



# Community Behavioral Health

## MEMBER HANDBOOK

Your guide to  
Mental Health and  
Substance Abuse  
Services

CBH is a component of the

## Behavioral Health System

serving Philadelphia's uninsured, underinsured  
and Medicaid-eligible residents

## ATTENTION!

If you do not understand English, please call Member Services at 1-888-545-2600. Someone there who speaks Spanish will help you get services in Spanish. They will also send you this handbook in Spanish.

## ВНИМАНИЕ!

Если вы не понимаете по английски звоните 1-888-545-2600. Вам помогут и пошлют эту книгу на русском языке

## ATENCIÓN!

Si usted no habla ingles, por favor de llamar al Servicio de Miembrecia al 1-888-545-2600. Alguien que hable Español le ayudará a obtener servicios en Español. Se le mandara este guía en Español.

## CHÚ Ý!

Nếu bạn không hiểu tiếng Anh, xin gọi Phục Vụ dành cho Hội Viên số 1-888-545-2600. Nơi đó sẽ có người nói tiếng Việt giúp bạn tìm những phục vụ có tiếng Việt cho bạn. Và họ sẽ gửi đến cho bạn một quyển sách tay tiếng Việt.

## ຈົ່ງລະວັງ !

ຖ້າວ່າທ່ານບໍ່ເຂົ້າໃຈພາສາອັງກິດ, ກະລຸນາໂທໄປຫາຫ້ອງການພະນັກງານ: 1-888-545-2600. ມັນຈະມີຄົນປາກພາສາຂອງທ່ານເພື່ອຊ່ວຍຮັບໃຊ້ທ່ານ. ແລ້ວເຂົາຈະສົ່ງໜັງສືຄູ່ມືທີ່ເປັນພາສາລາວມາໃຫ້ທ່ານອີກດ້ວຍ.

## សេចក្តីជូនដំណឹង!

បើអ្នកជាសមាជិក មិនចេះឬមិនយល់ភាសាអង់គ្លេស សូមទូរស័ព្ទទៅលេខ 1-888-545-2600 មានអ្នក និយាយភាសារបស់អ្នក នឹងជួយអ្នកហើយ និងផ្ញើរ កូដសៀវភៅអំពីព័ត៌មានជាភាសាខ្មែរមកជូនអ្នក។

## 請注意!

如果您不會說英文，請打 1-888-545-2600 免費服務電話，有說您語言的服務員協助您得到各項服務。您還會得到這本手冊的中文翻譯本。



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# Table of Contents

<b>What is the Behavioral Health System?</b> .....	1
<b>How Do I Find Out About Services?</b> .....	2
Member Services .....	3
Emergencies .....	4
Transportation .....	7
<b>What Services Can I Get?</b> .....	8
<b>Provider List</b> .....	9
<b>Child and Adolescent Services</b> .....	10
Interagency Meetings .....	12
Family's Rights .....	14
<b>Your Rights</b> .....	15
Advance Directives .....	18
Confidentiality .....	19
<b>Your Responsibilities</b> .....	20
<b>Getting Services Outside of Philadelphia</b> .....	21
<b>What If I am Unhappy with My Services?</b> .....	22
Complaints .....	23
Grievances .....	30
<b>Who Can I Call for Help?</b> .....	44
Ombudsperson .....	46
Consumer Satisfaction Team, Inc. ....	47
<b>What Do These Words Mean?</b> .....	48



## What is the Behavioral Health System?

- ▶ The Behavioral Health System connects you to Adult, Child and Adolescent Mental Health and Substance Abuse services.
- ▶ Everyone who is on Medical Assistance (**MA**) in Philadelphia must use the Behavioral Health System to get his or her Mental Health and Substance Abuse services.
- ▶ To be connected to the Mental Health or Substance Abuse services you need, you must go through an agency called Community Behavioral Health (**CBH**).
- ▶ Through CBH, you can find the service you need, get approval for treatment and help with appointments, transportation and emergencies.
- ▶ Although you will receive your Mental Health and Substance Abuse services through CBH, you will still get your physical health services through your HMO.
- ▶ You can also access these services through the Federally Qualified Health Centers, at any of their Philadelphia locations.



## How do I find out about services?



***Just call:***

**Member Services**

1-888-545-2600

- ▶ If you need help finding Mental Health and Substance Abuse services, you should call Member Services. You can reach them at their toll free number: 1-888-545-2600.
- ▶ If you are hearing impaired, you can call Member Services using the **TTY/TDD** number: 1-888-436-7482.
- ▶ Whenever you call Member Services, you can ask to talk to the same person. This person will be your Member Services Representative. (If your representative is not there, someone else will help you).
- ▶ It is important to call Member Services before going to a service. This way Member Services can help you find a covered service.
- ▶ A covered service is a service that is given the okay by the Behavioral Health System. If you go to a service that is not covered, you might have to pay for it yourself.
- ▶ **This Managed Care Plan may not cover all your health care expenses. Read your *Handbook* carefully to determine which health care services are covered.**



## **Member Services...**

***Your link to care!***

**1-888-545-2600**

### ▶ **When you call Member Services, they may:**

- ask you questions to find out what kind of services you need.
- recommend where you can go to get services that are *pre-approved* (will be paid for).
- help make appointments for you
- refer (send) you to crisis services when you have an emergency.
- answer your questions about the Behavioral Health System.

### ▶ **Member Services can also:**

- help find out if a service you ask for is covered or paid for by CBH.
  - help you get transportation to your appointments, if necessary.
  - help solve problems you may have with the services you are getting.
  - respond to your complaints and/or grievances.
- ▶ Member Services will answer your call 24 hours a day, 7 days a week.
- ▶ If you do not understand English, Member Services will find someone who speaks your language and try to find you a treatment program where your home language is spoken.



