



MEMBER HANDBOOK

**Your Guide to
Mental Health and
Substance Use Disorder
Services**



FAYETTE COUNTY

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Section 1 – Welcome

Introduction

What is HealthChoices?

HealthChoices is Pennsylvania’s Medical Assistance managed care program. There are two main parts to HealthChoices: physical health care and behavioral health care.

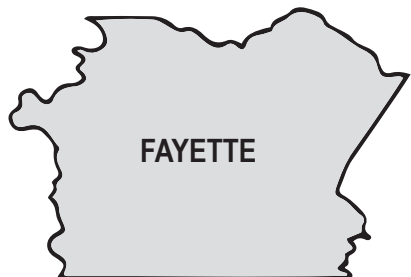
- Physical health services are provided through Physical Health Managed Care Organizations (PH-MCOs) or through Community HealthChoices Managed Care Organizations (CHC-MCOs). PH-MCOs are overseen by the Department of Human Services’ Office of Medical Assistance Programs and CHC-MCOs are overseen by the Department of Human Services’ Office of Long Term Living. For more information on physical health services, see page 37.
- Behavioral health services include mental health services and substance use disorder services. These services are provided through Behavioral Health Managed Care Organizations (BH-MCOs) that are overseen by the Department of Human Services’ Office of Mental Health and Substance Abuse Services (OMHSAS).

Welcome to Carelon Health of Pennsylvania (Carelon)

Carelon Health Options welcomes you as a “member” in HealthChoices and Carelon!

Through Carelon, you will be connected to adult, child and adolescent mental health and substance use disorder services. The County

Behavioral Health Program and Carelon are working together to bring you quality services, which include the following:



- Having access to clinical staff 24 hours a day, 7 days a week
- Linking people with local providers
- Coordinating care, including working with your physical health plan and others to be sure you have all the services you need
- Making sure people have a say in their treatment

Carelon has a network of providers who are ready to help you. Network providers are contracted with Carelon to provide services for our members. It is important that you receive treatment from a network provider. **You do not have to pay for services that are part of the HealthChoices program when you use a Carelon network provider.**

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

You have an **emergency**,

OR

Carelon has approved the provider of service **before** you receive the care,

OR

You are in treatment with a provider who is not in network when you become eligible for HealthChoices. Carelon will allow for a transition period of up to 60 days to a network provider (or longer if Carelon determines it to be appropriate) and will pay for your HealthChoices services during this transition period.

Member Services

Member Services staff can help you with:

- Identifying what kind of services you need
- Finding a provider near you
- Changing your provider
- Letting you know where services are not available
- Scheduling appointments

- Getting assistance with transportation for mental health and substance use disorder emergencies
- Linking you to crisis services when you have a mental health or substance use emergency
- Solving problems you may have with the services you are getting
- Filing a Complaint or Grievance

When you talk with the Member Services Department for the first time, a Member Service Representative (MSR) will speak with you. 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 later call and ask for your MSR and speak with that person directly when you have a question. You can also change your MSR contact person if you like. If your MSR is not working on a day that you call, someone else will help you.

Member Services are available:

24 hours a day, 7 days a week

Member Services can be reached at your Carelon county toll-free number listed below:

Fayette County: 1-877-688-5972

For members who are deaf, hard of hearing, or have difficulty speaking, you may call the Pennsylvania Relay Operator at 711 to get help communicating with Carelon. Member Services can also be contacted in writing at:



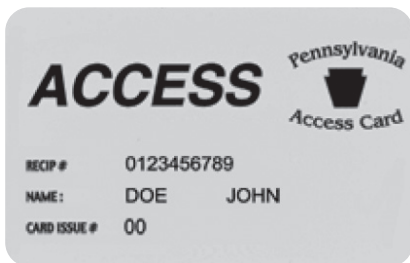
Carelon
Attention: Member Services
P.O. Box 1840
Cranberry Township, PA 16066

And:

By email at pawebmaster@carelon.com

Member Identification Cards

You will get an ACCESS card. You can show this card at appointments if you need to prove that you are enrolled in the Medical Assistance program. If you lose your ACCESS card, call your County Assistance Office (CAO). The phone number for the CAO is listed below under the Important Contact Information section.



Important Contact Information

The following is a list of important phone numbers you may need. If you are not sure who to call, please contact Member Services for help at 1-877-688-5972. For TTY services, call the Pennsylvania Relay Operator at 711.

Emergencies

Please see Section 3, Behavioral Health Services, beginning on page 29, for more information about emergency services. If you have an emergency, you can get help by calling:

988/National Suicide and Crisis Lifeline: 1-800-273-8255 or 988

OR

Carelon at your county toll-free number listed below.

Fayette County – 1-877-688-5972

OR

Go to the nearest Emergency Room

The hospital will call Carelon to let Carelon know you are there.



OR

If your emergency demands immediate action and your life is at risk, call **911!**

OR

If you are having thoughts of suicide, help is available. Please call the 988/National Suicide and Crisis Lifeline “988 or 1-800-273-8255. You will be connected to a local crisis resource for help and support. The Lifeline provides 24/7, free and confidential support for people in distress.

Important Contact Information – At a Glance

Name	Contact Information: Phone or Website	Support Provided
Pennsylvania Department of Human Services Phone Numbers		
County Assistance Office/COMPASS	1-877-395-8930 or 1-800-451-5886 (TTY / TTD) or www.compass.state.pa.us or myCOMPASS PA mobile app for smart phones	Change your personal information for Medical Assistance eligibility. See page 13 of this handbook for more information.
Fraud and Abuse Reporting Hotline, Department of Human Services	1-844-DHS-TIPS (1-844-347-8477)	Report member or provider fraud or abuse in the Medical Assistance Program. See page 22 of this handbook for more information.
Other Important Phone Numbers		
Insurance Department, Bureau of Consumer Services	1-877-881-6388	Ask for a Complaint Form, file a Complaint or talk to a consumer services representative

Protective Services	1-800-490-8505	Report suspected abuse, neglect, exploitation, or abandonment of an adult over age 60 and an adult between age 18 and 59 who has a physical or mental disability
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Other Phone Numbers

For a list of additional resources and supports for your county, please see Appendix A in the back of this handbook.

Advocacy Groups

County and Organization	Description	Contact
FAYETTE COUNTY		
Parent Advisor/Special Needs Program	Education and System Navigation Support	724-438-6738
Family Engagement Specialists/Family Council Meeting	System Navigation Support	724-430-4907
Fayette County Gay Straight Alliance (GSA)	Advocacy and Support	724-430-4893
Partners for Recovery	Community Support and Fellowship	724-438-6738
Fayette County NAMI	Education and Advocacy	724-438-6738
Youth M.O.V.E.	Education, Support and Peer Mentoring	724-963-7290
Mental Health Association of Fayette County	Advocacy and Support	724-438-6738
Fayette County Developmental Disabilities Self Advocacy Group	Advocacy	724-430-1370

REGIONAL ADVOCACY SERVICES	
Special Kids Network – Information, Advocacy and Support	1-800-986-4550
Autism Connection of PA (formerly known as ABOARD) – Support, Advocacy and Education	412-995-5000
Education Law Center of Pittsburgh – Educational Laws, Regulations and Advocacy	412-258-2120
NAMI (National Alliance on Mental Illness) Keystone – Education, Advocacy, and Support	1-888-264-7972
PEAL Center – Support and Advocacy	1-866-950-1040
PA Elks Home Service Program – Support and Advocacy	814-475-2554
PA Department of Education Consult Line – Educational Support and Advocacy Information for Families	1-800-879-2301
PA State Task Force on the Right to Education – Educational Support, Advocacy and Education for Families	1-800-360-7282
PA Families Incorporated (PA System of Care Partnership) – Support and Resources	1-800-947-4941
PA Health Law Project – Healthcare Advocacy for Low Income Individuals	1-800-274-3258
PA Parent & Family Alliance	570-664-8615
Allegheny County Family Network Family Support	1-888-273-2361
DISABILITY SERVICES	
Disability Rights of PA – Free Advocacy Services	Harrisburg (Voice) – 1-800-692-7443 Harrisburg (TDD) – 1-877-375-7139 Pittsburgh (Voice) – 412-391-5225
Client Assistance Program (CAP) Center for Disability Law and Policy – Advocacy and Support	1-888-745-2357

Pittsburgh Association of the Deaf – Support and Resources	TTY – 412-246-8040
National Association of the Deaf – Advocacy and Support	301-587-1788
National Federation of the Blind-PA – Information, Support and Resources	215-988-0888
PA Association for the Blind – Support and Resources	717-766-2020

List of Legal Advocacy Organizations

There are many local / statewide advocacy organizations that can help if your request for assistive technology has been denied. For example, if you are a Medical Assistance (MA) beneficiary and your request for a wheelchair has been denied by MA, you should file an appeal right away. If the first appeal is denied, you should file a second appeal. If the second appeal is denied, you could contact Disability Rights of PA for assistance with the next step in the appeals process. If you are a person with a disability and have little or no income and your application for MA has been denied, the PA Health Law Project may provide you with free direct representation for your appeal. In this example, you may be assisted by an attorney or by an advocate who is supervised by an attorney. You can also use the legal advocates in this list to request legal information or advice on matters related to assistive technology. Please be advised that listings in this document are for informational purposes only and do not imply recommendation or endorsement. This list contains the following sections:

- Statewide Legal Advocacy Organizations
- Community Legal Advocacy Organizations
- Legal Services for Older Adults

Statewide Advocacy Organizations

Client Assistance Program (CAP) / Center for Disability Law & Policy (CDLP)
Toll Free Voice / TTY: 1-888-745-2357
Email: info@equalemployment.org
Website: www.equalemployment.org

Jenkintown Office: 101 Greenwood Ave., Suite 470, Jenkintown, PA 19046		
Voice: 215-557-7112	TTY: PA Relay – 711	Fax: 215-557-7602

The CAP provides free advocacy services to individuals with disabilities throughout PA who may be seeking or receiving services from the Office of Vocational Rehabilitation (OVR), including the Bureau of Blindness and Visual Services (BBVS), Supported Employment Programs (SEPs), and Centers for Independent Living (CILs). CAP services consist of information and referral, mediation / negotiation, and assistance with appeals. **The CDLP** provides advocacy to individuals with disabilities throughout PA. This includes assisting those individuals to pursue administrative, legal and other remedies to ensure the protection of their rights under the Rehabilitation Act and Americans with Disabilities Act.

