

VBH-PA
520 Pleasant Valley Road
Trafford, PA 15085

01-09

**Value Behavioral Health
of Pennsylvania
(VBH-PA)**

**SIX-COUNTY
MEMBER
HANDBOOK**

**YOUR GUIDE TO
MENTAL HEALTH
AND
DRUG & ALCOHOL
SERVICES**



• Armstrong • Butler • Indiana •
• Lawrence • Washington • Westmoreland •

**This is Your
Toll-Free Telephone Card**

**Please tear off at the dotted line.
Carry it with you all the time.**



VBH-PA Toll-Free Telephone Card

ARMSTRONG/INDIANA COUNTIES - - -1-877-688-5969
BUTLER COUNTY - - - - -1-877-688-5971
LAWRENCE COUNTY - - - - -1-877-688-5975
WASHINGTON COUNTY - - - - -1-877-688-5976
WESTMORELAND COUNTY - - - - -1-877-688-5977
TTY (hearing impaired) - - - - -1-877-615-8502

Answers 24 hours a day, 7 days a week!

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Why Did I Get This Book?

Through Value Behavioral Health of Pennsylvania (VBH-PA), you will be connected to adult, child, and adolescent mental health and drug & alcohol services.

You are eligible to receive these services through the HealthChoices Program, the Medical Assistance Program in Pennsylvania.

Armstrong, Butler, Indiana, Lawrence, Washington, and Westmoreland Counties are working with Value Behavioral Health of Pennsylvania (VBH-PA). Together, your County and VBH-PA are working to bring you quality services.

VBH-PA can help you find the services you need and get approval for treatment.

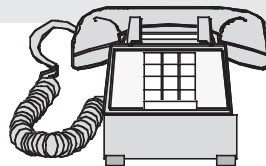
VBH-PA can also help you schedule appointments, and get assistance with transportation for mental health and drug and alcohol emergencies.

PLEASE NOTE: VBH-PA may not cover all of your behavioral health care expenses. Read your Member Handbook carefully to determine which health care services are covered.

TOLL-FREE TELEPHONE NUMBERS:

- * Armstrong/Indiana Counties1-877-688-5969
- * Butler County1-877-688-5971
- * Lawrence County1-877-688-5975
- * Washington County1-877-688-5976
- * Westmoreland County.....1-877-688-5977
- TTY (hearing impaired).....1-877-615-8502

Someone will always be available at these toll-free numbers to take your emergency call 24 hours a day, 7 days a week!



I Want Mental Health or Drug and Alcohol Treatment. How Do I Get It?

Getting Started

If you need help in finding mental health or drug and alcohol services, use your toll-free telephone card, and call the number for your county. This is a free call. This will connect you with a VBH-PA Member Services Representative (MSR) who will help you. This toll-free number, answers 24 hours a day, 7 days a week.

If you are hearing impaired:

Please call the VBH-PA toll-free TTY number, 1-877-615-8502, 24 hours a day, 7 days a week.

If you cannot make the call, a family member, a friend, or your primary care doctor can call for you.

Your local mental health or drug and alcohol provider or your case manager can call for you.

On Your First Call

You will talk to a Member Services Representative (MSR). This person will be your contact person. At the end of the call, your MSR will give you his or her name. After this first call, you can call your MSR directly when you have a question. You can also change your MSR contact person if you like. (If your MSR is not there, someone else will help you.)

Member Services at VBH-PA may also:

Ask you questions to find out what kind of services you need.

A Member Service Representative will also tell you where services are not available.

Help make appointments for you.

Send you to crisis services when you have an emergency.

Help solve problems you may have with the services you are getting.

Help you with a complaint or grievance.

Your provider can not decide to deny or reduce your treatment because of your diagnosis, type of illness, or condition.

***VBH-PA Member Services are available
24 hours a day, 7 days a week!***

Your MSR can also connect you with a Service Manager

A Service Manager can help you get the services you need.

You can work with the Service Manager to choose a provider who is close to your home, close to your work, speaks your language, and is easy to reach.

A Service Manager can also mail you a list of all the program providers if you ask for one.

Once you pick a provider, you can make an appointment or a Service Manager can make one for you.

If you are not comfortable with the provider, please call the toll-free number listed on your telephone card, and a Service Manager can help you.

Service Managers also coordinate your care during treatment. He or she will work with your primary care doctor, and others to make sure that you have all of the services you need.

You may be thinking, Can I keep the provider I have now?

If you receive services now from a public mental health or drug and alcohol provider in the VBH-PA network, you do *not* have to change your provider.

If you are *new* to the HealthChoices program and need services, VBH-PA will help you find the right provider in the VBH-PA network.

