If you have been receiving services that are being reduced, changed, or stopped because they are not covered services for you, and you file a complaint that is hand-delivered or postmarked **within 10 days** of the date on the letter (notice) telling you that the services you have been receiving are not covered services for you, the services will continue until a decision is made.

What If I Do Not Like Community Care's First Level Complaint 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. This Second Level complaint will be taken care of by NBHCC to make sure that it is handled by a completely separate group of people, who were not part of the process that led to the First Level complaint.

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?

CCBH will turn over your information to NBHCC. They will send you a letter to let you know they received your complaint. The letter will tell you about the Second Level complaint process. Your contact at NBHCC is the NBHCC Quality Manager, who will be identified to you by name and with all needed contact information.

- You may ask NBHCC to see any information they have about your complaint. You may also send information that may help with your complaint to NBHCC.
- You can come to a meeting of the Second Level complaint committee or be included by phone. NBHCC 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 do so. If you do not attend, it will not affect our decision.
- The Second Level complaint review committee will have three people on it, one person being a Community Care member. The members of the committee will not have been involved in the issue about which you filed your complaint.
- The committee will make a decision no more than 30 days from the date NBHCC 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 for the decision. It will also tell you how to ask for an external complaint review if you don't like the decision.

What to Do to Continue Getting Services:

If you have been receiving services that are being reduced, changed, or stopped because they are not covered services for you and you file a **Second** Level complaint that is hand-delivered or postmarked within 10 days of the date on the **First** Level complaint decision letter, the services will continue until a decision is made.

What If I Still Don't Like 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 Department of Health or the Insurance Department. The Department of

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Health handles complaints that involve the way a provider gives care or services. The Insurance Department reviews complaints that involve Community Care's policies and procedures.

- 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 or NBHCC will help you put your complaint in writing.**
- You must send your request for external review in writing to either:

**Pennsylvania Department of Health
Bureau of Managed Care
Health and Welfare Building, Rm 912
7th and Foster Streets
Harrisburg, PA 17120**

Or

**Pennsylvania Insurance Department
Bureau of Consumer Services
1321 Strawberry Square
Harrisburg, PA 17120**

Telephone: 1-888-466-2787

Telephone: 1-877-881-6388

Fax: 1-717-705-0947

Relay Service: 1-800-654-5984

- If you send your request for External Complaint review to the wrong department, it will be sent to the correct department.
- The Department of Health or the Insurance Department will get your complaint information from Community Care. You may also send them any **other information** that may help with the External Complaint review of your complaint.
- An attorney, or another person of your choice, may represent you 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 like the decision.

What to Do to Continue Getting Services:

If you have been receiving services that are being reduced, changed, or stopped because they are not covered services for you and you file a request for an **External Complaint** review that is hand-delivered or postmarked **within 10 days** of the date on the **Second Level** complaint decision letter, the services will continue until a decision is made.

What Is A Grievance?

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

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.

What Should I Do If I Have A Grievance?

First Level Grievance

If Community Care does not completely approve a service for you, you will be notified by 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:

- Call Community Care at 1-866-668-4696, tell us your grievance, and we will help you.

Or

- Write down your grievance and send it to us at:

Community Care Behavioral Health Organization

72 Glenmaura National Blvd

Moosic, PA 18507

Attention: Complaints and Grievances Department

Or

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

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

What Happens After I File A First Level Grievance?

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

You may ask Community Care to see any information we have about your grievance. You may also send information that may help with your grievance to Community Care. You may also ask for assistance with your grievance by calling Community Care at 1-866-668-4696.

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 to let you know we received your grievance. You can come to our offices or be included by phone. You are not required to attend this meeting. If you do not attend, it will not affect our decision.

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A committee of one or more Community Care staff, including a doctor or licensed psychologist, who has not been involved in the issue about which you filed your grievance, will make a decision about your First Level grievance. Your grievance will be decided no more than 30 days after we receive 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 for the decision(s). It will also tell you how to file a Second Level grievance if you don't like the decision.

What To Do To Continue Getting Services:

If you have been receiving services that are being reduced, changed, or stopped, and you file a grievance that is hand-delivered or postmarked **within 10 days** of the date on the letter (notice) telling you that the services you have been receiving are being reduced, changed, or stopped, the services will continue until a decision is made.

What If I Do Not Like Community Care's First Level Grievance 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, who will turn it over to NBHCC.

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?

NBHCC will send you a letter to let you know we received your grievance. The letter will tell you about the Second Level grievance process.

You may ask NBHCC to see any information we have about your grievance. You may also send information that may help with your grievance to NBHCC. You may also ask for help by calling NBHCC at 1-800-719-5985.

You can come to a meeting of the Second Level grievance committee or be included by phone. NBHCC will contact you to ask if you want to come to the meeting. You are not required to attend this meeting if you do not want to. 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. 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 for the decision. It will also tell you how to ask for an external grievance review if you don't like the decision.

What To Do To Continue Getting Services:

If you have been receiving services that are being reduced, changed, or stopped, and you file a **Second** Level grievance that is hand-delivered or postmarked **within 10 days** of the date on the **First** Level grievance decision letter, the services will continue until a decision is made.

