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Q & A

Questions and Answers about Autism Spectrum Disorder Services

A recent census report published regarding the prevalence of autism in Pennsylvania speaks to the explosive growth in the number of individuals affected by autism spectrum disorders (ASD). According to this report, Allegheny County has the highest prevalence rate in Pennsylvania with a projected 2,220 residents diagnosed with ASD. Since most individuals with ASD are eligible for Medical Assistance, many children and adolescents receive behavioral health services through the mental health treatment providers enrolled in the Medical Assistance program. Many services are paid for by the County's HealthChoices program through Community Care, the local behavioral health managed care organization.

Community Care has also noted the rapid growth of children and adolescents with ASD receiving behavioral health services through the HealthChoices Program. For example, in 2002, there were 881 children and adolescents with ASD who received Behavioral Health Rehabilitation Services (BHRS), a service often referred to as a "wraparound" service that provides Behavioral Specialist Consultant (BSC), Mobile Therapy (MT), and Therapeutic Staff Support (TSS) to children in their home and community. By the end of 2008, over 1,900 children and adolescents with ASD received BHRS in Allegheny County, and this growth trend continued in 2009. To address the growing need for ASD services, Community Care is seeking to expand the capacity of our provider network through a Request for Qualifications process. We will convene a group of stakeholders to include advocates, family members, and youth to assist us in evaluating the proposals.

In January 2010, Community Care, the Allegheny County Office of Behavioral Health and the Office of Mental Health and Substance Abuse Services held two meetings to gather information directly from families about the challenges they are facing when attempting to access services or while receiving BHRS. While several parents had positive experiences to report, a number of parents reported challenges regarding timely access to services and disruptions in service delivery due to inconsistencies in workforce availability. Since this group of 25 families represents a small portion of families receiving services in Allegheny County, we are committed to continuing the fact-finding process with other families of children/adolescents receiving BHRS. One way we hope to get the input of additional families receiving services is through quarterly Family Advisory Committee meetings.

Community Care is taking a number of additional steps to gather information and address the challenges identified by families including:

- Publishing this newsletter, which provides important information to families about BHRS and what families can do if they have questions about services for their child with ASD and/or are not satisfied with the services their child is receiving.
- Performing surveys of BHRS providers to gather facts regarding capacity to serve new referrals of children with ASD.
- Making telephone calls to families of children receiving BHRS to ask important questions about the services and to let families know that they can call Community Care at any time if they have questions or concerns about services.
- Asking providers to notify Community Care immediately if they are unable to accept a new referral or if existing services may be disrupted because of staffing issues.

We hope that you find the information contained in this newsletter to be informative and helpful. We are very interested in your feedback about this newsletter and how we can work together to make sure children and adolescents with ASD get the highest quality services.

Whom can I call for information and assistance?

Community Care has established a toll-free phone line specifically for parents and guardians of HealthChoices members who have been diagnosed with an autism spectrum disorder. Please call the Community Care Autism Support Line if you need information about autism services and treatment options or to express a concern related to services.

The Autism Support Line is answered by a Customer Services Representative during regular business hours (Monday through Friday, 8 a.m. to 5 p.m.). If you call after hours, you can leave a message; a Care Manager will return your call the next business day.

CALL THE COMMUNITY CARE AUTISM SUPPORT LINE, (TOLL-FREE) 1-866-415-1708. WE ARE HERE TO ASSIST YOU.

What should I do if I am not happy about the services my child is receiving?

If you are not happy with the treatment services that your child is receiving, the first thing you should do is call Community Care. A Care Manager will listen to your concerns and assist you in getting the care your child needs.

A Care Manager can work with your provider to make sure that your concerns are addressed or can work with you to find a new provider. We have set very high standards for the providers in our network and hold them accountable for their services. The performance standards for our BHRS providers can be found on our website at <http://www.ccbh.com/pdfs/Providers/performanceStandards/BHRSforAutismSpectrumDisorders.pdf>.

If you are not satisfied in any way, we want to hear from you. By expressing your concerns, you are providing us with the information we need for the continuous improvement of the quality of services for our members. Call us; your satisfaction is our priority.

What is a complaint?

