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Section I

Call Member Services at the toll-free number listed below for your county or area and someone will answer your questions and help you with behavioral health services.

Capital Area:

Cumberland-Dauphin-Lancaster
Lebanon-Perry
1-888-722-8646

NorthCentral Region:

1-866-773-7891 Bedford-Somerset
1-866-773-7892 Blair
1-866-773-7917 Franklin-Fulton
1-866-773-7991 Lycoming-Clinton

Deaf or Hard of Hearing:

1-800-654-5984 TTY or 711 PA Relay

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, AmeriHealth Mercy, Gateway Health Plan, Unison MedPlus, or UPMC *for You* is your Physical Health Plan. CBHNP is 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 Plan, CBHNP is very serious about keeping you informed. We want you to know about **new information that may affect your ability to get mental health and/or drug and alcohol 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! **Please call us** toll free to ask for help understanding any part of your Handbook.

Our Member Services staff is here to help you! They are available 24 hours a day, 7 days a week to answer questions you may have about CBHNP, behavioral health services, or about the Handbook. You will find the Member Services number for your county in the back of this Member handbook. These numbers are also found on the "Section Pages" throughout the Handbook. Also, for your convenience, we have included "Helpful Terms and Definitions" in the back of the 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
- ▶ **Please call us 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 _____

Physical Health Plan _____

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

(SEE PAGE 19 FOR MORE DETAILS.)



Section II

Call Member Services at the toll-free number listed below for your county or area and someone will answer your questions and help you with behavioral health services.

Capital Area:

Cumberland-Dauphin-Lancaster
Lebanon-Perry
1-888-722-8646

NorthCentral Region:

1-866-773-7891 Bedford-Somerset
1-866-773-7892 Blair
1-866-773-7917 Franklin-Fulton
1-866-773-7991 Lycoming-Clinton

Deaf or Hard of Hearing:

1-800-654-5984 TTY or 711 PA Relay

Getting Help

IN THIS SECTION:

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

We Are Here to Help You!

Community Behavioral HealthCare Network of Pennsylvania (CBHNP) is available to answer questions you have about your **behavioral 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 the bills for services we have approved.

Member Services

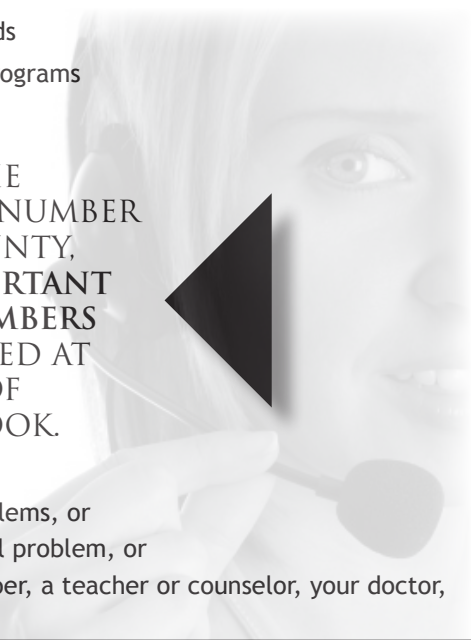
We are available 24 hours a day, 7 days a week. This means you can talk to CBHNP at anytime. When you call CBHNP, our staff is always ready to help you. You can expect to be listened to, treated with courtesy and respect, and receive help in attempting to resolve any problems that you might be having.

CBHNP Member Services Representatives

- ▶ 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.

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



▶ TO FIND THE
MEMBER SERVICES NUMBER
FOR YOUR COUNTY,
GO TO THE IMPORTANT
TELEPHONE NUMBERS
SECTION LOCATED AT
THE BACK OF
THIS HANDBOOK. ◀

Call CBHNP about yourself, 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. **Please call us!**

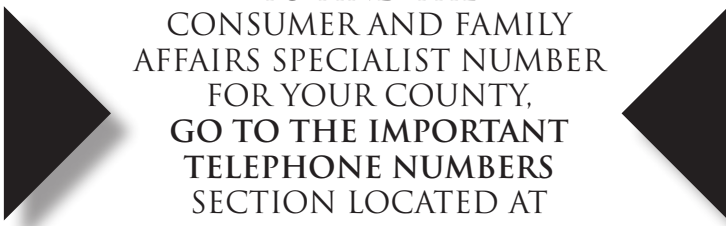
Consumer and Family Affairs Specialists

CBHNP has Consumer and Family Affairs Specialists. **These are people whose job it is to help Members and families better understand the behavioral health system - especially when there are problems.**

Consumer and Family Affairs Specialists:

- ▶ Are there to help when you have a problem with your services, want to make a complaint, or file a grievance.
- ▶ Can talk with you about your problem, help you write letters and fill out forms about your concern.
- ▶ Can refer you to other advocacy organizations near you who can offer help.
- ▶ Are available to come and speak with groups.

