

Member Handbook

Updated January 16, 2025



**Community
Behavioral
Health**

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 Member Services Staff

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al: **1-888-545-2600 (Operador de relevo PA 711)**.

ATANSYON: Si w pale yon lang ki pa Anglè gen sèvis èd pou lang ki disponib gratis pou ou. Rele CBH nan **1-888-545-2600 (TTY Relay 711)**.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-888-545-2600 (телетайп PA: 711)**.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-888-545-2600 (TTY PA 711)**.

注意: 如果您使用除英语以外的语言, 您可免费获得语言援助服务。请致电 **CBH: 1-888-545-2600 (PA Relay 711)**。

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1. WELCOME

1.1. 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, see [Section 6: Physical Health Services](#) on page 48.
- ➔ 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).

1.2. 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 providers 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.

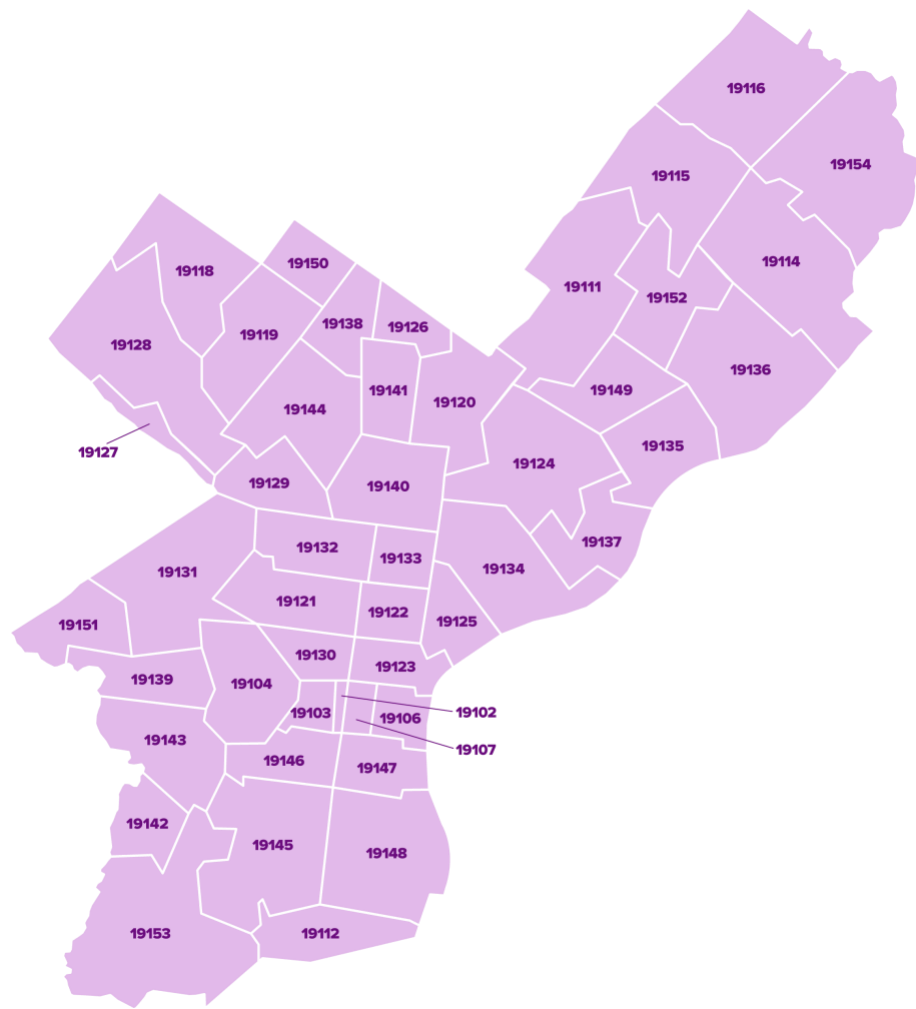
CBH is a managed care organization (MCO). CBH works with our Pennsylvania (PA) state partners at the PA Department of Human Services [Office of Mental Health and Substance Abuse Services](#) (OMHSAS). Together we manage behavioral health benefits for Philadelphia residents who receive Medical Assistance (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 to 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 with any questions about behavioral healthcare services. You can also visit our website at cbhphilly.org.

To the right is a map of Philadelphia County and the ZIP codes CBH serves.



1.3. CBH Member Services

Staff at CBH Member Services can:

- ➔ Answer your questions
- ➔ Help you find behavioral healthcare providers near you
- ➔ Connect you to transportation resources
- ➔ Make sure your services are covered so you don't have to pay for them
- ➔ Advocate with you for approved services
- ➔ Assist with filing a complaint or grievance

CBH Member Services are available **24 hours a day, 7 days a week** and can be reached at 1-888-545-2600. 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. All contact information can be found on cbhphilly.org.

CBH Member Services can also be contacted in writing at:

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

1.4. Member Identification Cards

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

You will get an ACCESS or EBT 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 or EBT card, call your County Assistance Office (CAO). The phone number for the CAO is listed in the [Important Contact Information – At a Glance](#) section on page 10. You will receive one of the following cards:



1.5. 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

For TTY services, call the Pennsylvania Relay Operator at 711

Emergencies

Please see [Section 3: Behavioral Health Services](#) on page 26 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 in the Behavioral Health Services section under “Service Descriptions.”

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.

Philadelphia Crisis Line

215-685-6440 (Available 24/7)

Mental Health Delegates, overseeing the city’s behavioral health emergency services system, provide access to emergency services, assign mobile emergency teams for home visits to assist families with mental health crises and provide access to Crisis Response Centers.

**Intellectual Disability Services
Emergency Line**

**215-829-5709
215-685-6440 (After 5 p.m.)**

Call for emergency placement or to report missing people with intellectual disability.

Suicide and Crisis Intervention

**988 Suicide & Crisis Lifeline
988lifeline.org**

Telephone: 988 (Available 24/7)

Einstein’s Crisis Response Center

215-951-8300 (Available 24/7)

Trained suicide/crisis intervention staff provide counseling, consultation, and referral for people seeking assistance for acute psychiatric needs

Domestic Violence Emergency

See the **[Domestic Violence Crisis and Prevention](#)** section of this Handbook on page 43 for domestic violence resources.

Crisis Response Centers for Adults

**Einstein Medical Center
einstein.edu**

**215-951-8300
[5501 Old York Road](#)**

**Friends Hospital
friendshospital.com**

**215-831-4600
[4641 Roosevelt Boulevard](#)**

**Hospital of University of Pennsylvania
– HUP Cedar Avenue
penncmedicine.org**

**800-789-7366
[501 S 54th Street](#)**

Pennsylvania Hospital
pennmedicine.org

215-829-3000
Spruce Building
801 Spruce Street, 1st Floor

Temple University Hospital,
 Episcopal Campus
templehealth.org

215-707-2577
100 East Lehigh Avenue

Crisis Response Centers for Children/Adolescents

Philadelphia Children’s
 Crisis Response Center
philachildrenscrc.com

215-878-2600
3300 Henry Avenue,
Falls Two Building

Children’s Hospital of Philadelphia –
 Behavioral Health and Crisis Center
chop.edu

445-428-5800
501 S 54th Street

Important Contact Information – At a Glance

Pennsylvania Department of Human Services Phone Numbers

County Assistance Office (CAO)/COMPASS
compass.state.pa.us
 myCOMPASS PA mobile app for
 smartphones

1-800-692-7462
 1-800-451-5886 (TTY/TTD)
 M–F, 8:30 a.m. to 4:30 p.m.

*Change your personal information for Medical Assistance eligibility. The above website also has access to the myCOMPASS PA mobile app. See **Section 1.8: Changes in Coverage** on page 15 for more information.*

DHS Fraud and Abuse Reporting Hotline
dhs.pa.gov/about/Fraud-And-Abuse/

1-844-DHS-TIPS
 (1-844-347-8477)

*Report member or provider fraud or abuse in the Medical Assistance Program. See **Section 2.7: Reporting Fraud and Abuse** on page 25 of this handbook for more information.*

Other Important Phone Numbers

Pennsylvania Insurance Department **1-877-881-6388**
insurance.pa.gov

Ask for a complaint form, file a complaint, or talk to a consumer service representative.

Protective Services **1-800-490-8505**
dhs.pa.gov/about/Fraud-And-Abuse/

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.

Assistance Accessing Services

Community Behavioral Health (CBH) **1-888-545-2600 (TTY 711)**
cbhphilly.org

For 24/7 help with mental health and substance use services

Behavioral Health Special Initiative **215-546-1200**
bhsi-dbhids.org **Regular Business Hours, Monday through Friday**

For help for people with substance use challenges who do not have insurance

Intellectual disAbility Line **215-685-5900**
 215-685-6440 (after 5 p.m.)