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

Examples of times when you might file a complaint are when you are unhappy:

- With the care you are getting.
- That you cannot get the service you want because it is not a covered service.
- That you have not received services that have been approved for you.

How do I file a complaint?

You can call **1-866-415-1708** to tell us your complaint, or send your written complaint to:

**Community Care
One Chatham Center, Suite 700
112 Washington Place
Pittsburgh, PA 15219
Attn: Complaints and Grievances Department**

When should I file a complaint?

If you are filing a complaint because Community Care sent you a letter telling you that you will not be getting a service you want because it is not a covered service or that Community Care will not pay a provider for a service you received, you must file your complaint **within 45 days after you receive the letter.**

If you are filing a complaint because your provider did not give you an approved service, you must file your complaint **within 45 days of the date when you should have received the service.**

If you are filing a complaint for any other reason, you may do so at any time.

Call the Autism Support Line
1-866-415-1708
for answers to your questions
about Autism Spectrum Disorder services.

What happens after I file a complaint?

Community Care will send you a letter letting you know that we received your complaint. The letter will describe the complaint process in a way that's easy to understand. If you need assistance with your complaint, you can **call Community Care at 1-800-553-7499**.

You can ask to see the information we have that is related to your complaint. And, you can send us any pertinent information that you think will help us in making a decision.

You are not required to participate in the complaint review, but you are welcome to take part. Whether or not you choose to participate will not affect our decision.

If you'd like to be included in the complaint review, let us know within 10 days of receiving the letter from us. You can come to our office or be included by phone.

A decision will be made regarding your complaint within 30 days by one or more Community Care staff who have not been involved in your complaint issue. A letter will be mailed to you no more than 5 days after Community Care makes its decision; the letter will give you the reason(s) for Community Care's decision.

Can my child continue to get services while a decision is being made about my complaint?

Your child can continue to get services until a decision is made about your complaint, if you:

- Have been receiving services that are being reduced, changed, or stopped because they are not covered services for you, AND
- Your complaint is hand-delivered or postmarked within 10 days of the date of the letter you received telling you that the services are not covered.

Visit www.ccbh.com for more information about Autism Spectrum Disorder services.

Besides calling Community Care or filing a complaint, is there someone else I can talk to about my concerns?

Allegheny County has an Ombudsman who can help if you are having problems with your behavioral health care. **You may contact the Allegheny County Ombudsman by calling 1-877-787-2424 (TDD/TTY: 1-877-732-1890). Or by mail:**

**Allegheny HealthChoices, Inc.
444 Liberty Avenue, Suite 240
Pittsburgh, PA 15222**

You may also want to request an interview with **Allegheny County's consumer action and response team, CART (412-281-7333 or 1-800-300-6026)**. CART, run by the National Alliance on Mental Illness (NAMI) of Southwestern Pennsylvania, interviews people who are receiving mental health or drug and alcohol services and their family members. Some people on the CART team have used behavioral health services and/or have a family member who has received behavioral health services.

Without disclosing any confidential or identifying information, CART tells the provider, the Allegheny County Department of Human Services, and Community Care about the interviews. Community Care takes the information from CART very seriously. We hold our providers accountable. We use the information given to us by the CART team to implement corrective plans for our providers and monitor them closely to ensure that they are being followed.

Does Community Care have any information that can help parents and caregivers navigate the mental health system?

If you would like a copy of Community Care's handbook for parents of children with autism spectrum disorders, please call the **Autism Support Line at 1-866-415-1708**. Other information related to autism spectrum disorder is available on our website, www.ccbh.com.

*What is TSS? When is TSS appropriate? Can I still get TSS if my child needs behavioral support in school? **

