



FOR  
BEDFORD-SOMERSET,  
BLAIR, FRANKLIN-FULTON,  
& LYCOMING-CLINTON  
COUNTIES

The Handbook is also available in other formats  
such as large print and Braille.

# Member Handbook

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



Because it's all about you...

# Table of Contents

	Page
<b>Welcome to CBHNP!</b> .....	<b>Section I</b>
Member Letter .....	3
Member Information Sheet .....	4
<b>Getting Help</b> .....	<b>Section II</b>
We Are Here to Help You! .....	6
Member Services .....	6
Family and Consumer Affairs Specialist.....	7
<b>Benefits &amp; Services</b> .....	<b>Section III</b>
Finding a Network Provider .....	9
Non-Emergency Services .....	9
Emergency Services.....	10
Covered Services .....	11
Consumer Choice .....	12
Other Services .....	13
Transportation .....	13
<b>Member Rights &amp; Responsibilities</b> .....	<b>Section IV</b>
Know Your Rights! .....	15
Second Opinion .....	16
Confidentiality.....	16
Information About CBHNP .....	17
Mental Health Advance Directives.....	17
Children’s Rights .....	18
Know Your Responsibilities! .....	18
Reporting Fraud & Abuse .....	19
<b>CBHNP Policies &amp; Procedures</b> .....	<b>Section V</b>
Complaints .....	21
Grievances .....	24
DPW Fair Hearings .....	29
Having a Voice in HealthChoices! .....	33
<b>Other Important Information</b> .....	<b>Section VI</b>
Prescription Drugs .....	35
If You Have Other Insurance .....	35
Information to Members .....	35
Notice on Change of Information .....	36
Terms and Definitions .....	36
Important Telephone Numbers .....	39



# Section I

Need to contact CBHNP? Call the phone number listed next to your county's name (shown below) and someone will answer your questions and help you with behavioral health services.

**1-866-773-7891 Bedford-Somerset**

**1-866-773-7892 Blair**

**1-866-773-7917 Franklin-Fulton**

**1-866-773-7991 Lycoming-Clinton**

For individuals/Members who are Deaf or Hard of Hearing and use a TTY/TDD for communication, call the PA Telecommunication Relay Service at 711 or 1-800-654-5984 (TTY) and call the number you want.

## **Welcome to CBHNP!**

### **IN THIS SECTION:**

- ▶ Member Letter
- ▶ Member Information Sheet

## DEAR MEMBER,

Welcome to *Community Behavioral HealthCare Network of Pennsylvania* (CBHNP). CBHNP is part of the HealthChoices Program. In this program **ACCESS PLUS** is your Physical Health Plan. We are your Behavioral Health Plan. (When you hear *behavioral health*, think of mental health and substance abuse services.) We serve people who are on Medical Assistance. We pay for mental health, alcohol and other drug treatment services. We want you to have the best care possible.

As your Behavioral Health Managed Care Organization for HealthChoices, CBHNP is very serious about keeping you informed. We want you to know about new information, or changes, that may affect your ability to get mental health or alcohol and other drug treatment services. Because of this, you are receiving the new and updated Member Handbook.

Inside your new Handbook you will find the latest information about the CBHNP program. Please take time to read your Handbook! You can call us toll free to ask for help understanding any part of your Handbook.

Our Member Services staff is happy to help! **They are available 24 hours a day, 7 days a week to answer questions you may have.** You will find the number for CBHNP in your county throughout this Member Handbook.

Your Member Handbook includes information about:

- ▶ Important rights you have
- ▶ Services available for adults and children
- ▶ How CBHNP will let you know about new information
- ▶ Details and updates on filing Complaints and Grievances
- ▶ Information about who to call if, or when, you need help
- ▶ Mental Health Advance Directives
- ▶ How to get the care you need
- ▶ Helpful terms and definitions

Remember:

- ▶ This is very important information
- ▶ Read it carefully
- ▶ Keep this information in a place you can find it if, or when, you need it
- ▶ Call us at if you have any questions!

**We look forward to serving you and helping you get quality services that are close to your home.**

Sincerely,



RICHARD S. EDLEY, PHD

Community Behavioral HealthCare Network of Pennsylvania

# Member Information Sheet

USE THIS PAGE TO RECORD USEFUL INFORMATION...

Name \_\_\_\_\_

Identification Number \_\_\_\_\_

Behavioral Health Provider \_\_\_\_\_

Provider Phone Number \_\_\_\_\_

Pharmacy Name and Phone Number \_\_\_\_\_

CBHNP Care Manager \_\_\_\_\_

Primary Care Physician \_\_\_\_\_

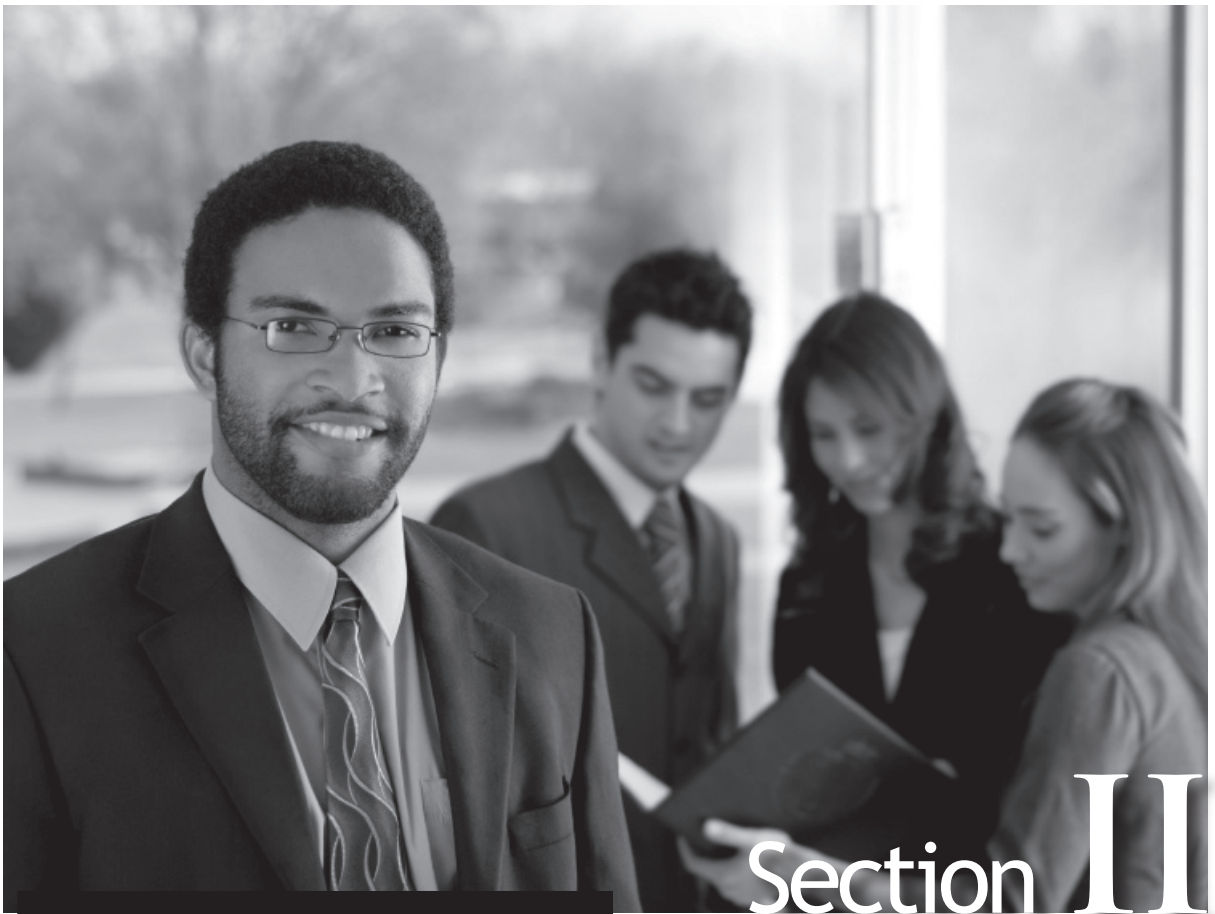
Physician Phone Number \_\_\_\_\_

Other Provider Information \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

FOR MENTAL HEALTH OR SUBSTANCE ABUSE SERVICES,  
CALL COMMUNITY BEHAVIORAL HEALTHCARE NETWORK OF  
PENNSYLVANIA'S TOLL-FREE MEMBER SERVICES NUMBER IN YOUR COUNTY  
OF RESIDENCE LISTED IN THE BACK OF YOUR MEMBER HANDBOOK.  
CALL US 24 HOURS A DAY, 7 DAYS A WEEK WITH YOUR QUESTIONS.

DPW FRAUD & ABUSE HOTLINE – 1-866-379-8477



# Section II

Need to contact CBHNP? Call the phone number listed next to your county's name (shown below) and someone will answer your questions and help you with behavioral health services.

