



# Member Services Handbook

888-722-8646

*for Cumberland, Dauphin, Lancaster,  
Lebanon and Perry Counties*

*This Handbook is available in Spanish.  
Puede obtener el presente manual en español.*

**CBHNP**

*Community Behavioral HealthCare Network of Pennsylvania*





# Section One

## **Table of Contents and Members Information Sheet**

### *In this section:*

- What's in the Member Services Handbook?
- A Place to Keep Important Information about You.

## **Table of Contents**

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## Member's Information Sheet

For Cumberland, Dauphin, Lancaster, Lebanon and Perry Counties

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Community Behavioral HealthCare Network of Pennsylvania

### **Cumberland, Dauphin, Lancaster, Lebanon and Perry Counties**

### **Mental Health and Drug and Alcohol Services for people in HealthChoices.**

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 \_\_\_\_\_

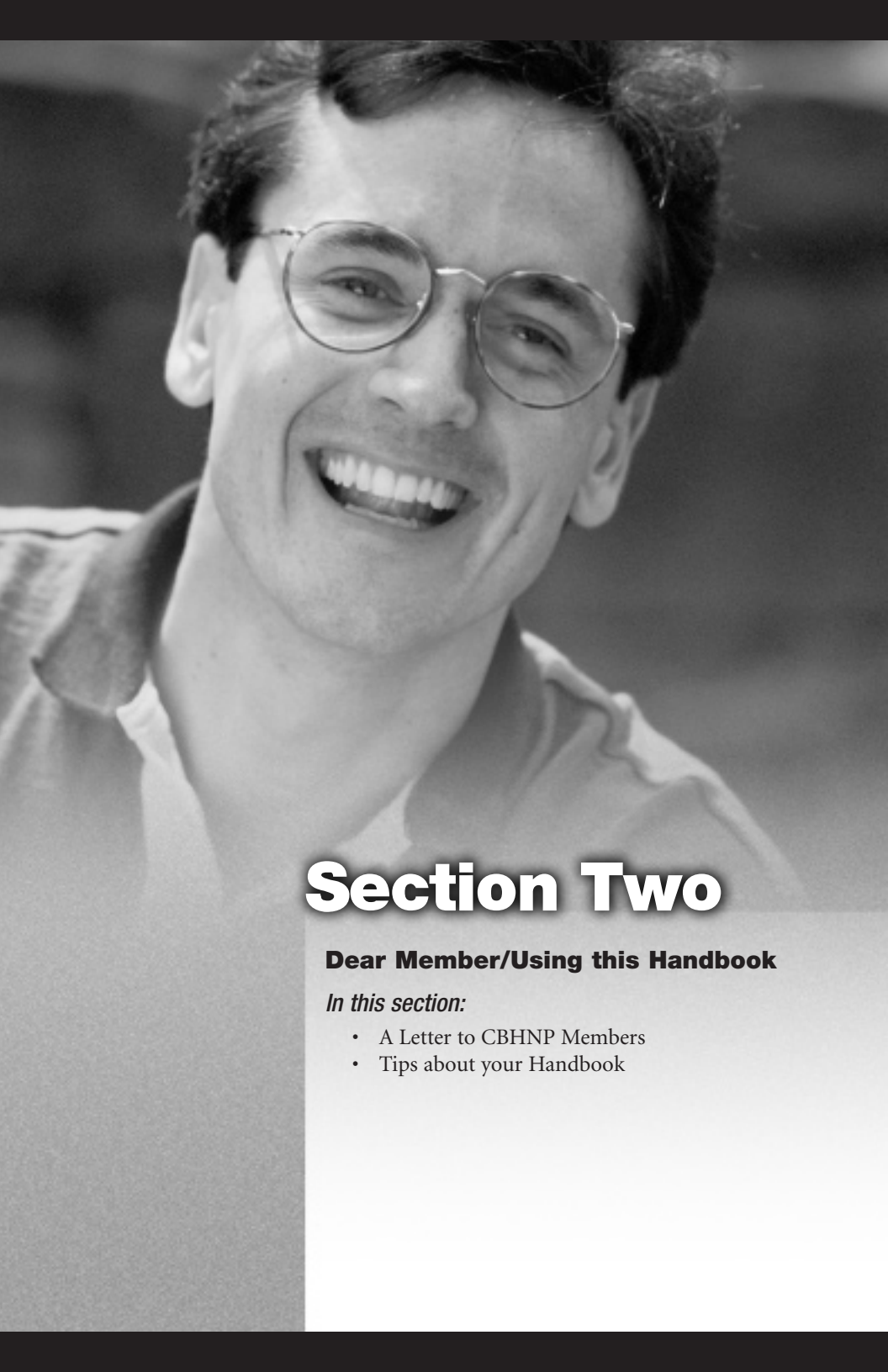
Other Provider Information \_\_\_\_\_

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

For Mental Health or Substance Abuse Services call Community Behavioral HealthCare Network of Pennsylvania's toll-free Member Services Line at:  
**1-888-722-8646.**