TSS is a mental health support service that, when medically necessary, is guided by the individualized behavioral health treatment plan for the child or adolescent and the primary clinician, as designated by the interagency team. The primary clinician is usually referred to as the Behavioral Specialist Consultant (BSC) for children with ASD, but could also be a Mobile Therapist (MT) in some cases. A BSC or MT is the person who designs, implements, and evaluates the treatment plan developed with the Interagency Team. Often times the BSC or MT develops specific behavioral interventions to be used by parents, family members, teachers, or other care givers, as well as the TSS, to help reduce problem behaviors. The BSC or MT begins by conducting a Functional Behavioral Assessment (FBA) to help determine what function the child's behavior serves in particular environments. Many times when children demonstrate challenging behaviors in the school, the school will conduct its own Functional Behavioral Assessment (FBA) and use this to develop a behavior support plan for the school. The results of the FBA help to determine what sorts of behavioral modification techniques can be used to help reduce problem behaviors and/or what new skills the child needs to learn to meet their needs. For example, some children with Autism have difficulty communicating their needs verbally, which may lead to frustration and the display of problem behaviors in certain situations. In those cases, the interagency team members may work to teach the child alternative ways to communicate (e.g., sign language or Picture Exchange Communication Systems/PECS) or may work to help the child learn to "use their words" to express their needs or frustrations.

The behavioral health treatment plan itself is a reflection of the interagency team process, and has been developed with the active participation of the child and parents or other caregivers. The TSS worker acts to support the implementation of the behavioral health treatment plan in support of the identified child and family goals.

There are special circumstances associated with the use of Therapeutic Staff Support (TSS) in the school setting, in large measure due to mental health services being provided within a separate, independent system (the school) that has its own structure, rules, methodologies, and culture. Teachers rightfully regard themselves as experts on their students, so the manner of the TSS worker's approach to the teacher is as important as the specific information conveyed. It may be difficult for the TSS worker to know whom to contact within the school, and when. The rapid pace of the school day may make it unclear when the TSS worker and classroom teacher can best debrief about the child. It may also be unclear just how much information the teacher possesses about the child and how much is appropriate, given possible confidentiality issues.

It therefore follows that school representation at the interagency team meeting—typically a sound practice, even when in-school TSS services are not being given—becomes essential when TSS is being planned for, or provided within, the school. While participation of the child's primary classroom teacher is essential, the participation of more than a single school representative constitutes best practice. In addition to the primary classroom teacher, other school representatives may include the guidance counselor, principal, coach, special education teacher, or other teachers who know the child well.

Since TSS is never intended to function as a stand-alone mental health service, it is expected that the initial school-based contact between the TSS worker and the school be mediated by a mental health professional (e.g., a Mobile Therapist or Behavior Specialist), with the participation of the family. Such a meeting offers an opportunity for all parties to clarify current efforts to address the child's needs in school. This meeting will help to develop a plan that meets the child's most immediate needs and integrates current goals and objectives of the child into one behavioral health support plan to be used in school to ensure a consistent approach in addressing the child's needs in school, as well as consistent methods of documenting the child's

progress in school. The meeting between the school and mental health professional should also outline the specifics about how information will be exchanged between the school personnel, TSS worker and BSC/MT and the family.

The role/responsibility of the TSS worker in school should be reviewed as well as how supervision of the TSS by the MT or BSC will occur with input from the school personnel.

In addition, the initial meeting should establish a mechanism for reviewing the child's progress in school, as well as establishing criteria for the eventual tapering of TSS services in the school.

What is the goal of TSS?

Collaboration, rather than just tending to the child, is the TSS goal. The TSS role within the classroom involves not just supporting and redirecting the child, but also exchanging information and collaborating actively with the classroom teacher, in the manner identified within the treatment plan and as directed by the mental health professional. Prior to the implementation of TSS services, it is important for the classroom teacher and the TSS to have preliminary discussions regarding how services will be implemented. Technically, this should be discussed during the implementation of the student's treatment plan. The following are some discussion points that should be covered:

- The role of the TSS in the classroom/relationship with classroom teacher.
- How important information will be communicated.
- How the TSS will be introduced to the class.
- How information will be shared with parents.
- Specific management strategies that will be utilized (such as restraints, removal from the classroom, and a behavior plan).
- Orientation of other staff members regarding the wraparound services.
- Addressing staff members in the presence of students.
- Discussion of the general classroom rules.

Are there practical approaches to implementing TSS?

Implementation of TSS may involve a variety of practical approaches in support of commonly identified goals. Practical interventions are identified below that enable the TSS worker to work toward the achievement of certain commonly identified treatment goals. These interventions are to be used only in accordance with the child's specific treatment plan, as directed by the primary clinician and the TSS supervisor.