## Emergencies

- ▶ **If you are an adult who is having a Mental Health or Substance Abuse emergency, you may go to any of Philadelphia's 5 Crisis Response Centers (CRCs) 24 hours a day, 7 days a week.** These 5 "CRCs" are located in different parts of the city, so there is one fairly close to where you are in Philadelphia. **(See the list of Crisis Response Centers on the next page).**
- ▶ **FOR ALL CHILDREN AND TEENAGERS (under age 18), please go to Albert Einstein @ Germantown Community Center at One Penn Boulevard, (215) 951-8300.**
- ▶ If you are thinking about hurting yourself, please call the **SUICIDE HOTLINE** at **215-686-4420**.
- ▶ Someone will always be able to take your emergency call 24 hours a day, 7 days a week.
- ▶ If you are not sure where to go, call the Delegate Line at (215) 685-6440. The Delegate Line will be able to help you in an emergency. They will direct you to the nearest service that will meet your needs.
- ▶ If necessary, the Delegate Line will send the Mobile Emergency Team (MET) to your location.
- ▶ Because not all emergency rooms serve children, call the **Delegate Line** at **215-685-6440** to get immediate help for children. They will send someone to your home or tell you where to take your child.

**If there are any major changes to this process, you will get a letter telling you about them. You will get 30 days notice.**

***If your emergency is life threatening, go directly to the nearest Emergency Room.***





## Emergencies - Continued

*You can also call 1-888-545-2600 and Member Services will connect you to the crisis hotline.*

### *Crisis Response Centers*

**Hall Mercer/ PA Hospital**  
8th & Locust Street  
(215) 829-5249

**Center City**  
South Philadelphia

**Mercy Hospital**  
501 S. 54th Street  
(215) 748-9525

**Southwest/ West**  
Philadelphia

**Temple / Episcopal Hospital**  
100 E. Lehigh Avenue  
(215) 707-2577

**North Philadelphia**

**Einstein Hospital**  
**@ Germantown Community**  
**Health Center**  
One Penn Boulevard  
(215) 951-8300

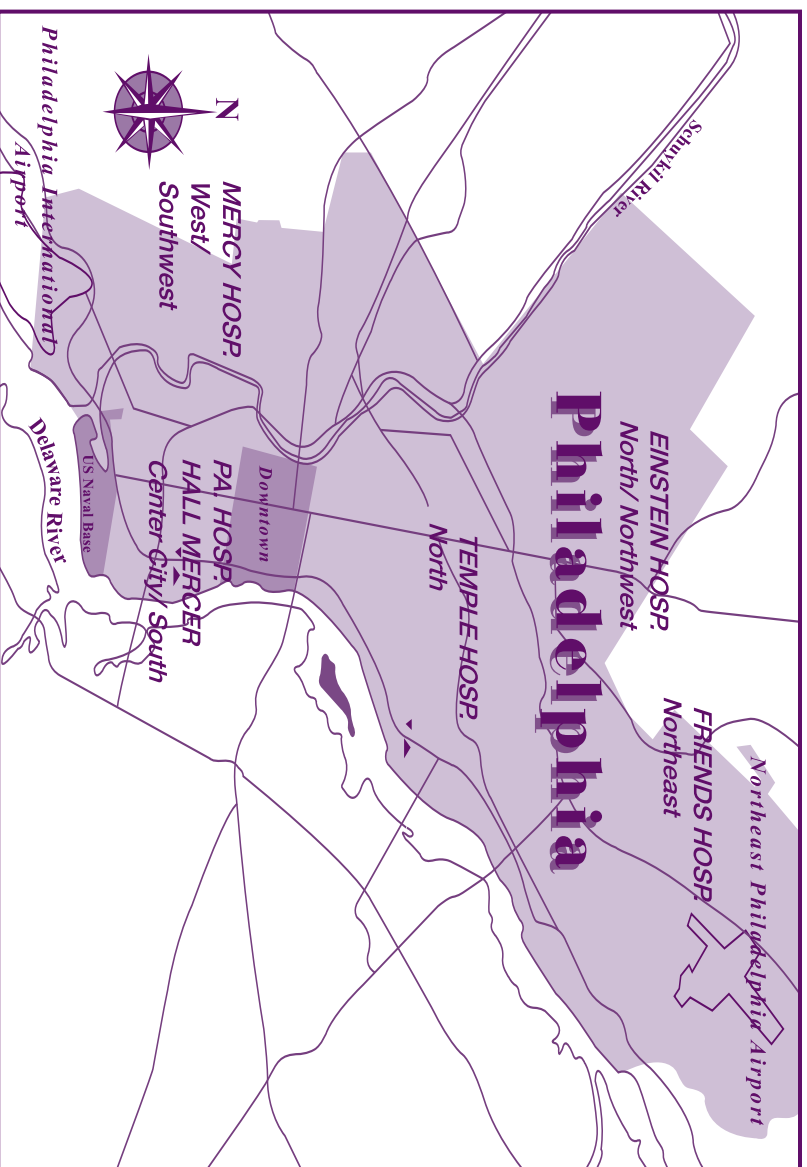
**Northwest**  
**Germantown**  
**Roxborough**  
Assesses Children City Wide

**Friends Hospital (Larkspur)**  
4641 Roosevelt Boulevard  
(215) 831-4616

**Northeast Philadelphia**

*See map of Crisis Response Centers on next page.*

# CRISIS RESPONSE CENTERS





## Transportation in Special Situations

*Do you need special help getting to a Mental Health or Substance Abuse Service?*



- ▶ Sometimes it's difficult to get transportation to an appointment, or to other Mental Health and Substance Abuse services.
- ▶ Depending on your situation, you may be able to get help with transportation if you cannot afford bus fare, live far away from public transportation or cannot travel without aid.
- ▶ If you need special help getting transportation to a Mental Health or Substance Abuse appointment or program, please tell your counselor, or call WHEELS for help with transportation at 215-563-2000.



