

# Member Handbook

---

*Updated March 2024*



**Community Behavioral Health**

A DIVISION OF DBHIDS | CBHPHILLY.ORG



**Member Services Hotline**

**888.545.2600**

*(TTY: Relay, 7-1-1)*



*If in a mental health crisis, call the Philadelphia Crisis Line at 215.685.6440.*

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](http://cbhphilly.org).

Sincerely,

CBH Member Services Staff

## TABLE OF CONTENTS

Introductory Letter	2	Coordination of Benefits	23
<b>Section 1: Welcome</b>	<b>5</b>	Reporting Fraud and Abuse	24
Introduction	5	<b>Section 3: Behavioral Health Services</b>	<b>25</b>
Welcome to Community Behavioral Health	5	Covered Services	25
CBH Member Services	6	Services That Are Not Covered	25
Member Identification Cards	8	Second Opinions	25
Important Contact Information	8	What is Prior Authorization?	26
Communication Services	13	Covered Services, Adults (Ages 18 and Over)	27
Enrollment	13	Covered Services, Children and Adolescents (Up to Age 18, 21 for Some Services)	29
Changes in Coverage	14	Service Descriptions	32
Information About Providers	15	<b>Section 4: Out-of-Network &amp; Out-of-Plan Services</b>	<b>34</b>
Choosing or Changing Your Provider	16	Out-of-Network Providers	34
Office Visits	17	Getting Care While Outside of CBH's Service Area	34
After Hours Care	17	Out-of-Plan Services	34
<b>Section 2: Rights and Responsibilities</b>	<b>18</b>		
Member Rights and Responsibilities	18		
Consent to Mental Health Care	21		
Privacy and Confidentiality	21		
Billing Information	22		
Third-Party Liability	23		

## TABLE OF CONTENTS

<b>Section 5: Mental Health Advance Directives</b>	<b>38</b>	<b>Section 7: Complaints, Grievances, &amp; Fair Hearings</b>	<b>45</b>
Mental Health Advance Directives	38	Complaints	45
Mental Health Declaration	38	First Level Complaint	46
Mental Health Power of Attorney	39	Second Level Complaint	50
Help Creating Mental Health Declarations and Mental Health Powers of Attorney	39	External Complaint Review	51
What to Do If a Provider Does Not Follow Your Mental Health Declaration or Your Mental Health Power of Attorney	40	Grievances	52
		External Grievance Review	55
		Expedited Complaints and Grievances	56
		Help with the Complaint and Grievance Processes	59
		Department of Human Services Fair Hearings	61
		Expedited Fair Hearing	64
<b>Section 6: Physical Health Services</b>	<b>41</b>	<b>Appendix: Covered Service Descriptions</b>	<b>65</b>
Who Covers Your Physical Health Services?	41	Covered Services, Adults (Ages 18 and Over)	65
Your Physical Health Services	41	Covered Services, Children and Adolescents (Up to Age 18, 21 for Some Services)	76
Coordinating Physical Health and Behavioral Health Care	42		
HealthChoices Physical Health	43		
Community HealthChoices	43		

## SECTION 1: WELCOME

### Introduction

#### What is HealthChoices?

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

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

### Welcome to Community Behavioral Health

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

The Philadelphia behavioral health system includes the **Department of Behavioral Health & Intellectual disAbility Services** (DBHIDS), of which CBH is a division, and 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](http://cbhphilly.org).

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

## CBH Member Services

Staff at CBH Member Services can:

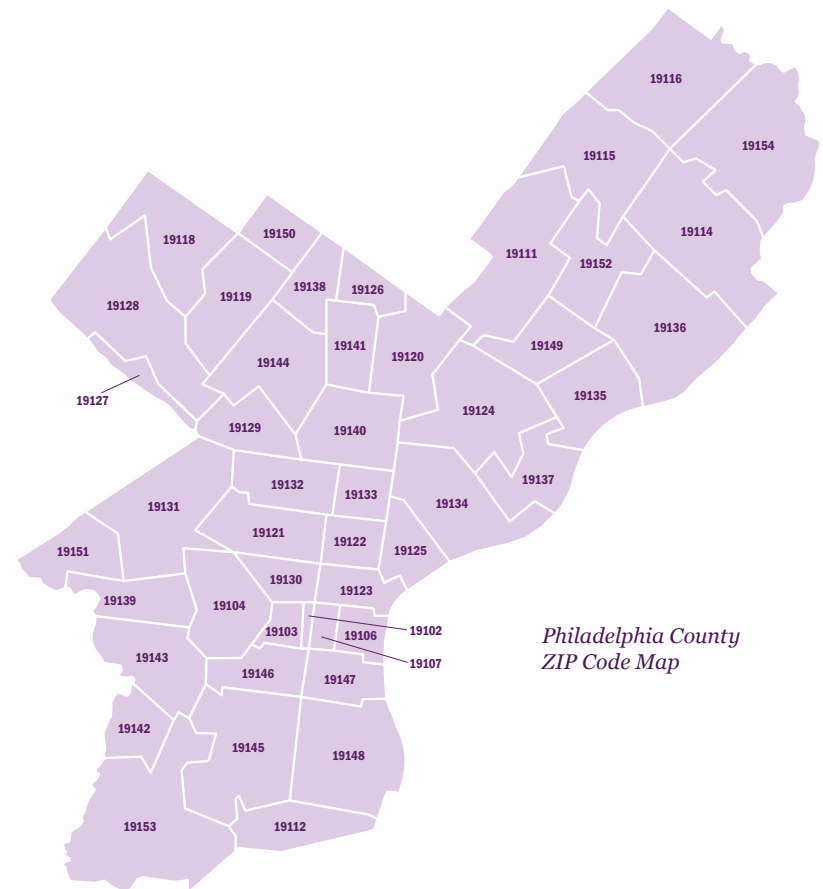
- ➔ Answer your questions
- ➔ Help you find behavioral healthcare providers near you
- ➔ Connect you to transportation resources
- ➔ Make sure you're receiving the right services
- ➔ Make sure your services are covered, so you don't have to pay for them

CBH's 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.

