Manual for Community Care Network Providers

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Appendices
APPENDICES

APPENDIX A.1. Fraud, Waste, and Abuse Compliance and Auditing Policies and Procedures

POLICY

Community Care has established a fraud, waste, and abuse (FWA) compliance program that complies with regulations set forth by the Office of Inspector General (OIG) of the Department of Health and Human Services and with the requirements of the Bureau of Program Integrity (BPI) of the Department of Human Services (DHS). The OIG encourages health care organizations to establish programs to educate and attempt to control fraud, waste, and abuse in health care. Documents have been published by the OIG that identify the minimum elements that should be included in a compliance program, as well as specific areas of concern to the OIG. The BPI has also issued guidance on the reporting of suspected fraud, waste, and abuse.

Toward that end, billing compliance audits of our provider panel are routinely conducted to determine potential areas of fraud and abuse, as defined below, that may be occurring. These audits are conducted on an ongoing basis by specially trained staff.

Community Care will continuously monitor instances of potential or actual fraud and abuse in billing by using recognized standards acceptable to the Medicaid Program. Suspected or substantiated fraud and abuse under the HealthChoices contract will be reported by the Fraud, Waste, and Abuse Department to the Bureau of Program Integrity, to the appropriate county designee, and to appropriate oversight entities. Community Care follows all Medicaid Program regulations and BPI directives when conducting and reporting audit information. No claims or documentation regulations are created by Community Care. In addition, the Department of Human Services’ Medcheck list and the OIG’s LEIE list are used to verify that no providers sanctioned by the state or federal regulatory authorities are participating in HealthChoices.

Definitions

Fraud is defined by the BPI as “any type of intentional deception or misrepresentation made by an entity or person with the knowledge that the deception could result in some unauthorized benefit to the entity or him/herself or some other person in a managed care setting.” It includes any act that constitutes fraud under applicable federal or state law. Fraud may be found under the following conditions (the following list is intended as an example and not as a limitation):

- When a provider submits a bill for a service that was not provided.
- When a provider bills for a time period greater than the time actually spent with the client.
• When a provider bills for the provision of a service that did not meet the service
definitions, performance specifications, state or federal regulations, or
accreditation standards customarily recognized in behavioral health care.
• Inappropriate or frequent referrals that may constitute a conflict of interest.
• Care authorizations to providers who may have personal or other financial
relationships with care managers.
• Other related claims or care management issues that may involve intentional
deception or misrepresentation as referenced above.

**Abuse** is defined by the BPI as “any practices that are inconsistent with sound fiscal,
business, or medical practices, and result in unnecessary cost to the Medicaid Program,
or in reimbursement for services that are not medically necessary or that fail to meet
professionally recognized standards or contractual obligations (including the terms of
the [HealthChoices] RFP, Agreement and the requirements of the state or federal
regulations) for health care in a managed care setting.” It also includes recipient
practices that result in unnecessary cost to the Medicaid Program.

Community Care works collaboratively and cooperates fully with all oversight entities,
counties, and regulatory agencies including, but not limited to, the BPI, the Office of the
Attorney General’s Medicaid Fraud Control Section, the U.S. Justice Department, the
Center for Medicare and Medicaid Services, and the Pennsylvania Office of Inspector
General.

**Procedures for Monitoring the Provider Network for Fraud, Waste, or Abuse**

The Fraud, Waste, and Abuse Department utilizes a number of methodologies in order
to detect fraud, waste, and abuse. The initiatives include, but are not limited to:

• Conducting routine provider chart reviews.
• Data analysis of provider billing information, including comparing historical trends of
peer and best practice thresholds.
• Cooperation and collaboration between the Provider Reimbursement and FWA
Departments in order to be proactive in detecting or preventing FWA.
• Review and testing of edits that are in place within the claims system to prevent
duplicate payments or payments without authorizations.
• Investigation of all referrals including those submitted through the FWA Hotline and
the FWA e-mail account.
• Cooperation and collaboration with external investigators including the BPI, CMS,
Medi-Medi, or other law enforcement agencies.

**The auditing process for routine audits is outlined below.**

a. The provider will receive a notification letter and a telephone call informing him or
her that the provider has been selected for an audit. The provider is either given the
exact date and start time of the on-site audit, or they receive a request for member
charts to be sent to Community Care for a desk audit.
b. The provider will also receive a list of members’ charts to be reviewed at this time.

c. No documentation will be accepted after the audit day has passed. In the case of
desk audits, no documentation will be accepted after the initial charts are received
by the auditing team. After completion of the audit, an exit interview is conducted
with appropriate provider program directors and administrators.

d. Providers are informed during the exit interview that any reimbursements owed to
Community Care may be directly deducted from future claim payments. Direct
repayment may also be requested. Payments are due to Community Care within 30
days from the date of the audit results letter. This information is also explained in
the audit results follow-up letter that is sent to the provider within two weeks after
the completion of the audit.

e. If the routine audit reveals a pattern of suspected fraud, waste, or abuse,
Community Care must report the activity to the BPI within 30 business days, in
accordance with regulatory requirements and the Community Care Fraud and
Abuse Policy and Procedure. The appropriate county/ counties and/or oversight
entity will be notified within the same 30 day time period.

f. If the audit reveals an area of non-compliance involving any issues not reflective of
suspected fraud, waste, or abuse, a letter may be sent to the provider with
instructions to follow regarding submission of a corrective action plan and a
directive to contact Community Care in writing within 30 business days with any
questions, concerns, or appeals.

g. If the provider does not contact Community Care within 30 business days with any
questions or concerns, it is assumed that the provider agrees with the findings of
the audit and will comply with corrective actions plans and reimbursement plans,
where applicable.

h. After the 30 day waiting period has passed, a copy of the letter is forwarded to the
Community Care credentialing and network management departments. Letters will
be forwarded to the county/ counties and/or oversight entities whenever the letters
are sent out to the providers.

i. Based on results of the original audit, Community Care may conduct a follow-up
audit within 3-6 months of the previous audit final disposition.

j. On a periodic basis the FWA Department will share audit exception trends with the
provider community. The audit findings will be communicated to providers through
various channels which include but are not limited to provider newsletters and FWA
Department Provider Alerts.

**The auditing process for referral audits is outlined below.**

a. The FWA Department accepts referrals from external and internal stakeholders.

b. Both external and internal referrals can be made anonymously. Internal referrals
can also be submitted through the employee’s manager or director.

c. The FWA Department notifies the appropriate regional director/directors and the
Sr. Director of Network Management of external referrals that have been
submitted, for example, by members through our Fraud and Abuse Hotline, or by
the member notifying the care management or network departments, by the
Bureau of Program Integrity, or by a county administrator of one of the
HealthChoices contracts.
d. Each referral is unique and therefore the details for handling the referrals vary. For example, if a referral is submitted by a member alleging that prescribed services are not being provided but they believe that their provider is submitting claims for those services, Community Care will request that the provider forward to the FWA department the member’s record in its entirety. An examination of the time period that encompasses the allegation time period will be reviewed. The amount of time reviewed will vary from referral to referral. Community Care will then compare documentation to submitted claims in order to determine if the allegations have been substantiated.

e. The Bureau of Program Integrity may also submit referrals directly to the FWA Department. The appropriate regional director/directors involved as well as the Sr. Director of Network Management will be notified as necessary.

Provider Fraud and Abuse Audit Appeal Procedure

Community Care provides a transparent review process that enables providers to appeal Fraud, Waste, and Abuse audit results. Oral and written instructions regarding the appeal process are reviewed with providers at the conclusion of each audit.

The audit appeal procedure is outlined below.

a. The provider must submit a written notification via certified mail to the Fraud and Abuse auditor, postmarked within 10 business days from the date of their audit results letter, of their intent to appeal any audit findings.

b. If the provider does not submit their appeal to the FWA Department within 30 business days, any subsequent request for an appeal will be denied.

c. The provider must then submit, via certified mail, their detailed appeal in its entirety to the FWA auditor, postmarked within 30 business days of the date of the original audit results letter.

d. The appeal must include documentation supporting each claim line, including the claim number, member name, date that the service occurred, service code, number of units involved, monetary amount, and the rationale for the appeal for each item in question. Only specific documentation supporting provider disagreement with audit exceptions will be reviewed by the Provider Appeal Committee for consideration during this appeal process.

e. All documentation relevant to the audit will be forwarded to the Provider Appeal Committee and a decision will be rendered within 30 days of receiving all of the appeal information.

f. The decision of the committee will be considered final and the provider will be notified in writing of the appeal decision.

Community Care includes information about fraud and abuse concerns in member and provider education materials. Along with information about how to identify suspected fraud and abuse, Community Care encourages members and providers to report suspected fraud and abuse through the toll-free numbers that are provided to them.
APPENDIX A.2. Confidentiality

POLICY

Community Care, our staff and agents, shall protect the confidentiality of all confidential data and information to which they have access. “Confidential” information is defined as any information from which the member could be identified. The purpose of this policy is to assure that all data and information obtained by Community Care, and our representatives, are maintained and used with the degree of confidentiality and security that the data and information warrant. In addition Community Care shall follow all federal, state, and other regulatory guidelines about privacy and security of protected health information (PHI).

PROCEDURE

General Confidentiality Provisions

Community Care has designated the privacy officer to oversee company policies and procedures regarding confidentiality and privacy. The specific functions for which the privacy officer is responsible include but are not limited to:

- Annual review of all confidentiality policies.
- Annual training of Community Care employees on confidentiality.
- Follow-up to concerns of members or providers regarding confidentiality.

The Fraud, Waste, and Abuse (FWA) Department will assist the privacy officer with these responsibilities as required and requested.

Community Care employees, staff, and volunteers are required to sign Community Care’s “Statement of Confidentiality” agreeing to be bound by strict confidentiality policies and procedures, including all federal and state laws, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Signed “Statements of Confidentiality” are maintained by Community Care’s FWA Department. Community Care business associates potentially having access to confidential information are required to sign Community Care’s “Statement of Confidentiality” agreeing to be bound by Community Care’s strict confidentiality policies and procedures or must conform to equivalent provisions as determined by Community Care staff or legal counsel.

Breach of the “Statement of Confidentiality” or equivalent is grounds for immediate termination.

When Community Care becomes aware of a breach in confidentiality:

- The privacy officer will alert senior management of the breach of confidentiality.
- An investigation regarding the breach of the member’s (or provider’s) confidentiality will be conducted by, or under the direction of, the privacy officer.
- All necessary staff will be interviewed.
- Any physical material involved will be reviewed.
• Findings will be reported to senior management.
• If applicable, Community Care will alert the Secretary of Health and Human Services, and any other state or federal government agencies, and the physical health plan when necessary, of the breach in confidentiality.

At times, Community Care may have interns, residents, or students who may be exposed to the member’s protected health information during his/her rotation. They are required to sign Community Care’s “Statement of Confidentiality” in the beginning of their rotation and review all confidentiality policies and procedures.

Education related to the principles and procedures for maintaining confidentiality is required for all Community Care employees, staff, and volunteers at the time of hire and annually thereafter. When an employee, staff, or volunteer has a significant change in his/her job title or assignments, his/her director/supervisor will review all confidentiality policies that pertain to his/her new assignments at the time of the transition.

Documentation of confidentiality training will be maintained in the employee’s personnel file located in Human Resources Department (HIPAA Section 164.530(b)(1)).

Community Care considers the following data and information to be confidential:
• Member identifiable data and information: that is, all data and information where the member is, or could possibly be, identified.
• Explicitly identifiable data include, but are not limited to, member name, social security number, medical record number, health plan beneficiary numbers, account numbers, certificate/license numbers, or other identifier that can be directly linked to a specific individual.
• Implicitly identifiable data include, but are not limited to, member address, telephone number, fax numbers, electronic email addresses, date of birth or other such information that, alone or in combination with other available information, can lead to identification of a specific individual.
• Practitioner specific data and information, including but not limited to, that used for network development, credentialing, performance evaluation, quality assurance, quality improvement, and peer review.
• A practitioner’s name, professional degree, status as a member of Community Care’s practitioner network, business address, business telephone number, and specialty/specialties or self-identified areas of special interest are not considered confidential when disclosed for legitimate business purposes.
• Data and information related to a practitioner’s racial, cultural or ethnic background, age, religious affiliation, sexual orientation, and ability to communicate in languages other than English, is confidential unless the practitioner explicitly authorizes the release of this information.
• Practice or group specific and facility specific data and information, including that that is used for but not limited to, network development, organizational assessment and contracting, performance evaluation, quality assurance, and quality improvement.
• A Facility or group practice name, status as a participant in Community Care’s network, business address, business telephone number, and services offered are not considered confidential when disclosed for legitimate business purposes.

Community Care’s business data and information considered confidential includes but is not limited to:
• Salaries.
• Policies and procedures.
• Finances.
• Business plans.
• Practitioner, practitioner group, and facility participants in Community Care’s network when such information is not being released for legitimate business purposes.
• Proposals to potential or current customers.
• Information disclosed to Community Care in confidence by a third party.
• Information including quality assurance, quality improvement and performance evaluation data and information where practitioners, practitioner groups, or facilities are not individually identifiable.