## What services can I get as part of the Behavioral Health System?

***There is no charge for any service, program or treatment which is approved for you.***

CBH can arrange for you to:

- get counseling (outpatient clinic) for Mental Health and Substance Abuse problems.
- attend day treatment programs.
- be hospitalized for mental illness or substance abuse.
- get care in an emergency or crisis situation.  
**A crisis evaluation does not have to be pre-approved.**
- get medication you may need for your mental health or substance abuse problem, including methadone.
- go to drug and alcohol detoxification and rehabilitation programs or live in a half-way or a recovery house.
- get in touch with other services you may need through the Office of Mental Health.

**If you are deaf, blind, or have a physical disability, CBH will be sure that the provider you use has interpreters and handicapped accessible facilities.**



To find out if a provider is covered (or paid for) in the Behavioral Health System, ask your provider or call CBH at 1-888-545-2600.

**There are instances when there may be restrictions on where you receive treatment.**



## Provider List

The Provider List gives you information about hospitals and agencies that serve CBH Members such as:

- their address,
- their phone number,
- the types of service they provide, and
- the languages they speak

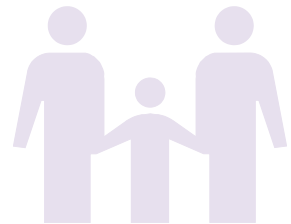
Below are three ways that you can get information about the Member Handbook or Provider List:

- It is not required that you call our Member Services hotline but the fastest way to learn about your rights and protections, find services, or learn how to file a grievance or ask for a fair hearing is to call our call center. Our call center is open 24-hours a day, 7 days a week and our Member Services staff are ready to help. The telephone number is 888-545-2600. *This is the best way to get the information you need.*
- You can also see our Member Handbook or Provider List on our website at [www.phila-bhs.org](http://www.phila-bhs.org). If you do not have the Internet on your home computer, you may want to use a computer at your city branch library.
- If you would like a printed copy of our Member Handbook or Provider List, please call the member services number 888-545-2600 and make your request to a live person who answers your call. You will need to give us your name and address. We can also send you the Member Handbook and/or Provider List on a CD for you to read on your computer.



## What if my child or adolescent needs help?

- ▶ If your child has emotional, behavioral or substance abuse problems (problems with drugs or alcohol), CBH will work with you to arrange the services your child needs.
- ▶ CBH has special child and family workers who will set up evaluations and treatment. If there is someone you want your child to see for help, CBH will, if at all possible give the okay for you to do so.
- ▶ In some cases, you will meet with a team of agency workers to plan together the services your child may need. This is called an Interagency Team Meeting (see p. 12).
- ▶ Your child—when appropriate—and others you may wish to include are also part of the team.
- ▶ CBH can help set up, if necessary, services in a child's own home, school or community. These services are sometimes called "wraparound" (*Rehabilitation Services*).
- ▶ If your child has a diagnosis of mental retardation and needs a behavioral health service, he or she can get behavioral health services, including wraparound services.





*The Behavioral Health System provides Mental Health and Substance Abuse services for children and teenagers too.*

- ▶ If your child is under 14, you must give your permission (say it is okay) for mental health treatment.
- ▶ If your child is 14 years old or older, he or she must give permission for any mental health treatment. He or she can receive treatment without your permission. *The treatment provider will work hard to include you in all parts of the treatment.*
- ▶ Children and teenagers do not need their family's permission to get **substance abuse treatment**. *The treatment provider will work hard to help children tell their families about the care and to include them in the planning and treatment.*
- ▶ If your child is being served by DHS (Department of Human Services), contact your DHS worker or child's Probation Officer, to set up care. Or you may call CBH directly and CBH will contact DHS or the Probation Officer.
- ▶ If you have a complaint, please follow the steps listed in the "What if I am unhappy with my services?" section of this handbook on pages 22 to 44.
- ▶ If services are denied, CBH must send you a letter to let you know. If you are unhappy with the response, you can file a grievance with CBH and/or ask for a DPW fair hearing (Turn to page 22 to find out how to do this).



## A note about Interagency Team Meetings and your rights

**An Interagency Team Meeting is when you meet with a team of agency workers to plan together the services your child may need.**

- ▶ You have the right to be heard at the Interagency Team Meeting and to be treated with dignity and respect by everyone there.
- ▶ No one can pressure you to agree to a treatment plan for your child that you do not agree with.
- ▶ Services that are prescribed, or ordered, by a doctor (psychiatrist or psychologist) for your child may not be denied at this meeting.
- ▶ If CBH decides to deny all or part of the services decided on by your child's doctor(s), CBH must let you know in writing the reason for the denial. CBH must also tell you how to appeal, or ask for a second review, if you do not agree with the denial.
- ▶ If your child is already getting the services that the doctor orders, those services cannot be cut back until 10 days after CBH mails you the letter telling you why the service was denied.
- ▶ If you tell CBH and/or the Department of Public Welfare (DPW) that you want to appeal the decision within 10 days of getting the letter, (see pp. 22 to 44), your child's services will keep going until you get a final decision on your appeal, or until the prescription ends.







## For teenagers only



- ▶ If you have a problem with drugs or alcohol, call us at: 1-888-545-2600.
- ▶ It doesn't matter how old you are to get help for a drug or drinking problem.
- ▶ If you are a member of CBH we will help you get better at no cost to you or your family.
- ▶ If you are not sure if you are a member of CBH, please call 1-888-545-2600.
- ▶ We hope you will tell your family. But, if you feel you can't, we will help you without telling them, unless you give us permission in writing.
- ▶ If your problem is not drugs or alcohol, but you are:
  - sad a lot of the time
  - having trouble controlling your anger
  - getting into trouble
  - feeling like you may not want to live anymore
  - or other problems

Call us at the same number: 1-888-545-2600.