What If I Still Don't Like 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 NBHCC 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 Department of Health.

The 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. NBHCC 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 don't like the decision.

What To Do To Continue Getting Services:

If you have been receiving services that are being reduced, changed, or stopped and you request an **External** grievance review that is hand-delivered or postmarked **within 10 days** of the date on the **Second** Level grievance decision letter, the services will continue until a decision is made.

If you need help or have questions about complaints and grievances, you may call Community Care's toll-free telephone number at 1-866-668-4696, the legal aid office at 1-800-322-7572, or the Pennsylvania Health Law Project at 1-800-274-3258.

Who Can I Call If My Health Is at Immediate Risk?

Expedited Complaints and Grievances

If your doctor or psychologist believes that the usual time frame for deciding your complaint or grievance will harm your health, then you, your doctor, or your psychologist can call Community Care at **1-866-668-4696** 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 **1-866-284-9184** 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 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 review (by the Department of Health) or grievance review (by a doctor who does not work for Community Care), 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 Community Care receives 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 or act for 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 to see any information we have about your complaint or grievance.

For legal assistance you can contact the legal aid office at 1-800-322-7572 or call the Pennsylvania Health Law Project at 1-800-274-3258.

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

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

This help includes:

- Providing sign language interpreters.

And

- 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.

And

- Providing someone to help copy and present information.

Important Note: For some issues you can request a **Fair Hearing** from the 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.

**The Northeast Behavioral Health Care Consortium (NBHCC) and
Community Care Behavioral Health Organization (Community Care)**

What Is a Fair Hearing?

In some cases, you or your representative can ask the Department of Public Welfare 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 Fair Hearings. You can ask for a Fair Hearing at the same time you file a complaint or grievance or you can ask for a Fair Hearing after Community Care decides your First or Second Level complaint or grievance.

What can I request a Fair Hearing for?

When do I have to ask for a Fair Hearing?

If you are unhappy because ...	If you ask for a Fair Hearing, you must do so ...
Community Care decides to deny a service because it is not a covered service.	within 30 days of getting a letter from Community Care telling you of this decision Or within 30 days of getting a letter from Community Care telling you of this decision after you filed a complaint about this issue.
Community Care decides not to pay a provider for a service you received And the provider can bill you for the service.	within 30 days of getting a letter from Community Care telling you of this decision Or within 30 days of getting a letter from Community Care telling you of this decision after you filed a complaint about this issue.
Community Care did not decide your First Level complaint or grievance within 30 days of when you filed it.	within 30 days of getting a letter from Community Care telling you that they did not decide your complaint or grievance within the time frame they were supposed to follow.
Community Care decides to deny, decrease, or approve a service different than the service your provider requested because it was not medically necessary.	within 30 days of getting a letter from Community Care telling you of this decision Or within 30 days of getting a letter from Community Care 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 from the date you should have received the service Or within 30 days of getting a 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:

- 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**,
- Any letter you may have received about the issue you are requesting your fair hearing for (provide that information).

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 for 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 will help you file for a Fair Hearing. Community Care will 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?

A decision will be made between 60 and 90 days from when the Department of Public Welfare receives your request.

A letter will be sent to you after the decision is made. This letter will tell you the reasons for the decision. It will tell you what to do if you don't like the decision.

What To Do To Continue Getting Services:

If you have been receiving services that are being reduced, changed, or stopped and your request for a **Fair Hearing** is hand-delivered or postmarked **within 10 days** of the date on the letter telling you that Community Care has reduced, changed, or stopped your services, or 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, then you, or your doctor, or psychologist, can call the

**The Northeast Behavioral Health Care Consortium (NBHCC) and
Community Care Behavioral Health Organization (Community Care)**

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 or psychologist faxed to the 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 or psychologist does not fax a letter, your doctor or psychologist 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 60 to 90 days.

If your doctor or psychologist 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 rights and responsibilities. Call us if you want us to explain them to you.

Section Six: The NBHCC Ombudsperson

An Ombudsperson (pronounced: 'um-"budz-pur-sen) 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 Ombudsperson:

- If you are having problems with the care you are getting.
- If you need help with a complaint or grievance.
- If you want to find an advocate.

An Ombudsperson can give you names of people to call.

If you would like to speak with the Ombudsperson, please contact:

570-344-2005

TTY 1-877-877-3580

Section Seven: Consumer/Family Satisfaction Team

NBHCC has hired the Advocacy Alliance to conduct consumer and family satisfaction surveys and to develop follow-up recommendations for the HealthChoices program. This is the same organization that does Consumer/Family Satisfaction work for our counties today for non-Medicaid services. They will also be doing similar work with your providers to assess their satisfaction with the program. For more information from them, please see their contact information near the end of this handbook.

Section Eight: How to Get More Involved in Services

How Can I Get 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 or problems.