Community Care has an array of security provisions to protect confidential data and information, including:
• Differential access based on job responsibilities to information maintained in Community Care’s information system.
• Physical lock and key arrangements.
• Electronic security systems.
• Mandatory compliance with Community Care’s Statement of Confidentiality.

The following provisions are in effect for all Community Care representatives:
• Divulging computer passwords and security system pass codes is prohibited.
• Building access codes and keys may not be shared with any individual who does not have the right to such access codes or keys.
• All computers that have the ability to access confidential data or information must be:
  • Protected with a confidential log-in password.
  • Turned or logged off at the end of the workday.
  • Protected with a confidential screen-saver password in the event that the computer is turned on and logged on while the computer user is away from his or her work area.

Community Care’s agents, contractors, employees, staff, and volunteers may not access or view confidential data or information unless required by his/her duties or responsibilities for, or on behalf of, Community Care. The “Statement of Confidentiality” includes a statement that an employee has access to sensitive and confidential information and by signing this statement he/she agrees not to access information from any source(s) that is not needed to perform his/her job duties.
Another part of the “Statement of Confidentiality” is that only the minimum necessary information is used by any employee at Community Care to perform his/her job duties. Community Care’s expectations are that only the minimum amount of information needed by our employees is used.

Community Care’s Compliance and IS Departments oversee and monitor employee access to member confidential data. Community Care’s agents, contractors, employees, staff, and volunteers may not discuss confidential data and information in an area where individuals, including other Community Care agents, contractors, employees, staff, and volunteers who do not have the right to know about the information, may overhear the information.

- All confidential data and information must be maintained in a manner that prevents access by individuals who do not have a right to access the data and information.
- All physical media, including but not limited to paper, magnetic, and optical, used to store confidential data and information must be stored under a double lock system.
- All physical media containing confidential information that are still in use by Community Care agents, contractors, employees, staff, and volunteers at the end of the day must be locked in that individual’s desk or in another secured storage area.
- All desks or secured storage areas must be in areas with keyed entry, maintaining a minimum of a dual-key system.
- All physical media containing confidential information that are no longer needed by Community Care agents, contractors, employees, staff, and volunteers must be returned to locked master storage at the end of the day.
- All electronic media containing confidential information must be password protected.

The transfer of confidential information for legitimate business purposes between Community Care’s agents, contractors, employees, staff, and volunteers in their official capacities as representatives of Community Care, is considered an internal transfer, even though they may be in different physical locations. The data they receive may be decoded or “aggregate data” to protect the member’s health information.

The internal transfer of all confidential data and information must be conducted in a manner that limits potential access by individuals who do not have a right to access the data and information. Each director will determine the specific access and confidential information his/her employees will need to access, in order for them to carry out his/her job duties. (HIPAA Section 164.504(f)(2)(iii)

- When not hand-carried and personally delivered to the recipient, physical media containing confidential data and information must be placed in a sealed envelope marked “confidential.” Confidential data and information sent by facsimile must bear a prominent confidentiality notice similar to the following: “This facsimile transmission contains confidential and privileged information for use only by the intended recipient. Do not read, copy, or disseminate this material unless you are the intended recipient. If you believe you have received this message in error, please notify the sender by facsimile or telephone and destroy this document.”
Confidential data and information sent by email must be flagged as confidential and bear a confidentiality notice similar to the following at the beginning of the message: "This email contains confidential and privileged information for use only by the intended recipient. Do not read, copy, or disseminate this material unless you are the intended recipient. If you believe you have received this email in error, please notify the sender by return email, securely delete this file, and any electronic or magnetic copies, and destroy any paper copies."

Protected health information will not be transmitted via email.

Confidential data and information no longer required for legitimate business purposes must be destroyed in a secure manner.

Paper records must be thoroughly shredded.

Magnetic files must be deleted in a manner that does not permit the files to be undeleted; for example, by reformatting a floppy disk using the “secure” format option.

Optical storage media must either have the files securely deleted or, if this is not possible, the storage media must be destroyed.

If the receiver does not have the necessary means to destroy this information, they must return the information back to Community Care in order for it to be destroyed.

The transfer of confidential information other than to Community Care’s agents, contractors, employees, staff, and volunteers in their official capacities as representatives of Community Care is considered an external transfer and must be made in accordance with Community Care’s procedure on Disclosure of Information.

**Oversight of Confidentiality Practices**

Community Care’s privacy officer is responsible for:

- Approving and annually reviewing all policies and procedures related to confidentiality.
- Identifying, developing, and implementing mechanisms to oversee the implementation and application of Community Care’s confidentiality policies and procedures.

At least annually, the privacy officer, in collaboration with the FWA Department, will evaluate ways to:

- Reduce the collection of member identifiable data and information.
- Aggregate or de-identify (the process of separating medical information from personal identification such as, removing a name or social security number in order to prevent the identification of a specific member) such data and information as close to the collection point as possible by surveying Community Care representatives, conducting focus groups with Community Care representatives, and reviewing complaints.

Community Care has identified circumstances necessitating special protection of member identifiable data and information as described in the procedure on Handling of
Member Identifiable Information. Community Care acknowledges that additional circumstances necessitating such special protection may also arise (HIPAA 164.522). All requests for special protection of member identifiable data and information not addressed in the policy referenced above shall be referred to the privacy officer.

- The privacy officer will consider the request and determine whether the request should or should not be honored.
- If the privacy officer determines that the request should be honored he/she will send the member a letter within 30 days including:
  - Notify the requestor of his/her decision.
  - Determine the mechanism to adhere to the request.
  - Update the procedure on Internal Handling of Member Identifiable information to reflect the addition.
- If the privacy officer determines that the request should not be honored he/she will send the member a letter including:
  - The decision.
  - The reason for the denial.
  - A description of the appeals process.
  - The right to, and process for, filing an appeal.
  - The name, or title, and the telephone number of the contact person for the next step.

All member and practitioner concerns regarding confidentiality shall be logged as complaints and processed through Community Care’s complaint and appeals process (HIPAA Section 164.530(a)(1)(ii)).

- The privacy officer will be notified by the Complaint and Grievance Department about complaints regarding privacy or confidentiality.
- The privacy officer or his/her designee will maintain a log with all complaints or grievances dealing with confidentiality and privacy.
- The privacy officer or his/her designee will work with the Complaint and Grievance Department on resolving complaints dealing with confidentiality and privacy.
- The privacy officer is responsible for reviewing requests for access to member identifiable data and information from all sources (internal, external, and business associates) and may enlist the cooperation of the FWA Department and medical director as appropriate.

In determining the time frame within which to conduct such a review, the privacy officer or medical director, if appropriate, will consider the potential benefit to the membership from the requested access to data and information. For example, health outcomes may be improved if access is granted to information on diagnosis so that a health management or preventive health program can be implemented.

In the event that Community Care would participate in a research study, the medical director, in collaboration with the privacy officer, is responsible for reviewing all requests to access confidential data associated with a research project.
• The medical director or his/her designee will request a description of the purpose for the requested information from the business associate.
• All requests for de-identified information will be recorded in the Request for De-identified Information log.
• Each request will be reviewed individually.
• For each request, Community Care will determine how this information will be de-identified.
• If Community Care is able to reduce the amount of information requested while still meeting a business associate’s request, we will do so.
• Community Care will develop a code to de-identify this information (HIPAA 164.514(c). This code will be unique with each request for information. This code will not be released to the business associate, and each code will be kept in the Request for De-identified Information Log. Only the medical director or his/her designee will have access to this log.
• The medical director will present the request for information to the Outcomes Committee for final approval.
• When the privacy officer receives the decision from the Outcomes Committee; they will notify the requestor in writing, confirming if the requested information will be released, the manner in which it will be released, and how the information will be de-identified. If Community Care did not grant the request for information, a brief explanation of the reason will be given instead.
• Once this has all occurred, the member will be contacted by Community Care to see if he/she would like to participate in any active clinical research activity. Community Care is required to receive the member’s authorization prior to the release of any information to a business associate for research purposes. If the member agrees to participate in the study and once the signed authorization is received from the member, the information will be released to the business associate conducting the research.
• If the member declines to take part of this study, his/her coverage will not be terminated with his/her refusal to participate.

Collecting and Using Member Identifiable Information

Community Care collects and uses only the minimum necessary member identifiable data and information routinely in the performance of our work. Community Care employees are required to sign a “Statement of Confidentiality” when hired, agreeing to be bound by Community Care’s strict confidentiality policies and procedures and all federal and state laws.

Community Care considers the following as member identifiable information, but it is not limited to that listed below. This information used alone or in any combination may identify the member (HIPAA 164.512(b)(2)(i).

• Name
• Address (es)
• Zip Code
• Diagnosis (es)
• Treatment Dates
• Date of Birth
• Date of Death
• Telephone Number (s)
• Fax Number
• Electronic Mail Address
• Social Security Number
• Utilization Record ID Number
• Health Plan Beneficiary Number (s)
• Account Number (s)
• Certificate/License Number
• Driver’s License Number
• Web Universal Resource Locators (URL’s)
• Any unique identifying number, characteristic, or code that Community Care created that if external sources deciphered the code they could identify the member.

There are times when disclosures of protected health information are made on a routine and recurring basis, to providers for the purposes of treatment, payment, and health care operations. (HIPAA Section 164.514(d)(3)). These disclosures are a vital part of our daily performance and may not be restricted. The provider identification is verified by our caller ID system as well as by the provider supplying specific identifying information pertaining to the member, e.g., member ID and Social Security Numbers. Community Care staff identifies themselves to providers with their names, titles, and specific identifying information pertaining to the member. If at any time there is a question as to the identity of the caller, staff members are instructed to take the name of the caller, the facility that is calling, and a telephone number where the call can be returned. The contact and telephone number are verified before the call back is made and any information is divulged.

While Community Care does not maintain a medical record, Community Care does keep a utilization record. Per HIPAA (Section 164.501) a designated record set which Community Care refers to as a utilization record is – a group of records maintained by or for Community Care, used, in whole or in part, by Community Care to make decisions about the member or provider, which may contain the following but is not limited to:
• The medical and billing records about the member or provider.
• The enrollment, payment, claims adjudication, and case or medical management record systems maintained by Community Care.

In accordance with HIPAA Section 164.524, the member may request to restrict this information if desired. The member has the right to request at any time to restrict the collection, use, or disclosure of his/her protected health information. The member may write a letter to the privacy officer at Community Care, requesting to restrict the disclosure of his/her protected health information. The letter must include what specific information the member wants restricted, the member’s signature, and it must be dated.
The privacy officer will review the member’s request and will respond in 30 days in writing if this information is on site. If the information that the member is requesting is not on-site, Community Care will retrieve the information within 60 days.

If needed, Community Care may extend the retrieval an additional 30 days provided that the member is sent a written letter with an explanation for the delay, and provide a date in which we will have this information. Community Care will only have one such extension of time for each request. If the restriction of protected health is granted:

- The privacy officer will send a letter to the member informing him/her how Community Care will limit his/her information.
- The privacy officer will oversee the process to restrict the protected health information.
- This granted request for restriction of protected health information will be recorded in the Member’s Request to Limit Protected Health Information Log, which is maintained by the privacy officer or his/her designee.
- The privacy officer will notify the manager of the file room to have the member’s file pulled.
- The privacy officer or his/her designee will place on the front of the member’s utilization record a sticker.
- The sticker will have in writing on it “RESTRICTED INFORMATION.”
- If this file is requested by an employee, the file room clerk must see the privacy officer, or his/her designee, to receive permission to process the request of this file.
- Once the employee is finished with this file and returns it to the file room, the file clerk must alert the privacy officer or his/her designee that the file has been returned.
- The privacy officer will notify all necessary department managers of the member’s request to limit his/her protected health information.
- PsychConsult will contain an alert notifying staff that this particular member’s records are restricted.

If the Member’s request is denied the privacy officer will:

- Record in the Member’s Request to Limit Protected Health Information Log that the request was denied.
- Send the member a letter within 30 days of the decision including:
  - The decision.
  - The reason for the denial.
  - A description of the appeals process.
  - The right to, and process for, filing an appeal.
  - The name, or title, and the telephone number of the contact person for the next step.
Community Care has the right to deny any request made by the member:

- That will interrupt daily operations to carry out treatment, payment, and health care operations.
- If there is information subjected to the Clinical Laboratory Improvements Amendment of 1988, 42 U.S.C. 263a, to the extent the provision of access to the individual would be prohibited by law; or Exempt from the Clinical Laboratory Improvements Amendment of 1988, pursuant to 42 CFR 493.3(a)(2) (HIPAA 164.524).
- If the information was compiled for a civil, criminal, or administrative action or proceeding.
- If the information involves the member currently in a correctional institution.
- If the member’s records are subject to the Privacy Act, 5 U.S.C. 552a, the member may be denied the right to restrict or limit the use of his/her information under this act.