- ▶ For these kinds of problems, you can call CBH yourself, if you are 14 or older.
- ▶ If you are younger than 14, we must have your family's permission to offer you help for your mental health treatment. You will need to have them call us at: 1-888-545-2600.



## Family's rights

### **As a parent or a guardian of a child receiving services through CBH, you have certain rights:**

- ▶ You have the right to be treated with dignity and respect as the parent or guardian of a child receiving services.
- ▶ You have the right to take part in setting up your child's treatment plans, and to make sure the plan is being followed.
- ▶ You have the right to bring any advocate (person who can help explain your wishes) to treatment planning meetings about your child.
- ▶ You have the right to be sure that your child's records are kept private.
- ▶ If your child is under 14 years old and getting mental health services, you have the right to look at your child's records.
- ▶ You have the right to refuse to have your child follow the treatment plan if you think it is not a good idea. You also have the right to know the risks to your child of not following the plan.
- ▶ You have the right to complain, if you are unhappy with the services your child is using.
- ▶ You have the right to change your child's counselor.
- ▶ You have the right to know the qualifications and job description of any person who is involved with your child's care.
- ▶ You have the right to "Notice and Appeal." This means that, if a service is denied, you must get a letter that tells you so. AND, you have the right to appeal (ask for another review of) that decision (see pp. 22 to 44).



## Your rights

**As a member of CBH, you have certain rights:**



- ▶ You have the right to be treated with dignity and respect.
- ▶ You have the right to confidentiality.
- ▶ You have the right to look at and get a copy of your records from the treatment provider where you receive treatment.
- ▶ It is possible that your record may not have correct information. You have the right to ask that your record be changed
- ▶ You have the right to take part in all decisions about your treatment.
- ▶ You have the right to have your treatment plan explained to you.
- ▶ You have the right to refuse to follow your treatment plan, knowing the risks you might be taking.
- ▶ You have the right to complain if you are unhappy with the services you are using.
- ▶ You have the right to change your counselor.
- ▶ You have the right to know the qualifications and job description of any person who is helping you.
- ▶ You have the right to “Notice and Appeal” which means that if a service is denied you must receive a letter that tells you the service is denied. AND, you have the right to appeal (ask for another review of) that decision (see pp. 22 to 44).



## Your rights - Continued

- You have the right to be given information about the different kinds of care and treatment that is paid for by CBH, and what options you have in getting services. You also have the right to ask for and receive the names, addresses, and telephone numbers of service providers near your home. You may do this by calling 1-888-545-2600, or log onto the CBH website at **[www.phila-bhs.org](http://www.phila-bhs.org)**.
- You have the right to know which service providers can help people who do not speak English. If you are more comfortable speaking in a language other than English, Member Services will try to find a treatment program where your first language is spoken.
- You have the right to go to any outpatient treatment program that is “in-network” with CBH (meaning that they have a contract with CBH), as long as the provider offers the kind of treatment that is right for you. If you would like help to know which providers CBH pays for, call 1-888-545-2600.
- If you want to go to a treatment provider that is not in CBH’s provider network, CBH **may** be able to pay for you to go to that provider, on an “out-of-network” basis. You can find out if CBH will be able to pay for out-of-network services by contacting Member Services at 1-888-545-2600, or by having that treatment provider call and ask for “Care Management”.
- You have the right to get a “second opinion” from a qualified professional, at no cost to you. Please call member services if you want help to find another qualified professional.

- You have the right to go into “in-patient” programs to help you with mental health or drug problems, where you are in the program all day and also spend the night there as well. But all service decisions are based upon “medical necessity”, which means that a staff worker at a treatment provider must help to decide if this is what you really need. This means that before you would go into a program where you stay overnight, a doctor or another professional worker must meet and talk with you first, to help decide the best kind of treatment for you.
- You have the right to be free from **any** form of seclusion or restraint as a means of forcing you to do something or in an attempt to get back at you. If you feel that this has been done to you, please contact Member Services at 1-888-545-2600 to report it.
- You have the right to exercise all of the rights listed in this handbook, and CBH will not treat you differently or badly because you have exercised these rights.



*Questions about your rights?*

*Call CBH Member Services at  
1-888-545-2600*



## Advance Directives

Mental Health Advance Directives help you plan for your future mental health care in case you become too sick to make your own decisions. You can do this with a Mental health Declaration or by choosing a Mental Health Power of Attorney or both.

A Mental Health Declaration is a written statement. It tells your provider the following:

- what kind of treatment you wish to have
- where you would like to have your treatment take place
- specific directions you have about your mental health care treatment

A Mental Health Power of Attorney lets you name a person to make mental health care decisions for you if you are too sick to make your own decisions. Your Mental Health Power of Attorney will make decisions about your mental health care, based on your written instructions.

**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 you would like to set up a Mental Health Declaration or a Mental Health Power of Attorney or both please contact the Mental Health Association in Pennsylvania at 1-866-578-3659 or 717-346-0549, or email them at [info@mhapa.org](mailto:info@mhapa.org). They will send you the forms and answer any questions. It is important that you share your written Mental Health Advance Directives with your mental health care provider. If you do not share your Mental Health Advance Directives with your provider, he/she will not be able to follow them.

If you or your representative have any complaints about Mental Health Advance Directives or don't like the way your provider is handling your Mental Health Advance Directives, you can make a complaint by following the regular complaint process in the CBH Member Handbook. (Please see the "Complaint" section, pages 23-29.)

### *A note about your rights...*

#### *You have the right to confidentiality...*



- ▶ Your right to confidentiality means that information about you is kept private.
- ▶ Things that you share about yourself while getting Mental Health or Substance Abuse treatment cannot be shared without your written "okay."
- ▶ When information needs to be shared, no more information may be shared with others than is necessary.
- ▶ In certain cases, such as situations that involve threats to others or self, information may need to be shared without your written okay. In these cases, only information that is absolutely necessary will be shared with others.
- ▶ When information needs to be shared about a child under 14, the parent or guardian must give permission (sign a release form).