Common Treatment Goals and Potential TSS Interventions

1. Collecting data about the child's problematic behaviors is important in order to develop a treatment plan that works for the child and family. The TSS worker systematically records information about the child's problematic behaviors and conveys it to the Mobile Therapist (MT) or Behavioral Specialist Consultant (BSC) for use in treatment plan development and changes. The TSS worker may also share information with the parents and child, as determined by the primary clinician. The TSS worker may gather information about when problematic behaviors occur, any apparent precipitants to behaviors, duration of problem behaviors, most effective ways to intervene and interrupt behaviors, as well as the child's response to interventions and development of self-regulation or coping skills as outlined in the treatment plan.
2. Reinforcing parental roles and responsibilities with the child is an important component of the treatment plan and interventions by BHRS staff. A few examples of how this might occur are:
 - TSS worker highlights and verbally reinforces cooperative, respectful, age-appropriate responses by the child toward the parents (e.g., "I was impressed with the way you responded to your mother's request right away, and how you looked right at her when you spoke to her").
 - TSS worker supports parental adherence to specific protocols developed by primary

clinician for use with the child (e.g., Stop and Think approaches, sticker calendars with specific tasks for the child, consistency in limit-setting).

- TSS worker offers positive statements to the child individually, at appropriate times, about his or her parents (e.g., “Did you notice how proud your dad looked when you showed him the terrific point sheet from school today?”).

3. Based on systemic observation of the child’s functioning, TSS may actively support the child’s participation in the community and other settings as part of their treatment plan. The following are a few examples of how TSS might support children’s participation in activities in the community:

- TSS worker reviews with the child, prior to the specific activity, the nature of the activity to follow and likely expectations for that activity (e.g., “As you know, part of the reason that you’re joining this team is to make friends and get along better with other kids.”).
- TSS worker observes the child’s interactions with peers during a community activity and offers positive feedback to the child about how well they did approaching another child to play or sharing a toy with another child.
- TSS worker observes and offers the child feedback about their response to the inappropriate behavior of a peer.
- TSS worker uses nonverbal cues of support for child’s positive responses (e.g., “thumbs up” or a clap of hand, when the child scores a basket, catches the football, or ignores an elbow by another peer during the game).
- TSS worker uses nonverbal cues for the child to change an immediate behavioral response (TSS worker points at forehead, to signify “stop and think,” or points at wristwatch, to tell the child to “slow down and calm down”).
- TSS worker takes the child aside momentarily, if necessary, to discuss the situation and to consider positive choices to be made.
- TSS worker discusses about the experience afterwards with the child and parents.

4. TSS workers may help the child improve interactional skills with peers using some of the following techniques:

- TSS worker encourages the child to learn to ask question with peers, and to listen actively to responses.
- TSS worker encourages the child to practice use of social skills with peers (e.g., “Can you remember that one of the best ways to start a conversation is to ask the other person a question? What kind of questions could you ask Tyrone?”).
- TSS worker helps the child build confidence in preparing for social interactions through practice of conversations with TSS worker.

5. TSS workers may implement strategies identified by the MT/BSC to help the child to de-escalate when angry. Here are a few examples of how TSS may help:

- TSS worker helps the child implement a specific protocol for decision-making/de-escalation (e.g., stop and think of others), if identified within treatment plan.
- TSS worker cues child nonverbally and indirectly at sign of de-escalation, or uses simple verbal cue, as previously agreed upon (e.g., TSS worker points to forehead, to encourage the child to “stop and think,” or to wristwatch to encourage the child to calm down).
- TSS worker reviews the de-escalation plan with adults in the setting where services are being provided and with child, so that implementation is predictable and consistent for child and others.
- TSS uses verbal praise for the child when the child is showing self-control.

Who are the BHRS evaluators and prescribers in Allegheny County?

Allegheny County BHRS evaluators and prescribers in Community Care's network are listed on the following pages. Some evaluators or psychologists are affiliated with particular BHRS providers, while some psychologists/psychiatrists work independently. Families can choose to have their child's evaluation completed by a psychologist affiliated with their BHRS provider, or from the following list of independent evaluators. If families are not satisfied or disagree with conclusions or recommendations made by their child's psychologist/psychiatrist, families can request another evaluation for a second opinion.