Disability Rights of Pennsylvania (DRP)	
Voice: 1-800-692-7443	TTY: 1-877-375-7139
Email: Intake@drnpa.org	Website: http://drnpa.org

The **DRP** is a statewide, non-profit corporation designated as the organization to advance and protect the civil rights of adults and children with disabilities. DRP works to ensure the rights of people with disabilities to live in their communities with the services they need, to receive a full and inclusive education, to live free of discrimination, abuse, and neglect, and to have control and self-determination over their services. DRP promotes equal access to employment, transportation, public accommodations, and government services for people with disabilities. DRP activities focus on the rights of people with disabilities to vocational, habilitative, post-secondary educational, health, and other services, including assistive technology. DRP identifies systemic issues which are important to people with disabilities and seeks change and reform through litigation, administrative advocacy, and public education. DRP has offices throughout PA.

Education Law Center of PA (ELC-PA)		
Email: elc@elc-pa.org	Website: www.elc-pa.org	
Philadelphia: 1800 JFK Blvd., Suite 1900-A, Philadelphia, PA 19103		
Voice: 215-238-6970	Fax: 215-772-3125	
Pittsburgh: 429 Fourth Ave. Suite #702, Pittsburgh, PA 15219		
Voice: 412-258-2120	TTY – PA Relay 711	Fax: 412-535-8225

ELC-PA is a non-profit law firm dedicated to ensuring that all children in PA receive a quality public education. ELC-PA has worked to make good public education a reality for PA’s most vulnerable students – poor children, children of color, children with disabilities, English-language learners, children in foster homes and institutions, and others.

Pennsylvania Health Law Project (PHLP) Website: www.phlp.org	
Pennsylvania Institutional Law Project: (PILP) www.pailp.org	
Voice: 1-800-274-3258	Email: staff@phlp.org
Pittsburgh: 2325 E. Carson Street, First Floor, Suite B, Pittsburgh, PA 15203	
Voice: 412-434-5779	Fax: 717-236-6311
Offices also located in Philadelphia and Harrisburg:	
Voice: 215-625-3990	

PHLP provides free legal services to lower-income consumers, seniors, and persons with disabilities who are having trouble accessing publicly funded healthcare coverage or services. If you are denied or terminated from enrollment in a publicly funded healthcare program, or if you have a service such as assistive technology denied, reduced, or terminated, PHLP may provide you free direct representation on your appeal. PHLP also works on health policy changes that may impact citizens in greatest need, and provides training on changes in health insurance coverage for low income people, individuals with disabilities, and older peoples. **The Institutional Law Project** provides free legal services to PA residents who have low income and are institutionalized in prisons, jails, state hospitals, and state centers. Eligible consumers may receive services such as direct representation in civil matters; information

and referral; class action representation, and advocacy. For example, PILP can help individuals with disabilities who are in prison acquire assistive technology that is necessary for them to perform activities of daily living.

Western Office

PA Institutional Law Project
247 Fort Pitt Blvd., 4th Floor
Pittsburgh, PA 15222
Voice: 412-434-6002
Fax: 412-434-5706
Website: info@cjplaw.org

Central Office

Lewisburg Prison Project
115 Farley Circle, Suite 110
Lewisburg, PA 17837
Voice: 570-523-1104
Fax: 570-523-3944
Website: www.lewisburgprisonproject.org

Main and Eastern Office

Pennsylvania Institute Law Project
The Cast Iron Building
718 Arch Street, Suite 304 South
Philadelphia, PA 19106
Voice: 215-925-2966
Fax: 215-925-5337
Website: www.pailp.org

Community Legal Advocacy Organizations

Pennsylvania Legal Aid Network, Inc. (PLAN)	
Voice: 717-236-9486 or 1- 800-322-7572	Fax: 717-233-4088
Harrisburg: 118 Locust St. Harrisburg, PA 17101-1414	

PLAN (formerly *Pennsylvania Legal Services*) is a client-centered organization that provides leadership, funding, and support to improve the availability and quality of civil legal aid for low income people and victims of domestic violence in PA. The community legal assistance organizations in the PLAN

provide legal services in the areas of denial or termination of benefits in government programs such as Social Security, SSI (Supplemental Security Income), Unemployment Compensation as well as other areas related to family matters, housing, and consumer problems. These benefits may be key to obtaining assistive technology. The community legal assistance organizations throughout PA and the counties they serve (**for Carelon members**) are listed below. Most of them have one or more offices in each county they serve. Only the main or central office for each organization is listed in this document.

Northwestern Legal Services

Includes Crawford, Mercer and Venango Counties

New Clients call: 1-800-665-6957

Email for all offices: nwls@nwls.org

Website for all offices: www.nwls.org

Neighborhood Legal Services Association

Includes Beaver, Butler and Lawrence Counties

Voice: 412-255-6700

Toll Free: 866-761-6572

Email for all offices: racunas@nauticom.net

Laurel Legal Services, Inc.

Includes Armstrong, Indiana and Westmoreland Counties

16 East Otterman Street, Greensburg, PA 15601

Voice: 1-800-253-9558 or 724-836-2211

Fax: 724-836-3680

Website: <https://laurellegalservices.org>

Southwestern PA Legal Services

Includes Fayette and Washington Counties

10 W. Cherry Avenue

Washington, PA 15301

Client Hotline: 1-800-846-0871

Website: <https://spla.org>

legalservices@splas.org

Legal Services for Older Adults

Pennsylvania SeniorLAW Helpline	
Voice: 1-877-PA-SR-LAW (727-7529)	Fax: 215-988-1243
Email: Info@seniorlawcenter.org	Website: www.seniorlawcenter.org

The **PA SeniorLAW Helpline** is a free, statewide, legal information, advice, and referral service for Pennsylvania senior citizens (60 and older). It is staffed by attorneys and operates from Monday through Friday, from 10:00 am to 4:00 pm. Interpretation services are provided in 150 languages. They can provide legal assistance with Medicare and Medicaid denials of wheelchairs and speech-generating devices.

Communication Services

Carelon can provide this Handbook and other information you need in languages other than English at no cost to you. Carelon can also provide your Handbook and other information you need in other formats such as compact disc, braille, large print, DVD, electronic communication, and other formats if you need them, at no cost to you. Please contact Member Services at 1-877-688-5972 to ask for any help you need. Depending on the information you need, it may take up to 5 days for Carelon to send you the information.

Carelon will also provide an interpreter, including for American Sign Language or TTY services, if you do not speak or understand English or are deaf or hard of hearing. These services are available at no cost to you. If you need an interpreter, call Member Services at 1-877-688-5972 and Member Services will connect you with the interpreter service that meets your needs. For TTY services, call the Pennsylvania Relay Operator at 711.

Enrollment

In order to get services in HealthChoices, you need to stay eligible for Medical Assistance. You will get paperwork or a phone call about renewing your eligibility. It is important that you follow instructions so that your Medical Assistance does not end. If you

have questions about any paperwork you get or if you are unsure whether your eligibility for Medical Assistance is up to date, call Carelon's Member Services at 1-877-688-5972 or your CAO.

Changes in Coverage

There are reasons why your eligibility for Medical Assistance or the HealthChoices program might change. The following sections tell you the reasons your eligibility might change and what you should do if it does.

Changes in the Household

Call your CAO and Member Services at 1-877-688-5972 if there are any changes to your household.

For example:

- Someone in your household has a baby
- Your address or phone number changes
- You or a family member who lives with you gets other health insurance
- A family member moves in or out of your household
- There is a death in the family

Remember that it is important to call your CAO right away if you have any changes in your household because the change could affect your benefits.

What Happens If I Move?

If you are moving to a different county in Pennsylvania, please call Member Services at 1-877-688-5972 to let us know you are moving. We can help make sure you get services in your new community. You should also call your CAO and give them your new address and phone number.

If you move out of state, you will no longer be able to get services through HealthChoices. You should let your CAO and Carelon know that you are leaving Pennsylvania. Your caseworker will end your benefits in Pennsylvania. You will need to apply for benefits in your new state.

Loss of Benefits

If for any reason you lose your Medical Assistance benefits, you should call your CAO. The CAO will help you understand why your Medical Assistance benefits have ended and what must happen for you to be eligible for Medical Assistance benefits again.

Information About Providers

Carelon's provider directory has information about the providers in Carelon's network. The provider directory is located online here: <https://pa.carelon.com/members/provider-directories/>. You may call Member Services at 1-877-688-5972 to ask that a copy of the provider directory be sent to you. The provider directory includes the following information about network providers:

- Name, address, website address, email address, telephone number
- Whether or not the provider is accepting new patients
- Days and hours of operation
- The credentials and services offered by providers
- Whether or not the provider speaks languages other than English and, if so, which languages
- Whether or not the provider locations are wheelchair accessible

Choosing or Changing Your Provider

You can choose the providers you see.

