

# Member Handbook

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HealthChoices Lackawanna, Luzerne,  
Susquehanna, and Wyoming Counties



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# Welcome to Community Care!

Customer service representatives are available 24 hours a day, 7 days a week to assist members. The toll-free customer service number for Community Care members in Lackawanna, Luzerne, Susquehanna, and Wyoming County is 1.866.668.4696

Language assistance is available:

- Members who speak Spanish can call our toll-free Spanish line (en español), 1.866.229.3187, for assistance.
- Members who speak languages other than English and Spanish can call the toll-free customer service number, 1.866.668.4696, for assistance.
- Members who are hearing impaired can call our toll-free TTY number, 1.877.877.3580, for assistance.

If you would like to have an audio version of this handbook, call the toll-free customer service number, 1.866.668.4696.

Ud. necesita la versión en español de este manual, por favor solicite una a este teléfono 1.866.229.3187.

Please keep this member handbook as a reference throughout the time you are receiving services.

## Nondiscrimination Notice

Community Care Behavioral Health Organization (Community Care) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Community Care does not exclude people or treat them differently because of race, color, national origin, ethnicity age, disability, actual or perceived sexual orientation, gender identity, or gender expression or sex. Community Care:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact:

Civil Rights Administrator, Community Care  
339 Sixth Ave, Suite 1300, Pittsburgh, PA 15222  
Phone: 1.800.553.7499 / 1.877.877.3580 (TTY)

If you believe that Community Care has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a complaint with:

Civil Rights Administrator, Community Care  
339 Sixth Ave, Suite 1300, Pittsburgh, PA 15222  
Phone: 1.800.553.7499 / 1.877.877.3580 (TTY)

You can file a complaint in person or by mail. If you need help filing a complaint, Community Care is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue SW, Room 509F, HHH Building  
Washington, DC 20201  
1.800.368.1019 / 800.537.7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

If you, or someone you're helping, has questions about Community Care, you have the right to get help and information in your language at no cost. To talk to an interpreter, call toll-free 1.800.553.7499/1.877.877.3580 (TTY).

**ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-229-3187 (TTY: 1-877-877-3580).

**注意：**如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-553-7499 (TTY: 1-877-877-3580)。

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-553-7499 (TTY: 1-877-877-3580).

**ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-553-7499 (телетайп: 1-877-877-3580).

**Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprouch. Ruf selli Nummer uff: Call 1-800-553-7499 (TTY: 1-877-877-3580).**

**주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-553-7499 (TTY: 1-877-877-3580) 번으로 전화해 주십시오.

**ATTENZIONE:** In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-553-7499 (TTY: 1-877-877-3580).

**ملحوظة:** إذا كنت تتحدث انكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-553-7499 (رقم هاتف الصم والبكم: 1-877-877-3580).

**ATTENTION :** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-553-7499 (ATS : 1-877-877-3580).

**ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-553-7499 (TTY: 1-877-877-3580).

**સુચના:** જો તમે ગુજરાતી બોલતા હો, તો ભિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-553-7499 (TTY: 1-877-877-3580)

**UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-553-7499 (TTY: 1-877-877-3580).

**ATANSYON:** Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-553-7499 (TTY: 1-877-877-3580).

**ប្រយ័ត្ន៖** បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសាដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរទូរស័ព្ទ 1-800-553-7499 (TTY: 1-877-877-3580)។

**ATENÇÃO:** Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-553-7499 (TTY: 1-877-877-3580).

**ATTENTION:** If you need information in large print, call toll-free 1-800- 553-7499 (TTY: 1-877-877-3580).

# About Community Care

Community Care is a managed care company that takes care of your behavioral health services. Use the services of Community Care when you need information about or want to get care for:

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

Use this handbook to learn how to get the help you need, or call us at 1.866.668.4696.

## Calling Community Care

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

### Customer Service

1.866.668.4696

### En español

1.866.229.3187

### TTY

1.877.877.3580

Business hours are 8:30 a.m.–5:00 p.m. Monday–Friday. Emergency hours are 24 hours a day, 7 days a week. Calls are sometimes monitored to help us improve the quality of service. You can ask for your call not to be monitored.

## Community Care Offers

### Information

We answer questions about your health plan and benefits. We answer your questions about your mental health or drug and alcohol treatment and recovery plans. We have information about self-help groups and other recovery supports in your community.

### Referrals

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

### Treatment

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

### Transportation

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

## Health Coordination

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

## Care Management

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

### Care Manager

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

## Emergency Help

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

### Lackawanna County

Scranton Counseling Center: 570.348.6100 (Greater Scranton area)

Northwestern Human Services: 570.282.1732 (Carbondale area)

### Luzerne County

Children's Service Center: 570.825.6425 (Wilkes-Barre area)

Community Counseling Services: 570.552.6000 (Wilkes-Barre area)

Northeast Counseling Services: 570.455.6385 (Hazleton area)

Northeast Counseling Services: 570.735.7590 (Nanticoke area)

### Susquehanna County

Scranton Counseling Center: 570.348.6100

### Wyoming County

Community Counseling Services: 570.836.3118 (Tunkhannock area)

Children's Service Center: 570.836.2722 (Tunkhannock area)

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

## Using Your Health ID Cards

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

The Community Care ID card:

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

## **Your Physical Health**

Community Care does not manage your physical health care. Your physical health plan, or physical health managed care organization, takes care of your physical (medical) needs. You will be using the services of your physical health plan when you:

- Are sick.
- Need a check-up.
- Need to get a prescription filled.