The asterisks denote that the facility or individual is a participant in Community Care's Preferred Prescriber program. Preferred Prescribers are evaluated on their adherence to Best Practice standards for psychological evaluations. Preferred Prescribers are also assessed for their participation and input during ISPT meetings. Community Care mandates that Preferred Prescribers participate in a number of trainings in order to continuously improve the quality of the evaluations.

Not all of the evaluators listed may be actively performing best practice evaluations.

BHRS Evaluators/Prescribers in Facilities

Allegheny Children's Initiative, Inc. **

2304 Jane Street
Pittsburgh, PA 15203
Evaluators: Timothy Makatura, PhD; David McAnallen MEd, and Karen Lewis, MA
Phone: 412-431-8006

Auberle

1101 Hartman Street
McKeesport, PA 15132
Evaluator: Steven Mosovsky, MEd
Phone: 412-673-5800

Auberle (continued)

2513 Fifth Avenue, McKeesport, PA 15132
Evaluator: Steven Mosovsky, MEd
Phone: 412-673-1992

Children's Hospital of Pittsburgh

3420 Fifth Avenue
Pittsburgh, PA 15213
Phone: 412-692-5560

Clearfield-Jefferson Community Mental Health Center, Inc.

100 Caldwell Drive
Dubois, PA 15801
Phone: 814-371-1100

Community Counseling Center of Mercer County

2201 East State Street
Hermitage, PA 19148
Phone: 724-981-7141

Community Alternatives, Inc.

Birmingham Towers
2100 Wharton Street, Suite 319
Pittsburgh, PA 15203
Evaluator: T. David Newman, PhD
Phone: 412-381-5050

Family Behavioral Resources

Brentwood Office: 412-881-2400
McKnight Road Office: 412-366-8342
Monroeville Office: 412-824-4005
New Kensington Office: 724-339-1134
North Huntingdon Office: 724-861-9200
Robinson Office: 412-788-4224
Washington Office: 724-229-0311

Family Counseling Center of Armstrong County

300 South Jefferson Street
Kittanning, PA 16201
Phone: 724-543-2941

Family Links

Page Street - Phone: 412-942-0533
Shady Avenue - Phone: 412-661-1800
Banksville Road - Phone: 412-672-8632
Evergreen Road - Phone: 412-343-7166
Olive Avenue - Phone: 412-942-0533
Stanton Avenue - Phone: 412-942-0533
South Linden Street - Phone: 412-924-0116

Family Psychological Associates

226 West Newcastle Street
Butler, PA 16001
Phone: 724-287-1880

365 Franklin Hill Road
Kittanning, PA 16201
Phone: 724-543-1888

Glade Run Lutheran Services

5701 Center Avenue, Suite L - 12
Pittsburgh, PA 15206
Phone: 412-661-1827

PO Box 70
Beaver Road
Zelienople, PA 15206
Phone: 724-452-4453

Jefferson Regional Medical Center

Caste Village Mall, Suite M123
5301 Grove Road
Pittsburgh, PA 15236
Phone: 412-881-2255

Mercy Behavioral Health **

1200 Reedsdale Street
Pittsburgh, PA 15233
Evaluators: Pam Fabry, MA, Donald Pickerine,
MEd, and Barbara Madaus, MEd
Phone: Initial Assessment 1-877-637-2924

Milestone Centers, Inc.

10 Duff Road, Suite 301
Pittsburgh, PA 15235
Evaluators: David Gentile, MA, and Barbara
Madaus, MEd
Phone: 412-731-9707

Nisar Health and Human Services, Inc. **

560 Beatty Road
Monroeville, PA 15146
Evaluators: Arlene Rattan PhD, Barbara Madaus
MEd, Jennifer Eldridge, PhD, Daniel Marston,
PhD, and Donald Pickerine, MEd
Phone: 412-374-8275

NHS Human Services **

10700 Frankstown Road, Suite 501
Penn Hills, PA 15235
Evaluator: Kenneth Tormey, PsyD
Phone: 412-247-1091

Nulton Diagnostic and Treatment Center

214 College Park Plaza
Johnstown, PA 15904
Phone: 814-262-0025

PLEA

733 South Avenue
Pittsburgh, PA 15221
Evaluators: Stuart Libman, MD, and William
Helsel, EdD
Phone: 412-243-3464

Paula Teacher and Associates, Inc.