CBH Member Services can also be contacted in writing at:

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



## Member Identification Cards

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

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



## 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.

### Emergency Contacts

Please see the **Behavioral Health Services** section 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.

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

### Philadelphia Crisis Line

*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.*

215-685-6440 (Available 24/7)

### Suicide and Crisis Intervention

**988 Suicide & Crisis Lifeline** (Available 24/7)

Telephone: 988

[988lifeline.org](http://988lifeline.org)

### Einstein’s Crisis Response Center

(Available 24/7)

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

215-951-8300

### Intellectual Disability Services Emergency Line

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

215-829-5709

215-685-6440 (After 5 p.m.)

### Domestic Violence Emergency

**Philadelphia Domestic Violence Hotline**

(Available 24/7)

1-866-723-3014

### National Domestic Violence Hotline

(Available 24/7)

1-800-799.SAFE (7233)

Text “START” to 88788

[thehotline.org](http://thehotline.org)

### Women Against Abuse

[womenagainstabuse.org](http://womenagainstabuse.org)

*See the Important Contact Information section below for more domestic violence resources.*

## Crisis Response Centers

### Adults

#### Einstein Medical Center

215-951-8300

5501 Old York Road

[einstein.edu](http://einstein.edu)

#### Hospital of University of Pennsylvania –

**HUP Cedar Avenue**

800-789-7366

501 S 54th Street

[pennmedicine.org](http://pennmedicine.org)

#### Friends Hospital

215-831-4600

4641 Roosevelt Boulevard

[friendshospital.com](http://friendshospital.com)

#### Pennsylvania Hospital

215-829-3000

Spruce Building, 801 Spruce St, 1st Floor

[pennmedicine.org](http://pennmedicine.org)

**Adults**

**Temple University Hospital, Episcopal Campus**  
 215-707-2577  
 100 East Lehigh Avenue  
[templehealth.org](http://templehealth.org)

**Children/Adolescents**

**Philadelphia Children's Crisis Response Center**  
 215-878-2600  
 3300 Henry Avenue, Falls Two Building  
[philachildrencyrc.com](http://philachildrencyrc.com)

**Important Contact Information — At a Glance****Pennsylvania Department of Human Services Phone Numbers**

**County Assistance Office/COMPASS**  
 1-877-395-8930  
 1-800-451-5886 (TTY/TTD)  
[compass.state.pa.us](http://compass.state.pa.us)

*Change your personal information for Medical Assistance eligibility. See Enrollment section of this handbook for more information.*

**Fraud and Abuse Reporting Hotline, Department of Human Services**  
 1-844-DHS-TIPS (1-844-347-8477)  
[dhs.pa.gov/about/Fraud-And-Abuse/](http://dhs.pa.gov/about/Fraud-And-Abuse/)

*Report member or provider fraud or abuse in the Medical Assistance Program. See Reporting Fraud and Abuse section of this handbook for more information.*

**Other Important Phone Numbers**

**Insurance Department, Bureau of Consumer Services**  
 1-877-881-6388  
[insurance.pa.gov](http://insurance.pa.gov)

*Ask for a Complaint form, file a Complaint or talk to a consumer services representative.*

**Adult Protective Services**  
 1-800-490-8505  
[dhs.pa.gov/about/Fraud-And-Abuse/](http://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](http://cbhphilly.org)

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

**Behavioral Health Special Initiative**  
 215-546-1200  
 Regular Business Hours, M–F  
[bhsi-dbhids.org](http://bhsi-dbhids.org)

*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  
 215-386-7777 (Shelter)  
[womenagainstabuse.org](http://womenagainstabuse.org)

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

**Women in Transition**  
 215-751-1111  
 Monday through Friday, 9 a.m. to 5 p.m.  
[witservices@helpwomen.org](mailto:witservices@helpwomen.org)  
[helpwomen.org](http://helpwomen.org)

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

**Lutheran Settlement House (Español)**  
 215-462-8610, ext. 1278  
[lutheransettlement.org](http://lutheransettlement.org)

*Individual counseling for all survivors, including men and teens*

**ChildLine and Abuse Registry**  
 1-800-932-0313  
[dhs.pa.gov/KeepKidsSafe/](http://dhs.pa.gov/KeepKidsSafe/)

*For 24/7 reporting of suspected child abuse*

## Housing Resources

**Office of Supportive Housing** *For 24/7 help finding a shelter (all genders)*  
215-232-1984  
[philadelphiaofficeofhomelesservices.org](http://philadelphiaofficeofhomelesservices.org)

**Salvation Army** *For women and children seeking shelter*  
215-568-5111  
[easternusa.salvationarmy.org](http://easternusa.salvationarmy.org)

## Transportation

**ModivCare** (formerly *Logisticare*) *For those who need help getting transportation to a behavioral health appointment*  
1-877-835-7412  
[modivcare.com](http://modivcare.com)

