

Member Handbook

HealthChoices Chester County



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Welcome to Community Care!

Customer service representatives are available 24 hours a day, 7 days a week to assist members. The toll-free customer service number for Community Care members in Chester County is 1.866.622.4228.

Language assistance is available:

- Members who speak Spanish can call our toll-free Spanish line (En Español), 1.866.229.3187, for assistance.
- Members who speak languages other than English and Spanish can call the toll-free customer service number, 1.866.622.4228, for assistance.
- Members who are hearing impaired can call our toll-free TTY number, 1.877.877.3580, for assistance.

If you would like to have an audio version of this handbook, call the toll-free customer service number, 1.866.622.4228.

Ud. necesita la versión en Español de este manual, por favor solicite una a este teléfono 1.866.229.3187.

Please keep this member handbook as a reference throughout the time you are receiving services.

Nondiscrimination Notice

Community Care Behavioral Health Organization (Community Care) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Community Care does not exclude people or treat them differently because of race, color, national origin, ethnicity, age, disability, actual or perceived sexual orientation, gender identity, or gender expression or sex. Community Care:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact:

Civil Rights Administrator
Community Care
339 Sixth Ave, Suite 1300, Pittsburgh, PA 15222
Phone: 1.800.553.7499 / 1.877.877.3580 (TTY)

If you believe that Community Care has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a complaint with:

Civil Rights Administrator
Community Care
339 Sixth Ave, Suite 1300, Pittsburgh, PA 15222
Phone: 1.800.553.7499 / 1.877.877.3580 (TTY)

You can file a complaint in person or by mail. If you need help filing a complaint, Community Care is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW, Room 509F, HHH Building
Washington, DC 20201
1.800.368.1019 / 800.537.7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

If you, or someone you're helping, has questions about Community Care, you have the right to get help and information in your language at no cost. To talk to an interpreter, call toll-free 1.800.553.7499 / 1.877.877.3580 (TTY).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-229-3187 (TTY: 1-877-877-3580).

注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-553-7499 (TTY: 1-877-877-3580)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-553-7499 (TTY: 1-877-877-3580).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-553-7499 (телетайп: 1-877-877-3580).

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprouch. Ruf selli Nummer uff: Call 1-800-553-7499 (TTY: 1-877-877-3580).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-553-7499 (TTY: 1-877-877-3580) 번으로 전화해 주십시오.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-553-7499 (TTY: 1-877-877-3580).

ملحوظة: إذا كنت تتحدث انكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-553-7499 (رقم هاتف الصم والبكم: 1-877-877-3580).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-553-7499 (ATS : 1-877-877-3580).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-553-7499 (TTY: 1-877-877-3580).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. કોલ કરો 1-800-553-7499 (TTY: 1-877-877-3580)

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-553-7499 (TTY: 1-877-877-3580).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-553-7499 (TTY: 1-877-877-3580).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយភ្នែកភាសាដោយមិនគិតថ្លៃសម្រាប់អ្នកមានការបំប្លែងភ្នែក។ ចូរ ទូរស័ព្ទ 1-800-553-7499 (TTY: 1-877-877-3580)។

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-553-7499 (TTY: 1-877-877-3580).

ATTENTION: If you need information in large print, call toll-free 1-800- 553-7499 (TTY: 1-877-877-3580).

About Community Care

HealthChoices

People in Pennsylvania who have Medical Assistance for their health care needs are members (also referred to as “customers”) of a program called HealthChoices. The mental health services and drug and alcohol services that are offered to you through HealthChoices are called “behavioral health care” services and are managed by Community Care Behavioral Health Organization (Community Care).

What is Community Care?

Community Care is a nonprofit company that answers your questions and helps you find a service provider. Community Care works to make sure that you can find a provider near you and that you have a choice of providers. Community Care makes sure that you are receiving the services you need and that the services are covered under HealthChoices. Community Care pays your provider’s bills.

Community Care may not cover all of your health care expenses. Read your handbook carefully to determine which health care services are covered. Call Community Care at 1.866.622.4228 if you have questions about which health care services are covered.

Community Care’s Mission

To improve the health and well-being of the community through the delivery of effective and accessible behavioral health services.

Community Care’s Vision

To improve the quality of services for members through a stakeholder partnership focused on outcomes.

About Community Care

Community Care is a managed care company that takes care of your behavioral health services. Use the services of Community Care when you need information about or want to get care for:

- A mental health condition.
- An alcohol problem.
- A drug problem.

Use this handbook to learn how to get the help you need, or call us at 1.866.622.4228.

Calling Community Care

All calls are toll-free. Call us 24 hours a day, 7 days a week with your questions.

Customer Service
1.866.622.4228

En Español
1.866.229.3187

**TTY for People with
Hearing Impairments**
1.877.877.3580

Calls are sometimes monitored to help us improve the quality of service. You can ask for your call not to be monitored.

Community Care Offers

Information

We answer questions about your health plan and benefits. We answer your questions about your mental health or drug and alcohol treatment and recovery plans. We have information about self-help groups and other recovery supports in your community.

Referrals

We refer you to health and social services not covered by your health plan. We can also refer you to self-help and support groups and other recovery support services.

Treatment

We can help you find treatment for a mental health or drug and alcohol problem and help you to make an appointment.

Transportation

We help you get to your mental health or drug and alcohol appointments and to our meetings.

Health Coordination

We help all of your health care providers work together to meet your needs.

Care Management

Your care managers are health professionals such as social workers, nurses, or psychologists who work for Community Care. They will work with you and your provider to plan your behavioral health treatment and recovery.