For routine assistance, emergency placements, and to report missing persons with intellectual disability

Domestic Violence Resources

Women Against Abuse **215-386-1280**
womenagainstabuse.org **215-386-7777 (Shelter)**

For 24/7 information or support for you or someone you know

Women in Transition
helpwomen.org

215-751-1111
 Monday through Friday,
 9 a.m. to 5 p.m.
witservices@helpwomen.org

WIT LifeLine for connecting with trained and trauma-informed counselors, staff, and volunteers

Lutheran Settlement House (Español)
lutheransettlement.org

215-462-8610, ext. 1278

Individual counseling for all survivors, including men and teens

ChildLine and Abuse Registry
dhs.pa.gov/KeepKidsSafe/

1-800-932-0313

For 24/7 reporting of suspected child abuse

Housing Resources

Office of Supportive Housing
philadelphiaofficeofhomelessservices.org

215-232-1984

For 24/7 help finding a shelter (all genders)

Salvation Army
easternusa.salvationarmy.org

215-568-5111

For women and children seeking shelter

Transportation

ModivCare (formerly Logistcare)
modivcare.com

1-877-835-7412

For those who need help getting transportation to a behavioral health appointment

Other Assistance

Pennsylvania Department of Human Services (PA DHS) **1-800-692-7462**
dhs.pa.gov

For cash assistance insurance and benefits coverage

Social Security Administration **1-800-772-1213**
ssa.gov

For disability and older adult financial benefits

Advocacy Groups

Community Legal Services **215-981-3700**
clsphila.org

Legal aid for adults and children

Consumer Satisfaction Team **215-923-9627**
thecst.org

Advocacy for adults and children

Disabilities Law Project **215-238-8070**
disabilityrightspa.org

Legal aid for individuals with disabilities

Family Resource Network **800-372-6510**
familyresourcenetwork.org

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**
mentalhealthpartnerships.org

Advocacy for adults

Parents Involved Network **267-507-3860**

Parents seeking support in advocating for children

1.6. 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 to ask for any help you need. The time frame to receive documents varies based on the type of document and format requested.

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 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.

1.7. 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 or your CAO.

Reasons for Disenrollment

DHS may terminate a member from CBH on the basis of:

- ➔ A member's loss of Medical Assistance eligibility, including incarceration
- ➔ Placement of a member in any state facility, including a state psychiatric hospital
- ➔ Placement of a member in a juvenile detention center for more than 35 consecutive days
- ➔ Change in permanent residence of a member which places them outside the BH-MCO's service area
- ➔ Change in a member's status to a recipient group which is exempt from the HealthChoices Program

- ➔ Determination by DHS that a member is eligible for the Health Insurance Premium Payment (HIPP) Program
- ➔ A member residing in a PA Veterans Administrative Home for more than 30 consecutive days

1.8. Changes in Coverage

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

Changes in the Household

Call your CAO and CBH Member Services at 1-888-545-2600 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 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.

1.9. Information About Providers

CBH's provider directory has information about the providers in its network. The provider directory is located online at cbhphilly.org/members/provider-directory/. You may call Member Services at 1-888-545-2600 to ask that a copy of the provider directory be sent to you or to request information about where a doctor went to medical school or their residency program. You may also call Member Services to get help finding a provider. The provider directory includes the following information about network providers:

- ➔ Name, address, website address (see for most up-to-date days and hours of operation), telephone number
- ➔ Whether or not the provider is accepting new patients
- ➔ The provider's credentials and board certifications
- ➔ The provider's specialty and services offered by the provider
- ➔ Whether or not the provider speaks languages other than English and, if so, which languages
- ➔ Whether or not the provider locations are wheelchair accessible

The information in the printed provider directory may change. You can call Member Services to check if the information in the provider directory is current. CBH updates the printed and online provider directories at least monthly.

1.10. 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 Member Services at 1-888-545-2600 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 Member Services at 1-888-545-2600.
- ➔ 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.

1.11. 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.

If you need help getting to your provider's appointment, please see Medical Assistance Transportation Program (MATP) in [Section 4.3: Out-of-Plan Services](#) of this Handbook on page 41 or call CBH Member Services at the phone number above.

Appointment Standards

CBH providers must provide services within one hour for emergencies, within 24 hours for urgent situations, and within seven days for routine appointments and specialty referrals. Emergencies are situations that are so severe that a reasonable person with no medical training would believe that there is an immediate risk to a person's life or long-term health. An urgent condition is an illness or condition which if not treated within 24 hours could rapidly become a crisis or emergency.

1.12. After Hours Care

You can call CBH for non-emergency medical problems 24 hours a day, 7 days a week. On-call health care professionals will help you with any care and treatment you need.

1.13. Member Engagement

CBH Quality Improvement Program

CBH has a Quality Improvement (QI) Program that is overseen by a Quality Improvement Committee (QIC). Each year, CBH sets goals to improve the quality of health care that you receive. The program focuses on the following areas:

- ➔ Member Safety
- ➔ Member Satisfaction
- ➔ Provider Participation and Experience
- ➔ Quality Measurements

Annually, CBH reviews the goals to see if they were met. If the goals were not met, the QI team works with CBH staff to make changes for improvement. Go to cbhphilly.org/about-us/data-reports-and-minutes/ to read the annual evaluations of the QI Program.

2. RIGHTS AND RESPONSIBILITIES

2.1. 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

As members of CBH, you have certain rights. They are listed below, and we invite you to call us if you need help understanding this information.

1. *Dignity and Privacy*

Each Member is guaranteed the right to be treated by CBH staff and network providers with respect and recognition of their dignity, right to privacy, and right to confidentiality.

2. *Information Disclosure*

Each Member is guaranteed the right to receive information about CBH, our policies, procedures, services, practitioners, providers and their rights and responsibilities. Such information should be easy for Members to locate and presented in a way that is easy to understand.

3. *Decision Participation*

Each Member is guaranteed the right to participate with their providers in making decisions regarding their behavioral health care, including choice of CBH Provider, and to involve family members or other chosen caretakers in such decisions. Members can be a part of their treatment teams by asking questions and getting answers before and during treatment.

4. *Emergency Treatment*

Each Member is guaranteed the right to necessary emergency services from any provider, regardless of CBH's approval.

5. *Available Treatment Options Disclosure*

Each Member is guaranteed the right to candidly discuss and receive information from providers, on the appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage. Discussions and information from providers should be clear and easy to understand and without any interference from CBH.

6. *Treatment Refusal*

Each Member, as part of making decisions regarding their care, is guaranteed the right to refuse treatment (unless so required as involuntary treatment under Pennsylvania's Mental Health Procedures Act) or change providers. You have the right, under these circumstances, to get an explanation of what may happen if you do not get treatment.

7. *Confidentiality*

Each Member is guaranteed the right to confidentiality regarding their personal information and records. CBH is bound by law to respect and protect the privacy of its Members. See CBH's Notice of Privacy Practices, located online at cbhphilly.org/members/rights-responsibilities/notice-of-privacy-practices/, for more information.

8. *Copy of Medical Records*

Each Member is guaranteed the right to request and receive a copy of their medical records maintained at CBH, and to request they be amended or corrected. See [CBH's Notice of Privacy Practices](#) for more information.

9. *Second Opinion*

Each Member is guaranteed the right to request a second opinion from a qualified behavioral health care professional within CBH's network. CBH Member Services will provide options for requesting such an opinion.

10. *Grievance Filing*

Each Member is guaranteed the right to file a grievance if they disagree with a denial, approval, change, or medical necessity decisions made by CBH. See [Section 7: Complaints, Grievances, and Fair Hearings](#) beginning on page 51 of the Handbook for more information.

11. *Complaint Filing*

Each Member is guaranteed the right to file a complaint when unhappy with CBH or a provider about care or treatment. See [Section 7: Complaints, Grievances, and Fair Hearings](#) beginning on page 51 of the Handbook for more information.

12. *Fair Hearing Request*

Each Member is guaranteed the right to request a Fair Hearing from the PA Department of Human Services if they are unhappy about or disagree with a CBH action. See [Section 7: Complaints, Grievances, and Fair Hearings](#) beginning on page 51 of the Handbook for more information.

13. *Freedom from Restraint or Seclusion*

Each Member is guaranteed the right to be free of any restraint or seclusion used as a means of force, discipline, convenience, or retaliation.

14. *Freedom from Religious Persecution*

Each Member is guaranteed the right to receive services regardless of a provider's moral or religious objections. CBH will provide information on and facilitate all applicable services.

15. *Free Exercise of Rights*

Each Member is guaranteed the ability to freely exercise their rights without it negatively affecting the way they are treated by CBH, its providers, or the PA Department of Human Services.

16. *Plan for the Future*

Each Member is guaranteed the right to create advance directives. See [Section 5: Mental Health Advance Directives](#) beginning on page 46 of the Handbook for more information.