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 1-866-668-4696 or write to us at:

- **Community Care Behavioral Health Organization**
72 Glenmaura National Blvd.
Moosic, PA 18507
Attention: Customer Services Department

Or

- **Northeast Behavioral Health Care Consortium**
72 Glenmaura National Blvd.
Moosic, PA 18507
570-344-2005
1-800-719-5985
Attention: Ombudsperson

Section Nine: Important Contact Information for Members

Community Care Behavioral Health Organization

Community Care Behavioral Health

72 Glenmaura National Blvd.
Moosic, PA 18507
www.ccbh.com
1-866-668-4696 (Customer Service)

Business Hours: 24 hours a day, 7 days a week

TTY: 1-877-877-3580
Spanish: 1-866-229-3187

County Assistance Offices

Lackawanna County Assistance Office

200 Scranton State Office Building
100 Lackawanna Avenue
Scranton, PA 18503-1972

FAX: 570-963-4843
Toll Free: 1-877-431-1887
Phone: 570-963-4525

Susquehanna County Assistance Office

33 Spruce Street
P.O. Box 128
Montrose, PA 18801-0128

FAX: 570-278-9508
Toll Free: 1-888-753-6328
Phone: 570-278-3891

Wyoming County Assistance Office

Rt. 6, P.O. Box 490
Tunkhannock, PA 18657-0490

FAX: 570-836-8761
Phone: 570-836-5171

Luzerne County Assistance Office Wilkes-Barre District

205 South Washington Street
Wilkes-Barre, PA 18711-3298

FAX: 570-820-4876
Phone: 570-826-2100

County Crisis Services

Lackawanna County Crisis Services

Scranton Counseling Center
Tri-County Human Service Center

570-348-6100 (greater Scranton area)
570-282-1732 (Carbondale area)

Susquehanna County Crisis Services

Tri-County Human Service Center

570-282-1732 (Carbondale area)

**HealthChoices Behavioral Health Program
MEMBER HANDBOOK**

Luzerne and Wyoming County Crisis Services

Community Counseling Services 570-552-6000 (Wilkes-Barre area)
Community Counseling Services 570-836-3118 (Tunkhannock area)

Children's Services Center 570-825-6425 (Wilkes-Barre area)
Children's Services Center 570-836-2722 (Tunkhannock area)

Northeast Counseling Center 570-455-6385 (Hazleton area)
Northeast Counseling Center 570-735-7590 (Nanticoke area)

Consumer Satisfaction Team

Consumer Satisfaction Team

846 Jefferson Ave., P.O. Box 1368
Scranton, PA 18501
1-877-315-6855
570-342-7762
info@theadvocacyalliance.org
www.theadvocacyalliance.org

Medical Assistance Transportation Programs (MATP)

Medical Assistance Transportation Programs (MATP)

Lackawanna County 570-963-6482
Susquehanna County 570-853-4510
Luzerne County and Wyoming County 570-288-8420

Ombudsperson

Ombudsperson

570-344-2005

County Department of Human Services

Lackawanna County Office of Human Services

135 Jefferson Ave. Scranton, PA 18503
Teresa Osborne, Executive Director
570-963-6790

Wyoming County Office of Human Services

P.O. Box 29, Tunkhannock, PA 18657
Greg Porasky, Executive Director
570-836-3131

Luzerne County Office of Human Services

111 N. Pennsylvania Ave, Wilkes-Barre, PA 18701
Joseph DeVizia, Executive Director
570-826-8800

MH/MR offices

Lackawanna-Susquehanna Counties MH/MR Program

135 Jefferson Ave., Scranton, PA 18503
Stephen Arnone, Administrator
570- 346-5741

Luzerne-Wyoming Counties MH/MR Program

111 N Pennsylvania Ave, Wilkes-Barre, PA 18701
570- 825-9441

Single County Authorities

Lackawanna County SCA

135 Jefferson Ave., Scranton, PA 18503
Ann Marie Santarsiero, Executive Director
570-963-6820

Luzerne-Wyoming Counties Drug and Alcohol Program

20 N. Pennsylvania Ave, Suite 218, Wilkes-Barre, PA 18701
Michael Donahue, Executive Director
570-826-8790

Susquehanna County Drug and Alcohol Commission

P.O. Box 347
Seven Lake Ave., Second Floor
Montrose, PA 18801
Robin Kaminski-Waldowski, Administrator
570-278-1000

► More Information or Support

Call Community Care to find out about self-help and support groups all over the four county area.

You can also call:

The **United Way Help Line** at:

570-961-1234 Lackawanna County

570-829-1341 Luzerne and Wyoming Counties

The **Advocacy Alliance** at:

1-877-315-6855 or 570-342-7762

The Dept of Public Welfare Fraud/Abuse hotline at:

1-866-379-8477

The Department of Public Welfare has established a hotline to report suspected fraud and abuse committed by any entity providing services to Medical Assistance recipients. The number operates between the hours of 8:30AM and 3:30 PM, Monday through Friday. Voice mail is available at all other times. Callers may remain anonymous.

Suspected fraud and abuse may also be reported via the following website:

<http://www.dpw.state.pa.us/omap>,

Or via email:

omaptips@state.pa.us.

Section Ten: Definitions

Advocate

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

Behavioral Health

Mental Health or Drug and Alcohol Treatment Services.

Community

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

Complaint

Telling or writing 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

Test and studies that help a doctor 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 service or a change in 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 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.



www.nbhcc.org