Community Care
HealthChoices Member Handbook

Bedford and Somerset Counties

Contents

Section 1: Welcome

Introduction

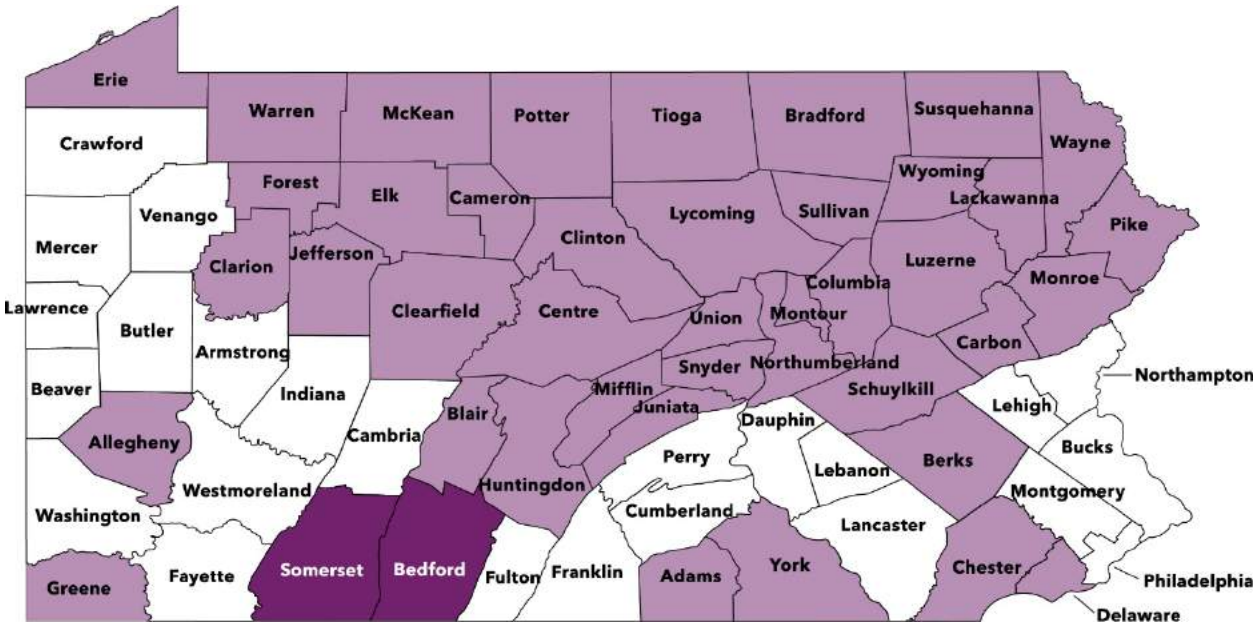
What is HealthChoices?

HealthChoices is Pennsylvania's Medical Assistance managed care program. There are two main parts to HealthChoices: physical health care and behavioral health care.

- Physical health services are provided through physical health managed care organizations (PH-MCOs) or through Community HealthChoices Managed Care Organizations (CHC-MCOs). PH-MCOs are overseen by the Department of Human Services' Office of Medical Assistance Programs and CHC-MCOs are overseen by the Department of Human Services' Office of Long Term Living. For more information on physical health services, see Section 6: Physical Health Services.
- Behavioral health services include mental health services and substance use disorder services. These services are provided through behavioral health managed care organizations (BH-MCOs) that are overseen by the Department of Human Services' Office of Mental Health and Substance Abuse Services (OMHSAS).

Welcome to Community Care

Community Care Behavioral Health Organization (Community Care) welcomes you as a "member" in HealthChoices and Community Care!



Community Care is the behavioral health managed care organization for Medical Assistance recipients in Bedford and Somerset Counties under the HealthChoices program. We pay for medically necessary mental health and drug and alcohol treatment services provided by our network of contracted providers.

Community Care contracts with many qualified mental health and drug and alcohol treatment providers in your county. These providers are referred to as our network providers. You can simply call and make an appointment to see one of our network providers for an assessment. You can search for a provider in your area by visiting our website, https://members.ccbh.com, and clicking on the "Find a Provider" link. You may call Customer Service at 1.866.483.2908 to ask that a copy of the provider directory be sent to you. You can also call Community Care Customer Service if you need help deciding what kind of treatment is right for you, or for help finding a network provider in your community to help you with your recovery from mental health or drug and alcohol problems.

Customer Service

Customer Service staff can help you with:

- Answer any questions you have about behavioral health services.
- Help you find doctors, counselors, and other medical professionals near you.
- Help you get transportation to appointments.
- Make sure you are getting the right treatment.
- Make sure the services you get are covered so you do not have to pay for them.

Community Care customer service representatives are available 24 hours a day, seven days a week, every day of the year. The customer service number for Bedford and Somerset Counties is 1.866.483.2908. For members who are deaf, hard of hearing, or have difficulty speaking, you may call the Pennsylvania Relay Operator at 711 to get help communicating with Community Care. Customer service can also be contacted in writing at:

Community Care Behavioral Health Organization
Customer Service
109 West Main Street, Suite 203
Somerset, PA 15501

You can also visit our website at www.ccbh.com.

Nondiscrimination Notice

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

Community Care:

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

If you need these services, contact

Civil Rights Administrator
Community Care
339 Sixth Ave, Suite 1300
Pittsburgh, PA 15222
Phone: 1.800.553.7499 (TTY: (Dial 711) Request: 1.833.545.9191)

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

Civil Rights Administrator
Community Care
339 Sixth Ave, Suite 1300
Pittsburgh, PA 15222
Phone: 1.800.553.7499 (TTY: (Dial 711) Request: 1.833.545.9191)

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

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1.800.368.1019, 800.537.7697 (TDD).

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

If you, or someone you're helping, has questions about Community Care, you have the right to get help and information in your language at no cost. To talk to an interpreter, call toll-free 1.800.553.7499 (TTY: (Dial 711) Request: 1.833.545.9191).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-229-3187 (TTY/TDD (Llame al 711): solicitud 1-833-545-9191).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-553-7499 (TTY/TDD (請致電 711): 請求 1-833-545-9191) 。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-553-7499 (TTY/TDD (Gọi số 711): yêu cầu 1-833-545-9191).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-553-7499 (телетайп: (Звоните 711): захтев 1-833-545-9191).

Wann du [Deitsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-553-7499 (TTY/TDD (Call 711): 1-833-545-9191).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-553-7499 (TTY/TDD (Dial 711): 1-833-545-9191) 번으로 전화해 주십시오.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-553-7499 (TTY/TDD (Chiamare il numero 711): richiesta 1-833-545-9191).

ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-553-7499
(رقم هاتف الصم والبكم: (اتصل بـ 711) اطلب 1-833-545-9191).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-553-7499 (ATS (Appelez le 711): demander 1-833-545-9191).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-553-7499 (TTY/TDD (Rufnummer 711): anfordern 1-833-545-9191).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-553-7499 (TTY/TDD (ફોન કરો 711): વિનંતી કરવી 1-833-545-9191).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-553-7499 (TTY/TDD (Zadzwoń pod numer 711): żądanie 1-833-545-9191).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-553-7499 (TTY/TDD (Rele 711): demann 1-833-545-9191).

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-800-553-7499 (TTY/TDD (ហៅ 711): សំណើ 1-833-545-9191).។

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-553-7499 (TTY/TDD (Dial 711): pedido 1-833-545-9191).

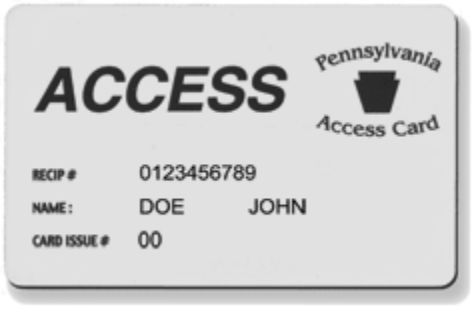
Attention: If you need materials in large print, call 1-800-553-7499 (TTY/TDD (Dial 711): Request 1-833-545-9191)

Member Identification Cards

Your Community Care ID Card identifies Community Care as your behavioral health care plan and helps you to remember our phone number. Call Community Care customer service if you have not received a card, to report a lost or stolen card, or to report a change of address. If you lose your Community Care ID card, you can still get services while you wait for your new card. The Community Care ID card is pictured below.

You will get an ACCESS card. You can show this card at appointments if you need to prove that you are enrolled in the Medical Assistance program. If you lose your ACCESS card, call your County Assistance Office (CAO). The phone number for the CAO is listed below under the Important Contact Information section.