17. *Rights and Responsibilities Recommendations*

Each Member is guaranteed the right to make recommendations regarding CBH's Member Rights and Responsibilities Policy.

Member Responsibilities

CBH and CBH providers expect to be treated fairly, with the same dignity and respect you would want for yourself. Each CBH Member is responsible for:

1. Honestly and completely providing as much information as they can that is needed by CBH and their providers in order to provide care;
2. Following all instructions for care that they have agreed to with their providers including instructions on prescribed medications, alerting providers of any resulting problems, and informing providers of all current medications, including over-the-counter medicines, vitamins, and natural remedies;
3. Understanding their health problems, being present and involved in all health care and treatment decisions, including working with their providers to create, carry out, and follow through with treatment plans and goals to the degree possible;
4. Informing providers of any necessities, disagreements, or confusion regarding treatment;
5. Keeping all CBH and provider appointments;
6. Making the County Assistance Office, providers, and CBH aware of any changes to your personal information (e.g., address, phone number);
7. Learning about CBH coverage, including all covered and non-covered benefits and limits;
8. Working with only CBH network providers unless CBH approves an out-of-network provider;
9. Respecting all CBH and provider patients, staff, volunteers, and associates; and
10. Reporting any suspected fraud or abuse to the CBH Compliance Hotline at 1-800-229-3050, via email at cbh.compliancehotline@phila.gov, or through the PA Department of Human Services.

2.2. Consent to Mental Health Care

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

to the mental health care. In addition, a parent or legal guardian can consent to mental health care for a child who is 14 years old or older, but under 18 years of age.

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

The chart below explains who can consent to treatment.

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

To learn more about who can consent to treatment, you can call CBH Member Services at 1-888-545-2600. 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.

2.3. 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 cbhphilly.org.

2.4. Billing Information

Providers in CBH’s network may not bill you for medically necessary 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; or
- ➔ 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.

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

2.5. 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 if you have Medicare or other health insurance. When you go to a provider or to a pharmacy you must tell the provider or pharmacy about all forms of medical insurance you have and show the provider or pharmacy your Medicare card, ACCESS or EBT card, or other insurance card. This helps make sure your health care bills are paid timely and correctly.

2.6. 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 or enrolled in Medicaid. 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 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.

2.7. 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).

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).

3. BEHAVIORAL HEALTH SERVICES

3.1. Care Management

Utilization Review

CBH conducts Utilization Review activities to ensure that members are receiving appropriate and quality services. The process of Utilization Review at CBH consists of the approval and denial of services that require prior authorization. Clinical Care Managers and supervisors review all initial requests requiring prior authorization and approve services. Any request for service that does not clearly meet Medical Necessity Criteria is forwarded to Physician or Psychologist (when appropriate) Advisors to approve or deny. Utilization Review also includes grievance and appeal processes.

Complex Care

CBH has determined that using data to identify members with complex needs is essential to providing quality care. Population management is the process of grouping members into similar categories based on need and providing them with supplemental supports and care coordination services. In some cases, cohorts are managed longitudinally by the same utilization management (UM) staff member to ensure their unique treatment needs are being met over time.

Cross-System Consultation

CBH works with our system partners to provide the most comprehensive services for our members. As a result, UM staff members provide Cross-System Consultation to partner agencies such as:

- ➔ Justice System
- ➔ Child Welfare System
- ➔ Intellectual Disability Services
- ➔ Education System
- ➔ Physical Health System
- ➔ Housing System

CBH utilizes standard review templates based on level of care to ensure we are capturing the necessary information to make an informed decision. This information includes, but is not limited to age, complications, progress of treatment, psychosocial situation, and home environment. The information gathered is then used with HealthChoices, American Society of Addiction Medicine (ASAM), and other state-approved medical necessity criteria in our clinical decision making.

3.2. 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.

Services covered by CBH are listed and described in Sections [3.6](#) (page 31) and [3.7](#) (page 35), as well as the [Appendix](#) (page 69) of this Handbook.

Other Services

In Lieu Of Services (ILOS)

ILOS are cost-effective, medically appropriate substitute services or settings that are offered to members. ILOS can be used as immediate or longer-term substitutes for a State Plan-covered service or setting, or when ILOS can be expected to reduce or remove the future need to utilize a covered service or setting.

3.3. 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 CBH covers a service for you, please call CBH Member Services at 1-888-545-2600.

3.4. 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 your CBH Member Services at 1-888-545-2600 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.

3.5. What is Prior Authorization?

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 or someone of 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.

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 (MNC) for that service. MNC 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.

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.

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 the MNC page of the CBH website at

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 in the Covered Services for [Adults](#) and for [Children and Adolescents](#) sections beginning on page 31 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.

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 decide about non-urgent service requests within two business days of receiving the request.

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

If CBH does not have enough information to decide the request, it must tell your provider within 48 hours of receiving the request that it needs more information to decide the request and allow 14 days for the provider to give it more information. CBH will tell you of its decision within two 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. For more detailed information, see [Section 7: Complaints, Grievances, and Fair Hearings section](#) of this handbook beginning on page 51.

3.6. Covered Services, Adults

(Ages 18 and Over)

Category	Service	Is Prior Authorization Required?	How Do I Access the Service?
Emergency Services			
<u>Crisis Intervention</u>	Community Mobile Crisis Response Team (CMCRT) (FKA Adult Mobile Crisis Team)	No	To receive emergency services, call 911 or visit a Crisis Response Center or Emergency Room.
	Crisis Intervention Response Team (CIRT)	No	
	Crisis Walk-In (Crisis Response Center/CRC)	No	
Urgent Services			
<u>Mental Health Inpatient Services</u>	23-Hour Crisis Stabilization	No	To receive inpatient treatment, you will need an assessment from an Emergency Room or Crisis Response Center.
	Acute Inpatient Psychiatric Hospitalization	No	
	Crisis Residence	Yes	
	Subacute Inpatient Psychiatric Hospitalization	Yes	
<u>Assessment Site</u>	Substance Use Assessment and Stabilization Program	No	To receive a substance use assessment, you will need to visit a 24-hour Substance Use Assessment Center.

Category	Service	Is Prior Authorization Required?	How Do I Access the Service?
<u>Substance Use Disorder (SUD) Inpatient Services</u>	Buprenorphine Induction at a Crisis Response Center	No	To receive withdrawal management or substance use inpatient treatment, you will need an assessment from a Substance Use Assessment Center, Emergency Room, or Crisis Response Center.
	SUD Medically Monitored Inpatient Services – Withdrawal Management (ASAM 3.7WM)	No	
	SUD Medically Managed Intensive Inpatient Services (ASAM 4)	Yes	
	SUD Medically Managed Intensive Inpatient Services – Withdrawal Management (ASAM 4WM)	No	
Non-Urgent Services			
<u>Mental Health Outpatient Services</u>	Clozapine	No	Search the CBH website Provider Directory or call Member Services to find an outpatient provider.
	Community Integrated Recovery Centers (CIRC)	No	
	Electroconvulsive Therapy (ECT)	Yes	
	Extended Acute Care (EAC)	Yes	
	Mental Health Outpatient Services (MHOP)	No	

Category	Service	Is Prior Authorization Required?	How Do I Access the Service?
<u>Mental Health Outpatient Services</u>	Mental Health Partial Hospitalization	No	Search the CBH website Provider Directory or call Member Services to find an outpatient provider.
	Mobile Hoarding Intervention and Therapy Program	No	
	Mobile Psychiatric Rehabilitation Services (MPRS)	No	
	Psychological Testing	Yes	
<u>Substance Use Disorder (SUD) Outpatient Services</u>	Medication-Assisted Treatment (MAT)	No	Search the CBH website Provider Directory, call Member Services, or visit a Substance Use Assessment Center to find an outpatient substance use provider.
	SUD Outpatient Services (ASAM 1.0)	No	
	SUD Intensive Outpatient Services (ASAM 2.1)	No	
	SUD Partial Hospitalization Services (ASAM 2.5)	No	
<u>Case Management Services and Peer Support</u>	Assertive Community Treatment (ACT)	Yes	Search the CBH website Provider Directory or call Member Services to find a case management provider.
	Blended Case Management	No	
	Blended Enhanced Case Management /Non-Fidelity ACT	No	
	Certified Peer Specialist	No	

