Dear CBH Member,

Welcome to the CBH Network!

The purpose of this Member Handbook is to serve as a resource for your behavioral health needs. In it you will find information about emergency assistance, available services, and complaints and grievances.

It is important to read through the Handbook carefully so that you are aware of all services within the CBH network as well as your rights and responsibilities as a CBH member.

Due to federal and state regulations, the content of this Handbook may be subject to change. For the most up-to-date information, please view the digital version of the CBH Member Handbook online at cbhphilly.org.

Sincerely,

CBH Staff
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 page 41.

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 Behavioral Health

Community Behavioral Health (CBH) welcomes you as a member of HealthChoices and CBH!

The Philadelphia behavioral health system includes the Department of Behavioral Health & Intellectual disAbility Services (DBHIDS), of which CBH is a division, and provider of services. The behavioral health system is here to help people with substance use or mental health challenges achieve health, well-being, and self-determination.
CBH is a managed care organization (MCO). CBH works with our Pennsylvania (PA) state partners at the PA Department of Human Services Office of Mental Health and Substance Use Services (OMHSAS). Together we manage behavioral health benefits for Philadelphia residents who receive Medical Assistance (MA), also known as Medicaid, through the PA Medicaid program, called HealthChoices.

CBH is the only behavioral health care MCO for Philadelphia County. CBH does not directly provide services. We help arrange and pay for your behavioral health services, which include mental health and substance use services.

These services are provided by network providers. Network providers are behavioral health agencies and independent practitioners that provide services to CBH members. Providers are procured and added to the network based on service needs. CBH provides referrals to members of these agencies based on member needs and choice.

CBH makes sure that you are receiving the kind of services you need and that the services are covered under HealthChoices. CBH may not cover all your health care expenses. Read your handbook carefully to determine which health care services are covered. You can call CBH at 1-888-545-2600 (TTY-1-888-436-7482) with any questions about behavioral healthcare services. You can also visit our website at https://www.cbhphilly.org.

CBH’s Member Services are available 24 hours a day, 7 days a week and can be reached at 1-888-545-2600 (TTY-1-888-436-7482). 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 CBH. If you speak a language other than English, staff can help you access interpreter services.

CBH Member Services can also be contacted in writing at:

Community Behavioral Health
801 Market Street, 7th Floor
Philadelphia, PA 19107
ATTN: Member Services

On the opposite page is a map of Philadelphia County and the ZIP codes CBH serves.
Member Identification Cards

CBH does not provide member identification cards beyond normal ACCESS cards.

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.

![ACCESS card]

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 CBH Member Services for help: 1-888-545-2600 (TTY-1-888-436-7482). For TTY services, call the Pennsylvania Relay Operator at 711.

Emergencies

Please see Section 3, Behavioral Health Services, beginning on page 25, for more information about emergency services. If you have an emergency, you can get help by calling the numbers below; more information on Emergency Services can be found on page 32.

If you have an emergency, always get help right away by calling 911 or going to the emergency room. You don’t need to call CBH first.

Emergency Hotlines

If you are thinking about hurting yourself, please call one of these numbers:

- Crisis/Suicide Counseling Hotline
  215-686-4420
  for 24/7 counseling, consultation, and referrals for people with urgent behavioral health needs

- National Suicide Hotline: 1-800-273-TALK
  If you, your child, or someone you know is in a behavioral health crisis, call this number. Someone is available 24/7 to connect you to the nearest emergency service. If necessary, they will send a mobile emergency team to your location.

- Mental Health Delegates Line
  215-685-6440
  for 24/7 help arranging crisis services for people with urgent behavioral health needs and for emergency placements and to report missing persons with intellectual disability after 5PM

Crisis Response Centers

Adults

- Einstein Medical Center
  215-951-8300 | 5501 Old York Road

- Friends Hospital
  215-831-4600 | 4641 Roosevelt Boulevard

- Pennsylvania Hospital
  215-829-5433 | Spruce Building, 801 Spruce Street, 1st Floor

- Temple University Hospital Episcopal Campus
  215-707-2577 | 100 East Lehigh Avenue

Child

- Philadelphia Children’s Crisis Response Center
  215-878-2600 | 3300 Henry Avenue, Falls Two Building
## Important Contact Information — At a Glance

<table>
<thead>
<tr>
<th>Name</th>
<th>Contact Information: Phone or Website</th>
<th>Support Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pennsylvania Department of Human Services Phone Numbers</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| County Assistance Office/COMPASS | 1-877-395-8930  
1-800-451-5886 *(TTY/TTD)*  
[www.compass.state.pa.us](http://www.compass.state.pa.us)  
[myCOMPASS PA](http://myCOMPASS PA) mobile app for smart phones | Change your personal information for Medical Assistance eligibility. See page 14 of this handbook for more information. |
| Fraud and Abuse Reporting Hotline, Department of Human Services | 1-844-DHS-TIPS  
(1-844-347-8477) | Report member or provider fraud or abuse in the Medical Assistance Program. See page 23 of this handbook for more information. |
| **Other Important Phone Numbers** | | |
| Insurance Department, Bureau of Consumer Services | 1-877-881-6388 | Ask for a Complaint form, file a Complaint or talk to a consumer services representative. |
| Protective Services | 1-800-490-8505 | 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. |

## Other Phone Numbers

### Assistance Accessing Services

- **Community Behavioral Health (CBH)**
  1-888-545-2600 *(TTY-1-888-436-7482)*  
  for 24/7 help with mental health and substance use services

- **Behavioral Health Specialist Initiative**
  215-546-1200, business hours Monday through Friday  
  for help for people with substance use challenges who do not have insurance

- **Intellectual disAbility Line**
  215-685-5900  
  for routine assistance, emergency placements, and to report missing persons with intellectual disability

- **Intellectual disAbility Line After 5PM**
  215-685-6440  
  for emergency placements and to report missing persons with intellectual disability after 5PM

### Domestic Violence Resources

- **Philadelphia Domestic Violence Hotline**
  1-866-723-3014  
  for 24/7 information or support for you or someone you know

- **Women Against Abuse**
  215-386-1280

- **Women Against Abuse (Shelter)**
  215-386-7777

- **Women in Transition**
  215-751-1111

- **Lutheran Settlement House** *(Español):* 215-462-8610
MEMBER HANDBOOK

Section 1: Welcome

Housing Resources

- **ChildLine and Abuse Registry**
  1-800-932-0313

- **Office of Supportive Housing**
  215-686-7150
  for help finding a shelter (all genders)

- **Salvation Army**
  215-568-5111
  for women and children seeking shelter

- **Outreach Coordination Center**
  215-232-1984
  for anyone experiencing homelessness who needs help

Transportation

- **Logistecare**
  1-877-835-7412
  for those who need help getting transportation to a behavioral health appointment