**1-866-773-7891 Bedford-Somerset**

**1-866-773-7892 Blair**

**1-866-773-7917 Franklin-Fulton**

**1-866-773-7991 Lycoming-Clinton**

For individuals/Members who are Deaf or Hard of Hearing and use a TTY/TDD for communication, call the PA Telecommunication Relay Service at 711 or 1-800-654-5984 (TTY) and call the number you want.

## **Getting Help**

### **IN THIS SECTION:**

- ▶ We Are Here to Help You!
- ▶ Member Services
- ▶ Family and Consumer Affairs Specialist

## **We Are Here to Help You!**

Community Behavioral HealthCare Network of Pennsylvania (CBHNP) is available to answer questions you have about your health plan, your services, and your benefits. We have information about support groups in your community that may be of help to you or your family.

You can call **anytime!** We have trained staff who can help you with behavioral health services. ***(Behavioral health services include mental health, alcohol and drug treatment services.)*** We pay your bills for treatment.

**There are no costs for any behavioral health services that CBHNP approves.**

**Note:** If you are being treated by a provider and become enrolled with HealthChoices while you are getting treatment, CBHNP will pay for the service and will allow for a transition period with that provider. We will then try to get them enrolled or allow for a transition time before asking you to change to another provider who is in our network\*.

**\*Network: The group of individuals, agencies, or facilities who provide services to CBHNP Members.**

## **Member Services**

We are available 24 hours a day, 7 days a week. This means you can talk to CBHNP at any time. When you call CBHNP, our staff is always ready to help you. You can expect to be listened to, treated with courtesy and respect, and receive help in attempting to resolve any problems that you might be having.

### **Member Services**

Just call the phone number listed next to your county's name (shown below) and someone will answer your questions and help you with behavioral health services.

Bedford and Somerset Counties: **1-866-773-7891**

Blair County: **1-866-773-7892**

Franklin and Fulton Counties: **1-866-773-7917**

Lycoming and Clinton Counties: **1-866-773-7991**

If you are Deaf or Hard of Hearing and use TTY or TDD, call: PA Relay 711 or 1-800-654-5984.

**Call the CBHNP Member Services Line to:**

- Get answers to your questions
- Find out what services are covered
- Decide what kind of service you need
- Choose a provider near you
- Get treatment for your children
- Learn about services for people with special needs
- Learn more about behavioral health education programs
- Resolve problems getting care
- Set up an appointment

### **Call CBHNP about you or your child if:**

- ▶ You are worried about alcohol or other drug problems, or
- ▶ You are worried about an emotional or behavioral problem, or
- ▶ A trusted person, like your friend, a family member, a teacher or counselor, your doctor, or your clergyman, thinks you need help

We have people at CBHNP who speak languages other than English. We also work with translators to help us serve you better. CBHNP can also help you if you have trouble seeing or hearing.

Remember ... if you need help, we are here to help you. You can call:

### **CBHNP Member Services Representative**

- ▶ Member Services Representatives at CBHNP are there to help when you have a problem.
- ▶ Their job is to work with you and others to help you get the treatment and support that will meet your behavioral health needs.

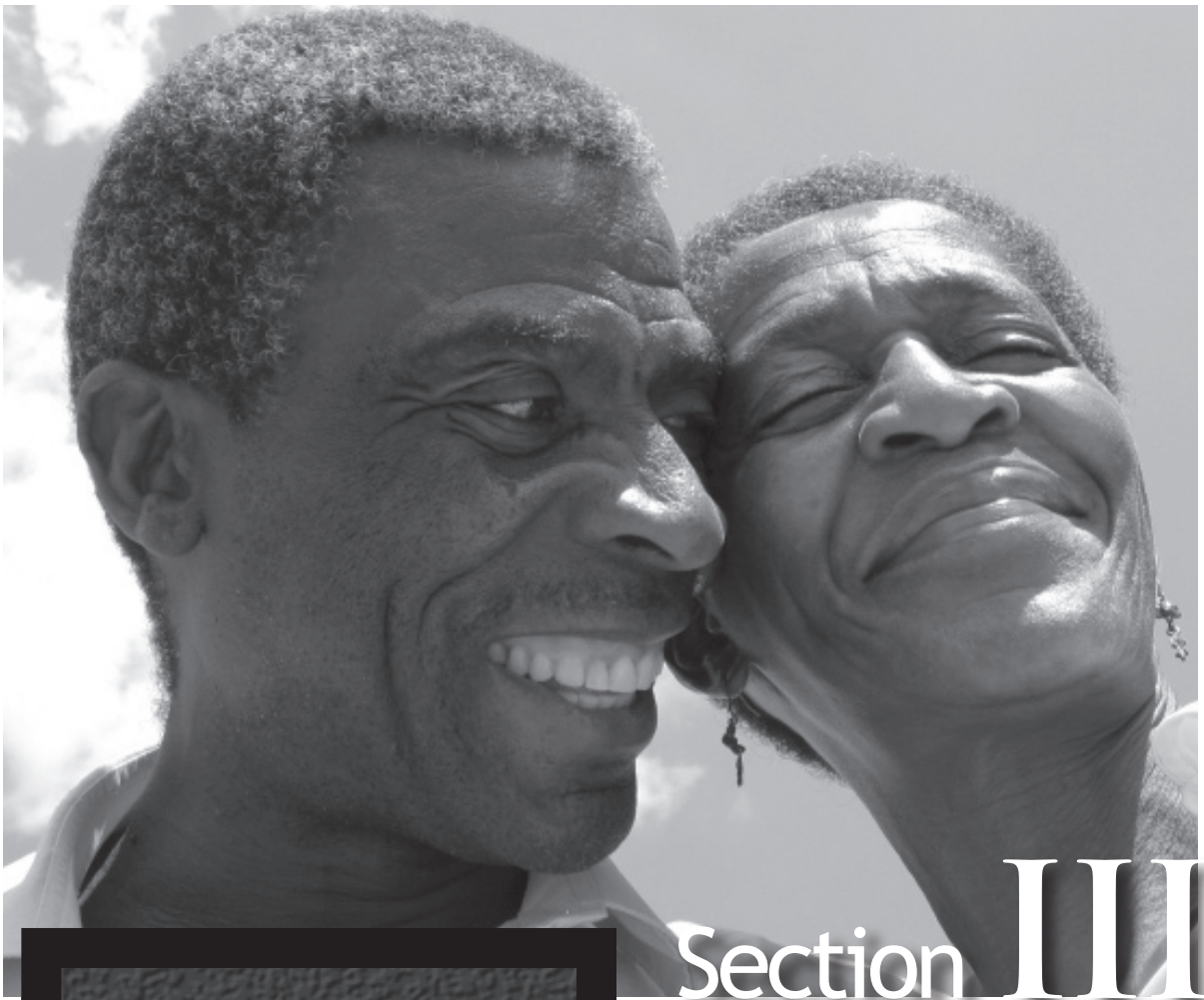
If you are Deaf or Hard of Hearing and use TTY or TDD, call: PA Relay 711 or 1-800-654-5984.

### **Family and Consumer Affairs Specialist**

- ▶ CBHNP has a Family and Consumer Affairs Specialist. This is a person whose job is to help Consumers and families better understand the behavioral health system - especially when there are problems.
- ▶ The Family and Consumer Affairs Specialist is there to help when you have a problem with your services, want to make a complaint or file a grievance.
- ▶ The Family and Consumer Affairs Specialist can talk with you about your problem, help you write letters and fill out forms about your concern.
- ▶ The Family and Consumer Affairs Specialist can refer you to other advocacy organizations near you who can offer help.

Just call CBHNP and ask to speak with the Family and Consumer Affairs Specialist for your county.

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



# Section III

Need to contact CBHNP? Call the phone number listed next to your county's name (shown below) and someone will answer your questions and help you with behavioral health services.

**1-866-773-7891 Bedford-Somerset**

**1-866-773-7892 Blair**

**1-866-773-7917 Franklin-Fulton**

**1-866-773-7991 Lycoming-Clinton**

For individuals/Members who are Deaf or Hard of Hearing and use a TTY/TDD for communication, call the PA Telecommunication Relay Service at 711 or 1-800-654-5984 (TTY) and call the number you want.

## **Benefits & Services**

### **IN THIS SECTION:**

- ▶ Finding a Network Provider
- ▶ Non-Emergency Services
- ▶ Emergency Services
- ▶ Covered Services
- ▶ Consumer Choice
- ▶ Other Services
- ▶ Transportation

## Finding a Network Provider

The CBHNP website for HealthChoices Members is available at [www.cbhnp.org](http://www.cbhnp.org). Under the HealthChoices Member section, a full provider network listing is available. You may also request a Provider Directory by calling the CBHNP Member Services number for your county.

## Non-Emergency Services

Our staff will help you get services and give you addresses and telephone numbers of providers. That way you can choose a service provider close to where you live. CBHNP can access child specific providers, find evening appointments, and locate specialists that you may need. CBHNP will find a provider that speaks your language or who will provide interpretation services. Please call us at the toll-free number for your county if you need to make sure a provider can accommodate a wheelchair or other special needs you might have.

### If you do not have an appointment within 7 days, please call us!

If you are already getting behavioral health treatment and are already enrolled in HealthChoices, you will probably not need to go to a different provider. Ask your provider if they are part of CBHNP's Network\*.