Category	Service	Is Prior Authorization Required?	How Do I Access the Service?
<u>Case Management Services and Peer Support</u>	Forensic Intensive Recovery (FIR) Case Management	No	Search the CBH website Provider Directory or call Member Services to find a case management provider.
	Intensive Case Management	No	
	Resource Coordination	No	
	SUD Intensive Case Management	No	
<u>Substance Use Disorder (SUD) Residential Rehabilitation Services</u>	SUD Clinically Managed Low-Intensity Residential Services (ASAM 3.1) (FKA Halfway Houses)	Yes	To receive withdrawal management or substance use residential rehab treatment, you will need an assessment from a Substance Use Assessment Center, Emergency Room, or Crisis Response Center.
	SUD Clinically Managed High-Intensity Residential Services (ASAM 3.5)	No	
	SUD Medically Monitored Intensive Inpatient Services (ASAM 3.7)	Yes	
<u>Mental Health Residential Services</u>	Community Treatment Teams – Clinically Supported Living	Yes	To receive residential treatment, you will need a psychiatric evaluation from a CBH provider. Search the CBH website Provider Directory or call Member Services to find an appropriate provider.
	Integrated Behavioral Health in Long-Term Care (IBHLTC)	No	
	Long-Term Structured Residence (LTSR)	Yes	
	Mental Health Residential	Yes	

Category	Service	Is Prior Authorization Required?	How Do I Access the Service?
<u>Mental Health Residential Services</u>	Non-Hospital Extended Acute Care	Yes	
	Residential Treatment Facilities for Adults (RTFA)	Yes	

3.7. Covered Services, Children/Adolescents

(Up to Age 18, 21 for Some Services)

Category	Service	Is Prior Authorization Required?	How Do I Access the Service?
Emergency Services			
<u>Crisis Intervention</u>	Children’s Mobile Crisis Team (CMCT)	No	To receive emergency services for your child, call 911 or visit a Crisis Response Center or Emergency Room. If they have a non-life-threatening emergency and need mobile services, call the Philadelphia Crisis Line at 215-685-6440.
	Crisis Walk-In (Crisis Response Center/CRC)	No	
Urgent Services			
<u>Crisis Intervention (Non-Emergency)</u>	Children’s Mobile Intervention Services (CMIS)	No	To receive CMIS, your child will need an assessment from an Emergency Room, Crisis Response Center, or CMCT.

Category	Service	Is Prior Authorization Required?	How Do I Access the Service?
<u>Mental Health Inpatient Services</u>	Acute Inpatient Psychiatric Hospitalization	No	To receive inpatient treatment, your child will need an assessment from an Emergency Room or Crisis Response Center.
	Crisis Stabilization Unit (CSU)	No	
Non-Urgent Services			
<u>Mental Health Outpatient Services</u>	Mental Health Outpatient Services (MHOP)	No	Search the CBH website Provider Directory or call Member Services to find a mental health outpatient provider.
	Mental Health Partial Hospitalization	Yes	
	Psychological Testing	No	
	Psychosexual Evaluation	No	
<u>Substance Use Disorder (SUD) Outpatient Services</u>	SUD Outpatient Services (ASAM 1.0)	No	Search the CBH website Provider Directory or call Member Services to find an SUD outpatient provider.
	SUD Intensive Outpatient Services (ASAM 2.1)	No	
<u>Case Management Services</u>	Blended Case Management	No	Search the CBH website Provider Directory or call Member Services to find a case management provider.

Category	Service	Is Prior Authorization Required?	How Do I Access the Service?
<u>Intensive Behavioral Health Services (IBHS)</u>	Clinical Transition and Stabilization Services (CTSS)	Yes	To receive IBHS or FBS, you will need an evaluation from a CBH provider. Search the CBH website Provider Directory or call Member Services to find an appropriate provider.
	IBHS Individual Services	Yes	
	IBHS Group Services	Yes	
	IBHS Applied Behavior Analysis (ABA) Services	Yes	
<u>Family-Based Services</u>	Family-Based Services (FBS)	Yes	
	Functional Family Therapy (FFT)	Yes	
	Multi-Systemic Therapy for Problem Sexual Behaviors (MST-PSB)	Yes	
<u>Residential Treatment Facilities (RTF)</u>	Psychiatric Residential Treatment Facility (PRTF) (The Joint Commission and the Non-Joint Commission accredited)	Yes	To receive residential treatment, you will need a psychiatric evaluation from a CBH provider. Search the CBH website Provider Directory or call Member Services to find an appropriate provider.
<u>Community Residential Rehabilitation (CRR)</u>	CRR Host Home	Yes	

Category	Service	Is Prior Authorization Required?	How Do I Access the Service?
<u>Substance Use Disorder (SUD) Residential Rehabilitation Services</u>	SUD Clinically Managed High-Intensity Residential Services (ASAM 3.5)	Yes	To receive substance use residential rehab treatment, you will need an assessment from an Emergency Room or Crisis Response Center.

3.8. 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.

If you are unsure if your condition requires emergency services, call CBH Member Services at 1-888-545-2600, 24 hours a day, 7 days a week.

Emergency Medical Transportation

Your Physical Health Managed Care Organization (PH-MCO) covers emergency medical transportation by an ambulance for emergency medical conditions. If you need an ambulance, call 911 or your local ambulance provider. Do not call the [Medical Assistance Transportation Program](#) (described on page 42 of this Handbook) for emergency medical transportation.

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.

Some outpatient services require prior authorization. Please see the covered services sections [3.6](#) and [3.7](#) (beginning on page 31 of this Handbook) for information about which outpatient services require prior authorization.

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. You may also go to the provider directory on CBH's website at cbhphilly.org/cbh-members/provider-directory/ to check if a hospital is in CBH's network.

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

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.

Outpatient Medications

Your physical health plan covers most of the outpatient medications (medications that you do not get in the hospital) you need for your behavioral health care. If you have any questions about outpatient medications, you can call CBH Member Services at 1-888-545-2600.

CBH does not pay for medication. Medications, including medications you take for your behavioral health, are covered by your 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.

American Society of Addiction Medicine (ASAM) Services

The ASAM Criteria, 3rd Edition, is an assessment tool that helps individuals experiencing substance use challenges find appropriate services. Providers use the ASAM criteria to assess an individual's biomedical, psychological, and social needs in order to determine the appropriate level of care (inpatient, residential, intensive outpatient, or outpatient).

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.

4. OUT-OF-NETWORK AND OUT-OF-PLAN SERVICES

4.1. 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. 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.

4.2. 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 who will help you to get the most appropriate care.

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

4.3. 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.

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.

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. Modivcare (formerly *Logistcare*) 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 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.

Women, Infants, and Children Program (WIC)

The Women, Infants, and Children Program (WIC) provides healthy foods and nutrition services to infants, children under the age of five, and women who are pregnant, have given birth, or are breastfeeding. WIC helps you and your baby eat well by teaching you about good nutrition and giving you food vouchers to use at grocery stores. WIC helps babies and young children eat the right foods so they can grow up healthy. You can ask your maternity care provider for a WIC application at your next visit or call 1-800-WIC-WINS (1-800-942-9467). For more information visit the WIC website at pawic.com.

Domestic Violence Crisis and Prevention

Domestic violence is a pattern of behavior where one person tries to gain power or control over another person in a family or intimate relationship.

There are many different types of domestic violence. Some examples include:

- ➔ Emotional abuse
- ➔ Physical violence
- ➔ Stalking
- ➔ Sexual violence
- ➔ Financial abuse
- ➔ Verbal abuse
- ➔ Elder Abuse
- ➔ Intimate partner violence later in life
- ➔ Intimate partner abuse
- ➔ Domestic Violence in the LGBTQ+ Community

There are many different names used to talk about domestic violence. It can be called: abuse; domestic violence; battery; intimate partner violence; or family, spousal, relationship or dating violence.

If any of these things are happening to you, or have happened, 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

Philadelphia Domestic Violence Hotline	1-866-723-3014 (Available 24/7)
National Domestic Violence Hotline thehotline.org	1-800-799.SAFE (7233) 1-800-787-3224 (TTY) (Available 24/7) Text "START" to 88788
Women Against Abuse womenagainstabuse.org	1.866.723.3014
Pennsylvania Coalition Against Domestic Violence pcadv.org	1-800-932-4632 (in PA) 1-800-537-2238 (National)

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.

Sexual Violence and Rape Crisis

Sexual violence includes any type of unwanted sexual contact, words or actions of a sexual nature that is against a person's will. A person may use force, threats, manipulation, or persuasion to commit sexual violence. Sexual violence can include:

- ➔ Rape
- ➔ Sexual assault
- ➔ Incest
- ➔ Child sexual assault
- ➔ Date and acquaintance rape
- ➔ Grabbing or groping
- ➔ Sexting without permission

- ➔ Ritual abuse
- ➔ Commercial sexual exploitation (for example: prostitution)
- ➔ Sexual harassment
- ➔ Anti-LGBTQ+ bullying
- ➔ Exposure and voyeurism (the act of being viewed, photographed, or filmed in a place where one would expect privacy)
- ➔ Forced participation in the production of pornography

Survivors of sexual violence can have physical, mental or emotional reactions to the experience. A survivor of sexual violence may feel alone, scared, ashamed, and fear that no one will believe them. Healing can take time, but healing can happen.