- If you are starting a new service, changing the care you get, or want to change a provider for any reason, Carelon will help you choose your new provider. Call Member Services at 1-877-688-5972 for help.
- If you are a new member of Carelon and you are currently getting services, you may need to start getting your services from a provider in our network. If your current provider is enrolled in the Pennsylvania Medical Assistance Program but not in Carelon's network, you can continue to get your services from your current provider for up to 60 days. Carelon will pay your provider for these services. If your current provider is not enrolled

in the Pennsylvania Medical Assistance Program, Carelon will not pay for services you receive from your provider. If you need help finding a provider in Carelon's network, call Member Services at 1-877-688-5972.

- There may be times when a provider leaves Carelon's network. For example, a provider could close or move. When a provider you are receiving services from leaves Carelon's network, you will be notified. If the provider is enrolled in the Pennsylvania Medical Assistance Program, you can continue to get your services from the provider for up to 60 days. You will also need to choose a new provider.

Office Visits

Making an Appointment with Your Provider

To make an appointment with your provider, call your provider's office. If you need help making an appointment, please call Member Services at 1-877-688-5972.

If you need help getting to your provider's appointment, please see the Medical Assistance Transportation Program (MATP) section on page 57 Appendix A, of this Handbook or call Carelon's Member Services at 1-877-688-5972.

Appointment Standards

Carelon providers must provide services within 1 hour for emergencies, within 24 hours for urgent situations, and within 7 days for routine appointments and specialty referrals. Emergencies are situations that are so severe that a reasonable person with no medical training would believe that there is an immediate risk to a person's life or long-term health. An urgent condition is an illness or condition which if not treated within 24 hours could rapidly become a crisis or emergency.

After-Hours Care

You can call Carelon for non-emergency medical problems 24 hours a day, 7 days a week. On-call health care professionals will help you with any care and treatment you need.

Section 2 – Rights and Responsibilities

Member Rights and Responsibilities

Carelon and its network of providers do not discriminate against members based on race, sex, religion, national origin, disability, age, sexual orientation, gender identity, or any other basis prohibited by law.

As a Carelon member, you have the following rights and responsibilities.

Member Rights

You have the right:

- 1) To be treated with respect, recognizing your dignity and need for privacy, by Carelon staff and network providers
- 2) To get information that you can easily locate and understand about Carelon, its services and the providers that treat you when you need it
- 3) To pick any Carelon network providers that you want to treat you. You may change providers if you are unhappy.
- 4) To get emergency services when you need them from any provider without Carelon's approval
- 5) To get information that you can easily understand from your providers and be able to talk to them about your treatment options, without any interference from Carelon
- 6) To make decisions about your treatment. If you cannot make treatment decisions by yourself, you have the right to have someone else help you make decisions or make decisions for you. You may refuse treatment or services unless you are required to get involuntary treatment under the Mental Health Procedures Act.
- 7) To talk with providers in confidence and to have your information and records kept confidential

- 8) To see and get a copy of your medical records and to ask for changes or corrections to your records
- 9) To ask for a second opinion
- 10) To file a Grievance if you disagree with Carelon's decision that a service is not medically necessary for you (Information about the process can be found beginning on page 46.)
- 11) To file a Complaint if you are unhappy about the care or treatment you have received (Information about the process can be found beginning on page 40.)
- 12) To ask for a Department of Human Services Fair Hearing (Information about the process can be found beginning on page 53.)
- 13) Be free from any form of restraint or seclusion used to force you to do something, to discipline you, to make it easier for the provider, or to punish you
- 14) To get information about services that Carelon or a provider does not cover because of moral or religious objections and about how to get those services
- 15) To exercise your rights without it negatively affecting the way the Department of Human Services, Carelon, or network providers treat you

Member Responsibilities

Members need to work with their providers of behavioral health services. Carelon needs your help so that you get the services and supports you need.

These are the things you should do:

- 1) Provide, to the extent you can, information needed by your providers
- 2) Tell your provider the medicines you are taking. Include over-the-counter medicines, vitamins, and natural remedies.

- 3) Be involved in decisions about your health care and treatment
- 4) Work with your providers to create and carry out your treatment plans
- 5) Tell your providers what you want and need
- 6) Take your medications as prescribed and tell your provider if there is a problem
- 7) Keep your appointments
- 8) Learn about Carelon's coverage, including all covered and non-covered benefits and limits
- 9) Use only network providers unless Carelon approves an out-of-network provider
- 10) Respect other patients, provider staff, and provider workers
- 11) Report fraud and abuse to the Department of Human Services Fraud and Abuse Reporting Hotline

Consent to Mental Health Care

Children under 14 years of age must have their parent's or legal guardian's permission to get mental health care. Children 14 years or older do not need their parent's, or legal guardian's, permission to get mental health care. All children can get help for alcohol or drug problems without their parent's or legal guardian's permission. They can consent to mental health care and have the right to decide who can see their records if they consented to the mental health care. In addition, a parent or legal guardian can consent to mental health care for a child who is 14 years old or older, but under 18 years of age.

It is important for everyone who supports a child to work together and be part of the planning for the child's care. Everyone who supports a child should, whenever possible, share information necessary for the child's care.

The chart below explains who can consent to treatment.

If the child is	Then he or she
Under 14 years of age	Must have parent's or legal guardian's permission to get mental health care
14 years of age or older	Can get mental health care without parent's or legal guardian's permission
Any age	Can get help for alcohol or drug problems without parent's or legal guardian's permission

To learn more about who can consent to treatment, you can call Member Services at 1-877-688-5972. Sometimes it is hard to understand that a child has privacy rights and can consent to mental health care. Carelon can help you better understand these rights so that you can provide the best support for your child that you can.

Privacy and Confidentiality

Carelon must protect the privacy of your personal health information (PHI). Carelon must tell you how your PHI may be used or shared with others. This includes sharing your PHI with providers who are treating you so that Carelon can pay your providers. It also includes sharing your PHI with the Department of Human Services. This information is included in Carelon's Notice of Privacy Practices. To get a copy of Carelon's Notice of Privacy Practices, please call Member Services at your county's toll-free number and ask for the Program Integrity Office where you can speak to the Carelon Privacy Contact or visit <https://pa.carelon.com/privacy-statement/>.

Billing Information

Providers in Carelon's network may not bill you for services that Carelon covers. Even if your provider has not received payment or the full amount of his or her charge from Carelon, the provider may not bill you. This is called balance billing.

When Can a Provider Bill Me?

Providers may bill you if:

- You received services from an out-of-network provider without approval from Carelon and the provider told you

before you received the service that the service would not be covered, and you agreed to pay for the service

- You received services that are not covered by Carelon and the provider told you before you received the service that the service would not be covered, and you agreed to pay for the service
- You received a service from a provider that is not enrolled in the Medical Assistance Program

What Do I Do If I Get a Bill?

If you get a bill from a Carelon network provider and you think the provider should not have billed you, you can call Member Services at 1-877-688-5972.

If you get a bill from provider for one of the above reasons that a provider is allowed to bill you, you should pay the bill or call the provider.

Third-Party Liability

You may have Medicare or other health insurance. Medicare and your other health insurance is your primary insurance. This other insurance is known as “third party liability” or TPL. Having other insurance does not affect your Medical Assistance eligibility. In most cases, your Medicare or other insurance will pay your service provider before Carelon pays. Carelon can only be billed for the amount that your Medicare or other health insurance does not pay.

You must tell both your CAO and Member Services at 1-877-688-5972 if you have Medicare or other health insurance. When you go to a provider or to a pharmacy, it is helpful to show the provider or pharmacy your Medicare card and your ACCESS card. This helps make sure your health care bills are paid.

Coordination of Benefits

If you have Medicare, and the service or other care you need is covered by Medicare, you can get care from any Medicare provider you pick. The provider does not have to be in Carelon’s network. You also do not have to get prior authorization from Carelon. Carelon will work with Medicare to decide if it needs

to pay the provider after Medicare pays first, if the provider is enrolled in the Medical Assistance Program.

If you need a service that is not covered by Medicare but is covered by Carelon, you must get the service from a Carelon network provider. All Carelon rules, such as prior authorization and specialist referrals, apply to these services.

If you do not have Medicare but you have other health insurance and you need a service or other care that is covered by your other insurance, you must get the service from a provider that is in both the network of your other insurance and Carelon's network. You need to follow the rules of your other insurance and Carelon, such as prior authorization and specialist referrals. Carelon will work with your other insurance to decide if it needs to pay for the services after your other insurance pays the provider first.

If you need a service that is not covered by your other insurance, you must get the services from a Carelon network provider. All Carelon rules, such as prior authorization and specialist referrals, apply to these services.

Reporting Fraud and Abuse

How Do You Report Member Fraud or Abuse?

If you think that someone is using your or another member's Carelon card to get services, equipment, or medicines, is forging or changing their prescriptions, or is getting services they do not need, you can call the Carelon Fraud and Abuse Hotline at 1-888-293-3027 to give Carelon this information. You may also report this information to the Department of Human Services Fraud and Abuse Reporting Hotline at 1-844-DHS-TIPS (1-844-347-8477).

How Do You Report Provider Fraud or Abuse?