## Other Assistance

**The Pennsylvania Department of Human Services (PA DHS)** *For cash assistance insurance and benefits coverage*  
1-800-692-7462  
[dhs.pa.gov](http://dhs.pa.gov)

**Social Security Administration** *For disability and older adult financial benefits*  
1-800-772-1213  
[ssa.gov](http://ssa.gov)

## Advocacy Groups

**Community Legal Services** *Legal aid for adults and children*  
215-981-3700  
[clsphila.org](http://clsphila.org)

**Consumer Satisfaction Team** *Advocacy for adults and children*  
215-923-9627  
[thecst.org](http://thecst.org)

**Disabilities Law Project** *Legal aid for individuals with disabilities*  
215-238-8070  
[disabilityrightspa.org](http://disabilityrightspa.org)

**Family Resource Network** *Consultation by phone, in person, workshops, and groups; family support groups; information about incarcerated loved ones who may be mentally ill*  
800-372-6510  
[familyresourcenetwork.org](http://familyresourcenetwork.org)

**Mental Health Partnerships** *Advocacy for adults*  
215-751-1800  
[mentalhealthpartnerships.org](http://mentalhealthpartnerships.org)

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

## 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. Depending on the information you need, it may take up to 5 days for CBH to send you the information.

CBH will also provide an interpreter, including for American Sign Language or TTY services, if you do not speak or understand English or are deaf or hard of hearing. These services are available at no cost to you. If you need an interpreter, call CBH Member Services at 1-888-545-2600 and CBH Member Services will connect you with the interpreter service that meets your needs. For TTY services, call the Pennsylvania Relay Operator at 711.

## Enrollment

In order to get services in HealthChoices, you need to stay eligible for Medical Assistance. You will get paperwork or a phone call about renewing your eligibility.

It is important that you follow instructions so that your Medical Assistance does not end. If you have questions about any paperwork you get or if you are unsure whether your eligibility for Medical Assistance is up to date, call CBH Member Services at 1-888-545-2600 or your CAO.

## Changes in Coverage

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

### Changes in the Household

Call your CAO if there are any changes to your household.

For example:

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

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

### What Happens if I Move?

If you are moving to a different county in Pennsylvania, please call CBH Member Services at 1-888-545-2600 to let us know you are moving. We can help make sure you get services in your new community. You should also call your CAO and give them your new address and phone number.

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

### Loss of Benefits

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

## Information About Providers

The CBH's provider directory has information about the providers in CBH's network. The provider directory is located online at <https://cbhphilly.org/cbh-members/provider-directory/>. You may call CBH Member Services at 1-888-545-2600 to ask that a copy of the provider directory be sent to you. The provider directory includes the following information about network providers:

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



## Choosing or Changing Your Provider

You can choose the providers you see.

- ➔ If you are starting a new service, changing the care you get, or want to change a provider for any reason, CBH will help you choose your new provider. Call CBH 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 CBH 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.

## 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 the **Out-of-Plan Services** section of this Handbook 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.

## After Hours Care

You can call CBH for behavioral health problems 24 hours a day, 7 days a week.

## SECTION 2: RIGHTS AND RESPONSIBILITIES

### Member Rights & Responsibilities

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

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

#### Member Rights

You have the right:

1. To be treated with respect, recognizing your dignity and need for privacy, by CBH staff and network providers
2. To get information that you can easily locate and understand about CBH, its services, and the providers that treat you when you need it
3. To pick any CBH network providers that you want to treat you. You may change providers if you are unhappy.
4. To get emergency services when you need them from any provider without CBH's approval
5. To get information that you can easily understand from your providers and be able to talk to them about your treatment options, without any interference from CBH
6. To make decisions about your treatment. If you cannot make treatment decisions by yourself, you have the right to have someone else help you make decisions or make decisions for you. You may

refuse treatment or services unless you are required to get involuntary treatment under the Mental Health Procedures Act.

7. To talk with providers in confidence and to have your information and records kept confidential
8. To see and get a copy of your medical records and to ask for changes or corrections to your records
9. To ask for a second opinion
10. To file a grievance if you disagree with CBH's decision that a service is not medically necessary for you (information about the process can be found in the **Complaints and Grievances section** of this handbook on page 45)
11. To file a complaint if you are unhappy about the care or treatment you have received (information about the process can be found in the **Complaints and Grievances section** of this handbook on page 45)
12. To ask for a Department of Human Services Fair Hearing (information about the process can be found in the **Complaints and Grievances section** of this handbook on page 45)
13. To be free from any form of restraint or seclusion used to force you to do something, to discipline you, to make it easier for the provider, or to punish you
14. To get information about services that CBH or a provider does not cover because of moral or religious objections and about how to get those services
15. To exercise your rights without it negatively affecting the way the Department of Human Services, CBH, or network providers treat you

## Member Responsibilities

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

These are the things you should do:

1. Provide, to the extent you can, information needed by your providers.
2. Tell your provider the medicines you are taking. Include over-the-counter medicines, vitamins, and natural remedies.
3. Be involved in decisions about your health care and treatment.
4. Work with your providers to create and carry out your treatment plans.
5. Tell your providers what you want and need.
6. Take your medications as prescribed and tell your provider if there is a problem.
7. Keep your appointments.
8. Learn about CBH coverage, including all covered and non-covered benefits and limits.
9. Use only network providers unless CBH approves an out-of-network provider.
10. Respect other patients, provider staff, and provider workers.
11. Report fraud and abuse to the CBH Compliance Hotline (1-800-229-3050) and the Department of Human Services Fraud and Abuse Reporting Hotline (1-866-379-8477).