It is important to call the toll-free number of your county listed on your telephone card, *before* going to a service. This way Member Services can help you find a covered service.

Help! I Have An Emergency, What Do I Do?

An emergency is a serious situation or occurrence that demands immediate action. It is easy to get help in an emergency. If you are having a Mental Health or Drug or Alcohol emergency, there are *two* ways to get help:

Go to the nearest Emergency Room.

The Hospital will call VBH-PA.

OR

Call VBH-PA directly.

Just call the toll-free telephone number on your card, VBH-PA Service Managers will offer crisis support over the phone and refer you to the closest emergency facility. If you are alone and cannot reach a hospital quickly, staff will help you get a ride to the hospital.



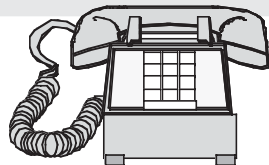
OR

If you are unable to call, a family member or caregiver may also call the VBH-PA service center to get help, 24 hours a day, 7 days a week!

TOLL-FREE TELEPHONE NUMBERS:

- * Armstrong/Indiana Counties1-877-688-5969
- * Butler County1-877-688-5971
- * Lawrence County1-877-688-5975
- * Washington County.....1-877-688-5976
- * Westmoreland County.....1-877-688-5977
- TTY (hearing impaired).....1-877-615-8502

Someone will always be available at these toll-free numbers to take your emergency call 24 hours a day, 7 days a week!



Out of Town Emergencies

Sometimes people have a mental health or drug or alcohol emergency while they are out of town. You do not need to be pre-approved for emergency services. If this happens to you:

Please call 911 if available in your location, or go straight to the hospital.

Tell the hospital your name and VBH-PA's toll-free telephone number on your card.

If you cannot give the hospital this information, please call the VBH-PA toll-free telephone number on your card, as soon as the crisis has passed.

OR

Call the VBH-PA service center first - by calling the toll-free telephone number on your card.

Staff will help you get the care you need at the closest hospital.

OR

Call your provider or VBH-PA within 24 hours after you receive care or have someone call for you.

VBH-PA will give you written notice of any change in these procedures at least 30 days before the effective date of the change.

What Kind of Treatment Can I Get?

The following services are part of the HealthChoices program.

Behavioral Health Rehabilitation Services (BHRS) -

A group of services for people under 21 years of age who have a serious mental health illness. These services help you manage and treat your problem in the community.

Emergency Crisis Services - These 24 hour services can be used any time of day or night to help you in a crisis/emergency. These services keep you safe and treat your problem until the crisis has passed. They may be telephone, walk in, or mobile services.

Family Based Services for Children and Adolescents -

These in-home services are for people under 21 years and their families. These services help you manage and treat your problem.

In-Patient Treatment in a Hospital - This is care in a hospital for mental health problems. With this care, you may need to stay at the hospital for more than one night.

Laboratory Studies and Clozapine Support Services -

These are medical tests, ordered by a Psychiatrist, that are used to help monitor what is happening to your body during treatment.

Methadone (Narcotic/Opioid Dependency Medication Therapies) - This service uses a specific medication therapy to treat you if you are addicted to certain types of drugs.

Non-Hospital or Residential Detoxification, Rehabilitation, and Halfway House Services -

These services help you stop using drugs and alcohol. They also educate you in ways to avoid using drugs and alcohol in the future. These services are not done in a hospital but in a special program. If you use these services you will stay at the program overnight.

Outpatient Drug and Alcohol Services - These are services you use if you live at home and receive drug and alcohol abuse treatment. In this service a therapist or counselor works with you by yourself or in a group. You talk about your problems and learn how to deal with it.

Outpatient Services - In this service a therapist or counselor works with you by yourself or in a group. You talk about your problem and learn how to deal with it. Individual and family counseling (Mobile Mental Health Treatment) can sometimes be provided in your home.

Partial Hospitalization - These are services where you live at home and receive mental health treatment for part of the day or evening.

Peer Support Services - These are specialized treatment services conducted by trained professionals who are self-identified current or former consumers of behavioral health services. Services are self-directed and person-centered with a recovery focus.

Residential Treatment Facility (RTF) - This is a service for people under 21 years. In this service you live at the program while you receive treatment. These services do not take place in the hospital.

Resource Coordination (RC), Intensive Case Management (ICM), and Blended Case Management (BCM) - The RC, ICM, or BCM Case Manager helps you set and reach goals that help you with your problem. They also help you connect with other community resources.

Treatment (Detoxification and/or Rehabilitation) in a Hospital - This is in-patient care in a hospital for drug and alcohol abuse. This service is used if your problem cannot be treated outside the hospital.

Please call the **toll-free telephone number on your card for VBH-PA** about getting services.