Other Assistance

- **The Pennsylvania Department of Human Services (PA DHS)**
  1-800-692-7462
  for cash assistance insurance and benefits coverage

- **Social Security Administration**
  1-800-772-1213
  for disability and older adult financial benefits

Advocacy Groups

- **Community Legal Services**
  215-981-3700

  legal aid for adults and children

- **Consumer Satisfaction Team, Inc.**
  215-923-9627
  advocacy for adults and children

- **Disabilities Law Project**
  215-238-8070
  legal aid for individuals with disabilities

- **Family Resource Network**
  215-599-5176
  consultation by phone, in person, workshops, and groups; family support groups; information about incarcerated loved ones who may be mentally ill

- **Mental Health Partnerships**
  215-751-1800
  advocacy for adults

- **Parents Involved Network**
  267-507-3860
  parents seeking support in advocating for children

Communication Services

CBH can provide this Handbook and other information you need in languages other than English at no cost to you. CBH 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 CBH Member Services at 1-888-545-2600 (TTY-1-888-436-7482) to ask for any help you need. Depending on the information you need, it may take up to 5 days for CBH to send you the information.

CBH 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 CBH.
Member Services at 1-888-545-2600 (TTY-1-888-436-7462) and CBH Member Services 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 CBH Member Services at 1-888-545-2600 (TTY-1-888-436-7482) 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 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 CBH Member Services at 1-888-545-2600 (TTY-1-888-436-7482) 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 CBH 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**

The CBH’s provider directory has information about the providers in CBH’s network. The provider directory is located online here: [https://cbhphilly.org/cbh-members/provider-directory/](https://cbhphilly.org/cbh-members/provider-directory/). You may call CBH Member Services at 1-888-545-2600 (TTY-1-888-436-7482) 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
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, CBH will help you choose your new provider. Call CBH Member Services at 1-888-545-2600 (TTY-1-888-436-7482) for help.

- If you are a new member of CBH 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 CBH’s network, you can continue to get your services from your current provider for up to 60 days. CBH will pay your provider for these services. If your current provider is not enrolled in the Pennsylvania Medical Assistance Program, CBH will not pay for services you receive from your provider. If you need help finding a provider in CBH’s network, call CBH Member Services at 1-888-545-2600 (TTY-1-888-436-7482)

- There may be times when a provider leaves CBH’s network. For example, a provider could close or move. When a provider you are receiving services from leaves CBH’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 CBH Member Services at 1-888-545-2600 (TTY-1-888-436-7482).

If you need help getting to your provider’s appointment, please see the Medical Assistance Transportation Program (MATP) section on page 35 of this Handbook or call CBH Member Services at the phone number above.

Appointment Standards

CBH providers must provide services within 1 hour for emergencies, within 24 hours for urgent situations, and within 7 days for routine appointments and specialty referrals. 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 CBH for behavioral health problems 24 hours a day, 7 days a week.
SECTION 2: RIGHTS AND RESPONSIBILITIES

Member Rights and Responsibilities

Community Behavioral Health (CBH) 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 CBH 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 CBH staff and network providers;
2. To get information that you can easily locate and understand about CBH, its services and the providers that treat you when you need it;
3. To pick any CBH 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 CBH’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 CBH;
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 CBH’s decision that a service is not medically necessary for you (Information about the process can be found beginning on page 52).
11. To file a Complaint if you are unhappy about the care or treatment you have received (Information about the process can be found beginning on page 45).
12. To ask for a Department of Human Services Fair Hearing (Information about the process can be found beginning on page 60).
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 CBH 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, CBH, or network providers treat you.

Member Responsibilities

Members need to work with their providers of behavioral health services. CBH 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.


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 CBH coverage, including all covered and non-covered benefits and limits.

9. Use only network providers unless CBH approves an out-of-network provider.

10. Respect other patients, provider staff, and provider workers.

11. Report fraud and abuse to the CBH Compliance Hotline (1-800-229-3050) and the Department of Human Services Fraud and Abuse Reporting Hotline (1-866-379-8477).

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.

The chart below explains who can consent to treatment.

<table>
<thead>
<tr>
<th>If the Child is</th>
<th>Then He or She</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 14 years of age</td>
<td>Must have parent’s or legal guardian’s permission to get mental health care</td>
</tr>
<tr>
<td>14 years of age or older</td>
<td>Can get mental health care without parent’s or legal guardian’s permission</td>
</tr>
<tr>
<td>Any age</td>
<td>Can get help for alcohol or drug problems without parent’s or legal guardian’s permission</td>
</tr>
</tbody>
</table>

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.

To learn more about who can consent to treatment, you can call CBH Member Services at 1-888-545-2600 (TTY-1-888-436-7482). Sometimes it is hard to understand that a child has privacy rights and can consent to mental health care. CBH can help you better understand these rights so that you can provide the best support for your child that you can.

Privacy and Confidentiality

CBH must protect the privacy of your personal health information (PHI). CBH 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 CBH can pay your providers. It also includes sharing your PHI with the Department of Human Services. This information is included in CBH’s Notice of Privacy Practices. To get a copy of CBH’s Notice of Privacy Practices, please call the CBH Privacy Officer at 215-413-8585 or visit https://cbhphilly.org.

Billing Information

Providers in CBH’s network may not bill you for services that CBH covers. Even if your provider has not received payment or the full amount of his or her charge from CBH, 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 CBH 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 CBH 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 CBH network provider and you think the provider should not have billed you, you can call CBH Member Services at 1-888-545-2600 (TTY-1-888-436-7482).

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 CBH pays. CBH can only be billed for the amount that your Medicare or other health insurance does not pay.

You must tell both your CAO and CBH Member Services at 1-888-545-2600 (TTY-1-888-436-7482) 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 CBH’s network. You also do not have to get prior authorization from CBH. CBH 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 CBH, you must get the service from a CBH network provider. All CBH 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 CBH’s network. You need to follow the rules of your other insurance and CBH, such as prior authorization and specialist referrals. CBH 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 CBH network provider. All CBH 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 ACCESS 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 CBH Fraud and Abuse Hotline at 1-800-229-3050 to give CBH 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).
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 CBH Member Services at 1-888-545-2600 (TTY-1-888-436-7482).

Services covered by Community Behavioral Health (CBH) are listed and described in Appendix I on page 65.

Services That Are Not Covered

CBH 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 CBH covers a service for you, please call CBH Member Services at 1-888-545-2600 (TTY-1-888-436-7482).

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 CBH Member Services at 1-888-545-2600 (TTY-1-888-436-7482) to ask for the name of another CBH network provider to get a second opinion. If there are not any other providers in CBH’s network, you may ask CBH for approval to get a second opinion from an out-of-network provider.