Care Manager

A health care professional, such as a nurse, social worker, or psychologist, who works at Community Care.

Emergency Help

If you have a behavioral health emergency, call Chester County's Crisis Services hotline at 1.877.918.2100. You can call them 24 hours a day, 7 days a week. You can also call 911, your Community Care office, or a Community Care provider for help in an emergency.

Using Your Health ID Cards

Carry your ACCESS (Medical Assistance) ID card, physical health ID card, and your Community Care ID card with you all the time. The Community Care ID card is pictured below.

- Your Community Care ID Card identifies Community Care as your behavioral health care plan and helps you to remember our phone number.
- Call Community Care customer service if you have not received a card, to report a lost or stolen card, or to report a change of address.
- If you lose your Community Care ID card, you can still get services while you wait for your new card.



Your Physical Health

Community Care does not manage your physical health care. Your physical health plan, or physical health managed care organization, takes care of your physical (medical) needs.

Your physical health plan is either Aetna Better Health, Health Partners of Philadelphia, Inc., Keystone First, or UnitedHealthcare Community Plan. Your primary care physician (PCP) coordinates your medical needs.

You will be using the services of your physical health plan when you:

- Are sick.
- Need a check-up.
- Need to get a prescription filled. (This does not apply to all medications, for example, methadone and buprenorphine. Please contact your PCP with questions, or call Community Care.)
- Need ambulance transportation.

Remember, no matter which physical health plan you choose, you will be a member of Community Care as long as you are a resident of Chester County and enrolled in HealthChoices.

Behavioral Health Services for HealthChoices Members

Covered Services

Community Care pays for the mental health and drug and alcohol services listed below. You must have permission from your treatment team to use these services and they must be considered medically necessary.

Covered Services:

- Admission to a hospital for 24-hour care for a mental health or emotional condition.
- 24-hour care and rehabilitation for alcohol or other drug problems in a hospital or non-hospital setting.
- Acute partial hospital day programs for mental health condition.
- Psych Rehab and Clubhouse programs
- Outpatient services for mental health or drug and alcohol treatment.
- Detox (detoxification) from alcohol and other drugs.
- Methadone maintenance (for treating people with drug addiction).
- Laboratory services (if ordered by a psychiatrist in our network).
- Case management services.
- Crisis services.

Treatment Team

The group of health professionals who are taking care of you, including people from Community Care and your provider's office.

Medically Necessary

This describes services that are used on a regular basis to treat a mental health or a drug and alcohol problem. These services are needed to help you to become and stay well.

Services Specific to Children and Adolescents

- Behavioral Health Rehabilitation Services (BHRS) for Children and Adolescents
- Residential Treatment Facilities (RTF)
- Family-based Treatment

Other Services

If you do not know what kind of services you need, call Community Care at 1.866.622.4228 for assistance.

Special Needs

If you use a wheelchair, speak little English, do not hear well, or have other special needs, you have the right to extra help. Please call Community Care at 1.866.622.4228 for assistance.

Transportation

If you cannot afford bus fare, live far away from public transportation, or cannot travel without aid, you can get help with transportation.

You can use the Medical Assistance Transportation Program (MATP) to get to your behavioral health appointments. You can call Krapf Bus Company-Paratransit Division. The MATP registration number is 610.594.6930 or (toll-free) 1.877.873.8415. For passenger scheduling and changes, please call Central at 610.594.3911, Southern at 610.869.8069, or Northern at 610.827.7575. You can also call Community Care to find out how to apply for MATP.

Ambulance services that you use in an emergency are paid for by your physical health plan when they are necessary based on your condition. MATP does not provide emergency transportation services.

Payment for Treatment

We pay your bills for treatment when delivered by an in-network provider. When you use an in-network provider, there are no co-payments or deductibles for the behavioral health care that we approve. We will only pay for care from an out-of-network provider if we approved it ahead of time or if it was an emergency. If you use an out-of-network provider and we have not approved it, the provider may charge you for their services.

You should not receive a bill or be asked to pay for behavioral health services when you receive treatment from an in-network provider. If you get a bill for services from a Community Care provider, please call us or send the bill to:

Community Care Behavioral Health Organization
1 East Uwchlan Avenue, Suite 311
Exton, PA 19341
Attention: Complaints and Grievances

Out-of-Network

When a provider or a hospital does not have a contract with Community Care to give care to members.

If You Have Other Insurance

If you have Medicare or another insurance plan, call 1.866.622.4228 and tell us. We work with your other insurance plan to make sure that your services are paid.

Getting Help

Getting Help

Call us when:

- You do not think that life is worth living.
- Your thoughts or feelings upset you.
- You cannot sleep or you are sleeping too much.
- You cannot eat or you are eating too much
- You are having medical, family, social, or legal problems caused by drugs or alcohol and you want to quit.
- You feel strange or people tell you that you are acting strangely.
- You are feeling so sad that you act differently for more than a few days.
- A trusted person, like a friend or family member, or your doctor or clergy, thinks that you need help.

You can also call **Crisis Intervention** at **610.918.2100** or **1.877.918.2100**.

Does my child or teenager need help?

Call Community Care about your child or teen if:

- There are problems at home or school.
- You are worried about alcohol or other drugs.
- You are worried about an emotional problem.

Your child or teen might get help without telling you. Or, your child might not want to go for help. Your child has legal rights regarding getting services:

If your child is:	He or she:
Under 14 years old	Must have parent or caregiver permission to get mental health services. Can get help for an alcohol or drug problem without permission from a parent or caregiver, and can refuse drug and alcohol services even if the parent requests them.
14–18 years old	Can get help for a mental health or an alcohol or drug problem without permission from a parent or caregiver. Parents can also get help for their child who is 14–18 years old, even if the child does not want help.