If you have trouble hearing or are Deaf or Hard of Hearing and use TTY or TDD, call PA Relay at: **711** or **1-800-654-5988** and call  
**1-888-722-8646.**

Community Behavioral HealthCare Network of Pennsylvania Member Services Line: **1-888-722-8646.**



# Section Two

**Dear Member/Using this Handbook**

*In this section:*

- A Letter to CBHNP Members
- Tips about your Handbook

## Dear Member

Welcome to Community Behavioral HealthCare Network of Pennsylvania (CBHNP). CBHNP is a part of the **HealthChoices Program**. In HealthChoices you picked one **Physical Health Plan** (AmeriHealthMercy, Gateway, or MedPlus). We are your **Behavioral Health Plan**. We serve people who are on Medical Assistance and we want to give you the best care possible.

**CBHNP** works with Cumberland, Dauphin, Lancaster, Lebanon, and Perry counties to take care of your mental health, alcohol and other drug treatment services. These services are called Behavioral Health services. We have a Member Services line that is open 24 hours a day, 7 days a week to answer any questions you may have. The Member Services Line telephone number is **1-888-722-8646**.

**Please take the time to read this handbook!** It should answer most of your questions about mental health, alcohol and other drug treatment services provided by **CBHNP**. There is a list of definitions in the back of the handbook that may help you understand some of the words that are used. Please keep this book in a safe place so that you know where to find it when you need it and so that you can reach us if and when you need to.

Call us if you think you, your child, or family needs mental health or alcohol and other drug treatment services. You **do not** need a referral from your Physical Health primary care doctor first. Community Behavioral HealthCare Network of Pennsylvania will work with your primary care doctor to see that you get the services you need.

If you need help understanding this book or behavioral health services, please call the Member Services Line at **1-888-722-8646**. If you need help understanding your HealthChoices Physical Health Plan, please call them directly.

We are looking forward to serving you and helping you get services that are the best quality and close to your home.

Sincerely,

Richard S. Edley, PhD  
Community Behavioral HealthCare Network of Pennsylvania



# Section Three

## **Getting Help**

### *In this section:*

- We are here to help you!
- Is there a cost for services?
- Confidentiality
- We are available for you!
- Children's' Rights
- Getting Help with regular services, crises and emergencies
- Member Services is here to help you.
- The CBHNP Advocate is here to help you.

## **We are here to help you!**

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

CBHNP's (Community Behavioral HealthCare Network of Pennsylvania's) toll free Member Services Line number is **1-888-722-8646**.

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 to you for behavioral health care, which we approve!**

**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.)*

## **Confidentiality**

CBHNP takes your privacy very seriously. There are state and federal laws that we follow. 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.

We do not give out any information about your treatment to anyone else without your written approval. The only exception is if there is a life threatening emergency. Then, certain information may be shared in order to be sure that you and other people are safe.

We will not let anyone else see information about the care that you receive if you do not want us to. We will share information about your services:

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

**Sharing this information requires your written permission.**

**If you would like more detailed information about how we respect your confidentiality, call CBHNP toll free at 1-888-722-8646.**

## **We Are Available for You!**

We are open 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.

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

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

<b>If your child is</b>	<b>Then he or she</b>
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.

We have people at CBHNP who speak languages other than English. We also have translators to work with you. 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 1-888-722-8646**

- 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.

**The CBHNP Advocate - 717-671-6541 (or call: 1-888-722-8646 and ask for the Advocate)**

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



# Section Four

## **What Services Can I Get and What Choices Do I Have?**

*In this section:*

- Getting Help
- Covered Services
- You Have Choices!
- Other Community Services you may be eligible for
- Information about CBHNP

## Getting help with 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 will provide translation services. Please call us 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 1-888-722-8646 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:

- a. The Member has special needs that cannot be accommodated by the network.
- b. Network services are not accessible within time or geographic standards, but are available through a qualified non-network provider.
- c. 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, Capital Area  
5425 Jonestown Road, Suite 101  
Harrisburg, PA 17112

If a provider decides to leave the network, you will be notified. Your Care Manager will help you to get another provider.