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

## Who is NBHCC?

Northeast Behavioral Health Care Consortium (NBHCC) is a nonprofit organization created by the four counties of Lackawanna, Luzerne, Susquehanna, and Wyoming. NBHCC is contracted with the Commonwealth of Pennsylvania to provide HealthChoices in our four county area. NBHCC has contracted with Community Care to serve as the managed care company.

NBHCC is responsible for the financial and quality oversight of HealthChoices and members are encouraged to contact us with any concerns or questions.

Additionally, NBHCC is responsible for Second Level Complaints and Grievances. More information regarding Complaints and Grievances is included in this handbook.

# Behavioral Health Services for HealthChoices Members

## Covered Services

Community Care pays for the mental health and drug and alcohol services listed below. You must have permission from your treatment team to use these services and they must be considered medically necessary. Your provider submits all of his or her claims to Community Care.

HealthChoices may not cover all of your health care expenses. Read your member handbook carefully to determine which health care expenses are covered. Call Community Care at 1.866.668.4696 if you have any questions about what health care expenses are covered.

### Covered Services:

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

#### Treatment Team

The group of health professionals who are taking care of you, including people from Community Care and your provider's office.

#### Medically Necessary

This describes services that are used on a regular basis to treat a mental health or a drug and alcohol problem. These services are needed to help you to become and stay well.

## **Extra Services for Children and Teens**

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

## **Other Services**

If you do not know what kind of services you need, call Community Care at 1.866.668.4696 for assistance.

## **Special Needs**

If you use a wheelchair, speak little English, do not hear well, or have other special needs, you have the right to extra help. Please call Community Care at 1.866.668.4696 for assistance.

## **Transportation**

You can use the Medical Assistance Transportation Program (MATP) to get to your mental health appointments. Call us to find out how to apply, or call MATP directly:

Lackawanna County: 570.963.6482

Luzerne County: 570.288.8420 / 800.679.4135

Susquehanna and Wyoming counties: 570.278.6140 / 866.278.9332

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

## **Out-of-Network Services**

HealthChoices ensures that you have the most choices available at the most convenient locations in your communities. This is done through a contracted network of providers and services by Community Care. In some cases, you or your provider might feel that you have a special need for services that are not included in the Community Care provider directory. For all service requests, you and/or your provider need to call Community Care first. This also applies to requests for services that are not under contract to Community Care. For requests for these services, you or your provider may call Community Care at 1.866.668.4696.

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

## **Payment for Treatment**

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

Community Care Behavioral Health Organization  
72 Glenmaura National Boulevard, Floor 2  
Moosic, PA 18507  
Attention: Complaints and Grievances

## **If You Have Other Insurance**

If you have Medicare or another insurance plan, call 1.866.668.4696 and tell us. We work with your other insurance plan to make sure that your services are paid.

# Getting Help

## Do I Need Care?

Call us when:

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

You can also call crisis services at the following numbers with a behavioral health emergency:

### **Lackawanna County**

Scranton Counseling Center: 570.348.6100 (Greater Scranton area).

Northwestern Human Services: 570.282.1732 (Carbondale area).

### **Luzerne County**

Children's Service Center: 570.825.6425 (Wilkes-Barre area).

Community Counseling Services: 570.552.6000 (Wilkes-Barre area).

Northeast Counseling Services: 570.455.6385 (Hazleton area).

Northeast Counseling Services: 570.735.7590 (Nanticoke area).

### **Susquehanna County**

Scranton Counseling Center: 570.348.6100 (Susquehanna County).

### **Wyoming County**

Community Counseling Services: 570.836.3118 (Tunkhannock area).

Children's Service Center: 570.836.2722 (Tunkhannock area).

## Does my child or teenager need help?

Call Community Care about your child or teen if:

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

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

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

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

## How can I get help from Community Care?

### Getting Started With Non-Emergency Services

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

#### Non-emergency

This means that you can wait up to 7 days before receiving care.

### If You Have an Urgent Need for Care

1. Call Community Care at 1.866.668.4696.
2. Contact any Community Care provider.  
(Check your Provider Directory.)

#### Urgent Situation

This means that you or another responsible person thinks that you need care before the situation turns into an emergency.

In an urgent situation, you have the right to meet with a provider within 24 hours. If the provider can't see you within 24 hours, he or she will contact Community Care. We'll get you the care you need. If you do not have an appointment with a provider within 24 hours, call Community Care right away at 1.866.668.4696.