Carry your ACCESS (Medical Assistance) ID card, physical health ID card, and your Community Care ID card with you all the time.



Important Contact Information

The following is a list of important phone numbers you may need. If you are not sure who to call, please contact customer service for help: 1.866.483.2908. For TTY services, call the Pennsylvania Relay Operator at 711.

Emergencies

Please see Emergency Services for more information about emergency services. If you have an emergency, you can get help by calling:

- Crisis Services: 1.866.611.6467
- Customer Service: 1.866.483.2908
- Suicide Prevention Hotline: 1.800.273.8255 or 988
- Call 911 for emergencies. Emergencies are situations that are so severe that a reasonable person with no medical training would believe that there is an immediate risk to a person's life or long-term health.

Important Contact Information – At a Glance

Pennsylvania Department of Human Services	
County Assistance Office/COMPASS *Change your personal information for Medical Assistance eligibility. See Changes in Coverage section of this handbook for more information.*	1.877.395.8930 1.800.451.5886 (TTY/TDD) www.compass.state.pa.us myCOMPASS PA (mobile app for smart phones)
Fraud and Abuse Reporting Hotline, Department of Human Services *Report member or provider fraud or abuse in the Medical Assistance Program. See Reporting Fraud or Abuse section of this handbook for more information.*	1.844.DHS.TIPS (1.844.347.8477)
Other Important Phone Numbers	
Insurance Department, Bureau of Consumer Services *Ask for a complaint form, file a complaint or talk to a consumer services representative.*	1.877.881.6388
Protective Services *Report suspected abuse, neglect, exploitation, or abandonment of an adult over age 60 and an adult between age 18 and 59 who has a physical or mental disability.*	1.800.490.8505

Other Phone Numbers

Childline	1.800.932.0313
Consumer/Family Satisfaction Team	1.814.201.2344
Bedford County Assistance Office (CAO)	800.542.8584

Somerset County Assistance Office (CAO)	800.248.1607
Crisis Intervention Services	1.866.611.6467
Legal Aid (Pennsylvania Legal Aid Network)	1.800.322.7572
Bedford County Medical Assistance Transportation Program (MATP)	800.323.9997
Somerset County Medical Assistance Transportation Program (MATP)	800.452.0241
Bedford County Mental Health/Intellectual Disability Services	877.814.5166
Somerset County Mental Health/Intellectual Disability Services	877.814.4891
National Suicide Prevention Lifeline	1.800.273.8255 or 988

Advocacy Groups

Mental Health Association in Pennsylvania
717.346.0549 / 866.578.3659
www.mhapa.org

NAMI Keystone Pennsylvania
412.366.3788 / 1.888.264.7972
www.namikeystonepa.org

Communication Services

Community Care can provide this handbook and other information you need in languages other than English at no cost to you. Community Care can also provide your Handbook and other information you need in other formats such as compact disc, braille, large print, DVD, electronic communication, and other formats if you need them, at no cost to you. Please contact Community Care Customer Service at 1.866.483.2908 to ask for any help you need. Depending on the information you need, it may take up to five days for Community Care to send you the information.

Community Care will also provide an interpreter, including for American Sign Language or TTY services, if you do not speak or understand English or are deaf or hard of hearing. These services are available at no cost to you. If you need an interpreter, call Customer Service at 1.866.483.2908 and a customer service representative will connect you with the interpreter service that meets your needs. For TTY services, call the Pennsylvania Relay Operator at 711.

Enrollment

In order to get services in HealthChoices, you need to stay eligible for Medical Assistance. You will get paperwork or a phone call about renewing your eligibility. It is important that you follow instructions so that your Medical Assistance does not end. If you have questions about any paperwork you get or if you are unsure whether your eligibility for Medical Assistance is up to date, call Customer Service at 1.866.483.2908 or your CAO.

Changes in Coverage

There are reasons why your eligibility for Medical Assistance or the HealthChoices program might change. The following sections tell you the reasons your eligibility might change and what you should do if it does.

Changes in the Household

Call your CAO and Community Care Customer Service at 1.866.483.2908 if there are any changes to your household.

For example:

- Someone in your household has a baby.
- Your address or phone number changes.
- You or a family member who lives with you gets other health insurance.
- A family member moves in or out of your household.
- There is a death in the family.

Remember that it is important to call your CAO right away if you have any changes in your household because the change could affect your benefits.

What happens if I move?

If you are moving to a different county in Pennsylvania, please call Customer Service at 1.866.483.2908 to let us know you are moving. We can help make sure you get services in your new community. You should also call your CAO and give them your new address and phone number.

If you move out of state, you will no longer be able to get services through HealthChoices. You should let your CAO and Community Care know that you are leaving Pennsylvania. Your caseworker will end your benefits in Pennsylvania. You will need to apply for benefits in your new state.

Loss of Benefits

If for any reason you lose your Medical Assistance benefits, you should call your CAO. The CAO will help you understand why your Medical Assistance benefits have ended and what must happen for you to be eligible for Medical Assistance benefits again.

Information About Providers

Community Care's provider directory has information about the providers in Community Care's network. The provider directory is located online here: https://members.ccbh.com/find-provider/provider-directory/. You may call Customer Service at 1.866.483.2908 to ask that a copy of the provider directory be sent to you.
The provider directory includes the following information about network providers:

- Name, address, website address, email address, telephone number.
- Whether or not the provider is accepting new patients.
- Days and hours of operation.
- The credentials and services offered by providers.
- Whether or not the provider speaks languages other than English and, if so, which languages.
- Whether or not the provider locations are wheelchair accessible.

Choosing or Changing Your Provider

You can choose the providers you see.

- If you are starting a new service, changing the care you get, or want to change a provider for any reason, Community Care will help you choose your new provider. Call Customer Service at 1.866.483.2908 for help
- If you are a new member of Community Care and you are currently getting services, you may need to start getting your services from a provider in our network. If your current provider is enrolled in the Pennsylvania Medical Assistance Program but not in Community Care's network, you can continue to get your services from your current provider for up to 60 days. Community Care will pay your provider for these services. If your current provider is not enrolled in the Pennsylvania Medical Assistance Program, Community Care will not pay for services you receive from your provider. If you need help finding a provider in Community Care's network, call Customer Service at 1.866.483.2908.
- There may be times when a provider leaves Community Care's network. For example, a provider could close or move. When a provider you are receiving services from leaves Community Care's network, you will be notified. If the provider is enrolled in the Pennsylvania Medical Assistance Program, you can continue to get your services from the provider for up to 60 days. You will also need to choose a new provider.

Office Visits

Making an Appointment with Your Provider

To make an appointment with your provider, call your provider's office. If you need help making an appointment, please call Customer Service at 1.866.483.2908.

If you need help getting to your provider's appointment, please see Medical Assistance Transportation Program (MATP) of this handbook or call Community Care Customer Service at the phone number above.

Appointment Standards

Community Care 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. Emergencies are situations that are so severe that a reasonable person with no medical training would believe that there is an immediate risk to a person's life or long-term health. An urgent condition is an illness or condition which if not treated within 24 hours could rapidly become a crisis or emergency.

After Hours Care

You can call Community Care for non-emergency medical problems 24 hours a day, seven days a week. On-call health care professionals will help you with any care and treatment you need.

Section 2: Rights and Responsibilities

Member Rights and Responsibilities

Community Care and its network of providers do not discriminate against members based on race, sex, religion, national origin, disability, age, sexual orientation, gender identity, or any other basis prohibited by law.

As a Community Care member, you have the following rights and responsibilities.

Member Rights

You have the right:

1. To be treated with respect, recognizing your dignity and need for privacy, by Community Care staff and network providers.
2. To get information that you can easily locate and understand about Community Care, its services, and the providers that treat you when you need it.
3. To pick any Community Care network providers that you want to treat you. You may change providers if you are unhappy.
4. To get emergency services when you need them from any provider without Community Care's approval.
5. To get information that you can easily understand from your providers and be able to talk to them about your treatment options, without any interference from Community Care.
6. To make decisions about your treatment. If you cannot make treatment decisions by yourself, you have the right to have someone else help you make decisions or make decisions for you. You may refuse treatment or services unless you are required to get involuntary treatment under the Mental Health Procedures Act.
7. To talk with providers in confidence and to have your information and records kept confidential.
8. To see and get a copy of your medical records and to ask for changes or corrections to your records.
9. To ask for a second opinion.
10. To file a grievance if you disagree with Community Care's decision that a service is not medically necessary for you (information about the process can be found in Grievances).
11. To file a complaint if you are unhappy about the care or treatment you have received (information about the process can be found in Complaints).
12. To ask for a Department of Human Services Fair Hearing (information about the process can be found in Department of Human Services Fair Hearings).
13. Be free from any form of restraint or seclusion used to force you to do something, to discipline you, to make it easier for the provider, or to punish you.