All family members should know about their child's care if possible and when legally allowed. We work to make sure that you and your children get the help you need.

How can I get help from Community Care?

Getting Started With Non-Emergency Services

You can call any Community Care provider for an appointment. Or call us to help you set up your appointment. You have the right to see a provider within 7 days of your request. The provider will call us if he or she can't see you within 7 days. Call us if you do not have an appointment with a provider within 7 days.

If You Have an Urgent Need for Care

1. Call Community Care at 1.866.622.4228.
2. Contact any Community Care provider. (Check your Provider Directory.)

Urgent Situation

This means that you or another responsible person thinks that you need care before the situation turns into an emergency.

In an urgent situation, you have the right to meet with a provider within 24 hours. If the provider can't see you within 24 hours, he or she will contact Community Care. We'll get you the care you need. If you do not have an appointment with a provider within 24 hours, call Community Care right away at 1.866.622.4228.

If You Need Emergency Care

You can get help 24 hours a day, 7 days a week for an emergency. Do any of the following:

1. Call 911.
2. Call Crisis Intervention at 610.918.2100 or 1.877.918.2100.
3. Call Community Care at 1.866.622.4228.
4. Call any Community Care provider.

Emergency Situation

This means that you or another responsible person thinks that you need care right away so that you or someone else doesn't get hurt.

If you have an emergency, a provider must see you within 1 hour of your request. If the provider cannot see you within 1 hour, he or she will call Community Care. We will get help for you. *If the situation is life-threatening, go to the nearest emergency room.* At the emergency room, tell them you are a Community Care member and show them your ACCESS card.

If You Are Away From Home

If you have a behavioral health emergency when you are out of the Community Care service area, go to the nearest emergency room. The hospital will call us. Just show them your Community Care card. You should not get a bill. If you do get a bill, please call us right away at 1.866.622.4228.

If You Are Already Receiving Mental Health or Drug and Alcohol Services

Tell your provider that you are a member of Community Care. He or she will call us. The person you have been seeing might not be part of our network. In this case, we will work with your provider or we will arrange for you to see someone who is part of our network. To find out if you can still see the health professional you are seeing, call Community Care at 1.866.622.4228.

Your Rights and Responsibilities

Privacy

We will not let anyone else see information about the care you receive if you do not want us to do so.

Community Care defines privacy as the protection of your personal health information, which is sometimes called protected health information or PHI. Your personal information is private and confidential. Community Care wants to take this opportunity to remind you that this is the trust that we establish with you. It is a pledge that we take seriously. Whether you are a current member or a former member, we respect and safeguard the privacy and confidentiality of the information that we have about you.

Privacy is one of your rights as either a person receiving services or simply as a member of Community Care. It also is a right that you keep even when you are no longer a member of Community Care.

Community Care only uses the information we collect or receive about you to make sure that you are getting the best possible care that meets your behavioral health care needs. This means that we do the following:

- We have developed a network of behavioral health care providers from whom you receive behavioral health care services.
- We pay the claims submitted by the doctors, hospitals, and other health care professionals for the treatment and services you receive.
- We perform certain health care operations to monitor the quality of the health care coverage and services that you receive. Examples of these activities include:
 1. Checking with your providers to help coordinate your care and avoid any gaps or problems.
 2. Providing the reports that the Department of Human Services requires us to make.
 3. Undergoing quality surveys by agencies that rate health care plans.
 4. Investigating any complaints and grievances that we receive from members.

**Call Community Care at 1.866.622.4228 if you would like to have a customer service representative explain your member rights and responsibilities.*

As required by the federal law and state Medical Assistance contract, your health information is protected. There is a federal law called the Health Insurance Portability and Accountability Act, or HIPAA, that all managed care companies have to follow about privacy. There are state laws, too, and Community Care follows all the rules and laws from Pennsylvania. The HIPAA rules say that Community Care could release or use your information for three reasons: treatment, payment, or operations of the health plan. To help you understand what that means, here are some examples:

- Treatment includes coordination or management of your care with your provider.
- Payment includes the reviews that Community Care must do with your provider if you are in the hospital or other type of treatment facility, as well as the information that Community Care needs from your provider to pay claims for services that you have received.
- Operations include things like monitoring records to make sure that the service that you get meets quality standards, contacting health care providers or persons who used services with information about treatment alternatives, and other activities that relate to improving health or reducing health care costs.

The only other time that we will share information about the services that you receive is if you or someone else could get hurt. The law says that we must share information in order to get you or another person out of danger.

You Can Ask for Information

You have the right to ask for a copy of the following information:

- A. The names, addresses, and phone numbers of providers who speak other languages.
- B. The names, addresses, and phone numbers of providers of service who are not accepting members.
- C. Any reasons why you could not choose a provider of service. For example, Community Care will not provide referral information for treatment services that are not generally recognized by doctors.
- D. Your member rights and responsibilities.
- E. Information about grievances and fair hearing procedures.
- F. The benefits to you, in detail.
- G. How to learn about additional benefits from the State of Pennsylvania.
- H. The steps that you or a provider need to take to receive services.
- I. The steps that must be taken to use a provider of service who is not in the Community Care network.
- J. The emergency information available to you, including:
 - What is an emergency.
 - The steps for getting emergency service, including calling 911.
 - The names, addresses, and phone numbers of emergency providers of service.
 - That emergency services do not require approval.
 - That any hospital can be used when there is an emergency.
 - How emergency transportation is provided.

You Also Have the Right...