Where to Get Help

Pennsylvania rape crisis centers serve all adults and children. Services include:

- ➔ Free and confidential crisis counseling 24 hours a day.
- ➔ Services for a survivor's family, friends, partners or spouses.
- ➔ Information and referrals to other services in your area and prevention education programs.

Pennsylvania Coalition to Advance Respect
pcar.org

1-888-772-7227

Call or visit the website to reach your local rape crisis center.

5. 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 or visit the CBH's website at cbhphilly.org.

5.1. 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.

5.2. 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.

5.3. 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.

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

Providers do not have to follow your Mental Health Declaration or Mental Health Power of Attorney if, as a matter of conscience, your decisions are against clinical practice and medical standards, because the treatment you want is unavailable, or because what you want the provider to do is against the provider's policies. If your provider cannot follow your Mental Health Declaration or Mental Health Power of Attorney, CBH will help you find a provider that will carry out your wishes. Please call CBH Member Services at 1-888-545-2600.

If a provider does not follow your Mental Health Declaration or Mental Health Power of Attorney, you may file a Complaint. Please see [Section 7: Complaints, Grievances, and Fair Hearings](#) of this Handbook on page 51 for information on how to file a Complaint; or call CBH Member Services at 1-888-545-2600.

6. PHYSICAL HEALTH SERVICES

6.1. 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.

6.2. 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 the Outpatient Medications and Medication-Assisted Treatment subsections in [Section 3: Behavioral Health Services](#) of this Handbook on page 26 for more information about which MCO covers medications.)
- ➔ An ambulance

6.3. 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 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 the medications you take for your physical health diagnosis
 - » About any changes in your physical health diagnosis or treatment

6.4. 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 aetnabetterhealth.com	1-866-638-1232 (TTY: Relay, 7-1-1)
Health Partners Plans healthpartnersplans.com	1-800-553-0784 (TTY: 215-849-1579)
Keystone First keystonefirstpa.com	1-800-521-6860 (TTY: 1-800-684-5505)

United Healthcare Community Plan
of Pennsylvania
uhcommunityplan.com

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.

6.5. 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:

AmeriHealth Caritas Pennsylvania
(Keystone First Community
HealthChoices in the Southeast)
amerihealthcaritaspa.com

1-800-521-6007

PA Health & Wellness
pahealthwellness.com

1-844-626-6813

UPMC for You
medicaid.upmchealthplan.com

1-844-860-9303

If you have questions regarding CHC, call 1-844-824-3655 or 1-833-254-0690 (TTY).

Selecting Your CHC-MCO

If you are new to HealthChoices and need help choosing your CHC-MCO, you may visit enrollchc.com or call 1-844-824-3655 (TTY: 711). If you do not choose a CHC-MCO, a CHC-MCO will be chosen for you.

7. 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.

7.1. 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.
- ➔ You were denied a request to disagree with a decision that you have to pay your provider.

What Should I Do If I Have a Complaint? (First Level Complaint)

To file a First Level Complaint:

- ➔ Call CBH at 888-545-2600 and tell CBH your Complaint, or
- ➔ Write your Complaint and send it to CBH by mail or fax:

*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 will not pay for a provider service you got.
- ➔ CBH did not tell you its decision about a Complaint or Grievance you told CBH about within 30 or fewer days from when CBH received your Complaint or Grievance.
- ➔ CBH has denied your request to disagree with CBH's decision that you have to pay your provider.

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

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

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

What Happens After I File a First Level Complaint?

After you file your Complaint, you will get a letter from CBH telling you that CBH has received your Complaint, and it will explain 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. CBH will tell you the location, date, and time of the Complaint review at least 10 days before the day of 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 one 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 with the Complaints and Grievances Processes](#), see page 63.

What to Do to Continue Getting Services

If you have been getting the services that are being reduced, changed or denied and you file a Complaint verbally, or that is faxed, postmarked, or hand-delivered within one day of the date on CBH's notice telling you that the acute inpatient services you have been receiving are not a covered service for you or within 15 days of the date on CBH's notice telling you that any other services you have been receiving are not covered services for you, the services will continue until a decision is made.

What If I Do Not Like 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 decision to not pay a provider for a service you got (e.g., service provided without authorization, by a provider not enrolled in the Pennsylvania Medical Assistance Program, not a covered service, etc.).

- ➔ CBH’s failure to decide a Complaint or Grievance you told CBH about within 30 or fewer days from when CBH received your Complaint or Grievance.
- ➔ You not getting a service within the time by which you should have received it
- ➔ CBH’s decision to deny your request to disagree with CBH’s decision that you have to pay your provider.
- ➔ 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 **15 days of the date you got the First Level Complaint decision notice**.

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

For all other Complaints, you may file a Second Level Complaint within **45 days of the date you got the Complaint decision notice**.

For information about [Fair Hearings](#), see page 65.

For information about [External Complaint Reviews](#), see page 55.

If you need more information about [Help with the Complaints and Grievances Processes](#), see page 63.

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

To file a Second Level Complaint:

- ➔ Call CBH at 888-545-2600 and tell CBH your Second Level Complaint, or
- ➔ Write your Second Level Complaint and send it to CBH by mail or fax:

*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 it will explain 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. 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 three or more people, including at least one 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 with the Complaints and Grievances Processes](#), see page 63.

What If I Do Not Like CBH's Decision on My Second Level Complaint?

You may ask for an external review with the [Pennsylvania Insurance Department](#).

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

External Complaint Review: How Do I Ask for One?

You must send your request for an external review of your Complaint in writing to:

*Pennsylvania Insurance Department
Bureau of Consumer Services
1209 Strawberry Square
Harrisburg, PA 17120
Fax: 717-785-8585*

You can also go to the “[File a Complaint](#)” page on the Pennsylvania Insurance Department website at insurance.pa.gov.

Your request for an external review by the Pennsylvania Insurance Department must include the following information:

- ➔ Member’s name, address, and daytime telephone number
- ➔ Member’s CBH identification number
- ➔ CBH’s name
- ➔ A brief description of the issue
- ➔ A copy of the notice

If you need help asking for an external review, you can call CBH at 1-888-545-2600 and CBH will assign someone who has not been involved in the Complaint issue and does not work for anyone who was involved in the Complaint issue to help you.

If you need help filing your request for external review, call the Pennsylvania Insurance Department at 1-877-881-6388.

If you ask, the Pennsylvania Insurance Department will help you put your complaint in writing.

What Happens After I Ask for an External Complaint Review?

The Pennsylvania Insurance Department Bureau of Consumer Services 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 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 want to continue getting services, you must ask for an external Complaint review verbally or in a letter that is faxed, postmarked, or hand-delivered within one 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 15 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, for the services to continue until a decision is made. If you will be asking for both an external review and a Fair Hearing, you must request both the external Complaint review and the Fair Hearing within one day of the date on the notice telling you CBH's first level Complaint decision about acute inpatient services or within 15 days of the date of the notice telling you CBH's first level Complaint decision for any other services. If you wait to request a Fair Hearing until after receiving a decision on your external Complaint, services will not continue.

7.2. 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 and tell CBH your Grievance, or
- ➔ Write your Grievance and send it to CBH by mail or fax:

*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.

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 the letter will explain 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. 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 three 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 with the Complaints and Grievances Processes](#), see page 63.

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 fax, postmark, or hand-deliver one within one day of the date on the notice telling you that acute inpatient services you have been receiving are being reduced, changed or denied, or within 15 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 Department of Human Services (DHS), Bureau of Hearings and Appeals to make a decision regarding your grievance. 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 **15 days of the date you got the Grievance decision notice**.

You must ask, in writing, for a Fair Hearing from DHS **within 120 days from the date on the notice telling you the Grievance decision**.

For information about [Fair Hearings](#), see page 65.

For information about [External Complaint Reviews](#), see below.

If you need more information about [Help with the Complaints and Grievances Processes](#), see page 63.

External Grievance Review: How Do I Ask for One?

To ask for an external Grievance review:

- ➔ Call CBH at 1-888-545-2600 and tell CBH your Grievance, or
- ➔ Write down your Grievance and send it to CBH by mail or fax:

*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 Pennsylvania Insurance Department, Bureau of Managed Care.

What Happens After I Ask for an External Grievance Review?

CBH will send your Grievance file to your reviewer. You may provide additional information that may help with the external review of your Grievance to the reviewer within 15 days of filing the request for an external Grievance review.

CBH 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.

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 want to continue getting services, you must ask for an external Grievance review verbally or in a letter that is faxed, postmarked, or hand-delivered within one day of the date on the notice telling you CBH's Grievance decision about the acute inpatient services you have been receiving or within 15 days of the date on the notice telling you CBH's Grievance decision about any other services you have been receiving, for the services to continue until a decision is made. If you will be asking for both an external review and a Fair Hearing, you must request both the external Grievance review and the Fair Hearing within one day of the date on the notice telling you CBH's Grievance decision about your acute inpatient services or within 15 days of the date of the notice telling you CBH's Grievance decision about any other services. If you wait to request a Fair Hearing until after receiving a decision on your external Grievance, services will not continue.