14. To get information about services that Community Care or a provider does not cover because of moral or religious objections and about how to get those services.
15. To exercise your rights without it negatively affecting the way the Department of Human Services, Community Care, or network providers treat you.

Member Responsibilities

Members need to work with their providers of behavioral health services. Community Care needs your help so that you get the services and supports you need.

These are the things you should do:

1. Provide, to the extent you can, information needed by your providers.
2. Tell your provider the medicines you are taking. Include over-the-counter medicines, vitamins, and natural remedies.
3. Be involved in decisions about your health care and treatment.
4. Work with your providers to create and carry out your treatment plans.
5. Tell your providers what you want and need.
6. Take your medications as prescribed and tell your provider if there is a problem.
7. Keep your appointments.
8. Learn about Community Care coverage, including all covered and non-covered benefits and limits.
9. Use only network providers unless Community Care approves an out-of-network provider.
10. Respect other patients, provider staff, and provider workers.
11. Report fraud and abuse to the Department of Human Services Fraud and Abuse Reporting Hotline.

Consent to Mental Health Care

Children under 14 years of age must have their parent's or legal guardian's permission to get mental health care. Children 14 years or older do not need their parent's, or legal guardian's, permission to get mental health care. All children can get help for alcohol or drug problems without their parent's or legal guardian's permission. They can consent to mental health care and have the right to decide who can see their records if they consented to the mental health care. In addition, a parent or legal guardian can consent to mental health care for a child who is 14 years old or older, but under 18 years of age.

It is important for everyone that supports a child to work together and be part of the planning for the child's care. Everyone that supports a child should, whenever possible, share information necessary for the child's care.

The chart below explains who can consent to treatment.

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

To learn more about who can consent to treatment, you can call Customer Service at 1.866.483.2908. Sometimes it is hard to understand that a child has privacy rights and can consent to mental health care. Community Care can help you better understand these rights so that you can provide the best support for your child that you can.

Privacy and Confidentiality

Community Care must protect the privacy of your personal health information (PHI). Community Care must tell you how your PHI may be used or shared with others. This includes sharing your PHI with providers who are treating you so that Community Care can pay your providers. It also includes sharing your PHI with the Department of Human Services. This information is included in Community Care's Notice of Privacy Practices. To get a copy of Community Care's Notice of Privacy Practices, please call Customer Service at 1.866.483.2908 or visit www.ccbh.com

Billing Information

Providers in Community Care's network may not bill you for services that Community Care covers. Even if your provider has not received payment or the full amount of his or her charge from Community Care, the provider may not bill you. This is called balance billing.

When can a provider bill me?

Providers may bill you if:

- You received services from an out-of-network provider without approval from Community Care and the provider told you before you received the service that the service would not be covered, and you agreed to pay for the service.
- You received services that are not covered by Community Care and the provider told you before you received the service that the service would not be covered, and you agreed to pay for the service.
- You received a service from a provider that is not enrolled in the Medical Assistance program.

What do I do if I get a bill?

If you get a bill from a Community Care network provider and you think the provider should not have billed you, you can call Customer Service at 1.866.483.2908.

If you get a bill from a provider for one of the above reasons that a provider is allowed to bill you, you should pay the bill or call the provider.

Third-Party Liability

You may have Medicare or other health insurance. Medicare and your other health insurance is your primary insurance. This other insurance is known as "third party liability" or TPL. Having other insurance does not affect your Medical Assistance eligibility. In most cases, your Medicare or other insurance will pay your service provider before Community Care pays. Community Care can only be billed for the amount that your Medicare or other health insurance does not pay.

You must tell both your CAO and Customer Service at 1.866.483.2908 if you have Medicare or other health insurance. When you go to a provider or to a pharmacy it is helpful to show the provider or pharmacy your Medicare card and your ACCESS card. This helps make sure your health care bills are paid.

Coordination of Benefits

If you have Medicare, and the service or other care you need is covered by Medicare, you can get care from any Medicare provider you pick. The provider does not have to be in Community Care's network. You also do not have to get prior authorization from Community Care. Community Care will work with Medicare to decide if it needs to pay the provider after Medicare pays first, if the provider is enrolled in the Medical Assistance program.

If you need a service that is not covered by Medicare but is covered by Community Care, you must get the service from a Community Care network provider. All Community Care rules, such as prior authorization and specialist referrals, apply to these services.

If you do not have Medicare but you have other health insurance and you need a service or other care that is covered by your other insurance, you must get the service from a provider that is in both the network of your other insurance and Community Care's network. You need to follow the rules of your other insurance and Community Care, such as prior authorization and specialist referrals. Community Care will work with your other insurance to decide if it needs to pay for the services after your other insurance pays the provider first.

If you need a service that is not covered by your other insurance, you must get the services from a Community Care network provider. All Community Care rules, such as prior authorization and specialist referrals, apply to these services.

Reporting Fraud and Abuse

How do you report member fraud or abuse?

If you think that someone is using your or another member's Community Care card to get services, equipment, or medicines, is forging or changing their prescriptions, or is getting services they do not need, you can call the Community Care Fraud and Abuse Hotline at 1.866.445.5190 to give Community Care this information. You may also report this information to the Department of Human Services Fraud and Abuse Reporting Hotline at 1.844.DHS.TIPS (1.844.347.8477).

How do you report provider fraud or abuse?

Provider fraud is when a provider bills for services, equipment, or medicines you did not get or bills for a different service than the service you received. Billing for the same service more than once or changing the date of the service are also examples of provider fraud. To report provider fraud you can call the Community Care's Fraud and Abuse Hotline at 1.866.445.5190. You may also report this information to the DHS Fraud and Abuse Reporting Hotline at 1.844.DHS.TIPS (1.844.347.8477).

Section 3: Behavioral Health Services

Covered Services

Read this chapter carefully so you know what services are covered. If you still have questions about which services are covered or need more information about a covered service, contact Customer Service at 1.866.483.2908.

The following services are covered by Community Care:

- Behavioral health rehabilitation services (BHRS) (child/adolescent)
- Clozapine (Clozaril®) support services
- Medically managed intensive inpatient withdrawal management (formerly drug and alcohol inpatient hospital-based detoxification services) (adolescent and adult)
- Medically managed intensive inpatient services (formerly drug and alcohol inpatient hospital-based rehabilitation services) (adolescent and adult)
- Drug and alcohol outpatient services
- Drug and alcohol methadone maintenance services
- Family based mental health services
- Laboratory (when related to a behavioral health diagnosis and prescribed by a behavioral health practitioner under the practitioner's scope of practice)
- Mental health crisis intervention services
- Mental health inpatient hospitalization
- Mental health outpatient services
- Mental health partial hospitalization services
- Peer support services
- Residential treatment facilities (child/adolescent)
- Targeted case management services

Other Services

The services discussed are specific to Bedford and Somerset Counties and may not be available in other areas.

Rehabilitative and Day Treatment Program Services

- Psychiatric Rehabilitation (Mobile): Services provided in an individual's home, education setting or other community setting. Mobile services are used rather than site-based resources to assist individuals with functional disabilities resulting from mental illness. The service is designed to be a short-term intervention based on individual goals. Services are provided on an individual basis and are face-to-face.

- Psychiatric Rehabilitation (Site-Based): Services to provide opportunities for individuals with functional disabilities resulting from serious mental illness to explore and develop social, work, leisure, and community living skills, which will enable them to live as independently as possible in communities of their choice.

Outpatient Drug and Alcohol Services

- Intensive Outpatient (IOP): These programs generally provide 9-19 hours of structured programming per week for adults and 6-19 hours for adolescents consisting primarily of counseling and education about addiction -related and mental health problems.
- Outpatient in an Alternative Setting: Services provided by a licensed drug/alcohol outpatient clinic to individuals under age 21 in alternative settings such as school or the individual's home.