***\*Network: The group of individuals, agencies, or facilities who provide services to CBHNP Members.***

If they are in the network you do not need to do anything else. If they are not in the network, call CBHNP at our toll-free number and tell us.

We will work with the provider to try to add them to our network.

**Remember:** CBHNP will make every effort to ensure that its provider network can provide all in-plan services for all Members, including Special Needs Populations.

CBHNP will utilize out-of-network providers if the available network cannot provide in-plan services because:

- ▶ The Member has special needs that cannot be accommodated by the network.
- ▶ Network services are not accessible within time or geographic standards, but are available through a qualified non-network provider.
- ▶ The Member has experienced a behavioral health emergency while outside of CBHNP's program area.

CBHNP will contract on a case-by-case basis with non-participating providers, using established rates for the provision of services.

### If you are unsure, call us and we can tell you.

Our goal is *not* to interrupt your treatment.

We pay your bills for treatment. **You are not supposed to pay for any behavioral health services that we approve.** If you ever get a bill from one of our providers, please call and tell us! You can also send the bill to:

**CBHNP  
PO Box 6600  
Harrisburg, PA 17112**

If a provider decides to leave the network, you will be notified. Whenever possible, we will let you know at least 30 days prior to the provider's termination date.

**Note: This Managed Care Plan May Not Cover All Your Health Care Expenses.**

**Please read your Handbook carefully to determine which healthcare services are covered. You can call us to be sure!**

## **Emergency Services**

### GETTING HELP WITH EMERGENCY CARE AND TREATMENT

***If you have a life-threatening situation you must act quickly. Call 911. You may also go to an emergency room at a hospital. You do not need to call us first.***

***An emergency is when you or another responsible person thinks you need care right away so that you or someone else doesn't get hurt.***

CBHNP's providers must provide services within 1 hour for emergencies, within 24 hours for urgent situations, and within 7 days for routine appointments and specialty referrals. If a treatment plan is approved, services must be provided according to the prescribed treatment plan.

### CRISIS CARE

If you need care fast to keep the situation from becoming an emergency, you can get help 24 hours a day, 7 days a week by doing any of the following:

- ▶ **Call CBHNP**
- ▶ **Call the County Crisis Intervention Line**
  - Bedford County: 8:00 am to 4:30 pm 814-623-5166 or 1-877-814-5166
  - After 4:30 pm and weekends 814-623-1105
  - Blair County: 814-889-2141
  - Franklin County: 717-264-2555 or 1-866-918-2555
  - Fulton County: 717-264-2555 or 1-866-918-2555
  - Lycoming and Clinton Counties: 570-748-2262, 570-326-7895 or 1-800-525-7938
  - Somerset County: 8:00 am to 4:00 pm 814-443-4891
  - After 4:00 pm and weekends 1-800-452-0218
- ▶ **Call any CBHNP Provider**

### IF YOU HAVE AN URGENT NEED FOR CARE

Here is what to do:

- ▶ **Call CBHNP**
- ▶ **Contact any CBHNP provider**

We will help you get the care you need within 24 hours.

### OUT-OF-TOWN EMERGENCY CARE

If you are away from home and have a behavioral health emergency or a life-threatening situation, go to a hospital emergency room. We will pay for the emergency visit and also pay if you have to go into the hospital. Please let the hospital know that you are a Member of CBHNP and what county you live in.

Ask the hospital to call CBHNP as soon as possible to let us know about the emergency. You should not get a bill. **Please call us right away if you do get one.**

## Covered Services

CBHNP pays for the services listed below.

### COVERED IN-PLAN SERVICES:

- ▶ **Psychiatric Outpatient Services:** These are planned, regularly scheduled visits to a doctor, counselor or therapist to talk about your mental health issues.
- ▶ **Psychiatric Partial Hospitalization Programs:** This service is used when you or your child lives at home and need more treatment than outpatient services can offer. Most partial hospitalization programs meet several days per week.
- ▶ **Psychiatric Hospitalization:** These services are the most intensive services available. Hospitalization usually occurs when you or your child is at risk of harming yourself (him or herself) or others, when medications need close and continual checking, or when other services tried in the community have not helped to solve the problems that brought you/ them into service.
- ▶ **Targeted Case Management (Intensive Case Management and Resource Coordination):** A case manager works with you in this service to help you get the services you need in your community. The case manager works to help you set and reach your goals.
- ▶ **Crisis Intervention Services:** Services you can use any time of day or night to help you in a crisis. These services keep you safe and treat the problem until the problem has passed. Services can be provided by telephone or in person at almost any place in the community.
- ▶ **Clozapine (Clozaril) Support Services:** Services that are provided by a psychiatrist or nurse to review how you are doing if you take the medication Clozaril. Services include regular office visits and laboratory tests. (Clozapine, Clozaril is a medication used to treat people who have Schizophrenia.)
- ▶ **Outpatient Drug and Alcohol Services:** Services which are provided in the community to help a person with their alcohol or other drug problem. Services may include evaluation and/or individual or group therapy.
- ▶ **Methadone:** This service uses a specific medication therapy to treat you when you are addicted to opiates such as heroin or oxycodone.
- ▶ **Drug and Alcohol Detoxification and Rehabilitation and Halfway House Services:** These services help you stop using drugs and alcohol. These services may or may not be done in a hospital. If you use these services you may or may not stay at the program overnight.
- ▶ **Behavioral Health Rehabilitation Services (BHRS) for Children and Adolescents:** Services that are available to children and adolescents that can be provided at home, school or other community settings. (These services are sometimes referred to as “wrap around” services.)
- ▶ **Family-Based Mental Health Services:** Treatment services that are provided in the home for children, adolescents and their families.
- ▶ **Residential Treatment Facilities (RTF):** A place where children and adolescents, under the age of 21, live while they are receiving treatment.

## SUPPLEMENTAL SERVICES

CBHNP may cover additional services that may not be listed in your Handbook. As a rule, however, services that are not listed are not paid for by CBHNP.

You can call CBHNP to find out if a service is covered.

## NON-COVERED SERVICES

All services that are not specifically listed as In-Plan Services or are not approved Supplemental Services, are not covered by your HealthChoices behavioral health program.

## NEW TECHNOLOGIES REVIEW

CBHNP has a committee called the Provider Advisory Committee (PAC). This committee looks at potential new methods of care that may help Members.

For more information call CBHNP or talk with your Care Manager at the number listed in this handbook for your county.

## Consumer Choice

CBHNP takes care of your behavioral health services. One of the important features of the HealthChoices Program is **Consumer Choice**. As a Member of CBHNP, you are entitled to know about and enjoy choice.

There can be many providers in your area to use for the services you receive. You can call CBHNP Member Services to learn more about working with the provider that you like and want to use for your services.

As you use these services, it is important that you know about the choices you have:

- You can choose the provider that provides your services.
- For each level of care, there are providers available to choose from.
- Providers will also talk with you about choices you have.
- You can choose providers that are close to you. This might be important if you currently travel to a provider and you want someone who is closer.
- You can choose providers that offer the care you need. One provider might meet your needs better than another provider, so you can pick the provider that you like best.
- You can select providers who can relate to you and that you are comfortable talking to.
- You can select providers who speak your language or provide needed interpretation for you.
- It is important that you are comfortable with the provider who is helping you. If you are not happy with a provider, you can choose another provider. To do this, call CBHNP and we will talk to you about choices.

Call CBHNP if you have questions about the choices you have. CBHNP will help you understand what choices you have.

CBHNP will remind you of your right of choice using newsletters, by talking to you on the phone when you call, and in other ways. Also, providers will talk to you about choices and can help you decide.

We want to help you get services that you feel good about.

## Other Services

There are other services and community supports that may be available through the County Mental Health/Mental Retardation, and Drug and Alcohol programs in your area. CBHNP can help you get those services and we can help explore any costs that may apply to you. We can help you find possible ways of covering those costs.

CBHNP staff works with other agencies, such as your primary care doctor, the Area Agency on Aging, and the Children, Youth and Family Social Service provider, to help organize your treatment and support.

## Transportation

If you need a ride to your mental health or substance abuse appointment and have no way to get there, the Medical Assistance Transportation Program (MATP) may be able to help you. Call the number for this service in your area.

Bedford County: 1-888-338-1335 or 814-623-2002

Blair County: 814-695-3500, 814-946-1235 or 1-800-245-3282

Clinton County: 1-800-206-3006 or 570-323-7575

Franklin County: 717-264-5225 or 1-800-548-5600

Fulton County: 717-485-0931, 717-485-3171 or 1-888-329-2376

Lycoming County: 570-323-7575 or 1-800-222-2468

Somerset County: 814-445-9628 ext. 236, 814-948-6537 or 1-800-452-0241

You can also call the CBHNP Member Services Line for assistance in accessing transportation.