### If You Need Emergency Care

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

1. Call 911.
2. Call Community Care at 1.866.668.4696.
3. Call crisis services at the following numbers with a behavioral health emergency:

#### Emergency Situation

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

#### Lackawanna County

Scranton Counseling Center: 570.348.6100 (Greater Scranton area).  
Northwestern Human Services: 570.282.1732 (Carbondale area).

#### Luzerne County

Children's Service Center: 570.825.6425 (Wilkes-Barre area).  
Community Counseling Services: 570.552.6000 (Wilkes-Barre area).  
Northeast Counseling Services: 570.455.6385 (Hazleton area).  
Northeast Counseling Services: 570.735.7590 (Nanticoke area).

#### Susquehanna County

Scranton Counseling Center: 570.348.6100 (Susquehanna County).

#### Wyoming County

Community Counseling Services: 570.836.3118 (Tunkhannock area).  
Children's Service Center: 570.836.2722 (Tunkhannock area).

4. Call any Community Care provider.

If you have an emergency, a provider must see you within 1 hour of your request. If the provider cannot see you within 1 hour, he or she will call Community Care. We will get help for you.

***If the situation is life-threatening, go to the nearest emergency room.*** At the emergency room, tell them you are a Community Care member and show them your ACCESS card.

### **If You Are Away From Home**

If you have a behavioral health emergency when you are out of the Community Care service area, go to the nearest emergency room. The hospital will call us. Just show them your Community Care card. You should not get a bill. If you do get a bill, please call us right away at 1.866.668.4696.

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

Tell your provider that you are a member of Community Care. He or she will call us. The person you have been seeing might not be part of our network. In this case, we will work with your provider or we will arrange for you to see someone who is part of our network. To find out if you can still see the health professional you are seeing, call Community Care at 1.866.668.4696.

# Your Rights and Responsibilities

## Confidentiality

We will not let anyone else see information about the care you receive if you don't want us to. These are the times when we will share information about your services:

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

### Monitoring

This means checking on.

## You Can Ask for Information

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

- A. The names, addresses, and phone numbers of providers who speak other languages.
- B. The names, addresses, and phone numbers of providers of service who are not accepting members.
- C. Any reasons why you could not choose a provider of service. For example, Community Care will not provide referral information for treatment services that are not generally recognized by doctors.
- D. Your member rights and responsibilities.
- E. Information about grievances and fair hearing procedures.
- F. The benefits to you, in detail.
- G. How to learn about additional benefits from the State of Pennsylvania.
- H. The steps that you or a provider need to take to receive services.
- I. The steps that must be taken to use a provider of service who is not in the Community Care network.
- J. The emergency information available to you, including:
  - What is an emergency.
  - The steps for getting emergency service, including calling 911.
  - The names, addresses, and phone numbers of emergency providers of service.
  - That emergency services do not require approval.
  - That any hospital can be used when there is an emergency.
  - How emergency transportation is provided.

## **Your Member Rights**

- To receive proper treatment regardless of your race, color, religion, sexual orientation, lifestyle, disabilities, national origin, age, gender, or income.
- To be treated in a considerate and respectful manner.
- To receive services where your privacy is protected.
- To choose any provider from the Community Care provider list. You are free to change providers if you are unhappy.
- To have your information kept private and confidential.
- To know the name and the qualifications of any provider who is caring for you.
- To see how Community Care responds to member complaints and grievances.
- To receive a copy of the information that Community Care uses when we decide what care you should receive.
- To know about the services you are receiving, why you are receiving them, and what to expect.
- To know everything you need so you can make decisions about your recovery.
- To work with providers or interpreters who understand you and your community.
- To get information about Community Care that is clear and easy to understand.
- To tell us if you are unhappy about any decision made by us or one of our providers.
- You have the right to a fair process that is easy to follow.
- To know about the qualifications of Community Care providers and staff.

## **You Also Have The Right...**

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

## **Your Member Responsibilities**

- Tell your provider everything you know about your physical and mental health. Also tell this person what medicines you are taking, including over-the-counter (store bought) medicine(s) and herbal supplements.
- Tell your family doctor or PCP (primary care physician) about any counseling treatment.
- Carry your ID Cards with you.
- Go to a Community Care participating hospital in an emergency if possible.
- Call us within 24 hours if you have been seen for an emergency at a hospital that is not in our Provider Network.
- Keep your appointments. Call ahead to cancel if you must.
- Work with your provider on a treatment plan that you can follow.
- Tell your provider if you want to stop or change treatment.
- Tell Community Care and your provider about any other insurance you have.
- Tell your provider and Community Care right away if your Medical Assistance status changes.
- Tell your provider and Community Care right away if you move.

## **You Also Have the Right to a Second Opinion**

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

## **We Will Notify You**

If we change information about complaint procedures, grievance procedures, or emergency services, we will send you new information about the change. Community Care will mail you the information 30 days before a change takes place. Changes come from new state guidelines. We will also notify you if there are changes in your coverage, rights, or responsibilities.