What is Prior Authorization?

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 CBH’s Fraud and Abuse Hotline at 1-800-229-3050. You may also report this information to the DHS Fraud and Abuse Reporting Hotline at 1-844-DHS-TIPS (1-844-347-8477).
Some services need approval from CBH before you can get the service. This is called Prior Authorization. For services that need prior authorization, CBH decides whether a requested service is medically necessary before you get the service. You or your provider must make a request to CBH for approval before you get the service. The following pages show the authorization requirements for a variety of services.

### 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 of someone the same age.

If you need any help understanding when a service or medicine is medically necessary or would like more information, please call CBH Member Services at 1-888-545-2600 (TTY-1-888-436-7482).

### How to Ask for Prior Authorization

Some CBH services may require a prior authorization. A prior authorization means that both your provider and CBH must approve the services before you can receive them. Your provider is responsible for asking CBH for the prior authorization. CBH will review the provider’s request, and your service will be approved if your needs meet the medical necessity criteria for that service. Medical necessity criteria refers to a list of symptoms and circumstances that make a service “medically necessary” for your health. This helps to ensure you receive services that are right for you and in the right amount. If CBH denies the request for service(s), we will send a letter explaining the decision, and those services will not be approved for payment.

(Continued on page 31)

### Covered Services, Adults (Ages 18 and Over)

<table>
<thead>
<tr>
<th>Category</th>
<th>Service</th>
<th>Is Prior Authorization Required?</th>
<th>How Do I Access the Service?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Emergency Services</strong></td>
<td>Crisis Intervention</td>
<td>No</td>
<td>If you need emergency services, call 911 or go to a Crisis Response Center or Emergency Room.</td>
</tr>
<tr>
<td></td>
<td>Crisis Walk-In (Crisis Response Center)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Urgent Services</strong></td>
<td>24-Hour Observation</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Acute Inpatient Psychiatric Hospitalization</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Subacute Inpatient Psychiatric Hospitalization</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Extended Acute Care</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Drug &amp; Alcohol Medically Monitored Detoxification</td>
<td>Yes</td>
<td>If you believe you need treatment in an inpatient unit, you will need to go to an Emergency Room or Crisis Response Center for assessment.</td>
</tr>
<tr>
<td></td>
<td>Inpatient Drug and Alcohol Medically Managed Detoxification</td>
<td>Yes</td>
<td>If you are seeking substance use services, you can also go to a Substance Use Assessment Center.</td>
</tr>
<tr>
<td></td>
<td>Inpatient Drug and Alcohol Medically Managed Rehabilitation</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td><strong>Crisis Intervention</strong></td>
<td>Crisis Residence</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td><strong>Non-Urgent Services</strong></td>
<td>Mental Health Outpatient Services</td>
<td>No</td>
<td>Search the Provider Directory on our website or call Member Services to find an outpatient provider. The provider will assist you with access to these services.</td>
</tr>
<tr>
<td></td>
<td>Community Integrated Recovery Centers</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mobile Psychiatric Rehabilitation Services</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>
## Section 3: Behavioral Health Services

### Covered Services, Children and Adolescents

(Up to Age 18, 21 for Some Services)

<table>
<thead>
<tr>
<th>Category</th>
<th>Service</th>
<th>Is Prior Authorization Required?</th>
<th>How Do I Access the Service?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Urgent Services (Continued)</td>
<td>Mental Health Partial Hospitalization</td>
<td>Yes</td>
<td>Search the Provider Directory on our website or call Member Services to find an outpatient provider. The provider will assist you with access to these services.</td>
</tr>
<tr>
<td>Mental Health Outpatient Treatment</td>
<td>Clozapine</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Psychological Testing</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Electroconvulsive Therapy</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Drug &amp; Alcohol Outpatient Treatment</td>
<td>Drug &amp; Alcohol Outpatient Services</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Intensive Outpatient Program</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Drug &amp; Alcohol Partial Hospitalization</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Medication Assisted Treatment</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Intensive Case Management</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Case Management Services &amp; Peer Support</td>
<td>Blended Case Management</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Resource Coordination</td>
<td>Yes</td>
<td></td>
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<tr>
<td></td>
<td>Drug &amp; Alcohol Targeted Case Management</td>
<td>Yes</td>
<td></td>
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<tr>
<td></td>
<td>Assertive Community Treatment</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Certified Peer Specialist</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Residential Rehabilitation Services for Drug &amp; Alcohol Dependence/Addiction</td>
<td>Drug &amp; Alcohol Halfway House</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Drug &amp; Alcohol Medically Monitored Residential, Short-Term</td>
<td>No</td>
<td>If you believe you need treatment in a residential rehabilitation setting, you will need to go to an Emergency Room or Crisis Response Center Assessment. If you are seeking substance use services, you can also go to a Substance Use Assessment Center.</td>
</tr>
<tr>
<td></td>
<td>Drug &amp; Alcohol Medically Monitored Residential, Long Term</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Residential Treatment Facilities for Adults (RTFA)</td>
<td>Residential Treatment Facilities for Adults (RTFA)</td>
<td>Yes</td>
<td>If you believe you need treatment in an RTFA, you must be connected to a current provider who will provide a psychiatric evaluation. If you do not have an existing provider, contact Member Services to be connected.</td>
</tr>
</tbody>
</table>

### Urgent Services

<table>
<thead>
<tr>
<th>Category</th>
<th>Service</th>
<th>Is Prior Authorization Required?</th>
<th>How Do I Access the Service?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Services</td>
<td>Crisis Intervention Walk-In</td>
<td>No</td>
<td>If you/your child has a non-life-threatening emergency and needs mobile services, call the Mental Health Delegate Line at 215-685-6440. You can also call 911 or go directly to a Crisis Response Center or Emergency Room.</td>
</tr>
<tr>
<td></td>
<td>Children’s Mobile Crisis Team</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Residential Rehabilitation Services for Drug &amp; Alcohol Dependence/Addiction</td>
<td>Adolescent Drug &amp; Alcohol Residential Rehabilitation</td>
<td>Yes</td>
<td>If you believe you/your child needs treatment in an inpatient unit, you will need to be assessed at an Emergency Room or Crisis Response Center.</td>
</tr>
<tr>
<td></td>
<td>Acute Inpatient Psychiatric Hospitalization</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Crisis Intervention</td>
<td>Children’s Mobile Intervention Services (CMIS)</td>
<td>No</td>
<td>If you believe you/your child needs treatment from Children’s Mobile Intervention Services, you will need to be assessed at an Emergency Room or Crisis Response Center or by a Children’s Mobile Crisis Team.</td>
</tr>
<tr>
<td></td>
<td>Crisis Stabilization Unit</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