7.3. 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, 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 worked for someone who was involved in the issue about which you filed your Complaint.

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

CBH will tell you the decision about your Complaint within 48 hours of when CBH receives your doctor's letter explaining why the usual time frame for deciding your Complaint 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 Complaint. You can ask CBH to take up to 14 more days to decide your Complaint. You will also get a notice telling you the reason(s) for the decision and how to ask for expedited external Complaint review if you do not like the decision.

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

Call CBH at 1-888-545-2600 and tell CBH your Complaint,

- ➔ Send an email to CBH at Quality.Review@phila.gov, or

- ➔ Write down your Complaint and send it to CBH by mail or fax:

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

Expedited Grievance and Expedited External Grievance

A committee of three 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. 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 on the expedited Grievance. If you decide that you do not want to attend the Grievance review, it will not affect the decision.

CBH will tell you the decision about your Grievance within 48 hours of when CBH receives 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 DHS or both an expedited external Grievance review and an expedited Fair Hearing.

You must ask for an expedited external Grievance review by the Pennsylvania Insurance Department within **two 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 and tell CBH your Complaint,
- ➔ Send an email to CBH at Quality.Review@phila.gov, or
- ➔ Write down your Complaint and send it to CBH by mail or fax:

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

CBH will send your request to the Pennsylvania Insurance Department 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.

7.4. Help 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 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.

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 act as a Personal Representative for you. If you decide to have someone represent or act for you, please fill out the *Appointment of Personal Representative for Complaints, Grievances, and Fair Hearings* form, located at cbhphilly.org/members/complaints-grievances-and-fair-hearings/ in both English and Spanish.

The form can be emailed to CBH.Quality.Review@phila.gov, faxed to 215-413-7568, or mailed to:

*CBH, c/o Quality Management Department
801 Market Street, 7th Floor
Philadelphia, PA 19107*

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 contact CBH Member Services at 1-888-545-2600 if you need help or have questions about Complaints and Grievances. You can also contact:

Pennsylvania Legal Aid Network palegalaid.net	1-800-322-7572
Community Legal Services clsphila.org	Center City Office: 215-981-3700 North Philadelphia Office: 215-227-2400
Pennsylvania Health Law Project phlp.org	1-800-274-3258
Mental Health Partnerships mentalhealthpartnerships.org	1-800-688-4226

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.

7.5. Department of Human Services Fair Hearings

In some cases, you can ask the [Department of Human Services](#) (DHS) 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 First Level Complaint or decides your Grievance.

What Can I Request a Fair Hearing About and By When Do I Have to Ask for a Fair Hearing?

Your request for a Fair Hearing must be postmarked within **120 days from the date on the notice** telling you CBH’s decision on your First Level Complaint about the following:

- ➔ The denial of a service you want because it is not a covered service
- ➔ The denial of payment to a provider for a service you got and the provider can bill you for the service.
- ➔ CBH’s failure to decide a First Level Complaint or Grievance you told CBH about within 30 days from when CBH got your Complaint or Grievance.
- ➔ The denial of your request to disagree with CBH’s decision that you have to pay your provider.
- ➔ The denial of a service, decrease of a service, or approval of a service different from the service you requested because it was not medically necessary.
- ➔ You’re not getting a service within the time by which you should have received a service.

You can also request a Fair Hearing within 120 days from the date on the notice telling you that 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?

You may request a Fair Hearing either by mailing or faxing the request to OMHSAS or contacting CBH at 1-888-545-2600 and CBH will submit the request electronically through the Enterprise Case Management (ECM) system.

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 or fax your request for a Fair Hearing to:

*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
Fax: 717-772-7827*

What Happens After I Ask for a Fair Hearing?

You will get a letter from the DHS 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 its 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.

DHS 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 DHS at 1-800-798-2339 to ask for your services.

What to Do to Continue Getting Services

If you have been getting the services that are being reduced, changed, or denied and you ask for a Fair Hearing and your request is postmarked or hand-delivered within one day of the date on the notice telling you CBH's First Level Complaint or Grievance decision that acute inpatient services you have been receiving are being reduced, changed, or denied or within 15 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.

7.6. Expedited Fair Hearings

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 DHS at 1-800-798-

2339 or by faxing a letter to 717-772-6328. Your doctor must fax a signed letter to this number explaining why taking the usual amount of time to decide your Fair Hearing could harm your health. If your doctor does not send a letter, your doctor must testify at the Fair Hearing to explain why taking the usual amount of time to decide your Fair Hearing could harm your health.

The Bureau of Hearings and Appeals will schedule a telephone hearing and will tell you its decision within three business days after you asked for a Fair Hearing.

If your doctor does not send a written statement and does not testify at the Fair Hearing, the Fair Hearing decision will not be expedited. Another hearing will be scheduled, and the Fair Hearing will be decided using the usual time frame for deciding a Fair Hearing.

You may contact CBH Member Services at 1-888-545-2600 if you need help or have questions about Fair Hearings.

You can also contact the [Pennsylvania Legal Aid Network](#), [Community Legal Services](#), or the [Pennsylvania Health Law Project](#) (information listed in [Section 7.4: Help with the Complaints and Services Processes](#) on page 63).

APPENDIX: COVERED SERVICE DESCRIPTIONS

Covered Services, Adults

(Ages 18 and Over)

Emergency Services

Crisis Intervention

Community Mobile Crisis Response Team (CMCRT) *(FKA Adult Mobile Crisis Team)*

CMCRTs serve adults experiencing behavioral health crises by helping to stabilize situations and reduce immediate risk of danger. The service is provided in the community or by telephone for up to 72 hours.

- ➔ Services are available 24/7.
- ➔ Services may include:
 - » Crisis assessment and safety planning
 - » Engagement with adult and family
 - » Referral and linkages to behavioral health services

Crisis Intervention Response Team (CIRT)

CIRTs pair mental health professionals with CIRT-trained police officers from the Philadelphia Police Department (PPD). CIRTs respond to behavioral health-related police involved incidents with the goals of de-escalating crises, reducing the use of force on and incarceration of individuals with behavioral challenges, and increasing access to treatment and other services in the community.

Crisis Walk-In (Crisis Response Center/CRC)

CRCs are open 24/7 and staffed by a psychiatrist and other qualified professionals to provide a confidential assessment and refer the most appropriate services that meet members' presenting behavioral health challenges.

Urgent Services

Mental Health Inpatient Services

23-Hour Crisis Stabilization

- ➔ This observation can be for mental health and/or substance use needs
- ➔ Provided in a hospital or crisis response setting for less than 23 hours to further evaluate symptoms and assess needs
- ➔ Services may include:
 - » Aftercare Planning
 - » Level of Care Assessment

Acute Inpatient Psychiatric Hospitalization

- ➔ 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

Crisis Residence

- ➔ Provides a temporary place to stay for members in crisis who need to be removed from a stressful environment or who need a place to stay to stabilize or until other arrangements are made
- ➔ Discharge plan required for admission
- ➔ Services may include:
 - » Linkage to Outpatient Treatment
 - » Medication Management

- » 24-Hour Staff Support

Subacute Inpatient Psychiatric Hospitalization

- ➔ 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

Assessment Site

Substance Use Assessment and Stabilization Program (Access Point)

The Substance Use Assessment and Stabilization Program in Philadelphia, also known as *Access Point*, is designed to treat members who want to stop using drugs or alcohol. Access Point operates on a “walk-in” basis (no appointment is needed). *Access Point* can also stabilize members using alcohol and other drugs. Care coordinators ensure a seamless transition into the next level of care most appropriate to meet the member’s needs. Members who are in extreme psychiatric distress or medically fragile are not appropriate for *Access Point*.

Substance Use Disorder (SUD) Inpatient Services

Buprenorphine Induction at a Crisis Response Center

A CRC can start buprenorphine treatment for members with Opioid Use Disorder (OUD) and is expected to provide continuity of care by offering a prescription if needed and connecting the member to an outpatient provider that can continue treatment upon CRC exit.

