Community Behavioral Health

MEMBER HANDBOOK

Your guide to Mental Health and Substance Use Services

SERVICE PROVIDERS GUIDE

CBH is a component of the The Department of Behavioral Health and Intellectual disAbility Services

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

www.dbhids.org
ATTENTION!

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

ADULTS

**Einstein Medical Center** .............................................215-951-8300
1 Penn Boulevard (Germantown Community Center)

**Friends Hospital** ..........................................................215-831-4600
4641 Roosevelt Boulevard

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

**Pennsylvania Hospital** ..................................................215-829-5433
8th and Locust Street (Hall Mercer CMH/MRC)

**Temple/Episcopal Hospital** .............................................215-707-2577
100 East Lehigh Avenue

**CHILDREN’S CRISIS SERVICES**

All referrals for children are coordinated through the Einstein Medical Center .............................................215-951-8300

Brief, intensive treatment program for children in need of immediate behavioral health treatment due to any personal crisis resulting in aggressive or destructive behavior.

Emergency Services

**Crisis/Suicide Counseling Hotline** ......................215-686-4420

Trained suicide/crisis intervention staff provide counseling, consultation and referrals for people seeking assistance for acute psychiatric issues.

**Mental Health Delegates** .............................215-685-6440

Approves involuntary commitment applications, provides authorization for emergency services. Dispatches mobile emergency teams for home visits and provides access to crisis residential facilities.
Non-Emergency Services

Community Behavioral Health (CBH) .......... 1-888-545-2600

Behavioral Health Specialist Initiative .......... 215-546-1200
For uninsured persons with substance use issues

Intellectual disAbility Line ....................... 215-829-5709
After 5 p.m. ............................................. 215-685-6440
Call for emergency placements as appropriate. Call to report missing persons with intellectual disAbility.

Philadelphia Domestic Violence Hotline ...... 1-866-723-3014

Domestic Violence: Resources for Battered Women

Women in Transition ................................. 215-751-1111

Women Against Abuse (Shelter) ................. 215-386-7777
Lutheran Settlement House (Español) .......... 215-462-8610

Resources for The Homeless and Other Help Lines

Office of Supportive Housing (OSH) .......... 215-751-1111
To access a shelter bed (male or female)

Eliza Shirley ............................................. 215-568-5111
After hours intake shelter for homeless women and children

Outreach Coordination Center (OCC) ........ 215-232-1984
For homeless persons needing assistance and citizens seeking resources for the homeless

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

Social Security Administration .................. 1-800-772-1213
Apply for disability and older adult financial benefits
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The Behavioral Health System is made up of providers of service and the Department of Behavioral Health and Intellectual disAbility Services which includes Community Behavioral Health (CBH). The Behavioral Health System is here to help people find recovery from addiction or mental illness.

Everyone who is on Medical Assistance (MA) in Philadelphia can use the Behavioral Health System to get his or her Mental Health and Substance Use services.

To be connected to the Mental Health or Substance Use services to help with your recovery, you can 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 Use 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 Use 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 by using the Pennsylvania Relay Service: (711).

- 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 CBH. 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.
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 language is spoken.
If you are an adult who is having a Mental Health or Substance Use 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 Acute Services/Delegate Crisis Hotline at (215) 685-6440. The Acute Services/Delegate Crisis Hotline 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 Acute Services/Delegate Crisis Hotline will send the Mobile Emergency Team (MET) to your location.

Because not all emergency rooms serve children, call the Acute Services/Delegate Crisis Hotline 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 your emergency is life threatening, go directly to the nearest Emergency Room.
If there are any major changes to this process, you will get a letter telling you about them. You will get 30 days notice.