Provider fraud is when a provider bills for services, equipment, or medicines you did not get or bills for a different service than the service you received. Billing for the same service more than once or changing the date of the service are also examples of provider fraud. To report provider fraud, you can call the Carelon's Fraud and Abuse Hotline at 1-888-293-3027. You may also report this information to the DHS Fraud and Abuse Reporting Hotline at 1-844-DHS-TIPS (1-844-347-8477).

Section 3 – Behavioral Health Services

Covered Services

Read this chapter carefully so you know what services are covered. If you still have questions about which services are covered or need more information about a covered service, contact Member Services at 1-877-688-5972.

The following services are covered by Carelon:

- Clozapine (Clozaril) Support Services
- Drug and Alcohol Inpatient Hospital-based Detoxification Services (Adolescent and Adult)
- Drug and Alcohol Inpatient Hospital-based Rehabilitation Services (Adolescent and Adult)
- Drug and Alcohol Outpatient Services
- Drug and Alcohol Methadone Maintenance Services
- Early and Periodic Screening, Diagnostic & Treatment (EPSDT)
- Family-Based Mental Health Services
- Intensive Behavioral Health Services (IBHS) (Child / Adolescent)
- Laboratory (when related to a behavioral health diagnosis and prescribed by a behavioral health practitioner under the practitioner's scope of practice)
- Mental Health Crisis Intervention Services
- Mental Health Inpatient Hospitalization
- Mental Health Outpatient Services
- Mental Health Partial Hospitalization Services
- Peer Support Services
- Residential Treatment Facilities (Child / Adolescent)
- Targeted Case Management Services

Other Services

Drug and Alcohol Services	Description
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 provided in a hospital but in a special program. If you use these services, you will stay at the program overnight.
Drug and Alcohol Case Management	Case Management services help individuals with substance use disorder problems. The service helps you to set and reach goals so that you can live independently.
Drug and Alcohol Certified Recovery Specialist	A substance use Recovery Specialist is in recovery him or herself. Understanding what you are experiencing, that person works with you to help you lead a successful life through a recovery plan unique to your needs and goals.
Drug and Alcohol Intensive Outpatient Services	With these services, you live at home but receive substance use treatment in the community, usually 3 days per week, 3 hours per day.
Drug and Alcohol Partial Hospitalization Services	With these services, you live at home but receive substance use treatment in the community, 5 to 6 hours a day, usually 5 days a week.
Dual Diagnosis Treatment Team (DDTT)	This service is a community-based program that provides supports to adults who have both mental illness and intellectual and developmental disabilities.

Functional Family Therapy (FFT)	These services are delivered in an outpatient clinic setting as well as in the home, provided by therapists who engage the entire family.
Multi-Systemic Therapy (MST)	Services that are delivered in your home, they focus on adolescents, ages 12-17, who are at high risk for an out-of-home placement, such as foster care, residential treatment or juvenile justice.
Psychiatric Rehabilitation Services	These mobile and site-based community services provide the necessary environmental supports to adults with serious mental illness to promote skill-building.
Community Residential Rehabilitation/Host Homes	Family dwellings provide services that support 24-hour living and mental health treatment for children and adolescents.

Services that Are Not Covered

Carelon covers only your behavioral health services. Your physical health MCO will cover your physical health services, most medications, dental care, and vision care. If you have any questions about whether or not Carelon covers a service for you, please call Member Services at 1-877-688-5972.

Second Opinions

You have the right to ask for a second opinion if you are not sure about any medical treatment or service that is suggested for you. A second opinion may give you more information that can help you make important decisions about your treatment. A second opinion is available to you at no cost.

Call your Member Services at 1-877-688-5972 to ask for the name of another Carelon network provider to get a second opinion. If there are not any other providers in Carelon’s network, you may ask Carelon for approval to get a second opinion from an out-of-network provider.

What Is Prior Authorization?

Some services need approval from Carelon before you can get the service. This is called Prior Authorization. For services that need prior authorization, Carelon decides whether a requested service is medically necessary before you get the service. You or your provider must make a request to Carelon for approval before you get the service.

What Does Medically Necessary Mean?

“Medically necessary” means that a service or medicine does one of the following:

- It will, or is reasonably expected to, prevent an illness, condition, or disability.
- It will, or is reasonably expected to, reduce or improve the physical, mental, or developmental effects of an illness, condition, injury or disability.
- It will help you to get or keep the ability to perform daily tasks, taking into consideration both your abilities and the abilities or someone of the same age.

If you need any help understanding when a service or medicine is medically necessary or would like more information, please call Member Services at 1-877-688-5972.

How to Ask for Prior Authorization

You can call Carelon Health Options using the county specific toll-free phone number listed below to get a list of providers that offer the service requested. You may also go to the provider directory on the Carelon Health Options website <https://pa.carelon.com/members/provider-directories/>, or you can call the provider directly to schedule an appointment if you have a provider identified. Clinical Care Managers are available 24 hours a day, 7 days a week. Clinical Care Managers will offer assistance to contact providers on your behalf if assistance is requested. The services listed below require a prior authorization form to be submitted by your provider to Carelon Health Options to review as “medically necessary”. Providers can call, fax, mail or electronically submit the appropriate authorization form for you.

- Fayette County – 1-877-688-5972

If you need help to better understand the prior authorization process, talk to your service provider or call Member Services at 1-877-688-5972.

If you or your provider would like a copy of the medical necessity guidelines or other rules that were used to decide your prior authorization request, visit our website at <https://pa.carelon.com/providers/medical-necessity-criteria/> or contact member services at 1-877-688-5972 to request a copy.

What Services or Medicines Need to Be Prior Authorized?

The following chart identifies services and medicines that require prior authorization.

- Intensive Behavioral Health Services (IBHS) (Child/Adolescent)
- Drug and Alcohol Inpatient Hospital-based Detoxification Services (Adolescent and Adult)
- Drug and Alcohol Inpatient Hospital-based Rehabilitation Services (Adolescent and Adult)
- Drug and Alcohol Non-Hospital Detoxification
- Drug and Alcohol Non-Hospital Rehabilitation
- Drug and Alcohol Halfway House
- Drug and Alcohol Partial Hospitalization Services
- Drug and Alcohol Intensive Outpatient Services
- Family-Based Mental Health Services
- Multi-Systemic Therapy (MST)
- Functional Family Therapy (FFT)
- Dual Diagnosis Treatment Team (DDTT)
- Mental Health Inpatient Hospitalization
- Mental Health Inpatient Extended Care
- Long-Term Structured Residential (LTSR- Adults)
- Mobile Mental Health Services
- Mobile Medications
- Mental Health Partial Hospitalization Services
- Mental Health Intensive Outpatient Services
- Psychiatric Rehabilitation Services
- Assertive Community Treatment (ACT)

- Psychiatric Residential Treatment Facilities (Child / Adolescent)

If you or your provider is unsure about whether a service or medicine requires prior authorization, call Member Services at 1-877-688-5972.

Prior Authorization of a Service

Carelon will review the prior authorization request and the information you or your provider submitted. Carelon will tell you of its decision within 2 business days of the date Carelon received the request if Carelon has enough information to decide if the service is medically necessary.

If Carelon does not have enough information to decide the request, Carelon must tell your provider within 48 hours of receiving the request that Carelon needs more information to decide the request and allow 14 days for the provider to give Carelon more information. Carelon will tell you of Carelon's decision within 2 business days after Carelon receives the additional information.

You and your provider will get a written notice telling you if the request is approved or denied and, if it was denied, the reason it was denied.

What If I Receive a Denial Notice?

If Carelon denies a request for a service or medicine or does not approve it as requested, you can file a Complaint or a Grievance. If you file a Complaint or Grievance for denial of an ongoing service or medicine, Carelon must authorize the service or medicine until the Complaint or Grievance is resolved. See Section 7, Complaints, Grievances, and Fair Hearings, starting on page 40 of this Handbook for detailed information on Complaints and Grievances.

Service Descriptions

Emergency Services

Emergency services are services needed to treat or evaluate an emergency medical condition, including a behavioral health condition. An emergency medical condition is a condition that is so severe that a reasonable person with no medical training would believe that there is an immediate risk to a person's life or long-term health. If you have an emergency medical condition,

go to the nearest emergency room, dial 911, or call your local ambulance provider. You do **not** have to get prior approval from Carelon to get emergency services, and you may use any hospital or other setting for emergency care.

If you are unsure if your condition requires emergency services, call Member Services at 1-877-688-5972, 24 hours a day, 7 days a week.

Emergency Medical Transportation

Carelon covers emergency medical transportation by an ambulance for emergency medical conditions. If you need an ambulance, call 911 or your local ambulance provider. Do not call the Medical Assistance Transportation Program (described on page 33 of this Handbook) for emergency medical transportation.

Outpatient Services

Carelon covers outpatient services for behavioral health needs and substance use disorders. Outpatient services do not require an overnight stay at a hospital. Carelon will help arrange for these services at one of our network providers.

You can call Carelon Health Options using the county-specific toll-free phone number listed below to get a list of providers that offer the service requested. You may also go to the provider directory on the Carelon Health Options website, <https://pa.carelon.com/members/provider-directories/>, or you can call the provider directly to schedule an appointment if you have a provider identified. Clinical Care Managers are available 24 hours a day, 7 days a week. They will contact providers on your behalf if you ask for help. The services listed below require your provider to submit a prior authorization form to Carelon Health Options so they can review whether the requested service is “medically necessary”. Providers can call, fax, mail or electronically submit the appropriate authorization form for you.

- Fayette County – 1-877-688-5972

The following chart identifies outpatient services that require prior authorization.