SUD Medically Monitored Inpatient Services – Withdrawal Management (ASAM 3.7WM)

- ➔ Provides 24-hour nursing care with a physician’s availability for significant problems
- ➔ Patients require medication and have a recent history of withdrawal management at a less intensive level of care

- ➔ Staffed by designated addiction treatment, mental health, and general medical personnel who provide a range of services in a 24-hour treatment setting

SUD Medically Managed Intensive Inpatient Services (ASAM 4)

- ➔ Offers 24-hour nursing care and daily physician care for severe, unstable problems
- ➔ Counseling is available 16 hours a day to engage patients in treatment

SUD Medically Managed Intensive Inpatient Services – Withdrawal Management (ASAM 4WM)

- ➔ Approved when a member is presenting in active withdrawal from substances and needs 24-hour monitoring and care
- ➔ Offers 24-hour nursing care and daily physician care for severe, unstable problems including medical issues
- ➔ Counseling is available 16 hours a day to engage patients in treatment

Non-Urgent Services

Mental Health Outpatient Services (MHOP)

- ➔ Provided in an office setting, or via telehealth, often one time per week
- ➔ Services may include:
 - » Assessments and Evaluations
 - » Medication Management
 - » Individual, Family, and/or Group Therapy

Clozapine

- ➔ 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

Community Integrated Recovery Centers (CIRC)

- ➔ Structured program recommended by a provider for individuals with a severe and persistent mental illness, often more than one time per week
- ➔ Services may include:
 - » Individual and Group Therapy
 - » Medication Management
 - » Skill Building Activities in Areas of Living, Learning, Working, and Socializing

Electroconvulsive Therapy (ECT)

- ➔ A treatment commonly used for individuals with severe major depression or bipolar disorder who have not responded to other treatments.
- ➔ ECT involves a brief electrical stimulation of the brain while the individual is under anesthesia.
- ➔ Recommended by a doctor and provided in a hospital setting either on an inpatient or outpatient basis

Extended Acute Care (EAC)

- ➔ 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)

Mental Health Partial Hospitalization

- ➔ Provided in a hospital setting during daytime hours to assist with stabilization
- ➔ Services may include:

- » Medication Management
- » Individual, Group, and Family Therapy
- » Aftercare Planning

Mobile Hoarding Intervention and Therapy Program

The Mobile Hoarding Intervention and Therapy Program provides mobile therapy on a weekly or bi-weekly basis for older adults experiencing hoarding disorder. The therapist also monitors the member's overall health and living conditions to identify concerns and collaborate with their care managers and other health providers as needed.

Mobile Psychiatric Rehabilitation Services (MPRS)

- ➔ Provided in the community, at least one time per week
- ➔ Services may include:
 - » Help to Identify Individual Goals
 - » Help to Identify and Develop Skills to Live Independently

Psychological Testing

- ➔ Provided by a psychologist to assist with determining diagnosis and level of functioning

Substance Use Disorder Outpatient Services

Medication-Assisted Treatment (MAT)

MAT programs are designed to provide a minimum of six hours of structured counseling and educational services per week along with medication-assisted treatment. MAT programs provide comprehensive assessments, individualized treatment plans, and have active affiliations with other levels of care to address an individual's needs.

SUD Outpatient Services (ASAM 1.0)

- ➔ Typically consists of less than nine hours of service/week for adults, or less than six hours a week for adolescents for recovery or motivational enhancement therapies and strategies

- ➔ Encompasses organized services that may be delivered in a wide variety of settings

SUD Intensive Outpatient Services (ASAM 2.1)

- ➔ Typically consists of less than nine hours of service/week for adults, or less than six hours a week for adolescents for recovery or motivational enhancement therapies and strategies
- ➔ Encompasses services that can meet the complex needs of members with addiction and co-occurring conditions
- ➔ An organized outpatient service that delivers treatment services during the day, before or after work or school, in the evening, and/or on weekends

SUD Partial Hospitalization Services (ASAM 2.5)

- ➔ Typically provides 20 or more hours of service a week for instability that does not require 24-hour care
- ➔ Capable of meeting the complex needs of members with addiction and co-occurring conditions
- ➔ An organized outpatient service that delivers treatment services usually during the day as day treatment or partial hospitalization services

Case Management Services and Peer Support

Assertive Community Treatment (ACT)

- ➔ An evidence-based practice that provides community-based mental health treatment for individuals with severe and persistent mental illness
- ➔ The goal is to lessen or eliminate the effects that the symptoms of mental illness can have on functioning and quality of life by providing the majority of treatment, rehabilitation, and support services that individuals need to achieve their goals and live independently in their community.
- ➔ Tailored for each person and addresses their preferences and identified goals established through relationship building and individualized assessments
- ➔ Teams work collaboratively to provide services in community locations that can be available 24 hours a day, 365 days a year.

Blended Case Management

- ➔ A community-based service which is designed to assist members to gain access to community agencies, services and professionals whose functions are to provide the support, training and assistance required for a stable, safe and healthy community life.
- ➔ These programs work in a team model and have the ability to adjust the intensity of the services provided to meet the individual needs of the member without changing service providers. They are designed to support members with frequent Crisis Response Center visits and Acute Inpatient admissions.

Blended Enhanced Case Management/Non-Fidelity ACT

- ➔ A community-based service which is designed to assist members to gain access to community agencies, services and professionals whose functions are to provide the support, training and assistance required for a stable, safe and healthy community life.
- ➔ These programs are enhanced with a full time Case Manager, Nurse, Psychiatrist, Substance Use Disorder Treatment Specialist. They are designed to support access and coordination of services for individuals with frequent Crisis Response Center visits and multiple Acute Inpatient admissions, and lack of success in lower levels of Case Management.

Certified Peer Specialist

- ➔ Provided in the community by a person with lived experience who has completed training and certification requirements.
- ➔ Services may include mentoring toward recovery goals, teaching and helping to practice new skills, and help with finding the right services.

Forensic Intensive Recovery (FIR) Case Management

- ➔ A prison deferral initiative that offers substance abuse treatment to eligible individuals involved in the criminal justice system in lieu of incarceration.
- ➔ This program works with a team approach to include: Case Manager, Probation officer, Substance Use Disorder treatment provider, Mental Health Professional (if applicable).

Intensive Case Management

- ➔ A community-based service which is designed to assist members to gain access to community agencies, services and professionals whose functions are to provide the support, training and assistance required for a stable, safe and healthy community life.
- ➔ For individuals with difficulty attending outpatient treatment who have a serious mental health diagnosis.

Resource Coordination

- ➔ A community based, short term service for persons with major mental illness who may have also have minor substance abuse issues and mild to moderate difficulty accessing mental health treatment, social, and job-related daily living skills.
- ➔ For individuals with difficulty attending outpatient treatment who may be experiencing homelessness.

SUD Intensive Case Management

- ➔ Case Management service dedicated to providing access to recovery support services to individuals as they journey through their recovery from the disease of addiction and other life challenges with the goal of achieving and maintaining long-term recovery.
- ➔ Provides ongoing needs assessment, assists in goal planning to address any areas of the person's life that he or she is willing to address, help to build and gain access to a community of resources and recovery supports.

Substance Use Disorder (SUD) Residential Rehabilitation Services

SUD Clinically Managed Low-Intensity Residential Services (ASAM 3.1) (FKA Halfway Houses)

- ➔ Typically provides 24-hour living support and structure with available trained staff and offers at least five hours of clinical service a week
- ➔ Staffed by designated addiction treatment, mental health, and general medical personnel who provide a range of services
- ➔ Designed to improve tasks of daily living and recovery with low-intensity treatment of substance-related disorders

SUD Clinically Managed High-Intensity Residential Services (ASAM 3.5)

A 24-hour supportive treatment in a safe, and structured environment to help members initiate or continue recovery. Each day should include activities designed to meet the needs of members as defined in their individual treatment plans. Teaches new skills that are required for a successful transition from active addiction to a stable, recovery-positive lifestyle. Treatment delivered by a knowledgeable multidisciplinary team that includes both licensed/credentialed clinicians and allied staff.

SUD Medically Monitored Intensive Inpatient Services (ASAM 3.7)

- ➔ Provides 24-hour professionally directed care in an inpatient setting.
- ➔ Offers enhanced medical and/or psychiatric care.
- ➔ Daily clinical services to assess and address the member's individual needs.
- ➔ Staffed by designated addiction treatment, mental health, and general medical personnel who provide a range of services

Mental Health Residential Services

Community Treatment Teams – Clinically Supported Living

Community Treatment Teams provide services for members aged 18 and older who have chronic mental illness. Programs offer structured, specialized services for individuals also experiencing hearing loss, traumatic brain injuries, history of self-harm/aggression, persistent suicidal behaviors, and/or co-occurring substance use disorders.

Integrated Behavioral Health in Long-Term Care (IBHLTC)

IBHLTC provides residential behavioral healthcare and treatment for individuals diagnosed with a serious mental illness who are also eligible for nursing home care.