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

**Crisis Response Centers**

Pennsylvania Hospital/ Center City
Hall Mercer South Philadelphia
8th & Locust Street (215) 829-5433

Mercy Hospital Southwest/ West
501 S. 54th Street Philadelphia
(215) 748-9525

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

Einstein Hospital Northwest
@ Germantown Community Germantown
Health Center Roxborough
One Penn Boulevard Assesses Children City Wide
(near Chelten and Wister) (215) 951-8300

Friends Hospital Northeast
4641 Roosevelt Boulevard 215-831-4600

See map of Crisis Response Centers on next page.
Sometimes it’s difficult to get transportation to an appointment, or to other Mental Health and Substance Use 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 Use appointment or program, please tell your counselor, or call Logisticare for help with transportation at 1-877-835-7412.
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) for Mental Health and Substance Use problems.
• attend day treatment programs.
• be hospitalized for mental illness or substance use.
• 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 use problem, including methadone.
• get connected to services to help recover from addiction to alcohol and/or other drugs.
• 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 is able to communicate with you and has 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.
A Provider List can be made available. It gives you information about hospitals and agencies that serve CBH Members such as:

- their address,
- their phone number,
- the types of services they provide

Below are three ways that you can get information about the Member Handbook/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 1-888-545-2600. 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.dbhids.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 Provider List or another copy of the Member Handbook, please call the Member Services number 1-888-545-2600 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.
1) **Providers are expected to obtain prior authorization from CBH before providing any of the following services:**

- all inpatient behavioral health services
- all detoxification, residential rehabilitation, and half-way house services
- all psychiatric acute partial hospitalization services
- all Behavioral Health Rehabilitation Services (BHRS)
- all Family Based Services (FBS)
- all residential treatment services for children and adolescents
- all psychological testing
- all out-of-plan or out-of-area services
- community support services
- crisis residences (ICCMN, CMS)
- alcohol (ethanol) testing
  - This clinical category includes initial and concurrent treatment episodes.
  - Community Support Services (TCM are authorized through DBHIDS).

2) **The following clinical services can begin without prior authorization:**

- Community Integrated Recovery Center (CIRC)
- all Intensive Outpatient Provider (IOP) services
- all emergency psychiatric evaluations
Categories of Authorizations for Service - Continued

- all outpatient mental health and drug and alcohol services
- all methadone maintenance clinic services
- all assessments
- Crisis Response Center (CRC) evaluations
- all initial and follow-up psychiatric consultations
- all Comprehensive Biopsychosocial Evaluations (CBEs) and Re-evaluations (CBRs)
  - This clinical category includes initial and concurrent treatment episodes.
What if my child or adolescent needs help?

- If your child has emotional, behavioral or substance use 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 people to plan together the services your child may need. This is called an Interagency Team Meeting (see p. 14).

- 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” (Behavioral Health Rehabilitation Services).

- If your child has a diagnosis of Intellectual disAbility and needs a behavioral health service, he or she can get behavioral health services, including wraparound services.
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 use 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 the Philadelphia Department of Human Services (Philadelphia DHS), contact your Philadelphia DHS worker or child’s Probation Officer, to set care. Or you may call CBH directly and CBH will contact the Philadelphia DHS worker 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 30 to 52.

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 PA DHS fair hearing (see pages 30 to 52 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 people 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.
- You have the right to bring people with you (such as family, close friends, or advocates) to help you at the meeting.
- 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 Pennsylvania Department of Human Services (PA DHS) that you want to appeal the decision within 10 days of getting the letter, (see pp. 30 to 52), your child’s services will keep going until you get a final decision on your appeal, or until the prescription ends.
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.
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. 30 to 52).
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. 30 to 52).
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.dbhids.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.

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 Member Services at 1-888-545-2600
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 1-717-346-0549, or email them at 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.
Your right to confidentiality means that information about you is kept private.

Things that you share about yourself while getting Mental Health or Substance Use 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).
Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive. We can use your health information and share it with professionals who are treating you.

Run our organization. We can use and disclose your information to run our organization and contact you when necessary.

Pay for your health services. We can use and disclose your health information as we pay for your health services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

Help with public health and safety issues. We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone’s health or safety
Do research. We can use or share your information for health research.