The member has the right to have his/her denial reviewed by a licensed health care professional who was not part of the original decision to deny. The member must write a letter to Community Care’s privacy officer requesting that his/her denial be reviewed. Community Care has designated our medical director to be the licensed health care professional to review this request. Community Care’s medical director must determine in a reasonable time, whether or not to grant or deny the member’s access request based on the above. A letter must be sent to the member with the medical director’s decision.

If the medical director’s decision is to grant the member’s request to the restriction then proceed as above. If the opinion of the medical director is still to deny the request, a letter with this decision must be sent to the member including the reason for the denial, and an explanation of Community Care’s complaint and grievance process, including the name, or title, and the telephone number of the contact person for the next step.

At any time the member may lift the restriction of his/her protected health information by writing a letter to Community Care’s privacy officer requesting the restriction be lifted. Community Care provides to members the Notice of Privacy, which describes the uses and disclosures of protected health information. The Notice of Privacy is sent to all members.

Community Care uses the following methods to notify subscribers of Community Care’s routine collection and use of member identifiable information:

- When Community Care is responsible for managing the enrollment process, subscribers are notified in writing at the time of enrollment of Community Care’s routine collection and use of member identifiable information.
- In most instances, Community Care is not responsible for managing the enrollment process. To ensure that all subscribers are notified of Community Care’s routine collection and use of member identifiable information, some of the following mechanisms are used:
• The health plan may distribute the information to its members.
• Members may be notified in Community Care’s Member Handbook or via member newsletters that are mailed throughout the year with updated information.
• The member may request to have this information sent to a different address or location then where they are currently residing. They may write a letter to the privacy officer at Community Care or call member services and inform us as to where they would like the information sent (HIPAA 164.522(b)).
• A Notice of Privacy authorizing uses of member identifiable information is posted on Community Care’s website and members are informed of this posting via printed materials such as newsletters with a note that Community Care will provide the Notice of Privacy in written form upon request.

Whatever the communication mechanism, the following language, or equivalent, is used to notify subscribers of Community Care’s routine collection and use of member identifiable information: “Community Care uses information about you and your dependents (if applicable) to enable us to verify eligibility for services; authorize treatment; pay claims; coordinate care; resolve inquiries, complaints, and appeals; improve the care and service rendered by Community Care and its network of practitioners and facilities; and meet regulatory requirements and accreditation standards. If we use information for reasons other than those described above, we will remove any portions of the information that could allow someone to identify you or your dependent, or we will contact you or your dependent to ask for written authorization to use the information.”

Community Care does not disclose protected health information for underwriting purposes.

Handling of Member Identifiable Information

All data and information where the member or subscriber is, or could possibly be, identified are confidential. An individual’s status as the member or subscriber is considered confidential member identifiable information.
• A treatment record is a confidential document that is the record of privileged communication between a member and a health care practitioner or facility.
• Community Care may obtain copies of treatment records for legitimate business purposes.
• Member identifiable information may not be divulged by telephone without first verifying the identity of the other party.
• A case number or social security number and date of birth may be used to verify the identity of an individual claiming to be a member or subscriber.
• If there is suspicion about the identity of an individual, even when such person can supply a correct case number or social security number and date of birth, the Community Care representative should seek additional verification or request assistance from a supervisor or manager.
• The member requesting information about his or her treatment should be referred to the treating practitioner.
• Member identifiable information may not be disclosed to the member’s relatives or friends except as described in the Disclosure of Information policy and procedure.

Data and information derived from treatment records, utilization management records or other clinical sources shall not be considered confidential if they are de-identified or combined and aggregated with other data and information in a manner that precludes the identification of specific members. When considering the adequacy of such aggregation or de-identification to maintain the member’s confidentiality, the Community Care representative disclosing the data or information must consider what other data or information may be available to the recipient that could enable the recipient of the information to identify the specific member.

Members have the right to request special limits on access to member identifiable information. For example, the member who is also an employee of Community Care may request that information on his or her treatment be afforded special protection.

The following table describes circumstances that Community Care has determined create a right to special protection of member identifiable data and information and the mechanism that Community Care has implemented to adhere to the request:

<table>
<thead>
<tr>
<th>Reason for Special Protection of Protected Health Information</th>
<th>Mechanism to Adhere to Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The subscriber is a staff member/employee (or a family member) or volunteer at Community Care</td>
<td>• No clinical information is maintained in Community Care’s information system other than routine eligibility data</td>
</tr>
<tr>
<td></td>
<td>• Clinical reviews are conducted by the medical director, designated professional advisor, or Chief Clinical Officer</td>
</tr>
<tr>
<td></td>
<td>• Claims adjudication is handled manually by the department supervisor</td>
</tr>
</tbody>
</table>

**Informing Members about Confidentiality**

Community Care prepares information, written at a 4th grade reading level, for members that describes Community Care’s confidentiality policies and procedures. The information covers the following topics:

• Collecting and using member identifiable information, including provisions for routine notification of the collection and use of member identifiable data and information.
• Use of authorizations and ability to give informed authorization.
• Access to protected health information.
• Internal protection of protected health information across the organization.
• Member access to protected health information.
• Disclosure of Information.
• Protection of information disclosed to plan sponsors or employers.
• A member’s Right to Amend Protected Health Information.
• Right to an Accounting of Disclosures of Protected Health Information.

If the member feels that his/her protected health information has been released or used inappropriately, they have the right to file a complaint. They may either file the complaint by calling member services or writing a letter to Community Care’s Complaint and Grievance Department. They may also file a complaint with the Secretary of Health and Human Services who oversees the HIPAA regulations.

As part of the HIPAA regulations, members are notified via a Privacy Notice of Community Care’s privacy policies and how Community Care limits and protects protected health information. The Privacy Notice is sent to all members detailing our privacy policies and how we will maintain his/her confidentiality. Changes made to the Privacy Notice or policies dealing with privacy and confidentiality will be sent to the member. Notification will be through the member’s update/alert including a description detailing the change(s) and when the change will occur. Community Care will give the member a 60-day notice prior to the change becoming effective.

**Ability to Give Informed Authorization**

Community Care obtains special authorization to release member identifiable information as described in the Disclosure of Information policy and procedure. Community Care considers the following individuals capable of giving valid authorization for the release of member identifiable health information:

• The member, who has reached the age of majority as identified by Community Care’s eligibility data is capable of giving informed authorization on his or her own behalf unless Community Care has received notification that the individual has been adjudicated incompetent.
• The legal guardian, natural or adoptive parent of a minor, as identified in Community Care’s eligibility data is capable of giving informed authorization on behalf of the minor unless Community Care has been informed that the parent has been adjudicated incompetent, is not the legal guardian, or the minor has been legally emancipated.
• An emancipated minor is capable of giving informed authorization on his or her own behalf. If not already on file with Community Care, Community Care will request proof of the minor’s status from the minor before honoring the authorization.
• A legally authorized representative is capable of giving informed authorization on behalf of the individual he or she represents. Community Care requires written proof of the individual’s status as legally authorized representative and that the status covers the area for which the authorization is being sought.

Community Care extends all reasonable effort to develop and maintain an accurate and efficient system for member information.
• Having established such a system, Community Care reasonably relies on the absence of information indicating that the member or parent of a minor has been adjudicated incompetent and that a parent is not a minor’s legal representative.
• Verifying the accuracy of the absence of such information would place an undue burden on Community Care and in most instances would require a breach of confidentiality.

When Community Care is informed that the member is unable to give special authorization for the release of information, Community Care will accept authorization from, and/or release records to, a representative legally authorized to release or receive the member’s personal health information. Community Care requires written proof of the individual’s status as a legally authorized representative and that the status covers the area for which the authorization is being sought.

Individuals capable of giving valid authorization for the release of member identifiable health information are also entitled to have access to such information except as follows: Parents or guardians of children age 14 years or over may not have access to the child’s health information without authorization from the child.

**Member Access to Utilization Records/Protected Health Information**

Community Care does not provide direct care or treatment to members. In the event that Community Care intends to become a direct provider of care and treatment, Community Care will develop policies and procedures that address:

• How members can access their medical records if permitted.
• A process whereby members may restrict, access, amend or have an accounting of their medical files that are under Community Care’s control.

In accordance with HIPAA Section 164.524, the member may access his/her utilization record if desired. The member may request to view his/her utilization record by writing a letter to the privacy officer at Community Care.

• The privacy officer reviews the member’s request and will respond within 30 days.
• If the information requested by the member is not on site, Community Care will retrieve the information within 60 days.
• If needed Community Care may extend the retrieval an additional 30 days provided that the member is sent a written statement with the reasons for delay and a date by which we will have the information.
• Community Care will only have one such extension of time for the request.
If a member is granted access to review his/her records:

- The privacy officer will oversee the process to view the protected health information.
- This granted request to review records will be recorded in the Members’ Request to Review Protected Health Information Log, which will be maintained by the privacy officer or his/her designee.
- The privacy officer and or his/her designee will discuss with the member:
  - The format in which this information will be presented
  - How and where this information will be viewed (the member may choose to review his/her records at Community Care or have the information mailed in an envelope marked confidential to an address that they have specified).
  - If the member would like a summary of the information, or copies.
  - That a nominal fee may be charged by Community Care for postage, copying, or preparation of the information (including the labor of copying the information requested).

If Community Care is unable to accommodate the member’s request to view this information, the privacy officer will send the member a letter describing:

- The decision.
- The reason for the denial.
- A description of the appeals process.
- The right to file an appeal along with the process for filing.
- The name, or title, and the telephone number of the contact person for the next step.

**Disclosure of Information**

Except as described in the procedures on Collecting and Using Member Identifiable Information, Community Care requests authorization from the member or the member’s legally authorized representative prior to disclosing the member’s protected health information to external sources.

Community Care will only disclose protected health information in accordance with the most restrictive consent, authorization or other written legal permission from the member, unless otherwise specified by the member (HIPAA 164.506(e)).

The member or the member’s legally authorized representative has the right to deny the request to release member identifiable information without any consequences to the member or the member’s coverage.

If member identifiable data and information are to be disclosed for purposes other than those described in the policies cited in paragraph 1 above, the authorization of the member or member’s legally authorized representative is required (HIPAA Section 164.504).
This includes, but is not limited to information:

- For research purposes.
- On behavioral health signs, symptoms, diagnoses, or treatment from a primary care physician or other clinician not providing behavioral health care.
- That could result in a member being contacted by another organization for marketing purposes.

There may be times when Community Care needs to disclose information about the member without receiving informed authorization. These situations include, but are not limited to (HIPAA Section 164.506(a)(3)(i)):

- Emergency situations where the member’s life or other lives may be at risk.
- Community Care may disclose information for the purpose of identification and location of the member with or without his/her authorization in response to a law enforcement official’s request for information to identify, or locate a suspect, fugitive, material witness, or missing person. The following information may be released under these circumstances (HIPAA 164.512(f)(2)):
  - Name and address.
  - Date and place of birth.
  - Social Security Number.
  - Date and time of treatment.
  - Date and time of death, if applicable.
  - Any description of distinguishing physical characteristics. (Height, weight, gender, race, hair/eye color, and any distinguishing traits, scars, tattoos, etc).
- When there is a substantial barrier to communication with the member and Community Care’s representative, using his/her professional judgment, believes the individual’s consent to receive treatment is clearly inferred.
- When authorized by Community Care’s legal counsel to meet the requirements of federal, state, and local law.
- For public health activities as required by law (HIPAA 164.512(b)(i)):
  - To prevent or control disease, injury, or disability.
  - To report births and deaths.
  - To report child abuse or neglect.
  - To report reactions to medications or problems with products.
  - To notify people of product recalls, repairs, or replacements.
  - To notify a person who may have been exposed to a disease or condition.
  - To notify the appropriate government authority if we believe the member has been the victim of abuse, neglect, or domestic violence.
  - Disclosures to federal, state, or county agencies that oversee Community Care, such as governmental monitoring of the health care system, Medical Assistance, government programs, and compliance with civil rights laws.
  - In regard to the care or payment related to the member’s health care (HIPAA Section 164.510(b)).
Under some circumstances, it may be necessary to obtain authorization verbally. The use of a verbal authorization should be approved in advance by Community Care’s legal counsel or, if circumstances indicate a need for a rapid decision then by the member of Community Care’s senior management team. If approved, two representatives of Community Care must witness the entire process of obtaining verbal authorization to release information.