Consumer:
A consumer is anyone who uses mental health or substance abuse services.



TO FIND THE
CONSUMER AND FAMILY
AFFAIRS SPECIALIST NUMBER
FOR YOUR COUNTY,
GO TO THE IMPORTANT
TELEPHONE NUMBERS
SECTION LOCATED AT
THE BACK OF
THIS HANDBOOK.

www.cbhnp.org



Section III

Call Member Services at the toll-free number listed below for your county or area and someone will answer your questions and help you with behavioral health services.

Capital Area:

Cumberland-Dauphin-Lancaster
Lebanon-Perry
1-888-722-8646

NorthCentral Region:

1-866-773-7891 Bedford-Somerset
1-866-773-7892 Blair
1-866-773-7917 Franklin-Fulton
1-866-773-7991 Lycoming-Clinton

Deaf or Hard of Hearing:

1-800-654-5984 TTY or 711 PA Relay

Benefits & Services

IN THIS SECTION:

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

FINDING A NETWORK PROVIDER

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 and that provides the service you need.** CBHNP can access child specific providers, find evening appointments, and locate specialists that you may need. CBHNP will help you find a provider that speaks your language or who provides interpretation services. We can also help you find a provider that can accommodate a wheelchair or other special needs you might have.

You can call any CBHNP provider for an appointment or call CBHNP 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 they are not able to see you within 7 days.

Routine/Non-Emergency/Non-Urgent Services means that you can wait up to 7 days before being seen by a provider. If a provider cannot give you 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. 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. You can find the **CBHNP** number for your County in the Important Telephone Numbers section located in back of **your** Handbook.

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

Remember: CBHNP will make every effort to ensure that our provider network can provide all covered services (see page 12 for complete list) for all Members, including Special Needs Populations.

CBHNP will utilize out-of-network providers if the available network cannot provide covered services under any of the following conditions:

- ▶ 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 if your provider is in the CBHNP network, call us and we can tell you.

Our goal is not to interrupt your treatment.

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.

We pay the bills for services we have approved. **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 Behavioral Health Care Expenses.

Please read your Handbook carefully to determine which healthcare services are covered.

Please call us to be sure!

Online Provider Search Tool

Our online Provider Search tool now makes it even easier for you to find participating providers. You can access this simple tool directly from the CBHNP home page at www.cbhnp.org. Just click on the **Find a Provider** link on the home page under the **Members** column. **The Find a Provider** feature can search for a provider based on one or more of the following:

- ▶ Provider name or Organization
- ▶ Zip Code
- ▶ Distance from your home
- ▶ County
- ▶ Special requirements (elevator, TTY/TDD lines, interpreter **needed**, etc.)
- ▶ Services
- ▶ Plan (HealthChoices **Behavioral Health** plan by county or area)

If you do not have internet access and/or need help finding a provider, please contact Member Services for your county or area. Member Services Specialists are available 24 hours a day, 7 days a week, 365 days a year. They can also explain behavioral health benefits and help Members get behavioral health services.

▶ TO FIND THE
MEMBER SERVICES NUMBER
FOR YOUR COUNTY,
GO TO THE IMPORTANT
TELEPHONE NUMBERS
SECTION LOCATED AT
THE BACK OF
THIS HANDBOOK. ◀

www.cbhnp.org

Emergency Services

WHAT TO DO IF YOU HAVE AN URGENT NEED FOR CARE OR AN EMERGENCY.

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

IF YOU HAVE AN URGENT NEED FOR CARE

You can get care within 24 hours.

Here is what to do:

- ▶ Call CBHNP at the number listed for your County
- ▶ Contact any CBHNP provider
- ▶ Call the County Crisis Intervention Line- To find the Crisis numbers for your county, go to the Important Telephone Numbers section located in the back of this handbook.

If the provider cannot see you within 24 hours, they will contact CBHNP. We will help you get the care you need.

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.

IF YOU ARE HAVING A MENTAL HEALTH OR DRUG OR ALCOHOL EMERGENCY

CBHNP's providers must provide services within 1 hour for emergencies.

You can get help 24 hours a day/7 days a week!

Here is what to do:

- ▶ Go to the nearest emergency room (the emergency room will call CBHNP)
- ▶ Call or have someone else call the Crisis Intervention number for your County- To find the Crisis numbers for your county, go to the Important Telephone Numbers section located in the back of this handbook.