Bedford and Somerset Counties: **1-866-773-7891**

Blair County: **1-866-773-7892**

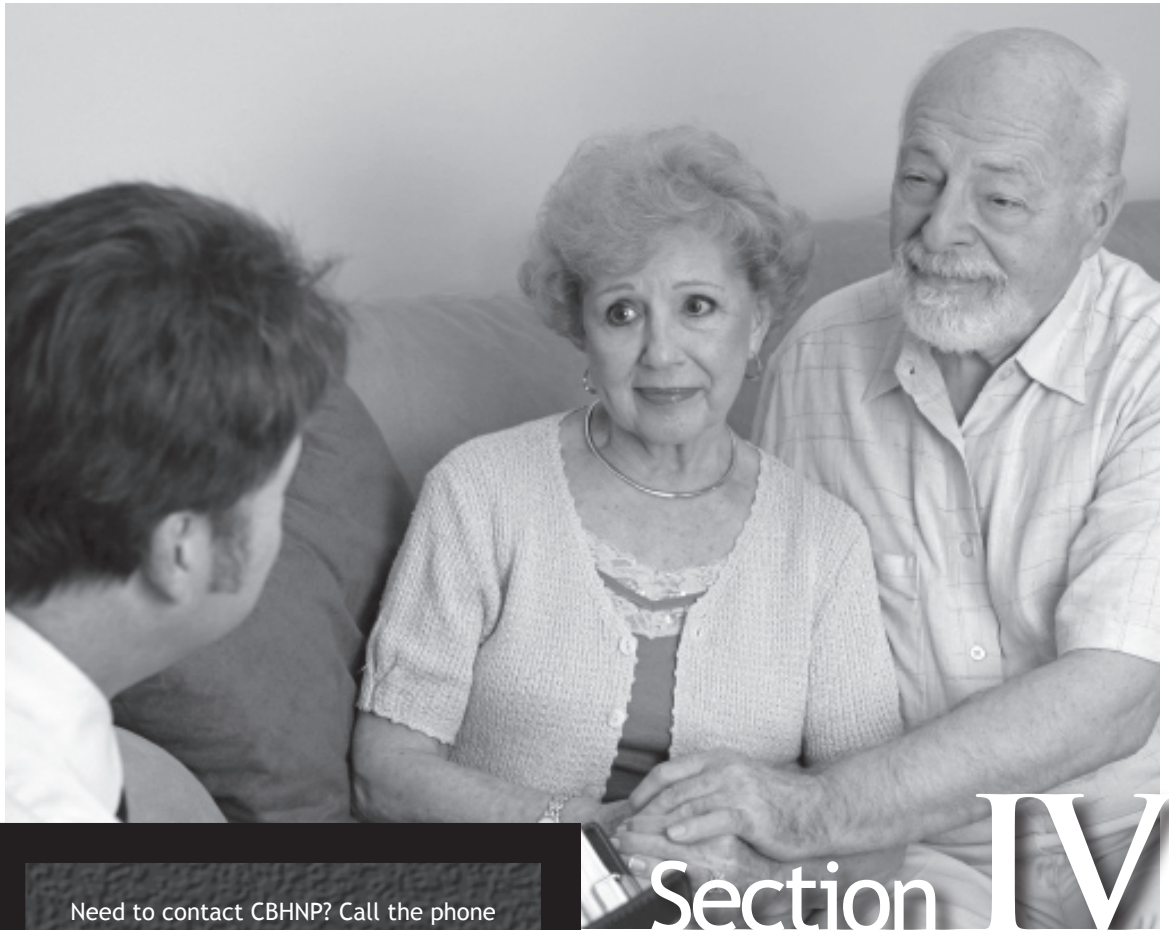
Franklin and Fulton Counties: **1-866-773-7917**

Lycoming and Clinton Counties: **1-866-773-7991**

If you are Deaf or Hard of Hearing and use TTY or TDD, call: PA Relay 711 or 1-800-654-5984.

If you have special needs please let us know.

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



# Section IV

Need to contact CBHNP? Call the phone number listed next to your county's name (shown below) and someone will answer your questions and help you with behavioral health services.

**1-866-773-7891 Bedford-Somerset**

**1-866-773-7892 Blair**

**1-866-773-7917 Franklin-Fulton**

**1-866-773-7991 Lycoming-Clinton**

For individuals/Members who are Deaf or Hard of Hearing and use a TTY/TDD for communication, call the PA Telecommunication Relay Service at 711 or 1-800-654-5984 (TTY) and call the number you want.

## **Member Rights & Responsibilities**

### **IN THIS SECTION:**

- ▶ Know Your Rights!
- ▶ Second Opinion
- ▶ Confidentiality
- ▶ Information About CBHNP
- ▶ Mental Health Advance Directives
- ▶ Children's Rights
- ▶ Know Your Responsibilities!
- ▶ Reporting Fraud & Abuse

## Know Your Rights!

As Members of CBHNP you have rights and responsibilities. They are listed below and we invite you to call us if you need help understanding your rights and responsibilities.

- ▶ **Receive Information:** Each Member has the right to receive information about CBHNP, our policies and procedures, our services, our practitioners and providers, and your rights and responsibilities.
- ▶ **Dignity and Privacy:** Each Member is guaranteed the right to be treated with respect and with due consideration for his or her dignity, right to privacy, and right to confidentiality.
- ▶ **Receive Information on Available Treatment Options:** Each Member is guaranteed the right to receive information on medically necessary available treatment options and alternatives, presented in a manner appropriate to the Member's condition and ability to understand, regardless of cost or benefit coverage.
- ▶ **Participate in Decisions:** Each Member is guaranteed the right to participate in decisions regarding his or her health care, including the right to refuse treatment. You can be a part of your treatment team by asking questions and getting answers before and during your treatment and involving family members and other important people in your treatment.
- ▶ **Refuse Treatment:** Each Member (as part of making decisions regarding their care) can refuse treatment. You have the right, under these circumstances, to get an explanation of what may happen if you don't get treatment.
- ▶ **Voice Complaints or Grievances:** Each Member has the right to voice complaints or grievances about CBHNP or the care provided to them. Let us know if you are unhappy about any decision made by us or one of our providers.
- ▶ **Make Recommendations:** Each Member has the right to make recommendations regarding CBHNP's Members rights and responsibilities policies.
- ▶ **Free from Restraint or Seclusion:** Each Member is guaranteed the right to be free of any restraint or seclusion used as a means of force, discipline, convenience or retaliation.
- ▶ **Copy of Medical Records:** Each Member is guaranteed the right to request and receive a copy of his or her medical records, and to request they be amended or corrected.
- ▶ **Free Exercise of Rights:** Each Member is free to exercise his or her rights, and that the exercise of those rights does not adversely affect the way the Member is treated by CBHNP and the provider.

In addition to the rights listed above, Members of CBHNP also have the following rights:

- ▶ **To choose your provider**
- ▶ **To ask for a therapist who understands your language and culture**
- ▶ **To receive needed services at convenient times and places**
- ▶ **To receive emergency care within 1 hour**
- ▶ **To receive urgent care within 24 hours**
- ▶ **To receive care within 7 days of your request for routine care requests**

## Second Opinion

All CBHNP Members have a right to request a second opinion. Members can request a second opinion from a qualified behavioral health care professional within CBHNP's network. CBHNP will provide for a second opinion from an appropriate behavioral health care professional within the network or arrange for the Member to get one outside the network at no cost to the Member.

Call CBHNP for more information about this right and benefit. If you feel that your rights have been violated or if you want more information about these and other rights, please call CBHNP and let us know.

Bedford and Somerset Counties: **1-866-773-7891**

Blair County: **1-866-773-7892**

Franklin and Fulton Counties: **1-866-773-7917**

Lycoming and Clinton Counties: **1-866-773-7991**

**If you are Deaf or Hard of Hearing and use TTY or TDD, call: PA Relay 711 or 1-800-654-5984.**

We will work to make sure your rights are respected.

## Confidentiality

CBHNP takes your privacy very seriously. There are State and Federal laws that we follow to ensure your privacy even within our organization. CBHNP staff and certain government representatives (who monitor quality and delivery of services) do have access to medical records. We share information with your county staff who work with us to provide your care.

In general, we do not give out any information about your treatment to outside parties without your written approval. In emergencies, certain information may be shared in order to be sure that you and other people are safe.

**Here are examples of when we will share information about your services**

- ▶ When necessary to arrange your treatment
- ▶ When necessary to pay for your care
- ▶ When necessary to conduct the basic health care operations of CBHNP (including quality or treatment reviews)
- ▶ When it is required by your county or the state to monitor the activities of CBHNP
- ▶ If you or someone else could get hurt
- ▶ When you provide your written permission

If you would like more information about how we respect your confidentiality, call CBHNP. Ask for our Notice of Privacy Practices.

## Information about CBHNP

You should be fully informed about CBHNP and the services that we offer.

You can request:

- ▶ A list of the CBHNP Board of Directors
- ▶ Information about how we approve providers for our network
- ▶ Information about how we authorize services
- ▶ A copy of the Confidentiality Statement
- ▶ Medical Necessity Criteria
- ▶ CBHNP Provider Manual
- ▶ Information on CBHNP Committees and how to get involved

## Mental Health Advance Directives

An Advance Directive is a written document. You can write one now that will let doctors and other people know what kind of care you want or do not want. An Advance Directive tells others what you want when you are unable to tell them yourself.