## Your responsibilities

**As a member of CBH, you have certain responsibilities when you use the Behavioral Health System:**

- ▶ Please respect the dignity and privacy of others.
- ▶ Please try your best to keep your appointments or call ahead of time to cancel your appointment.
- ▶ Please give true and complete information.
- ▶ Please work with your service provider to help develop your treatment plan.
- ▶ Please tell your counselor if you decide to stop your treatment.
- ▶ Please call the CBH Member Services number to let them know when you change your address.



***Illegal acts such as signing someone else's name or using illegal drugs where you get services may mean that you will lose your services.***





## What if I leave the Philadelphia area and need to get services?

- ▶ If you are planning to move out of the Philadelphia area, call Member Services at 1-888-545-2600. They will help connect you with a service in your new area so that your treatment can continue.



- ▶ If needed, CBH will ask you to sign a release form which will let them share information about you and the services you need with your new provider of service.
- ▶ If you are outside of the Philadelphia area and need emergency Mental Health or Substance Abuse Services, if possible call Member Services before getting those services. If you cannot do that, call Member Services after you get your emergency care.



***If you are moving out of the Philadelphia area, call CBH's Member Services at 1-888-545-2600.***

***They can help you connect with new services.***



## What if I am unhappy with my services?

- ▶ If you are unhappy with any of your services, please call CBH at 1-888-545-2600 and speak with your Member Services Representative. Or you can write CBH at:



CBH  
7TH Floor  
801 Market Street  
Philadelphia, PA 19107  
ATTN: Provider Network Operations

- ▶ CBH has a special way to handle your concerns. Pages 22 to 44 tell you what to do if you have a concern about your mental health or substance abuse services.

### ***Did you know?***

You can get help if you are unhappy with your services and want to make a complaint or grievance. There are people who can help you with this process.



## What is a Complaint?

- ▶ A complaint is when you tell us you are unhappy with CBH (Community Behavioral Health) or your provider or you do not agree with a decision made by CBH.

These are some examples of a complaint:

- ▶ You are unhappy with the care you are getting.
- ▶ You are unhappy that you may not get the service you want because it is not a covered service.
- ▶ You are unhappy that you have not received services that you have been approved to get.\*

\*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. If a treatment plan is approved, services must be provided according to the prescribed treatment plan.

### *What should I do if I have a Complaint?*

#### First Level Complaint

To file a complaint, you may:

- call CBH at 1-888-545-2600 and tell us your complaint, or

- write down your complaint and send it to us at:



This is called a **first level** complaint.

### ***When should I file a first level complaint?***

You must file a complaint **within 45 days of getting a letter** telling you that:

- CBH has decided you may not get a service you want because it is not a covered service.
- CBH will not pay a provider for a service you received.
- CBH did not decide a first level complaint or grievance you filed earlier within 30 days of when you filed it.

You must file a complaint **within 45 days of the date you should have received a service** if your provider did not give you the service.

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



## What is a Complaint? - Continued

### *What happens after I file a first level complaint?*

CBH will send you a letter to let you know we received your complaint. The letter will tell you about the first level complaint process.

You may ask CBH to see any information we have about your complaint. You may also send information that may help with your complaint to CBH.

If you filed a complaint because of one of the reasons listed below, you may be included in the first level complaint review. You must call CBH within 10 business days of the date on the letter to tell us that you want to be included:

- You are unhappy that you have not received services that you have been approved to get.
- You are unhappy that CBH has decided you may not get a service you want because it is not a covered service.
- You are unhappy that CBH will not pay a provider for a service you received.
- You are unhappy that CBH did not decide a first level complaint or grievance within 30 days.

You may come to our offices or be included by phone. You do not have to attend if you do not want to. If you do not attend, it will not affect our decision.

One or more CBH staff, who has not been involved in the issue you filed your complaint about, will make a decision on your complaint. Your complaint will be decided no more than 30 days after we received it.

A letter will be mailed to you no more than 5 business days after CBH makes its decision. This letter will tell you the reason(s) for the decision. It will also tell you how to file a second level complaint if you don't like the decision.

***What to do to continue getting services:***

If you have been receiving services that are being reduced, changed or stopped because they are not covered services for you and you file a complaint that is hand-delivered or postmarked within 10 days of the date on the letter (notice) telling you that the services you have been receiving are not covered services for you, the services will continue until a decision is made.

***What if I do not like CBH's decision?***

**Second Level Complaint**

If you are not happy with CBH's first level complaint decision, you may file a **second level** complaint with CBH.

***When should I file a second level complaint?***

You must file your second level complaint within 45 days of the date you get the first level complaint decision letter. Use the same address or phone number you used to file your first level complaint.



## What is a Complaint? - Continued

### ***What happens after I file a second level complaint?***

CBH will send you a letter to let you know we received your complaint. The letter will tell you about the second level complaint process.

You may ask CBH to see any information we have about your complaint. You may also send information that may help with your complaint to CBH.

You may come to a meeting of the second level complaint committee or be included by phone. CBH will contact you to ask if you want to come to the meeting. You don't have to attend if you do not want to. If you do not attend, it will not affect our decision.

The second level complaint review committee will have three or more people on it. At least one CBH member will be on the committee. The members of the committee will not have been involved in the issue you filed your complaint about. The committee will make a decision no more than 30 days from the date CBH received your second level complaint.

A letter will be mailed to you within 5 business days after the committee makes its decision. This letter will tell you the reason for the decision. It will also tell you how to ask for an external complaint review if you don't like the decision.