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.

Remember: CBHNP providers must provide services within 7 days for routine (non-emergency) needs, with 24 hours for urgent situations, and within 1 hour for emergency situation.

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.**

Benefits & Services

The following services are part of the HealthChoices Program

- ▶ **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.)
- ▶ **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.)
- ▶ **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.
- ▶ **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.
- ▶ **Drug and Alcohol Outpatient 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.
- ▶ **Family-Based Mental Health Services:** Treatment services that are provided in the home for children, adolescents and their families.
- ▶ **Methadone:** This service uses a specific medication therapy to treat you when you are addicted to opiates such as heroin or oxycodone.
- ▶ **Mobile Mental Health Treatment:** A mental health service for adults who have problems attending outpatient appointments. Services can take place in a Member’s home or some other appropriate place in the community.
- ▶ **Peer Support Services:** These are services offered by consumers for consumers with mental illness. Consumers who provide this service are trained to offer others support and help with their recovery. Support services can include advocacy, education, help with developing community supports, crisis management, and referrals to other services.
- ▶ **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.
- ▶ **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.
- ▶ **Residential Treatment Facilities (RTF):** A place where children and adolescents, under the age of 21, live while they are receiving treatment.
- ▶ **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.

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

One of the important features of the HealthChoices Program is **Consumer Choice**. There can be many providers **in your area to go to for the services you need**. 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.

CBHNP will remind you of your right of choice in several ways including articles in the Member newsletters and through Member Services when you call. Also, providers will talk to you about choices and can help you decide.

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 to access 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 Services Agency**, 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.

You can also call the CBHNP Member Services Line for your county for assistance in accessing transportation. **IF YOU HAVE SPECIAL NEEDS (if you use a wheel chair or walker, or need someone to ride with you to your appointment) PLEASE LET US KNOW.**

To find the numbers for the Medical Assistance Transportation Program (MATP) or Member Services for your county, go to the Important Telephone Numbers section located in the back of this Handbook.



Section IV

Call Member Services at the toll-free number listed below for your county or area and someone will answer your questions and help you with behavioral health services.

Capital Area:

Cumberland-Dauphin-Lancaster
Lebanon-Perry
1-888-722-8646

NorthCentral Region:

1-866-773-7891 Bedford-Somerset
1-866-773-7892 Blair
1-866-773-7917 Franklin-Fulton
1-866-773-7991 Lycoming-Clinton

Deaf or Hard of Hearing:

1-800-654-5984 TTY or 711 PA Relay

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 **behavioral** 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.

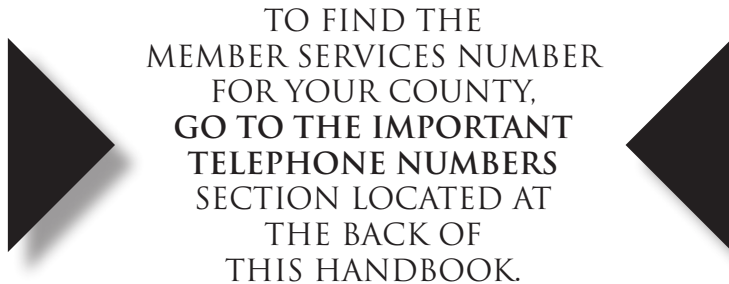
In addition to the rights listed above, Members of CBHNP also have the following rights:

- ▶ **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.



WE WILL WORK TO MAKE SURE YOUR RIGHTS ARE RESPECTED.

Confidentiality

We know that your privacy is important to you. It is very important to us too. CBHNP wants you to know that we respect your privacy and work to protect it. CBHNP staff obeys all laws about confidentiality.

Confidentiality: Agreeing not to reveal or share information (about you or your care) that you share with us or your provider without your permission.

Know that:

- Your records are only viewed by CBHNP staff who are involved with your care or your family's care.
- Our providers follow the same State and Federal laws as we do.

In general, we do not give out any information about your treatment to outside parties without your written approval. We will use or share only the minimum amount of your medical information needed to do our job. We may use your information:

- When necessary to arrange your treatment and coordinate care with providers or your Medicaid physical health plan
- To help resolve a complaint you have about your care
- 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, the oversight organization, or state to monitor the activities of CBHNP
- If you or someone else could get hurt. The laws says that we must share information in order to get you or another person out of danger
- When you provide your written permission

You can talk to Member Services about how we respect your privacy. You can ask them to send you our Notice of Privacy Practices.