Community Care considers an authorization to release information to be valid only if (HIPAA 164.508(c)):

- It provides the name of the person(s) providing the information.
- It is in a language the member can understand.
- There is a purpose for the release.
- The specific information to be released (dates of treatment, and the exact type of information to be released, i.e., mental health, drug and alcohol) is described.
- The member’s full name at the time of treatment and correct identifying information, e.g., date of birth and Social Security Number.
- The individual or entity authorized to receive the information is described.
- The expiration date of the authorization.
- The signature of the member or the member’s legally authorized representative (If the authorization is signed by a personal representative of the individual, a description of such representative’s authority to act for the individual).
- The release is obtained in a manner that complies with applicable law and regulations.
- There is a statement that treatment will not be affected if the member or member’s representative refuses to sign the authorization.
- There is a witness signature.
- There is a date of expiration for the authorization.
- There is a written statement on the authorization form that once this information is released to the recipient, this information may be subjected to re-disclosure by the recipient and no longer protected by this rule.
- There is a statement on the authorization form that if this information is used or disclosed pursuant to the authorization, it may be subject to re-disclosure by the recipient and no longer be protected by this rule.
- There is a statement that the individual has the right to revoke this authorization in writing, including the exceptions to the right to revoke, and a description of the process for the individual to revoke the authorization.
- Community Care will not release the information unless the form is completed.
- Prior to releasing information of previously signed authorization to release information, Community Care will review all authorization forms that are still in effect to ensure that they are compliant with HIPAA regulations.
- If a previously signed authorization is compliant with HIPAA regulations Community Care will continue to release the information until the authorization expires.
• If the authorization is not HIPAA compliant, then Community Care will contact the member within 60 days to obtain a newly signed authorization that conforms to HIPAA regulations.

See the policy on Transition of Prior Consents and Authorizations for the complete procedure.

Community Care may use and disclose protected health information in order to improve business operations and services to members. Protected health information that had been de-identified and restricted may be released to business associates for activities such as, but not limited to: oversight, auditing, or improving Community Care’s daily operations (HIPAA 164.504(f)(2)). Prior to releasing such information, business associates must sign a Business Associate Agreement. This agreement holds the business associate accountable for the protected health information that they will receive. Included in the agreement is (HIPAA Section 164.512(i)):

• A description of the permitted uses and disclosures of the limited protected health information by the recipient, consistent with the purposes outlined in his/her proposal or contract.
• The requirement to limit access to who may receive the data.
• The requirement that the business associate will not use or disclose this information other than as permitted by the agreement or otherwise required by law.
• The requirement that the business associate will take appropriate safeguards to prevent the use or disclosure of the information. If the business associate becomes aware that the information was tampered with or released mistakenly they must notify Community Care. Community Care will give the business associate an opportunity to investigate and rectify the situation.
• The requirement that the business associate will ensure that any agents, including a subcontractor, to whom the business associate provides the limited information, agrees to the same restrictions and conditions that apply to the business associate.
• The expectation that the business associate will not try to re-identify the information or contact members.
• An explanation that if the Secretary of Health and Human Services requests this information in order to oversee if Community Care is compliant with HIPAA regulations, the business associate will release the information to the Secretary.
• The requirement that, once the information is no longer needed the business associate will destroy it or return it to Community Care in order for it to be destroyed.
• A clause allowing the business associate contract to be terminated at any time if Community Care has reason to believe that the business associate has violated any of the above.

Community Care may disclose protected health information that has been de-identified to Business associates for business functions that have been contracted. Community Care requires the following of the Business associate contract (HIPAA Section 164.504(e)(ii)):
- The information given to them will not be used or further disclosed unless it is required or permitted by the contract or as required by the law (HIPAA Section 164.504(e)(ii)(A)).
- They will take appropriate precautions with the information they are given (HIPAA Section 164.504(e)(ii)(B)).
- In the event that someone discloses information they will report the breach to Community Care as soon as they become aware of it (HIPAA Section 164.504(e)(ii)(C)).
- They will ensure any additional agents, including subcontractors, to whom this information may become available to, follow the same restriction and conditions that apply to them (HIPAA Section 164.504(e)(ii)(D)).
- The member may access, amend, or have an accounting of the information that is released to a business associate.
- The information released by Community Care will be available if requested by the Secretary of Health and Human Services in order to track Community Care’s compliance with HIPAA (HIPAA Section 164.504(e)(ii)(H)).
- At the termination of the contract or when this information is no longer needed, the business associate has the necessary means to destroy this information or have this information returned to Community Care in order for it to be destroyed (HIPAA Section 164.504(e)(ii)(I)).
- A business associate’s contract may be terminated at any time if we feel the business associate has violated any of the above (HIPAA Section 164.504(e)(iii)).

Community Care may disclose protected health information about victims of abuse, neglect, or domestic violence without an authorization to law enforcement officials or government agencies by a representative using his/her professional judgment (HIPAA Section 164.512(c)(1)). If Community Care releases such information, it will promptly inform the member that such a report has been made except when:

- Informing the member would put them in serious danger or harm.
- Community Care is unable to inform the member in which case the personal representative may be informed that Community Care released this information. However, if Community Care believes the personal representative is responsible for the abuse, neglect, or other injury then he/she would not be notified.

Community Care may disclose protected health information without an authorization to a law enforcement official:

- When required by law for the purposes of, but not limited to, investigating a complaint, civil, or criminal charges. (HIPAA Section 164.512(f)) The information requested must first be forwarded to Community Care legal counsel for review.
- In the event that the member has died, for the purposes of alerting the law, if Community Care has a suspicion that such death may have resulted from criminal conduct (HIPAA Section 164.512(f)(4)).
- If there is evidence of criminal conduct that has occurred on our premises (HIPAA Section 164.512(f)(5)).
• If the member (HIPAA Section 164.512(f)(6)) contacts Community Care about a crime (commission or nature of one), the location of such crime or the victim(s) of such crime; and the identity, description, and location of the perpetrator of such a crime.

• In this latter instance, the Community Care representative will notify his/her direct supervisor of the situation, and will call 911 to report this information.

Community Care does not collect information on the following, in regard to organ and tissue donation or the deceased member’s wishes, information about decedents, information for fundraising purposes, or information for marketing purposes. In the event Community Care would collect information on any of the above, an appropriate policy and procedure will be drafted.

**Disclosure of Information to Employers**

Community Care does not share member identifiable data or information with employers without the authorization of the subscriber, member or member’s legally authorized representative and only the specific information requested will be released in accordance with all federal and state laws. All authorizations for the release of information will be verified by Community Care prior to the information being sent.

• Community Care recognizes that the member or member’s legally authorized representative, and not a subscriber (unless the subscriber is also the member or the member’s legally authorized representative) is the preferred individual from whom to obtain authorization to release member identifiable information to an employer.

• Community Care also acknowledges, however, that current industry practice is for the subscriber, and not each member, to sign authorization forms and other documents at the time of enrollment. Requiring the signature of each member or member’s legally authorized representative at the time of enrollment is impractical.

• Community Care accepts its role as an advocate of the members’ rights and will work to effect change in the industry to increase protections for confidential member identifiable data and information. Community Care follows all state and federal laws and regulations.

When Community Care is responsible for managing the enrollment process, Community Care obtains authorization from a subscriber at the time of enrollment to release the minimum member identifiable data or information to the employer.

In many instances, Community Care is not responsible for managing the enrollment process. If Community Care manages behavioral health benefits through an agreement with a managed care organization (MCO), Community Care’s policy is to release member identifiable data or information to the MCO, knowing that in the absence of the MCO’s agreement with Community Care, the MCO itself would be responsible for managing behavioral health benefits and would therefore have access to the member identifiable data or information.
In any instance where Community Care must release member identifiable data or information to an employer, whether self-insured or fully insured, Community Care must verify that the member has signed an authorization to release such data or information to the employer. Community Care will require that the employer agree in writing to protect all member identifiable data and information from being used in any decisions affecting the member (HIPAA 164.504(h)(3)(iv)).

Many requests from employers for data and information can be fulfilled with data and information that are not member identifiable:
- In instances where an employer requests member identifiable information, Community Care will inquire as to the proposed use of the data and information and attempt to meet the need with data and information that are not member identifiable, for example aggregated data or information.
- In instances where member identifiable data or information is required, Community Care will ensure that an authorization for the release of information is signed by the member prior to releasing implicit data to the member’s employer.
- In all instances, Community Care discloses only the minimal information necessary to accomplish the purpose of the disclosure.

**Handling of Practitioner Specific Information**

Community Care considers practitioner specific data and information, including but not limited to, that used for network development, credentialing, performance evaluation, quality assurance, quality improvement, compliance auditing and peer review confidential to the extent permitted by law.

- A practitioner’s name, professional degree, status as the member of Community Care’s practitioner network, business address, business telephone number, and specialty (ies) or self-identified areas of special interest are not considered confidential when disclosed for legitimate business purposes.
- Data and information related to a practitioner’s racial, cultural or ethnic background, age, religious affiliation, sexual orientation, and ability to communicate in languages other than English, is confidential unless a practitioner explicitly authorizes to the release of this information.
- Community Care’s credentialing and recredentialing applications request that such information be supplied at the discretion of a practitioner.
- The credentialing and recredentialing applications state that if such information is supplied, Community Care may use and disclose only the minimum amount of information to members or appropriate individuals for purposes of meeting a specific Member needs or requests when making referrals.
- Practitioner files are maintained in a locked room or locked file cabinet when not in use by credentialing staff or the Credentialing Committee. Practitioner files stored in electronic, magnetic, or optical format are protected with a secure password.
- Access to practitioner files is limited to the network management, compliance, and credentialing staff and the Credentialing Committee.
- Practitioners may review the information in his/her file upon request except for any information from the National Practitioner Data Bank (NPDB) and peer (professional
advisor) review information. Review of NPDB information is prohibited by Federal statute.

- Each practitioner is informed of the right to review information in his/her file through the cover letter in the application packages for initial credentialing and recredentialing.
- A practitioner may obtain a copy of his/her file.
- The request must be in writing.
- Credentialing staff will send a copy of a practitioner’s file to him/her within 10 business days of receipt of the written request for the file. This file when mailed will be sealed in an envelope marked confidential.
- NPDB information is not included.
- Peer review information is not included.
- Practitioners are notified by the credentialing staff of any information obtained during credentialing or recredentialing activities that varies substantially from the information provided by the practitioner.
- Practitioners have the right to correct erroneous information.
- Practitioners may submit any corrections in writing or additional documents to the Credentialing Department.
- Credentialing staff will document any verbal information or corrections provided by a practitioner in the file including the date and signature of the individual who obtains the information.

**Informing Providers about Confidentiality**

The following policies and procedures are included in Community Care’s Provider Manual and updated as needed:

- General Confidentiality Provisions.
- Oversight of Confidentiality Practices.
- Collecting and Using Member Identifiable Information.
- Informing Members about Confidentiality.
- Ability to Give Informed Authorization.
- Member Access to Utilization Records.
- Disclosure of Information.
- Disclosure of Information to Employers.
- Handling of Practitioner Specific Information.
- Practitioner Office Confidentiality.

**Practitioner Office Confidentiality**

Member identifiable data and information maintained in paper-based or removable computer storage media must be maintained under lock and key, either in locked cabinets or in a locked area.

- Member-identifiable data and information includes, but is not limited to, medical records, appointment books, patient reminder cards, correspondence, laboratory
results, billing records, and treatment plans whether maintained on paper, magnetic disk or tape, optical disk, or any other removable storage medium.

- These paper-based records and removable computer storage media must be locked except at times when the practitioner or another member of the office staff, who is authorized to access treatment records, is present.
- When unlocked, these paper-based records and removable computer storage media must be maintained in a secure location where they are not accessible to unauthorized individuals.
- In addition, when unlocked, these paper-based records must be maintained in a manner that their content is not visible to unauthorized individuals.

Computers used to store member identifiable data or information must be protected with a password.

- Password protection is not required if all persons at the practice site are authorized to access, for legitimate business purposes, the member identifiable data or information stored on the computer; and the computer is located in a secure location not accessible to unauthorized individuals.
- When a computer is used to store member identifiable data or information, the monitor is positioned such that it is not visible to unauthorized individuals.
- If email is used to transmit member-identifiable data or information, the email is flagged as confidential and a confidentiality notice is prominently displayed at the beginning of the email that conveys a message substantively similar to the following: “This email contains confidential and privileged information for use only by the intended recipient. Do not read, copy, or disseminate this material unless you are the intended recipient. If you believe you have received this email in error, please notify the sender by return email, securely delete this file and any electronic or magnetic copies, and destroy any paper copies.”
- Facsimile machines are in secured areas where faxes may not be intercepted or viewed by individuals not authorized to access member identifiable data and information. If facsimile machines are used to transmit member identifiable data or information, a confidentiality notice is prominently displayed on the facsimile cover sheet that conveys a message substantively similar to the following: “This facsimile transmission contains confidential and privileged information for use only by the intended recipient. Do not read, copy, or disseminate this material unless you are the intended recipient. If you believe you have received this message in error, please notify the sender by facsimile or telephone and destroy this document.”

Handling of Community Care’s Business Information

Community Care’s representatives and business associates may not release confidential business data and information (as described in the procedure on General Confidentiality Provisions) except for legitimate business purposes and within the framework of the representative’s job responsibilities or the business associate’s normal course of performing work for Community Care:
• As described in Community Care’s policies, procedures, program descriptions and work plans, or as authorized by a member of Community Care’s senior management.

All requests for confidential business information which are not explicitly addressed and authorized by Community Care’s policies and procedures or other official documents should be referred to the manager of the department for documentation and follow-up. All statements to the media including press releases and interviews are made by or authorized by Community Care’s Chief Executive Officer.