10700 Frankstown Road, Suite 310
Penn Hills, PA 15235
Phone: 412-371-4090

Pressley Ridge

1450 Ingham Street
Pittsburgh, PA 15212
Evaluator: Louise Machinist, MA
Phone: 1-888-777-0820

SharpVisions, Inc.

1425 Forbes Avenue, Suite 301
Pittsburgh, PA 15219
Evaluator: Louise Machinist, MA
Phone: 412-456-2144

SPHS Behavioral Care, Inc.

301 East Donner Avenue, Suite 102
Monessen, PA 15062
Evaluator: John Rohar, PhD
Phone: 1-888-733-6906

Southwestern Human Services

110 Fort Couch Road
Pittsburgh, PA 15241
Evaluators: David McAnallen, MEd, Madhavan
Thuppal, MD, Anjali Medhekar, MD, and Daniel
Mangine, PhD
Phone: 412-831-1223

Turtle Creek Valley MH/MR **

201 East 18th Avenue
Homestead, PA 15120
Evaluators: Robert Reed, PsyD, and Daniel
Marston, PhD
Phone: 412-351-0222

The Watson Institute **

301 Camp Meeting Road
Sewickley, PA 15143
Evaluators: Joseph McAllister, PhD, Sharon
Arffa, PhD, Gail Mangan, PhD, Ann Shaw, PhD,
Lawrence Sutton, PhD, and Lisa Nippoldt-Baca,
PsyD
Phone: 412-749-2889

Wesley Spectrum Services

5499 William Flynn Highway, 3rd Floor
Gibsonia, PA 15044
Phone: 724-443-4888

11 Mayview Road
Canonsburg, PA 15317
Phone: 724-443-4888

Youth Advocate Program

26 Terminal Way
Pittsburgh, PA 15219
Evaluators: Craig Hartmann, PhD, Timothy
Makatura, PhD
Phone: 412-381-5563

**Independent BHRS Evaluators/
Prescribers**

Sailaja Allanki, MD

101 Emerson Avenue, Suite 202
Pittsburgh, PA 15215
Phone: 412-782-6909

Joseph Auria, MA

540 North Neville, Suite 101
Pittsburgh, PA 15213
Phone: 412-999-9600

Jeffrey Burke, PhD **

2801 Custer Avenue, 1st Floor
Pittsburgh, PA 15227
Phone: 412-884-4500

Eric Bernstein, PsyD

100 West Station Square Drive, Suite 617
Pittsburgh, PA 15219
Phone: 412-338-1808

John Carosso, PsyD

339 Old Haymaker Road, Suite 1104
Monroeville, PA 15146
Phone: 412-372-8000

Mary Ann Crabtree, MS

Children's Therapy Center, Suite 120
1000 Waterdam Plaza Drive
McMurray, PA 15317
Phone: 724-941-1120

4150 Washington Road, Suite 105
McMurray, PA 15317
Phone: 724-941-1120

Jennifer Eldridge, PhD

615 East McMurray Road
McMurray, PA 15317
Phone: 724-942-3996

560 Beatty Road
Monroeville, PA 15146
Phone: 412-374-8275

613 Chartiers Avenue
McKees Rocks, PA 15136
Phone: 412-331-2434

Craig Hartmann, PhD **

26 Terminal Way
Pittsburgh, PA 15219
Evaluations at: Private Practice, Youth Advocate
Program; Family Behavioral Resources; Glade
Run Lutheran Services; Allegheny Psychological
Services
Phone: 412-770-5448

Cheryl Henkel, MA

633 Long Run Road
McKeesport, PA 15132
Phone: 412-751-5280

Dominic Kasony, PhD **

201 Penn Center Boulevard
Building 1, Suite 422
Pittsburgh, PA 15235
Phone: 412-646-1618

Robert King, MA **

5612 Woodmont Street
Pittsburgh, PA 15217
Phone: 412-521-0735

Janice Knapp, PhD

103 North Meadows Drive, Suite 210
Wexford, PA 15090
Phone: 724-991-8475

Carole Kunkle-Miller, PhD

520 Washington Road, Suite 206
Pittsburgh, PA 15228
Phone: 412-854-4887

Karen Lewis, MA **

1222 Pocono Street
Pittsburgh, PA 15218
Phone: 412-731-9243

Sebastian LoNigro, MEd **

Alliance Health Wraparound, Inc.
634 Brown Avenue
Turtle Creek, PA 15145
Evaluators: Sebastian LoNigro, MEd, and Daniel
Walfish, PhD-Group Practice
Phone: 412-823-5293