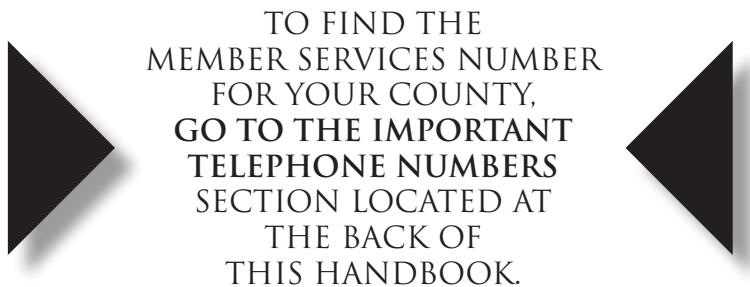
Information about CBHNP

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

Upon your request, CBHNP will provide you with:

- ▶ 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 Medical Necessity Criteria
- ▶ A copy of the CBHNP Provider Manual
- ▶ Information on CBHNP committees and how to get involved

If you need help understanding any of these materials, call CBHNP Member Services and a representative will help you with them.



Mental Health Advance Directives

An Advance Directive is a written document that lets doctors and other individuals know your preferences regarding your care 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 a document that allows you to name a person (in writing) who will make mental health care decisions for you if you are not able make them 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 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 in the Important Telephone Section at the back of this 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

In January 2005, Act 147 amended the Minor’s Consent to Treatment Act in regard to the age of consent for inpatient and outpatient mental health treatment for juveniles between the ages 14-18.

This is very important to know when discussing the rights of children and their parents when mental health services are being sought. The chart below will help you understand the basics of this Act. CBHNP feels that parents and guardians should know about their child’s care if possible. We work to make sure you and your children get the help you need by following these State guidelines:

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

For more detailed information and to learn more about this Act, go to: www.papsych.org/documents/Act147analysisQA.pdf, or you can call CBHNP and we will try to help you better understand the rights your child/adolescent has.

Know Your Responsibilities!

CBHNP and all of its providers expect to be treated fairly, with the same dignity and respect you would want for yourself. As a CBHNP Member, your responsibilities are to:

- ▶ Provide as much information as you can about why you are seeking help and answer questions as honestly and completely as you are able.
- ▶ Follow through with the plan of care that you and your provider have agreed on and to be part of the treatment team by telling your provider or therapist about symptoms and to ask questions.

- Tell your provider when you don't understand the treatment plan and/or to tell your provider or therapist if you do not agree with recommendations.
- 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 CBHNP and your provider 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 also call to discuss a situation that you may not be certain is fraud or abuse. You can call the hotline and speak to someone Monday through Friday 8:30 a.m. to 3:30 p.m. to report suspected fraud or abuse. You may leave a voice mail message at other times. If you don't speak English an interpreter will be made available and 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. This has been set up so you do not have to give your name also.



Section V

Call Member Services at the toll-free number listed below for your county or area and someone will answer your questions and help you with behavioral health services.

Capital Area:

Cumberland-Dauphin-Lancaster
Lebanon-Perry
1-888-722-8646

NorthCentral Region:

1-866-773-7891 Bedford-Somerset
1-866-773-7892 Blair
1-866-773-7917 Franklin-Fulton
1-866-773-7991 Lycoming-Clinton

Deaf or Hard of Hearing:

1-800-654-5984 TTY or 711 PA Relay

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 file a complaint. If 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.

You can call or write CBHNP to find out what you can do. We have staff available to help you to understand your rights and the options available to you under the law. In addition, a variety of advocacy organizations exist which can also be of help to you. They can help you decide 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.

To find the Legal Aid Office **number** for your county or other advocacy organizations that may be able to help you, go to the Important Telephone Numbers section located at the back of this Handbook.

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.

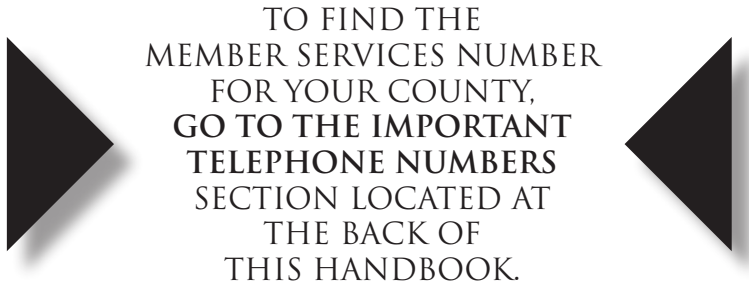
What should I do if I have a complaint?