Long-Term Structured Residence (LTSR)

- ➔ Highly structured therapeutic residential mental health treatment facilities designed to treat individuals 18 and older who are eligible for hospitalization but who can receive adequate care in an LTSR
- ➔ Serves individuals who have severe and persistent mental illness and who have reached maximum benefit from the mental health resources available elsewhere in the community or hospital

- ➔ The only mental health residential level of care to which an individual may be involuntarily committed by the court
- ➔ Provides in-house therapeutic groups, activities, and recreation and is staffed 24 hours per day

Mental Health Residential

- ➔ Offers psychiatric treatment, substance use treatment, and psychiatric rehabilitation services with the goal of reintegrating members into the larger community
- ➔ Includes a range of assessments and individual and group therapies using evidence-based practices, medication management, peer support, and other core services provided by a multidisciplinary team
- ➔ On-site staffing is provided daily from 8:00 a.m. until 9:00 p.m. with a 24/7 on-call support coaching and crisis response system staffed by counselors and backed up by clinicians and psychiatric staff
- ➔ As goals are met, the individual receives more independence in utilizing skills learned, and the level of support needed decreases in response to a person's readiness for independence

Non-Hospital Extended Acute Care

Non-Hospital EAC is an integrated residential treatment program for consumers who meet the criteria for serious mental illness and require extended comprehensive behavioral health and support services in a non-hospital, community-based, residential setting. Non-Hospital EAC provides comprehensive assessment, stabilization, and treatment.

Residential Treatment Facilities for Adults (RTFA)

- ➔ Provided in a community-based residential setting to assist with transitioning to independent living
- ➔ Services may include:
 - » Individual, Group, and Family Therapy
 - » Skill-Building Sessions
 - » Medication Management

Covered Services, Children/Adolescents

(Up to Age 18, 21 for Some Services)

Emergency Services

Crisis Intervention

Children's Mobile Crisis Team (CMCT)

- ➔ Provided in the community for up to 72 hours for a child aged 21 and under experiencing a behavioral health crisis, helping to stabilize the situation and reduce immediate risk of danger
- ➔ Services available 24 hours per day
- ➔ Services may include:
 - » Crisis Assessment and Safety Planning
 - » Engagement with Youth and Family
 - » Referral and Linkages to Established Services

Crisis Walk-in (Crisis Response Center/CRC)

- ➔ Delivered at a CRC
- ➔ Includes an emergency crisis evaluation to determine what service may be most helpful

Urgent Services

Crisis Intervention (Non-Emergency)

Children's Mobile Intervention Services (CMIS)

- ➔ Resolution-focused, short-term crisis management services provided in the home for children up to age 21 following a CMCT assessment or discharge from the CRC
- ➔ CMIS teams include a master's level therapist, case manager, and a psychiatrist or certified nurse practitioner to provide the following services two or more times weekly:
 - » Assessment

- » Case Management
- » Medication Management
- » Family Therapy
- » 24/7 On-Call Support

Mental Health Inpatient Services

Acute Inpatient Psychiatric Hospitalization

- ➔ Provided in a hospital setting for a short time to help a child or adolescent become stable enough to return to the community
- ➔ Services include:
 - » Medication Management
 - » Individual and Group Therapy
 - » Aftercare Planning

Crisis Stabilization Unit (CSU)

- ➔ Designed to help young members experiencing acute distress from mental health challenges, social stressors, and/or the effects of substance abuse
- ➔ Goal is to stabilize the crisis so young members can quickly return home or to another community setting
- ➔ Provides rapid, resolution-focused treatment through an assessment, stabilization of the child's condition through therapy and medication interventions, and restoration of the child's functioning

Non-Urgent Services

Mental Health Outpatient Services (MHOP)

- ➔ Provided for children under age 18 in an office setting, often one time per week
- ➔ Services may include:
 - » Assessments and Evaluations

- » Medication Management
- » Individual, Group, and Family Therapy

Mental Health Partial Hospitalization

- ➔ Short-term services provided for children ages 5-17 in a hospital setting during daytime hours to assist with stabilization
- ➔ Services may include:
 - » Medication Management
 - » Individual, Family, and/or Group Therapy
 - » Aftercare Planning
 - » Educational Services

Psychological Testing

- ➔ Provided by a psychologist to assist with determining diagnosis, intelligence, and level of functioning

Psychosexual Evaluation

A psychosexual evaluation gathers information about a member's history of sexual behavior in order to identify treatment needs and determine if there is a risk of problematic sexual behavior.

Substance Use Disorder (SUD) Outpatient Services

SUD Outpatient Services (ASAM 1.0)

- ➔ Provided for children up to age 18 in an office setting, often one time per week, to help with alcohol or other substance use challenges
- ➔ Services may include:
 - » Assessment and Evaluation
 - » Individual, Group, and Family Therapy
 - » Medication Management

SUD Intensive Outpatient Services (ASAM 2.1)

- ➔ Provided for children up to age 18 in an office setting at least six hours per week for a higher level of support with alcohol or substance use challenges
- ➔ Services may include:
 - » Individual and Group Therapy
 - » Medication Management

Case Management Services

Blended Case Management

- ➔ A community-based service which is designed to assist members to gain access to community agencies, services, and professionals whose functions are to provide the support, training and assistance required for a stable, safe and healthy community life.
- ➔ These programs work in a team model and have the ability to adjust the intensity of the services provided to meet the individual needs of the member without changing service providers.
- ➔ Blended Case Management is designed to support access and coordination of services.

Intensive Behavioral Health Services (IBHS)

- ➔ Provided in the community for a child up to age 21

Services can be provided as:

Clinical Transition and Stabilization Services (CTSS)

- ➔ Provided in the community for a maximum of 90 days to address the mental health and stabilization needs of children in foster care
- ➔ Services may include:
 - » In-Home Individual and Family Therapy
 - » Crisis Intervention
 - » Medication Management

- » Coordination of Needed Services

IBHS Individual Services

- ➔ Helps the member in the home, school, or community setting
- ➔ Therapy and support used to achieve treatment goals, increase coping strategies, and support skill building
- ➔ Can be delivered using Behavior Consultation (BC), Mobile Therapy (MT), and/or Behavioral Health Technician (BHT) services
 - » BC services include creation and updates to the individual treatment plan (ITP) and oversight of the ITP process with the treatment team
 - » MT services consist of individual and family therapy, creation and updates to the ITP, assistance with crisis stabilization, and assistance with addressing needs of the member
 - » BHTs work with the member on treatment plan goals

IBHS Group Services

- ➔ Can be provided in a school, community setting, or community-like setting
- ➔ Services include:
 - » Therapy
 - » Structured Activities
 - » Community Activities that Address the Member's Treatment Goals

IBHS Applied Behavior Analysis (ABA) Services

- ➔ Used to develop behavioral, social, communication, and practical skills by using reinforcement, prompting, review of tasks, or other methods for a member to achieve a goal
- ➔ Can be delivered through Behavior Analytic (BA), Behavior Consultation – ABA (BC-ABA), Assistant Behavior Consultation – ABA (Asst. BC-ABA), Behavioral Health Technician – ABA (BHT-ABA) services, or ABA Early Childhood Intensive Treatment

- » BA and BC-ABA services include creation and updates to the individual treatment plan (ITP) and oversight of the ITP process with the treatment team. BA services also include functional analysis.
- » Asst. BC-ABA services consist of assisting the individual who provides BA or BC-ABA services and providing face-to-face support.
- » A BHT-ABA works with the member on treatment plan goals.
- » ABA Early Childhood Intensive Treatment is for children ages 2-5 who have not yet entered kindergarten and includes an ITP with at least one active parent training goal.

Family-Based Services (FBS)

- ➔ Delivered to families to help them care for children ages 3-21 with challenging needs and behaviors in their own home
- ➔ Services may include:
 - » Case Management and Family Support
 - » Individual and Family Therapy
 - » Crisis Support 24/7

Functional Family Therapy (FFT)

- ➔ Short-term treatment program with an average of 12 to 14 sessions over three to five months
- ➔ Works mostly with 11- to 18-year-olds who have been referred for behavioral or emotional problems by the juvenile justice, mental health, school, or child welfare systems
- ➔ Conducted in both office and home settings and can also be provided at schools

Multi-Systemic Therapy for Problem Sexual Behaviors (MST-PSB)

MST-PSB is an adaptation of the evidence-based treatment model multisystemic therapy (MST) that is specifically targeted to adolescents who have engaged in problematic sexual behavior that resulted in the victimization of another individual.

Residential Treatment Facilities (RTF)

Psychiatric Residential Treatment Facility (PRTF)

(The Joint Commission and the Non-Joint Commission accredited)

- ➔ 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, Group, and Family Therapy
 - » Psychiatric Services
 - » On-Grounds Schooling

Community Residential Rehabilitation (CRR)

CRR Host Home

- ➔ Provided to children ages 6-18 in a host family setting
- ➔ Goal is for the child to return to their natural supports in the community
- ➔ Services may include:
 - » Mobile, Individual, and Family Therapy
 - » Medication Management
 - » Case Management

Substance Use Disorder (SUD) Residential Rehabilitation Services

SUD Clinically Managed High-Intensity Residential Services (ASAM 3.5)

- ➔ Short- or long-term residential services for children ages 13-18 with substance use challenges
- ➔ Services may include:
 - » Medication Management
 - » Individual, Group, and Family Therapy
 - » Aftercare Planning