***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!***

## **Emergencies**

### ***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 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.

### ***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:

1. Call CBHNP at 1-888-722-8646
2. Call the County Crisis Service Line
3. Call any CBHNP provider

### ***If you have an Urgent Need for Care***

Here is what to do:

1. Call CBHNP at 1-888-722-8646
2. 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.

## What Services Can I Get?

CBHNP pays for the services listed below.

### *Covered Services:*

- **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.)
- **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 live at home and need more treatment than outpatient services can offer. Most partial hospitalization programs meet several days per week.
- **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 oxycotin.
- **Drug and Alcohol Partial Hospital Programs** - This service is utilized when you or your child need more than outpatient treatment for drug and alcohol problems. Services are provided by Certified Addictions Counselors. Most partial programs meet several times a week.
- **Detoxification and Rehabilitation** - 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
- **Psychiatric Hospitalization** - These services are the most intensive services available. Hospitalization usually occurs when you or your child are 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 you to solve the problems that brought them into service.

- **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.
- **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)

## You have Choices!

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 at **1-888-722-8646** 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 who your Provider will be that gives you 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 work 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 your right to choice. CBHNP will help you understand what provider choices you have, how we can help you work with that Provider, and other things about choice.

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

Remember, you can call CBHNP (**1-888-722-8646**) or your Provider and talk about what choices you have. 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, call the CBHNP Member Services Line at 1-888-722-8646 for assistance in accessing transportation.

**Medical Assistance may offer transportation to treatment appointments. CBHNP Member Services Staff are happy to help you find out or you may call yourself:**

**Lancaster County- Red Rose Transit: 717-397-5613**

**Lebanon County- Colt Transit Mini-bus: 717-274-3514**

**Perry County - Perry County Transportation Authority: 1-877-800-7433 or 567-2490**

**Cumberland County- Cumberland County Transportation: The toll free number for Cumberland County transportation: 1-800-315-2546 or you can dial 717-240-6430, or 717-697-0371, extension 6340.**

**Dauphin County-CAT Share-A-Ride 717-232-6104, extension 134**

If you have special needs please let us know.

## ***Other Available Information About CBHNP***

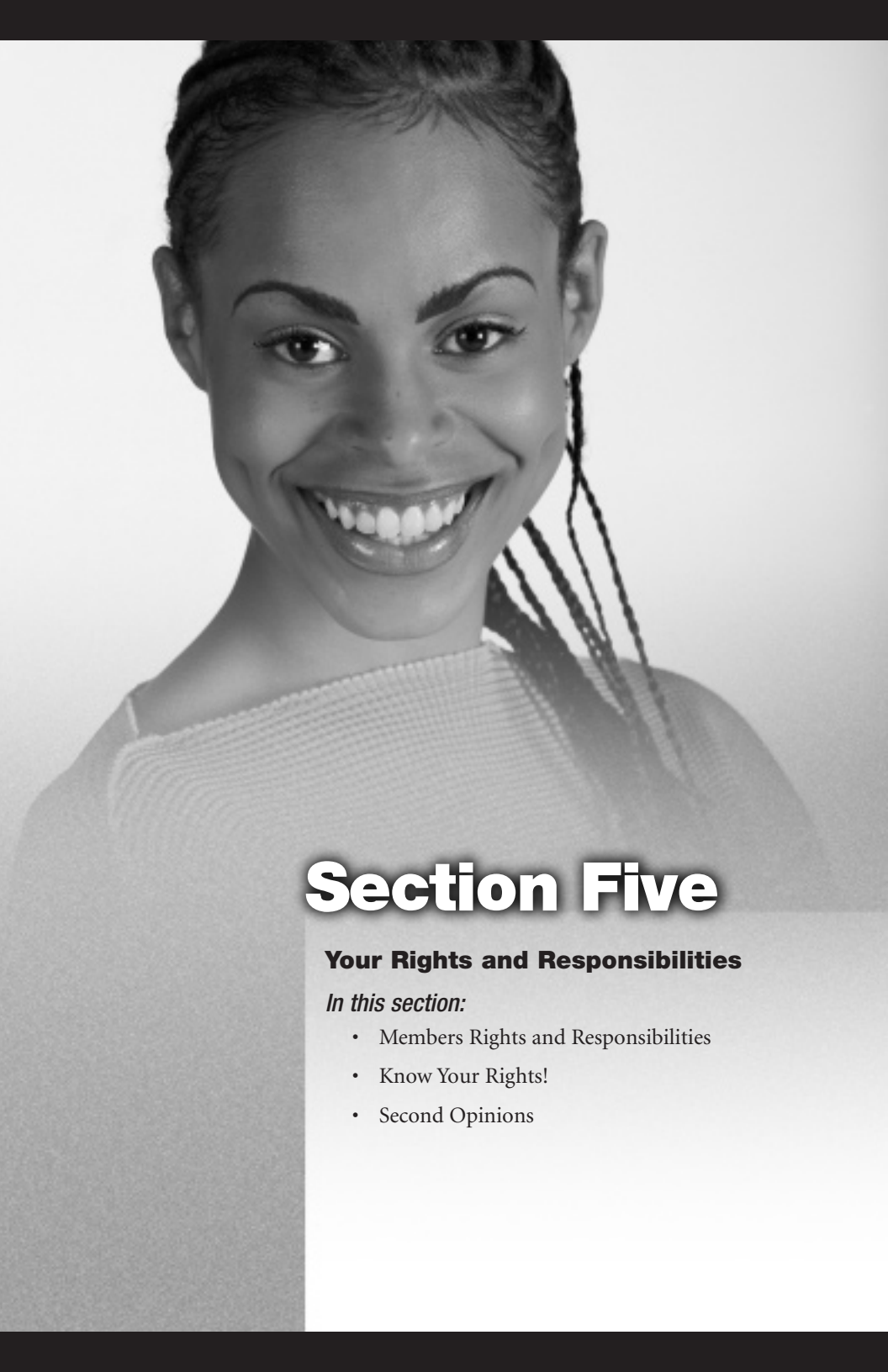
You should be fully informed about CBHNP and the services that we offer. If you would like a complete listing of all the providers that you may use, call 1-888-722-8646.