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

Mental Health Advance Directives are a way of planning for your future mental health care in case you can no longer make mental health care decisions on your own as a result of illness. You can do this by creating a Mental Health Advance Directive or by appointing a Mental Health Power of Attorney or both. A Mental Health Advance Directive is a set of written instructions that will tell your provider:

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

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

If you would like to have a Mental Health Advance Directive or a Mental Health Power of Attorney or both, please contact an advocacy organization such as the Mental Health Association in Pennsylvania at 1.866.578.3659 (toll-free) or email [info@mhapa.org](mailto:info@mhapa.org), and they will provide you with the forms and answer any questions. It is important that you share your written Mental Health Advance Directives with your mental health provider. If you do not share your Mental Health Advance Directives with your provider, he or she will not be able to follow them. If you or your representative believes that your provider has not handled your Mental Health Advance Directives properly or if you have any other complaints about Mental Health Advance Directives, you can follow the standard complaint process.

# Complaints, Grievances, and Fair Hearing Procedures

## What is a Complaint?

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

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

### Complaint

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

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

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

### First Level Complaint

To file a complaint, you can:

- Call Community Care at 1.866.668.4696, tell us your complaint, and we will help you.
- Or write down your complaint and mail it to:

Community Care Behavioral Health Organization  
72 Glenmaura National Boulevard, Floor 2  
Moosic, PA 18507  
Attention: Complaints and Grievances

## When should I file a First Level Complaint?

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

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

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

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

Community Care will send you a letter to let you know they received your complaint. The letter will tell you about the First Level complaint process. You may ask Community Care to see any information we have about your complaint. You may also send information that may help with your complaint to Community Care. You can also ask for assistance with your complaint by calling Community Care at 1.866.668.4696.

If you filed a complaint because of one of the reasons listed below, you can be included in the First Level complaint review. (You must call Community Care **within 10 days** of the date on the letter to tell them that you want to be included.)

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

You can come to Community Care's offices or be included by phone. You are not required to attend this meeting. If you do not attend, it will not affect Community Care's decision.

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

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

**What To Do To Continue Getting Services**

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

**What if I do not like Community Care's First Level Complaint decision?**

**Second Level Complaint**

If you are not happy with Community Care's First Level complaint decision, you may file a Second Level complaint with Community Care. This Second Level complaint will be taken care of by NBHCC to make sure that it is handled by a completely separate group of people, who were not part of the process that led to the First Level complaint.

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

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

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

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

- You may ask to see any information that they have about your complaint. You may also send information to NBHCC that may help with your complaint.
- You can come to a meeting of the Second Level complaint committee or be included by phone. NBHCC will contact you to ask if you want to come to the meeting. You don't have to attend if you do not want to do so. If you do not attend, it will not affect NBHCC's decision.
- The Second Level complaint review panel will include two people from the NBHCC staff and either a member or family member. The participants of the panel will not have been involved in the issue about which you filed your complaint.
- The panel will make a decision no more than 30 days from the date Community Care received your Second Level complaint. A letter will be mailed to you within 5 business days after the panel makes its decision. This letter will tell you the reason for the decision. It will also tell you how to ask for an external complaint review if you don't like the decision.

### What To Do To Continue Getting Services

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

## What if I still do not agree with the decision?

### External Complaint Review

If you are not happy with the Second Level complaint decision, you may ask for a review of your complaint by the Department of Health or the Insurance Department. The Department of Health handles complaints that involve the way a provider gives care or services. The Insurance Department reviews complaints that involve Community Care's policies and procedures.

You must ask for an External Complaint review within 15 days of the date you receive the Second Level complaint decision letter. If you ask, Community Care or NBHCC will help you put your complaint in writing. You must send your request for external review in writing to either:

Pennsylvania Department of Health Bureau of Managed Care  
Health & Welfare Building, Room 912  
625 Forster Street, Harrisburg, PA 17120  
Phone: 1.888.466.2787 | Fax: 717.705.0947 | Relay Service: 1.800.654.5984

**or**

Pennsylvania Insurance Department Bureau of Consumer Services  
1321 Strawberry Square, Harrisburg, PA 17120  
Phone: 1.877.881.6388

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

### What To Do To Continue Getting Services

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

## What is a Grievance?

A grievance is what you file when you do not agree with Community Care's decision that a service you or your provider asked for is not medically necessary. You can file a grievance if Community Care does any one of these things:

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

## What should I do if I have a Grievance?

### First Level Grievance

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

- Call Community Care at 1.866.668.4696 and tell us your grievance.
- Or write down your grievance and send it to us at:

Community Care Behavioral Health Organization  
72 Glenmaura National Boulevard, Floor 2  
Moosic, PA 18507  
Attention: Complaints and Grievances

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

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

## **What happens after I file a First Level Grievance?**

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

You may ask Community Care to see information they have about your grievance. You may also send information to Community Care that may help with your grievance. You may also ask for assistance with your grievance by calling Community Care at 1.866.668.4696.

If you want to be included in the First Level grievance review, you must call Community Care within 10 days of the date on the letter they sent you to let you know they received your grievance. You can come to their offices or be included by phone. You are not required to attend this meeting. If you do not attend, it will not affect Community Care's decision. With your permission, your provider will attend the First Level Grievance review.