Calls to this number are always free of charge,
24 hours a day, 7 days a week!

REMEMBER!

VBH-PA may not cover all of your behavioral health care expenses. Read your Member Handbook carefully to determine which health care services are covered.

You do not have to pay for services that are part of the HealthChoices program when you use a VBH-PA provider!

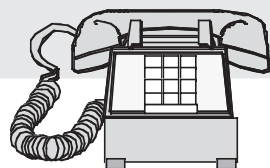
You can only use a provider who is not a part of the VBH-PA network of providers when:

You have an **emergency**,

OR

Your Service Manager has approved the provider of service before you receive the care.

Call your Member Services Representative (MSR) to ask for a list of VBH providers - just use the **toll-free telephone number on your card!**



What About Services for my Child or Adolescent?

If you think your child may need mental health or drug and alcohol services, call the toll free number for your county.

A Service Manager will assist you in setting up an evaluation and possible treatment.

In addition to these, please refer to the services listed under “What Kind of Treatment Can I Get?” starting on page 7.

Family’s Rights

If your child or adolescent* has emotional, behavioral, or drug or alcohol problems and is receiving treatment through **VBH-PA**, you have the right to:

- Take part in setting up your child’s treatment plans and to make sure the plan is being followed;
- Bring any advocate (person who can help explain your wishes) to treatment planning meetings about your child;
- Be sure that your child’s records are kept private;
- Complain and have the services of a Peer Specialist, if you are unhappy with the services you are receiving;
- Discuss your services with a **CFST** (*Consumer Family Satisfaction Team*) member if you desire.

*Children and Adolescents receiving Drug and Alcohol services have all the same rights to confidentiality as adults and must give permission for others to be involved in their treatment.

What Are My Rights and Responsibilities?

As part of the HealthChoices program, you have the right to:

- Be treated with dignity and respect;
- Have your medical records and conversations with your service provider kept **private**;
- Take part in decisions about your care, including the right to refuse treatment;
- Have your treatment plan and the possible risks explained to you;
- Help set up your treatment plan;
- Ask for a *change* to your treatment plan;
- Choose your provider from a list of HealthChoices Program Providers;
- See your medical records and talk about them with your provider;
- Change your provider;
- Ask your provider about his or her qualifications or any person who is helping you;
- Receive services without regard to race, color, religion, sex, sexual orientation, age, or ethnic background;
- Make a *Complaint* or file a *Grievance* about your care or the services you receive;
- Ask for the help of an OMBUDSMAN to help you file a complaint or grievance;

- Talk with a *CFST (Consumer Family Satisfaction Team)* staff person about the quality of your services;
- Ask for the help of an advocate (a person who can help explain your wishes);
- Ask for a copy of the Medical Necessity Criteria (see Words to Know on page 41);
- Receive information on available options and alternatives;
- You have the right to be free from any form of restraint or seclusion during your treatment that is used as a means of coercion, discipline, convenience, or retaliation.
- You may request a copy of your medical records from your provider;
- You may also request a copy of information maintained by VBH-PA. VBH-PA information may include claims and authorization information, complaints, referrals, disclosures and other documented contact you or your provider have had with us;
- You may request to amend the VBH-PA information listed above in order to correct any errors. The decision to make an amendment is made by the VBH-PA Medical Director;
- You are free to exercise your rights. Exercising your rights will not affect how you are treated by your provider or by Value Behavioral Health of PA.
- You have the right to request a second opinion about your treatment.

Your Responsibilities

As part of the HealthChoices program, you have the *RESPONSIBILITY* to:

- Respect the dignity and privacy of others;
- Give your provider the information that he or she needs to better serve you;
- Work with your provider to help develop a treatment plan;
- Ask questions when you do not understand your treatment;
- Follow the treatment plans that have been developed and you agreed to with your provider;
- **Keep your appointment** with your provider;
- Contact your provider if you need to cancel or re-schedule your appointment;
- Contact your provider if you decide to stop your treatment;
- ***Please call the toll-free telephone number of your county if you move and change your address/ phone number. The toll-free number is on your VBH-PA telephone card; if you are hearing impaired, call the TTY number: 1-866-615-8502.***
- You should also let your County Assistance Office know if you move. If you do not know your local County Assistance Office phone number, you may call the VBH-PA toll free Member Services number for your county.

What are 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 you prefer
- Where you would like to have your treatment take place
- Specific instructions you have 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 Mental Health Association in Pennsylvania at 1-866-578-3659 or 717-346-0549; email: info@mhapa.org and they will provide you with the forms and answer any questions. It is important that you share your written Mental Health Advance Directives with your mental health care provider. If you do not share your Mental Health Advance Directives with your provider, he/she will not be able to follow them.