A new law was passed in Pennsylvania. Effective January 28, 2005, Advance Directives now include mental health services.

**Mental Health Advance Directives are a way of planning for your future mental health care. Mental Health Advance Directives are used when you can no longer make mental health decisions on your own because of illness. You can do this by:**

- ▶ Creating a **Mental Health Declaration** or by,
- ▶ Selecting a **Mental Health Power of Attorney** or,
- ▶ **You can do both.**

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

- ▶ 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 Declaration** contains instructions to doctors, hospitals, and other mental health care providers about your treatment in the event that you become unable to make decisions or unable to communicate your wishes.

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

If you would like to have a **Mental Health Declaration** or a **Mental Health Power of Attorney** or both, please contact an advocacy organization such as the **Mental Health Association of Pennsylvania** at 1-866-578-3659 or 717-346-0549; email: [info@mhapa.org](mailto:info@mhapa.org) and they will provide you with the forms you will need and answer any questions. You can also contact **Pennsylvania Mental Health Consumer's Association** or the **Pennsylvania Health Law Project** for help. (Contact information for these organizations is found on page 32 in your Handbook.)

It is important that you share your written Mental Health Advance Directives with your mental health care provider. If you do not share your Mental Health Advance Directives with your provider, he/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 complaint process found in your Handbook, beginning on page 21.

Our Member Services Department here at CBHNP can help you get information on Mental Health Advance Directives.

## Children's Rights

Your child or teen might get help without telling you. Your child might not want to go for help. Your child has legal rights:

If your child is	Then he or she
Under 14 years of age	Must have parent or legal guardian's permission to get mental health care
14 years of age or older	Can get mental health help without your permission
Any age	Can get help for alcohol or drug problems without your permission

CBHNP feels that all family members should know about their child's care if possible. We work to make sure you and your children get the help you need.

## Know Your Responsibilities!

CBHNP Members also have certain responsibilities:

- ▶ **To Supply Information:** Each Member has the responsibility to supply information (to the extent possible) that CBHNP and our practitioners and providers need in order to provide care.
- ▶ **To Follow Instructions:** Each Member has the responsibility to follow plans and instructions for care that they have agreed on with practitioners.
- ▶ **To Understand:** Each Member has a responsibility to understand their health problems and participate in mutually agreed-upon treatment goals to the degree possible.
- ▶ **To Report Fraud:** Each Member has the responsibility to report fraud if/when they are aware of it. (See page 19 Reporting Fraud & Abuse)

In addition to these responsibilities, Members of CBHNP also have the following responsibilities:

- To treat others with consideration and respect
- To be at appointments on time
- To call if you must cancel your appointment
- To be part of the treatment team by telling your doctor or therapist about symptoms and to ask questions
- To tell your doctor or therapist if you do not agree with recommendations
- To tell your doctor or therapist when/if you want to end treatment
- To take medication as prescribed and to tell your doctor if there is a problem
- To carry your insurance cards with you
- To tell us if you have other insurance

Call us if we can help you better understand your rights and responsibilities!

## **Reporting Fraud & Abuse**

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

Some common examples of fraud and abuse are:

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

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

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

You can also report suspected fraud and abuse by using the website:

<http://www.dpw.state.pa.us/omap> or email [omaptips@state.pa.us](mailto:omaptips@state.pa.us). This has been set up so you do not have to give your name also.



# Section V

Need to contact CBHNP? Call the phone number listed next to your county's name (shown below) and someone will answer your questions and help you with behavioral health services.

**1-866-773-7891 Bedford-Somerset**

**1-866-773-7892 Blair**

**1-866-773-7917 Franklin-Fulton**

**1-866-773-7991 Lycoming-Clinton**

For individuals/Members who are Deaf or Hard of Hearing and use a TTY/TDD for communication, call the PA Telecommunication Relay Service at 711 or 1-800-654-5984 (TTY) and call the number you want.

## **CBHNP Policies & Procedures**

### **IN THIS SECTION:**

- ▶ **Complaints**
- ▶ **Grievances**
- ▶ **DPW Fair Hearings**
- ▶ **Having a Voice in HealthChoices!**

## Complaints, Grievances, and Fair Hearings

If you are unhappy with CBHNP or your provider or you do not agree with a decision CBHNP made about your care, you can do something about it. You can file a complaint.

If CBHNP decides that a service you or your provider asked for is not medically necessary you can file a grievance.

You can call or write CBHNP to find out what you can do. We have staff available to tell you what your rights are and what actions you can take if you are unhappy with your care or your provider or if you are dissatisfied with a decision CBHNP made.

You can have a family member, friend, advocate, 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. If you prefer, CBHNP can help you get the help you feel you need from community advocacy groups.

For legal assistance you can contact your local legal aid office. (See the listing on page 27 for area Legal Aid Offices).

If you would like to learn more about this information, keep reading for a detailed explanation about Complaints, Grievances and Fair Hearings. If you need any of this explained better, or if you have questions about any of this information, call CBHNP and let us know how we can help you!

## Complaints

### *What is a complaint?*

A complaint is when you tell us you are unhappy with CBHNP or your provider or you do not agree with a decision made by CBHNP.

Here are some examples of a complaint:

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

CBHNP's providers must provide services within one hour for emergencies, within 24 hours for urgent situations, and within seven days for routine appointments and specialty referrals. If a treatment plan is approved, services must be provided according to the prescribed treatment plan.

### *What should I do if I have a complaint?*

## FIRST LEVEL COMPLAINT

To file a complaint, you can:

- ▶ Call CBHNP and tell us your complaint  
Bedford and Somerset Counties: **1-866-773-7891**  
Blair County: **1-866-773-7892**  
Franklin and Fulton Counties: **1-866-773-7917**  
Lycoming and Clinton Counties: **1-866-773-7991**

If you are Deaf or Hard of Hearing and use TTY or TDD, call: PA Relay 711 or 1-800-654-5984.

- ▶ Or write down your complaint and send it to us at:

**CBHNP**  
**PO Box 6600**  
**Harrisburg, PA 17112**

This is called a *first level* complaint.

***When should I file a first level complaint?***

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

- ▶ CBHNP has decided you cannot get a service you want because it is not a covered service.
- ▶ CBHNP will not pay a provider for a service you received.
- ▶ CBHNP did not decide a first level complaint or grievance you filed earlier 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?***

CBHNP will send you a letter to let you know we received your complaint. The letter will tell you about the first level complaint process.

You may ask CBHNP to see any information we have about your complaint. You may also send information that supports your complaint to CBHNP.

If you filed a complaint because of one of the reasons listed below, you can be included in the first level complaint review:

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

You must call CBHNP **within 10 days of the date on the letter to tell us that you want to be included.**

You can come to our offices or be included by phone. You do not have to attend if you do not want to. If you do not attend, it will not affect our decision.

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

A letter will be mailed to you no more than 5 business days after CBHNP 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 CBHNP's decision?*

## SECOND LEVEL COMPLAINT

If you are not happy with CBHNP's first level complaint decision, you may file a **second level** complaint with CBHNP.

### *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?*

CBHNP will send you a letter to let you know we received your complaint. The letter will tell you about the second level complaint process.

You may ask CBHNP to see any information we have about your complaint. You may also send information that may help with your complaint to CBHNP.

You can come to a meeting of the second level complaint committee or be included by phone. CBHNP will contact you to ask if you want to come to the meeting. You don't have to attend if you do not want to. If you do not attend, it will not affect our decision.

The second level complaint review committee will have three or more people on it. At least one CBHNP Member representative will be on the committee. The members of the committee will not have been involved in the issue you filed your complaint about. The committee will make a decision no more than 30 days from the date CBHNP received your second level complaint.

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

### **What to do to continue getting services:**

If you have been receiving services that are being reduced, changed or stopped because they are not covered services for you and you file a second level complaint that is hand-delivered or postmarked within 10 days of the date on the 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 still don't like the decision?*

## EXTERNAL COMPLAINT REVIEW

If you are not happy with CBHNP's 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 CBHNP's policies and procedures.

There is no cost involved with filing an external review if the request is submitted by the Member or a Member's relative or guardian. If the external review is requested by your provider, there may be a cost to the provider which can not be passed on to the Member, Member's relative or guardian.

You must ask for an external review within 15 days of the date you receive the second level complaint decision letter. If you ask, the **Department of Health** 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  
7TH AND FORSTER STREETS  
HARRISBURG, PENNSYLVANIA 17120  
TELEPHONE NUMBER: 1-888-466-2787

OR

PENNSYLVANIA INSURANCE DEPARTMENT  
BUREAU OF CONSUMER SERVICES  
1321 STRAWBERRY SQUARE  
HARRISBURG, PENNSYLVANIA 17120  
TELEPHONE NUMBER: 1-877-881-6388

If you send your request for external review to the wrong department, it will be sent to the correct department.

The Department of Health or the Insurance Department will get your file from CBHNP. You may also send them any other information that may help with the external review of your complaint.

You may be represented by an attorney or another person during the external review.