### Non-Urgent Services

<table>
<thead>
<tr>
<th>Category</th>
<th>Service</th>
<th>Is Prior Authorization Required?</th>
<th>How Do I Access the Service?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health Outpatient Treatment</td>
<td>Mental Health Outpatient Services</td>
<td>No</td>
<td>Search the Provider Directory on our website or call Member Services to find an outpatient provider.</td>
</tr>
<tr>
<td></td>
<td>Acute Partial Hospital Program</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Psychological Testing</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>
### Section 3: Behavioral Health Services

<table>
<thead>
<tr>
<th>Category</th>
<th>Service</th>
<th>Is Prior Authorization Required?</th>
<th>How Do I Access the Service?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Non-Urgent Services (Continued)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug &amp; Alcohol Outpatient Treatment</td>
<td>Drug &amp; Alcohol Outpatient Services</td>
<td>No</td>
<td>Search the Provider Directory on our website or call Member Services to find an outpatient provider. The provider will assist you with access to these services.</td>
</tr>
<tr>
<td></td>
<td>Drug &amp; Alcohol Intensive Outpatient Program</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Case Management Services</td>
<td>Blended Case Management</td>
<td>Yes</td>
<td>For more information and to access Case Management services contact 215-599-2150.</td>
</tr>
<tr>
<td></td>
<td>Enhanced Case Management</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Intensive Behavioral Health Services (IBHS)</td>
<td>Mobile Therapy (MT)</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Behavior Consultation (BC)</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Behavior Health Technician (BHT)</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Care Coordinator</td>
<td>No</td>
<td></td>
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<tr>
<td></td>
<td>Family Peer Support</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Applied Behavioral Analysis (ABA) Behavioral Consultation</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ABA Board Certified Behavior Analyst (BCBA)</td>
<td>No</td>
<td>Search the Provider Directory on our website or call Member Services to find an outpatient provider. The provider will assist you with scheduling an evaluation which is required to access these services.</td>
</tr>
<tr>
<td></td>
<td>ABA Behavioral Health Technician (BHT)</td>
<td>Yes</td>
<td></td>
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<tr>
<td></td>
<td>Early Childhood Treatment Programs</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Summer Therapeutic Activities Program (STAP)</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Family Based Services</td>
<td>Family Based Services</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Functional Family Therapy</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Residential Treatment Facilities (RTF)</td>
<td>Multi-systemic Therapy for Problem Sexual Behaviors (MST-PSB)</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Residential Treatment Facility (JCAHO and Non-JCAHO certified)</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Community Residential Rehabilitation (CRR) Host Home</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

(Continued from page 26)

If you need help to better understand the prior authorization process, talk to your service provider or call CBH Member Services at 1-888-545-2600 (TTY-1-888-436-7482).

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, visit [https://cbhphilly.org/cbh-providers/oversight-and-monitoring/medical-necessity-criteria/](https://cbhphilly.org/cbh-providers/oversight-and-monitoring/medical-necessity-criteria/).

### What Services or Medicines Need to Be Prior Authorized?

CBH does not pay for medication. Medications, including medications you take for your behavioral health, are covered by your Physical Health Managed Care Organization (PH-MCO). Please refer to your PH-MCO to find out which medications are covered.

See the charts on pages 27-30 to see which services require prior authorization.

If you or your provider is unsure about whether a service requires prior authorization, call CBH Member Services at 1-888-545-2600 (TTY-1-888-436-7482).

### Prior Authorization of a Service

Prior authorizations for urgent services can be requested 24 hours per day. CBH will call your provider to let them know if the request was approved or denied within 24 hours of the request.

Prior authorizations for non-urgent services are processed during normal business hours. When a non-urgent service request is received outside of business hours, the request is marked as received on the next business day. CBH will make a decision about non-urgent service requests within 2 business days of receiving the request.

If CBH does not have enough information to decide the request, CBH must tell your provider within 4 hours of receiving the request that CBH needs more information to decide the request and allow 14 days for the provider to give CBH more information. CBH will tell you of its decision within 2 business days after it 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 CBH denies a request for a service 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, CBH must authorize the service until the Complaint or Grievance is resolved. See Section 7, Complaints, Grievances, and Fair Hearings, starting on page 44 of this Handbook 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 CBH to get emergency services and you may use any hospital or other setting for emergency care.

**Outpatient Services**

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

**Inpatient Hospital Services**

CBH covers inpatient hospital services for behavioral health needs and substance use disorders. You must use a hospital in CBH’s network. To find out if a hospital is in CBH’s network, call CBH Member Services at 1-888-545-2600 (TTY-1-888-436-7482). You may also go to the provider directory on CBH’s website at https://cbhphilly.org/cbh-members/provider-directory/ to check if a hospital is in CBH’s network.

If you are outside of the Philadelphia area and need emergency mental health or substance use services, call 911 or go to the closest hospital or clinic to receive emergency care. The emergency provider will contact CBH to ensure payment is arranged.

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 7 days of your discharge from the hospital.

**Outpatient Medications**

CBH does not pay for medication. Medications, including medications you take for your behavioral health, are covered by your Physical Health Managed Care Organization (PH-MCO). Please refer to your PH-MCO to find out which medications are covered.

**Medication-Assisted Treatment**

Medication-Assisted Treatment uses medications such as Methadone, Suboxone, or Vivitrol to treat opioid dependence. Medication-Assisted Treatment is covered by CBH. Methadone, Suboxone, Vivitrol, and other medications used to treat opioid dependence are prescribed by CBH’s network providers and covered by your physical health plan. If you have any questions about Medication-Assisted Treatment, you can call CBH Member Services at 1-888-545-2600 (TTY-1-888-436-7482).

**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. The CBH network currently offers limited access to telehealth 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 Behavioral Health (CBH) to provide services to CBH’s members. There may be a time when you need to use a provider or hospital that is not in CBH’s network. If this happens, you can call CBH Member Services at 1-888-545-2600 (TTY-1-888-436-7482). CBH will check to see if there is another provider in your area that can give you the same type of care you need. If CBH cannot give you a choice of at least two providers in your area, CBH will cover the treatment by the out-of-network provider.

Getting Care While Outside of CBH’s Service Area

If you are outside of CBH’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 CBH to get care.

If you need care for a non-emergency condition while outside of the service area, call CBH Member Services at 1-888-545-2600 (TTY-1-888-436-7482) who will help you to get the most appropriate care.

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

Out-of-Plan Services

You may be eligible to receive services other than those provided by CBH. Below are some services that are available but are not covered by CBH. If you would like help arranging—but not paying for—these services, please call CBH Member Services at 1-888-545-2600 (TTY-1-888-436-7482).