If you or your representative 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 which is explained in your Member handbook.

I'm Having a Problem With Services. How Do I Get Help?

COMPLAINTS

What is a complaint?

A complaint is when you tell us you are unhappy with VBH-PA or your provider or you do not agree with a decision made by VBH-PA.

These are some examples of a complaint:

- You are unhappy with the care 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*

*VBH-PA providers must provide services within one hour for emergencies, within 24 hours for urgent situations, and within seven days for routine appointments and specialty referrals. If a treatment plan is approved, services must be provided according to the prescribed treatment plan.

What should I do if I have a complaint?

First Level Complaint

To file a complaint, you can:

- Call VBH-PA at your county toll free number and tell us your complaint, or
- Write down your complaint and send it to us at:
VBH-PA, 520 Pleasant Valley Rd., Trafford, PA
15085

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:

- VBH-PA has decided you cannot get a service you want because it is not a covered service.
- VBH-PA will not pay a provider for a service you received.
- VBH-PA 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?

VBH-PA 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 VBH-PA to see any information we have about your complaint. You may also send information that may help with your complaint to VBH-PA.

If you filed a complaint because of one of the reasons listed below, you can be included in the first level complaint review. You must call VBH-PA within **10** 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 VBH-PA has decided you cannot get a service you want because it is not a covered service.
- You are unhappy that VBH-PA will not pay a provider for a service you received.
- You are unhappy that VBH-PA did not decide a first level complaint or grievance within 30 days.

You can 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 VBH-PA 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 VBH-PA 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 do not 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 VBH-PA's decision?

Second Level Complaint

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

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?

VBH-PA 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 VBH-PA to see any information we have about your complaint. You may also send information that may help with your complaint to VBH-PA.

You can come to a meeting of the second level complaint committee or be included by phone. VBH-PA 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 VBH-PA 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 VBH-PA 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 do not 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 level 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 do not like the decision?

External Complaint Review

If you are not happy with VBH-PA'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 VBH-PA's policies and procedures.

You must ask for an external review within 15 days of the date you receive the second level complaint decision letter. **If you ask, the Department of Health will help you put your complaint in writing.**

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

Pennsylvania Department of Health
Bureau of Managed Care
Attention: Complaints Appeals
Room 912 Health & Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120-0701
Telephone Number: 1-888-466-2787

or

Pennsylvania Insurance Department
Bureau of Consumer Services
1321 Strawberry Square
Harrisburg, Pennsylvania 17120
Telephone Number: 1-877-881-6388

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

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

You may be represented by an attorney or another person during the external review.

A decision letter will be sent to you after the decision is made. This letter will tell you the reason(s) for the decision and what you can do if you do not 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.

GRIEVANCES

What is a grievance?

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

You can file a grievance if VBH-PA does any one of these things:

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

What should I do if I have a grievance?

First Level Grievance

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

To file a grievance, you can:

- call VBH-PA at your county toll free number and tell us your grievance, or
- write down your grievance and send it to us at VBH-PA, 520 Pleasant Valley Rd., Trafford, PA 15085, 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?

VBH-PA 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 VBH-PA to see any information we have about your grievance. You may also send information that may help with your grievance to VBH-PA.

If you want to be included in the first level grievance review, you must call us within ten days of the date on the letter we sent you to let you know we received your grievance. You can 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.

A committee of one or more VBH-PA 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 VBH-PA 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 do not 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 VBH-PA's decision?

Second Level Grievance

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

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?

VBH-PA 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 VBH-PA to see any information we have about your grievance. You may also send information that may help with your grievance to VBH-PA.

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

The second level grievance review committee will have three or more people on it. At least one VBH-PA 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 VBH-PA 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 do not 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 VBH-PA's second level grievance decision, you can ask for an external grievance review.

You must call or send a letter to VBH-PA 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.

VBH-PA will send your grievance file to the reviewer. You may provide additional information that may help with the external review of your grievance, to the reviewer, within 15 days of filing the request for an external grievance review.

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

What to do to continue getting services:

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

If you need help or have questions about complaints and grievances, you may call VBH-PA by using the toll-free telephone number for your county, your local legal aid office, Armstrong (800) 475-1239; Butler (724) 282-3888; Indiana (800) 660-1753; Lawrence (724) 658-2677; Washington (800) 846-0871; Westmoreland (800) 253-9558; or the Pennsylvania Health Law Project at 1-800-274-3258.

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

Expedited Complaints and Grievances

If your doctor believes that the usual timeframes for deciding your complaint or grievance will harm your health, you or your doctor can call VBH-PA at the county toll free number and ask that your complaint or grievance be decided faster.