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

### **What to do to continue getting services:**

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

## **Grievances**

### ***What is a grievance?***

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

You can file a grievance if CBHNP does any one of these things:

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

To file a grievance, you can:

- ▶ Call CBHNP and tell us your grievance  
Bedford and Somerset Counties: **1-866-773-7891**  
Blair County: **1-866-773-7892**  
Franklin and Fulton Counties: **1-866-773-7917**  
Lycoming and Clinton Counties: **1-866-773-7991**

If you are Deaf or Hard of Hearing and use TTY or TDD, call: PA Relay 711 or 1-800-654-5984.

- Or write down your grievance and send it to us at:

**CBHNP**  
**PO Box 6600**  
**Harrisburg, PA 17112**

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

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

### ***What happens after I file a first level grievance?***

CBHNP 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 CBHNP to see any information we have about your grievance. You may also send information that may help with your grievance to CBHNP.

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

A committee of one or more reviewers, including a doctor or licensed psychologist, who has not been involved in the issue you filed your grievance about, will make a decision about your first level grievance. Your grievance will be decided no more than 30 days after we received it.

A letter will be mailed to you no more than 5 business days after CBHNP makes its decision. This letter will tell you the reason for the decision. It will also tell you how to file a second level grievance if you don't like the decision.

### **What to do to continue getting services:**

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

### ***What if I do not like CBHNP's decision?***

## **SECOND LEVEL GRIEVANCE**

If you are not happy with CBHNP's first level grievance decision, you may file a second level grievance with CBHNP.

### ***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?***

CBHNP will send you a letter to let you know we received your grievance. The letter will tell you about the second level grievance process.

You may ask CBHNP to see any information we have about your grievance. You may also send information that may help with your grievance to CBHNP.

You can come to a meeting of the second level grievance committee or be included by phone. CBHNP will contact you to ask if you want to come to the meeting. You don't have to attend if you do not want to. If you do not attend, it will not affect our decision.

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

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

**What to do to continue getting services:**

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

*What if I still don't like the decision?*

## EXTERNAL GRIEVANCE REVIEW

If you are not happy with CBHNP's second level grievance decision, you can ask for an external grievance review.

There is no cost involved with filing an external review if the request is submitted by the Member or a Member's relative or guardian. If the external review is requested by your provider, there may be a cost to the provider which can not be passed on to the Member, Member's relative or guardian.

You must call CBHNP or send a letter to CBHNP, PO Box 6600, Harrisburg, PA 17112 asking for an external grievance review within 15 days of the date you received the second level grievance decision letter. Use the same address and phone number you used to file your first level grievance. We will then send your request to the Department of Health.

The Department of Health will notify you of the external grievance reviewer's name, address, and phone number. You will also be given information about the external review process.

CBHNP 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 CBHNP’s toll-free telephone number for the county you live in:

- ▶ Bedford and Somerset Counties: **1-866-773-7891**
- ▶ Blair County: **1-866-773-7892**
- ▶ Franklin and Fulton Counties: **1-866-773-7917**
- ▶ Lycoming and Clinton Counties: **1-866-773-7991**

If you are Deaf or Hard of Hearing and use TTY or TDD, call: PA Relay 711 or 1-800-654-5984.

You can also call the Pennsylvania Health Law Project at 1-800-274-3258.

You can also contact your local Legal Aid Office for help or to have questions answered about complaints and grievances.

## LEGAL AID OFFICES

COUNTY	ADDRESS AND PHONE NUMBER
Bedford County	MidPenn Legal Services 232 East Pitt Street • PO Box 202 • Bedford, PA 15522 1-800-326-9177 or 814-623-6189
Blair County	MidPenn Legal Services 205 Lakemont Park Blvd • Altoona, PA 16602 814-943-8139 or 1-800-326-9177
Franklin and Fulton Counties	Franklin County Legal Services 80 North Second Street • Chambersburg, PA 17201 717-264-5354 or 1-800-372-4737
Lycoming and Clinton Counties	North Penn Legal Services (Williamsport Office) 329 Market Street • Williamsport, PA 17701 570-323-8741 or 1-800-326-7436
Somerset County	Southwestern Legal Services, Inc. 132 East Catherine Street • Somerset, PA 15501 814-443-4615 or Legal Aid Attorney Services at 814-941-3648 or 1-888-443-4615

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

## EXPEDITED COMPLAINTS AND GRIEVANCES

If your doctor believes that the usual timeframes for deciding your complaint or grievance will harm your health, you or your doctor can call CBHNP and ask that your complaint or grievance be decided faster.

**You will need to have a letter from your doctor faxed to 717-671-6555** explaining how the usual timeframe of 30 days for deciding your complaint or grievance will harm your health.

If your doctor **does not** fax CBHNP this letter, your complaint or grievance will be decided within the usual timeframes.

## EXPEDITED COMPLAINT

The expedited complaint will be decided by a doctor who has not been involved in the issue you filed your complaint about.

CBHNP will call you within 3 business days of when we receive your request for an expedited (faster) complaint review with our decision. You will also receive a letter telling you the reason(s) for the decision and how to file the next level complaint, if you don't like the decision. (For information on how to file a second level complaint, see page 23 in your Handbook)

**An expedited complaint decision may not be requested after a first level complaint decision has been made on the same issue.**

## EXPEDITED GRIEVANCE AND EXPEDITED EXTERNAL GRIEVANCE

A committee of three or more people, including a doctor and at least one CBHNP Member, will review your grievance. The doctor will decide your expedited grievance with help from the other people on the committee. No one on the committee will have been involved in the issue you filed your grievance about.

CBHNP will call you within 3 business days of when we receive your request for an expedited (faster) grievance review with our decision. You will also receive a letter telling you the reason for the decision. It will also tell you how to ask for an expedited external grievance review, if you don't like the decision.

If you want to ask for an expedited external grievance review by the Department of Health, you must call CBHNP within 2 business days from the date you get the expedited grievance decision letter. CBHNP will send your request to the Department of Health within 24 hours after receiving it.

**An expedited grievance decision may not be requested after a second level grievance decision has been made on the same issue.**

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

If you need help filing your complaint or grievance, a CBHNP staff member 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. If you prefer, CBHNP can help you get the help you feel you need from community advocacy groups.

For legal assistance you can contact your local legal aid office. (See the listing on page 27 for area Legal Aid Offices).

***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 CBHNP, 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 CBHNP to see any information we have about your complaint or grievance.

### **Persons whose primary language is not English**

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

**Persons with Disabilities**

CBHNP will provide persons with disabilities with the following help in presenting complaints or grievances at no cost, if needed. This help includes:

- ▶ Providing sign language interpreters;
- ▶ Providing information submitted by CBHNP at the complaint or grievance review in an alternative format. The alternative format version will be given to you before the review; and
- ▶ Providing someone to help copy and present information.

**NOTE: For some issues you can request a fair hearing from the Department of Public Welfare in addition to, or instead of, filing a complaint or grievance with CBHNP. See below for the reasons you can request a fair hearing.**

**Department of Public Welfare Fair Hearings**

In some cases you can ask the Department of Public Welfare to hold a hearing because you are unhappy about or do not agree with something CBHNP 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 CBHNP decides your first or second level complaint or grievance.

*What kind of things can I request a fair hearing about, and when do I have to ask for a fair hearing?*

If you are unhappy because...	You must ask for a fair hearing...
1) CBHNP decided to deny a service because it is not a covered service.	Within 30 days of getting a letter from CBHNP telling you of this decision or within 30 days of getting a letter from CBHNP telling you its decision after you filed a complaint about this issue.
2) CBHNP decided not to pay a provider for a service you received AND the provider can bill you for the service.	Within 30 days of getting a letter from CBHNP telling you of this decision or within 30 days of getting a letter from CBHNP telling you its decision after you filed a complaint about this issue.
3) CBHNP did not decide your first level complaint or grievance within 30 days of when you filed it.	Within 30 days of getting a letter from CBHNP telling you that we did not decide your complaint or grievance within the time we were supposed to.
4) CBHNP decided to deny, decrease or approve a service different than the service your provider requested because it was not medically necessary.	Within 30 days of getting a letter from CBHNP telling you of this decision or within 30 days of getting a letter from CBHNP telling you its decision after you filed a grievance about this issue.
5) CBHNP’s provider did not give you a service by the time you should have received it. (The time by which you should have received a service is listed on pages 9 and 10)	Within 30 days from the date you should have received the service or within 30 days of getting a letter from CBHNP telling you its decision after you filed a complaint about this issue.

### ***How do I ask for a fair hearing?***

You must ask for a fair hearing in writing and send it to:

**Department of Public Welfare**  
Office of Mental Health and Substance Abuse Services  
Division of Quality & Risk Management Grievances, and Appeals  
Beechmont Building #32, 1st Floor  
PO Box 2675  
Harrisburg, PA 17105-2675

Your request for a fair hearing should include the following information:

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

### ***What happens after I ask for a fair hearing?***

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

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

CBHNP will also go to your fair hearing to explain why we made the decision or explain what happened.