- Drug and Alcohol Outpatient Services – Individual, Group and Family Psychotherapy
- Mental Health Outpatient Services – Individual, Group and Family Psychotherapy
- Medication Management Services
- Mobile Mental Health Services
- Mobile Medications
- Drug and Alcohol Partial Hospitalization Services
- Drug and Alcohol Intensive Outpatient Service
- Drug and Alcohol Methadone Maintenance Services
- Mental Health Partial Hospitalization Services
- Mental Health Intensive Outpatient Services
- Psychiatric Rehabilitation Services
- Assertive Community Treatment (ACT)
- Psychiatric Residential Treatment Facilities (Child / Adolescent)
- Psychological Testing
- Electroconvulsive Therapy

Inpatient Hospital Services

Carelon covers inpatient hospital services for behavioral health needs and substance use disorders. You must use a hospital in Carelon’s network. To find out if a hospital is in Carelon’s network, call Member Services at 1-877-688-5972. You may also go to the provider directory on Carelon’s website at <https://pa.carelon.com/members/provider-directories/> to check if a hospital is in Carelon’s network.

It is important to follow up with your doctor after you are discharged from the hospital. You should go to all your appointments after you leave the hospital. You will usually have a doctor’s appointment within 7 days of your discharge from the hospital.

Carelon Health Options will call you after a hospitalization to review next steps regarding your care and to offer additional services/resources.

Outpatient Medications

Your physical health plan covers most of the outpatient medications you need for your behavioral health care. Outpatient medications are medications that you do not get in the hospital. If you have any questions about outpatient medications, you can call Member Services at 1-877-688-5972.

Medication-Assisted Treatment

Medication-Assisted Treatment uses medications such as Methadone, Suboxone or Vivitrol to treat opioid dependence. Methadone is covered by Carelon. Suboxone, Vivitrol, and other medications used to treat opioid dependence are prescribed by Carelon's network providers and covered by your physical health plan. If you have any questions about Medication-Assisted Treatment, you can call Member Services at 1-877-688-5972.

Telehealth

Some services may be provided to you through videoconferencing technology (you talk to your doctor or other provider on an electronic screen). This is called telehealth. The use of telehealth helps members receive hard-to-schedule services more quickly. If you are offered a service through telehealth, you will be given a choice between telehealth services or face-to-face services.

Section 4 – Out-of-Network and Out-of-Plan Services

Out-of-Network Providers

An Out-of-Network provider is a provider that does not have a contract with Carelon to provide services to Carelon's members. There may be a time when you need to use a provider or hospital that is not in Carelon's network. If this happens, you can call Member Services at 1-877-688-5972. Carelon will check to see if there is another provider in your area that can give you the same type of care you need. If Carelon cannot give you a choice of at least two providers in your area, Carelon will cover the treatment by the out-of-network provider.

Getting Care While Outside of Carelon's Service Area

If you are outside of Carelon's service area and have a medical emergency, go to the nearest emergency room or call 911. For emergency medical conditions, you do not have to get approval from Carelon to get care.

If you need care for a non-emergency condition while outside of the service area, call Member Services at 1-877-688-5972 who will help you to get the most appropriate care.

Carelon will not pay for services received outside of the United States.

Out-of-Plan Services

You may be eligible to get services other than those provided by Carelon. Below are some services that are available but are not covered by Carelon. If you would like help in getting these services, please call Member Services at 1-877-688-5972.

Non-Emergency Medical Transportation

Carelon does not cover non-emergency medical transportation for HealthChoices members. Carelon can help you arrange transportation to covered service appointments through programs such as Shared Ride or the Medical Assistance

Transportation Program described below.

If you have questions about non-emergency medical transportation, please call Member Services at 1-877-688-5972.

Medical Assistance Transportation Program

The Medical Assistance Transportation Program (MATP) provides non-emergency transportation to medical appointments and pharmacies, at no cost to you if you need help to get to your appointment or to the pharmacy. The MATP in the county where you live will determine your need for the program, and provide the right type of transportation for you. Transportation services are typically provided in the following ways:

- Where public transportation is available, the MATP provides tokens or passes or reimburses you for the fare for public transportation.
- If you can use your own or someone else's car, the MATP may pay you an amount per mile plus parking and tolls with valid receipts.
- Where public transportation is not available or is not right for you, the MATP provides rides in paratransit vehicles, which include vans, lift-equipped vans, or taxis. Usually the vehicle will have more than one rider with different pick-up and drop-off locations.

If you need transportation to a medical appointment or to the pharmacy, contact the MATP to get more information and to register for services. MATP phone numbers for your county are listed in Appendix A located in the back of this handbook or visit the Department of Human Services MATP website at <http://matp.pa.gov/CountyContact.aspx>.

MATP will work with Carelon to confirm that the medical appointment you need transportation for is a covered service. Carelon works with MATP to help you arrange transportation. You can also call Member Services for more information at 1-877-688-5972.

Women, Infants, and Children Program

The Women, Infants, and Children Program (WIC) provides healthy foods and nutrition services to infants, children under the age of five (5), and women who are pregnant, have given

birth, or are breastfeeding. WIC helps you and your baby eat well by teaching you about good nutrition and giving you food vouchers to use at grocery stores. WIC helps babies and young children eat the right foods so they can grow up healthy. **You can ask your** maternity care provider for a WIC application at your next visit or call 1-800-WIC-WINS (1-800-942-9467). For more information, visit the WIC website at www.pawic.com.

Domestic Violence Crisis and Prevention

Everyone knows a victim of domestic violence. They could be your neighbors, your co-workers, or members of your family. Most victims of domestic violence are women, but men can be victims too. Domestic violence happens in a family or an intimate relationship as a way for one person to control another.

Domestic violence includes physical abuse such as hitting, kicking, choking, shoving, or using objects like knives and guns to injure the victim. It also includes harming someone emotionally by threats, name-calling, or putting someone down. Victims may be raped or forced into unwanted sexual acts. A spouse or partner may steal money and other items, destroy personal belongings, hurt pets, threaten children, or not allow someone to leave the home, work, or see their friends and family.

If any of these things is happening to you, or you are afraid of your partner, you may be in an abusive relationship. Domestic violence is a crime and legal protections are available to you. Leaving a violent relationship is not easy, but you can get help.

Where to get help:

National Domestic Violence Hotline

1-800-799-7233 (SAFE)

1-800-787-3224 (TTY)

Pennsylvania Coalition Against Domestic Violence

The services provided to domestic violence victims include: crisis intervention; counseling; going along to police, medical, and court appointments; and temporary emergency shelter for victims and their dependent children. Prevention and educational programs are also provided to lower the risk of domestic violence in the community.

1-800-932-4632 (in Pennsylvania)

1-800-537-2238 (national)

Section 5 – Mental Health Advance Directives

Mental Health Advance Directives

A mental health directive is a document that allows you to state the mental health care you want if you become physically or mentally unable to decide for yourself. There are two types of mental health advance directives: Mental Health Declarations and Mental Health Powers of Attorney. If you have either a Mental Health Declaration or a Mental Health Power of Attorney, you should give it to your mental health care providers, and a trusted family member or friend so that they know your wishes.

If the laws regarding Mental Health Declarations and Mental Health Powers of Attorney are changed, Carelon will tell you in writing what the change is within 90 days of the change. For information on Carelon's policies on Mental Health Declarations and Mental Health Powers of Attorney, call Member Services at 1-877-688-5972 or visit the Carelon website at <https://pa.carelon.com/providers/provider-manual/4-advanced-directives/>.

Mental Health Declaration

A Mental Health Declaration is a document that you create. It can include:

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

Your provider must have a copy of your Mental Health Declaration in order to follow it. Your Mental Health Declaration will be used if you are physically or mentally unable to make decisions for yourself. You may revoke or change a Mental Health Declaration as long as you are able to revoke or change it.

Mental Health Power of Attorney

A Mental Health Power of Attorney is a document in which you give someone else the power to make mental health treatment decisions for you if you are physically or mentally unable to make decisions for yourself. It also states what must happen for the Power of Attorney to take effect. To create a Mental Health Power of Attorney, you may but do not have to get legal help. You may revoke or change a Mental Health Power of Attorney as long as you are able to revoke or change it.

Help with Creating Mental Health Declarations and Mental Health Powers of Attorney

If you would like to have a Mental Health Declaration or a Mental Health Power of Attorney, or both, and need help creating one, you can contact an advocacy organization such as the Mental Health Association in Pennsylvania toll-free at 1-866-578-3659, or email info@mhapa.org. They will provide you with forms and answer any questions. You can also contact Carelon for more information or direction to resources near you.

What to Do If a Provider Does Not Follow Your Mental Health Declaration or Your Mental Health Power of Attorney

Providers do not have to follow your Mental Health Declaration or Mental Health Power of Attorney if, as a matter of conscience, your decisions are against clinical practice and medical standards, because the treatment you want is unavailable, or because what you want the provider to do is against the provider's policies. If your provider cannot follow your Mental Health Declaration or Mental Health Power of Attorney, Carelon will help you find a provider that will carry out your wishes. Please call Member Services at 1-877-688-5972.

If a provider does not follow your Mental Health Declaration or Mental Health Power of Attorney, you may file a Complaint. Please see page 40 in Section 7 of this Handbook, Complaints, Grievances, and Fair Hearings for information on how to file a Complaint; or call Member Services at 1-877-688-5972.

Section 6 – Physical Health Services

Who Covers Your Physical Health Services?