Comply with the law. We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

Work with a medical examiner or funeral director. We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers’ compensation, law enforcement, and other government requests. We can use or share health information about you:

- For workers’ compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions. We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Follow other federal and state privacy laws. We will follow other federal and state privacy laws, such as mental health, substance abuse, and HIV laws, which may provide additional privacy protections for your health information.
Notice of Privacy Practices - Continued

Your Choices

For certain health information, you can tell us your choices about what we share.

• Share information with your family, close friends, or others involved in payment for your care

• Share information in a disaster relief situation

In these cases we never share your information unless you give us written permission:

• Marketing purposes

• Sale of your information

• Most sharing of psychotherapy notes

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you. Please contact our Privacy Official, whose information is at the end of this brochure, to exercise any of these rights, or you may also contact Member Services to assist you.

Get a copy of health and claims records. You can ask to see or get a copy of your health and claims records and other health information we have about you. We will provide a copy or a summary of your health and claims records, usually within 30 days of your request.

Ask us to correct health and claims records. You can ask us to correct your health and claims records if you think they are incorrect or incomplete. We may say “no” to your request, but we’ll tell you why in writing within 60 days.
Request confidential communications. You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share. You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.

Get a list of those with whom we’ve shared information. You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make).

Get a copy of this privacy notice. You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

Complaints

If you are concerned that we have violated your privacy rights, you may contact CBH’s Privacy Officer. You may also send a letter to the U.S. Department of Health and Human Services. It is safe to file a complaint. We will not retaliate against you for filing a complaint.
Privacy Officer
Community Behavioral Health
801 Market Street, 7th Floor
Philadelphia, PA 19107 (215) 413-3100

Office for Civil Rights, DHHS
150 S. Independence Mall West, Suite 372
Philadelphia PA 19106-3499
215-861-4441
215-861-4440 (TDD)
215-861-4431 (Fax)
www.hhs.gov/ocr/privacy/hipaa/complaints

For copies of this notice or questions about CBH’s confidentiality policy as it relates to protected health information, or to exercise any of your rights as listed in this notice, please contact the CBH Privacy Officer as indicated above. A copy of this notice can be found on our website at www.dbhids.org.

Our Responsibilities

We are required by law to maintain the privacy and security of your protected health information.

We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

We must follow the duties and privacy practices described in this notice and give you a copy of it.

We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:
Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

Effective Date: April 1, 2003
Revised: September 23, 2013
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 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. Illegal acts may also keep you from being able to have insurance.

All mail sent to you from CBH will be sent to the address that you gave as your official home address when you signed up for your Medical Assistance. If your official address has changed since then, it is your responsibility to report the change of home address to the Pennsylvania Department of Human Services (PA DHS). By reporting to them, it will also automatically update CBH’s computer system, with the new home address.
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 Use 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 Member Services at 1-888-545-2600. They can help you connect with new services.
If you are unhappy with any of your services, please call CBH at 1-888-545-2600 and speak with a Member Services Representative. Or you can write CBH at:

CBH
7TH Floor
801 Market Street
Philadelphia, PA 19107
ATTN: Quality Management

CBH has a special way to handle your concerns. Pages 30 to 52 tell you what to do if you have a concern about your mental health or substance use 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.*
- 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 of when you filed it.

*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 recovery plan is approved, services must be provided according to the prescribed recovery plan.

Who can file a Complaint?