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

### ***When will the fair hearing be decided?***

If you ask for a fair hearing after a first level complaint or grievance decision, the fair hearing will be decided no more than 60 days from when the Department of Public Welfare gets your request.

If you ask for a fair hearing and did not file a first level complaint or grievance, or if you ask for a fair hearing after a second level complaint or grievance decision, the fair hearing will be decided within 90 days from when the Department of Public Welfare gets your request.

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

### **What to do to continue getting services:**

If you have been receiving services that are being reduced, changed or stopped, and your request for a fair hearing is hand-delivered or postmarked within 10 days of the date on the letter telling you that CBHNP has reduced, changed, or stopped your services, or telling you CBHNP's decision about your first or second level complaint or grievance, your services will continue until a decision is made.

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

## EXPEDITED FAIR HEARING

If your doctor believes that using the usual timeframes to decide your fair hearing will harm your health, you or your doctor or licensed psychologist can call the Department of Public Welfare at **1-877-356-5355** and ask that your fair hearing be decided faster. This is called an expedited fair hearing.

You will need to have a letter from your doctor faxed to **717-772-7827** explaining why using the usual timeframes 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 timeframes to decide your fair hearing will harm your health.

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

If your doctor 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.

**If you need help or have questions about fair hearings, you may call CBHNP's toll-free telephone number for your county, your local legal aid office (see page 27 for phone numbers and addresses), or the Pennsylvania Health Law Project at 1-800-274-3258.**

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

## ADVOCACY ORGANIZATIONS

There are a number of advocacy organizations in our area that may be able to assist you with information, advice, or representation if you have a problem with services. The following is a partial list of advocacy organizations. They can refer you to other organizations that may exist in your immediate area.

ORGANIZATION	ADDRESS	PHONE NUMBER
Blair County Alliance for the Mentally Ill (NAMI)	PO Box 3155 Altoona, PA 16603	814-942-4779
Disability Rights Network	1414 North Cameron Street Harrisburg, PA 17103	1-800-692-7443 or 717-236-8110
Mental Health Association of Franklin and Fulton Counties	540 East Washington Street Chambersburg, PA 17201	717-264-4301 or 1-866-593-8351
National Alliance for the Mentally Ill-PA (NAMI)	2149 North Second Street Harrisburg, PA 17110	717-238-1514 or 1-800-223-0500
Parents Involved Network of Pennsylvania	1211 Chestnut Street, 11th Floor Philadelphia, PA 19107	215-751-1800 or 1-800-688-4226
Pennsylvania Health Law Project	101 South Second Street, Suite 5 Harrisburg, PA 17101	717-236-6310 or 1-800-274-3258
Pennsylvania Mental Health Consumers' Association	4105 Derry Street Harrisburg, PA 17110	717-564-4930 or 1-800-887-6422
Pennsylvania Recovery Organizations Alliance (PRO-A)	900 South Arlington Avenue Suite 119, Harrisburg, PA 17109	717-545-8929 or 1-800-858-6040

### Information and Referral Lines Available through the Department of Public Welfare

The Office of Mental Health and Substance Abuse Services (OMHSAS) has a toll-free information and referral line. The number is 1-877-356-5355. This line should be used only to gain information about mental health and substance abuse services. It is not a hotline or "warmline." For crisis situations, individuals should contact their local crisis intervention center (crisis intervention numbers are found on page 10 in this Member Handbook).

The other toll-free resource is staffed by nurses in the Office of Medical Assistance Programs. This line, the Clinical Sentinel Hotline (1-800-426-2090) is for HealthChoices Consumers, and ensures that HealthChoices physical and behavioral health managed care organizations honor the Consumer's right to timely medically necessary services. It is also not a crisis hotline.

## Having a Voice in HealthChoices!

You can get involved and have a say in how CBHNP helps Members. CBHNP has several committees that you can serve on. Some committees meet every month while others meet every three months. On these committees you can share ideas and concerns. You can learn about CBHNP and HealthChoices and help improve areas that need improvement. You can meet new people and contribute to making things better for others.

If you would like to become involved and have your voice heard, call CBHNP:

Bedford and Somerset Counties: **1-866-773-7891**

Blair County: **1-866-773-7892**

Franklin and Fulton Counties: **1-866-773-7917**

Lycoming and Clinton Counties: **1-866-773-7991**

If you are Deaf or Hard of Hearing and use TTY or TDD, call: PA Relay 711 or 1-800-654-5984.

When you call ask for the Family and Consumer Affairs Specialist for your county. Your input is important and valued!

### Other ways to have your opinions and voice heard...

#### Consumer/Family Satisfaction Teams

Your county has an organization that is staffed entirely by Consumers and family members. They look at how behavioral health services affect Consumers by using satisfaction surveys. These organizations (**Consumer/Family Satisfaction Teams**) are committed to making sure Consumers have a voice and have opportunities to give feedback on the services and care they receive. They work to make sure CBHNP Members receive timely and appropriate treatment and referrals through HealthChoices as needed.

COUNTY	ADDRESS AND PHONE NUMBER
Bedford and Somerset Counties	The Mental Health Association of Franklin and Fulton Counties 540 East Washington Street Chambersburg, PA 17201 1-866-593-8351
Blair County	Consumer Satisfaction Services, Inc. 4775 Linglestown Road, Building 1, 2nd Floor Harrisburg, PA 17112 1-800-361-6500
Franklin and Fulton Counties	The Mental Health Association of Franklin and Fulton Counties 540 East Washington Street Chambersburg, PA 17201 1-866-593-8351
Lycoming and Clinton Counties	Lycoming/Clinton Consumer/Family Satisfaction Services 210 Market Street, Suite A Williamsport, PA 17701 570-327-9070



# Section VI

Need to contact CBHNP? Call the phone number listed next to your county's name (shown below) and someone will answer your questions and help you with behavioral health services.

**1-866-773-7891 Bedford-Somerset**

**1-866-773-7892 Blair**

**1-866-773-7917 Franklin-Fulton**

**1-866-773-7991 Lycoming-Clinton**

For individuals/Members who are Deaf or Hard of Hearing and use a TTY/TDD for communication, call the PA Telecommunication Relay Service at 711 or 1-800-654-5984 (TTY) and call the number you want.

## **Other Important Information**

### **IN THIS SECTION:**

- ▶ Prescription Drugs
- ▶ If You Have Other Insurance
- ▶ Information to Members
- ▶ Notice on Change of Information
- ▶ Terms and Definitions
- ▶ Important Telephone Numbers

## Prescription Drugs

Sometimes medication is a part of treatment. Your doctor or psychiatrist will write a prescription. Check with your psychiatrist or your primary care doctor to find out which pharmacy you can use and whether or not “brand necessary” medications need to be used. If you are already taking medication that your physical health plan pays for just go to your regular drug store. The physical health plan has a list of all the medications that they will pay for. Nearly all common medications are on the list. Some medications require special approval.

If you have a new prescription for a medication that you are not sure is covered, call your physical health plan:

**ACCESS PLUS: 1-800-543-7633, TTY 1-800-654-5984**

## If You Have Other Insurance

CBHNP is the last payor of your bill when you have other insurance. That means if you have Medicare or commercial health insurance (private insurance such as Blue Cross/Blue Shield), you must use that coverage first. If your other insurance is Medicare, you must use Medicare first, unless Medicare does not cover the service you need.

- If your other insurance is a commercial health plan, you must use that plan first, unless your plan does not cover the services you need.
- If your commercial plan covers the service, and you are treated by a provider who accepts only CBHNP, but not the commercial plan, CBHNP cannot pay for that treatment.
- If you get services from a provider who accepts both your commercial plan and CBHNP, tell that provider so they can submit the claim to both the commercial plan and CBHNP.

Whether or not you have other insurance, there is no co-payment for any service authorized by CBHNP.

## Information to Members

CBHNP will provide important information to Members using a Newsletter, individual letters to Members or other means. At least once a year, CBHNP will notify all Members about (and your right to request and get) the following information:

- Any limits to your Freedom of Choice among the providers in our network
- Providers that are not accepting new patients
- Members rights and protections
- Information on Grievance and Fair Hearing procedures
- Information about Members’ benefits such as: How long they last, how much you get, and what you are supposed to get. The information should be enough to help Members understand what they are entitled to.
- How to get services, including authorization rules/guidelines
- When and how Members can get services from Out-of-Network providers
- How to get after hours emergency services
- Information on what is an emergency medical condition, what are emergency services, and post-stabilization services
- The fact that prior authorization is not required for emergency services

- ▶ How to get and use emergency services, including use of the 911- telephone system or its local equivalent
- ▶ The locations of places at which providers and hospitals give emergency services and post-stabilization services that CBHNP Members are able to use.
- ▶ The fact that Members have a right to use any hospital or other setting for emergency care.
- ▶ How and where Members can access benefits that are available under the State plan but are not covered by CBHNP and how transportation is provided.

Note: For a counseling or referral service that CBHNP does not cover because of moral or religious objections, CBHNP does not need to give you information on how and where to get the service.

Please call CBHNP if you have questions about any of this information or if you need to have any or all of it explained to you.

