

VBH-PA  
520 Pleasant Valley Road  
Trafford, PA 15085

03-09

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

**MEMBER HANDBOOK**

**BEAVER  
COUNTY**

**HEALTHCHOICES  
PROGRAM**

**YOUR GUIDE TO  
MENTAL HEALTH  
AND  
DRUG & ALCOHOL  
SERVICES  
1-877-688-5970**

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

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

**Beaver County VBH-PA Toll-Free Telephone Card**

**Call: 1-877-688-5970**

**TTY 1-877-615-8502**

(hearing impaired)



**For: mental health or drug & alcohol services  
24 hours a day, 7 days a week!**


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**(cut out and carry with you)**

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# Why Did I Get This Handbook?

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1. To give you a telephone card that you can keep with you all of the time.

You can call the number on the card any time you need mental health and drug & alcohol services.

2. To tell you how to get mental health or drug & alcohol services in Beaver County if you need them.

3. To tell you that:

- You can get help 24 hours a day, 7 days a week
- You will be in touch with local services
- You will get help in finding all the services that you need
- You will have a say in your treatment

This booklet explains the Beaver County HealthChoices program. There are also “Words to Know” in this booklet to help you better understand this program.

If you have any questions after you read this handbook call the Beaver County/VBH-PA office

**TOLL-FREE TELEPHONE NUMBER:**

**1-877-688-5970**

24 hours a day 7 days a week

**VBH-PA TTY number: 1-877-615-8502**

(if hearing impaired)

# 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:

**Behavioral Health Rehabilitation Services (BHRS)** -

A group of services for people under 21 years of age who have a serious mental health illness and substance abuse issues. These services help promote your recovery 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 issues with drugs or alcohol or both.

**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.

**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, take complaints,

help you get treatment, and connect people to the clinical staff. MSRs cannot authorize treatment. Only Service Managers can authorize treatment for members.

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

**Physical Health Service System (PHSS)**- A system by which a Medical Assistance recipient receives physical health services (e.g. Fee-for-Service, HealthChoices-Physical Health, and ACCESS PLUS).

**Primary Care Physician (PCP)** - A medical doctor 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 issues. 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:

**Psychiatrist** - A doctor treating mental health and drug & alcohol issues. He or she is the only mental health provider who can order medication for you.

**Psychologist** - A person specially trained in mental health and drug & alcohol issues.

**Therapist/Counselor** - A person who works with you one-on-one or in a group to discuss your issues and helps with your recovery. He or she may be a psychiatrist, psychologist, or social worker.

**Case Manager** - A person who helps you get the services you need.

**VBH-PA** - Value Behavioral Health of Pennsylvania (VBH-PA) is a managed care company. VBH-PA is working with Beaver County to ensure the success of the HealthChoices Program. VBH-PA answers the toll-free telephone number on your card.

# How Do I Get Mental Health or Drug & Alcohol Services?



Just call **1-877-688-5970**. This is the toll-free telephone number for the Beaver County/VBH-PA Program.

A Member Services Representative (MSR) will answer 24 hours a day, 7 days a week.

If you are hearing impaired, call the **VBH-PA TTY toll-free telephone number: 1-877-615-8502**.

Anyone can help you make the call.

## **What happens when I call 1-877-688-5970?**

A Member Services Representative (MSR) will answer and will:

- Ask you questions to find out what you need
- Tell you where to get services
- A Member Service Representative will also tell you where services are not available
- Help you make appointments
- Send you to crisis services when you have an emergency

## **Can I keep getting services where I am getting them now?**

Call **1-877-688-5970**. Your Member Services Representative (MSR) can answer this question for your situation.

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

# I Have an Emergency, What Do I Do?



Call the following toll-free numbers for help:

**1-877-688-5970**

24 hours a day 7 days a week

**1-877-615-8502 - TTY**  
(if you are hearing impaired)

If you or your family are in danger call **911**

**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 & alcohol emergency, here are the ways to get help:

1. Call the toll-free number on your telephone card: **1-877-688-5970 (TTY: 1-877-615-8502)**. VBH-PA staff will offer crisis support over the phone and refer you to the nearest emergency room. If you are alone and can not reach a hospital quickly, a staff person will help get you a ride to the hospital.
2. You can go to the nearest emergency room or crisis center. Ask an emergency service worker to call VBH-PA.
3. A family member or caregiver who is involved in the mental health and/or drug & alcohol crisis can also call the toll-free telephone number to get help, 24 hours a day, 7 days a week!