- A. To receive information about Community Care, its services and providers, and the member rights and responsibilities.
- B. To receive proper treatment regardless of your race, color, religion, lifestyle, sexual orientation, handicap or disabilities, national origin, ancestry, age, gender, political belief, union membership, or income.
- C. To be treated in a considerate and respectful manner with recognition of your dignity.
- D. To receive services where your privacy is protected.
- E. To an open discussion of appropriate or medically necessary service options for your conditions, regardless of cost or benefit coverage.

- F. To choose any provider from the Community Care provider list. You are free to change providers if you are unhappy.
- G. To have your information kept private and confidential.
- H. To know the name and qualifications of any provider who is caring for you.
- I. To voice complaints or grievances about Community Care or the care you receive and to see how Community Care responds to member complaints and grievances. You have the right to a fair process that is easy to follow.
- J. To make recommendations about Community Care's member rights and responsibilities.
- K. To receive a copy of the information that Community Care uses when we decide what care you should receive.
- L. To know about the services you are receiving, why you are receiving them, and what to expect.
- M. To have the information that you need to make decisions about your care.
- N. To work with providers or interpreters who understand you and your community.
- O. To get information about Community Care that is clear and easy to understand.
- P. To tell us if you are unhappy about any decision made by us or one of our providers. You have the right to a fair process that is easy to follow.
- Q. To know about the qualifications of Community Care providers and staff.
- R. To receive information about options to your care. You have the right to receive this information in a way that is easy to understand.
- S. To play a part in the decisions about your care. You also have the right to refuse treatment or services.
- T. To not be restrained (tied down or locked in) or left alone as a way for someone giving you treatment to bully you, or punish you, or as a way for that person to take a break.
- U. To ask for a copy of your medical record. You have the right to correct information inside your record.
- V. To know your rights and not be treated differently because you do.
- W. To a second opinion about your treatment or care.
- X. To ask and learn more about "Advance Directives."

Your Member Responsibilities

It is important for you to:

- A. Give Community Care and your provider the information needed to provide your care.
- B. Tell your provider everything you know about your physical and mental health and any alcohol and other drug use. Also, tell this person what medicines you are taking, including over-the-counter (store bought) medicine(s).
- C. Tell your family doctor or PCP (primary care physician) about any behavioral health services that you are receiving.
- D. Carry your ACCESS, physical health plan, and Community Care ID cards with you.
- E. Go to a Community Care participating hospital in an emergency, if possible. Call us within 24 hours if you have been seen for an emergency at a hospital that is not in our provider network.
- F. Keep your appointments. Call ahead to cancel if you must.
- G. Understand your health problems and work together with your provider on an agreed-upon treatment and recovery plan.
- H. Follow the treatment and recovery plan that you have agreed upon with your provider.
- I. Tell your provider if you want to stop or change services.
- J. Tell Community Care and your provider about any other insurance you have.
- K. Tell your provider and Community Care right away if your Medical Assistance status changes.
- L. Tell your provider and Community Care right away if you move.

You Also Have the Right to a Second Opinion

If you would like a second opinion, you can call Community Care for assistance. We will give you the name, phone number, and address of a qualified provider. Your HealthChoices benefits pay for this second opinion from a network provider. You are not billed for this help.

We Will Notify You

If we change information about complaint or grievance procedures or emergency services, we will send you information about the change. Community Care will mail you the information 30 days before a change takes place. Changes come from new state guidelines.

You Can Ask About Mental Health “Advance Directives”

Mental Health Advance Directives are a way of planning for your future mental health care in case you can no longer make mental health care decisions on your own as a result of illness. You can do this by creating a Mental Health Declaration or by appointing a Mental Health Power of Attorney or both. A Mental Health Declaration is a set of written instructions that will tell your provider:

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

A Mental Health Power of Attorney is a document that allows you to name a person, in writing, to make mental health care decisions for you if you are unable to make them on your own. Your Mental Health Power of Attorney will make decisions about your mental health care based on your written instructions.

If you would like to have a Mental Health Declaration or a Mental Health Power of Attorney or both, please contact an advocacy organization such as the Mental Health Association in Pennsylvania toll-free at 1.866.578.3659, or email info@mhapa.org. They will provide you with forms and answer any questions. It is important that you share your written Mental Health Advance Directives with your mental health provider. If you do not share your Mental Health Advance Directives with your provider, he or she will not be able to follow them.

If you or your representative believe that your provider has not handled your Mental Health Advance Directives properly or if you have any other complaints about Mental Health Advance Directives, you can follow the standard complaint process.

Complaints, Grievances, and Fair Hearing Procedures

What is a Complaint?

A complaint is when you tell us you are unhappy with Community Care or your provider, or you do not agree with a decision made by Community Care. These are some examples of a complaint:

- You are unhappy with the care or service you are getting.
- You are unhappy that you cannot 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.

Complaint

What you file if you are unhappy with Community Care or your provider, or you do not agree with a decision made by Community Care.

Community Care service providers must provide care within 1 hour for emergencies, within 24 hours for urgent situations, and within 7 days for routine appointments and specialty referrals. When a service plan is approved, you should expect to receive services according to the time frames included in the plan.

What should I do if I have a Complaint?

First Level Complaint

To file a complaint, you can:

- Call Community Care customer service to tell us your complaint.
- Or write down your complaint and mail it to:

Community Care Behavioral Health Organization
1 East Uwchlan Avenue, Suite 311
Exton, PA 19341
Attention: Complaints and Grievances

When should I file a First Level Complaint?