## Notice on Change of Information

CBHNP sometimes receives information that causes a change in the way we do things. When this occurs, CBHNP will tell all Members of the changes within 30 days of the date that the change is to happen. The changes you will be informed about are changes in:

- ▶ Emergency services
- ▶ Grievances
- ▶ Fair hearings

This notice will include information on what the change is and how to get more information from CBHNP.

## Terms and Definitions

**ACCESS PLUS:** The physical health plan for people receiving medical assistance benefits in designated counties.

**Advocate:** A person who works to help you receive proper care.

**Behavioral Health:** Mental health and/or alcohol and other drug illnesses or diseases.

**Behavioral Health Plan:** The part of HealthChoices that takes care of your behavioral health (mental health and/or alcohol and other drug illnesses) needs.

**Behavioral Health MCO (BH-MCO):** Behavioral Health Managed Care Organization. This is the same thing as your behavioral health plan.

**CBHNP:** Community Behavioral HealthCare Network of Pennsylvania. The Managed Care Organization (MCO) in HealthChoices that handles your behavioral health services.

**Clozapine, Clozaril:** Medication used to treat people who have Schizophrenia.

**Community:** A region, city or town where people reside. Community also refers to non-institutional programs within a region, city or town.

**Complaint:** A written or verbal expression of unhappiness or concern with CBHNP or a provider. A complaint is a way of addressing your concerns.

**Consumer:** Any one who uses a mental health and/or alcohol and other drug treatment services.

**Crisis:** A health problem or injury that cannot wait. It has to be treated quickly. CBHNP can help you get an appointment within one hour.

**Criteria:** Information used to decide what services you need to treat your condition.

**Emergency:** A life-threatening situation where you or another person thinks you need help right away so that you or someone else doesn't get hurt.

**Evaluation:** A series of tests and studies that help the doctor determine what treatment is best for you.

**Grievance:** A formal procedure to address the denial of, reduction of, or substitution of a service requested by your provider. It is put in writing for further investigation and decision within 15 days. (See description in the Handbook for more information about how to use the grievance process.)

**HealthChoices:** Pennsylvania's plan for Medical Assistance services for eligible residents of the State.

**In-Plan Services:** Services that are included in the behavioral HealthChoices list of covered services and that are the payment responsibility of CBHNP as the behavioral health managed care organization.

**Medical Necessity Criteria:** The rules used by an MCO to decide if the services a Member's doctor wants them to get are necessary.

**Medication Management:** Working with a doctor to talk about what medication, if any might be right for you, how you take the medication and how you feel when you take the medication. You are the most important part of managing your medication.

**Member:** A person who is enrolled in HealthChoices and with CBHNP to receive mental health and/or alcohol and other drug treatment services.

**Member Services:** The department of a health care management company that helps Members with questions about services, covered benefits, rules, and complaints.

**Network:** The group of individuals, agencies, or facilities who provide services to CBHNP Members.

**Out of Network:** A provider of services that is not currently enrolled with CBHNP.

**Physical Health Plan:** The part of HealthChoices that manages physical health care for people who are eligible for Medical Assistance.

**Prescription:** Medication given by a doctor to an individual to treat an illness. It can also be the form that the doctor uses to write instructions to a drug store that will fill the prescription.

**Primary Care Physician:** Your personal doctor who will manage all your health care needs.

**Providers:** The individuals, agencies, or facilities that provide your health care services (pharmacy, dental, vision, primary care physician, mental health, alcohol, and other drug treatment services, etc).

**Quality Assurance:** The methods CBHNP uses to make sure that the services you receive provide the best care for your needs.

**Special Needs Population:** Anyone involved with HealthChoices needing extra help getting care, care from a specialist, extra help choosing services they need, or help with community services.

**Treatment:** Any care or medication given to you under the direction of a physician, to treat or cure an illness.

**Treatment Team:** Meeting with a member or members of your treatment team to discuss your goals, care and progress.

## **Important Telephone Numbers**

**CBHNP offers this list of contacts to help you find services that are right for you. Call your Member Services department in your county if you have questions about this list or need further assistance.**

**WE ARE HERE TO HELP YOU!**

### **Bedford County Services**

CBHNP Member Services (24 hours a day, 7 days a week)	1-866-773-7891
TTY/TDD	711 or 1-800-654-5984
Crisis Intervention (Monday through Friday from 8:00 am to 4:00 pm), after hours	814-623-5166, 814-623-1105 or 1-877-814-5166 814-623-1105
Consumer/Family Satisfaction Team	1-866-593-8351
County Assistance Office	1-800-542-8584 or 814-623-6127
Drug and Alcohol Program	814-623-5009
Legal Aid	1-800-326-9177 or 814-623-6189
Medical Assistance Transportation Program (MATP)	1-888-338-1335 or 814-623-2002
Or	814-623-1335
MH/MR	814-623-5166 or 1-877-814-5166

### **Blair County Services**

CBHNP Member Services (24 hours a day, 7 days a week)	1-866-773-7892
TTY/TDD	711 or 1-800-654-5984
Crisis Intervention (24 hours a day, 7 days a week)	814-695-3500 or 814-889-2141
Consumer/Family Satisfaction Team	1-800-361-6500
County Assistance Office	814-946-7111 or 1-800-248-1607
Drug and Alcohol Program	814-889-2141 or 814-693-3023
Legal Aid	814-943-8139 or 1-800-326-9177
Medical Assistance Transportation Program (MATP)	814-946-1235
Or	1-800-245-3282
MH/MR	814-889-2141 or 814-693-3023

## **Clinton County Services**

CBHNP Member Services (24 hours a day, 7 days a week)	1-866-773-7991
TTY/TDD	711 or 1-800-654-5984
Crisis Intervention	570-326-7895 or 570-748-2262
Or (24 hours a day, 7 days a week)	1-800-525-7938
Consumer/Family Satisfaction Team	570-327-9070
County Assistance Office	570-748-2971 or 1-800-820-4159
Drug and Alcohol Program	570-323-8543 or 1-888-941-2721
Or on call after hours	570-220-9799
Legal Aid	570-323-8741 or 1-800-326-7436
Medical Assistance Transportation Program (MATP)	570-323-7575 or 1-800-206-3006
MH/MR	570-748-2262 or 1-800-525-7938

## **Franklin County Services**

CBHNP Member Services (24 hours a day, 7 days a week)	1-866-773-7917
TTY/TDD	711 or 1-800-654-5984
Crisis Intervention (24 hours a day, 7 days a week)	717-264-2555 or 1-866-918-2555
Consumer/Family Satisfaction Team	1-866-593-8351
County Assistance Office	717-264-6121 or 1-800-921-8839
Drug and Alcohol Program	717-263-1256
Legal Aid	717-264-5354 or 1-800-372-4737
Medical Assistance Transportation Program (MATP)	717-264-5225 or 1-800-548-5600
MH/MR	717-264-2184

## **Fulton County Services**

CBHNP Member Services (24 hours a day, 7 days a week)	1-866-773-7917
TTY/TDD	711 or 1-800-654-5984
Crisis Intervention (24 hours a day, 7 days a week)	717-264-2555 or 1-866-918-2555
Consumer/Family Satisfaction Team	1-866-593-8351
County Assistance Office	717-485-3151 or 1-800-222-8563
Drug and Alcohol Program	717-263-1256
Legal Aid	717-264-5354 or 1-800-372-4737
Medical Assistance Transportation Program (MATP)	717-485-3171, 717-485-0931
Or	1-888-329-2376
MH/MR	717-264-2184

## **Lycoming County Services**

CBHNP Member Services (24 hours a day, 7 days a week)	1-866-773-7991
TTY/TDD	711 or 1-800-654-5984
Crisis Intervention	570-748-2262 or 570-326-7895
Or (24 hours a day, 7 days a week)	1-800-525-7938
Consumer/Family Satisfaction Team	570-327-9070
County Assistance Office	570-327-3300 or 1-877-867-4014
Drug and Alcohol Program	570-323-8543 or 1-888-941-2721
Or after hours on call	570-220-9799
Legal Aid	570-323-8741 or 1-800-326-7436
Medical Assistance Transportation Program (MATP)	570-323-7575 or 1-800-222-2468
MH/MR	570-326-7895 or 1-800-525-7938

## **Somerset County Services**

CBHNP Member Services (24 hours a day, 7 days a week)	1-866-773-7891
TTY/TDD	711 or 1-800-654-5984
Crisis Intervention	814-443-4891
Or after hours	1-800-452-0218
Consumer/Family Satisfaction Team	1-866-593-8351
County Assistance Office	814-443-3681 or 1-800-248-1607
Drug and Alcohol Program	814-445-1530
Legal Aid	814-941-3648, 814-443-4615 or 1-888-443-4615
Medical Assistance Transportation Program (MATP)	814-445-9628 ext: 236
Or	1-800-452-0241
MH/MR	814-443-4891 or 1-877-814-4891

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





PO Box 6600  
Harrisburg, PA 17112

PRSRT STD  
U.S. POSTAGE  
**PAID**  
HARRISBURG, PA  
PERMIT #28



Community Behavioral HealthCare  
Network of Pennsylvania

Because it's all about you...