You will need to have a letter from your doctor faxed to VBH-PA at (724) 744-6320 explaining how the usual timeframe of 30 days for deciding your complaint or grievance will harm your health.

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

Expedited Complaint

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

VBH-PA will call you within 3 business days of when we receive your request for an expedited (faster) complaint review with our decision. You will also receive a letter telling you the reason(s) for the decision and how to file a second level complaint, if you do not like the decision. For information on how to file a second level complaint see page 18.

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

Expedited Grievance and Expedited External Grievance

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

VBH-PA will call you within 3 business days of when we receive your request for an expedited (faster) grievance review with our decision. You will also receive a letter telling you the reason for the decision. It will also tell you

how to ask for an expedited external grievance review, if you do not like the decision.

If you want to ask for an expedited external grievance review by the Department of Health, you must call VBH-PA at your county toll free number within 2 business days from the date you get the expedited grievance decision letter. VBH-PA will send your request to the Department of Health within 24 hours after receiving it.

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

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

If you need help filing your complaint or grievance, a staff member of VBH-PA 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.

For legal assistance you can contact your local legal aid office at Armstrong (800) 475-1239; Butler (724) 282-3888; Indiana (800) 660-1753; Lawrence (724) 658-2677; Washington (800) 846-0871; Westmoreland (800) 253-9558.

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 or act for you, tell VBH-PA, 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 VBH-PA 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, VBH-PA will provide the services at no cost to you.

Persons with Disabilities

VBH-PA 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 VBH-PA 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 can request a fair hearing from the Department of Public Welfare in addition to, or instead of, filing a complaint or grievance with VBH-PA.

See below for the reasons you can request a fair hearing.

**DEPARTMENT OF
PUBLIC
WELFARE
FAIR HEARINGS**

In some cases you can ask the Department of Public Welfare to hold a hearing because you are unhappy about or do not agree with something VBH-PA did or did not do. These hearings are called “fair hearings”. You can ask for a fair hearing at the same time you file a complaint or grievance or you can ask for a fair hearing after VBH-PA decides your first or second level complaint or grievance.

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

| If you are unhappy because... | You must ask for a fair hearing... |
|---|---|
| 1) VBH-PA decided to deny a service because it is not a covered service. | within 30 days of getting a letter from VBH-PA telling you of this decision or within 30 days of getting a letter from VBH-PA telling you its decision after you filed a complaint about this issue. |
| 2) VBH-PA decided not to pay a provider for a service you received AND the provider can bill you for the service. | within 30 days of getting a letter from VBH-PA telling you of this decision or within 30 days of getting a letter from VBH-PA telling you its decision after you filed a complaint about this issue. |
| 3) VBH-PA did not decide your first level complaint or grievance within 30 days of when you filed it. | within 30 days of getting a letter from VBH-PA telling you that we did not decide your complaint or grievance within the time we were supposed to. |
| 4) VBH-PA decided to deny, decrease or approve a service different than the service your provider requested because it was not medically necessary. | within 30 days of getting a letter from VBH-PA telling you of this decision or within 30 days of getting a letter from VBH-PA telling you its decision after you filed a grievance about this issue. |
| 5) VBH-PA provider did not give you a service by the time you should have received it. (The time by which you should have received a service is listed on Page 15). | within 30 days from the date you should have received the service or within 30 days of getting a letter from VBH-PA telling you its decision after you filed a complaint about this issue. |

How do I ask for a fair hearing?

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

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

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

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

What happens after I ask for a fair hearing?

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

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

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

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

When will the fair hearing be decided?

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

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

A letter will be sent to you after the decision is made. This letter will tell you the reasons for the decision. It will tell you what to do if you do not 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 VBH-PA has reduced, changed, or stopped your services, or telling you VBH-PA's decision about your first or second level complaint or grievance, your services will continue until a decision is made.

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

Expedited Fair Hearing

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

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

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

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

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

If you need help or have questions about fair hearings, you may call VBH-PA's toll-free telephone number at your county toll free number, your local legal aid office at Armstrong (800) 475-1239; Butler (724) 282-3888; Indiana (800) 660-1753; Lawrence (724) 658-2677; Washington (800) 846-0871; Westmoreland (800) 253-9558 or the Pennsylvania Health Law Project at 1-800-274-3258.

VBH-PA will give you notice of any change in these procedures at least 30 days before the effective date of the change.

The OMBUDSMAN Program

There is an OMBUDSMAN program for HealthChoices consumers. This service is available through the Mental Health Association in your county and ***all services are free of charge and confidential!***

What is an OMBUDSMAN?

A person who can provide you with information about managed care and help you with filing complaints and grievances.

Who uses OMBUDSMAN Services?