## Consent to Mental Health Care

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

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

The chart below explains who can consent to treatment.

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

To learn more about who can consent to treatment, you can call 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.

## 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](http://cbhphilly.org).

## Billing Information

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

### When Can a Provider Bill Me?

Providers may bill you if:

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

### What Do I Do If I Get a Bill?

If you get a bill from a CBH network provider and you think the provider should not have billed you, you can call CBH Member Services at 1-888-545-2600.

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.

## 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 it is helpful to show the provider or pharmacy your Medicare card and your ACCESS card. This helps make sure your health care bills are paid.

## Coordination of Benefits

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

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

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

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

## Reporting Fraud and Abuse

### How Do You Report Member Fraud or Abuse?

If you think that someone is using your or another member's ACCESS card to get services, equipment, or medicines, is forging or changing their prescriptions, or is getting services they do not need, you can call the CBH Fraud and Abuse Hotline at 1-800-229-3050 to give CBH this information. You may also report this information to the Department of Human Services Fraud and Abuse Reporting Hotline at 1-844-DHS-TIPS (1-844-347-8477).

### 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).

## SECTION 3: BEHAVIORAL HEALTH SERVICES

### Covered Services

Read this chapter carefully so you know what services are covered. If you still have questions about which services are covered or need more information about a covered service, contact CBH Member Services at 1-888-545-2600.

Services covered by Community Behavioral Health (CBH) are listed and described in the **Appendix** of this handbook.

### Services That Are Not Covered

CBH covers only your behavioral health services. Your physical health MCO will cover your physical health services, most medications, dental care, and vision care. If you have any questions about whether or not CBH covers a service for you, please call CBH Member Services at 1-888-545-2600.

### Second Opinions

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

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

## What is Prior Authorization?

Some services need approval from CBH before you can get the service. This is called Prior Authorization. For services that need prior authorization, CBH decides whether a requested service is medically necessary before you get the service. You or your provider must make a request to CBH for approval before you get the service. The following pages show the authorization requirements for a variety of services.

## What Does Medically Necessary Mean?

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

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

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

## How to Ask for Prior Authorization

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

*(Continued on page 31)*

## Covered Services, Adults (Ages 18+)

Category	Service	Prior Auth. Required?	How Do I Access the Service?
Emergency Services			
Crisis Intervention	Crisis Walk-In (Crisis Response Center)	No	If you need emergency services, call 911 or go to a Crisis Response Center or Emergency Room.
	Crisis Intervention Response Team (CIRT)	No	
	Adult Mobile Crisis Team (AMCT)	No	
Urgent Services			
Assessment Site	Substance Use Assessment and Stabilization Program	No	If you need a substance use assessment, you will need to go to a 24-hour Substance Use Assessment Center.
Inpatient Mental Health Services	23-Hour Observation	No	If you believe you need treatment in an inpatient unit, you will need to go to an Emergency Room or Crisis Response Center for assessment.
	Acute Inpatient Psychiatric Hospitalization	No	
	Subacute Inpatient Psychiatric Hospitalization	Yes	
	Crisis Residence	Yes	
	Extended Acute Care	Yes	
Non-Urgent Services			
Mental Health Outpatient Services	Mental Health Outpatient Services (MHOP)	No	Search the <b>Provider Directory</b> on our website or call Member Services to find an outpatient provider. The provider will assist you with access to these services.
	Community Integrated Recovery Centers (CIRC)	No	
	Mobile Psychiatric Rehabilitation Services	No	
	Mobile Hoarding Intervention and Therapy Program	No	
	Mental Health Partial Hospitalization	No	
	Clozapine	No	
	Psychological Testing	Yes	
	Electroconvulsive Therapy	Yes	
Substance Use Disorder Outpatient Services	Substance Use Disorder Outpatient Services, Level 1	No	If you are seeking substance use services, you can also go to a Substance Use Assessment Center.
	Substance Use Disorder Outpatient Services, Level 2	No	
	Partial Hospitalization Services (2.5)	No	
	Medication-Assisted Treatment (MAT)	No	

Category	Service	Prior Auth. Required?	How Do I Access the Service?
<i>Non-Urgent Services (Continued)</i>			
<b>Case Management Services and Peer Support</b>	Certified Peer Specialist	No	Search the <b>Provider Directory</b> on our website or call Member Services to find a case management provider. The provider will assist you with access to these services.
	Resource Coordination	No	
	Intensive Case Management	No	
	Blended Case Management	No	
	Blended Enhanced Case Management/ Non-Fidelity ACT	No	
	Substance Use Disorder Intensive Case Management	No	
	Forensic Intensive Recovery Case Management	No	
	Assertive Community Treatment (ACT)	Yes	
<b>Residential Rehabilitation Services for Substance Use Disorder</b>	Clinically Managed Low-Intensity Residential Services (3.1)	Yes	If you believe you need treatment in a residential rehabilitation setting, you will need to go to an Emergency Room or Crisis Response Center for assessment. If you are seeking substance use services, you can also go to a Substance Use Assessment Center.
	Clinically Managed High-Intensity Residential Services (3.5)	No	
	Medically Monitored Intensive Inpatient Services (3.7)	Yes	
	Medically Monitored Intensive Inpatient Services – Withdrawal Management (3.7WM)	Yes	
	Medically Managed Intensive Inpatient Services – Withdrawal Management (4WM)	Yes	
	Medically Managed Intensive Inpatient Services (4)	Yes	
<b>Residential Treatment</b>	Residential Treatment Facilities for Adults (RTFA)	Yes	If you believe you need residential treatment, you must be connected to a current provider who will provide a psychiatric evaluation. If you do not have an existing provider, contact Member Services to be connected.
	Non-Hospital Extended Acute Care	Yes	
	Community Treatment Teams – Clinically Supported Living	Yes	
	Long-Term Structured Residence (LTSR)	Yes	
	Mental Health Residential	Yes	