You can also 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







# Section Five

## **Your Rights and Responsibilities**

### *In this section:*

- Members Rights and Responsibilities
- Know Your Rights!
- Second Opinions

## **Know Your Rights!**

As Members of CBHNP you have rights and responsibilities. They are listed below and we invite you to call us at 1-888-722-8646 if you need help understanding 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 and privacy.
- **Receive information on available treatment options.** Each Member is guaranteed the right to receive information on available treatment options and alternatives, presented in a manner appropriate to the Member's condition and ability to understand.
- **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.
- **Free from restraint or seclusion.** Each Member is guaranteed the right to be free of any restraint or seclusion used as a means of coercion, 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 as specified in 45 CFR part 164.
- **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 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
- To ask for a therapist who understands your language and culture
- To be a part of your treatment team
- To involve family members or other important people in your treatment
- To choose your provider
- To ask questions and get answers before and during treatment
- To refuse treatment (and get an explanation of what may happen if you don't get treatment)
- To let us know if you are unhappy about any decision made by us or one of our providers
- To privacy and confidentiality
- To get a second opinion about non-emergency treatment
- To be informed about CBHNP policies and procedures

CBHNP members also have certain responsibilities:

- To treat others with consideration and respect

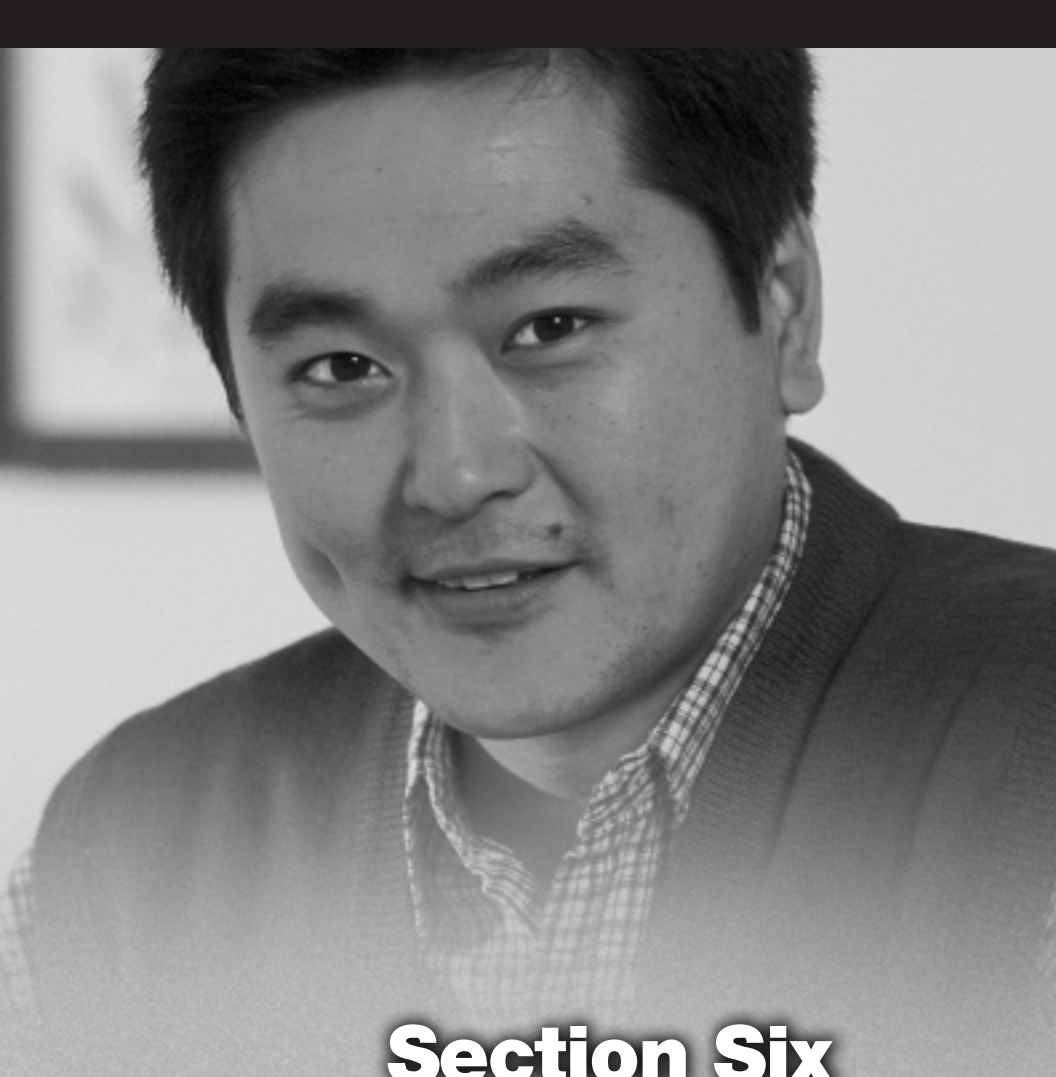
- To tell your doctor or therapist about symptoms and to ask questions
- To be part of the treatment team
- To be at appointments on time
- To call if you must cancel
- To tell your doctor or therapist if you do not agree with recommendations
- To tell your doctor or therapist when/if you want to end treatment
- To take medication as prescribed and to tell your doctor if there is a problem
- To carry your ACCESS card and Physical Health Plan card with you
- To tell us if you have other insurance

## **Second Opinion**

Another important right CBHNP Members need to know about is the right to request a **second opinion**. Members can request a second opinion from a qualified 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.**



## **Section Six**

### **If You Are Unhappy With Your Services**

*In this section:*

- Complaints, Grievances and Fair Hearings