A committee of one or more Community Care staff, including a doctor or licensed psychologist, who has not been involved in the issue about which you filed your grievance, will make a decision about your First Level grievance. Your grievance will be decided no more than 30 days after we receive it.

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

### **What To Do To Continue Getting Services**

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

## **What if I do not like Community Care's First Level Grievance decision?**

### **Second Level Grievance**

If you are not happy with Community Care's First Level grievance decision, you may file a Second Level grievance with Community Care, who will turn it over to NBHCC.

### **When should I file a Second Level Grievance?**

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

### **What happens after I file a Second Level Grievance?**

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

You may ask NBHCC to see any information they have about your grievance. You may also send information to NBHCC that may help with your grievance. You may also ask for help by calling NBHCC at 1.800.719.5985.

You can come to a meeting of the Second Level grievance committee or be included by phone. NBHCC will contact you to ask if you want to come to the meeting. You are not required to attend this meeting if you do not want to. If you do not attend, it will not affect NBHCC's decision.

The Second Level grievance review panel will include three people. The participants of the panel will not have been involved in the issue you filed your grievance about. One panel member will be a licensed psychologist or physician; one will be a member or family member and one an additional NBHCC staff person. The panel will make a decision no more than 30 days from the date Community Care received your Second Level grievance.

A letter will be mailed to you within 5 business days after the committee makes its decision. This letter will tell you the reason for the decision. It will also tell you how to ask for an external grievance review if you don't like the decision.

#### **What To Do To Continue Getting Services**

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

## What if I still do not agree with the decision?

### External Grievance Review

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

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

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

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

### What To Do To Continue Getting Services

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

If you need help or have questions about complaints and grievances, you may call Community Care's toll-free telephone number at 1.866.668.4696, the legal aid office at 1.800.322.7572, or the Pennsylvania Health Law Project at 1.800.274.3258.

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

### **Expedited Complaints and Grievances**

If your doctor or psychologist believes that the usual time frame for deciding your complaint or grievance will harm your health, then you, your doctor, or your psychologist can call Community Care at 1.866.668.4696 and ask that your complaint or grievance be decided faster.

You will need to have a letter from your doctor or psychologist faxed to Community Care at 1.866.284.9184 explaining how the usual time frame of 30 days for deciding your complaint or grievance will harm your health.

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

A committee of three or more people, including a doctor or psychologist and at least one Community Care member or family member, will review your Expedited complaint or grievance. No one on the committee will have been involved in your denial previously.

The committee will make a decision about your complaint or grievance and inform you of their decision within 48 hours of receiving your doctor or psychologist's letter explaining how the usual time frame of 30 days for deciding your complaint or grievance will harm your health, or three business days from receiving your request for an Expedited complaint or grievance, whichever is shorter. You will also receive a letter telling you the reason(s) for the decision. It will tell you how to ask for an expedited External complaint or grievance review if you don't like the decision.

### **Expedited External Complaints and Grievances**

If you want to ask for an expedited External complaint review (by the Department of Health) or grievance review (by a doctor who does not work for Community Care), you must contact Community Care within 2 business days from the date you get the expedited complaint or grievance decision letter. A decision will be issued within 5 business days from when Community Care receives your request.

## **What kind of help can I get with the complaint and grievance processes?**

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

You may also have a family member, friend, lawyer, or other person help you file your complaint or grievance. This person can also help you if you decide you want to appear at the complaint or grievance review.

At any time during the complaint or grievance process, you can have someone you know represent you or act on your behalf. If you decide to have someone represent or act for you, tell Community Care, in writing, the name of that person and how we can reach him or her. You or the person you choose to represent you may ask Community Care to see any information we have about your complaint or grievance.

For legal assistance you can contact the Legal Aid Network office at 1.800.322.7572 or call the Pennsylvania Health Law Project at 1.800.274.3258.

## **Persons Whose Primary Language is Not English**

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

Si Ud. Necesita la versión en español de este manual, por favor solicite una a este teléfono 1.866.229.3187.

## **Persons with Disabilities and Special Needs**

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

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

## What is a Fair Hearing?

In some cases, you or your representative can ask the Department of Human Services to hold a hearing because you are unhappy about, or do not agree with, something Community Care did or did not do. These hearings are called Fair Hearings. You can ask for a Fair Hearing at the same time you file a complaint or grievance or you can ask for a Fair Hearing after Community Care decides your First Level complaint or grievance or NBHCC decides your Second Level complaint or grievance.

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

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

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

## How do I ask for a Fair Hearing?

You must ask for a Fair Hearing in writing. Send your request to:

Department of Human Services  
Office of Mental Health and Substance Abuse Services  
Division of Quality Management  
Commonwealth Towers, 12<sup>th</sup> Floor  
P. O. Box 2675, Harrisburg, PA 17101

Your request for a Fair Hearing should include **all** of the following information:

- The member's name.
- The member's social security number and date of birth.
- A phone number where you can be reached during the day.
- If you want to have the Fair Hearing in person or by phone.
- A copy of any letter you have received about the issue you are requesting your Fair Hearing for.