## Covered Services, Children/Adolescents (Up to Age 18, 21 for Some Services)

Category	Service	Prior Auth. Required?	How Do I Access the Service?
Emergency Services			
Crisis Intervention	Crisis Walk-In Services	No	If you/your child has a non-life-threatening emergency and needs mobile services, call the Mental Health Delegate Line at 215-685-6440. You can also call 911 or go directly to a Crisis Response Center or Emergency Room.
	Children's Mobile Crisis Team	No	
Urgent Services			
Residential Rehabilitation Services for Substance Use Disorder	Substance Use Disorder Residential Rehabilitation	Yes	If you believe you/your child needs treatment in an inpatient unit, you will need to be assessed at an Emergency Room or Crisis Response Center.
Mental Health Inpatient Services	Acute Inpatient Psychiatric Hospitalization	No	
	Crisis Stabilization Unit (CSU)	No	
Crisis Intervention (Non-Emergency)	Children's Mobile Intervention Services (CMIS)	No	If you believe you/your child need treatment from Children's Mobile Intervention Services, you will need to be assessed at an Emergency Room or Crisis Response Center or by a Children's Mobile Crisis Team.
Non-Urgent Services			
Mental Health Outpatient Services	Mental Health Outpatient Services (MHOP)	No	Search the <b>Provider Directory</b> on our website or call Member Services to find an outpatient or case management provider. The provider will assist you with access to these services.
	Multi-Systemic Therapy for Problem Sexual Behaviors (MST-PSB)	Yes	
	Acute Partial Hospital Program	Yes	
	Psychosexual Evaluation	No	
	Psychological Testing	Yes	
	Clinical Transition and Stabilization Services (CTSS)	Yes	



Category	Service	Prior Auth. Required?	How Do I Access the Service?
<i>Non-Urgent Services (Continued)</i>			
<b>Substance Use Disorder Outpatient Services</b>	Substance Use Disorder Outpatient Services	No	Search the <b>Provider Directory</b> on our website or call Member Services to find an outpatient or case management provider. The provider will assist you with access to these services.
	Substance Use Disorder Intensive Outpatient Program	No	
<b>Case Management Services</b>	Blended Case Management	No	
<b>Intensive Behavioral Health Services (IBHS)</b>	IBHS Individual Services	Yes	Search the <b>Provider Directory</b> on our website or call Member Services to find an outpatient provider. The provider will assist you with scheduling an evaluation which is required to access these services.
	IBHS Group Services	Yes	
	IBHS ABA Services	Yes	
<b>Family-Based Services</b>	Family-Based Services	Yes	
	Functional Family Therapy	Yes	
<b>Residential Treatment Facilities (RTF)</b>	Residential Treatment Facility (The Joint Commission and Non-Joint Commission certified)	Yes	If you believe you need residential treatment, you must be connected to a current provider who will provide a psychiatric evaluation. If you do not have an existing provider, contact Member Services to be connected.
<b>Community Residential Rehabilitation (CRR)</b>	CRR Host Home	Yes	

(Continued from page 26)

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

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

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

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

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

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

## Prior Authorization of a Service

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

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

If CBH does not have enough information to decide the request, CBH must tell your provider within 4 hours of receiving the request that CBH needs more information to decide the request and allow 14 days for the provider to give CBH more information. CBH will tell you of its decision within 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. See the **Complaints, Grievances, and Fair Hearings** section of this Handbook for detailed information on Complaints and Grievances.

## Service Descriptions

### Emergency Services

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

### Outpatient Services

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

### Inpatient Hospital Services

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

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

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

### Outpatient Medications

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

### Medication-Assisted Treatment

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

### Telehealth

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

## SECTION 4: OUT-OF-NETWORK AND OUT-OF-PLAN SERVICES

### Out-of-Network Providers

An out-of-network provider is a provider that does not have a contract with Community Behavioral Health (CBH) to provide services to CBH's members. There may be a time when you need to use a provider or hospital that is not in CBH's network. If this happens, you can call CBH Member Services at 1-888-545-2600. CBH will check to see if there is another provider in your area that can give you the same type of care you need. If CBH cannot give you a choice of at least two providers in your area, CBH will cover the treatment by the out-of-network provider.

### Getting Care While Outside of CBH's Service Area

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

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

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

### Out-of-Plan Services

You may be eligible to receive services other than those provided by CBH. Below are some services that are available but are not covered by CBH. If you would like help

arranging—but not paying for—these services, please call CBH Member Services at 1-888-545-2600.

### 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 *Logisticare*) is the MATP for Philadelphia County; they can be reached at 1-877-835-7412. You can also visit the Department of Human Services MATP website at [matp.pa.gov/CountyContact.aspx](http://matp.pa.gov/CountyContact.aspx).

MATP will work with CBH to confirm that the medical appointment you need transportation for is a covered service. CBH works with MATP to help you arrange transportation. You can also call CBH Member Services for more information at 1-888-545-2600.