Physical health services are available through your HealthChoices Physical Health Managed Care Organization (PH-MCO) or your Community HealthChoices Managed Care Organization (CHC-MCO). If you have questions about physical health services, you will need to contact the managed care organization (MCO) that provides these services. If you are unsure if you are enrolled in a PH-MCO or a CHC-MCO, contact your local CAO.

PH-MCOs have Special Needs Units that help coordinate members' physical health services with their behavioral health needs. If a CHC-MCO participant is eligible for long-term services and supports, the participant's service coordinator will work with the participant to create a care plan that addresses the participant's physical and behavioral health needs. If a CHC-MCO participant is not eligible for long-term services and supports and needs additional assistance with services, the participant can receive assistance from a service coordinator.

No matter which MCO plan covers your physical health services, you will be a member of Carelon as long as you are enrolled in a HealthChoices program and live in Fayette county.

Your Physical Health Services

If you need any of the following services, the services will be provided by your PH-MCO or CHC-MCO:

- Check-ups
- Services for a physical health condition or illness
- Most medications. Please see Section 3, Outpatient Medications and Medication-Assisted Treatment, beginning on page 31, for more information about which MCO covers medications.
- An ambulance

Coordinating Physical Health and Behavioral Health Care

Your overall health can be improved greatly when your providers consider both your physical health and behavioral health needs at the same time and coordinate your care. Actions you can take to help your providers better coordinate your health needs include:

- Signing release forms that will allow your providers to share information with each other about the treatment you are getting
- Telling your physical health provider
 - about all of the medications you take for your behavioral health diagnosis; and
 - about any changes in your behavioral health diagnosis or treatment.
- Telling your behavioral health provider
 - about all of the medications you take for your physical health diagnosis; and
 - about any changes in your physical health diagnosis or treatment.

HealthChoices Physical Health

Selecting Your PH-MCO

If you are new to HealthChoices, and have not yet selected a PH-MCO, you may contact PA Enrollment Services to help you choose a health plan that best meets your needs. If you do not choose a PH-MCO, a PH-MCO will be chosen for you. If you want to change your PH-MCO, you may also contact PA Enrollment Services.

To contact PA Enrollment Services call 1-800-440-3989 or 1-800-618-4225 (TTY), Monday-Friday, 8:00 a.m. to 6:00 p.m.

Community HealthChoices

Community HealthChoices (CHC) is Pennsylvania's Medical Assistance managed care program that includes physical health benefits and long-term services and supports (LTSS). The Office of Long-Term Living (OLTL) in the Department

of Human Services oversees the physical health benefits and LTSS of Community HealthChoices. Those services are provided through the Community HealthChoices managed care organizations (MCOs).

CHC serves individuals who also have Medicare coverage, and disabled adults age 21 and over.

If you have questions regarding CHC, call (833) 735-4416.

Community HealthChoices Implementation Timeline

The CHC program was phased-in across the state over 3 three years. The table below includes the dates the CHC program was implemented in each geographic HealthChoices zone.

Southwest Region	Southeast Region	Lehigh/Capital, Northwest & Northeast Region
January 2018	January 2019	January 2020
Allegheny, Armstrong, Beaver, Bedford, Blair, Butler, Cambria, Fayette, Greene, Indiana, Lawrence, Somerset, Washington, Westmoreland	Bucks, Chester, Delaware, Montgomery, Philadelphia	Adams, Berks, Bradford, Cameron, Carbon, Centre, Clarion, Clearfield, Clinton, Columbia, Crawford, Cumberland, Dauphin, Elk, Erie, Forest, Franklin, Fulton, Huntingdon, Jefferson, Juniata, Lackawanna, Lancaster, Lebanon, Lehigh, Luzerne, Lycoming, McKean, Mercer, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Pike, Potter, Schuylkill, Snyder, Sullivan, Susquehanna, Tioga, Union, Venango, Warren, Wayne, Wyoming, York

Selecting Your CHC-MCO

If you are new to HealthChoices and need help choosing your CHC-MCO, you may visit www.enrollchc.com or call 1-844-824-3655. If you do not choose a CHC-MCO, a CHC-MCO will be chosen for you.

Section 7 – Complaints, Grievances, and Fair Hearings

Complaints, Grievances, and Fair Hearings

If a provider or Carelon does something that you are unhappy about or do not agree with, you can tell Carelon or the Department of Human Services what you are unhappy about or that you disagree with what the provider or Carelon has done. This section describes what you can do and what will happen.

Complaints

What Is a Complaint?

A Complaint is when you tell Carelon you are unhappy with Carelon or your provider or do not agree with a decision by Carelon.

Some things you may complain about:

- You are unhappy with the care you are getting
- You cannot get the service you want because it is not a covered service
- You have not gotten services that Carelon has approved

First Level Complaint

What Should I Do If I Have a Complaint?

To file a first level Complaint:

- Call Carelon at 1-877-688-5972 and tell Carelon your Complaint, or
- Write down your Complaint and send it to Carelon by mail or fax.

Carelon
Attention: Complaints
P.O. Box 1840
Cranberry Township, PA 16066
Fax: 1-855-287-8491

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

When Should I File a First Level Complaint?

Some Complaints have a time limit on filing. You must file a Complaint within **60 days of getting a notice** telling you that

- Carelon has decided that you cannot get a service you want because it is not a covered service
- Carelon will not pay a provider for a service you got
- Carelon did not tell you its decision about a Complaint or Grievance you told Carelon about within 30 days from when Carelon got your Complaint or Grievance
- Carelon has denied your request to disagree with Carelon's decision that you have to pay your provider

You must file a Complaint **within 60 days of the date you should have gotten a service** if you did not get a service. The time by which you should have received a service is listed below:

- If you need services because of an emergency, services must be provided within 1 hour.
- If you need services because of an urgent situation, services must be provided within 24 hours.
- If you need a routine appointment or specialty referral, your appointment must be within 7 days.

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

What Happens After I File a First Level Complaint?

After you file your Complaint, you will get a letter from Carelon telling you that Carelon has received your Complaint, and about the First Level Complaint review process.

You may ask Carelon to see any information Carelon has about the issue you filed your Complaint about at no cost to you. You may also send information that you have about your Complaint to Carelon.

You may attend the Complaint review if you want to attend it. You may appear at the Complaint review in person, by phone or by video conference. If you decide that you do not want to attend the Complaint review, it will not affect the decision.

A committee of 1 or more Carelon staff who were not involved in and do not work for someone who was involved in the issue you filed your Complaint about will meet to make a decision about your Complaint. If the Complaint is about a clinical issue, a licensed doctor will be on the committee. Carelon will mail you a notice within 30 days from the date you filed your First Level Complaint to tell you the decision on your First Level Complaint. The notice will also tell you what you can do if you do not like the decision.

If you need more information about help during the Complaint process, see page 52.

What to do to continue getting services:

If you have been getting the services that are being reduced, changed or denied and you file a Complaint verbally, or that is faxed, postmarked, or hand-delivered within 1 day of the date on Carelon's notice telling you that the acute inpatient services you have been receiving are not a covered service for you or within 10 days of the date on Carelon's notice telling you that any other 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 Carelon's Decision?

You may ask for an external Complaint review, a Fair Hearing, or an external Complaint review and a Fair Hearing if the Complaint is about one of the following:

- Carelon's decision that you cannot get a service you want because it is not a covered service
- Carelon's decision to not pay a provider for a service you got
- Carelon's failure to decide a Complaint or Grievance you told Carelon about within 30 days from when Carelon got your Complaint or Grievance
- You are not getting a service within the time by which you should have received it
- Carelon's decision to deny your request to disagree with Carelon's decision that you have to pay your provider

You must ask for an external Complaint review within **15 days of the date you got the First Level Complaint decision notice.**

You must ask for a Fair Hearing within **120 days from the date on the notice** telling you the Complaint decision.

For all other Complaints, you may file a Second Level Complaint within **45 days of the date you got the Complaint decision notice.**

For information about Fair Hearings, see page 53.

For information about external Complaint review, see page 44.

If you need more information about help during the Complaint process, see page 52.

Second Level Complaint

What Should I Do If I Want to File a Second Level Complaint?

To file a Second Level Complaint:

- Call Carelon at 1-877-688-5972 and tell Carelon your Second Level Complaint; or
- Write down your Second Level Complaint and send it to Carelon by mail or fax.

Carelon
Attention: Complaints
P.O. Box 1840
Cranberry Township, PA 16066
Fax: 1-855-287-8491

What Happens After I File a Second Level Complaint?

After you file your Second Level Complaint, you will get a letter from Carelon telling you that Carelon has received your Complaint, and about the Second Level Complaint review process.

You may ask Carelon to see any information Carelon has about the issue you filed your Complaint about at no cost to you. You may also send information that you have about your Complaint to Carelon.

You may attend the Complaint review if you want to attend it. Carelon will tell you the location, date, and time of the Complaint review at least 10 days before the Complaint review. You may appear at the Complaint review in person or by phone. If you decide that you do not want to attend the Complaint review, it will not affect the decision.

A committee of 3 or more people, including at least 1 person who does not work for Carelon, will meet to decide your Second Level Complaint. The Carelon staff on the committee will not have been involved in and will not have worked for someone who was involved in the issue you filed your Complaint about. If the Complaint is about a clinical issue, a licensed doctor will be on the committee. Carelon will mail you a notice within 45 days from the date you filed your Second Level Complaint to tell you the decision on your Second Level Complaint. The letter will also tell you what you can do if you do not like the decision.

If you need more information about help during the Complaint process, see page 52.

What If I Do Not Like Carelon's Decision on My Second Level Complaint?