Subpoenas

Member identifiable data and information must not be released if a subpoena is served without first consulting Community Care’s legal counsel:

• The Community Care representative receiving the subpoena should immediately send the subpoena, via facsimile if necessary, to Community Care’s legal counsel.
• If the Community Care representative receiving the subpoena is not a member of management, he or she should immediately contact his or her supervisor to act on the matter.
• Legal counsel, in conjunction with appropriate Community Care staff, employees, and the treating practitioner, will determine the appropriate course of action.
• When the information is needed to prevent further harm to the member, Community Care may release protected health information in response to a law enforcement official’s request with or without the authorization of a member who is suspected of being a victim of a crime (HIPAA Section 164.512(f)(3)).
• Information may be released to law enforcement officials for court proceedings or an investigation, after it is forwarded to Community Care’s legal counsel. Community Care will ensure that the proceedings and persons requesting the member’s information have made a good faith attempt to contact the member, or his/her legally authorized representative, to inform him/her that their protected health information is being requested before it is released (HIPAA Section 164.512(e)).

If the officials are unable to locate the member and they have shown reasonable efforts in an attempt, then Community Care will release information if (HIPAA Section 164.512(e)):

• There is documentation to support our efforts in trying to find the member.
• A written notice was sent to the member’s last known address and the member was given sufficient time to respond or raise objections.
• Once time has elapsed:
  • Proof that there are no objections filed by the member.
  • If there are any objections filed, they have been resolved through the court or an administrative tribunal.
  • The information released is only to be used for the litigation or proceeding.
• Once this information is no longer needed then, Community Care requires that requestor destroy the information, or to return it so that it can be destroyed.

A Member's Right to Amend Protected Health Information

In accordance with HIPAA (Section 164.526), the member has the right to amend his/her protected health information if desired. The member may request to amend his/her information by writing a letter to the privacy officer at Community Care including a reason why this information needs to be amended.

• The privacy officer will review the member’s request and will respond in writing within 30 days.
• If the information requested is not on site, then Community Care will retrieve the information within 60 days.
• If needed Community Care may extend the retrieval an additional 30 days provided; that the member is sent a written statement with the reasons for delay and a date by which we will have the information.
• Community Care will only have one such extension of time for action.

If the member is granted the right to amend his/her protected health information, the privacy officer will oversee the process to amend the protected health information.

• The privacy officer or his/her designee will record the granted request to amend protected health information in the Member Request to Amend Protected Health Information log, which will be maintained by the privacy officer or his/her designee.
• The privacy officer will inform the member that the original information will remain intact. The privacy officer or his/her designee and the member will discuss how this information will be amended; including what type of statement will be attached to all future releases such as “this information, as requested by the member, was amended.” The privacy officer will notify the manager of the file room to have the member’s chart pulled.
• A sticker will be placed on the front of the member’s utilization record that says: “AMENDED PROTECTED HEALTH INFORMATION.” The privacy officer or his/her designee will also write a brief statement to be included in the member’s file, on how this information that was requested by the member was amended.
• There will be a flag in PsychConsult to inform Community Care employees that this information was amended.
• Community Care’s privacy officer will write a formal notification alerting all the necessary staff and providers that the member’s protected health information was amended and include a brief statement on how and why.
• Once this process is completed the privacy officer or his/her designee will send a written letter to the member including that his/her request to amend his/her protected health information was granted, including a brief description on how it was amended.
If the member is **denied** the right to amend his/her protected health information the privacy officer, or his/her designee will:

- Record in the Member Request to Amend Protected Health Information Log that the request was denied.
- Send the member a letter including:
  - The decision.
  - The reason for the denial.
  - A description of the appeals process.
  - The right to, and process for, filing an appeal.
  - The name, or title, and the telephone number of the contact person for the next step.
- The member has the right to request in writing that Community Care attach a statement to all future releases such as “the member requested this information be amended and Community Care denied the request.”
- The privacy officer or his/her designee will record in the Member Right to Amend Protected Health Information Log that the member requested a statement similar to the one above be attached to all future releases of information.
- The privacy officer or his/her designee will notify the manager of the file room to have this member’s file pulled.
- A sticker will be placed on the front of the member’s utilization record that says: “SEE PRIVACY OFFICER BEFORE ANY INFORMATION IS RELEASED TO OUTSIDE SOURCES.” The privacy officer will need to see the information that is requested before it is sent to ensure that the statement a member requested is included with the information.
- The privacy officer or his/her designee will also write a brief statement to be included in the member’s file that the member requested to amend his/her protected health information was denied.
- The member may also request that this statement be included with all future information to be released.

If the information the member is requesting to be amended is not the property of Community Care, the member will be referred to the originator of the documents. If the originator of the protected health information is unable to act on the request (for example, a practitioner who is no longer in practice), and Community Care’s privacy officer feels the member’s written request is legitimate Community Care will amend the information in its possession (HIPAA 164.526(a)(2)(i)).

**Right to an Accounting of Disclosures of Protected Health Information**

The member has the right to request that Community Care provide an accounting of disclosures of protected health information made by Community Care in the six years (or shorter time period) prior to the date to which the accounting is requested. (As per the HIPAA Section 164.528.) **Community Care is not required to track disclosures prior to the implementation of the HIPAA Privacy Regulations.**
The member has the right to request an accounting of disclosures of his/her information by writing a letter to the privacy officer at Community Care.

- The privacy officer or his/her designee will review the member request and will respond in 30 days.
- If the information requested by the member is not on site, Community Care will retrieve the information within 60 days.
- If needed Community Care may extend the retrieval an additional 30 days provided; that the member is sent a written statement with the reasons for delay and a date by which we will have the information.
- Community Care will have only one such extension of time for each request.

If **granted**, Community Care will release to the member an accounting of his/her disclosed protected health information.

- The privacy officer or his/her designee will oversee the process to account for disclosures of protected health information.
- This granted request for an accounting of protected health information will be recorded in the Member Request to an Accounting of Protected Health Information Log, which will be maintained by the privacy officer or his/her designee.
- The privacy officer or his/her designee will notify the manager of the file room to have the member’s chart pulled. The following will be included in the accounting of disclosures:
  - The date of the disclosure.
  - A brief description of the information that was released.
  - A statement on the purpose of the disclosure or a copy of the signed authorization.
  - The name of a person or provider who requested this information. (Community Care reserves the right to deny the request for an accounting of disclosure of information if divulging the name of the person who received information could be detrimental to the member or the person to whom the information was disclosed.)
  - A brief statement of Community Care’s policy on Disclosure of Information.
  - If there was more than one authorized release of information during the requested time period then, the frequency, periodicity, or number of the disclosures made is included.
  - If the information was for, or in anticipation of, a civil, criminal, or administrative action or proceeding, Community Care will not release the information.
  - A flag will be placed in PsychConsult to notify employees that the member asked for an accounting of disclosures.
  - Once this information has been compiled, the information will be mailed in an envelope marked “Confidential” to the address that the member specifies.

Each year the first request for the accounting of information is free. After this, Community Care may charge a reasonable fee for preparing the information, as long as members are notified.
If the privacy officer determines that the request should not be honored, within 30 days he/she will send the member a letter including the decision; the reason for the denial; a description of the appeals process; the process for filing an appeal; and the name/title and phone number of the contact person for the next step.

APPENDIX A.3. Supplemental Confidentiality

POLICY

It is the policy of Community Care to protect the confidentiality of member information in its administrative functions and among its contracted health care providers. Specific provider and member information is collected and used by Community Care to the extent necessary and appropriate to requirements relating to accountability functions and for the delivery of efficient and high quality care and services.

This Confidentiality and Disclosure Policy is intended to provide Community Care personnel with guidance concerning the disclosure of information relating to members, providers, services furnished to members, or other confidential information, whether the information was created by Community Care or acquired in connection with its business activities.

Responses to requests for information from utilization records must comply with applicable state and federal laws and regulations and The Health Insurance Portability and Accountability Act (HIPAA) regulations including 164.510 governing the release of such information. Responses to requests for information should reflect a customer service orientation but must also reflect an awareness of the potentially competing interests of different customers of Community Care, e.g., employer groups and enrolled members. This policy also concerns confidentiality regulations related to the assessment, diagnosis, referral, case management, counseling, and treatment of the member, as well as confidentiality related to the complaint and grievance process.

It is the policy of Community Care to adhere to all applicable laws, regulations and protections with respect to assuring the confidentiality of member information and with the specific requirements set forth at 42 CFR, Part 2 of the Federal Regulations, 255.5 of the Pennsylvania Drug and Alcohol Abuse Control Act, the confidentiality of HIV-Related Information Act, the Mental Health Procedures Act and the Mental Health and Mental Retardation Act of 1966 and all pertinent regulations. No information will be released without the specific authorization of the member except as noted in and consistent with the attached specific directives and exceptions:

- CPL 032 Confidentiality Policy.
- Authorization to Release Confidential Information Form.
- Patient Record Retention Policy.
- Policy on Release of HIV-Related Information.
• Policy on Release of Information Related to the Treatment of Minors.
• Policy on Release of Information Related to Mental Health Treatment.
• Policy on Release of Information Related to Drug and Alcohol Dependency and Treatment.
• Policy on Community Care Staff Having Knowledge of or a Relationship with the Member.

PROCEDURES

Confidentiality: Terms and Disclosure Policy

Categories of Information - Community Care’s legal obligations with respect to different types of information vary. For the purposes of this policy, information is grouped into the following categories:

Claims Information - The member identifiable information, both medical and non-medical, submitted by the member or the health care provider to Community Care on a claim form for the purpose of obtaining payment for medical services. CLAIMS INFORMATION includes information submitted to complete an incomplete claim form, but does not include medical records or information generated by Community Care in connection with utilization review, quality assurance, case management, compliance audits, or other managed care activities.

Medical Records - All member identifiable information within the member’s medical file as documented by the attending physician or other medical professional and which is customarily held by the attending physician or provider hospital. Medical records may be sent (following HIPAA guidelines) to Community Care in connection with utilization, compliance, or quality assurance activities, or may be furnished as supporting documentation to claims information. In Pennsylvania, the original medical record is the property of the provider.

Utilization Record - A group of records maintained by or for Community Care, used, in whole or in part, or for Community Care to make decisions about the member or provider that may contain the following but is not limited to:

• The medical and billing records about the member or provider
• The enrollment, payment, claims adjudication, and case or medical management record systems maintained by Community Care.

Aggregate Claim Information (“ACI”) - All non-identifiable member information concerning medical claims.
**Member File Information** - The member’s enrollment application, records of communications between Community Care and the member, records of administrative correspondence, such as referral forms, between practitioners and Community Care concerning the member and the like. This information is typically maintained in what is called the “utilization record”.

**Community Care Proprietary Information** - Information about the way Community Care conducts business, including but not limited to trade secrets, confidential financial information, provider contract information, business associate agreements, and utilization management (UM) and quality management (QM) methodology created and utilized by Community Care. Community Care proprietary information also includes usual and customary database information and specific charge information. Descriptions of Community Care business practices routinely included in responses to Requests for Proposals or otherwise made available to the public are not proprietary information. Director level personnel, in consultation with legal services, are responsible for determining whether other information is proprietary.

**Patient Identifiable Claim Information** – see “CLAIMS INFORMATION”

Aggregate Claim Information (ACI) and Community Care Non-Medical Proprietary Information – Per State law Community Care is prohibited from releasing any claims information or status to HealthChoices members.

**Confidentiality: Compliance with State and Federal Laws**

Community Care complies with all state and federal laws and regulations pertaining to the disclosure of confidential member information and to assure that such confidential information is not released without proper documentation, appropriate authorization, and in accordance with HIPAA regulations to contract holders and their associates.

Community Care publishes and distributes a DHS-approved Member Handbook to all Medical Assistance members. This handbook describes confidentiality protections including explanation of access to the member’s clinical records by oversight agencies and access to records for quality and utilization oversight purposes. The Member Handbook also advises members about the appropriate release of information forms needed to send information in their utilization record to other providers of health care. In addition, Notice of Privacy statements are sent to all members in accordance with HIPAA privacy regulations.

**Notice to Accompany Information Released Pursuant to Written Authorization for Disclosure**

Each disclosure made to a third party with the member’s written authorization must be accompanied by the following written statement:

This information has been disclosed to you from records whose confidentiality is protected by federal and Pennsylvania law including the Health Insurance Portability
and Accountability Act of 1996. These laws and regulations prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written authorization of the person to whom it pertains or as otherwise authorized by such laws or regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.

**Release of HIV – Related Information**

Community Care is in compliance with the Pennsylvania Confidentiality of HIV-Related Information Act concerning disclosure of member information related to HIV status and treatment and to comply with the rules and regulations of the Health Insurance Portability and Accountability Act (HIPAA).

Community Care will maintain the confidentiality of the member's HIV-related information as defined in the Confidentiality of HIV-Related Information Act.