## Women, Infants, and Children Program

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

## Domestic Violence Crisis and Prevention

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

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

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

## Domestic Violence Resources

---

### Women Against Abuse

215-386-1280  
215-386-7777 (Shelter)

[womenagainstabuse.org](http://womenagainstabuse.org)

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

---

### Women in Transition

215-751-1111  
Monday through Friday, 9 a.m. to 5 p.m.

[witservices@helpwomen.org](mailto:witservices@helpwomen.org)  
[helpwomen.org](http://helpwomen.org)

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

---

### Lutheran Settlement House (Español)

215-462-8610, ext. 1278

[lutheransettlement.org](http://lutheransettlement.org)

*Individual counseling for all survivors, including men and teens*

---

### ChildLine and Abuse Registry

1-800-932-0313

[dhs.pa.gov/KeepKidsSafe/](http://dhs.pa.gov/KeepKidsSafe/)

*For 24/7 reporting of suspected child abuse*

## SECTION 5: MENTAL HEALTH ADVANCE DIRECTIVES

### Mental Health Advance Directives

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

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

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

### Mental Health Declaration

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

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

treatment.

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

### Mental Health Power of Attorney

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

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

If you would like to have a Mental Health Declaration or a Mental Health Power of Attorney, or both, and need help creating one, you can contact an advocacy organization such as the Mental Health Association in Pennsylvania (call toll-free at 1-866-578-3659 or email [info@mhapa.org](mailto:info@mhapa.org)) or Mental Health Partnerships (call 1-215-751-1800). They will provide you with forms and answer any questions.

## 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 the **Complaints, Grievances, and Fair Hearings** section for information on how to file a Complaint; or call CBH Member Services at 1-888-545-2600.

## SECTION 6: PHYSICAL HEALTH SERVICES

### Who Covers Your Physical Health Services?

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

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

No matter which MCO plan covers your physical health services, you will be a member of Community Behavioral Health (CBH) as long as you are enrolled in a HealthChoices program and live in Philadelphia County.

### Your Physical Health Services

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

- ➡ Check-ups.
- ➡ Services for a physical health condition or illness.

➔ Most medications. Please see the *Outpatient Medications* and *Medication-Assisted Treatment* subsections in the **Behavioral Health Services section** of this Handbook for more information about which MCO covers medications.

➔ An ambulance.

## Coordinating Physical Health and Behavioral Health Care

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

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

## HealthChoices Physical Health

### Selecting Your PH-MCO

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

Philadelphia County has the following PH-MCOs:

**Aetna Better Health**  
1-866-638-1232 (TTY: Relay, 7-1-1)  
[aetnabetterhealth.com](http://aetnabetterhealth.com)

**Keystone First**  
1-800-521-6860 (TTY: 1-800-684-5505)  
[keystonefirstpa.com](http://keystonefirstpa.com)

**Health Partners Plans**  
1-800-553-0784 (TTY: 215-849-1579)  
[healthpartnersplans.com](http://healthpartnersplans.com)

**United Healthcare Community Plan of Pennsylvania**  
1-800-321-4462 (TTY: 1-800-654-5984)  
[uhcommunityplan.com](http://uhcommunityplan.com)

To contact PA Enrollment Services, visit [enrollnow.net](http://enrollnow.net) or call 1-800-440-3989 or TTY-1-800-618-4225, Monday-Friday, 8:00 a.m. to 6:00 p.m.

## Community HealthChoices

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

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

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

- ➔ AmeriHealth Caritas Pennsylvania (Keystone First Community HealthChoices in the Southeast): 1-800-521-6007
- ➔ PA Health & Wellness: 1-844-626-6813
- ➔ UPMC for You: 1-844-860-9303

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

### Community HealthChoices Implementation Timeline

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

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

### Selecting Your CHC-MCO

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

## SECTION 7: COMPLAINTS, GRIEVANCES, AND FAIR HEARINGS

### Complaints, Grievances, and Fair Hearings

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

### Complaints

#### What Is a Complaint?

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

Some things you may complain about:

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



## First Level Complaint

### What Should I Do If I Have a Complaint?

To file a first level Complaint:

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

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

### When Should I File a First Level Complaint?

Some Complaints have a time limit on filing. You must file a Complaint within 60 days of getting a notice telling you that

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

- ➔ A denial of a member's request to dispute financial liability, including cost sharing, copayments, premiums, deductibles, coinsurance, and other member financial liabilities.
- ➔ The failure of CBH to meet the required time frames for providing a service.

You must 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. 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.

### What to do to continue getting services:

If the complaint is to dispute a decision to discontinue, reduce, or change a service that the member has been receiving because the service is not a covered service, the member must continue to receive the disputed service at the previously authorized level pending resolution of the Complaint. If the Complaint is about acute inpatient service, it must be filed orally, hand-delivered, faxed, or post-marked within one day from the mail date on the written notice of decision; Complaints about all other services must be filed within 15 days from the mail date on the written notice of decision.

### What If I Do Not Like CBH's Decision?

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

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

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

You must ask for an external Complaint review within 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.

### What to do to continue getting services:

If you have been getting the services that are being reduced, changed, or denied, and your request for an external Complaint review is postmarked or hand-delivered within one day of the date on the notice telling you 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, the services will continue until a decision is made.

## Second Level Complaint

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

To file a Second Level Complaint:

- ➔ Call CBH at 1-888-545-2600 and tell CBH your Second Level Complaint, or
- ➔ Write down 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.