- Consumer Satisfaction Services
- Advocacy Resources
- 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. Staff is 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.

If you would like to learn more about this information, keep reading for an explanation about Complaints, Grievances and Fair Hearings. If you need any of this explained better, or if you have any questions about any of this information, call CBHNP (1-888-722-8646) 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.

These 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 at 1-888-722-8646 and tell us your complaint, or
- write down your complaint and send it to us at:  
CBHNP 5425 Jonestown Road, Suite101  
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 may help with 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 must call CBHNP within 10 days of the date on the letter to tell us that you want to be included:

- You are unhappy that you have not received services that you have been approved to get.
- You are unhappy that 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 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 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 first level complaint decision letter, 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.

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 Attention: Complaint Appeals P.O. Box 90 Harrisburg, Pennsylvania 17108-0080 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
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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 at 1-888-722-8646 and tell us your grievance, or write down your grievance and send it to us at 5425 Jonestown Road, Suite101, Harrisburg, PA 17112), or
- 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 ten 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 CBHNP staff, 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 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.

You must call or send a letter to CBHNP 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 at 1-888-722-8646, or 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***

<b>County</b>	<b>Address and Phone Number</b>
Cumberland County	8 Irvine Row Carlisle, PA 17013 717-243-9400 • 800-822-5288
Dauphin County	213-A N. Front St. Harrisburg, PA 17101-2240 717-232-0581 • 800-932-0356
Lancaster County	38 North Christian St. • Suite 200 Lancaster, PA 17602 717-299-0971 • 800-732-0025
Lebanon County	513 Chestnut Street Lebanon, PA 17046 717-274-2834
Perry County	213-A N. Front St. Harrisburg, PA 17101-2240 717-232-0581 • 800-932-0356

### **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 at 1-888-722-8646 and ask that your complaint or grievance be decided faster.