Confidential HIV-related information as so defined includes the following:

- Any information which concerns whether an individual has been the subject of an HIV-related test.
- Whether an individual has HIV, an HIV-related illness, or AIDS.
- Any information which “identifies or reasonably could identify” an individual as having HIV, an HIV-related illness or AIDS.
- Community Care will not release HIV-related information, as defined above, either verbally or in writing, without first obtaining the written authorization of the member or authorized legal representative. The written release must be accompanied by a notification prohibiting further disclosure without the written authorization of the member. The member must be informed of his/her rights of confidentiality as stated in the law. The release of information form contains a specific release of information of HIV related information with the member’s/authorized legal representative’s signature.
- **Exception:** Records may be disclosed without written authorization to the persons or entities defined in the following pertinent provisions of the Confidentiality of HIV-Related Information Act, attached. (Original copy on file. This is a reproduced statement of the act)

**Limitations on disclosure** - No person or employee, or agent of such person, who obtains confidential HIV-related information in the course of providing any health or social service or pursuant to a release of confidential HIV-related information under subsection (c) on page 127 may disclose or be compelled to disclose the information except to the following persons:

- The subject.
- The physician who ordered the test, or the physician’s designee.
- Any person specifically designated in a written consent as provided for in subsection (c) on page 127.
- An agent, employee or medical member of a health care provider, when the health
care provider has received confidential HIV-related information during the course of the subject’s diagnosis or treatment by the health care provider, provided that the agent, employee, or medical member is involved in the medical care or treatment of the subject. Nothing in this paragraph shall be construed to require the segregation of confidential HIV-related information from a subject’s medical record.

- A peer review organization or committee as defined in the act of July 20, 1974 (P.L 564, No. 193), known as the Peer Review Protection Act, a nationally recognized accrediting agency, or as otherwise provided by law, any federal or state government agency with oversight responsibilities over health care providers.
- A person allowed access to the information by a court order issued pursuant to Section 8.
- A funeral director responsible for the acceptance and preparation of the deceased subject.
- Employees of county mental health/mental retardation agencies, county children and youth agencies, county juvenile probation departments, county or state facilities for delinquent youth, and contracted residential providers of the above-named entities receiving or contemplating residential placement of the subject, who:
  - Generally are authorized to receive medical information.
  - Are responsible for insuring that the subject receives appropriate health care.
  - Have a need to know the HIV-related information in order to ensure such care is provided.

The above named entities may release the information to a court in the course of a dispositional proceeding under 42Pa.C.S. §§ 6351 (relating to disposition of dependent child) and 6352 (relating to disposition of delinquent child) when it is determined that such information is necessary to meet the medical needs of the subject.

**Release of Information Related to Treatment of Minors**

Community Care complies with all applicable laws and regulations governing the confidentiality of and authorized disclosure of utilization records related to care provided to a minor, as defined under applicable law as a person under age 18.

The obligation of Community Care to maintain the confidentiality of utilization records of minor members is governed by specific federal or state laws and regulations.

Generally, a minor under the age of 18 may not consent to treatment or to release of records, except one who has graduated from high school, been married or pregnant, except as provided below:

- **Drug and Alcohol Abuse and Dependency Services.** The Pennsylvania Drug and Alcohol Abuse Control Act authorizes a minor suffering from the use of a controlled or harmful substance to consent to the provision of medical care or counseling related to diagnosis or treatment. The consent of the parent or legal guardian of the minor is not necessary to authorize medical care or counseling. Any physician or any agency or organization operating a drug abuse program that provides care and
counseling to a minor may, but is not obligated to, inform the parents or legal
 guardian as to the treatment given or needed.

• If a minor consents to treatment or counseling related to the diagnosis or treatment of drug or alcohol abuse and dependency without the involvement of a parent or guardian, the written authorization of the minor will be obtained by Community Care prior to the release of patient utilization records.

• **Mental Health Services.** The Mental Health Procedures Act authorizes any person 14 years of age or older who believes that he/she needs treatment and understands the nature of treatment to consent to examination and treatment. A parent or guardian may consent to treatment of children less than 14 years of age. Community Care will not release the utilization records of any member without the written authorization of the person providing consent to treatment.

• **Significant Member Incidents: Reporting of Child Abuse.** In accordance with applicable law governing child abuse, providers are required to report all incidents of suspected child abuse. Community Care will ensure that a Childline phone number is made available to providers and conspicuously listed in the Provider Manual along with the appropriate forms for reporting and documenting suspected incidents of abuse.

**Release of Information Related to Treatment of Mental Health**


Persons seeking or receiving services from a mental health provider may expect that information will be treated with respect and confidentiality so that trust and confidence in therapeutic intervention may develop. Mental health records subject to this policy include, but are not limited to, written clinical information, observations and reports, or fiscal documents relating to the member which are required or authorized to be prepared by the Mental Health Procedures Act or by the Mental Health and Mental Retardation Act of 1966, and any central files and reports which are required to be maintained by the Department of Human Services or other statutes or regulations regarding services for mental health programs.

Community Care will not release the records of any member, 14 years of age or older, who understands the nature of the documents to be released and the purpose of releasing them without the written authorization of the member.

For the member who lacks this understanding, any person chosen by the member may exercise this right (if that person is found by the administrative head of the facility or his designee to be acting in the member’s best interest).
If the member is less than 14 years of age or has been adjudicated legally incompetent, control over the release of records may be exercised by a parent or guardian.

- **Exception:** Records concerning persons receiving mental health treatment services may be released without the written authorization of the member only in those specific circumstances defined in 55 Pa. Code §§5100.32, §5100.35, §5100.36 and §5100.38, attached. (This is a reproduction of the original document, 55 § 5100.32 Mental Health Manual Pt.VII.)

**Nonconsensual release of information**

- Records concerning persons receiving or having received treatment shall be kept confidential and shall not be released nor their content disclosed without the consent of a person given under § 5100.34 (relating to consensual release to third parties), except that relevant portions or summaries may be released or copied as follows:
  - To those actively engaged in treating the individual, or to persons at other facilities, including professional treatment of State Correctional Institutions and county prisons, when the person is being referred to that facility and a summary or portion of the record is necessary to provide for continuity of proper care and treatment.
  - To third party payors, both those operated and financed in whole or in part by any governmental agency and their agents or intermediaries, or those who are identified as payor or copayor for services and who require information to verify that services were actually provided. Information to be released without consent or court order under this subsection is limited to the names, dates, types, and costs of therapies or services, and a short description of the general purpose of each treatment session or service.
  - To reviewers and inspectors, including the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and Commonwealth licensure or certification, when necessary to obtain certification as an eligible provider of services.
  - To those participating in Professional Standards Review Organization (PSRO) or utilization reviews.
  - To the administrator, under his duties under applicable statutes and regulations.
  - To a court or mental health review officer, in the course of legal proceedings authorized by the act or this chapter.
  - In response to a court order, when production of the documents is ordered by a court under § 5100.35 (relating to release to courts).
  - To appropriate departmental personnel § 5100.38 (relating to child or patient abuse).
  - In response to an emergency medical situation when release of information is necessary to prevent serious risk of bodily harm or death. Only specific information pertinent to the relief of the emergency may be released on a nonconsensual basis.
  - To parents or guardians and others when necessary to obtain consent to medical treatment.
  - To attorneys assigned to represent the subject of a commitment hearing.
• Current patients or clients or the parents of patients under the age of 14 shall be notified of the specific conditions under which information may be released without their consent.
• Information made available under this section shall be limited to that information relevant and necessary to the purpose for which the information is sought. The information may not, without the patient's consent, be released to additional persons, or entities, or used for additional purposes. Requests for information and the action taken should be recorded in the patient's records.

Release to Courts

• Each facility director shall designate one or more persons as a records officer, who shall maintain the confidentiality of client/patient records in accordance with this chapter.
• Records shall comply with the following:
  • Whenever a client/patient's records are subpoenaed or otherwise made subject to discovery proceedings in a court proceeding, other than proceedings authorized by the act, and the patient/client has not consented or does not consent to release of the records, no records should be released in the absence of an additional order of the court.
  • The records officer, or his designee, is to inform the court either in writing or in person that, under statute and regulations, the records are confidential and cannot be released without an order of the court. Neither the records officer nor the facility director has any further duty to oppose a subpoena beyond stating to the court that the records are confidential and cannot be released without an order of the court; however, nothing in this section shall be construed as authorizing such a court order.
  • If it is known that a patient has a current attorney or record for the given proceedings, that attorney shall be informed of the request of subpoena, if not already served with a copy, and shall be expected to represent and protect the client/patient’s interests in the confidentiality of the records. The person whose record has been subpoenaed shall be notified of such action if they are currently receiving services and their whereabouts are known, unless served with a copy of the subpoena. Those currently in treatment shall also be advised that they may wish to obtain an attorney to represent their interests. In the case of persons no longer receiving services, the facility shall send this notification by certified mail to the last known address.
  • If a present or former patient sues a person or organization providing services subject to the act in connection with said patient’s care, custody, evaluation, or treatment, or in connection with an incident related thereto, defense counsel for said service provider shall have such access to the present or former patient’s records as such counsel deems necessary in preparing a defense. Counsel receiving such records shall maintain their confidentiality and shall limit the disclosure of the contents thereof to those items they deem necessary to allow counsel to prepare and present a proper defense.
• All employees of a facility shall be informed of the rules and regulations regarding confidentiality of records and shall also be informed that violation of them could potentially subject them to civil or criminal liability. Training for employees regarding confidentiality remains the responsibility of the facility director.

Departmental Access to Records and Data Collection

• Notwithstanding, any part of this chapter to the contrary, employees of the department shall not be denied access to any patient records where such access is necessary and appropriate for the employee’s proper performance of his/her duties. The facility director shall make such decision, and shall be responsible for limiting access to those portions, which are relevant to the request.
• Any conflict as to access by an employee to patient records at State Hospitals shall be resolved by the Regional Commissioner of Mental Health.
• Collection and analysis of clinical or statistical data by the department, the administrator, or the facility for administrative or research purposes may be undertaken as long as the report or paper prepared from the data does not identify any individual patient without his consent.

Child or Patient Abuse

Nothing in this chapter shall conflict with the mandatory statutory or regulatory requirements of reporting suspected or discovered child abuse or patient abuse. Whenever a conflict exists between the reporting requirements of the Child Protective Services Act (11 P.S. §§ 22012224), and the confidentiality of mental health records, the reporting requirements shall govern.

Release of Information related to Drug and Alcohol Dependency and Treatment

Community Care complies with the Pennsylvania Drug and Alcohol Abuse Control Act and applicable State regulations at 4 PA. Code §255.5(b) and Interpretative Guidelines issued by the Pennsylvania Department of Health, and federal regulations at 42 C.F.R., Part 2, concerning circumstances of permissible release of records containing information on alcohol and substance abuse and dependency.

All member records containing information as to drug and alcohol abuse or dependency and treatment must be kept confidential. Such records may be disclosed only with the member’s authorization and only (I) to medical personnel exclusively for purposes of diagnosis and treatment of the member or (II) to government agencies exclusively for the purpose of obtaining benefits due as a result of such drug or alcohol abuse or dependency.
If the client has given written authorization for such release, certain information may be released to insurance companies and health plans to include (28 PA Code §709.28 Confidentiality):

- Whether the person is or is not in treatment.
- The prognosis.
- The diagnosis (es).
- General peculiarities of the case.
- The provider may present his/her recommendations regarding the client’s continuation with the treatment program.
- The nature of treatment.
- The structure of the program.
- The methodology of treatment and the treatment models that are utilized by the program.
- A brief description of progress.
- The provider may speak in general terms of the member’s progress or lack of progress as it relates to recovery.
- The provider may speak in general terms of the clients understanding of the disease concept and their cooperation, or lack of, regarding the rules.
- A short statement of whether the person has relapsed into drug or alcohol abuse and the frequency of such relapse.
- **Exception:** In an emergency where the member’s life is in immediate jeopardy, patient records may be released without the member’s authorization to proper medical authorities solely for the purpose of providing medical treatment.
- Disclosure may be made for purposes unrelated to such treatment or benefits only upon an order of court of common pleas after application demonstrating good cause for disclosure.

**Community Care Staff Having Knowledge of, or Having, a Relationship with the Member**

Community Care will ensure that no conflicts of interest exist between Community Care staff in/when dealing with member treatment decisions

A Community Care staff member that has any independent knowledge of, or a relationship with, the member for whom he/she is making coverage decisions, shall disclose that knowledge or relationship to his/her supervisor. The supervisor will decide on the appropriate process for making decisions for that member.

**Confidentiality and Privacy Training for Community Care Staff**

Training on confidentiality and privacy regarding member information and utilization records for Community Care staff will be conducted at hire and annually thereafter, with any change in job title/duties, or when significant changes in laws or policies regarding confidentiality warrant retraining. This training will be intended to provide Community
Care personnel with guidance concerning the disclosure of information related to members, providers, services furnished to members, or other confidential information.

The training sessions are designed to ensure understanding and adherence to all federal and state regulations related to confidentiality and member rights.