### 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 ([insurance.pa.gov](http://insurance.pa.gov)). You must ask for an external review within 15 days of the date you got the Second Level Complaint decision notice.

## External Complaint Review

### How Do I Ask for an External Complaint Review?

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

*Pennsylvania Insurance Department  
Bureau of Consumer Services  
1209 Strawberry Square  
Harrisburg, PA 17120  
Fax: 717-787-8585*

You can also go to the “File a Complaint” page on the Pennsylvania Insurance Department website at:  
<https://insurance.pa.gov/Consumers/insurance-complaint/Pages/default.aspx>

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.

You can also call the Pennsylvania Insurance Department Bureau of Consumer Services at 1-877-881-6388.

## 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.

## 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 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*

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.

### 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 10 days of the date on the notice telling you that any other services you have been receiving are being reduced, changed, or denied, the services will continue until a decision is made.

### What If I Do Not Like CBH's Decision?

You may ask for an external Grievance review or a Fair Hearing, or you may ask for both. A Fair Hearing is your appeal presented at the 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.

## External Grievance Review

### How Do I Ask for External Grievance Review?

To ask for an external Grievance review:

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

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

CBH will send your request for external Grievance review to the Pennsylvania Insurance Department, which will send you more information about the external review process.

### What Happens After I Ask 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.

CBH will send your Grievance file to the reviewer. You may provide additional information that may help with the external review of your Grievance to the reviewer within 20 days of the date the IRO assignment notice was mailed.

You will receive a decision letter within 60 days of the date you asked for an external Grievance review. This letter will tell you the reason(s) for the decision and what you can do if you do not like the decision.

### What to do to continue getting services:

If you have been getting the services that are being reduced, changed, or denied and you ask for an external Grievance review or a Fair Hearing, you must ask for an

external review verbally or in a letter that is postmarked or hand-delivered within one day of the date on the notice telling you CBH's Grievance decision that acute inpatient services you have been receiving are being reduced, changed, or denied or within 15 days of the date on the notice telling you CBH's Grievance decision that any other services you have been receiving are being reduced, changed, or denied, and the services will continue until a decision is made. If you ask for both an external review and a Fair Hearing, you must ask for both within one business day if the services are acute inpatient; for all other levels of care, you must ask for both 15 days from the date on this notice. If you wait to ask for a Fair Hearing until after you receive a decision on your external Grievance, services will not continue.

## 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](mailto: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 you filed your Complaint about.

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, or
- ➔ Send an email to CBH at [CBH.Quality.Review@phila.gov](mailto:CBH.Quality.Review@phila.gov), or
- ➔ Write down your Complaint and send it to CBH by mail or fax:

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

## 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, or
- ➔ Send an email to CBH at [CBH.Quality.Review@phila.gov](mailto:CBH.Quality.Review@phila.gov), or
- ➔ Write down your Complaint and send it to CBH by mail or fax:

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

CBH will send your request to the Pennsylvania Insurance Department. The Insurance Department will send you more information about the expedited external review process.

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

## 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 Parent, Guardian, Personal Representative, or other authorized individual, all documentation related to Complaints and Grievances will be sent directly to CBH Members who are age 14 and older.

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/](http://cbhphilly.org/members/complaints-grievances-and-fair-hearings/) in both English and Spanish.

The form can be emailed to [CBH.Quality.Review@phila.gov](mailto: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  
1-800-322-7572  
[palegalaid.net](http://palegalaid.net)

Pennsylvania Health Law Project  
1-800-274-3258  
[phlp.org](http://phlp.org)

Community Legal Services  
Center City Office: 215-981-3700  
North Philadelphia Office: 215-227-2400  
[clsphila.org](http://clsphila.org)

Mental Health Partnerships  
1-800-688-4226  
[mentalhealthpartnerships.org](http://mentalhealthpartnerships.org)

## Persons Whose Primary Language Is Not English

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

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

## Persons with Disabilities

CBH will provide persons with disabilities with the following help in presenting Complaints or Grievances at no cost, if needed. This help includes:

- ➔ Providing sign language interpreters;
- ➔ Providing information submitted by CBH at the Complaint or Grievance review in an alternative format. The alternative format version will be given to you before the review; and

- ➔ Providing someone to help copy and present information

## Department of Human Services Fair Hearings

In some cases, you can ask the **Department of Human Services** (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 on the below six areas or decides your Grievance.

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

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

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



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

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

## How Do I Ask for a Fair Hearing?

Your request for a Fair Hearing must be in writing.

Your Fair Hearing request needs to include the following information:

- ➡ Your (the member's) name and date of birth;
- ➡ a telephone number where you can be reached during the day;
- ➡ whether you want to have the Fair Hearing in person or by telephone;
- ➡ the reason(s) you are asking for a Fair Hearing;
- ➡ a copy of any letter you received about the issue you are asking for a Fair Hearing about; and
- ➡ a copy of the original denial notice, if available.

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

*Department of Human Services  
Office of Mental Health Substance Abuse Services  
Division of Quality Management  
Commonwealth Towers, 12th Floor  
P.O. Box 2675  
Harrisburg, PA 17105-2675  
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, CBH must comply with the requirements of 55 Pa. Code 275.4 regarding the provision of interim assistance upon the request for such by the Member.