Non-Emergency Medical Transportation

CBH does not cover non-emergency medical transportation for HealthChoices members. CBH 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 CBH Member Services at 1-888-545-2600 (TTY-1-888-436-7482).

Medical Assistance Transportation Program

The Medical Assistance Transportation Program (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. Logisticare is the MATP for Philadelphia County; they can be reached at 1-877-835-7412. You can also visit the Department of Human Services MATP website at http://matp.pa.gov/CountyContact.aspx.
MATP will work with CBH to confirm that the medical appointment you need transportation for is a covered service. CBH works with MATP to help you arrange transportation. You can also call CBH Member Services for more information at 1-888-545-2600 (TTY-1-888-436-7482).

**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 (5), 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 [https://www.pawic.com](https://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 is 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 [https://www.thehotline.org/](https://www.thehotline.org/)
1-800-799-7233 (SAFE)
TTY-1-800-787-3224

Pennsylvania Coalition Against Domestic Violence [https://www.pcadv.org/](https://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.

1-800-932-4632 (in Pennsylvania)
1-800-537-2238 (national)
**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.

Both the Mental Health Declaration and the Mental Health Power of Attorney must be in writing. Just saying what you want is not enough.

If the laws regarding Mental Health Declarations and Mental Health Powers of Attorney are changed, Community Behavioral Health (CBH) will tell you in writing what the change is within 90 days of the change. For information on CBH’s policies on Mental Health Declarations and Mental Health Powers of Attorney, call CBH Member Services at 1-888-545-2600 (TTY-1-888-436-7482) or visit the CBH’s website at [https://cbhphilly.org](https://cbhphilly.org).

**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 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 (call toll-free at 1-866-578-3659 or email info@mhapa.org) or Mental Health Partnerships (call 1-215-751-1800). They will provide you with forms and answer any questions.
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 Behavioral Health (CBH) as long as you are enrolled in a HealthChoices program and live in Philadelphia County.

Your Physical Health Services

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 Section 3, Outpatient Medications and Medication-Assisted Treatment, beginning on page 32, 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.

Philadelphia County has the following PH-MCOs:

- **Aetna Better Health**: 1-866-638-1232 (TTY: Relay, 7-1-1)
- **Health Partners Plans**: 1-800-553-0784 (TTY: 215-849-1579)
- **Keystone First**: 1-800-521-6860 (TTY:1-800-684-5505)
- **United Healthcare Community Plan of Pennsylvania**: 1-800-321-4462 - (TTY:1-800-654-5984)

To contact *PA Enrollment Services*, call 1-800-440-3989 or TTY-1-800-618-4225, Monday-Friday, 8:00 a.m. to 6:00 p.m.

**Community HealthChoices**

Community HealthChoices (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 Community HealthChoices. Those services are provided through the Community HealthChoices managed care organizations (MCOs).

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

CHC members have the choice of the following three managed care organizations to coordinate physical health care and long-term services and supports:
MEMBER HANDBOOK

SECTION 7: COMPLAINTS, GRIEVANCES, AND FAIR HEARINGS

Complaints, Grievances, and Fair Hearings

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

Complaints

What Is a Complaint?

A Complaint is when you tell CBH you are unhappy with CBH or your provider or do not agree with a decision by CBH.

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 CBH has approved.

Community HealthChoices Implementation Timeline

The CHC program will be phased-in across the state over 3 years. The table below includes the dates the CHC program will be implemented in each geographic HealthChoices zone.

<table>
<thead>
<tr>
<th>Region</th>
<th>January 2018</th>
<th>January 2019</th>
<th>January 2020</th>
</tr>
</thead>
</table>

Selecting Your CHC-MCO

If you are new to HealthChoices and need help choosing your CHC-MCO, you may visit [https://www.enrollchc.com/](https://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.

If you have questions regarding CHC call (833) 735-4416.
First Level Complaint

What Should I Do If I Have a Complaint?

To file a first level Complaint:

- Call CBH at 1-888-545-2600 (TTY-1-888-436-7482) and tell CBH your Complaint, or
- Write down your Complaint and send it to CBH by mail or fax. CBH’s address and fax number for Complaints:
  
  Community Behavioral Health  
  801 Market Street, 7th Floor  
  Philadelphia, PA 19107  
  ATTN: Quality Management  
  Fax: 215-413-7132

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

- CBH has decided that you cannot get a service you want because it is not a covered service.
- CBH did not tell you it’s decision about a Complaint or Grievance you told CBH about within 30 or fewer days from when CBH got your Complaint or Grievance.
- A denial of payment by CBH after a service(s) has been delivered because the service was provided without authorization by a provider not enrolled in the Pennsylvania Medical Assistance Program.

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 1 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 7 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 CBH telling you that CBH has received your Complaint, and about the First Level Complaint review process.

You may ask CBH to see any information CBH 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 CBH.

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 1 or more CBH 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. CBH will mail you a notice within 30 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 page 59

What to do to continue getting services:
If the complaint is to dispute a decision to discontinue, reduce, or change a service that the member has been receiving because the service is not a covered service, the member must continue to receive the disputed service at the previously authorized level pending resolution of the Complaint. If the Complaint is about an acute level of service, it must be filed orally, hand-delivered, faxed, or post-marked within one day from the mail date on the written notice of decision; Complaints about all other services must be filed within 10 days from the mail date on the written notice of decision.

What If I Do Not Like CBH’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:

- CBH’s decision that you cannot get a service you want because it is not a covered service.
- CBH’s failure to decide a Complaint or Grievance you told CBH about within 30 or fewer days from when CBH got your Complaint or Grievance.
- You not getting a service within the time by which you should have received it.
- A denial of payment by CBH after a service(s) has been delivered because the service was provided without authorization by a provider not enrolled in the Pennsylvania Medical Assistance Program.

A denial of payment by CBH after a service(s) has been delivered because the service is not a covered benefit for the member.

A denial of a member’s request to dispute financial liability, including cost sharing, copayments, premiums, deductibles, coinsurance, and other member financial liabilities.

The failure of CBH to meet the required time frames for providing a service.

You must ask for an external Complaint review within 10 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. In order to allow for delivery of mail, CBH starts the 45-day count 7 days after the mail date.

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 1 day of the date on the notice telling you CBH’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 CBH’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.

For information about Fair Hearings, see page 60
For information about external Complaint review, see page 51
If you need more information about help during the Complaint process, see page 59
Second Level Complaint

What Should I Do If I Want to File a Second Level Complaint?

To file a Second Level Complaint:

- Call CBH at 1-888-545-2600 (TTY-1-888-436-7482) and tell CBH your Second Level Complaint, or

- Write down your Second Level Complaint and send it to CBH by mail or fax.

CBH’s address and fax number for Second Level Complaints

Community Behavioral Health
801 Market Street, 7th Floor
Philadelphia, PA 19107
ATTN: Quality Management
Fax: 215-413-7132

What Happens After I File a Second Level Complaint?