### ***What to do to continue getting services:***

If you have been receiving services that are being reduced, changed or stopped because they are not covered services for you and you file a second complaint that is hand-delivered or postmarked within 10 days of the date on the first level complain decision letter, the services will continue until a decision is made.

## *What if I still don't like the decision?*

### External Complaint Review

If you are not happy with CBH's second level complaint decision, you may ask for a review of your complaint by the Department of Health or the Insurance Department. The Department of Health handles complaints that involve the way a provider gives care or services. The Insurance Department reviews complaints that involve CBH policies and procedures.

You must ask for an external review within 15 days of the date you receive the second level complaint decision letter.

**If you ask, the Department of Health will help you put your complaint in writing.** You must send your request for external review in writing to either:

Pennsylvania Department of Health  
Bureau of Managed Care  
Attention: Complaint Appeals  
P.O. Box 90  
Harrisburg, Pennsylvania 17108-0080  
Telephone Number: 1-888-466-2787  
or  
Pennsylvania Insurance Department  
Bureau of Consumer Services  
1321 Strawberry Square  
Harrisburg, Pennsylvania 17120  
Telephone Number: 1-877-881-6388

If you send your request for external review to the wrong department, it will be sent to the correct department.





## What is a Complaint? - Continued

The Department of Health or the Insurance Department will get your file from CBH. You may also send them any other information that may help with the external review of your complaint.

You may be represented by an attorney or another person 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 may do if you don't like the decision.

### ***What to do to continue getting services:***

If you have been receiving services that are being reduced, changed or stopped because they are not covered services for you and you file a request for an external complaint review that is hand-delivered or postmarked within 10 days of the date on the second level complaint decision letter, the services will continue until a decision is made.



## What is a Grievance?

A grievance is what you file when you do not agree with CBH's decision that a service that you or your provider asked for is not medically necessary.

You may file a grievance if CBH does any one of these things:

- denies a service
- approves less than what was asked for
- approves a different service from the one that was asked for

### *What should I do if I have a Grievance?*

#### First Level Grievance

If CBH does not completely approve a service for you, we will tell you in a letter. The letter will tell you how to file a grievance. **You have 45 days from the date you receive this letter to file a grievance.**

To file a grievance, you may:

- call CBH at 1-888-545-2600 and tell us your grievance, or
- write down your grievance and send it to us at:

CBH  
7TH Floor  
801 Market Street  
Philadelphia, PA 19107  
Attn: Quality Review





## What is a Grievance? - Continued

or

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

NOTE: If your provider files a grievance for you, you cannot file a separate grievance on your own.

### *What happens after I file a first level grievance?*

CBH will send you a letter to let you know we received your grievance. The letter will tell you about the first level grievance process.

You may ask CBH to see any information we have about your grievance. You may also send information that may help with your grievance to CBH.

If you want to be included in the first level grievance review, you must call us within 10 days of the date on the letter we sent you to let you know we received your grievance. You may come to our offices or be included by phone. You don't have to attend if you do not want to. If you do not attend, it will not affect our decision.

A committee of one or more CBH staff, including a doctor or licensed psychologist, who have not been involved in the issue you filed your grievance about, will make a decision about your first level grievance. Your grievance will be decided no more than 30 days after we received it.

A letter will be mailed to you no more than 5 business days after CBH makes its decision. This letter will tell you the reason for the decision. It will also tell you how to file a second level grievance if you don't like the decision.

### ***What to do to continue getting services:***

If you have been receiving services that are being reduced, changed or stopped, and you file a grievance that is hand-delivered or postmarked within 10 days of the date on the letter (notice) telling you that the services you have been receiving are being reduced, changed, or stopped, the services will continue until a decision is made.

## ***What if I do not like CBH's decision?***

### **Second Level Grievance**

If you are not happy with CBH's first level grievance decision, you may file a **second level** grievance with CBH.

### ***When should I file a second level grievance?***

You must file your second level grievance within 45 days of the date you get the first level grievance decision letter. Use the same address or phone number you used to file your first level grievance.

### ***What happens after I file a second level grievance?***

CBH will send you a letter to let you know we received your grievance. The letter will tell you about the second level grievance process.

You may ask CBH to see any information we have about your grievance. You may also send information that may help with your grievance to CBH.



## What is a Grievance? - Continued

You may come to a meeting of the second level grievance committee or be included by phone. CBH will contact you to ask if you want to come to the meeting. You don't have to attend if you do not want to. If you do not attend, it will not affect our decision.

The second level grievance review committee will have three or more people on it. At least one CBH member and a doctor or licensed psychologist will be on the committee. The members of the committee will not have been involved in the issue you filed your grievance about. The committee will make a decision no more than 30 days from the date CBH received your second level grievance.

A letter will be mailed to you within 5 business days after the committee makes its decision. This letter will tell you the reason for the decision. It will also tell you how to ask for an external grievance review if you don't like the decision.

### ***What to do to continue getting services:***

If you have been receiving services that are being reduced, changed or stopped, and you file a second level grievance that is hand-delivered or postmarked within 10 days of the date on the first level grievance decision letter, the services will continue until a decision is made.

### ***What if I still don't like the decision?***

#### **External Grievance Review**

If you are not happy with CBH's second level grievance decision, you may ask for an external grievance review.

You must call or send a letter to CBH asking for an external grievance review within 15 days of the date you received the second level grievance decision letter. Use the same address and phone number you used to file your first level grievance. We will then send your request to the Department of Health.

The Department of Health will notify you of the external grievance reviewer's name, address and phone number. You will also be given information about the external review process.

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 15 days of filing the request for an external grievance review.

You will receive a decision letter within 60 days of the date you asked for an external grievance review. This letter will tell you all the reason(s) for the decision and what you may do if you don't like the decision.

***What to do to continue getting services:***

If you have been receiving services that are being reduced, changed or stopped and you request an external grievance review that is hand-delivered or postmarked within 10 days of the date on the second level grievance decision letter, the services will continue until a decision is made.