If you are unhappy because:	You must file a complaint:
Community Care decided to deny a service for you because it is not a covered service.	Within 45 days of the date on the letter from Community Care telling you of this decision.
Community Care decided not to pay a provider for a service you received <i>and</i> the provider can bill you for the service.	
Community Care did not decide your complaint or grievance within 30 days of when you filed it.	Within 45 days of the date on the letter from Community Care telling you that we did not decide your complaint or grievance within the time frame we were supposed to.
Community Care’s provider did not give you a service by when you should have received it.	Within 45 days of the date you should have received the service.
A Community Care provider made a treatment decision you disagree with, you’re having trouble obtaining an appointment, you think that Community Care or one of our providers treated you rudely, you received a bill from a provider for a covered service, or you think a provider is not treating you properly for reasons including age, race, and religion.	There is no time limit for these types of complaints. You may file a complaint with Community Care about these issues at any time.

What happens after I file a First Level Complaint?

Community Care will send you a letter to let you know that we received your complaint and telling you about the First Level Complaint process. You may ask Community Care to see any information we have about your complaint. You may also send information that may help with your complaint to Community Care. You can ask for assistance by calling Community Care at 1.866.622.4228.

If you file a complaint because of one of the following reasons, you can be included in the First Level Complaint review. (You must call Community Care *within 10 days* of the date on the letter acknowledging your complaint 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 Community Care will not pay a provider for a service you received.
- You are unhappy that Community Care has decided you cannot get a service you want because it is not a covered service.
- You are unhappy that Community Care did not decide your complaint or grievance within 30 days.

You can come to our office or be included in the complaint review by phone. You do not have to attend the meeting. If you do not attend, it will not affect our decision.

One or more Community Care 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 Community Care 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 agree with the decision.

What if I do not like Community Care's decision?

Second Level Complaint

If you are not happy with Community Care's First Level Complaint decision, you may file a Second Level Complaint with Community Care.

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?

Community Care will send you a letter to let you know that we received your complaint. The letter will tell you about the Second Level Complaint process.

- You may ask Community Care to see any information we have about your complaint. You may also send information that may help with your complaint to Community Care.
- You can come to a meeting of the Second Level Complaint committee or be included by phone. Community Care 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 Community Care 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 Community Care received your Second Level Complaint. A letter will be mailed to you within five business days after the committee makes its decision. This letter will tell you the reason(s) for the decision. It will also tell you how to ask for an External Complaint Review if you do not agree with the decision of the committee.

What if I still do not agree with the decision?

External Complaint Review

If you are not happy with the Second Level Complaint decision, you may ask for a review of your complaint by the Pennsylvania Department of Health or the Pennsylvania Insurance Department.

The Pennsylvania Department of Health handles complaints that involve the way a provider gives care or services. The address for the Pennsylvania Department of Health is listed below. The Pennsylvania Insurance Department reviews complaints that involve Community Care's policies and procedures. The address for the Pennsylvania Insurance Department is listed below.

You must ask for an External Complaint Review within 15 days of the date you receive the Second Level Complaint decision letter. If you ask, Community Care will help you put your External Complaint in writing. You must send your request for an External Complaint Review in writing to either:

Pennsylvania Department of Health Bureau of Managed Care
Health & Welfare Building, Room 912
625 Forster Street, Harrisburg, PA 17120
Phone: 1.888.466.2787 | Fax: 717.705.0947 | Relay Service: 1.800.654.5984

or

Pennsylvania Insurance Department Bureau of Consumer Services
1326 Strawberry Square, Harrisburg, PA 17120
Phone: 1.877.881.6388

If you send your request to the wrong department, it will be sent to the correct department. The Pennsylvania Department of Health or the Pennsylvania Insurance Department will get your complaint information from Community Care. You may also send them any other information that may help with the External Complaint Review. You may be represented by an attorney or another person during the External Complaint Review. A decision letter will be sent to you after the decision is made. This letter will tell you the reason(s) for the decision and what you can do if you do not agree with the decision.

What should I do to continue getting services if Community Care was authorizing services, but decided that those services should now be reduced, changed, or stopped because they are not covered services for me?

If you file:	
A First Level Complaint within 10 days of the date on the letter from Community Care telling you of this decision.	You will continue to receive those services until a decision is made about your complaint.
A Second Level Complaint within 10 days of the date on the letter from Community Care telling you of this decision.	
An External Complaint within 10 days of the date on the letter from Community Care telling you of this decision.	

What is a Grievance?

A grievance is what you file when you do not agree with Community Care’s decision that a service that you or your provider asked for is not medically necessary. A grievance is usually about your or your provider’s concerns about getting treatment approved. You may file a grievance in writing or by phone. You can file a grievance if Community Care does any one of these things:

- Denies a covered service.
- Approves less than what was asked for.
- Approves a different service from the one that was asked for.

You can file a grievance when you do not agree with Community Care’s decision that a service that you or your provider asked for is not medically necessary.

What should I do if I have a Grievance?

First Level Grievance

If Community Care 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 that you receive this letter to file a grievance.

To file a grievance, you can either:

- Call Community Care and tell us your grievance.
- Write down your grievance and send it to us at:

Community Care Behavioral Health Organization
 1 East Uwchlan Avenue, Suite 311
 Exton, PA 19341
 Attention: Complaints and Grievances

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

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

When should I file a First Level Grievance?

<p>If you are unhappy because:</p>	
<p>You or your provider asked for a service that Community Care decided to deny because it is not medically necessary.</p>	<p>You must file a grievance with Community Care within 45 days of the date you received the letter from Community Care telling you of this decision.</p>
<p>Community Care approved less of a covered service than what was asked for by you or your provider.</p>	
<p>Community Care approved a different service than what was asked for by you or your provider.</p>	

What happens after I file a First Level Grievance?