www.cbhnp.org

FIRST LEVEL COMPLAINT

To file a complaint, you can:

- ▶ Call CBHNP and tell us your complaint



- ▶ 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
ROOM 912 HEALTH & WELFARE BUILDING
625 FORSTER STREET
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.

www.cbhnp.org

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

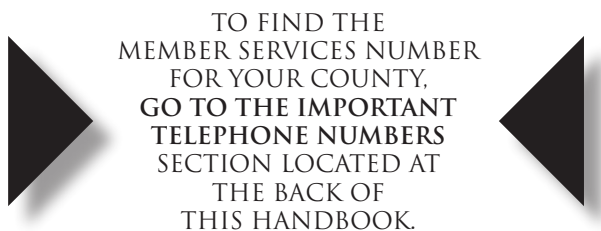
What should I do if I have a grievance?

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



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

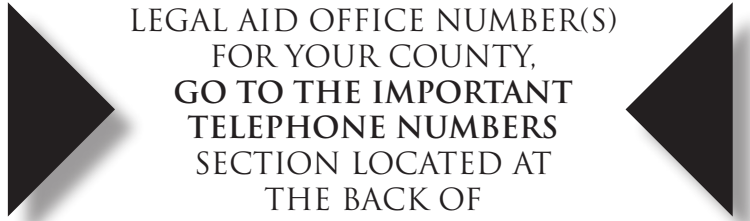
If you have been receiving services that are being reduced, changed or stopped and you request an external grievance review that is hand-delivered or postmarked within 10 days of the date on the second level grievance decision letter, the services will continue until a decision is made.

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:

TO FIND THE
MEMBER SERVICES NUMBER
FOR YOUR COUNTY,
GO TO THE IMPORTANT
TELEPHONE NUMBERS
SECTION LOCATED AT
THE BACK OF
THIS HANDBOOK.

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.



TO FIND THE
LEGAL AID OFFICE NUMBER(S)
FOR YOUR COUNTY,
GO TO THE IMPORTANT
TELEPHONE NUMBERS
SECTION LOCATED AT
THE BACK OF
THIS HANDBOOK.

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 time frames.

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 second 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](#).

To find the Legal Aid Office numbers(s) for your county, go to the Important Telephone Numbers section located at the back of this Handbook.

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.

www.cbhnp.org

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 (the number(s) for your county are in the Important Telephone section located at the back of this Handbook), or the Pennsylvania Health Law Project at 1-800-274-3258.

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. They can refer you to other organizations that may exist in your immediate area.

TO FIND THE
ADVOCACY ORGANIZATION(S)
NUMBER FOR YOUR COUNTY,
GO TO THE IMPORTANT
TELEPHONE NUMBERS
SECTION LOCATED AT
THE BACK OF
THIS HANDBOOK.

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 "warmlines." For crisis situations, individuals should contact their local crisis intervention center.

To find the Crisis Number(s) for your county, go to the Important Telephone Numbers section located at the back of this 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. When you call ask for the Consumer and Family Affairs Specialist for your county. Your input is important and valued!

To find the Consumer and Family Affairs Specialist number for your county, go to the Important Telephone Numbers section located at the back of this Handbook.

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

Consumer/Family Satisfaction Teams

There is an organization at work in your county that:

- Wants to know how you feel about HealthChoices services.
- Wants to see how behavioral health services affect consumers and the communities in which they live.
- Gathers information by using satisfaction surveys.

They are called the Consumer/Family Satisfaction Team or the Individual/Family Satisfaction Team.

The Consumer/Family Satisfaction Team (C/FST) working in your county is an organization staffed by persons in recovery and the family members of someone who uses mental health or substance abuse services.

The satisfaction survey is given by the C/FST. In some counties, someone from C/FST may call you but in other counties you can call C/FST and ask to do a survey. If you are contacted, you can choose whether or not to participate in the survey. If you do not, this will not affect your benefits in any way. Your opinions are valuable and can help many people. All responses are confidential.

The information you provide will be:

- Used to improve mental health and drug and alcohol services
- Used to address any problems with programs, services, or providers
- Used to help identify strengths and weaknesses in the HealthChoices program

More about the C/FST Survey ...

- You can arrange to meet with C/FST staff at their office, in your home, at your provider's office or another public place, AND at a time of your choice.
- It only takes a few minutes to answer all of the questions on the survey.
- There are two surveys, one for children/adolescents, and one for adults. Each one has its own set of questions that are similar in nature.
- You can offer suggestions for improvement of mental health and drug and alcohol services.

Your opinions matter and can help improve services.