Learning Objectives of training sessions are:

- To define and demonstrate the importance of confidentiality of Protected Health Information (PHI) within the MCO setting.
- To ensure confidentiality of all sensitive organization or member information.
- To review IS security controls (user ID and Password) that protect member identifiable information.
- To learn how to verify the identity of a person requesting PHI.
- To identify areas where confidentiality may be an issues, e.g., telephone; written materials; public discussion, staff workstations, computer files and databases.

Methods used during training sessions include:

- Online training session and exam.
- Signed confidentiality agreement (at hire).

Resources used during training sessions include:

- Statements of Confidentiality (Attached).
- CPL 032 and CPL 033, Confidentiality policies and procedures.
- State and federal statues and regulation.
- Director of compliance.
- Privacy officer.
- Compliance Department.

Persons Responsible for participating in training sessions include:

All Community Care staff members participate in the training sessions.

Staff shall be trained:

- Upon hiring.
- Annually.
- With any change in job title (if appropriate).

Topics for training session include:

- Information storage and retrieval.
- Record retention.
- Access to records.
• Confidentiality policies pursuant to all relevant state and federal regulations in compliance with CPL 032 policy sections listed below:
  • General Confidentiality Provisions.
  • Oversight of Confidentiality.
  • Collecting and Using Member Identifiable Information.
  • Handling of Member Identifiable Information.
  • Informing Members about Confidentiality.
  • Ability to Give Informed Authorization.
  • Member Access to Utilization Records.
  • Disclosure of Information.
  • Disclosure of Information to Employers.
  • Handling of Practitioner Specific Information.
  • Informing Providers About Confidentiality.
  • Practitioner Office Confidentiality.
  • Handling of Community Care’s Business Information.
  • Subpoenas.
  • A member’s right to amend PHI.
  • A member’s right to an accounting of disclosures of PHI.
• Confidentiality policies pursuant to all relevant state and federal regulations in compliance with CPL 033 policy sections listed below:
  • Confidentiality: Terms and Disclosure Policy
  • Confidentiality: Compliance With State and Federal Laws
  • Notice to Accompany Information Released Pursuant to Written Authorization for Disclosure
  • Release of HIV-Related Information
  • Release of Information Related to Treatment of Minors
  • Release of Information Related to Treatment of Mental Health
  • Release of Information Related to Drug and Alcohol Dependency and Treatment
  • Community Care Staff Having Knowledge of or a Relationship with the Member
  • Confidentiality and Privacy Training for Community Care Staff
• The Notice of Privacy Practices for PHI include:
  • Safeguarding the Member’s Information.
  • Disclosure of Information for the purposes of Treatment, Payment and Health Care Operations.
  • Disclosures of Information:
    • When required by law.
    • For public health activities.
    • Health oversight activities.
    • Lawsuits and disputes.
    • Law enforcement.
    • Coroners, medical examiners, funeral directors, and organ donation.
    • Research purposes.
    • Serious threats.
    • National security and intelligence activities.
    • Protective services for the President and others.
    • Military and veterans.
• Workers compensation.
• Inmates.
• Disclosures of Information in which the member’s signature is required
• The member’s Rights Regarding PHI:
  • To request restrictions on the uses and disclosures of their PHI.
  • The right to choose how Community Care will contact them.
  • The right to inspect and copy PHI.
  • The right to request an amendment of their PHI.
  • The right to an accounting of disclosure.
  • The right to obtain a copy of this notice.
• Privacy Notice.
• How the member receives a copy of changes made to the Privacy Notice.
• How the member may file a complaint about our Privacy Practices.
• How the member may have questions or concerns regarding privacy or the Notice of Privacy addressed.
• The effective date for the Notice of Privacy.
• Reporting inappropriate use of member information.
• Non-Retaliation Policy.
“Statement of Confidentiality” Agreement
Member and Provider Information

I understand and agree that in the performance of the specific assigned duties for Community Care, I must maintain and safeguard the confidentiality of all personally identifiable member, practitioner, or provider information. This information must be kept strictly confidential and must never be disclosed, other than for appropriate business purposes, and only to those persons who need to know.

General Information

I understand that, in addition to the foregoing, there is a wide range of other sensitive proprietary and business information including, but not limited to, Community Care plans and projects; financial and operating details; prospective and past transactions with customers, suppliers and other companies; and compilations of business data. I understand that every precaution should be exercised to preserve the confidentiality of all such information until specifically released in writing or made public by Community Care officials.

Because of my affiliation with Community Care, I know that I have access to sensitive and confidential data and information and by signing this Statement I agree not to access data and information from source (s) that are not needed to perform my job duties.

I expressly agree that I will not use information for my own benefit nor disclose it to others, except as properly authorized and for appropriate business purposes.

I also agree that when my work with Community Care is ended for any reason, I will promptly deliver to Community Care all correspondence, reports, memoranda, records, manuals, notes, drawings, data, software, and other materials belonging to Community Care and pertaining to its business, including copies of any of the foregoing materials, which may be in my possession or under my control.

When faced with an inquiry from an outside source, whether at work or away from work, or whenever I have any doubts about disclosure of information, I agree that I will disclose nothing and ask my Director/Supervisor or the Privacy Officer at Community Care for direction.

Signature/Date

Witness/Date
APPENDIX A.4. Significant Member Incidents

Policy

A Significant Member Incident (SMI) or sentinel event is an unexpected and undesirable outcome that has an adverse impact on the outcome of care. The detail of each SMI is promptly reviewed to determine needed follow-up and to coordinate communication between Community Care, the provider, and county agencies, as appropriate, to avoid unnecessary duplication of reports.

Community Care receives information about SMIs in various ways. Examples of ways information about SMIs is received include staff, practitioner, provider, member, governmental reports, and publications.

SMIs include but are not limited to:

- Completed suicides.
- Severe suicide attempts/self-inflicted injury.
- Apparent serious physical accidents/suspicious deaths.
- Adverse effects of medications requiring medical intervention.
- Member injury due to restraint/seclusion.
- Apparent homicide or serious physical assault by client.
- Life threatening injury or illness while on provider site requiring hospitalization.
- Sexual/physical abuse complaint by member against provider.
- Sexual abuse/physical assault complaint incurred by member at provider site.
- Failure to follow mandated Childline reporting requirements.
- Elopeent.
- Any fire requiring emergency services of the fire department.
- Arrest of a member active in treatment.

All incidents must be reported to Community Care within 24 hours of the incident occurring or within 24 hours of learning of the incident.

Procedure

Community Care has developed a plan for significant incidents that ensures prompt review of the detail related to each incident and determining needed follow-up. This process will coordinate communication between the provider, Community Care, the county, and the oversight agency. As a result, duplication of reports will be minimal and further contact with the provider specific.

Providers should report SMIs to Community Care within 24 hours of the incident occurrence or of the provider learning of the incident. The provider will inform Community Care when they become aware of any loss of life during treatment or within 30 days of treatment.
The individual receiving information about a SMI initiates the Significant Member Incident Form and enters the information into a database. At a minimum, the data elements include:

- Date information about when the SMI is received.
- Date SMI occurred.
- Member name and identification number.
- Provider name and contact number.
- Nature of the SMI.

All SMIs are forwarded to the quality clinician, SMI coordinator within one business day of the date the information became known to Community Care. The quality clinician, SMI coordinator:

- Reviews the issue thoroughly and determines the urgency of the SMI.
- Determines the appropriate individual to investigate the SMI.
- Notifies the Chief Medical Officer or designee about the SMI [each occurrence of unexpected and undesirable outcome that has an adverse impact on the outcome of care must be thoroughly reviewed by the Chief Medical Officer or designee]. Senior management determines when legal counsel should be informed about a SMI.
- Documents all information and actions on the Significant Member Incidents Form.
- Contacts the provider or others as needed.
- Obtains additional information, as needed to conduct a thorough investigation of the SMI, including any aspects of clinical care and safety involved.
- Obtains the medical records from the provider, if necessary.
- Conducts an office site visit if needed for issues such as office safety.
- Tracks the SMI to resolution.

A written report of the findings of the review including any recommendations is completed for each SMI. A copy of the completed SMI investigation results will be forwarded to the county/oversight agency when indicated.

Identifying and monitoring SMIs is part of the quality improvement activities, which Community Care performs as part of our comprehensive provider evaluation process (CPEP). Community Care will direct any media inquiries regarding SMIs to the Senior Director of Quality Management and inform the members of senior management at Community Care of the incident.

Providers are expected to report all cases of child abuse to the appropriate reporting agency as defined by law. They are also expected to report this to Community Care when it involves one of our members. We will track this through our SMI reporting mechanisms. The provider may report this either verbally or in writing. The Childline phone number for reporting suspected cases of child abuse is 1-800-932-0313.
Orientation and ongoing provider education concerning this policy will occur through the provider manual, provider education and training processes, and on a one-to-one basis, as necessary, with providers. SMIs that are considered serious will be contained in the provider benchmarking review for recredentialing purposes. This process is a part of the comprehensive provider evaluation process (CPEP) and will include monitoring provider standards of practice as well as their timely response in addressing incidents identified.

APPENDIX B.1. Consents for Release of Information Forms and for Physical Health/Behavioral Health Collaboration
CONSENT FOR RELEASE OF INFORMATION
MENTAL HEALTH

I hereby authorize ________________________________________________ to
(name of facility, agency, school or person)

release information from the records of:

____________________________________  /  /  
(name of Member)  (DOB)  (Med. Rec. #)

For the specific purpose of:

METHOD OF RELEASE (must check one):  Verbal Only  Copies Only  Both

The information to be released is:  (Please check all that apply)

<table>
<thead>
<tr>
<th>Psychiatric Evaluation</th>
<th>Psychological/Achievement Tests</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical History</td>
<td>Developmental History</td>
</tr>
<tr>
<td>Social History</td>
<td>Academic/School Records</td>
</tr>
<tr>
<td>Discharge Summary</td>
<td>Summary of Hospitalization</td>
</tr>
<tr>
<td>Course of Treatment</td>
<td>Treatment Recommendations</td>
</tr>
<tr>
<td>Neurologicals</td>
<td>Medication</td>
</tr>
<tr>
<td>Laboratory Reports</td>
<td>Other Records (specify):</td>
</tr>
<tr>
<td>Other:</td>
<td></td>
</tr>
</tbody>
</table>

Please forward information to the attention of:

<table>
<thead>
<tr>
<th>Facility/agency/person:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Phone:</td>
</tr>
</tbody>
</table>

I have been told that, in order to protect the limited confidentiality of records, my agreement to obtain or release information is necessary and that this permission is limited for the purposes and to the person listed above, and will be effective for 90 days after the date of my signature, unless specified below. I also understand that this consent is revocable, by contacting the Community Care Privacy Officer in writing, except to the extent that action has been taken in reliance thereon. We will not condition treatment, payment, enrollment in Community Care Behavioral Health Organization, or eligibility for benefits on the person providing authorization for the requested use or disclosure.

This consent shall be in effect from ________________ until ________________
(Date of signature) _________________________ Signature of Patient (14 years of age or older)

(Witness) _________________________ Signature of Parent/Legal Guardian/Authorized Representative

I do _______ do not _______ want a copy of this release

________________________________________

Oral Consent
(Not Applicable to HIV-Related Information)
For persons physically unable to provide a signature

I witnessed that the person understood the nature of this release and freely gave his/her oral consent.

<table>
<thead>
<tr>
<th>Date of Signature:</th>
<th>Signature of Witness:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of Signature:</td>
<td>Signature of Witness:</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Prohibition of redisclosure: The information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal regulations prohibit you from making any further disclosure of this information except with the specific written consent of the person to whom it pertains or as otherwise permitted by such regulations. A general release of medical or other information is not sufficient for this purpose.
Authorization for the Release of Drug and Alcohol Information to the BHMCO

I, ________________________________________________, authorize ____________________________________________ (Provider) to release the following information to:

Care Manager: ________________________________________________________________
Community Care Behavioral Health Organization
339 Sixth Avenue
Suite 1300
Pittsburgh, PA 15222

For the purpose of determining the advisability of certain treatment to coordinate my clinical care. Such authorization shall be limited to the following information:

1. My presence in treatment
2. Prognosis and diagnosis
3. Nature of the treatment program
4. Description of the treatment program
5. Relapse status

This release of information covers the treatment dates beginning ____________________________

and ending ____________________________.

I may revoke this consent in writing to the Community Care Privacy Officer at any time except as to any information released in reliance thereon to the date of such revocation. This consent will automatically expire 120 days from the date signed.

I have been offered and have accepted/rejected a copy of this form (*please circle one)

_________________________________________  ____________________________
Signature of Member                        Date

_________________________________________  ____________________________
Signature of Witness                       Date

I hereby revoke this consent effective ____________________________. I understand that this revocation has no effect on information released prior to the date of this revocation.