Drug and Alcohol Inpatient Non-Hospital Services

- Clinically Managed Low Intensity Residential Services: Provides 24-hour treatment services to assist a person with substance use disorder to attain and maintain a drug free lifestyle. Halfway house services provide a home-like structure.
- Medically Monitored Inpatient Withdrawal Management: 24-hour professionally directed substance abuse evaluation, treatment services, and medication management to assist a person who is physically dependent on alcohol, illegal drugs, and/or prescription medications to withdraw from the drug(s) of dependence.
- Residential Rehabilitation-High and Low Intensity: 24-hour professionally directed substance abuse evaluation and treatment services to assist a person with substance abuse disorder.

Drug and Alcohol Partial Hospitalization

- Drug-Free: These programs generally feature 20 or more hours of clinically intensive programming per week for individuals with substance use disorders.
- Methadone Maintenance: These programs generally feature 20 or more hours of clinically intensive programming per week for individuals with substance use disorders. Methadone maintenance programs also provide prescribed medications as well as treatment services.

Drug and Alcohol Behavioral Health Services

- Outpatient Practitioner: Individual, group, or family therapy provided in an office setting by an individual or group of individuals who are licensed psychologists, social workers, credentialed counselors, or certified addictions counselors and allied addictions practitioners.
- Drug and Alcohol Services/Other: Includes general activities or miscellaneous services of a specialized nature that are provided to individuals with special needs on an

outpatient/mobile basis. These services support substance abuse identification and recovery through outreach, intervention, assessment, or treatment. Examples include:

  - Certified Recovery Specialist: Offer guidance to individuals struggling with addiction through the shared experience of a mutually supportive relationship with another individual who has personal experience with a journey of recovery.
  - Level of Care Assessment: A face-to-face evaluation of the client to ascertain the degree and severity of alcohol and other drug use in order to determine the appropriate services and/or treatment modality.

- Targeted Case Management: Individualized, client-centered service targeted to persons with substance use disorder who have multiple and complex needs. The purpose is to provide support, advocacy, and assistance in accessing needed services and resources.

Mental Health General Services

- Community Mental Health Services, Other: Includes general activities or miscellaneous services of a specialized nature that are provided to individuals with special needs on an outpatient/mobile basis. Examples include:
  - Dual Diagnosis Treatment Teams: Comprehensive community-based services to members with an intellectual disability and significant mental illness.
  - Forensic Support Case Management: This community-based service assists an individual in Somerset County with linkage to mental health and substance use disorder treatment, as well as community-based resources and navigating the criminal justice system including probation/probation, court proceedings, etc.
  - Mobile Mental Health Treatment: A masters level therapist works in the home with adults (age 21 and over) who are unable to participate in mental health treatment in a traditional outpatient setting due to complex psychiatric, psychosocial, and medical needs.
- Outpatient Practitioner: Individual, group, or family therapy provided in an office setting by a licensed individual or group of individuals.

Services That Are Not Covered

Community Care covers only your behavioral health services. Your physical health MCO will cover your physical health services, most medications, dental care, and vision care. If you have any questions about whether or not Community Care covers a service for you, please call Customer Service at 1.866.483.2908.

Second Opinions

You have the right to ask for a second opinion if you are not sure about any medical treatment or service that is suggested for you. A second opinion may give you more information that can help you make important decisions about your treatment. A second opinion is available to you at no cost.

Call Customer Service at 1.866.483.2908 to ask for the name of another Community Care network provider to get a second opinion. If there are not any other providers in Community Care's network, you may ask Community Care for approval to get a second opinion from an out-of-network provider.

What is prior authorization?

Some services need approval from Community Care before you can get the service. This is called prior authorization. For services that need prior authorization, Community Care decides whether a requested service is medically necessary before you get the service. You or your provider must make a request to Community Care for approval before you get the service.

What does medically necessary mean?

"Medically necessary" means that a service or medicine does one of the following:

- It will, or is reasonably expected to, prevent an illness, condition, or disability.
- It will, or is reasonably expected to, reduce or improve the physical, mental, or developmental effects of an illness, condition, injury, or disability.
- It will help you to get or keep the ability to perform daily tasks, taking into consideration both your abilities and the abilities or someone of the same age.

If you need any help understanding when a service is medically necessary or would like more information, please call Customer Service at 1.866.483.2908.

How to Ask for Prior Authorization

Community Care pays for mental health and substance use services. Some of these services require prior approval before entering the treatment level. Your provider may ask you questions about how you are feeling, services you might have had in the past, and what has worked for you, to help determine what kind of treatment services would be most appropriate. The provider will work with you to identify the treatment intervention and they will contact Community Care to obtain the prior approval/authorization.

If you need help to better understand the prior authorization process, talk to your service provider or call Customer Service at 1.866.483.2908.

If you or your provider would like a copy of the medical necessity guidelines or other rules that were used to decide your prior authorization request, call Customer Service at 1.866.483.2908.

What services or medicines need to be prior authorized?

The following chart identifies services that require prior authorization.

Service	Prior Authorization Required?	Type of Prior Authorization
Behavioral health rehabilitation services (BHRS)	Yes	Written
Certified peer specialist	Yes	Online
Certified recovery specialist	Yes	Online
Clinically managed low intensity residential services	Yes	Telephonic
Clozapine (Clozaril®) support services	No	
Dual diagnosis treatment (DDT)	Yes	Telephonic
Drug and alcohol level of care assessment	No	
Drug and alcohol intensive outpatient	No	
Drug and alcohol partial hospitalization	Yes	Written
Drug and alcohol partial hospitalization methadone maintenance	No	
Drug and alcohol outpatient	No	
Drug and alcohol outpatient in an alternative setting	No	
Emergency services	No	
Emergency medical transportation	No	
Family-based mental health services (FBMHS)	Yes	Written
Forensic support case management	Yes	Online
Inpatient hospital services	Yes	Telephonic
Laboratory	No	
Medically managed intensive inpatient services	Yes	Telephonic
Medically managed intensive inpatient withdrawal management	Yes	Telephonic
Medically monitored inpatient withdrawal management	Yes	Online or Telephonic
Medication-assisted treatment (MAT)	No	
Mental health crisis intervention	No	

Mental health inpatient	Yes	Telephonic
Mental health outpatient	No	
Mental health partial hospitalization services	Yes	Written
Mobile mental health	Yes	Online
Outpatient medications	No	
Outpatient practitioner	No	
Outpatient services	No	
Peer support	Yes	Online
Project transitions	Yes	Written/Telephonic
Psychiatric rehabilitation (mobile)	Yes	Online
Psychiatric rehabilitation (site-based)	Yes	Online
Residential rehabilitation-high & low intensity	Yes	Telephonic
Residential treatment facility (child/adolescent)	Yes	Written
Targeted case management	Yes	Online
Telehealth	No	

If you or your provider is unsure about whether a service requires prior authorization, call Customer Service at 1.866.483.2908

Prior Authorization of a Service

Community Care will review the prior authorization request and the information you or your provider submitted. Community Care will tell you of its decision within two business days of the date Community Care received the request if Community Care has enough information to decide if the service is medically necessary.

If Community Care does not have enough information to decide the request, Community Care must tell your provider within 48 hours of receiving the request that Community Care needs more information to decide the request and allow 14 days for the provider to give Community Care more information. Community Care will tell you of Community Care's decision within two business days after Community Care receives the additional information.

You and your provider will get a written notice telling you if the request is approved or denied and, if it was denied, the reason it was denied.

What if I receive a denial notice?

If Community Care denies a request for a service or medicine or does not approve it as requested, you can file a complaint or a grievance. If you file a complaint or grievance for denial of an ongoing service or medicine, Community Care must authorize the service or medicine until the complaint or grievance is resolved. See Section 7: Complaints, Grievances, and Fair Hearings for detailed information on complaints and grievances.

Service Descriptions

Emergency Services

Emergency services are services needed to treat or evaluate an emergency medical condition, including a behavioral health condition. An emergency medical condition is a condition that is so severe that a reasonable person with no medical training would believe that there is an immediate risk to a person's life or long-term health. If you have an emergency medical condition, go to the nearest emergency room, dial 911, or call your local ambulance provider. You do not have to get prior approval from Community Care to get emergency services and you may use any hospital or other setting for emergency care.

If you are unsure if your condition requires emergency services, call Customer Service at 1.866.483.2908, 24 hours a day, seven days a week.

Emergency Medical Transportation

Your physical health plan covers emergency medical transportation by an ambulance for emergency medical conditions. If you need an ambulance, call 911 or your local ambulance provider. Do not call MATP (described in Medical Assistance Transportation Program (MATP) of this handbook) for emergency medical transportation.