4. If you are away from home, you can still receive emergency services.

Call the toll-free number: **1-877-688-5970** and VBH-PA will offer crisis support over the phone.

Call the TTY number: **1-877-615-8502** (if you are hearing impaired).

You can go straight to the emergency room. Tell the emergency room staff that you are a VBH-PA member and show them your telephone card.

You or someone else must call the toll-free number for VBH-PA within 24 hours after going to the emergency room. You do not need to be pre-approved for emergency services.

If you cannot make the call, please ask the hospital staff to assist you.

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

**Remember to keep  
your phone card  
with you at all times!**

# REMEMBER!

You do not have to pay for services that are part of the Beaver County/VBH-PA program when you use a VBH-PA provider.

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!**

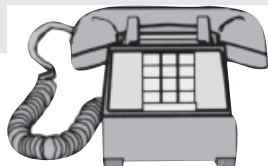
You can only use a provider who is not a part of the VBH-PA network of providers when:

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 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 promote your recovery 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 provide treatment 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 promote your recovery in the community.

**In-Patient Treatment in a Hospital** - This is care in a hospital for mental health symptoms. 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. 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 issues and get help with your recovery.

**Outpatient Services** - In this service a therapist or counselor works with you by yourself or in a group. You talk about your symptoms and get help with your recovery. 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 go to 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 recovery. 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 symptoms or disorder cannot be treated outside the hospital.

# 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 Beaver County: **1-877-688-5970**.

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 8.

## 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 using;
- Discuss your services with staff of the HealthChoices Consumer/Family Satisfaction Team 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 service providers 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

Review your medical records with your provider

Ask your provider, or any other person helping you, about his or her qualifications

Receive services without regard to race, color, religion, sex, sexual orientation, age, or ethnic background

File a complaint or a grievance about your care or the services you receive

Ask for the help of an OMBUDSMAN if you wish to file a complaint or a grievance

Complete a survey with a Consumer Family Satisfaction Team (CFST) staff person about the quality of your services

Ask for the help of an advocate (a person who can help you explain your wishes)

Ask for and receive Medical Necessity Criteria information about how you, VBH-PA, and your doctor decide what care you get

Receive information on available treatment options and alternatives

You have the right to be free from any form of restraint or seclusion during your treatment 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 Value Behavioral Health of PA.

You have the right to request a second opinion.

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

Respect the dignity and privacy of others

Try your best to keep your appointments

Give your provider the information that he or she needs to better serve you

Work with your provider to help develop a treatment plan and ask questions when you do not understand your treatment

Try to follow the treatment plan you developed with your provider

Contact your provider if you decide to stop your treatment

**Call the toll-free telephone number for VBH-PA if you move and change your address and telephone number.**

**If you have questions about your responsibilities call: 1-877-688-5970**

**TTY: 1-877-615-8502**

# 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 the Mental Health Association in Pennsylvania at 1-866-578-3659 or 717-346-0549; email: [info@mhapa.org](mailto: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 1-877-688-5970 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 1-877-688-5970 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 do not 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 do not 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’s toll-free telephone number at 1-877-688-5970, your local legal aid office at (724) 378-0595, 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 1-877-688-5970 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 17.

**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 1-877-688-5970 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 (724) 378-0595.

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?***

<b>If you are unhappy because...</b>	<b>You must ask for a fair hearing...</b>
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 <b>or</b> 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 <b>or</b> 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 <b>or</b> 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 <b>or</b> 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, 2<sup>nd</sup> 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 1-877-688-5970, your local legal aid office at (724) 378-0595, or the Pennsylvania Health Law Project at 1-800-274-3258.**

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

## OMBUDSMAN Program



Value Behavioral Health (VBH-PA) has an OMBUDSMAN Program for Beaver County consumers. This service is available through the Mental Health Association and all services are free of charge and confidential.

### ***What is an OMBUDSMAN?***

An OMBUDSMAN is a person who can provide you with information about managed care and help you file complaints and grievances.

### ***Who uses OMBUDSMAN Services?***

Adults, teenagers, and children who have enrolled in the HealthChoices program and who receive mental health and/or drug & alcohol services through VBH-PA.