_________________________________________  ____________________________
Signature of Member                        Date

Prohibition of redisclosure: The information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal regulations prohibit you from making any further disclosure of this information except with the specific written consent of the person to whom it pertains or as otherwise permitted by such regulations. A general release of medical or other information is not sufficient for this purpose.
Authorization for the Release of Specific Information

I, ______________________________, authorize ______________________________ (Provider) to release the following information to:

Care Manager: __________________________________________
Community Care Organization
339 Sixth Avenue
Suite 1300
Pittsburgh, PA 15222

For the purpose of determining the advisability of certain treatment to coordinate my clinical care. Such authorization shall be limited to the following information:

1. My presence in treatment
2. Prognosis and diagnosis
3. Nature of the treatment program
4. Description of the treatment program
5. Relapse status

This release of information covers the treatment dates beginning ____________________________ and ending ____________________________.

I may revoke this consent in writing to the Community Care Privacy Officer at any time except as to any information released in reliance thereon to the date of such revocation. This consent will automatically expire 120 days from the date signed.

<table>
<thead>
<tr>
<th>HIV related information contained in the parts of my clinical record may be released through this consent unless otherwise indicated: (Check one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Consent to release of HIV information</td>
</tr>
<tr>
<td>[ ] Do not release HIV information</td>
</tr>
</tbody>
</table>

Signature to permit release of HIV/AIDS information contained in my medical records:

________________________________________________________________________ Date
________________________________________________________________________

I have been offered and have accepted/rejected a copy of this form (*please circle one)

Signature of Member __________________________________________ Date __________

Signature of Parent/Guardian (when patient is under 14) __________ Date __________
Signature of Witness ___________________________ Date ___________________________

ORAL CONSENT (only for persons physically unable to provide a signature)

I witnessed that ___________________________(Member’s name) understood the nature of this Consent to Release, understood that s/he may orally revoke this consent at any time except as to the information released in reliance thereon to the date of such oral revocation and that s/he freely gave his/her oral consent. (Two witnesses required)

Witness ___________________________ Date ___________________________

Witness ___________________________ Date ___________________________

I hereby revoke this consent effective ___________________________. I understand that this revocation has no effect on information released prior to the date of this revocation.

Signature of Member ___________________________ Date ___________________________

Prohibition of redisclosure: The information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal regulations prohibit you from making any further disclosure of this information except with the specific written consent of the person to whom it pertains or as otherwise permitted by such regulations. A general release of medical or other information is not sufficient for this purpose.
Sample Letter for Permission to Share Information for Collaboration between Physical Health and Behavioral Health Organizations or Practitioners
(Practice Letterhead)

Primary Care Physician/
Behavioral Health Clinician Name: ________________________________
Address: ________________________________

Fax #
Date

Dear Provider:

Your patient, ________________________________, is being treated for symptoms of ________________________________.

I/We have recommended the following treatment: ________________________________

______________________________

___ Individual Therapy ___ Family/Couples Therapy
___ Group Therapy ___ Psychiatric Evaluation for Medication
___ Pharmacotherapy ___ No treatment recommended at this time

The following medication(s) have been prescribed:
Medication: ________________________________
Dose/frequency: ________________________________

___ No medication at this time

Please feel free to contact me at (xxx-555-5555) if you feel there are coordination of care issues that we should discuss.

Sincerely,

(Provider name, title, signature)
APPENDIX C.1. Priority Populations

MENTAL HEALTH - ADULT

In order to be in the Adult Priority Group, a person: must meet the federal definition of serious mental illness\(^1\); must be age 18+, (or age 22+ if in Special Education); must have a diagnosis of schizophrenia, major affective disorder, psychotic disorder or borderline personality disorder (DSM-5 or its successor documents as designated by the American Psychiatric Association, diagnostic codes F31.XX, F06.XX, F60.3, F25.XX, F20.9, F32.XX ); and must meet at least one of the following criteria:

A. Treatment History, or
B. Coexisting Condition or Circumstance

A. TREATMENT HISTORY

- Current residence in or discharge from a state mental hospital within the past two years; or
- Two admissions to community or correctional inpatient psychiatric units or residential services totaling 20 or more days within the past two years; or
- Five or more face-to-face contacts with walk-in or mobile crisis or emergency services within the past two years; or
- One or more years of continuous attendance in a community mental health or prison psychiatric service (at least one unit of service per quarter) within the past two years; or
- History of sporadic course of treatment as evidenced by at least three missed appointments within the past six months, inability or unwillingness to maintain medication regimen or involuntary commitment to outpatient services; or
- One or more years of treatment for mental illness provided by a primary care physician or other non-mental health agency clinician, e.g., Area Agency on Aging, within the past two years.

---

\(^1\)Adults with serious mental illness are persons age 18 and over, who currently or at any time during the past year, have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM-IV that has resulted in functional impairment which substantially interferes with or limits one or more major life activities. (See Reference for additional detail)
B. COEXISTING CONDITION OR CIRCUMSTANCE

1. Coexisting Diagnosis:
   a. Substance Use Disorder; or
   b. Intellectual Developmental Disability; or
   c. HIV/AIDS; or
   d. Sensory, Developmental and/or Physical Disability; or
2. Homelessness\(^2\); or
3. Release from Criminal Detention\(^3\)

In addition to the above, any adult who met the standards for involuntary treatment (as defined in Chapter 5100 Regulations - Mental Health Procedures) within 12 months preceding the assessment is automatically assigned to the high priority group.

MENTAL HEALTH - CHILD AND ADOLESCENT

The Child and Adolescent First Priority Group includes persons who meet all four criteria below:

1. Age: birth to less than 18 (or age 18 to less than 22 and enrolled in special education services).
2. Currently or at any time in the past year have had a DSM-5 diagnosis (excluding those whose sole diagnosis is intellectual disability, substance use disorder or a "V" code) that resulted in functional impairment which substantially interferes with or limits the child's role or functioning in family, school, or community activities.
3. Receive services from the mental health system and one or more of the following:
   a. Intellectual Disability System
   b. Children and Youth Services
   c. Special Education
   d. Drug and Alcohol system
   e. Juvenile Justice system
   f. Physical healthcare system (the child has a chronic health condition requiring treatment).
4. Identified as needing mental health services by a local interagency team (e.g., CASSP Committee, Cordero Workgroup).

In addition to the above, any child or adolescent who met the standards for involuntary treatment within the 12 months preceding the assessment (as defined in Chapter 5100 – Mental Health Procedures) is automatically assigned to this priority group.

\(^2\)Homeless persons are those who are sleeping in shelters or in places not meant for human habitation, such as cars, parks, sidewalks or abandoned buildings.
\(^3\)Applicable categories of release from criminal detention are jail diversion; expiration of sentence or parole; probation or Accelerated Rehabilitation Decision (ARD).
**Second priority** is associated with children at-risk of developing a serious emotional disturbance by virtue of:
- A parent’s serious mental illness.
- Physical or sexual abuse.
- Drug dependency.
- Homelessness.
- Referral to the Student Assistance Programs.

**DRUG AND ALCOHOL**
The priority population for drug and alcohol treatment services includes:
- Pregnant females and women with children
- Intravenous drug users
- Adolescents
- People with severe medical conditions, such as tuberculosis or HIV/AIDS
- People with mental illness and a substance use disorder
APPENDIX D.1. Behavioral Health Managed Care Organizations (BH-MCOs) Performance/Outcome Management System (POMS)

The Department of Human Services (DHS) maintains and manages a POMS database which serves as the basis for producing performance measures/indicators. DHS uses these indicators as its primary tool for evaluating the effectiveness of BH-MCO contractors in achieving a variety of systems level outcomes. These outcomes are outlined in Appendix K of the HealthChoices Program Standards and covers dimensions such as increasing community tenure, use of less restrictive services, increasing vocational and educational status, and reducing criminal/delinquent activity. Please see the attached table for complete information related to each of the dimensions.

Providers contracted with Community Care are required to submit POMS data quarterly for all new members receiving behavioral health services during the quarter. Providers are expected to submit updates to POMS data every 180 days for members in continuous care. Providers will submit POMS data by electronic file submission using specifications developed by Community Care.

Community Care adheres to the Data Collection and Continuous Quality Improvement (CQI) processes as outlined in Appendix K of the HealthChoices Program Standards.

<table>
<thead>
<tr>
<th>OUTCOME DIMENSIONS</th>
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<tbody>
<tr>
<td><strong>1. Increase Community Tenure and Less Restrictive Services</strong>*&lt;br&gt;• Increase the appropriate use of behavioral health inpatient days&lt;br&gt;• Decrease criminal incarcerations&lt;br&gt;• Increase the appropriate use of MH residential care&lt;br&gt;• Decrease out-of-home placements&lt;br&gt;• Decrease homelessness&lt;br&gt;• Decrease placement in C&amp;Y custody&lt;br&gt;• Increase residential stability&lt;br&gt;<em>To be reported/compiled only for priority group consumers by age group (under age 21, 21-64, and age 65+)</em>*</td>
</tr>
<tr>
<td><strong>2. Increase Vocational and Educational Status</strong>*&lt;br&gt;• Increase school attendance (full time regular classroom)&lt;br&gt;• Increase school retention&lt;br&gt;• Increase school performance&lt;br&gt;• Improve school behavior&lt;br&gt;• Increase vocational status for adults&lt;br&gt;<em>To be reported/compiled only for priority group consumers by age group</em>*</td>
</tr>
</tbody>
</table>
3. *Reduce Criminal/Delinquent Activity*  
   - Reduce number of arrests  
   - Reduce positive drug screens  
   - Improve probation/parole status  
   - Reduce status offenses (focus on truancy)  
   *To be reported/compiled only for priority group consumers by age group*

4. *Improve Health Care*  
   - Meet or exceed DHS’s EPSDT screening  
   - Increase % of consumers with annual physical exams  
   - Reduce hospital medical ER use  
   *To be reported/compiled only for priority group consumers by age group*

5. *Increase “Penetration Rates” (i.e., percent of enrollees who received behavioral health treatment through the behavioral health contractor)*  
   - Increase appropriate utilization by priority group and type of service  
   - Increase appropriate utilization by age and type of service

6. *Increase Consumer/Family Satisfaction*  
   *To be reported/compiled only for priority group consumers by age group*

7. *Implement Continuous Quality Improvement (CQI) Actions*

8. *Increase Range of Services and Improve Utilization Patterns*  
   - Improve/increase the array of treatment, support and rehabilitative service options  
   - Decrease % of priority group consumers using only inpatient and/or ER services  
   - Reduce inpatient rehospitalization rate  
   - Reduce rate of perinatal addictive disorders  
   - Reduce “drop-out” rate

**Community Care Behavioral Health Organization**  

<table>
<thead>
<tr>
<th>Table of Contents</th>
<th>Page</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Guidelines for In-Plan and Supplemental Services - Mental Health</strong></td>
<td>Page 8</td>
<td>The Northeast Behavioral Healthcare Consortium (NBHCC) will publish member handbooks.</td>
</tr>
<tr>
<td><strong>Guidelines for Obtaining Approval for In-Plan and Supplemental Services – Chemical Dependency</strong></td>
<td>Page 12</td>
<td>Initial non-MD Evaluation is not a covered service. Designated Providers only.</td>
</tr>
<tr>
<td><strong>Section I.C. Overview of Quality Management</strong></td>
<td>Page 17</td>
<td>Quality Management Plans and Responsibilities will be developed in concert with NBHCC.</td>
</tr>
<tr>
<td><strong>Acute Partial Hospitalization Standards</strong></td>
<td>*</td>
<td>NBHCC counties do not differentiate the benefit for levels of partial hospitalization; all partial services follow a standard partial benefit and reimbursement.</td>
</tr>
<tr>
<td><strong>Community Treatment Team Performance Standards</strong></td>
<td></td>
<td>Community Treatment Teams (CTT) are not a covered service.</td>
</tr>
<tr>
<td><strong>Diversion and Acute Stabilization (DAS) Performance Standards</strong></td>
<td></td>
<td>Diversion and Acute Stabilization (DAS) is not a covered service.</td>
</tr>
<tr>
<td><strong>Drug and Alcohol Partial Hospitalization Performance Standards</strong></td>
<td></td>
<td>D&amp;A Partial Performance Standards do not currently apply. NBHCC counties do not differentiate the benefit for levels of hospitalization drug &amp; alcohol outside of clinical parameters outlined on Page 10.</td>
</tr>
<tr>
<td><strong>School Based Partial Hospitalization Programs Performance Standards</strong></td>
<td></td>
<td>School Based Partial Performance Standards were developed for Approved Private Schools or Private Academic School Settings. NBHCC has established a differential code for partial hospital services within a school setting but will not differentiate the benefit or reimbursement.</td>
</tr>
</tbody>
</table>

* Performance standards can be found on the Community Care website at:  
  [www.ccbh.com/providers/healthchoices/performancestandards](http://www.ccbh.com/providers/healthchoices/performancestandards)

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<tbody>
<tr>
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* Performance standards can be found on the Community Care website at:  
  [www.ccbh.com/providers/phealthchoices/performancestandards](http://www.ccbh.com/providers/phealthchoices/performancestandards)