## What to do to continue getting services:

If you have been getting the services that are being reduced, changed, or denied and



you ask for an external Grievance review or a Fair Hearing, you must ask for an external review verbally or in a letter that is postmarked or hand-delivered within one day of the date on the notice telling you CBH's Grievance decision that acute inpatient services you have been receiving are being reduced, changed, or denied or within 15 days of the date on the notice telling you CBH's Grievance decision that any other services you have been receiving are being reduced, changed, or denied, the services will continue until a decision is made. If you ask for both an external review and a Fair Hearing, you must ask for both within one business day if the services are acute inpatient; for all other levels of care, you must ask for both 15 days from the date on this notice. If you wait to ask for a Fair Hearing until after you receive a decision on your external Grievance, services will not continue.

## Expedited Fair Hearing

### What Can I Do If My Health Is at Immediate Risk?

If your doctor believes that waiting the usual time frame for deciding a Fair Hearing could harm your health, you may ask that the Fair Hearing take place more quickly. This is called an expedited Fair Hearing. You can ask for an early decision by calling DHS at 1-877-356-5355 or by faxing a letter to 717-772-7827. 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 the Help section above).

## APPENDIX: COVERED SERVICE DESCRIPTIONS

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

#### Emergency Services

##### Crisis Intervention

###### *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.

###### *Crisis Intervention Response Team (CIRT)*

CIRTs service pair mental health professionals with crisis intervention team (CIT)-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.

###### *Adult Mobile Crisis Team (AMCT)*

AMCTs 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

## Urgent Services

### 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.

### Inpatient Mental Health Services

#### *23-Hour Observation*

- ➔ 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 Hospital*

- ➔ Provided in a hospital setting to help someone who is a danger to themselves, or others become stable enough to return to the community
- ➔ Services may include:
  - » Medication Management
  - » Individual and Group Therapy
  - » Aftercare Planning

- » Tobacco Cessation

#### *Subacute Inpatient Psychiatric Hospitalization*

- ➔ 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

#### *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

#### *Extended Acute Care*

- ➔ 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)

## 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

### Community Integrated Recovery Center (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/or Group Therapy
  - » Medication Management
  - » Skill Building Activities in Areas of Living, Learning, Working, and Socializing

### 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

### 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.

### Mental Health Partial Hospitalization

- ➡ Provided in a hospital setting during daytime hours to assist with stabilization
- ➡ Services may include:
  - » Medication Management
  - » Individual, Family, and/or Group Therapy
  - » Aftercare Planning

### Clozapine

- ➡ Provided by a psychiatrist or nurse to review how someone is doing if they take the medication Clozaril (clozapine)
- ➡ Services may include:
  - » Regular Office Visits
  - » Laboratory Tests to make sure that the medication is working as intended

### Psychological Testing

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

### 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

## Substance Use Disorder Outpatient Services

### *Drug and Alcohol Outpatient Services, Level 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 organized services that may be delivered in a wide variety of settings

### *Substance Use Disorder Outpatient Services, Level 2*

- ➡ 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

### *Partial Hospitalization Services (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

### *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.

## Case Management Services and Peer Support

### *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.

### *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.

### *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.

### *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.

***Substance Use Disorder 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.

***Forensic Intensive Recovery 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).

***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.

**Residential Rehabilitation Services for Substance Use Disorder*****Clinically Managed Low-Intensity Residential Services (3.1)***

- ➔ 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

***Clinically Managed High-Intensity Residential Services (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.

***Medically Monitored Intensive Inpatient Services (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

#### *Medically Monitored Intensive Inpatient Services – Withdrawal Management (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

#### *Medically Managed Intensive Inpatient Services – Withdrawal Management (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

#### *Medically Managed Intensive Inpatient Services (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

### Residential 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

#### *Non-Hospital Extended Acute Care (EAC)*

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.

#### *Community Treatment Teams – Clinically Supported Living (CTT – CSL)*

CTT – CSL provides 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.

#### *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

## Covered Services, Children/Adolescents

(Up to Age 18, 21 for Some Services)

### Emergency Services

#### Crisis Intervention

##### *Crisis Walk-in Services*

- ➔ Delivered at a Crisis Response Center (CRC)
- ➔ Include an emergency crisis evaluation to determine what service may be the most helpful

##### *Children's Mobile Crisis Team*

- ➔ 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

### Urgent Services

#### Residential Rehabilitation Services for Substance Use Disorder

##### *Substance Use Disorder Residential Rehabilitation*

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

#### 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

### 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

### 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, Family, and/or Group Therapy

#### *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.

#### *Acute Partial Hospital Program*

- ➔ 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

#### *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.

#### *Psychological Testing*

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

#### *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

### Substance Use Disorder Outpatient Services

- ➔ 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, Family, and/or Group Therapy
  - » Medication Management

#### *Substance Use Disorder Intensive Outpatient Program*

- ➔ 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/or 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:

#### *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 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

- ➔ Delivered to families to help them care for children ages 3-21 with challenging needs and behaviors in their own home
- ➔ Services 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

### Residential Treatment Facilities (RTF)

#### *Residential Treatment Facility (The Joint Commission and Non-Joint Commission certified)*

- ➔ Provided to children under age 21 in a residential setting who present a risk to the safety of themselves or others and have not been successful in community-based treatments
- ➔ Services may include:
  - » Individual, Family, and Group Therapy
  - » Psychiatric Services
  - » On-Grounds Schooling

### Community Residential Rehabilitation (CRR)

#### *Community Residential Rehabilitation (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



**Community Behavioral Health**

A DIVISION OF DBHIDS | CBHPHILLY.ORG

801 Market Street, 7th Floor  
Philadelphia, PA 19107

Non Profit Org  
US Postage  
PAID  
Permit #6647  
Philadelphia, PA