Adults, teenagers, and children who have enrolled in the HealthChoices program and who receive mental health or drug and alcohol services through VBH-PA. The OMBUDSMAN program serves adults, children, teens and their families.

How can the OMBUDSMAN Program help you?

The Mental Health Associations in Southwestern Pennsylvania have OMBUDSMAN staff available to help you in the following ways:

- By providing managed care information;
- By helping you understand your rights as a consumer;
- By keeping track of your concerns;

- By helping you file complaints or grievances with VBH-PA;
- By referring you to an advocate in your county who can speak on your behalf.

When should you contact an OMBUDSMAN?

- To discuss concerns about treatment, care, and services.
- If you need help in filing a Complaint or Grievance with VBH-PA, an OMBUDSMAN can help you make the toll-free telephone call or write the letter to VBH-PA.

How do you contact an OMBUDSMAN?

It is easy! Just call the Mental Health Association serving your area:

TELEPHONE NUMBERS:

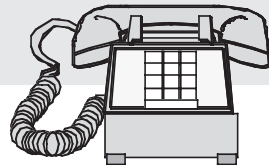
Butler
(724) 287-1965
(888) 329-0468

Beaver - Lawrence
(724) 775-4165

Armstrong - Indiana - Westmoreland
(724) 834-6351
(800) 871-4445

Washington
(724) 225-2061
(888) MHA-6767

TTY: (hearing impaired)
(877) 615-8502



All services are CONFIDENTIAL!

The Consumer/Family Satisfaction Team (CFST)

What is a Consumer Family Satisfaction Team?

A Consumer and Family Satisfaction Team is made up of consumers, parents, family members, and persons in recovery who are responsible for reporting satisfaction with *services you have received*.

As a HealthChoices member, you have the right to speak to a CFST member and discuss your feelings about the mental health or drug and alcohol services you receive from your provider.

What you think matters!

The CFST believes that your concerns and ideas must be heard and respected. The mission of CFST is to improve the quality of services received by HealthChoices members and their family members.

What CFST can do for you:

The Consumer Satisfaction Team (CFST) gives you a ***confidential*** way to report your ideas and concerns about your services.

The CFST will interview you to find out what you like or dislike about the mental health or drug and alcohol services you receive.

The CFST is also interested in taking any suggestions that you may offer for improvements in your services.

The CFST works very hard to resolve problems with programs, services or providers.

The CFST educates consumers and family members by giving information on resources available in your county.

The CFST visits sites in your county where mental health and drug and alcohol services are provided.

The CFST can visit you at provider sites, in your home, or a place that is convenient for everyone.

THE CFST NEEDS YOUR HELP TO IMPROVE SERVICES!

How you can reach the CFST in your county:

- Armstrong County (724) 548-1151
- Butler County 1-888-223-7620
or (724) 283-5553
- Indiana County (724) 471-7108
- Lawrence County (724) 657-0226
- Washington County (724) 225-9550 ext 405
- Westmoreland County 1-800-871-4445
or (724) 834-6351

Just call the CFST office and talk to a CFST member or leave a message and a team member will call you back!

You can also ask to meet with a CFST member in a place you are comfortable and at a time that is good for you!

Please remember: The CFST is confidential, free, and ready to listen.

I Have a Physical Health Problem, How Can I Get Help?

If you have a cold, a sore throat, or fever, you may need a Primary Care Physician (PCP). A PCP is a medical doctor who helps people with physical illnesses. As a HealthChoices member, you are a member with one of the following physical health managed care organizations. Please contact them for assistance to change or replace your family doctor (PCP) or to select a new plan.

- UPMC *for You* 1-800-286-4242
- Gateway Health Plan 1-800-392-1147
- Unison 1-800-414-9025

For Medical Assistance (MA) questions please call the MA call center at 1-866-542-3015.

DPW Fraud and Abuse Hotline

The Department of Public Welfare 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 hotline number is 1-866-DPW-TIPS (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 don't need

Physical, mental, or sexual abuse by medical staff

You can call the Hotline and speak to someone Monday through Friday, 8:30 AM to 3:30 PM. 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> or email omaptips@state.pa.us. This has been set up so you do not have to give your name.

Words to Know

You are not alone ... everyone involved in the HealthChoices managed care program has new words to add to their vocabulary. Below are some words you may want to become more familiar with:

Advocate - A person who supports your interests and concerns, and can speak for you when you need help.

Behavioral Health Rehabilitation Services (B.H.R.S.) - A group of services for people under 21 years of age that have a serious mental health illness and substance abuse problem. These services help you manage and treat your problem in the community.

Complaint - Telling VBH-PA that you are unhappy with your mental health or drug and/or alcohol services.