- Members
- Legal guardians of members
- A member’s chosen representative, with the member’s written consent
- A health care provider, with the member’s written consent
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:

CBH
7TH Floor
801 Market Street
Philadelphia, PA 19107
ATTN: Quality Management

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 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 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 individual will be a consumer representative. 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 complaint 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:

<table>
<thead>
<tr>
<th>Pennsylvania Department of Health</th>
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<tbody>
<tr>
<td>Bureau of Managed Care</td>
</tr>
<tr>
<td>Health &amp; Welfare Bldg., Room 912</td>
</tr>
<tr>
<td>625 Forster Street</td>
</tr>
<tr>
<td>Harrisburg, Pennsylvania 17120</td>
</tr>
<tr>
<td>Telephone Number: 1-888-466-2787</td>
</tr>
<tr>
<td>or</td>
</tr>
<tr>
<td>Pennsylvania Insurance Department</td>
</tr>
<tr>
<td>Bureau of Consumer Service</td>
</tr>
<tr>
<td>1321 Strawberry Square</td>
</tr>
<tr>
<td>Harrisburg, Pennsylvania 17120</td>
</tr>
<tr>
<td>Telephone Number: 1-877-881-6388</td>
</tr>
</tbody>
</table>

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.

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 a service in a lesser amount than was asked for
- approves a service for a shorter time period than was asked for
- approves a different service from the one that was asked for

Who can file a Grievance?

- Members
- Legal guardians of members
- A member’s chosen representative, with the member’s written consent
- A health care provider, with the member’s written consent

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.
What is a Grievance? - Continued

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:

<table>
<thead>
<tr>
<th>CBH</th>
</tr>
</thead>
<tbody>
<tr>
<td>7TH Floor</td>
</tr>
<tr>
<td>801 Market Street</td>
</tr>
<tr>
<td>Philadelphia, PA 19107</td>
</tr>
<tr>
<td>Attn: Quality Management</td>
</tr>
</tbody>
</table>

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.

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 complaint review committee will have three or more people on it. At least one individual will be a consumer representative. 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. 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 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.
What is a Grievance? - Continued

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 1-215-413-7132 explaining how the usual timeframe of 30 days for deciding your complaint or grievance will harm your health. This letter must be received by CBH within three (3) business days of your request. Once CBH receives your doctor’s letter, CBH will make a decision within forty-eight (48) hours.

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

Expedited Complaint

A committee of three (3) or more people, including a Consumer Representative, will review your complaint. No one on the committee will have been involved in the issue you filed your complaint about.

You will receive a letter telling you the reason for the decision. The letter will explain how to ask for an expedited external complaint review, if you don’t like the decision.
Expedited Grievance and Expedited External Grievance

A committee of three (3) or more people, including a doctor and at least one Consumer Representative, 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.

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 two (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.

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, please contact CBH Member Services for CBH’s Member Representative Form.

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, services will be provided 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 Pennsylvania Department of Human Services 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.
In some cases you may ask the Pennsylvania Department of Human Services to hold a hearing because you are unhappy about or do not agree with something CBH did or did not do. These hearings are called “fair hearings”. You 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?**

<table>
<thead>
<tr>
<th>If you are unhappy because...</th>
<th>You must ask for a fair hearing...</th>
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<tbody>
<tr>
<td>1) CBH decided to deny a service because it is not a covered service;</td>
<td>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.</td>
</tr>
<tr>
<td>2) CBH decided not to pay a provider for a service you received AND the provider can bill you for the service;</td>
<td>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.</td>
</tr>
</tbody>
</table>
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 a service or approve a service in a lesser amount or for a shorter time period than your provider asked for.

5) CBH decided to approve a service different from what your provider asked for because it was not medically necessary.

6) CBH provider did not give you a service by the time you should have received it. (The time by which you should have received services is listed on page 31.)

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 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:

Pennsylvania Department of Human Services
Office of Mental Health and Substance Abuse Services
Division of Grievances and Appeals
Beechmont Building #32
21 Beech Drive
P.O. 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 Pennsylvania Department of Human Services Bureau of Hearings and Appeals telling you where the hearing will be held and the date and time for the hearing. You will receive this letter at least 10 days before the date of the hearing.

You may come to where the fair hearing will be held or be included by phone. A family member, friend, lawyer or other person may help you during the fair hearing.
CBH will also go to your fair hearing to explain why we made the decision or explain what happened.