**If you need help or have questions about complaints and grievances, you may call CBH's toll-free telephone number at 1-888-545-2600, your local legal aid office, or call the Pennsylvania Health Law Project at 1-800-274-3258.**



## Expedited Complaints and Grievances

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

If your doctor believes that the usual timeframes for deciding your complaint or grievance will harm your health, you or your doctor can call CBH at 1-215-413-3100 and ask that your complaint or grievance be decided faster.

You will need to have a letter from your doctor faxed to 1-215-413-3240 explaining how the usual timeframe of 30 days for deciding your complaint or grievance will harm your health.

If your doctor **does not** fax CBH this letter, your complaint or grievance will be decided within the usual timeframes.

### **Expedited Complaint**

The expedited complaint will be decided by a doctor who has not been involved in the issue you filed your complaint about.

CBH will call you within 3 business days of when we receive your request for an expedited (faster) complaint review with our decision. You will also receive a letter telling you the reason(s) for the decision and how to file a second level complaint, if you don't like the decision. For information on how to file a second level complaint see page 26.

**An expedited complaint decision may not be requested after a first level complaint decision has been made on the same issue.**

## **Expedited Grievance and Expedited External Grievance**

A committee of three or more people, including a doctor and at least one CBH member, will review your grievance. The doctor will decide your expedited grievance with help from the other people on the committee. No one on the committee will have been involved in the issue you filed your grievance about.

CBH will call you within 3 business days of when we receive your request for an expedited (faster) grievance review with our decision. You will also receive a letter telling you the reason for the decision. It will also tell you how to ask for an expedited external grievance review, if you don't like the decision.

If you want to ask for an expedited external grievance review by the Department of Health, you must call CBH at 1-888-545-2600 within 2 business days from the date you get the expedited grievance decision letter. CBH will send your request to the Department of Health within 24 hours after receiving it.

**An expedited grievance decision may not be requested after a second level grievance decision has been made on the same issue.**

### ***What kind of help may I have with the complaint and grievance processes?***

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



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. For legal assistance you may contact your local legal aid office.

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

You or the person you choose to represent you may ask CBH to see any information we have about your complaint or grievance.

### **Persons whose primary language is not English**

If you ask for language interpreter services, CBH will provide the services at no cost to you.

### **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.

**NOTE: For some issues you may request a fair hearing from the Department of Public Welfare in addition to, or instead of, filing a complaint or grievance with CBH.**

**See next page for the reasons you may request a fair hearing.**



## Department of Public Welfare Fair Hearings

In some cases you may ask the Department of Public Welfare 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 may ask for a fair hearing at the same time you file a complaint or grievance or you may ask for a fair hearing after CBH decides your first or second level complaint or grievance.

### ***What kind of things may I request a fair hearing about, and when do I have to ask for a fair hearing?***

#### **If you are unhappy because...**

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

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

within 30 days of getting a letter from CBH telling you of this decision **or** within 30 days of getting a letter from CBH telling you its decision after you filed a complaint about this issue.

within 30 days of getting a letter from CBH telling you of this decision **or** within 30 days of getting a letter from CBH telling you its decision after you filed a complaint about this issue.

## **If you are unhappy because...**

3) CBH did not decide your first level complaint or grievance within 30 days of when you filed it;

4) CBH decided to deny, decrease or approve a service different than the service your provider requested because it was not medically necessary;

5) CBH provider did not give you a service by the time you should have received it. (The time by which you should have received a service is listed on page 23.)

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

within 30 days of getting a letter from CBH telling you that we did not decide your complaint or grievance within the time we were supposed to.

within 30 days of getting a letter from CBH telling you of this decision **or** within 30 days of getting a letter from CBH telling you its decision after you filed a grievance about this issue.

within 30 days from the date you should have received the service **or** within 30 days of getting a letter from CBH telling you its decision after you filed a complaint about this issue.

## ***How do I ask for a fair hearing?***

You must ask for a fair hearing in writing and send it to:

Department of Public Welfare  
Office of Mental Health and Substance Abuse Services  
Division of Grievances and Appeals  
Beechmont Building #32, 2nd Floor  
PO Box 2675  
Harrisburg, PA 17105-2675

Your request for a fair hearing should include the following information:

- the member's name;
- the member's social security number and date of birth;
- a telephone number where you may be reached during the day;
- if you want to have the fair hearing in person or by telephone; and
- any letter you may have received about the issue you are requesting your fair hearing for.

### ***What happens after I ask for a fair hearing?***

You will get a letter from the Department of Public Welfare's Bureau of Hearings and Appeals telling you where the hearing will be held and the date and time for the hearing. You will receive this letter at least 10 days before the date of the hearing.

You may come to where the fair hearing will be held or be included by phone. A family member, friend, lawyer or other person may help you during the fair hearing.

CBH will also go to your fair hearing to explain why we made the decision or explain what happened.

If you ask, CBH must give you (at no cost to you) any records, reports and other information we have that is relevant to what you requested your fair hearing about.

## ***When will the fair hearing be decided?***

If you ask for a fair hearing after a first level complaint or grievance decision, the fair hearing will be decided no more than 60 days from when the Department of Public Welfare gets your request.

If you ask for a fair hearing and did not file a first level complaint or grievance, or if you ask for a fair hearing after a second level complaint or grievance decision, the fair hearing will be decided within 90 days from when the Department of Public Welfare gets your request.

A letter will be sent to you after the decision is made. This letter will tell you the reasons for the decision. It will tell you what to do if you don't like the decision.

### ***What to do to continue getting services:***

If you have been receiving services that are being reduced, changed or stopped, and your request for a fair hearing is hand-delivered or postmarked within 10 days of the date on the letter telling you that CBH has reduced, changed, or stopped your services, or telling you CBH's decision about your first or second level complaint or grievance, your services will continue until a decision is made.