After you file your Second Level Complaint, you will get a letter from CBH telling you that CBH has received your Complaint, and about the Second Level Complaint review process.

You may ask CBH to see any information CBH 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 CBH.

You may attend the Complaint review if you want to attend it. CBH will tell you the location, date, and time of the Complaint review at least 10 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 3 or more people, including at least 1 person who does not work for CBH, will meet to decide your Second Level Complaint. 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. If the Complaint is about a clinical issue, a licensed doctor will be on the committee. CBH will mail you a notice within 45 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 page 59

What If I Do Not Like CBH’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 10 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, Rm 912
625 Forster Street
Harrisburg, PA 17120-0701
Telephone Number: 1-888-466-2787

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 CBH’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 CBH. 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 1 day of the date on the notice telling you CBH’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 CBH’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 CBH 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 CBH’s decision.

A Grievance is when you tell CBH you disagree with CBH’s decision.

**What Should I Do If I Have a Grievance?**

To file a Grievance:

- Call CBH at 1-888-545-2600 (TTY-1-888-436-7482) and tell CBH your Grievance, or

- Write down your Grievance and send it to CBH by mail or fax.

CBH’s address and fax number for Grievances:

Community Behavioral Health
801 Market Street, 7th Floor
Philadelphia, PA 19107
ATTN: Quality Management
Fax: 215-413-7132

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. CBH starts the 60-day count seven days after the mail date.

**What Happens After I File a Grievance?**

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

You may ask CBH to see any information that CBH 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 CBH.

You may attend the Grievance review if you want to attend it. CBH will tell you the location, date, and time of the Grievance review at least 10 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 3 or more people, including a licensed doctor, will meet to decide your Grievance. 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 Grievance about. CBH will mail you a notice within 30 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 page 52

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 1 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 CBH’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 CBH.

You must ask for an external Grievance review within 10 days of the date you got the Grievance decision notice.

You must ask, in writing, 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 page 60
For information about external Grievance review, see below
If you need more information about help during the Grievance process, see page 52

External Grievance Review

How Do I Ask for External Grievance Review?

To ask for an external Grievance review:

- Call CBH at 1-888-545-2600 (TTY-1-888-436-7482) and tell CBH your Grievance, or
- Write down your Grievance and send it to CBH by mail to:
  Community Behavioral Health
  801 Market Street, 7th Floor
  Philadelphia, PA 19107
  ATTN: Quality Management
  Fax: 215-413-7132

CBH 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.

CBH 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 10 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 1 day of the date on the notice telling you CBH’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 CBH’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 30 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. CBH may also determine, based on the complaint concern or denial of services, to expedite the complaint or grievance. For your Complaint or Grievance to be decided more quickly:

- You must ask CBH for an early decision by calling CBH at 1-888-545-2600 (TTY-1-888-436-7482), faxing a letter to 215-413-7132, or sending an email to CBH.Quality.Review@phila.gov.

- Your doctor should fax a signed letter to 215-413-7132 within 72 hours of your request for an early decision that explains why CBH taking 30 days to tell you the decision about your Complaint or Grievance could harm your health.

If CBH 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, CBH will decide your Complaint or Grievance in the usual time frame of 30 days from when CBH 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

Expedited Grievance and Expedited External Grievance

A committee of 3 or more people, including a licensed doctor, will meet to decide your Grievance. The CBH 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 CBH 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.

CBH will tell you the decision about your Grievance within 48 hours of when CBH 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 CBH gets your request for an early decision, whichever is sooner, unless you ask CBH to take more time to decide your Grievance. You can ask CBH 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 2 business days from the date you get the expedited Grievance decision notice. To ask for expedited external review of a Grievance:

- Call CBH at 1-888-545-2600 (TTY-1-888-436-7482) and tell CBH your Complaint, or
- Send an email to CBH at CBH.Quality.Review@phila.gov, or
- Write down your Complaint and send it to CBH by mail or fax:

  801 Market Street, 7th Floor  
  ATTN: Quality Management  
  Philadelphia, PA, 19107  
  Fax: 215-413-7132

CBH 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 CBH 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.

Complaints and Grievances may be filed by you (CBH Member) or your loved ones on your behalf. Please note that, unless the person filing the Complaint or Grievance is a Parent, Guardian, Personal Representative, or other authorized individual, all documentation related to Complaints and Grievances will be sent directly to CBH Members who are age 14 and older. For more information about how to become an authorized representative or a Personal Representative, please visit the CBH Website at [https://cbhphilly.org](https://cbhphilly.org).

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 CBH, in writing, the name of that person and how CBH can reach him or her.

You or the person you choose to represent you may ask CBH to see any information CBH has about the issue you filed your Complaint or Grievance about at no cost to you.

You may call CBH’s toll-free telephone number at 1-888-545-2600 (TTY-1-888-436-7482) if you need help or have questions about Complaints and Grievances, you can contact Pennsylvania Legal Aid Network at 1-800-322-7572 or Community Legal at 215-227-2400 or 215-981-3700 or call the Pennsylvania Health Law Project at 1-800-
Persons Whose Primary Language Is Not English

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

- Providing in-person language interpreters;
- Providing language interpreters over the phone; and
- Providing document translation

Persons with Disabilities

CBH 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 CBH 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

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 CBH did or did not do. These hearings are called “Fair Hearings.” You can ask for a Fair Hearing after CBH decides your Second 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 CBH’s decision on your First Level Complaint about the following:

- CBH’s decision that you cannot get a service you want because it is not a covered service.
- CBH’s failure to decide a Complaint or Grievance you told CBH about within 30 or fewer days from when CBH got your Complaint or Grievance.
- You not getting a service within the time by which you should have received it.
- A denial of payment by CBH after a service(s) has been delivered because the service was provided without authorization by a provider not enrolled in the Pennsylvania Medical Assistance Program.
- A denial of payment by CBH after a service(s) has been delivered because the service is not a covered benefit for the member.
- A denial of a member’s request to dispute financial liability, including cost sharing, copayments, premiums, deductibles, coinsurance, and other member financial liabilities.

You can also request a Fair Hearing within 120 days from the date on the notice telling you that CBH failed to decide a First Level Complaint or Grievance you told CBH about within 30 days from when CBH 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; and

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.

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

You may ask CBH 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 CBH, not including the number of days between the date on the written notice of CBH’s First Level Complaint decision or Grievance decision and the date you asked for a Fair Hearing.