Consumer Family Satisfaction Team (CFST) - People who ask you what you like or dislike about your mental health or drug and/or alcohol services.

Covered Service - A service that is paid for by VBH-PA.

Drug and Alcohol Services - Treatment services for adults, children, and teenagers, who have serious problems with drugs or alcohol or both.

Medical Necessity Criteria - Are the reasons a member needs a certain kind of mental health or drug & alcohol service. These reasons are discussed by the provider and VBH-PA to make sure that you get the right kind of service at the right time.

Member/Consumer - A person who receives services through the HealthChoices program.

Member Services Representative (MSR) - VBH-PA staff who answer the ***toll-free telephone number on your card*** at the VBH-PA office. MSRs answer questions, help solve problems, and connect people to the clinical staff. MSRs

cannot approve payment for treatment. Only Service Managers can approve payment for treatment.

Mobile Mental Health Treatment - A mental health service for adults who have problems with attending an outpatient clinic. Services can take place in a person's home or other appropriate community based site.

OMBUDSMAN - A person that helps you with managed care information, and can assist you with Complaints and Grievances.

Primary Care Physician (PCP) - A family physician (PCP) who treats people with physical illnesses.

Service Manager - VBH-PA staff with a degree and license to help people with mental health, drug, and/or alcohol problems. A service manager *authorizes treatment, and coordinates services.*

Service Provider/Provider - A clinical staff person who provides mental health, drug and/or alcohol treatment. For example:

A **Psychiatrist** is a doctor with special training in treating mental health problems. He or she can also order medication for you. No other mental health provider can do that.

A **Psychologist** has clinical training and education. Psychologists treat people who have mental health or drug and alcohol problems. They can also do psychological testing.

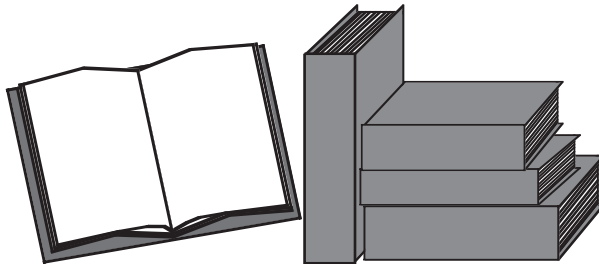
A **Counselor** is a clinical person who works with you one-on-one or in groups to discuss your problem and help you learn how to deal with it. He or she may be a psychiatrist, psychologist, social worker, or therapist.

A **Case Manager** is a person who helps you set and reach goals that help with your recovery.

VBH-PA - Value Behavioral Health of Pennsylvania (VBH-PA) is a managed care company. VBH-PA is working with the Six Counties on the HealthChoices Program. VBH-PA runs the ***toll-free telephone number on your card***. Member Services Representatives answer the phone line. They can answer your questions and help you get services.

Southwest Behavioral Health Management, Inc. (SBHM, Inc.) is a collaboration of Armstrong/Indiana, Butler, Lawrence, Washington, and Westmoreland counties MH/MR and Single County Authorities that oversee the HealthChoices program and partnership with Value Behavioral Health of PA.

Other types of providers are nurses, social workers, primary care physicians, county staff and the staff of the Base Service Unit and Single County Authority.



Commonly Asked Questions

1. Do I have to pay for any of my mental health or drug & alcohol treatment?

Some insurance companies ask you to pay part of your bill. This is called a co-payment. Under HealthChoices there are no co-payments.

2. Will my treatment records be kept private?

Yes. The Six Counties and VBH-PA know that when you talk to a doctor or HealthChoices staff you discuss private things. We respect your privacy and want to protect it. Both the Six Counties and VBH-PA staff obey all laws about confidentiality.

All calls to the VBH-PA HealthChoices office (the toll-free number on your card) are confidential. Your case file can only be shared with others when you allow it. Sometimes County or State staff may have to look at files to make sure that VBH-PA is doing a good job. These are called quality checks and are allowed by law.

3. Will my prescriptions be covered under the HealthChoices program?

You receive prescription coverage based on your eligibility through Medical Assistance. Your health insurance will still pay for almost all of your prescriptions. This includes mental health drug and/or alcohol treatment. Please call your physical health insurance company or the toll-free number for VBH-PA if you have any questions about your prescriptions.

4. May I Request a Second Opinion?

You may ask for a second opinion about your treatment at no cost to you. You will be seen by a network provider. If necessary, VBH-PA may arrange for a second opinion with a provider outside the network. This will be paid for by Value Behavioral Health of Pa. You do not pay for this service.