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

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

The fair hearing will be decided within 90 days from when the Pennsylvania Department of Human Services 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 Pennsylvania Department of Human Services 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 1-717-772-7827 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.
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 38).

- 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 make a decision about your grievance within 48 hours of receiving your doctor’s certification.
The Pennsylvania Department of Human Services
Fraud, Waste and Abuse Hotline

The Pennsylvania Department of Human Services has a hotline if you want to report a medical provider (for example a doctor, dentist, therapist, hospital) or business (medical supplier) for suspected fraud or abuse for services provided to anyone with an ACCESS card. The Welfare Fraud Tipline is 1-844-DHS-TIPS (1-844-347-8477).

Some common examples of **fraud, waste and abuse** are:

- Billing or charging you for services that your health plan covers
- Offering you gifts or money to receive treatment or services
- Offering you free services, equipment, or supplies in exchange for your ACCESS number
- Giving you treatment or services that you don’t need
- Physical, mental, or sexual abuse by medical staff

You can call the Hotline and speak to someone Monday through Friday, 8:30AM to 3:30PM. You may leave a voice mail message at other times. If you don’t speak English an interpreter will be made available. If you are hearing impaired you can call the hotline using your TTY device.

You do not have to give your name and if you do, the provider will not be told you called.

You can also report suspected fraud and abuse by using the website: [http://www.dpw.state.pa.us/omap](http://www.dpw.state.pa.us/omap) or email omaptips@state.pa.us. This has been set up so you do not have to give your name also.
CBH also has a fraud, waste and abuse hotline you may call, but this is **only for behavioral health concerns**. The hotline number is 1-800-229-3050. This hotline is staffed Monday through Friday from 9:00 AM - 11:00 AM and 2:00 PM - 4:00 PM. You will be given the option to speak to someone or to leave a message if you call during those hours. You can leave a message if you call at any other time. You do not have to give your name.

You can call either of these hotlines to report any suspected fraud, waste and abuse issues.
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 Mental Health Association Ombudsperson for ADULTS is MHASP Adult Advocacy 267-507-3800.

The Mental Health Association Ombudsperson for Children and Youth is Parents Involved Network (PIN) 267-507-3860.

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)—267-507-3860

- 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 use 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 use 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.

The Mental Health Association Ombudsperson for ADULTS is MHASP Adult Advocacy 267-507-3800.

The Mental Health Association Ombudsperson for Children and Youth is Parents Involved Network (PIN) 267-507-3860.
Family Resource Network

For families who are seeking education and support about mental health issues.

- Consultation by: phone, in person, in home, workshops, and groups.

- Resources on family support groups: meetings, events, topics, schedules and locations.

- Resource for information about Mental Health Court and incarcerated loved ones who may be mentally ill.

Contact us at: 123 S. Broad St., 23rd floor Philadelphia, PA 19109 215-546-0300, ext. 3259
If you have concerns about your mental health or substance use services:

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

“Listening to People First”

CONTACT US AT:
520 N. Delaware Avenue
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**Tobacco Cessation: The process of helping people end tobacco addiction and change behaviors around smoking or other tobacco use.**

**The Short-Term and Long-term Benefits of Quitting Smoking**

Within 20 minutes after you smoke that last cigarette, your body begins a series of changes that continue for years.

- **20 Minutes After Quitting**
  Your heart rate and blood pressure drops. (Don’t panic…this is a good thing!)

- **12 hours After Quitting**
  Carbon monoxide (a toxic gas found in tobacco smoke) level in your blood drops to normal

- **2 Weeks to 3 Months After Quitting**
  Your heart attack risk begins to drop and your lungs are working better.

- **1 to 9 Months After Quitting**
  Your coughing and shortness of breath decrease and your lungs start to work better, lowering your risk of lung infection

- **1 Year After Quitting**
  Your added risk of coronary heart disease is half that of a smoker’s.