You will need to have a letter from your doctor faxed to 717-671-86?? 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 a second level complaint, if you don't like the decision. (For information on how to file a second level complaint see pages 21 and 22)

**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 at 1-888-722-8646 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 staff member of CBHNP 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 above 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...**

- 1) CBHNP decided to deny a service because it is not a covered service;
- 2) CBHNP decided not to pay a provider for a service you received AND the provider can bill you for the service;

### **You must ask for a fair hearing...**

- 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.
- 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 11-12)

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 Grievances and Appeals  
Beechmont Building #32, 2nd 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's Bureau of Hearings and Appeals 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 at 1-888-722-8646, your local legal aid office, 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. The following is a partial list of Advocacy Organizations. They can refer you to other organizations that may exist in your immediate area.

#### **Pennsylvania Protection and Advocacy, Inc**

1414 North Cameron Street  
Harrisburg, Pa 17103  
1-800-692-7443 or 717-236-8110

#### **Pennsylvania Mental Health Consumers' Association**

4105 Derry Street  
Harrisburg, PA 17110  
717-564-4930

#### **National Alliance for the Mentally Ill-PA (NAMI)**

2149 North Second Street  
Harrisburg, PA 17110  
717-238-1514

#### **Family Training and Advocacy Center for Serious Mental Illness**

123 South Broad St., 23rd Floor  
Philadelphia, Pa 19109  
215-599-5176

#### **Parents Involved Network of Pennsylvania**

1211 Chestnut Street, 11th Floor  
Philadelphia, PA 19107  
215-751-1800

## **Drug & Alcohol Service Providers Organization of PA (DASPOP)**

Olde Liberty Square  
4811 Jonestown Rd.  
Harrisburg, Pa 17109  
717-657-7084

## **Pennsylvania Health Law Project**

101 South Second Street, Suite 5  
Harrisburg, PA 17101  
717-236-6310

## **Pennsylvania Recovery Organizations Alliance (PRO-A)**

500 North Progress Avenue  
Harrisburg, PA 17109  
(717) 541-9313

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

The Office of Mental Health and Substance Abuse Services (OMHSAS) staffs 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 as a hotline or "warmline." For crisis situations, individuals should contact their local crisis intervention center (crisis intervention numbers are in the blue pages of your local phone book).

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.

## **How to get involved and help improve HealthChoices and the way CBHNP helps Members**

You can get involved and have a say in how CBHNP does things. 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 at 1-888-722-8646 or 717-671-6541 and ask for the Manager of Consumer and Family Affairs. Your input is important and valued!

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

### **Consumer Satisfaction Services**

Consumer Satisfaction Services (CSS) is an organization that is staffed entirely by consumers and family members. They look at how behavioral health services affect Consumers through the use of satisfaction surveys and are committed to making sure Consumers have a voice in giving feedback on the services and care they receive.

CSS's mission is "To ensure that consumers of behavioral health services in Cumberland, Dauphin, Lancaster, Lebanon, and Perry Counties receive timely and appropriate treatment and referral through HealthChoices as needed."