If you requested a Fair Hearing because CBH did not tell you it’s decision about a Complaint or Grievance you told CBH about within 30 days from when CBH got your Complaint or Grievance, your Fair Hearing will be decided within 90 days from when you filed your Complaint or Grievance with CBH, not including the number of days between the date on the notice telling you that CBH 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 1 day of the date on the notice telling you CBH’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 CBH’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 3 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 CBH’s toll-free telephone number at 1-888-545-2600 if you need help or have questions about Fair Hearings, you can contact Community Legal at 215-227-2400 or 215-981-3700 or Pennsylvania Legal Aid Network at 1-800-322-7572 or call the Pennsylvania Health Law Project at 1-800-274-3258.*

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**APPENDIX I: SERVICE DESCRIPTIONS**

**Covered Services, Adults (Ages 18 and Over)**

**Emergency Services**

**Crisis Intervention**

*Crisis Walk-in (Crisis Response Center)*

Crisis Walk-in services (delivered at a Crisis Response Center (CRC)) include an emergency crisis evaluation to determine if a person is eligible for inpatient hospitalization or in need of another service.

**Crisis Mobile (Mobile Emergency Team)**

Crisis Mobile services are dispatched to support a person who is experiencing a behavioral health emergency but is unable to get to a CRC.

**Urgent Services**

**Inpatient Mental Health Services**

*23-Hour Observation (can be for mental health and/or substance use needs)*

These services are provided in a hospital setting for less than 23 hours to further evaluate symptoms and assess needs. Services may include:

- Aftercare planning
- Level of care assessment
Appendix I: Service Descriptions

**Acute Inpatient Psychiatric Hospital**
These services are provided in a hospital setting to help someone who is a danger to themselves or others become stable enough to return to the community. Services may include:
- Medication management
- Individual and group therapy
- Aftercare planning
- Tobacco cessation

**Subacute Inpatient Psychiatric Hospitalization**
These are less intense services provided in a hospital setting for a short time to help a person transition to the community or a residential setting. Services may include:
- Medication management
- Individual and group therapy
- Aftercare planning

**Extended Acute Care**
These are long-term hospital-based services for individuals with multiple, previous acute inpatient hospitalizations who require additional treatment and stabilization. Services may include:
- Medication management
- Individual and group therapy
- Aftercare planning
- Psychological testing (requires separate prior authorization)

**Inpatient Drug and Alcohol Services**

*Drug & Alcohol Medically Monitored Detoxification*
These are medically monitored services provided in a hospital setting for a short time to help stop drug and/or alcohol use. Services may include:
- Medication management
- Individual and group therapy
- Aftercare planning

*Inpatient Drug & Alcohol Medically Managed Detoxification*
These are medically managed services provided in a hospital setting for a short time to help an individual with a significant medical condition stop using drugs and/or alcohol. Services may include:
- Medication management
- Individual and group therapy
- Aftercare planning

*Inpatient Drug & Alcohol Medically Managed Rehabilitation*
These are medically managed services provided in a hospital or residential setting to help an individual with a significant medical condition stay sober in the community. Services may include:
- Individual and group therapy
- Aftercare planning
- Medication management
- Coaching use of independent living and recovery skills
- Electroconvulsive therapy (ECT) (requires separate prior authorization)

**Crisis Intervention (non-emergency)**

*Crisis Residence*
These are residential services delivered in a community-based setting to provide extra support following hospitalization or while waiting for structured...
homing or residential treatment. A discharge plan is required for admission. Services may include:

- Linkage to outpatient treatment
- Medication management
- 24-hour staff support

**Non-Urgent Services**

**Mental Health Outpatient Services**

*Mental Health Outpatient Services*

These services are provided in an office setting, often 1 time per week. Services may include:

- Assessments and evaluations
- Medication management
- Individual, family, and/or group therapy

*Community Integrated Recovery Center (CIRC)*

This is a structured outpatient program recommended by a provider for individuals with a severe and persistent mental illness, often more than 1 time per week. Services may include:

- Individual and/or group therapy
- Medication management
- Skill building activities in areas of living, learning, working, and socializing

*Mobile Psychiatric Rehabilitation Services (MPRS)*

These are services provided in the community, at least 1 time per week and may include:

- Help to identify individual goals

- Help to identify and develop skills to live independently

**Mental Health Partial Hospitalization**

These are services provided in a hospital setting during daytime hours to assist with stabilization. Services may include:

- Medication management
- Individual, family, and/or group therapy
- Aftercare planning

**Clozapine**

These are services provided by a psychiatrist or nurse to review how someone is doing if they take the medication Clozaril (clozapine). Services may include:

- Regular office visits
- Laboratory tests to make sure that the medication is working as intended

**Psychological Testing**

These are services provided by a psychologist to assist with determining diagnosis and level of functioning.

**Electroconvulsive Therapy (ECT)**

These are services recommended by a doctor and provided in a hospital setting either on an inpatient or outpatient basis. ECT is a treatment during which small electrical currents are passed through the brain, causing small seizures to help reduce symptoms.

**Drug & Alcohol Outpatient Services**

*Drug & Alcohol Outpatient Services*

These are services delivered in an office setting, often 1 time per week or less, to provide help with alcohol or other substance use challenges. Services may include:
Case Management Services and Peer Support

Case Management Services
These are services provided in the community to help a person access and coordinate resources and may include:
- Scheduling and keeping physical and behavioral health appointments
- Helping with budgeting and using public transportation
- Reminding to take medications

Peer Support
These are services provided in the community by a person with lived experience and may include:
- Mentoring toward recovery goals
- Teaching and helping to practice new skills
- Help with finding the right services

Residential Rehabilitation Services for Drug & Alcohol Dependence/Addiction

Drug & Alcohol Halfway House
These are services provided in a community-based residential setting and may include:
- Ongoing substance use treatment
- Help with maintaining recovery in the community
- Skill development and support for independent living

Drug & Alcohol Medically Monitored Residential, Short-Term
These are services provided in a residential or hospital setting and may include:
- Individual and group therapy

Medication Assisted Treatment (MAT)
These are services provided to treat addiction to opiates such as heroin or oxycodone. Services may include:
- Individual and/or group therapy
- Medication management
- Medication-assisted treatment (MAT) utilizing Suboxone (buprenorphine), Methadone, and Vivitrol (naltrexone)
- 24/7 telephonic support, on-site case management, and peer support services

Intensive Outpatient Program
These are services provided in an office setting 3 times per week for a higher level of support with alcohol or substance use challenges including:
- Individual and group therapy
- Medication management

Drug & Alcohol Partial Hospitalization Program
These are services provided in an office setting up to 20 hours per week using evidence-based treatment for substance use and mental health challenges. Services may include:
- Individual, group, and family therapy
- Medication management including opiate withdrawal management and medication assisted treatment (MAT) utilizing Suboxone (buprenorphine), Methadone, and Vivitrol (naltrexone)
- 24/7 telephonic support, on-site case management, and peer support services

Assessment and evaluation
Individual and evaluation
Medication management
Crisis Walk-in Services

Crisis Walk-in Services (delivered at a Crisis Response Center (CRC)) include an emergency crisis evaluation to determine if a person is eligible for inpatient hospitalization or in need of another service.