5. I am on Medicare, AND I am enrolled in a physical health plan. Which pays for my treatment?

If you have Medicare Primary and you have questions about how your bill will be paid, *call the toll-free number on your telephone card*, and if you are hearing impaired, call the **TTY** number : **1-877-615-8502**. A Member Services Representative (MSR) will assist you.

6. What happens if I move to another area, who do I contact?

There are lots of things to do when you are moving. One thing VBH-PA would like you to do is call the toll-free number on your telephone card for your county when you decide to move. If you move to another HealthChoices area, VBH-PA staff can help you find services. This way you can continue your treatment.

7. I am a family member of a person with mental illness and drug & alcohol problems, who can I talk to when I need help?

NAMI (National Alliance on Mental Illness of Southwestern PA) has family support groups in your county. The groups offer support and help for family members who need it. Al-Anon is a non-profit organization that provides support for families and friends through group meetings.

**Call: 1-888-NAMI-SWPA or (412) 366-3788.
AL-ANON 1-800-628-8920**

VBH-PA Website

VBH-PA has a website that has important information for HealthChoices members. The web address is <http://www.vbh-pa.com> which will take you directly to the VBH-PA home page. Just select “For Members”, “Member Information Center” and you will find member handbooks, member tip sheets and various brochures on many subjects. The “Member Resources Center” has many useful links to state and national agencies. Each county has their own page with information specific to that county regarding the following: Consumer Family Satisfaction Team, Medical Assistance Transportation Program (MATP) and Legal Aid.

Contacting VBH-PA has never been easier with all the county toll-free member lines listed and also an email address: vbhpawebmaster@valueoptions.com that can be used to ask questions you may have.

Please also visit the sections, “In the Spotlight” and “News & Events”. VBH-PA will be announcing provider and member forums along with other news events in these two sections on the home page.



Getting There

What If You Need A Ride?

Medical Assistance Transportation Program (MATP)

Did you know that the *Medical Assistance Transportation Program* is available to help you with transportation to medical services? This includes transportation to the doctor, dentist, pharmacy, and mental health or drug and alcohol treatment programs. You may find informational brochures in the MATP program at local doctor offices and clinics.

What Do You Need To Do To Arrange These Services?

If you need help in getting to your doctor's office for an appointment, you can call your county's Medical Assistance Transportation Program (MATP) and tell them you need transportation services. Below are the numbers for your county:

| | |
|---------------------------|-------------------------------------|
| Armstrong County | 1 800 468-7771 or (724) 548-3408 |
| Butler County..... | 1-866-638-0598 or (724) 548-3405 |
| Indiana County | 1-888-526-6060 or (724) 463-3235 |
| Lawrence County..... | (724) 652-5588 or 1-888-252-5104 |
| Washington County | 1-800-331-5058 or (724) 223-8747 |
| Westmoreland County | 1-800-242-2706 or (724)-832-2706 |

If you have an *emergency*, you can call the toll-free number on your telephone card for your county. This will connect you to the VBH-PA office. **If you are hearing impaired, call the VBH-PA TTY number: 1-877-615-8502**



Notes:

If you need an audio version of this handbook, please call Value Behavioral Health of PA Customer Services at 1-877-615-8503.

Si usted necesita una versión de audio de este Manual, por favor lláme al la línea de Servicios al Cliente de Value Behavioral Health of PA al 1-877-615-8503.

This is Your Toll-Free Telephone Card

Please tear off at the dotted line.
Carry it with you all the time.



VBH-PA Toll-Free Telephone Card

ARMSTRONG/INDIANA COUNTIES ---1-877-688-5969
BUTLER COUNTY -----1-877-688-5971
LAWRENCE COUNTY -----1-877-688-5975
WASHINGTON COUNTY -----1-877-688-5976
WESTMORELAND COUNTY -----1-877-688-5977
TTY (hearing impaired) -----1-877-615-8502

Answers 24 hours a day, 7 days a week!

How to Use Your Toll-Free Telephone Card

You have received a **toll-free telephone card** from VBH-PA. This will make it easier to get mental health or drug and alcohol services when you need them.

This card has the toll-free telephone number for your county, and it will connect you to the VBH-PA service center **24 hours a day, 7 days a week!**

When you call the toll-free number for your county someone from VBH-PA will be answering your call. This person is a *Member Services Representative (MSR)*. The MSR will help you get the services you need.

Language interpreters are available to assist non-English speaking members when they call the toll-free Member Services Line - 1-877-615-8503.

If you are *hearing impaired*, please call the **TTY number on your telephone card: 1-877-615-8502.**

If you *move*, please call the Member Services toll-free number. You can report your change of address to the MSR that answers your call. You should also let your County Assistance Office know if you move.

If you lose this book or your phone card, please call VBH-PA for a replacement.