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

### **Expedited Fair Hearing**

If your doctor believes that using the usual timeframes to decide your fair hearing will harm your health, you or your doctor or licensed psychologist can call the Department of Public Welfare at **1-877-356-5355** and ask that your fair hearing be decided faster. This is called an expedited fair hearing.

You will need to have a letter from your doctor or licensed psychologist faxed to **717-772-7827** explaining why using the usual timeframes to decide your fair hearing will harm your health. If your doctor does not send a written statement, your doctor may testify at the fair hearing to explain why using the usual timeframes to decide your fair hearing will harm your health.

The Bureau of Hearings and Appeals will contact you to schedule the expedited fair hearing. The expedited fair hearing will be held by telephone within 3 business days after you ask for the fair hearing.

If your doctor **does not** send a written statement and does not testify at the fair hearing, the fair hearing decision will not be expedited. Another hearing will be scheduled and decided within 90 days.

If your doctor sends a written statement or testifies at the expedited fair hearing, the decision will be made within 3 business days after you asked for the expedited fair hearing.

**If there are any major changes to this process, you will get a letter telling you about them. You will get 30 days notice.**

**If you need help or have questions about fair hearings, you may call CBH's toll-free telephone number at 1-888-545-2600, your local legal aid office, or the Pennsylvania Health Law Project at 1-800-274-3258.**



## Special Situations

### *What do I do if CBH discontinues (cuts off) a service I am getting now?*

- ▶ Your counselor or doctor must tell you each time they ask CBH to approve a certain service for you.
- ▶ If CBH does not give the okay for the service, CBH must write you with the reason they said no and offer you other (alternative) services.
- ▶ If you are unhappy with the decision, you may file a grievance (see page 30).
- ▶ You have a right to stay in a service while your grievance is being reviewed as long as your counselor or doctor agrees that you need that service, BUT...
- ▶ **In order to stay in your service during this time, you must file a grievance within 10 days of when you get CBH's letter that denies or stops your service.**

### *What if I am in an urgent situation?*

- ▶ If your service is denied and you or your doctor feel your health is at risk, there is an expedited, or *quick*, process to have your concerns reviewed.
- ▶ This means that CBH will have to respond to your concerns or grievance in **12 to 24** hours.



## Who can I call for help?

### ***Your CBH Member Services Representative— 1-888-545-2600***

- ▶ Your Member Services Representative at CBH is there to help when you have a problem.
- ▶ Their job is to work with you and others to find an answer that you are happy with whenever possible.

### ***The Ombudsperson—215-923-9627***

- ▶ The Ombudsperson is your advocate. This means that their job is to help you with mental health or substance abuse concerns.
- ▶ The Ombudsperson is there to help when you have a problem with your services, want to make a complaint, a grievance, or if you need to file an appeal.
- ▶ The Ombudsperson can talk with you about your problem, help you write letters and fill out forms about your concern.

### ***Consumer Satisfaction Team, Inc. (CST)—215-923-9627***

- ▶ If you have concerns about a mental health or substance abuse service for adults, children or adolescents, you can call CST.
- ▶ CST listens to you and reports your concerns to the people who pay for your services.

### ***Parents Involved Network (PIN)—215-751-1800***

- ▶ If you have a concern about your child or adolescent services, PIN has an Ombudsperson/advocate that will help you with your issue.

### ***For Legal Help:***

- ▶ Community Legal Services: 215-981-3700
- ▶ Disabilities Law Project: 215-238-8070





**Community Behavioral Health,**  
or CBH, is committed to providing  
you with the mental health and  
substance abuse services  
that are right for you.

*If you feel that you are not  
getting the care you need,  
please let us know!*

**Contact your  
Member Services  
Representative at:  
1-888-545-2600**



If you still feel that you need help with your  
Mental Health and/or Substance Abuse services,  
**there are other places you can turn to for help  
with your concerns ...**



# Are you having problems with your mental health or substance abuse services?

Are you unhappy with your services?



Are you unhappy with Member Services' response to your problem?



Do you need help reporting a complaint, writing a grievance or filing an appeal?

*You may need to speak to an advocate who is ready to help you with these kinds of problems.*

**PLEASE CALL:  
THE OMBUDSPERSON  
at 215-923-9627**



*If you have concerns about  
your mental health or  
substance abuse services:*

**The Consumer  
Satisfaction Team, Inc.  
is a place to turn**

*“Listening to People First”*

**CONTACT US AT:  
520 N. Delaware Avenue  
7th Floor  
Philadelphia, PA 19123  
215-923-9627**



**Consumer  
Satisfaction**





## What do these words mean?

**Appeal:** To ask for another review of your complaint or grievance.

**CBH (Community Behavioral Health):** Company that pays for you to get mental health and substance abuse services.

**Complaint:** When you are unhappy with CBH or your provider.

**Confidentiality:** Information about you is kept private.

**Covered service:** A service that CBH pays for, like seeing a counselor.

**Discontinued service:** When you no longer get a service that you used to get.

**Grievance:** When you are unhappy with CBH because you did not get a service, you got less of a service or you got a different service than your provider (doctor) asked for and that you feel you need.

**HMO (Health Maintenance Organization):** Company that pays for you to get physical health care.

**Ombudsperson:** Person who helps you when you have a problem with your mental health or substance abuse services.

**Pre-Approval:** Getting the okay from CBH that they will pay for a service before you go to that service.

**Second Opinion:** When you go to a *second* professional to get their suggestions about what treatment is right for you.

The Behavioral Health System's

# Community Behavioral Health

**YOUR LINK TO  
MENTAL HEALTH &  
SUBSTANCE ABUSE  
SERVICES**

Name:

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Member Services Representative:

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**FOR SERVICES CALL:  
1-888-545-2600**

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