Children’s Mobile Crisis Team

These services are provided in the community for up to 72 hours for a child aged 21 and under experiencing a behavioral health crisis. These services will help to stabilize the situation and reduce immediate risk of danger. Services are available 24 hours per day and may include:

- Crisis assessment and safety planning
- Engagement with youth and family
- Referral and linkages to established services

Urgent Services

Residential Rehabilitation Services for Drug and Alcohol Dependence/Addiction

Adolescent Drug and Alcohol Residential Rehabilitation

These are short or long-term residential services for children ages 13 – 18 with substance use challenges. These services may include:

- Individual, family, and group therapy
- Medication management
- Aftercare planning

Mental Health Inpatient Services

Acute Inpatient Psychiatric Hospitalization

These are services provided in a hospital setting for a short time to help a child or adolescent become stable enough to return to the community including:

- Medication management
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Mental Health Outpatient Services
These services are provided for children under age 18 in an office setting, often 1 time per week and may include:

- Assessments and evaluations
- Medication management
- Individual, family, and/or group therapy

Acute Partial Hospital Program
These are short-term services provided for children ages 5-17 in a hospital setting during daytime hours to assist with stabilization and may include:

- Medication management
- Individual, family, and/or group therapy
- Aftercare planning
- Educational services

Psychological Testing
These are services provided by a psychologist to assist with determining diagnosis, IQ, and level of functioning.

Drug & Alcohol Outpatient Services

Drug & Alcohol Outpatient Services
These services are provided for children up to age 18 in an office setting, often 1 time per week, to help with alcohol or other substance use challenges and may include:

- Assessment and evaluation
- Individual, family, and/or group therapy
- Medication management
Drug & Alcohol Intensive Outpatient Program

These are services provided for children up to age 18 in an office setting at least 6 hours per week for a higher level of support with alcohol or substance use challenges including:
- Individual therapy
- Group therapy
- Medication management

Case Management Services

Case Management Services

These services, Blended Case Management and Enhanced Case Management, are provided in the community for children up to age 18 to help access and coordinate resources and may include:
- Scheduling and keeping physical and behavioral health appointments
- Helping with budgeting and using public transportation
- Reminding to take medications

Hifidelity Wraparound/Joint Planning Team

These are services provided in the community for families of children ages 10-17 who are in a Residential Treatment Facility (RTF) or are at risk for RTF placement. Services may include:
- Development of crisis plans
- Peer support
- Family support

Intensive Behavioral Health Services (IBHS)

IBHS refers to a range of services that are provided in a child’s natural environments of home, school (including preschool), and community. IBHS replaced all of the services that were previously known as Behavioral Health Rehabilitative Services (BHRS), School Therapeutic Services (STS), or wrap-around services for children. IBHS is available to CBH members from early childhood through to their 21st birthday if shown to be medically necessary. IBHS may include one or more of the following professionals: Mobile Therapist (MT), Behavior Consultant (BC), and/or Behavioral Health Technician (BHT).

Mobile Therapy (MT)

MT services are provided by a master’s-level clinician, many of whom are licensed as a Professional Counselor (LPC), Clinical Social Worker (LCSW), or Marriage and Family Therapist (LMFT). This service includes individual therapy for members and/or family therapy for the CBH member and their entire family, outside of an office setting, typically when the child is in a home or school setting.

Behavior Consultant (BC)

BC services are provided by a master’s or PhD level consultant who is an expert in functional behavior assessments and positive behavior support strategies. The BC will work to develop treatment plans for services and help members learn new skills and ways of coping.

Behavior Health Technician (BHT)

BHT refers to one-on-one services provided by a direct support professional directly to the child in the home, school, or community setting where the child is having behavior difficulties. The BHT’s role is to help the child meet their treatment plan goals, as developed by the BC.

Care Coordinator

The Care Coordinator is responsible for providing case management supports to families as an adjunct to the clinical treatment. The Care Coordinator is responsible for engaging children, their families, and other significant persons in a collaborative relationship to promote positive outcomes. Additionally, the Care Coordinator should spend a considerable amount of time assessing, evaluating, and addressing the social determinants of health related to each family, including assistance with connection to housing, food, transportation, legal, and healthcare resources.
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Family Peer Support

The Family Peer Specialist is an adult with lived experience as a family member of a child with behavioral health challenges who supports and empowers the family to understand their role as a member of the treatment team, provides support and coaching during meetings, works with families to develop natural resources, and provides other resources as needed. This service may be offered by some IBHS providers.

Applied Behavioral Analysis (ABA)

ABA services are a form of highly effective services delivered by BCs and BHTs with specialized training and experience. ABA is considered the gold standard for supporting children with Autism and other neurodevelopmental differences. ABA helps children learn new skills, such as how to communicate, interact socially, and do more things for themselves. ABA is also recommended to help decrease problem behaviors that result from children having these types of skills deficits. All staff who provide ABA services are overseen by a Board Certified Behavior Analyst (BCBA) at the provider agency.

Early Childhood Treatment Programs

Early Childhood Treatment Programs are designed for young children (ages 2-6) who present with significant emotional or behavioral problems and have been unsuccessful in preschool programs with mental health consultation or other social-emotional support programming. These intensive programs are typically delivered in centers in the community and give children the chance to learn new skills and behaviors along with other children. Other services include:

- Individual and family therapy
- Case management
- Psychiatric services (as needed)

Summer Therapeutic Activities Program (STAP)

STAP refers to community camp programs for children up to age 14 who need more structured, group treatment than what a typical summer camp can provide. These services are only offered during the summer months on a limited schedule and in a smaller setting where space is limited. Other services include:

- Group therapy

Structured therapeutic activities

Family-Based Services

Family-Based Services

These are services delivered to families to help them care for children ages 3-21 with challenging needs and behaviors in their own home. These services include:

- Case management and family support
- Mobile individual and family therapy
- Crisis support 24/7

Residential Treatment Facilities (RTF)

Residential Treatment Facility (JCAHO and Non-JCAHO certified)

These are services provided to children under age 21 in a residential setting who present a risk to the safety of themselves or others and have not been successful in community-based treatments. Services may include:

- Individual, family, and group therapy
- Psychiatric services
- On-grounds schooling

Community Residential Rehabilitation (CRR)

CRR Host Home

These are services provided to children ages 6-18 in a host family setting. The goal of host home is for the child to return to their natural supports in the community. These services may include:

- Mobile individual and family therapy
- Medication management
- Case management