To find the Consumer/Family Satisfaction Team number for your county, go to the Important Telephone Numbers section located at the back of this Handbook.



Section VI

Call Member Services at the toll-free number listed below for your county or area and someone will answer your questions and help you with behavioral health services.

Capital Area:

Cumberland-Dauphin-Lancaster
Lebanon-Perry
1-888-722-8646

NorthCentral Region:

1-866-773-7891 Bedford-Somerset
1-866-773-7892 Blair
1-866-773-7917 Franklin-Fulton
1-866-773-7991 Lycoming-Clinton

Deaf or Hard of Hearing:

1-800-654-5984 TTY or 711 PA Relay

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:

HEALTH PLAN	TOLL-FREE MEMBER SERVICES	TOLL-FREE TTY LINE
ACCESS Plus	1-800-543-7633	1-800-654-5984
AmeriHealth Mercy	1-888-991-7200	1-888-987-5704
Gateway Health Plan	1-800-392-1147	1-800-654-5988
Unison MedPlus	1-800-414-9025	1-888-616-0021
UPMC <i>for You</i>	1-800-286-4242	1-800-361-2629

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.

On July 1, 2009, Pennsylvania’s new Autism Insurance Law (also known as Act 62) goes into effect. The law requires many private insurance plans to cover a broad range of services for children and adolescents (under 21 years of age) who are diagnosed with autism. If you have a child who has received services for an autism disorder paid for by Medical Assistance, you need to be aware of the impact of this law. You will want to find out if the new law applies to your child. You can send questions to: ra-in-autism@state.pa.us and you can find out more information at www.paautisminsurance.org.

Information to Members

CBHNP will provide important information to Members using a Newsletter and individual letters to Members. At least once a year, CBHNP will notify all Members about your right to receive 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.

Change of Information

NOTICE OF CHANGE OF INFORMATION (FROM CBHNP)

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.

HOW TO CHANGE OR UPDATE YOUR INFORMATION (TO CBHNP)

Because having the most up to date information for our Members is so important, please call the Department of Public Welfare (DPW) at 1-877-395-8930 if any of your personal information changes.

By calling this number you can change or update information including:

- ▶ Name
- ▶ Address
- ▶ Phone Number

Please note that calling this number should not be used as an alternative to any scheduled appointments at your County Assistance Office (with your case worker).

If you need assistance in making this call, please contact your case manager OR contact Member Services here at CBHNP. To find the Member Services number for your county, go to the Important Telephone Numbers section located at the back of this Handbook.

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.

Community Residential Rehabilitation - Host Home(CRR-HH): Provides services to children and adolescents unable to live in their biological or surrogate homes and is an alternative to a residential treatment facility (RTF), inpatient care, or as a transition from either of these more restrictive settings.

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.

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, special help getting to appointments, or help with finding community services.

Treatment: Medication or therapy given by professionals 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 the Member Services Number for your county if you have questions about this list or need further assistance.

**Note: All numbers listed that begin with 1-800, 1-866, 1-877, and 1- 888 are toll-free!*

Your Provider: _____

Emergencies Call **911** (in most areas)

State Of Pennsylvania

Advocacy Organizations

- Disability Rights Network717-236-8110 or 1-800-692-7443
- National Alliance for the Mentally Ill-PA (NAMI-PA)717-238-1514 or 1-800-223-0500
- Parents Involved Network of PA215-751-1800 or 1-800-688-4226
- Pennsylvania Health Law Project717-236-6310 or 1-800-274-3258
- Pennsylvania Mental Health Consumers' Association717-564-4930 or 1-800-887-6422
- Pennsylvania Recovery Organizations Alliance (PRO.A)717-545-8929 or 1-800-858-6040

Department of Public Welfare (DPW)

- Change Personal Information 1-877-395-8930
- Clinical Sentinel Hotline 1-800-426-2090
- Fraud & Abuse Reporting Hotline1-866-DPW-TIPS (1-866-379-8477)
- Office of Mental Health & Substance Abuse Services (OMHSAS)1-877-356-5355
- Department of Health Bureau of Managed Care1-888-466-2787
- Insurance Department Bureau of Consumer Services1-877-881-6388

Physical Health Plans

- ACCESS Plus 1-800-543-7633 or 1-800-654-5984 TTY
- AmeriHealth Mercy1-888-991-7200 or 1-888-987-5704 TTY
- Gateway Health Plan® 1-800-392-1147 or 1-800-654-5988 TTY
- Unison MedPlus 1-800-414-9025 or 1-888-616-0021 TTY
- UPMC for You 1-800-286-4242 or 1-800-361-2929 TTY