Outpatient Services

Community Care covers outpatient services for behavioral health needs and substance use disorders. Outpatient services do not require an overnight stay at a hospital. Community Care will help arrange for these services at one of our network providers.

Members are encouraged to access outpatient services from our network of contracted outpatient providers. No prior authorization is required for outpatient services. If you need help finding an outpatient service provider in your county, call Customer Service at 1.866.483.2908 or use our “Find a Provider” search function on the Community Care website at www.ccbh.com.

Inpatient Hospital Services

Community Care covers inpatient hospital services for behavioral health needs and substance use disorders. You must use a hospital in Community Care's network. To find out if a hospital is in Community Care's network, call Customer Service at 1.866.483.2908. You may also go to the provider directory on Community Care's website at https://members.ccbh.com/find-provider/provider-directory/ to check if a hospital is in Community Care's network.

It is important to follow up with your doctor after you are discharged from the hospital. You should go to all your appointments after you leave the hospital. You will usually have a doctor's appointment within seven days of your discharge from the hospital.

Outpatient Medications

Your physical health plan covers most of the outpatient medications you need for your behavioral health care. Outpatient medications are medications that you do not get in the hospital. If you have any questions about outpatient medications, you can call Customer Service at 1.866.483.2908.

Medication-Assisted Treatment (MAT)

MAT uses medications such as methadone, Suboxone®, or Vivitrol® to treat opioid dependence. Methadone is covered by Community Care. Suboxone®, Vivitrol®, and other medications used to treat opioid dependence are prescribed by Community Care's network providers and covered by your physical health plan. If you have any questions about MAT, you can call Customer Service at 1.866.483.2908.

Telehealth

Some services may be provided to you through videoconferencing technology (you talk to your doctor or other provider on an electronic screen). This is called telehealth. The use of telehealth helps members receive hard to schedule services more quickly. If you are offered a service through telehealth, you will be given a choice between telehealth services or face-to-face services.

Section 4: Out-of-Network and Out-of-Plan Services

Out-of-Network Providers

An out-of-network provider is a provider that does not have a contract with Community Care to provide services to Community Care's members. There may be a time when you need to use a provider or hospital that is not in Community Care's network. If this happens, you can call Customer Service at 1.866.483.2908. Community Care will check to see if there is another provider in your area that can give you the same type of care you need. If Community Care cannot give you a choice of at least two providers in your area, Community Care will cover the treatment by the out-of-network provider.

Getting Care While Outside of Community Care's Service Area

If you are outside of Community Care's service area and have a medical emergency, go to the nearest emergency room or call 911. For emergency medical conditions, you do not have to get approval from Community Care to get care.

If you need care for a non-emergency condition while outside of the service area, call Customer Service at 1.866.483.2908 who will help you to get the most appropriate care.

Community Care will not pay for services received outside of the United States.

Out-of-Plan Services

You may be eligible to get services other than those provided by Community Care. Below are some services that are available but are not covered by Community Care. If you would like help in getting these services, please call Customer Service at 1.866.483.2908.

Non-Emergency Medical Transportation

Community Care does not cover non-emergency medical transportation for HealthChoices members. Community Care can help you arrange transportation to covered service appointments through programs such as Shared Ride or the Medical Assistance Transportation Program described below.

If you have questions about non-emergency medical transportation, please call Customer Service at 1.866.483.2908.

Medical Assistance Transportation Program (MATP)

MATP provides non-emergency transportation to medical appointments and pharmacies, at no cost to you if you need help to get to your appointment or to the pharmacy. The MATP in the

county where you live will determine your need for the program and provide the right type of transportation for you. Transportation services are typically provided in the following ways:

- Where public transportation is available, the MATP provides tokens or passes or reimburses you for the fare for public transportation.
- If you can use your own or someone else's car, the MATP may pay you an amount per mile plus parking and tolls with valid receipts.
- Where public transportation is not available or is not right for you, the MATP provides rides in paratransit vehicles, which include vans, lift-equipped vans, or taxis. Usually the vehicle will have more than one rider with different pick-up and drop-off locations.

If you need transportation to a medical appointment or to the pharmacy, contact the MATP to get more information and to register for services. See Other Phone Numbers under Important Contact Information in Section 1 of this member handbook or visit the Department of Human Services MATP website at http://matp.pa.gov/CountyContact.aspx.

MATP will work with Community Care to confirm that the medical appointment you need transportation for is a covered service. Community Care works with MATP to help you arrange transportation. You can also call Customer Service for more information at 1.866.483.2908.

Women, Infants, and Children Program

The Women, Infants, and Children Program (WIC) provides healthy foods and nutrition services to infants, children under the age of five, and women who are pregnant, have given birth, or are breastfeeding. WIC helps you and your baby eat well by teaching you about good nutrition and giving you food vouchers to use at grocery stores. WIC helps babies and young children eat the right foods so they can grow up healthy. You can ask your maternity care provider for a WIC application at your next visit or call 1.800.WIC.WINS (1.800.942.9467). For more information visit the WIC website at www.pawic.com

Domestic Violence Crisis and Prevention

Everyone knows a victim of domestic violence. They could be your neighbors, your co-workers, or members of your family. Most victims of domestic violence are women, but men can be victims too. Domestic violence happens in a family or an intimate relationship as a way for one person to control another.

Domestic violence includes physical abuse such as hitting, kicking, choking, shoving, or using objects like knives and guns to injure the victim. It also includes harming someone emotionally by threats, name-calling, or putting someone down. Victims may be raped or forced into unwanted sexual acts. A spouse or partner may steal money and other items, destroy personal belongings, hurt pets, threaten children, or not allow someone to leave the home, work, or see their friends and family.

If any of these things are happening to you, or you are afraid of your partner, you may be in an abusive relationship. Domestic violence is a crime and legal protections are available to you. Leaving a violent relationship is not easy, but you can get help.

Where to get help:

National Domestic Violence Hotline
1.800.799.7233 (SAFE)
1.800.787.3224 (TTY)
https://www.thehotline.org/

Pennsylvania Coalition Against Domestic Violence
1.800.932.4632 (in Pennsylvania)
1.800.537.2238 (national)
http://www.pcadv.org/

The services provided to domestic violence victims include: crisis intervention, counseling; going along to police, medical, and court appointments; and temporary emergency shelter for victims and their dependent children. Prevention and educational programs are also provided to lower the risk of domestic violence in the community.

Section 5: Mental Health Advance Directives

Mental Health Advance Directives

A mental health directive is a document that allows you to state the mental health care you want if you become physically or mentally unable to decide for yourself. There are two types of mental health advance directives: Mental Health Declarations and Mental Health Powers of Attorney. If you have either a Mental Health Declaration or a Mental Health Power of Attorney, you should give it to your mental health care providers, and a trusted family member or friend so that they know your wishes.

If the laws regarding Mental Health Declarations and Mental Health Powers of Attorney are changed, Community Care will tell you in writing what the change is within 90 days of the change. For information on Community Care's policies on Mental Health Declarations and Mental Health Powers of Attorney, call Customer Service at 1.866.483.2908 or visit the Community Care website at www.ccbh.com.

Mental Health Declaration

A Mental Health Declaration is a document that you create. It can include:

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

Your provider must have a copy of your Mental Health Declaration in order to follow it. Your Mental Health Declaration will be used if you are physically or mentally unable to make decisions for yourself. You may revoke or change a Mental Health Declaration as long as you are able to revoke or change it.

Mental Health Power of Attorney

A Mental Health Power of Attorney is a document in which you give someone else the power to make mental health treatment decisions for you if you are physically or mentally unable to make decisions for yourself. It also states what must happen for the Power of Attorney to take effect. To create a Mental Health Power of Attorney, you may but do not have to get legal help. You may revoke or change a Mental Health Power of Attorney as long as you are able to revoke or change it.

Help with Creating Mental Health Declarations and Mental Health Powers of Attorney

If you would like to have a Mental Health Declaration or a Mental Health Power of Attorney, or both, and need help creating one, you can contact an advocacy organization such as the Mental Health Association in Pennsylvania toll-free at 1.866.578.3659, or email info@mhapa.org. They will provide you with forms and answer any questions. You can also contact Customer Service at 1.866.483.2908 for more information or direction to resources near you.

What to Do If a Provider Does Not Follow Your Mental Health Declaration or Your Mental Health Power of Attorney

Providers do not have to follow your Mental Health Declaration or Mental Health Power of Attorney if, as a matter of conscience, your decisions are against clinical practice and medical standards, because the treatment you want is unavailable, or because what you want the provider to do is against the provider's policies. If your provider cannot follow your Mental Health Declaration or Mental Health Power of Attorney, Community Care will help you find a provider that will carry out your wishes. Please call Customer Service at 1.866.483.2908.