You can contact them at: **717-651-1070** or **1-800-361-6500**

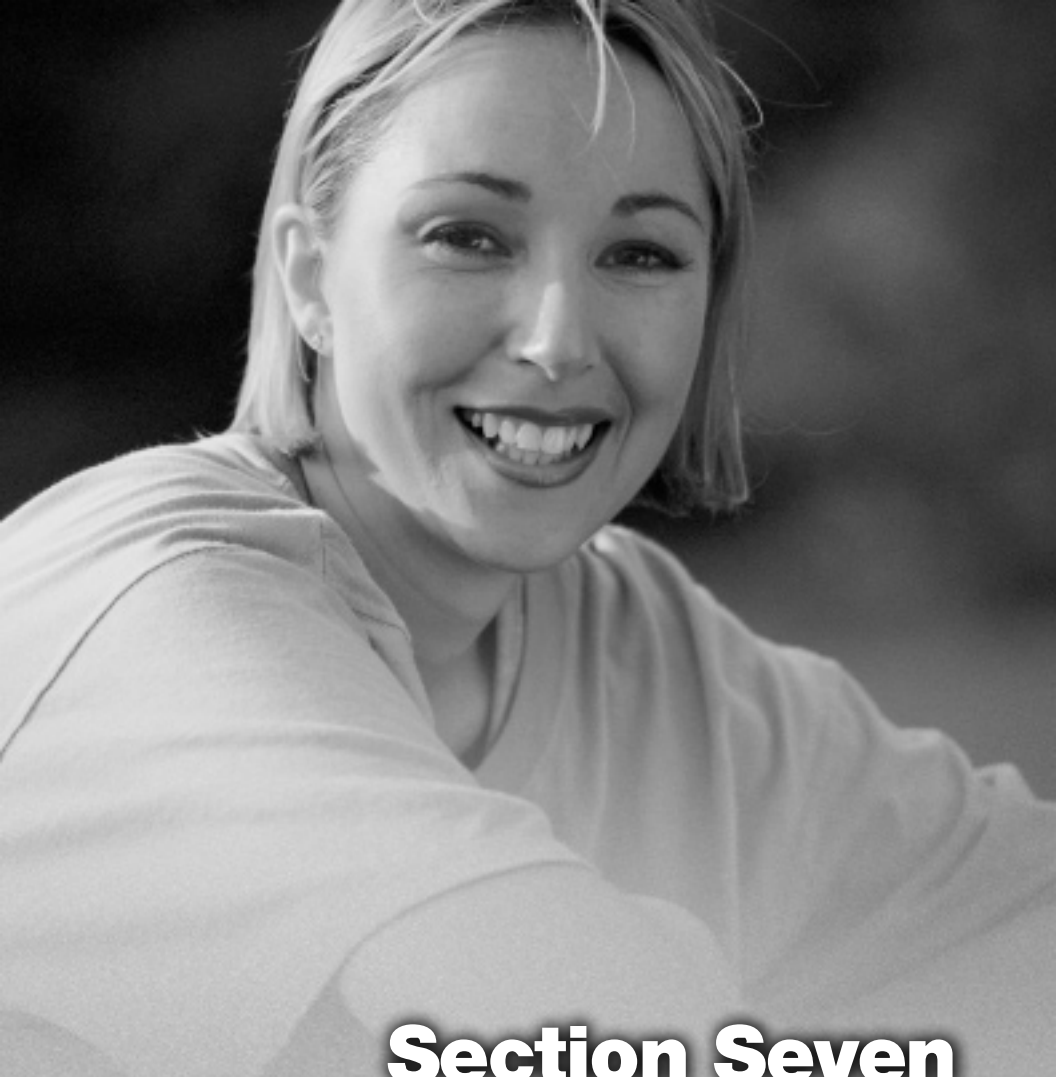
You can write to CSS at:

Consumer Satisfaction Services, Inc.  
4811 Jonestown Road, Suite 228  
Harrisburg, PA 17109









# Section Seven

## **Other Important Information for Members**

### *In this section:*

- Advance Directives
- Prescription Drugs
- If you have other insurance
- How CBHNP will share new information with you

## **OTHER IMPORTANT INFORMATION FOR MEMBERS**

### **ADVANCE DIRECTIVES**

An “**Advance Directive**” is your verbal or written instructions about your future medical care. This is important if you need medical care but are unable to speak for yourself. It tells your doctor what kind of care you would like to have in cases when you can not tell them yourself. If you are an adult and are admitted to a hospital, the hospital should tell you about your rights about **Advance Directives**.

There are different kinds of Advance Directives. Two kinds of Advanced Directives are:

- A **Living Will**, and
- A **Durable Power of Attorney (DPA)**.

**A Living Will is a type of Advance Directive in which you put in writing your wishes about medical treatment if you are unable to make this decision yourself.**

**A Durable Power of Attorney is a document that says who you have chosen to trust in advance to make choices about your medical care (if and when you cannot make them for yourself).**

Pennsylvania Advance Directive Law **does not** include mental health services. We will make you aware of any changes to this law that affects you as a Member. We will do so as soon as possible, but no later than 90 days after the effective date of the change.

If you feel that someone did not follow the rules about the advance directive requirements, you can file a complaint with CBHNP or the State Agency that handles these cases. The addresses are:

#### **CBHNP**

5425 Jonestown Road, Suite 101  
Harrisburg, PA 17112  
1-888-722-8646

-or-

#### **Pennsylvania Department of Health**

Division of Acute and Ambulatory Care  
Health & Welfare Building  
Room 532  
Harrisburg, PA 17120  
(717) 783-8982 or (800) 254-5164 (toll free)

Our Member Services Department here at CBHNP can get you information on Advance Directives. Just call: **1-888-722-8646** or **if you have trouble hearing call: 711 or 1-800-654-5988**.

## ***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:

- AmeriHealth Mercy: 1-888-991-7200
- Gateway Health Plan: 1-800-392-1147
- Three Rivers MedPlus: 1-800-414-9025

## **DPW MA Provider Compliance Hotline:**

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.

## **What Happens If I Have Other Insurance?**

CBHNP is the last payer 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. This means you must go to a CBHNP provider who also accepts your commercial coverage.

If your commercial plan covers the service, and you are treated by a physician 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 you have other insurance or not, 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.