Community Care will send you a letter to let you know we received your grievance and telling you about the First Level Grievance process. You may ask Community Care for a copy of any information we have about your grievance. You may send us information that may help with your grievance. Ask for assistance with your grievance by calling Community Care at 1.866.622.4228.

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 letting you know we received your grievance. You can come to our office or be included by phone. You don't have to attend. If you do not attend, it will not affect our decision.

A committee of Community Care 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 no more than 30 days after we received it. A letter will be mailed to you no more than 5 business days after Community Care makes its decision telling you the reason(s) for the decision and how to file a Second Level Grievance if you do not agree with the decision.

What if I do not like Community Care's decision?

Second Level Grievance

If you are not happy with Community Care's First Level Grievance decision, you may file a Second Level Grievance with Community Care.

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?

Community Care will send you a letter to let you know we received your grievance and telling you about the Second Level Grievance process. You may ask Community Care for a copy of any information we have about your grievance. You may send us information that may help with your grievance. Ask for assistance with your grievance by calling Community Care at 1.866.622.4228.

You can come to a meeting of the Second Level Grievance review committee or be included by phone. You don't have to attend. 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 Community Care 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 Community Care 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(s) for the decision. It will also tell you how to ask for an External Grievance Review if you don't agree with the decision.

What if I still do not agree with the decision?

External Grievance Review

If you are not happy with the Second Level Grievance decision, you can ask for an External Grievance Review.

You must call or send a letter to Community Care 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 Pennsylvania Department of Health.

The Pennsylvania Department of Health will notify you of the External Grievance reviewer's name, address, and phone number. You will also be given information about the External Grievance Review. Community Care will send your grievance file to the reviewer. You may provide additional information that may help with the External Grievance Review to the reviewer within 15 days of receipt of notice that your request for External Grievance Review was filed with Community Care.

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

What should I do to continue getting services if Community Care was authorizing services, but decided that those services should now be reduced, changed, or stopped because they are not medically necessary for me?

If you file:	
A First Level Grievance within 10 days of the date on the letter from Community Care telling you of this decision.	You will continue to receive those services until a decision is made about your grievance.
A Second Level Grievance within 10 days of the date on the letter from Community Care telling you of this decision.	
An External Grievance within 10 days of the date on the letter from Community Care telling you of this decision.	

If you have any questions about complaints or grievances, call:

- The Community Care toll-free number
1.866.622.4228
- The Pennsylvania Health Law Project
1.800.274.3258 | www.phlp.org
- The Pennsylvania Legal Aid Network
1.800.322.7572 | www.palegalaid.net
- Your local legal aid office

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

Expedited Complaints and Grievances

If your doctor or psychologist believes that the usual time frames for deciding your complaint or grievance will harm your health, then you, your doctor, or your psychologist can call Community Care at 1.866.622.4228 and ask that your complaint or grievance be decided faster.

You will need to have a letter from your doctor or psychologist faxed to Community Care at 1.888.251.0087 explaining how the usual time frame of 30 days for deciding your complaint or grievance will harm your health.

If your doctor or psychologist does not fax Community Care this letter, your complaint or grievance will be decided within the usual 30-day time frame.

A committee of three or more people, including a doctor or psychologist and at least one Community Care member, will review your expedited complaint or grievance. No one on the committee will have been involved in the issue you filed your complaint or grievance about. The committee will make a decision about your complaint or grievance and inform you of the decision within 48 hours of receiving your doctor or psychologist's letter explaining how the usual time frame of 30 days for deciding your complaint or grievance will harm your health, or within 3 business days from receiving your request for an expedited complaint or grievance, whichever is shorter. You will also receive a letter telling you the reason(s) for the decision. It will tell you how to ask for an expedited external complaint or grievance review if you do not like the decision.

Expedited External Complaints and Grievances

If you want to ask for an Expedited External Complaint (by the Department of Health) or Expedited External Grievance (by a doctor who does not work for Community Care) review, you must contact Community Care within 2 business days from the date you get the expedited complaint or grievance decision letter. A decision will be issued within 5 business days from when we receive your request.

What kind of help can I get with the complaint and grievance processes?

If you need help filing your complaint or grievance, a Community Care staff member will help you. This person can also assist 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. At any time during the complaint or grievance process, you can have someone you know represent you or act on your behalf. If you decide to have someone represent you, tell Community Care, 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 Community Care for a copy of any information we have about your complaint or grievance. You or the person you choose to represent you may submit any written comments, documents, or other information relevant to your complaint or grievance to Community Care.

For legal assistance, you can contact the Pennsylvania Legal Aid Network at 1.800.322.7572 (www.palegalaid.net), the Pennsylvania Health Law Project at 1.800.274.3258 (www.phlp.org), or call your local legal aid office.

Persons Whose Primary Language is Not English

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

Si Ud. Necesita la versión en Español de este manual, por favor solicite una a este teléfono 1.866.229.3187.

Persons with Disabilities and Special Needs

If needed, Community Care will provide persons with disabilities with the following help in presenting complaints or grievances at no cost.

- Providing sign language interpreters.
- Providing information submitted by Community Care at the complaint or grievance review in an alternative format. The alternative format version will be given to you before the review.
- Providing someone to help photocopy and present information at your complaint or grievance review.

What is a Fair Hearing?

In some cases, you or your representative can ask the Department of Human Services (DHS) to hold a hearing because you are unhappy about, or do not agree with, something that Community Care did or did not do. These hearings are called DHS Fair Hearings. You can ask for a Fair Hearing when you file a complaint or grievance or after Community Care decides your First or Second Level Complaint or Grievance.