### ***How can the OMBUDSMAN Program help you?***

By providing managed care information

By helping you understand your rights as a consumer

By keeping track of your concerns

By helping you file a complaint and/or grievance

By referring you to an advocate in Beaver County who can speak on your behalf

### ***How do you contact the OMBUDSMAN?***

Just call the Mental Health Association in Beaver County:

**724-775-4165**

**All services are free and confidential!**

## **The CFST** **(Consumer Family Satisfaction Team)**



### ***What is the Consumer Family Satisfaction Team?***

The Consumer Family Satisfaction Team is an independent agency, made up of mental health and drug & alcohol service users and family members. The CFST is responsible for reporting your satisfaction or dissatisfaction with services.

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

### ***What you think...matters!***

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

### ***What CFST can do for you:***

The CFST can give you a confidential way to report your ideas and concerns about your services.

The CFST does surveys to find out what you like or dislike about the mental health or drug & alcohol services you receive.

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

The CFST does surveys at sites in Beaver County where mental health or drug & alcohol services are provided.

The CFST will interview you at provider sites or by telephone.

**THE CFST NEEDS YOUR HELP TO IMPROVE SERVICES!**

**How can you reach the CFST in Beaver County?**

By calling: **724-775-7650**.

**Please remember - The CFST is confidential, free, & ready to listen!**

## 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](mailto:omaptips@state.pa.us). This has been set up so you do not have to give your name.

# Commonly Asked Questions



**Q:** Do I have to pay a co-payment for any of my mental health or drug & alcohol treatment?

**A:** No. Some insurance companies ask you to pay part of your bill. This is called a co-payment. Under Beaver County and the VBH-PA Plan there are no co-payments.

**Q:** Will my treatment records be kept private?

**A:** Yes. Beaver County and VBH-PA know that you discuss private things when you talk to a doctor or staff. Both Beaver County and VBH-PA staff respect your privacy and obey all laws about confidentiality.

All calls to the VBH-PA office (the toll-free number on your card) are confidential. Your file can be shared with others only when you allow it. Sometimes County or State staff may need 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.

**Q:** Will my prescriptions be covered under the HealthChoices program?

**A:** You receive prescription coverage based on your eligibility through Medical Assistance. Please call your physical health insurance provider or the toll-free number for VBH-PA if you have any questions about your prescriptions.

**Q:** May I Request a Second Opinion About My Treatment?

**A:** Yes. 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.

**Q:** What should I do if I move?

**A:** VBH-PA staff can help you find services. This way you can continue your treatment. Call the toll-free number on your telephone card.

**Q:** If a family member of a person with mental illness and/or drug & alcohol issues wants support, to whom can they talk?

**A:** NAMI-SWPA (National Alliance for the Mentally Ill of Southwestern PA) has family support groups in Beaver County. The groups offer support and help for family members who need it. Call:

**NAMI-SWPA: 1-888-264-7972**

**Local NAMI: 724-774-7571**

Other groups for support and help:

**Mental Health Association: 724-775-4165**

**Al-Anon: 1-800-628-8920**

**Q:** What are the toll-free numbers of the Physical Health-Managed Care Organizations (PH-MCO)?

**A:** The PH-MCO's and their toll-free numbers are:

UPMC *for You* 1-800-286-4242

Gateway Health Plan: 1-800-392-1147

Unison: 1-800-414-9025

**Remember to keep  
your phone card  
with you at all times!**

## Getting There What If I Need A Ride?

If you cannot get to your appointment, call the Beaver County Medical Assistance Transportation Program (MATP) as soon as possible and tell them you need transportation services. Below are the numbers for Beaver County:

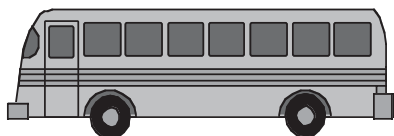
**724-728-5633**

**1-800-262-0343**

or **TTY**

**724-728-3221**

If you need **emergency** transportation, you can call the VBH-PA toll-free number on your telephone card. VBH-PA will arrange transportation.



## 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](mailto: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.



# Notes

# Notes

# Notes

# 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

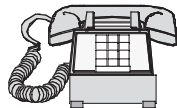
Please tear off at the dotted line.  
Carry it with you all the time.

### Beaver County VBH-PA Toll-Free Telephone Card

Call: 1-877-688-5970

TTY 1-877-615-8502

(hearing impaired)



For: mental health or drug & alcohol services  
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 members living in **Beaver County**, and it will connect you to the VBH-PA Service Center **24 hours a day, 7 days a week!**

When you call the Member Services **toll-free number for Beaver County (1-877-688-5970)** 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.