If a provider does not follow your Mental Health Declaration or Mental Health Power of Attorney, you may file a complaint. Please see Section 7 of this handbook, Complaints, Grievances, and Fair Hearings, for information on how to file a complaint; or call Customer Service at 1.866.483.2908.

Section 6: Physical Health Services

Who covers your physical health services?

Physical health services are available through your HealthChoices physical health managed care organization (PH-MCO) or your Community HealthChoices managed care organization (CHC-MCO). If you have questions about physical health services, you will need to contact the managed care organization (MCO) that provides these services. If you are unsure if you are enrolled in a PH-MCO or a CHC-MCO, contact your local CAO.

PH-MCOs have Special Needs Units that help coordinate members' physical health services with their behavioral health needs. If a CHC-MCO participant is eligible for long-term services and supports, the participant's service coordinator will work with the participant to create a care plan that addresses the participant's physical and behavioral health needs. If a CHC-MCO participant is not eligible for long-term services and supports and needs additional assistance with services, the participant can receive assistance from a service coordinator.

No matter which MCO plan covers your physical health services, you will be a member of Community Care as long as you are enrolled in a HealthChoices program and live in Bedford or Somerset Counties.

Your Physical Health Needs

If you need any of the following services, the services will be provided by your PH-MCO or CHC-MCO:

- Check-ups.
- Services for a physical health condition or illness.
- Most medications. Please see Outpatient Medications and Medication-Assisted Treatment for more information about which MCO covers medications.
- An ambulance.

Coordinating Physical Health and Behavioral Health Care

Your overall health can be improved greatly when your providers consider both your physical health and behavioral health needs at the same time and coordinate your care. Actions you can take to help your providers better coordinate your health needs include:

- Signing release forms that will allow your providers to share information with each other about the treatment you are getting.
- Telling your physical health provider:
    - About all of the medications you take for your behavioral health diagnosis.

    - About any changes in your behavioral health diagnosis or treatment.
- Telling your behavioral health provider:
    - About all of the medications you take for your physical health diagnosis.
    - About any changes in your physical health diagnosis or treatment.

HealthChoices Physical Health

Selecting Your PH-MCO

If you are new to HealthChoices, and have not yet selected a PH-MCO you may contact PA Enrollment Services to help you choose a health plan that best meets your needs. If you do not choose a PH-MCO, a PH-MCO will be chosen for you. If you want to change your PH-MCO, you may also contact PA Enrollment Services.

To contact PA Enrollment Services call 1.800.440.3989 or 1.800.618.4225 (TTY), Monday-Friday, 8:00 a.m. to 6:00 p.m.

Community HealthChoices (CHC)

CHC is Pennsylvania's Medical Assistance managed care program that includes physical health benefits and long-term services and supports (LTSS). The Office of Long-Term Living (OLTL) in the Department of Human Services oversees the physical health benefits and LTSS of CHC. Those services are provided through the CHC-MCOs.

CHC serves individuals who also have Medicare coverage and disabled adults age 21 and over.

If you have questions regarding CHC call 1.833.735.4416.

CHC Implementation Timeline

The CHC program will be phased-in across the state over three years. The table below includes the dates the CHC program will be implemented in each geographic HealthChoices zone.

Southwest Region	Southeast Region	Lehigh/Capital, Northwest & Northeast Region
January 2018	January 2019	January 2020
Allegheny, Armstrong, Beaver, Bedford, Blair, Butler, Cambria, Fayette, Greene, Indiana, Lawrence, Somerset, Washington, Westmoreland	Bucks, Chester, Delaware, Montgomery, Philadelphia	Adams, Berks, Bradford, Cameron, Carbon, Centre, Clarion, Clearfield, Clinton, Columbia, Crawford, Cumberland, Dauphin, Elk, Erie, Forest, Franklin, Fulton, Huntingdon, Jefferson, Juniata, Lackawanna, Lancaster, Lebanon, Lehigh, Luzerne, Lycoming, McKean, Mercer, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Pike, Potter, Schuylkill, Snyder, Sullivan, Susquehanna, Tioga, Union, Venango, Warren, Wayne, Wyoming, York

Selecting Your CHC-MCO

If you are new to HealthChoices and need help choosing your CHC-MCO, you may visit www.enrollchc.com or call 1.844.824.3655. If you do not choose a CHC-MCO, a CHC-MCO will be chosen for you.

Section 7: Complaints, Grievances, and Fair Hearings

Complaints, Grievances, and Fair Hearings

If a provider or Community Care does something that you are unhappy about or do not agree with, you can tell Community Care or the Department of Human Services what you are unhappy about or that you disagree with what the provider or Community Care has done. This section describes what you can do and what will happen.

Complaints

What Is a Complaint?

A complaint is when you tell Community Care you are unhappy with Community Care or your provider or do not agree with a decision by Community Care.

Some things you may complain about:

- You are unhappy with the care you are getting.
- You cannot get the service you want because it is not a covered service.
- You have not gotten services that Community Care has approved.

First Level Complaint

What should I do if I have a complaint?

To file a first level Complaint:

- Call Community Care Customer Service at 1.866.483.2908 and tell Community Care your complaint, or
- Write down your complaint and send it to Community Care by mail or fax.

Community Care's address for complaints:

Community Care Behavioral Health Organization
Complaints and Grievances
109 West Main Street, Suite 203
Somerset, PA 15501

Fax number: 1.833.622.3982

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

When should I file a first level complaint?

Some complaints have a time limit on filing. You must file a complaint within **60 days of getting a notice** telling you that:

- Community Care has decided that you cannot get a service you want because it is not a covered service.
- Community Care will not pay a provider for a service you got.
- Community Care did not tell you its decision about a complaint or grievance you told Community Care about within 30 calendar days from when Community Care got your complaint or grievance.
- Community Care has denied your request to disagree with Community Care's decision that you have to pay your provider.

You must file a complaint **within 60 days of the date you should have gotten a service** if you did not get a service. The time by which you should have received a service is listed below:

- If you need services because of an emergency, services must be provided within one hour.
- If you need services because of an urgent situation, services must be provided within 24 hours.
- If you need a routine appointment or specialty referral, your appointment must be within seven days.

You may file **all other complaints at any time.**

What happens after I file a first level complaint?

After you file your complaint, you will get a letter from Community Care telling you that Community Care has received your complaint, and about the first level complaint review process.

You may ask Community Care to see any information Community Care has about the issue you filed your complaint about at no cost to you. You may also send information that you have about your complaint to Community Care.

You may attend the complaint review if you want to attend it. You may appear at the Complaint review in person, by phone, or by videoconference. If you decide that you do not want to attend the complaint review, it will not affect the decision.

A committee of one or more Community Care staff who were not involved in and do not work for someone who was involved in the issue you filed your complaint about will meet to make a decision about your complaint. If the complaint is about a clinical issue, a licensed doctor will be on the committee. Community Care will mail you a notice within 30 calendar days from the date

you filed your first level complaint to tell you the decision on your first level complaint. The notice will also tell you what you can do if you do not like the decision.

If you need more information about help during the complaint process, see What kind of help can I have with the complaint and grievance processes?

What to do to continue getting services:
If you have been getting the services that are being reduced, changed, or denied and you file a complaint verbally, or that is faxed, postmarked, or hand-delivered within one day of the date on Community Care's notice telling you that the acute inpatient services you have been receiving are not a covered service for you or within 10 days of the date on Community Care's notice telling you that any other services you have been receiving are not covered services for you, the services will continue until a decision is made.

What if I do not like Community Care's decision?

You may ask for an external complaint review, a Fair Hearing, or an external complaint review and a Fair Hearing if the complaint is about one of the following:

- Community Care's decision that you cannot get a service you want because it is not a covered service.
- Community Care's decision to not pay a provider for a service you got.
- Community Care's failure to decide a complaint or grievance you told Community Care about within 30 calendar days from when Community Care got your complaint or grievance.
- You are not getting a service within the time by which you should have received it.
- Community Care's decision to deny your request to disagree with Community Care's decision that you have to pay your provider.

You must ask for an external complaint review within **15 days of the date you got the first level complaint decision notice**.

You must ask for a Fair Hearing within **120 days from the date on the notice** telling you the complaint decision.

For all other complaints, you may file a second level complaint within **45 days of the date you got the complaint decision notice**.