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

You will get a letter from the Department of Human Services' Division of Quality Management telling you where the hearing will be held and the date and time of the hearing. You should receive this letter at least 10 days before the date of the hearing.

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

Community Care will also go to your Fair Hearing to explain why we made the decision or explain what happened. If you ask, Community Care must give you (at no cost to you) information we have that is relevant to your Fair Hearing request.

## When will the Fair Hearing be decided?

If you ask for a Fair Hearing it should be decided within 90 days from when the Pennsylvania Department of Human Services gets your request. A letter will be sent to you after the decision is made. This letter will tell you the reason(s) for the decision. It will tell you what to do if you do not agree with the decision.

### **What To Do To Continue Getting Services**

If you have been receiving services that are being reduced, changed, or stopped and your request for a Fair Hearing is hand-delivered or postmarked within 10 days of the date on the letter telling you that Community Care has reduced, changed, or stopped your services, or telling you the decision about your First or Second Level complaint or grievance, your services will continue until a decision is made.

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

### **Expedited Fair Hearing**

If your doctor or psychologist believes that using the usual time frames to decide your Fair Hearing will harm your health, then you, your doctor, or your psychologist can call the Pennsylvania Department of Human Services at 1.877.356.5355 and ask that your Fair Hearing be decided faster. This is called an Expedited Fair Hearing.

You will need to have a letter from your doctor or psychologist faxed to the Pennsylvania Department of Human Services at 1.717.772.7827 explaining why using the usual time frames to decide your Fair Hearing will harm your health. If your doctor does not send a written statement, your doctor may testify at the Fair Hearing to explain why using the usual time frames to decide your Fair Hearing will harm your health.

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

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

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

***These are your member complaint and grievance rights and responsibilities. Call us if you want us to explain them to you.***

# Consumer/Family Satisfaction Team (C/FST)

Your behavioral health is important to us and we want to know about your satisfaction with services as well as any problems you may be having. NBHCC has hired the Advocacy Alliance to conduct consumer and family satisfaction surveys.

The C/FST members interview people who are receiving mental health or drug and alcohol services. They also interview the family members of people who are receiving mental health or drug and alcohol services.

Some team members have used behavioral health services themselves. Other team members have a family member who received behavioral health services. This group tries to find out whether or not people are happy with the care and services they receive. After the interview, the Satisfaction Team member talks with the provider, Community Care, and the appropriate county authority about services.

The C/FST doesn't identify or tell anyone any personal information about the Member. They just give a report of how people in general feel about services they receive. The Satisfaction Team and these other groups work together to improve the care they are giving people.

You may ask for an interview with a C/FST member. The team member will ask you questions about your mental health or drug and alcohol services. The interview will take 10-15 minutes. You can ask for a Satisfaction Team member at your provider's office or call your county's C/FST directly.

You can also become a member of the C/FST. To receive more information about becoming a C/FST member or to complete a survey contact The Advocacy Alliance at 570.342.7762.

# How To Get More Involved In Decisions About Your Services

## How can I get more involved?

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

### Tell Us What You Think

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

### Respond to Satisfaction Surveys

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

### Join an Advisory Committee

We have many advisory committees. Some meet every month. Others meet every 3 months. You will have a chance to talk with us about how we are doing and how we can improve. Call us if you want to know more about joining a committee.

Please contact us at any time. You can call Community Care at 1.866.668.4696 or write to us at:

Community Care Behavioral Health Organization  
72 Glenmaura National Boulevard, Floor 2  
Moosic, PA 18507  
Attention: Customer Service Department

or

Northeast Behavioral Health Care Consortium  
72 Glenmaura National Boulevard, Floor 2  
Moosic, PA 18507  
570.344.2005 | 1.800.719.5985  
Attention: Quality Management Director

# Important Contact Information

## DHS Fraud and Abuse Hotline

The Department of Human Services has a hotline if you want to report a medical provider (for example a doctor, dentist, therapist, or hospital) or business (medical supplier) for suspected fraud or abuse for services provided to anyone with an ACCESS card. The hotline number is 1.866.379.8477. Some common examples of fraud and abuse are:

- Billing or charging you for services that your health plan covers.
- Offering you gifts or money to receive treatment or services.
- Offering you free services, equipment, or supplies in exchange for your ACCESS number.
- Giving you treatment or services that you do not need.
- Physical, mental, or sexual abuse by medical staff.

You can call the hotline and speak to someone Monday through Friday, 8:30 a.m.–3:30 p.m. You may leave a message at other times. If you do not speak English, an interpreter will be made available. If you have a hearing impairment, you can call the hotline using your TTY device. You do not have to give your name, but if you do give your name, the provider will not be told that you called.

You can also report suspected fraud and abuse on the Internet at <http://www.dhs.pa.gov/learnaboutdhs/fraudandabuse>. This has also been set up so that you do not have to give your name.

Language assistance is available for members who speak a language other than English.