Bedford County Services

Advocacy Organizations	See State of Pennsylvania section
CBHNP Consumer and Family Affairs Specialist	1-866-773-7891
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.....	1-866-611-6467
Consumer/Family Satisfaction Team	1-814-623-2642
PA Relay.....	711
County Assistance Office	814-623-6127 or 1-800-542-8584
Drug and Alcohol Program	814- 623-5009
Legal Aid	814-623-6189 or 1-800-326-9177
Medical Assistance Transportation Program (MATP).....	814-623-2002 or 1-800-323-9997
or.....	1-888-465-9304
MH/MR	814-623-5166 or 1-877-814-5166
*Note: All numbers listed that begin with 1-800, 1-866, 1-877, and 1- 888 are toll-free!	

Blair County Services

Advocacy Organizations	See State of Pennsylvania section
Blair County Alliance for the Mentally Ill (NAMI)	814-942-4779
CBHNP Consumer and Family Affairs Specialist	1-866-773-7892
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)	814-889-2141
Consumer/Family Satisfaction Team	814-695-0660
PA Relay.....	711
County Assistance Office	814-946-7111 or 1-866-812-3341
Drug and Alcohol Program	814-889-2141
Legal Aid	814-943-8139 or 1-800-326-9177
Medical Assistance Transportation Program (MATP).....	814-946-1235
or.....	814-948-6537 or 1-800-245-3282
MH/MR	814-889-2141
*Note: All numbers listed that begin with 1-800, 1-866, 1-877, and 1- 888 are toll-free!	

www.cbhnp.org

Clinton County Services

Advocacy Organizations	See State of Pennsylvania section
CBHNP Consumer and Family Affairs Specialist	1-866-773-7991
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 (24 hours a day, 7 days a week)	1-800-525-7938
Consumer/Family Satisfaction Team	570-327-9070 or 1-800-984-7492
TTY/TDD.....	711 or 570-327-5154
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
*Note: All numbers listed that begin with 1-800, 1-866, 1-877, and 1- 888 are toll-free!	

Cumberland County Services

Advocacy Organizations	See State of Pennsylvania section
CBHNP Consumer and Family Affairs Specialist	717-671-6541 or 1-888-722-8646
CBHNP Member Services (24 hours a day, 7 days a week)	1-888-722-8646
TTY/TDD	711 or 1-800-654-5988
Crisis Intervention (24 hours a day, 7 days a week)	1-866-350-HELP (4357)
or Carlisle Regional Medical Center.....	717-243-6005
or Holy Spirit Hospital	717-763-2222
Consumer/Family Satisfaction Team	717-651-1070 or 1-888-361-6500
County Assistance Office	717-240-2700 or 1-800-269-0173
Drug and Alcohol Program	717-240-6300
Legal Aid	717-243-9400 or 800-822-5288
Medical Assistance Transportation Program (MATP).....	1-800-315-2546
or.....	717-240-6430 or 717-697-0371 ext: 6340
MH/MR Case Management	717-243-6033 or 717-763-2219
*Note: All numbers listed that begin with 1-800, 1-866, 1-877, and 1- 888 are toll-free!	

Dauphin County Services

Advocacy Organizations	See State of Pennsylvania section
CBHNP Consumer and Family Affairs Specialist	717-671-6541 or 1-888-722-8646
CBHNP Member Services (24 hours a day, 7 days a week)	1-888-722-8646
TTY/TDD	711 or 1-800-654-5988
Crisis intervention (24 hours a day, 7 days a week)	717-232-7511
Consumer/Family Satisfaction Team	717-651-1070 or 1-800-361-6500
County Assistance Office	717-787-2324 or 1-800-788-5616
Drug and Alcohol Program	717-635-2254
Legal Aid	717-232-0581 or 1-800-932-0356
Medical Assistance Transportation Program (MATP).....	717-232-7009
MH/MR Case Management Unit	717-232-8761
*Note: All numbers listed that begin with 1-800, 1-866, 1-877, and 1- 888 are toll-free!	

Franklin County Services

Advocacy Organizations	See State of Pennsylvania section
MH Association of Franklin & Fulton Counties	717-264-4301 or 1-866-593-8351
CBHNP Consumer and Family Affairs Specialist	1-866-773-7917
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	717-264-4301 or 1-866-593-8351
PA Relay.....	711
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
*Note: All numbers listed that begin with 1-800, 1-866, 1-877, and 1- 888 are toll-free!	