- **5 Years After Quitting**
  Your risk of having a stroke is the same as someone who doesn’t smoke.

- **10 Years After Quitting**
  Your risk of dying of lung cancer is half that of a smoker’s. Your risk of cancer of the mouth, throat, esophagus, bladder, kidney, and pancreas also decreases.
Is that a fact?

1. Myth: Persons with mental illness and substance use disorders can’t quit smoking.

Fact: Persons with mental illness and substance use disorders can successfully quit using tobacco at rates similar to the general population.¹

2. Myth: Persons with mental illness and substance use disorders don’t want to quit.

Fact: The majority of persons with mental illness and substance use disorders want to quit smoking and want information on cessation services and resources.²,³ Smokers are more than twice as likely to quit for good when they quit with the help of stop smoking medications and extra coaching and support.⁴

3. Myth: Quitting smoking is a low priority problem; patients and medical providers have more important things to worry about.

Fact: Smoking is a leading cause of death and disability in behavioral health populations. Rates of smoking can be as high as 90% for behavioral health populations compared to 23% in the general population.⁵ Mental health consumers can have a 25 year shorter life expectancy; a big reason for this is smoking.⁶ Tobacco use and its effects limit employment, housing and economic opportunities for consumers.⁷

Did you know?

In 1798, Philadelphia physician Benjamin Rush wrote about the medical dangers of tobacco.
4. Myth: Tobacco is necessary for self-medication. Consumers need to smoke to manage their mental illness.

**Fact**: The Tobacco industry has spread this myth. The Tobacco Industry has a long history of targeting vulnerable populations, including those with mental illness. Nicotine has powerful mood-altering effects that can change how people living with mental illness think and feel. Tobacco use can worsen mental illness. Behavioral health populations who smoke can have more severe symptoms, poorer well-being and functioning, increased hospitalizations and are at greater risk of suicide.⁸

5. Myth: Smoking cessation will threaten recovery for persons with substance use disorders.

**Fact**: Smoking cessation can enhance long-term recovery for persons with substance use disorders. For example, if someone quit smoking at the same time they are quitting drinking, they can have a 25% greater chance of staying clean and sober.⁹

**Resources for Tobacco Cessation**

[www.smokefreephilly.org](http://www.smokefreephilly.org) – Provides local resources to help you quit smoking, learn about the harms of tobacco use and how to access free phone coaching through the PA Free Quitline. Health care Providers can find information about FAX TO QUIT, a direct fax referral program to the PA Free Quitline.

PA Free Quitline, 1-800-QUIT-NOW (1-800-784-8669) Coaches on hand to provide free quit coaching by telephone in English and other languages. FREE nicotine patches, lozenges or gum may be available for PA Quitline callers.
Nicotine Anonymous.org, 1-877-TRY-NICA (1-877-879-6422) - Nic-A is a 12-Step Program offering support to quit smoking or tobacco. Nic-A uses 12-step recovery support to help. There are in-person, phone, and internet meetings.

https://pubs.cancer.gov – On this site you can request booklets, cd’s and other material for free if within a certain quantity (or if more is needed just pay the shipping and handling charges.)

www.BETOBOCCOFREE.gov – BeTobaccoFree.gov provides FREE information on tobacco, health effects, how to quit, and how not to start,

www.BECOMEANEX.org – Become an Ex helps you to relearn habit, support, and addiction. It is designed by experts and ex-smokers.