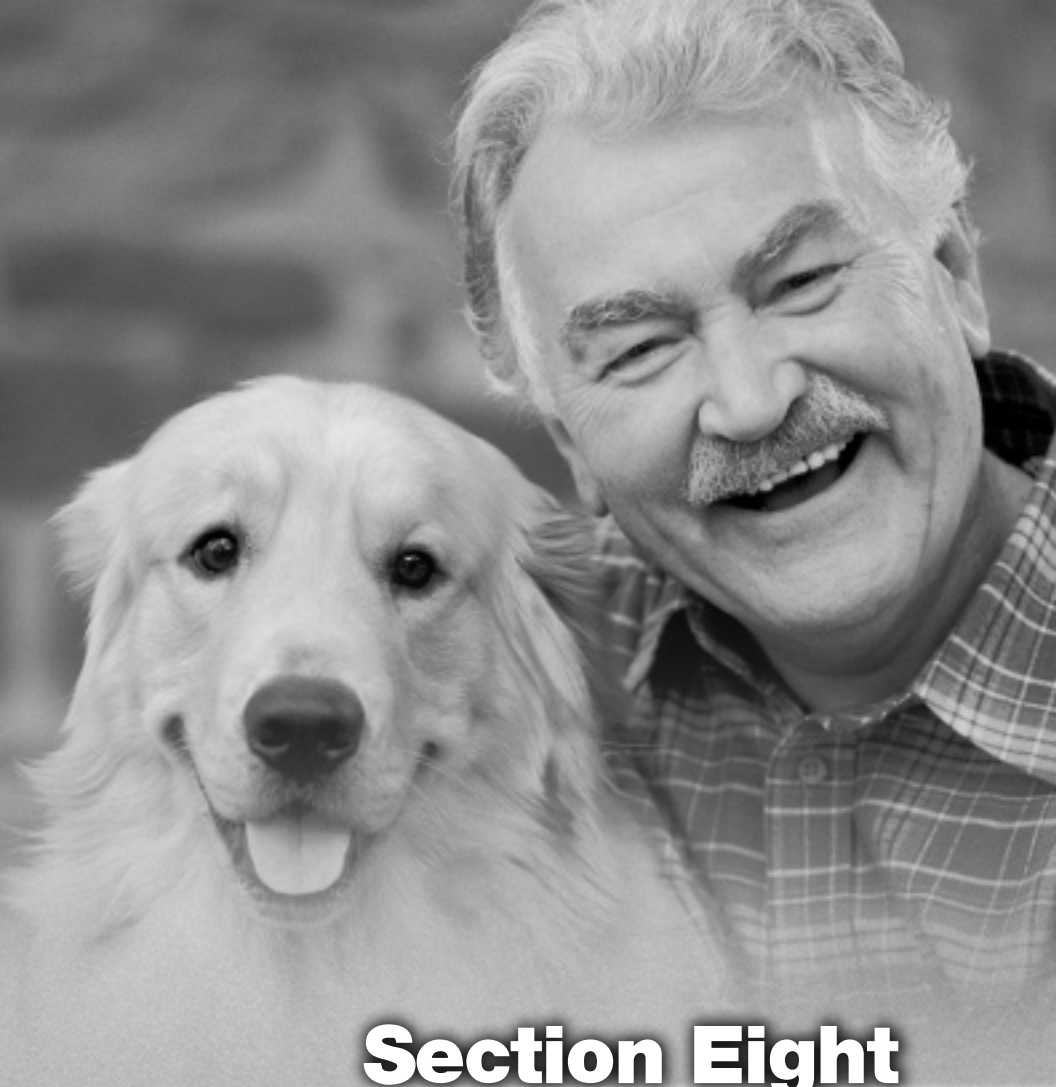
Please call CBHNP if you have questions about any of this information or if you need to have any or all of it explained to you.

## **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.



# Section Eight

## **List of Terms and Definitions**

*In this section:*

- Important Terms and Definitions

## List of Definitions

**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. The same thing as your behavioral health plan.

**CBHNP:** the 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.

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

**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.

**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.

**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 the Community Behavioral HealthCare Network of Pennsylvania (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.

**Physical Health MCO(PH-MCO):** Physical health managed care organization. The same thing as your physical health plan.

**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.).

**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 .

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

**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.







**MEMBER SERVICES HOTLINE**

*If you are a HealthChoices Recipient in Cumberland, Dauphin, Lancaster, Lebanon and Perry Counties, please call*

**888-722-8646**

*for assistance with a mental health or substance abuse problem, to ask questions, or to make a complaint*

TEAR OUT FOR FUTURE REFERENCE.



**CBHNP**

*Community Behavioral  
HealthCare Network of  
Pennsylvania*

5425 Jonestown Road, Suite 101  
Harrisburg, PA 17112

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