For information about Fair Hearings, see Department of Human Services Fair Hearings.

For information about external complaint review, see External Complaint Review.

If you need more information about help during the complaint process, see What kind of help can I have with the complaint and grievance processes?

Second Level Complaint

What should I do if I want to file a second level complaint?

To file a second level complaint:

- Call Community Care at 1.866.483.2908 and tell Community Care your second level complaint, or
- Write down your second level complaint and send it to Community Care by mail or fax.

Community Care's address for second level complaints:

Community Care Behavioral Health Organization
Complaints and Grievances
109 West Main Street, Suite 203
Somerset, PA 15501

Fax number: 1.833.622.3982

What happens after I file a second level complaint?

After you file your second level complaint, you will get a letter from Community Care telling you that Community Care has received your complaint, and about the second level complaint review process.

You may ask Community Care to see any information Community Care has about the issue you filed your complaint about at no cost to you. You may also send information that you have about your complaint to Community Care.

You may attend the complaint review if you want to attend it. Community Care will tell you the location, date, and time of the complaint review at least 15 days before the complaint review. You may appear at the complaint review in person, by phone, or by videoconference. If you decide that you do not want to attend the complaint review, it will not affect the decision.

A committee of three or more people, including at least one person who does not work for Community Care, will meet to decide your second level complaint. The Community Care staff on the committee will not have been involved in and will not have worked for someone who was involved in the issue you filed your complaint about. If the complaint is about a clinical issue, a licensed doctor will be on the committee. Community Care will mail you a notice within 45 calendar days from the date you filed your second level complaint to tell you the decision on your second level complaint. The letter will also tell you what you can do if you do not like the decision.

If you need more information about help during the complaint process, see What kind of help can I have with the complaint and grievance processes?

What if I do not like Community Care's decision on my second level complaint?

You may ask for an external review by either the Department of Health or the Insurance Department.

You must ask for an external review **within 15 days of the date you got the second level complaint decision notice.**

External Complaint Review

How do I ask for an external complaint review?

You must send your request for external review of your complaint in writing to either:

Pennsylvania Department of Health
Bureau of Managed Care
Health and Welfare Building, Room 912
625 Forster Street
Harrisburg, PA 17120-0701
Telephone number: 1.888.466.2787

or

Pennsylvania Insurance Department
Bureau of Consumer Services
Room 1209, Strawberry Square
Harrisburg, Pennsylvania 17120
Telephone number: 1.877.881.6388

If you ask, the Department of Health will help you put your complaint in writing.

The Department of Health handles complaints that involve the way a provider gives care or services. The Insurance Department reviews complaints that involve Community Care's policies and procedures. If you send your request for external review to the wrong department, it will be sent to the correct department.

What happens after I ask for an external complaint review?

The Department of Health or the Insurance Department will get your file from Community Care. 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 such as your representative during the external review.

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

What to do to continue getting services:
If you have been getting the services that are being reduced, changed, or denied and your request for an external complaint review is postmarked or hand-delivered within one day of the date on the notice telling you Community Care's first level complaint decision that you cannot get acute inpatient services you have been receiving because they are not covered services for you or within 10 days of the date on the notice telling you Community Care's first level complaint decision that you cannot get any other services you have been receiving because they are not covered services for you, the services will continue until a decision is made.

Grievances

What is a grievance?

When Community Care denies, decreases, or approves a service different than the service you requested because it is not medically necessary, you will get a notice telling you Community Care's decision.

A grievance is when you tell Community Care you disagree with Community Care's decision.

What should I do if I have a grievance?

To file a grievance:

- Call Community Care at 1.866.483.2908 and tell Community Care your grievance, or
- Write down your grievance and send it to Community Care by mail or fax.

Community Care's address for grievances:

Community Care Behavioral Health Organization
Complaints and Grievances
109 West Main Street, Suite 203
Somerset, PA 15501

Fax number:1.833.622.3982

Your provider can file a grievance for you if you give the provider your consent in writing to do so. If your provider files a grievance for you, you cannot file a separate grievance on your own.

When should I file a grievance?

You must file a grievance within **60 days from the date you get the notice** telling you about the denial, decrease, or approval of a different service for you.

What happens after I file a grievance?

After you file your grievance, you will get a letter from Community Care telling you that Community Care has received your grievance, and about the grievance review process.

You may ask Community Care to see any information that Community Care used to make the decision you filed your grievance about at no cost to you. You may also send information that you have about your grievance to Community Care.

You may attend the grievance review if you want to attend it. Community Care will tell you the location, date, and time of the grievance review at least 15 days before the day of the grievance review. You may appear at the grievance review in person, by phone, or by videoconference. If you decide that you do not want to attend the grievance review, it will not affect the decision.

A committee of three or more people, including a licensed doctor, will meet to decide your grievance. The Community Care staff on the committee will not have been involved in and will not have worked for someone who was involved in the issue you filed your grievance about. Community Care will mail you a notice within 30 calendar days from the date you filed your grievance to tell you the decision on your grievance. The notice will also tell you what you can do if you do not like the decision.

If you need more information about help during the grievance process, see What kind of help can I have with the complaint and grievance processes?

What to do to continue getting services:
If you have been getting services that are being reduced, changed, or denied and you file a grievance verbally, or that is faxed, postmarked, or hand-delivered within one day of the date on the notice telling you that acute inpatient services you have been receiving are being reduced, changed, or denied or within 10 days of the date on the notice telling you that any other services you have been receiving are being reduced, changed, or denied, the services will continue until a decision is made.

What if I do not like Community Care's decision?

You may ask for an external grievance review or a Fair Hearing, or you may ask for both. A Fair Hearing is your appeal presented at the DHS, Bureau of Hearings and Appeals to make a decision regarding your complaint. An external grievance review is a review by a doctor who does not work for Community Care.

You must ask for an external grievance review within **15 days of the date you got the grievance decision notice**.

You must ask for a Fair Hearing from the Department of Human Services **within 120 days from the date on the notice** telling you the grievance decision.

For information about Fair Hearings, see Department of Human Services Fair Hearings.

For information about external grievance review, see below.

If you need more information about help during the grievance process, see What kind of help can I have with the complaint and grievance processes?

External Grievance Review

How do I ask for external grievance review?

To ask for an external grievance review:

- Call Community Care at 1.866.483.2908 and tell Community Care your grievance, or
- Write down your grievance and send it to Community Care by mail or fax.

Community Care's address for grievances:

Community Care Behavioral Health Organization
Complaints and Grievances
109 West Main Street, Suite 203
Somerset, PA 15501

Fax number: 1.833.622.3982

Community Care will send your request for external grievance review to the Department of Health.

What happens after I ask for an external grievance review?

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 grievance review process.

Community Care 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 all the reason(s) for the decision and what you can do if you do not like the decision.

What to do to continue getting services:
If you have been getting the services that are being reduced, changed, or denied and you ask for an external grievance review verbally or in a letter that is postmarked or hand-delivered within one day of the date on the notice telling you Community Care's grievance decision that acute inpatient services you have been receiving are being reduced, changed, or denied or within 10 days of the date on the notice telling you Community Care's grievance decision that any other services you have been receiving are being reduced, changed, or denied, the services will continue until a decision is made.

Expedited Complaints and Grievances

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

If your doctor believes that waiting up to 30 calendar days to get a decision about your complaint or grievance could harm your health, you or your doctor may ask that your complaint or grievance be decided more quickly. For your complaint or grievance to be decided more quickly:

- You must ask Community Care for an early decision by calling Community Care Customer Service at 1.866.483.2908 and faxing letter to 1.833.622.3982 or sending an email to CCBH_CustomerService@ccbh.com.
- Your doctor should fax a signed letter to 888.251.0087 within 72 hours of your request for an early decision that explains why Community Care taking up to 30 calendar days to tell you the decision about your complaint or grievance could harm your health.

If Community Care does not receive a letter from your doctor and the information provided does not show that taking the usual amount of time to decide your complaint or grievance could harm your health, Community Care will decide your complaint or grievance in the usual time frame of 30 calendar days from when Community Care first got your complaint or grievance.

Expedited Complaint and Expedited External Complaint

Your expedited complaint will be reviewed by a committee that includes a licensed doctor. Members of the committee will not have been involved in and will not have worked for someone who was involved in the issue you filed your complaint about.

You may attend the expedited complaint review if you want to attend it. You can attend the complaint review in person, but may have to appear by phone or by videoconference because Community Care has a short amount of time to decide an expedited complaint. If you decide that you do not want to attend the complaint review, it will not affect the decision.