**Medicaid Benefits**

If you have Medicaid, with a prescription from your medical provider, you may get the following for as little as $1.00 per month:

**Nicotine-based medications**
- Nicotine patches
- Nicotine gum
- Nicotine lozenges

**Non-nicotine based medications**
- Buproprion (Zyban)
- Varenicline (Chantix)

Please talk to your primary doctor if you are interested!
References


4 Treating Tobacco Use and Dependence: 2008 Update-Clinical Practice Guideline. Agency for Health Care Research and Quality

5 Kalman D, Morissette SB, George TP. American Journal on Addictions. 2005;14,106-123.


9 Prochaska, Judith J; Delucchi, Kevin; & Hall, Sharon M. A meta-analysis of smoking cessation interventions with individuals in substance abuse treatment or recovery. Journal of consulting and clinical psychology. 2004; 72(6), 1144 - 1156. Retrieved from: http://escholarship.org/uc/item/0r8673wv

Special Thanks

Get Healthy Philly is a project of the Philadelphia Department of Public Health and is made possible, in part, by funding from the Centers for Disease Control and Prevention.

This information is not intended as a substitute for your treatment provider.
Childhood obesity is a condition where excess body fat negatively affects a child’s health or well-being.

The Benefits of Healthy Eating

Healthy eating does not mean it takes you from the foods you love, but instead helps you to develop a well-balanced, satisfying relationship with food. Below are some of the benefits of healthy eating:

- **More Energy**
  Eating healthy foods (such as fruits, vegetables, whole grains, nuts, and beans) give you more energy than eating a diet that includes fast food and junk foods such as cookies, pies, cakes, candy and potato chips.

- **Good Digestion**
  Drinking plenty of water and eating healthy foods helps the stomach to work better. Good digestion is important for your health to reduce constipation, stomach pains and aches, and diarrhea.

- **Looking Better**
  Eating healthy foods will reduce acne (pimples). If your body is not receiving the right nutrition, it will fight back.

- **Improves Memory**
  Just as your body needs fuel, so does your brain. Eating fruits, vegetables, whole grains, “healthy” fats (such as olive oil, avocados, nuts, and fish) and lean protein will provide lots of health benefits, but such a diet can also improve memory.

The Flip Side of NOT Eating Healthy

Being overweight and obese may lead to a variety of health problems and mental health issues. These issues can make people more likely to die at an earlier age. By taking on
healthy eating habits, you are able to reduce some very serious health concerns and mental health issues. However, keep in mind that some medical conditions and mental health issues are genetic (or may be in your family history). Health problems and mental health issues linked to being overweight and obese include:

- Heart disease
- Cancers of the breast, uterus, and colon
- Diabetes (Sugar)
- High blood pressure
- High cholesterol
- Depression

Here are a few local resources to assist with healthy eating...

**Philly Food Bucks**
Helping people who use ACCESS cards/food stamps to buy fresh produce.

Philly Food Bucks are coupons that help you save money on fruits and vegetables. Philly Food Bucks can be redeemed for $2 worth of fruits and vegetables for every $5 you spend at a participating farmers’ markets. Philly Food Bucks are accepted at over 25 farmers’ markets in low-income communities in Philadelphia.

*How can I get Philly Food Bucks?*

Use your ACCESS/food stamps card at participating farmer’s markets (complete list at www.foodfitphilly.org), and get a $2 Philly Food Bucks coupon for fruits and vegetables for every $5 you spend.
Healthy Corner Stores
Helping corner stores to sell healthy, affordable foods

Get Healthy Philly has teamed up with The Food Trust to work with corner stores in Philadelphia to improve access to healthy foods. Every corner store in the Philadelphia Healthy Corner Store Network has introduced at least four new healthy options, such as fresh produce and low-fat dairy and whole grain products.

How can I find a healthy corner store in my neighborhood?

Look for the Philadelphia Healthy Corner Store Network decal in the window of your corner store for healthy-eating options.

Can I use ACCESS card/food stamps to purchase healthy foods?

Yes! Food stamps/SNAP are accepted at over 350 healthy corner stores. Check out our list of healthy corner stores that accept ACCESS cards/food stamps.

Online References and Resources

foodfitphilly.org • kidshealth.org/parent/general/body/overweight_obesity.html

cap4kids.org/philadelphia/parent-handouts/physical-health-resources/childhood-obesity-resources/

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**What do these words mean?**

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