For some issues, you can request a Fair Hearing from the Pennsylvania Department of Human Services **in addition to or instead of** filing a complaint or grievance with Community Care. In some cases, you can request a Fair Hearing at any time.

What kinds of things can I request a Fair Hearing for and when do I have to ask for a Fair Hearing?

If you are unhappy because:	You must ask for a Fair Hearing:
Community Care decided to deny a service because it is not a covered service.	Within 30 days of the date on the letter from Community Care telling you of this decision <i>or</i> within 30 days of the date on the letter from Community Care acknowledging or telling you its decision after you filed a complaint about this issue.
Community Care decided not to pay a provider for a service you received <i>and</i> the provider can bill you for the service.	
Community Care did not decide your First Level Complaint or Grievance within 30 days of when you filed it.	Within 30 days of the date on the letter from Community Care telling you that we did not make a decision about your complaint or grievance within the time frame we were supposed to follow.
Community Care decided to deny, decrease, or approve a service different than the one that your provider requested because it was not medically necessary.	Within 30 days of the date on the letter from Community Care telling you of this decision <i>or</i> within 30 days of the date on the letter from Community Care acknowledging or telling you its decision after you filed a grievance about this issue.
A Community Care provider did not give you a service by the time you should have received it.	Within 30 days of the date on the letter from Community Care 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. Send your request to:

Department of Human Services
Office of Mental Health and Substance Abuse Services
Division of Grievances and Appeals, Beechmont Building #32
P. O. Box 2675, Harrisburg, PA 17105-2675

Your request for a Fair Hearing should include *all* of the following information:

- The member's name.
- The member's social security number and date of birth.
- A phone number where you can be reached during the day.
- If you want to have the fair hearing in person or by phone.
- A copy of any letter you 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 Human Services' Bureau of Hearings and Appeals telling you where the hearing will be held and the date and time of the hearing. You should receive this letter at least 10 days before the date of the hearing.

You may come to the Fair Hearing or be included by phone. A family member, friend, lawyer, or other person may help you during the Fair Hearing.

Community Care will also go to your Fair Hearing to explain why we made the decision or explain what happened. If you ask, Community Care must give you (at no cost to you) any records, reports, and other information we have that is relevant to your Fair Hearing request.

When will the Fair Hearing be decided?

If you ask for a Fair Hearing it should 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 reason(s) for the decision. It will tell you what to do if you do not agree with the decision.

Who can I call if my health is at immediate risk?

Expedited Fair Hearing

If your doctor or psychologist believes that using the usual time frames to decide your Fair Hearing will harm your health, then you, your doctor, or your 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 faxed to the Pennsylvania Department of Human Services at 717.772.7827 explaining why using the usual time frames 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 time frames 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 phone within 3 business days after you ask for the Fair Hearing.

If your doctor or psychologist 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.

What To Do To Continue Getting Services

If you have been receiving services authorized by Community Care, and Community Care decides that those services should now be reduced, changed, or stopped and you file a Fair Hearing request within 10 days of the date on the letter telling you Community Care's decision about your First or Second Level Complaint or Grievance, your services will continue until a decision is made.

These are your member complaint and grievance rights and responsibilities. Call us if you want us to explain them to you.

Your Advocate

An Advocate

An advocate is a person who can help you or put you in touch with someone who can help you. These are some of the times when you might want to call an advocate:

- If you are having problems with the care you are getting.
- If you need help with a complaint or grievance.

If you would like to speak with an advocate, call the Chester County Department of Mental Health at 610.344.6265 or (toll-free) 1.800.692.1100, extension 6265; Community Care; or a number listed below. Additional phone numbers for advocacy groups are listed in the Important Contact Information section of this handbook.

For a *substance use* problem, you can contact the National Council on Alcoholism and Drug Dependence, Inc. (NCADD):

NCADD
217 Broadway, Suite 712
New York, NY 10007

1.800.NCA.CALL (622.2255) *or* 212.269.7797
<http://www.ncadd.org> | national@ncadd.org

Consumer/Family Satisfaction Team

Consumer/Family Satisfaction Team (C/FST)

Your behavioral health is important to us and we want to know about your satisfaction with services as well as any problems you may be having. The consumer/family satisfaction team interviews people who are receiving mental health or drug and alcohol services. They also interview the family members of people who are receiving mental health or drug and alcohol services. Some team members have used behavioral health services themselves. Other team members have a family member who received behavioral health services.

This group tries to find out whether or not people are happy with the care and services they receive. After the interview, the satisfaction team talks with the provider, the Chester County Department of Human Services, the Chester County MH/MR Department, and Community Care about services. The consumer/family satisfaction team doesn't identify or tell anyone any personal information about the member. They just give a report of how people in general feel about services they receive. The satisfaction team and these other groups work together to improve the care you receive.

You may ask for an interview with the consumer/family satisfaction team. A team member will ask you questions about your mental health or drug and alcohol services. The interview will take 10–15 minutes.

You can ask for a satisfaction team member at your provider's office or call Chester County's Consumer/Family Satisfaction Team toll-free at 1.800.734.5665.

How To Get More Involved In Decisions About Your Services

How can I get more involved?

We want members to help us to improve services. Here are some of the things that you can do:

Tell Us What You Think

Call us with your ideas about how we can serve you better. Or let us know your concerns.

Respond to Satisfaction Surveys

If you get a survey in the mail or after you have left services, please fill it out. Surveys are a good way for us to find out about the care we offer. All answers are confidential. We do not share the information that you give us with anyone.