Community Care will tell you the decision about your complaint within 48 hours of when Community Care gets your doctor's letter explaining why the usual time frame for deciding your complaint will harm your health or within 72 hours from when Community Care gets your

request for an early decision, whichever is sooner, unless you ask Community Care to take more time to decide your complaint. You can ask Community Care to take up to 14 more days to decide your complaint. You will also get a notice telling you the reason(s) for the decision and how to ask for expedited external complaint review, if you do not like the decision.

If you did not like the expedited complaint decision, you may ask for an expedited external complaint review from the Department of Health within **two business days from the date you get the expedited complaint decision notice**. To ask for expedited external review of a complaint:

- Call Community Care at 1.866.483.2908 and tell Community Care your complaint, or
- Send an email to Community Care at CCBH_CustomerService@ccbh.com, or
- Write down your complaint and send it to Community Care by mail or fax.

Community Care's address:

Community Care Behavioral Health Organization
Complaints and Grievances
109 West Main Street, Suite 203
Somerset, PA 15501

Fax number: 1.833.622.3982

Expedited Grievance and Expedited External Grievance

A committee of three or more people, including a licensed doctor, will meet to decide your grievance. The Community Care staff on the committee will not have been involved in and will not have worked for someone who was involved in the issue you filed your grievance about.

You may attend the expedited grievance review if you want to attend it. You can attend the grievance review in person, but may have to appear by phone or by videoconference because Community Care has a short amount of time to decide the expedited grievance. If you decide that you do not want to attend the grievance review, it will not affect our decision.

Community Care will tell you the decision about your grievance within 48 hours of when Community Care gets your doctor's letter explaining why the usual time frame for deciding your grievance will harm your health or within 72 hours from when Community Care gets your request for an early decision, whichever is sooner, unless you ask Community Care to take more time to decide your grievance. You can ask Community Care to take up to 14 more days to decide your grievance. You will also get a notice telling you the reason(s) for the decision and what to do if you do not like the decision.

If you do not like the expedited grievance decision, you may ask for an expedited external grievance review or an expedited Fair Hearing by the Department of Human Services or both an expedited external grievance review and an expedited Fair Hearing.

You must ask for expedited external grievance review by the Department of Health within **two business days from the date you get the expedited grievance decision notice**. To ask for expedited external review of a grievance:

- Call Community Care at 1.866.483.2908 and tell Community Care your grievance, or
- Send an email to Community Care at CCBH_CustomerService@ccbh.com, or
- Write down your grievance and send it to Community Care by mail or fax.

Community Care's address for grievances:

Community Care Behavioral Health Organization
Complaints and Grievances
109 West Main Street, Suite 203
Somerset, PA 15501

Fax number: 1.833.622.3982

Community Care will send your request to the Department of Health within 24 hours after receiving it.

You must ask for a Fair Hearing within **120 days from the date on the notice** telling you the expedited grievance decision.

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

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

At any time during the complaint or grievance process, you can have someone you know represent you or act for you. If you decide to have someone represent or act for you, tell Community Care, in writing, the name of that person and how Community Care can reach him or her.

You or the person you choose to represent you may ask Community Care to see any information Community Care has about the issue you filed your complaint or grievance about at no cost to you.

You may call Community Care's toll-free telephone number at 1.866.483.2908 if you need help or have questions about complaints and grievances, you can contact the Pennsylvania Legal Aid Network at 800.322.7572 or call the Pennsylvania Health Law Project at 1.800.274.3258.

Persons Whose Primary Language Is Not English

If you ask for language services, Community Care will provide the services at no cost to you. These services may include:

- Providing in-person language interpreters.
- Providing language interpreters over the phone.
- Providing document translation.

Persons with Disabilities

Community Care 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 Community Care at the complaint or grievance review in an alternative format. The alternative format version will be given to you before the review.
- Providing someone to help copy and present information.

Department of Human Services Fair Hearings

In some cases you can ask the Department of Human Services to hold a hearing because you are unhappy about or do not agree with something Community Care did or did not do. These hearings are called "Fair Hearings." You can ask for a Fair Hearing after Community Care decides your first level complaint or decides your grievance.

What can I request a Fair Hearing about and by when do I have to ask for a Fair Hearing?

Your request for a Fair Hearing must be postmarked within 120 days from the date on the notice telling you Community Care's decision on your first level complaint or grievance about the following:

- The denial of a service you want because it is not a covered service.
- The denial of payment to a provider for a service you got and the provider can bill you for the service.
- Community Care's failure to decide a first level complaint or grievance you told Community Care about within 30 calendar days from when Community Care got your complaint or grievance.
- The denial of your request to disagree with Community Care's decision that you have to pay your provider.

- The denial of a service, decrease of a service, or approval of a service different from the service you requested because it was not medically necessary.
- You're not getting a service within the time by which you should have received a service.

You can also request a Fair Hearing within 120 days from the date on the notice telling you that Community Care failed to decide a first level complaint or grievance you told Community Care about within 30 calendar days from when Community Care got your complaint or grievance.

How do I ask for a Fair Hearing?

Your request for a Fair Hearing must be in writing.

Your Fair Hearing request needs to include the following information:

- Your (the member's) name and date of birth.
- A telephone number where you can be reached during the day.
- Whether you want to have the Fair Hearing in person or by telephone.
- The reason(s) you are asking for a Fair Hearing.
- A copy of any letter you received about the issue you are asking for a Fair Hearing about.

You may mail your request for a Fair Hearing to the following address:

Department of Human Services
Office of Mental Health Substance Abuse Services
Division of Quality Management
Commonwealth Towers, 12th Floor
P.O. Box 2675
Harrisburg, PA 17105-2675

Or

You may fax your request for a Fair Hearing to the following fax number: 717.772.7827

What happens after I ask for a Fair Hearing?

You will get a letter from the Department of Human Services' 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. You MUST participate in the Fair Hearing.

Community Care will also go to your Fair Hearing to explain why Community Care made the decision or explain what happened.

You may ask Community Care to give you any records, reports and other information about the issue you requested your Fair Hearing about at no cost to you.

When will the Fair Hearing be decided?

The Fair Hearing will be decided within 90 days from when you filed your complaint or grievance with Community Care, not including the number of days between the date on the written notice of the Community Care's first level complaint decision or grievance decision and the date you asked for a Fair Hearing.

If you requested a Fair Hearing because Community Care did not tell you its decision about a complaint or grievance you told Community Care about within 30 calendar days from when Community Care got your complaint or grievance, your Fair Hearing will be decided within 90 days from when you filed your complaint or grievance with Community Care, not including the number of days between the date on the notice telling you that Community Care failed to timely decide your complaint or grievance and the date you asked for a Fair Hearing.

The Department of Human Services will send you the decision in writing and tell you what to do if you do not like the decision.

If your Fair Hearing is not decided within 90 days from the date the Department of Human Services receives your request, you may be able to get your services until your Fair Hearing is decided. You can call the Department of Human Services at 1.800.798.2339 to ask for your services.

What to do to continue getting services:
If you have been getting the services that are being reduced, changed, or denied and you ask for a Fair Hearing and your request is postmarked or hand-delivered within one day of the date on the notice telling you Community Care's first level complaint or grievance decision that acute inpatient services you have been receiving are being reduced, changed, or denied or within 10 days of the date on the notice telling you Community Care's first level complaint or grievance decision that any other services you have been receiving are being reduced, changed, or denied, the services will continue until a decision is made.

Expedited Fair Hearing

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

If your doctor believes that waiting the usual time frame for deciding a Fair Hearing could harm your health, you may ask that the Fair Hearing take place more quickly. This is called an expedited Fair Hearing. You can ask for an early decision by calling the Department at 1.800.798.2339 or by faxing a letter to 717.772.6328. Your doctor must fax a signed letter to 717.772.6328 explaining why taking the usual amount of time to decide your Fair Hearing could

harm your health. If your doctor does not send a letter, your doctor must testify at the Fair Hearing to explain why taking the usual amount of time to decide your Fair Hearing could harm your health.

The Bureau of Hearings and Appeals will schedule a telephone hearing and will tell you its decision within three business days after you asked for a 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 the Fair Hearing will be decided using the usual time frame for deciding a Fair Hearing.

You may call Community Care's toll-free telephone number at 1.866.483.2908 if you need help or have questions about Fair Hearings, you can contact the Pennsylvania Legal Aid Network at 800.322.7572 or call the Pennsylvania Health Law Project at 1.800.274.3258.