- En español: 1.866.229.3187
- For assistance for other languages, call customer service: 1.866.668.4696

## Contact Information for Members in Lackawanna County

### Community Care

Customer Service: 1.866.668.4696

TTY: 1.877.877.3580

En español: 1.866.229.3187

### Northeast Behavioral Health Care Consortium

72 Glenmaura National Boulevard, Suite 201

Moosic, PA 18507

570.344.2005

### Crisis Services

Scranton Counseling Center

570.348.6100 (Greater Scranton area)

Northwestern Human Services

570.282.1732 (Carbondale area)

### Lackawanna County Resources

County Assistance Office

Scranton State Office Building

100 Lackawanna Avenue, 2<sup>nd</sup> Floor

Scranton, PA 18503-1972

570.963.4525 / 1.877.431.1887

570.963.4843 (fax)

Office of Drug and Alcohol Program

Scranton Electric Building, 5<sup>th</sup> Floor

507 Linden Street, Scranton, PA 18503

570.963.6820

Office of Human Services

200 Adams Avenue, 6<sup>th</sup> Floor

Scranton, PA 18503

570.963.6790

Behavioral Health/Intellectual Disabilities/

Early Intervention Program (L/S BH/ID/EI)

Scranton Electric Building, 8<sup>th</sup> Floor

507 Linden Street, Scranton, PA 18503

570.346.5741

### Medical Assistance Transportation Program

570.963.6482

### Consumer/Family Satisfaction Team

846 Jefferson Avenue, PO Box 1368

Scranton, PA 18501

570.342.7762 / 1.877.315.6855

[www.theadvocacyalliance.org](http://www.theadvocacyalliance.org)

[info@theadvocacyalliance.org](mailto:info@theadvocacyalliance.org)

### United Way Helpline

570.961.1234

### The Advocacy Alliance

570.342.7762 / 1.877.315.6855

### Department of Human Services Fraud/ Abuse Hotline

1.866.379.8477

[http://www.dhs.pa.gov/learnaboutdhs/](http://www.dhs.pa.gov/learnaboutdhs/fraudandabuse/index.htm)

[fraudandabuse/index.htm](http://www.dhs.pa.gov/learnaboutdhs/fraudandabuse/index.htm)

[omaptops@state.pa.us](mailto:omaptops@state.pa.us)

## Contact Information for Members in Luzerne County

### Community Care

Customer Service: 1.866.668.4696

TTY: 1.877.877.3580

En español: 1.866.229.3187

### Northeast Behavioral Health Care Consortium

72 Glenmaura National Boulevard, Suite 201

Moosic, PA 18507

570.344.2005

### Crisis Services

Children's Service Center

570.825.6425 (Wilkes-Barre area)

Community Counseling Services

570.552.6000 (Wilkes-Barre area)

Northeast Counseling Services

570.455.6385 (Hazleton area)

570.735.7590 (Nanticoke area)

### Luzerne County Resources

County Assistance Office

Wilkes-Barre District, 205 South Washington

St., Wilkes-Barre, PA 18711-3298

570.826.2100 / 570.820.4876 (fax)

Mental Health and Developmental Services

111 North Pennsylvania Avenue

Wilkes-Barre, PA 18701

570.825.9441

Luzerne/Wyoming Drug and Alcohol Program

111 North Pennsylvania Avenue, 2<sup>nd</sup> Floor

Wilkes-Barre, PA 18701

570.826.8790

Office of Human Services

111 North Pennsylvania Avenue

Wilkes-Barre, PA 18701

570.826.8800

### Medical Assistance Transportation Program

570.288.8420 / 800.679.4135

### Consumer/Family Satisfaction Team

846 Jefferson Avenue, PO Box 1368

Scranton, PA 18501

570.342.7762 / 1.877.315.6855

[www.theadvocacyalliance.org](http://www.theadvocacyalliance.org)

[info@theadvocacyalliance.org](mailto:info@theadvocacyalliance.org)

### United Way Helpline

570.829.1341 / 1.800.829.1341

### The Advocacy Alliance

570.342.7762 / 1.877.315.6855

### Department of Human Services Fraud/ Abuse Hotline

1.866.379.8477

<http://www.dhs.pa.gov/learnaboutdhs/>

[fraudandabuse/index.htm](http://www.dhs.pa.gov/learnaboutdhs/fraudandabuse/index.htm)

[omaptops@state.pa.us](mailto:omaptops@state.pa.us)

## Contact Information for Members in Susquehanna County

### Community Care

Customer Service: 1.866.668.4696

TTY: 1.877.877.3580

En español: 1.866.229.3187

### Northeast Behavioral Health Care Consortium

72 Glenmaura National Boulevard, Suite 201

Moosic, PA 18507

570.344.2005

### Crisis Services

Scranton Counseling Center

570.348.6100

### Susquehanna County Resources

County Assistance Office

111 Spruce Street, Montrose, PA 18801-0128

570.278.3891 / 1.888.753.6328

570.278.9508 (fax)