You may ask for an external review by The Pennsylvania Insurance Department's Bureau of Managed Care.

You must ask for an external review **within 15 days of the date you got the Second Level Complaint decision notice.**

External Complaint Review

How Do I Ask for an External Complaint Review?

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

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

If you ask, the Pennsylvania Insurance Department's Bureau of Managed Care will help you put your Complaint in writing.

The Pennsylvania Insurance Department's Bureau of Managed Care handles Complaints that involve the way a provider gives care or services. The Insurance Department reviews Complaints that involve Carelon's policies and procedures. If you send your request for external review to the wrong Department, it will be sent to the correct Department.

What Happens After I Ask for an External Complaint Review?

The Pennsylvania Insurance Department's Bureau of Managed Care will get your file from Carelon. 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 such as your representative during the external review.

A decision letter will be sent to you after the decision is made. This letter will tell you all 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 getting the services that are being reduced, changed or denied and your request for an external Complaint review is postmarked or hand-delivered within 1 day of the date on the notice telling you Carelon's First Level Complaint decision that you cannot get acute inpatient services you have been receiving because they are not covered services for you or within 10 days of the date on the notice telling you Carelon's First Level Complaint decision that you cannot get any other services you have been receiving because they are not covered services for you, the services will continue until a decision is made.

Grievances

What Is a Grievance?

When Carelon denies, decreases, or approves a service different than the service you requested because it is not medically necessary, you will get a notice telling you Carelon's decision.

A Grievance is when you tell Carelon you disagree with Carelon's decision.

What Should I Do If I Have a Grievance?

To file a Grievance:

- Call Carelon at 1-877-688-5972 and tell Carelon your Grievance; or
- Write down your Grievance and send it to Carelon by mail fax or email.

Carelon
Attention: Appeals and Grievances
P.O. Box 1840
Cranberry Township, PA 16066
Fax: 1-855-439-2445
sevenfieldspeeroffice@carelon.com

Your provider can file a Grievance for you if you give the provider your consent in writing to do so. If your provider files a Grievance for you, you cannot file a separate Grievance on your own.

When Should I File a Grievance?

You must file a Grievance within **60 days from the date you get the notice** telling you about the denial, decrease, or approval of a different service for you.

What Happens After I File a Grievance?

After you file your Grievance, you will get a letter from Carelon telling you that Carelon has received your Grievance, and about the Grievance review process.

You may ask Carelon to see any information that Carelon used to make the decision you filed your Grievance about at no cost to you. You may also send information that you have about your Grievance to Carelon.

You may attend the Grievance review if you want to attend it. Carelon will tell you the location, date, and time of the Grievance review at least 10 days before the day of the Grievance review. You may appear at the Grievance review in person, by phone or video conference. If you decide that you do not want to attend the Grievance review, it will not affect the decision.

A committee of 3 or more people, including a licensed doctor, will meet to decide your Grievance. The Carelon staff on the committee will not have been involved in and will not have worked for someone who was involved in the issue you filed your Grievance about. Carelon will mail you a notice within 30 days from the date you filed your Grievance to tell you the decision on your Grievance. The notice will also tell you what you can do if you do not like the decision.

If you need more information about help during the Grievance process, see page 52.

What to do to continue getting services:

If you have been getting services that are being reduced, changed, or denied and you file a Grievance verbally, or that is faxed, postmarked, or hand-delivered within 1 day of the date on the notice telling you that acute inpatient services you have been receiving are being reduced, changed or denied or within 10 days of the date on the notice telling you that any other services you have been receiving are being reduced, changed, or denied, the services will continue until a decision is made.

What If I Do Not Like Carelon's Decision?

You may ask for an external Grievance review or a Fair Hearing, or you may ask for both. A Fair Hearing is your appeal presented at the DHS, Bureau of Hearings and Appeals to make a decision regarding your Grievance. An external Grievance review is a review by a doctor who does not work for Carelon.

You must ask for an external Grievance review within **15 days of the date you got the Grievance decision notice.**

You must ask for a Fair Hearing from the Department of Human Services **within 120 days from the date on the notice** telling you the Grievance decision.

For information about Fair Hearings, see page 53.
For information about external Grievance review, see below.
If you need more information about help during the
Grievance process, see page 52.

External Grievance Review

How Do I Ask for External Grievance Review?

To ask for an external Grievance review:

- Call Carelon at 1-877-688-5972 and tell Carelon your Grievance; or
- Write down your Grievance and send it to Carelon by mail, fax or email to:

Carelon
Attention: Appeals and Grievances
P.O. Box 1840
Cranberry Township, PA 16066
Fax: 1-855-439-2445
sevenfieldspeeroffice@carelon.com

Carelon will send your request for external Grievance review to the Pennsylvania Insurance Department's Bureau of Managed Care.

What Happens After I Ask for an External Grievance Review?

The Pennsylvania Insurance Department's Bureau of Managed Care will notify you of the external Grievance reviewer's name, address, phone and fax number. You will also be given information about the external Grievance review process.

Carelon will send your Grievance file to the reviewer. You may provide additional information that may help with the external review of your Grievance to the reviewer **within 15 days of filing the request for an external Grievance review.**

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

What to do to continue getting services:

If you have been getting the services that are being reduced, changed, or denied and you ask for an external Grievance review verbally or in a letter that is postmarked or hand-delivered within 1 day of the date on the notice telling you Carelon's Grievance decision that acute inpatient services you have been receiving are being reduced, changed or denied or within 10 days of the date on the notice telling you Carelon's Grievance decision that any other services you have been receiving are being reduced, changed or denied, the services will continue until a decision is made.

Expedited Complaints and Grievances

What Can I Do If My Health Is at Immediate Risk?

If your doctor believes that waiting 30 days to get a decision about your Complaint or Grievance could harm your health, you or your doctor may ask that your Complaint or Grievance be decided more quickly. For your Complaint or Grievance to be decided more quickly:

- You must ask Carelon for an early decision by calling Carelon at 1-877-688-5972, faxing a letter to 1-855-439-2445 for Grievances or 1-855-287-8491 for Complaints, **or** sending an email to sevenfieldspeeroffice@carelon.com for Grievances or Complaints.
- Your doctor should fax a signed letter to 1-855-439-2445 for Grievances or 1-855-287-8491 for Complaints within 72 hours of your request for an early decision that explains why Carelon taking 30 days to tell you the decision about your Complaint or Grievance could harm your health.

If Carelon does not receive a letter from your doctor and the information provided does not show that taking the usual amount of time to decide your Complaint or Grievance could harm your health, Carelon will decide your Complaint or Grievance in the usual time frame of 30 days from when Carelon first got your Complaint or Grievance.

Expedited Complaint and Expedited External Complaint

Your expedited Complaint will be reviewed by a committee that includes a licensed doctor. Members of the committee will not have been involved in and will not have worked for someone who was involved in the issue you filed your Complaint about.

You may attend the expedited Complaint review if you want to attend it. You can attend the Complaint review in person, but may have to appear by phone because Carelon has a short amount of time to decide an expedited Complaint. If you decide that you do not want to attend the Complaint review, it will not affect the decision.

Carelon will tell you the decision about your Complaint within 48 hours of when Carelon gets your doctor's letter explaining why the usual time frame for deciding your Complaint will harm your health or within 72 hours from when Carelon gets your request for an early decision, whichever is sooner, unless you ask Carelon to take more time to decide your Complaint. You can ask Carelon to take up to 14 more days to decide your Complaint. You will also get a notice telling you the reason(s) for the decision and how to ask for expedited external Complaint review, if you do not like the decision.

If you did not like the expedited Complaint decision, you may ask for an expedited external Complaint review from the Pennsylvania Insurance Department's Bureau of Managed Care within **2 business days from the date you get the expedited Complaint decision notice**. To ask for expedited external review of a Complaint:

- Call Carelon at 1-877-688-5972 and tell Carelon your Complaint; or
- Send an email to Carelon at sevenfieldspeeroffice@carelon.com; or
- Write down your Complaint and send it to Carelon by mail or fax:

Carelon
Attention: Complaints
P.O. Box 1840
Cranberry Township, PA 16066
Fax: 1-855-287-8491

Expedited Grievance and Expedited External Grievance

A committee of 3 or more people, including a licensed doctor, will meet to decide your Grievance. The Carelon staff on the committee will not have been involved in and will not have worked for someone who was involved in the issue you filed your Grievance about.

You may attend the expedited Grievance review if you want to attend it. You can attend the Grievance review in person, but may have to appear by phone because Carelon has a short amount of time to decide the expedited Grievance. If you decide that you do not want to attend the Grievance review, it will not affect our decision.

Carelon will tell you the decision about your Grievance within 48 hours of when Carelon gets your doctor's letter explaining why the usual time frame for deciding your Grievance will harm your health or within 72 hours from when Carelon gets your request for an early decision, whichever is sooner, unless you ask Carelon to take more time to decide your Grievance. You can ask Carelon to take up to 14 more days to decide your Grievance. You will also get a notice telling you the reason(s) for the decision and what to do if you do not like the decision.

If you do not like the expedited Grievance decision, you may ask for an expedited external Grievance review or an expedited Fair Hearing by the Department of Human Services or both an expedited external Grievance review and an expedited Fair Hearing.

You must ask for expedited external Grievance review by the Department of Health within **2 business days from the date you get the expedited Grievance decision notice**. To ask for expedited external review of a Grievance:

- Call Carelon at 1-877-688-5972 and tell Carelon your Grievance; or
- Send an email to Carelon at sevenfieldspeeroffice@carelon.com; or
- Write down your Grievance and send it to Carelon by mail or fax:

Carelon
Attention: Appeals and Grievances
P.O. Box 1840
Cranberry Township, PA 16066
Fax: 1-855-439-2445

Carelon will send your request to the Pennsylvania Insurance Department's Bureau of Managed Care within 24 hours after receiving it.