Join an Advisory Committee

We have many advisory committees. Some meet every month. Others meet every 3 months. You will have a chance to talk with us about how we are doing and how we can improve. Call us if you want to know more about joining a committee.

Please contact us at any time. You can call Community Care at 1.866.622.4228 or write to us at:

Community Care Behavioral Health Organization
1 East Uwchlan Avenue, Suite 311
Exton, PA 19341

Important Contact Information

DHS Fraud and Abuse Hotline

The Department of Human Services has a hotline if you want to report a medical provider (for example a doctor, dentist, therapist, or hospital) or business (medical supplier) for suspected fraud or abuse for services provided to anyone with an ACCESS card. The hotline number is 1.866.379.8477. Some common examples of fraud 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 do not need.
- Physical, mental, or sexual abuse by medical staff.

You can call the hotline and speak to someone Monday through Friday, 8:30 a.m.–3:30 p.m. You may leave a message at other times. If you do not speak English, an interpreter will be made available. If you have a hearing impairment, you can call the hotline using your TTY device. You do not have to give your name, but if you do give your name, the provider will not be told that you called.

You can also report suspected fraud and abuse on the Internet at <http://www.dhs.pa.gov/learnabout-dhs/fraudandabuse>. This has also been set up so that you do not have to give your name.

Language assistance is available for members who speak a language other than English.

- En Español: 1.866.229.3187
- For assistance for other languages, call customer service: 1.866.622.4228

Contact Information for Members in Chester County

Community Care

Customer Service: 1.866.622.4228
TTY: 1.877.877.3580
En Español: 1.866.229.3187

Crisis Services

610.918.2100 / 1.877.918.2100
1.866.846.2722 (WarmLine)

Chester County Assistance Office

Department of Human Services
100 James Buchanan Dr., Thorndale, PA 19372
610.466.1022 / 1.888.814.4698

Drug and Alcohol Programs

601 Westtown Rd., Suite 325
West Chester, PA 19382
610.344.6620 ext. 6620 / 1.800.692.1100

Medical Assistance Transportation Program

Krapf Bus Company-Paratransit Division
610.594.6930 / 1.877.873.8415

Substance Use Disorder Advocate

PA Recovery Organization Alliance
900 S. Arlington Ave., Suite 254A
Harrisburg, PA 17109
717.545.8929 / 1.800.858.6040

Pro-Act

252 W. Swamp Rd., Suite 12
Doylestown, PA 18901
215.345.6644

Drug and Alcohol Providers Organization of PA
4811 Jonestown Rd., Harrisburg, PA 17109
717.657.7084

Advocate

Department of Human Services
601 Westtown Rd., Suite 330
West Chester, PA 19380
610.344.6265 / 1.800.692.1100 ext. 6265

Child/Adolescent Advocate

Department of Mental Health
601 Westtown Rd., Suite 330
West Chester, PA 19380
610.344.6640 / 1.800.692.1100 ext. 6640

Mental Health Association of SE PA
1211 Chestnut St., 11th Fl., Philadelphia, PA 19107
1.800.688.4226

Consumer/Family Satisfaction Team
Voice & Vision, Inc.
770 E. Market St., Suite 165
West Chester, PA 19382
1.800.734.5665

Parents Involved Network (PIN)
1211 Chestnut St., 11th Fl., Philadelphia, PA 19107
215.751.1800

Project Share
1211 Chestnut St., 11th Fl., Philadelphia, PA 19107
215.751.1800

Disability Rights Pennsylvania (DRP)
1315 Walnut St., Ste. 500, Philadelphia, PA 19107
215.238.8070

Legal

Education Law Center
1315 Walnut St., 4th Fl., Philadelphia, PA 19107
215.238.6970

Juvenile Law Center
1315 Walnut St., 4th Fl., Philadelphia, PA 19107
215.625.0551

Consumer Advocacy Project of PA
Box 230, Harrisburg, PA 17110
717.652.9128 / 717.657.7784 (fax)

Speaking for Ourselves
1 Plymouth Meeting Mall
Plymouth Meeting, PA 19462
215.238.6970

Definitions

Advocate	A person who works to make sure you get the right care.
Behavioral Health	Mental health or substance use disorder treatment.
Community	A local area or neighborhood and the people who live in the area.
Complaint	Telling or writing us to say that you are not satisfied with services.
Customer Service	The department of Community Care that helps you get information about services and answer questions about rules or benefits. Customer service also takes complaints over the phone.
Emergency	A health problem or situation that cannot wait. When treatment is needed right away, call 911 or go to an emergency room.
Evaluation	Tests and studies that help a doctor or psychologist find out what is going on and what treatment will be best.
Grievance	Telling or writing that you do not agree with a denial of a covered service or change in a covered service.
HealthChoices	Pennsylvania's plan for providing health care for people who are eligible for Medical Assistance.
HealthChoices HMO	A Health Maintenance Organization (HMO) that is under contract to (reports to) the State of Pennsylvania to manage physical health care for people who are eligible for Medical Assistance.
Medical Necessity Criteria	The standards used by a managed care company to decide what services are needed.
Member	A person (customer) who is enrolled in HealthChoices, which is managed by Community Care, to get mental health or substance abuse services.
Network	The group of providers that provides treatment services to members of Community Care.
Prescription	A medicine that your doctor tells you to take. Also refers to the paper the doctor uses to write out what medicine is to be used, how much, and how often.
Providers	The people or agencies that provide services to members of Community Care.
Treatment	Medication or therapy given by professionals to treat or cure an illness.