Office of Drug and Alcohol Program

Scranton Electric Building, 5<sup>th</sup> Floor

507 Linden Street, Scranton, PA 18503

570.963.6820

Behavioral Health/Intellectual Disabilities/

Early Intervention Program (BH/ID/EI)

Scranton Electric Building, 8<sup>th</sup> Floor

507 Linden Street, Scranton, PA 18503

570.346.5741

### Medical Assistance Transportation Program

570.278.6140 / 866.278.9332

### Consumer/Family Satisfaction Team

846 Jefferson Avenue, PO Box 1368

Scranton, PA 18501

570.342.7762 / 1.877.315.6855

[www.theadvocacyalliance.org](http://www.theadvocacyalliance.org)

[info@theadvocacyalliance.org](mailto:info@theadvocacyalliance.org)

### The Advocacy Alliance

570.342.7762 / 1.877.315.6855

### Department of Human Services Fraud/ Abuse Hotline

1.866.379.8477

[http://www.dhs.pa.gov/learnaboutdhs/](http://www.dhs.pa.gov/learnaboutdhs/fraudandabuse/index.htm)

[fraudandabuse/index.htm](http://www.dhs.pa.gov/learnaboutdhs/fraudandabuse/index.htm)

[omaptops@state.pa.us](mailto:omaptops@state.pa.us)

## Contact Information for Members in Wyoming County

### Community Care

Customer Service: 1.866.668.4696

TTY: 1.877.877.3580

En español: 1.866.229.3187

### Northeast Behavioral Health Care Consortium

72 Glenmaura National Boulevard, Suite 201

Moosic, PA 18507

570.344.2005

### Crisis Services

Children's Service Center

570.836.2722 (Tunkhannock area)

Community Counseling Services

570.836.3118 (Tunkhannock area)

### Wyoming County Resources

County Assistance Office

608 Hunter Highway, Suite 6

Tunkhannock, PA 18657-0490

877.699.3312

Luzerne/Wyoming Drug and Alcohol Program

111 North Pennsylvania Avenue, 2<sup>nd</sup> Floor

Wilkes-Barre, PA 18701

570.826.8790

Office of Human Services

PO Box 29, Tunkhannock, PA 18657

570.836.3131

Mental Health and Developmental Services

111 North Pennsylvania Avenue

Wilkes-Barre, PA 18701

570.825.9441

### Medical Assistance Transportation Program

570.278.6140 / 866.278.9332

### Consumer/Family Satisfaction Team

846 Jefferson Avenue, PO Box 1368

Scranton, PA 18501

570.342.7762 / 1.877.315.6855

[www.theadvocacyalliance.org](http://www.theadvocacyalliance.org)

[info@theadvocacyalliance.org](mailto:info@theadvocacyalliance.org)

### United Way Helpline

570.829.1341 / 1.800.829.1341

### The Advocacy Alliance

570.342.7762 / 1.877.315.6855

### Department of Human Services Fraud/ Abuse Hotline

1.866.379.8477

[http://www.dhs.pa.gov/learnaboutdhs/](http://www.dhs.pa.gov/learnaboutdhs/fraudandabuse/index.htm)

[fraudandabuse/index.htm](http://www.dhs.pa.gov/learnaboutdhs/fraudandabuse/index.htm)

[omaptops@state.pa.us](mailto:omaptops@state.pa.us)

# Definitions

<b>Advocate</b>	A person who works to make sure you get the right care.
<b>Behavioral Health</b>	Mental health or substance use disorder treatment.
<b>Community</b>	A local area or neighborhood and the people who live in the area.
<b>Complaint</b>	Telling or writing us to say that you are not satisfied with services.
<b>Consumer(s)</b>	People who use mental health or substance abuse treatment services.
<b>Customer Service</b>	The department of Community Care that helps you get information about services and answer questions about rules or benefits. Customer service also takes complaints over the phone.
<b>Emergency</b>	A health problem or situation that cannot wait. When treatment is needed right away, call 911 or go to an emergency room.
<b>Evaluation</b>	Tests and studies that help a doctor or psychologist find out what is going on and what treatment will be best.
<b>Grievance</b>	Telling or writing that you do not agree with a denial of a covered service or change in a covered service.
<b>HealthChoices</b>	Pennsylvania's plan for providing health care for people who are eligible for Medical Assistance.
<b>HealthChoices HMO</b>	A Health Maintenance Organization (HMO) that is under contract to (reports to) the State of Pennsylvania to manage physical health care for people who are eligible for Medical Assistance.
<b>Medical Necessity Criteria</b>	The standards used by a managed care company to decide what services are needed.
<b>Member</b>	A person (customer) who is enrolled in HealthChoices, which is managed by Community Care, to get mental health or substance abuse services.
<b>Network</b>	The group of providers that provides treatment services to members of Community Care.
<b>Prescription</b>	A medicine that your doctor tells you to take. Also refers to the paper the doctor uses to write out what medicine is to be used, how much, and how often.
<b>Providers</b>	The people or agencies that provide services to members of Community Care.
<b>Treatment</b>	Medication or therapy given by professionals to treat or cure an illness.