Fulton County Services

Advocacy Organizations	See State of Pennsylvania section
MH Association of Franklin & Fulton Counties	717-485-4642 or 1-866-593-8351
CBHNP Consumer and Family Affairs Specialist	1-866-773-7917
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)	1-866-918-2555
Consumer/Family Satisfaction Team	717-485-4642
PA Relay.....	711
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 or 1-888-329-2376
MH/MR	717-264-2184 or 1-800-841-3593
*Note: All numbers listed that begin with 1-800, 1-866, 1-877, and 1- 888 are toll-free!	

Lancaster County Services

Advocacy Organizations	See State of Pennsylvania section
CBHNP Consumer and Family Affairs Specialist	717-671-6541 or 1-888-722-8646
CBHNP Member Services (24 hours a day, 7 days a week)	1-888-722-8646
TTY/TDD	711 or 1-800-654-5988
Crisis Intervention (24 hours a day, 7 days a week)	717-394-2631
Consumer/Family Satisfaction Team.....	717-651-1070 or 1-888-361-6500
County Assistance Office.....	717-299-7411
Drug and Alcohol Program	717-299-8023
Legal Aid	717-299-0971 or 1-800-732-0025
Medical Assistance Transportation Program (MATP).....	717-291-1243 or 1-800-892-1122
MH/MR	717-393-0421
*Note: All numbers listed that begin with 1-800, 1-866, 1-877, and 1- 888 are toll-free!	

Lebanon County Services

Advocacy Organizations See State of Pennsylvania section
CBHNP Consumer and Family Affairs Specialist 717-671-6541 or 1-888-722-8646
CBHNP Member Services (24 hours a day, 7 days a week) 1-888-722-8646
TTY/TDD 711 or 1-800-654-5988

Crisis Intervention (24 hours a day, 7 days a week) 717-274-3363

Consumer/Family Satisfaction Team 717-651-1070 or 1-800-361-6500
County Assistant Office..... 717-270-3600 or 1-800-229-3926
Drug and Alcohol Program 717-274-0427
Legal Aid 717-274-2834
Medical Assistance Transportation Program (MATP)..... 717-273-9328 or 717-274-3514
MH/MR 717-274-3415

***Note: All numbers listed that begin with 1-800, 1-866, 1-877, and 1- 888 are toll-free!**

Lycoming County Services

Advocacy Organizations See State of Pennsylvania section
CBHNP Consumer and Family Affairs Specialist 1-866-773-7991
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 (24 hours a day, 7 days a week) 1-800-525-7938

Consumer/Family Satisfaction Team 570-327-9070, or 1-800-984-7492
TTY/TDD..... 711 or 570-327-5154
County Assistance Office 570-327-3300 or 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

***Note: All numbers listed that begin with 1-800, 1-866, 1-877, and 1- 888 are toll-free!**

www.cbhnp.org

Perry County Services

Advocacy Organizations	See State of Pennsylvania section
CBHNP Consumer and Family Affairs Specialist	717-671-6541 or 1-888-722-8646
CBHNP Member Services (24 hours a day, 7 days a week)	1-888-722-8646
TTY/TDD	711 or 1-800-654-5988
Crisis Intervention (24 hours a day, 7 days a week)	1-866-350-HELP (4357)
or Carlisle Regional Medical Center.....	717-243-6005
or Holy Spirit Hospital	717-763-2222
Consumer/Family Satisfaction Team.....	717-651-1070 or 1-800-361-6500
County Assistance Office.....	717-582-2127 or 1-800-991-1929
Drug and Alcohol Program	717-240-6300
Legal Aid	717-232-0581 or 1-800-932-0356
Medical Assistance Transportation Program (MATP).....	717-567-2490 or 1-877-800-7433
MH/MR	717-243-6033 or 717-763-2219

***Note: All numbers listed that begin with 1-800, 1-866, 1-877, and 1- 888 are toll-free!**

Somerset County Services

Advocacy Organizations	See State of Pennsylvania section
CBHNP Consumer and Family Affairs Specialist	1-866-773-7891
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.....	1-866-611-6467
Consumer/Family Satisfaction Team	1-814-445-2699
PA Relay.....	711
County Assistance Office	814-443-3681 or 1-800-248-1607
Drug and Alcohol Program	814-445-1530
Legal Aid	814-443-4615 or 1-888-443-4615
Medical Assistance Transportation Program (MATP).....	814-445-9628 ext: 237
or.....	1-800-452-0241
MH/MR.....	814-443-4891 or 1-877-814-4891

***Note: All numbers listed that begin with 1-800, 1-866, 1-877, and 1- 888 are toll-free!**