Robert Lowenstein, MD

Medical Center East
211 N. Whitfield St. Suite 475
Pittsburgh, PA 15206
Evaluators: Robert A. Lowenstein, MD, and
John E. Carosso, PsyD
Phone: 412-661-5437

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4721 McKnight Road, Suite 205
Pittsburgh, PA 15237
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Monroeville, PA 15146
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Phone: 412-734-0416

Daniel Marston, PhD **

12320 Rt. 30, Suite #2
North Huntingdon, PA 15642
Phone: 412-380-2695

560 Beatty Road
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David McAnallen, MEd **

Southwestern Family Services
5167 Butler Street
Pittsburgh, PA 15201
Phone: 412-781-3990

1426 Sheffield Street
Pittsburgh, PA 15233
Phone: 412-952-7173

Judith McKnight-Krynski, MS

4407 Butler St, Suite 200
Pittsburgh, PA 15201
Phone: 412-683-1158

Anne Miller, PhD **

WJS Psychological Services
633 Long Run Rd.
McKeesport, PA 15132
Phone: 412-751-5280

Lawrence S. Newman, PhD **

6301 Forbes Avenue, Suite 105
Pittsburgh, PA 15217
Phone: 412-421-3720

T. David Newman, PhD

845 Fourth Avenue, Suite 104
Coraopolis, PA 15108
Phone: 412-571-0354

Sajatha Pandian, PhD

4 Allegheny Center, 8th Floor
Pittsburgh, PA 15212
Phone: 412-330-4000

Amanda Pelphey, PsyD

6301 Forbes Avenue, Suite 105
Pittsburgh, PA 15217
Phone: 412-841-9116

Patricia Pepe, PhD

Allegheny Psychological Services
211 N. Whitfield Street
Medical Center East, Suite 500
Pittsburgh, PA 15206
Phone: 412-361-1575

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560 Beatty Road
Monroeville, PA 15146
Phone: 412-374-8275

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Phone: 412-610-1434

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633 Long Run Road
McKeesport, PA 15132
Phone: 412-751-5280

Norman Sobel, MS

71 McMurray Road, Suite 108
Pittsburgh, PA 15241
Phone: 412-833-6602

Carole Stern, MS

110 South Arch Street, Suite 2A
Connellsville, PA 15425
Phone: 724-626-9941

Lawrence Sutton, PhD **

112 Third Ave, Carnegie, PA 15106
Phone: 412-531-1776

University of Pittsburgh Physicians **

3811 O'Hara Street
Pittsburgh, PA 15213
Evaluator: Benjamin Handen, PhD
Phone: 412-624-1000

UPMC Western Psychiatric Institute and Clinic (WPIC) **

3811 O'Hara Street
Pittsburgh, PA 15213
Evaluators: Helen Sysko, PhD, and Virginia Martin, PhD
Phone: 412-624-2000

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634 Brown Avenue
Pittsburgh, PA 15145
Phone: 412-823-5293

**Call Community Care's
Autism Support Line
1-866-415-1708
for answers
to your questions
about Autism Spectrum
Disorder services.**

Please call Community Care's (toll-free) Autism Support Line for information about autism spectrum disorder services and treatment options, or to express a concern related to services.

The Autism Support Line is answered by a Customer Services Representative during regular business hours (Monday through Friday, 8 a.m. to 5 p.m.). If you call after hours, you can leave a message; a Care Manager will return your call the next business day. We are here to assist you.

Community Care, a nonprofit recovery-focused behavioral health managed care organization, manages mental health and substance abuse services for members throughout Pennsylvania. Community Care's mission is to improve the health and well-being of the community through the delivery of effective and accessible behavioral health services. Visit www.ccbh.com.



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