You must ask for a Fair Hearing within **120 days from the date on the notice** telling you the expedited Grievance decision.

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 Carelon will help you. This person can also represent you during the Complaint or Grievance process. You do not have to pay for the help of a staff member. This staff member will not have been involved in any decision about your Complaint or Grievance.

You may also have a family member, friend, lawyer or other person help you file your Complaint or Grievance. This person can also help you if you decide you want to appear at the Complaint or Grievance review.

At any time during the Complaint or Grievance process, you can have someone you know represent you or act for you. If you decide to have someone represent or act for you, tell Carelon, in writing, the name of that person and how Carelon can reach him or her.

You or the person you choose to represent you may ask Carelon to see any information Carelon has about the issue you filed your Complaint or Grievance about at no cost to you.

You may call Carelon's toll-free telephone number at 1-877-688-5972 if you need help or have questions about Complaints and Grievances, or you can contact your local legal aid office at:

Southwestern Pennsylvania Legal Aid Society – 888-855-3873

or call the Pennsylvania Health Law Project at 1-800-274-3258.

Persons Whose Primary Language Is Not English

If you ask for language services, Carelon will provide the services at no cost to you. These services may include:

- Providing in-person language interpreters
- Providing language interpreters over the phone
- Providing document translation

Persons with Disabilities

Carelon 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 Carelon at the Complaint or Grievance review in an alternative format. The alternative format version will be given to you before the review.
- Providing someone to help copy and present information

Department of Human Services Fair Hearings

In some cases you can ask the Department of Human Services to hold a hearing because you are unhappy about or do not agree with something Carelon did or did not do. These hearings are called “Fair Hearings.” You can ask for a Fair Hearing after Carelon decides your First Level Complaint or decides your Grievance.

What Can I Request a Fair Hearing About and By When Do I Have to Ask for a Fair Hearing?

Your request for a Fair Hearing must be postmarked within **120 days from the date on the notice** telling you Carelon’s decision on your First Level Complaint or Grievance about the following:

- The denial of a service you want because it is not a covered service
- The denial of payment to a provider for a service you got and the provider can bill you for the service
- Carelon’s failure to decide a First Level Complaint or Grievance you told Carelon about within 30 days from when Carelon got your Complaint or Grievance

- The denial of your request to disagree with Carelon's decision that you have to pay your provider
- The denial of a service, decrease of a service, or approval of a service different from the service you requested because it was not medically necessary
- You're not getting a service within the time by which you should have received a service

You can also request a Fair Hearing **within 120 days from the date on the notice** telling you that Carelon failed to decide a First Level Complaint or Grievance you told Carelon about within 30 days from when Carelon got your Complaint or Grievance.

How Do I Ask for a Fair Hearing?

Your request for a Fair Hearing must be in writing.

Your Fair Hearing request needs to include the following information:

- Your (the member's) name and date of birth
- A telephone number where you can be reached during the day
- Whether you want to have the Fair Hearing in person or by telephone
- The reason(s) you are asking for a Fair Hearing
- A copy of any letter you received about the issue you are asking for a Fair Hearing about

You may mail your request for a Fair Hearing to the following address:

Department of Human Services
Office of Mental Health Substance Abuse Services
Division of Quality Management
Commonwealth Towers, 12th Floor
P.O. Box 2675
Harrisburg, PA 17105-2675

Or

You may fax your request for a Fair Hearing to the following fax number:

717-772-7827

What Happens After I Ask for a Fair Hearing?

You will get a letter from the Department of Human Services' Bureau of Hearings and Appeals telling you where the hearing will be held and the date and time 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. You **MUST** participate in the Fair Hearing.

Carelon will also go to your Fair Hearing to explain why Carelon made the decision or explain what happened.

You may ask Carelon to give you any records, reports and other information about the issue you requested your Fair Hearing about at no cost to you.

When Will the Fair Hearing Be Decided?

The Fair Hearing will be decided within 90 days from when you filed your Complaint or Grievance with Carelon, not including the number of days between the date on the written notice of the Carelon's First Level Complaint decision or Grievance decision and the date you asked for a Fair Hearing.

If you requested a Fair Hearing because Carelon did not tell you its decision about a Complaint or Grievance you told Carelon about within 30 days from when Carelon got your Complaint or Grievance, your Fair Hearing will be decided within 90 days from when you filed your Complaint or Grievance with Carelon, not including the number of days between the date on the notice telling you that Carelon failed to timely decide your Complaint or Grievance and the date you asked for a Fair Hearing.

The Department of Human Services will send you the decision in writing and tell you what to do if you do not like the decision.

If your Fair Hearing is not decided within 90 days from the date the Department of Human Services receives your request, you may be able to get your services until your Fair Hearing is decided. You can call the Department of Human Services at 1-877-356-5355 to ask for your services.

What to do to continue getting services:

If you have been getting the services that are being reduced, changed or denied and you ask for a Fair Hearing and your request is postmarked or hand-delivered within 1 day of the date on the notice telling you Carelon's First Level Complaint or Grievance decision that acute inpatient services you have been receiving are being reduced, changed or denied or within 10 days of the date on the notice telling you Carelon's First Level Complaint or Grievance decision that any other services you have been receiving are being reduced, changed or denied, the services will continue until a decision is made.

Expedited Fair Hearing

What Can I Do If My Health Is at Immediate Risk?

If your doctor or psychologist believes that waiting the usual time frame for deciding a Fair Hearing could harm your health, you may ask that the Fair Hearing take place more quickly. This is called an expedited Fair Hearing. You can ask for an early decision by calling the Department at 1-877-356-5355 or by faxing a letter to 717-772-7827. Your doctor must fax a signed letter to 717-772-7827 explaining why taking the usual amount of time to decide your Fair Hearing could harm your health. If your doctor does not send a letter, your doctor must testify at the Fair Hearing to explain why taking the usual amount of time to decide your Fair Hearing could harm your health.

The Bureau of Hearings and Appeals will schedule a telephone hearing and will tell you its decision within 3 business days after you asked for a 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 the Fair Hearing will be decided using the usual time frame for deciding a Fair Hearing.

You may call Carelon's toll-free telephone number at 1-877-688-5972 if you need help or have questions about Fair Hearings, you can contact your local legal aid office at:

Southwestern Pennsylvania Legal Aid Society – 724-439-3591
or call the Pennsylvania Health Law Project at 1-800-274-3258.

Appendix A – Local County Resources

Fayette County	
211 Help Starts Here Get Connected. Get Answers.	Dial 211
Area Agency on Aging	724-430-4603
ChildLine	1-800-932-0313
Consumer/Family Satisfaction Team (C/FST)	724-438-6738
Crisis Intervention Services – Fayette County 24 Hour Crisis Line	724-437-1003
Domestic Violence Services of Southwestern Pennsylvania Washington, Greene, and Fayette	24-hour Hotline – 724-439-9500 Legal Advocacy Office – 724-562-7016
Fayette County Assistance Office	724-439-7015 or 1-877-832-7545
Fayette County Behavioral Health Administration (FCBHA)	724-430-1370
Fayette County Children & Youth	724-430-1283
Fayette County Drug and Alcohol Commission, Inc. FCDAC, Inc.	724-438-3576
Food Bank Information – Fayette Co. Community Action Agency (FCCAA)	724-437-6050
Legal Aid – SW PA Legal Aid Society	724-439-3591
Low Income Home Energy Assistance Program (LIHEAP)	724-439-7125 or 1-866-857-7095

Medical Assistance Transportation – Fayette Area Coordinated Transportation (FACT)	724-628-7433 or 1-800-321-7433
988/National Suicide and Crisis Lifeline	1-800-273-8255 OR 988
Social Security Office	1-800-772-1213

Dollar Energy Fund Hardship Program (statewide program)

1-800-683-7036 or 412-431-2800

www.dollarenergy.org/need-help/pennsylvania/hardship-program/



Toll-free, county-specific phone numbers:

Armstrong 877-688-5969	Crawford 866-404-4561	Lawrence 877-688-5975	Washington 877-688-5976
Beaver 877-688-5970	Fayette 877-688-5972	Mercer 866-404-4561	Westmoreland 877-688-5977
Butler 877-688-5971	Indiana 877-688-5969	Venango 866-404-4561	TTY PA Relay 711

Attention: If you speak a language other than English, language assistance services, free of charge, are available to you. Call Carelon Health of Pennsylvania (Carelon) at the toll-free, county-specific phone number referenced on the top of this letterhead or TTY PA Relay at 711.

Atención: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame Carelon al número de teléfono gratuito y específico del condado al que se hace referencia en la parte superior de este membrete (TTY PA Relay 711).

Внимание: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните в Carelon по бесплатному номеру телефона, указанному в верхней части этого бланка (TTY PA Relay 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 Carelon 位於此信頭頂部引用的免費，特定於縣的電話號碼 (TTY PA Relay 711)。

Chú ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số Carelon theo số điện thoại miễn phí, theo quận cụ thể được tham chiếu trên đầu của tiêu đề thư này (TTY PA Relay 711).

على رقم الهاتف المجاني الخاص بالمقاطعة والمشار إليه في Carelon ف مجان .ات صل ل رق ى اتصل برقم pp لوظة :إذا ذات تاتحدث انك ذكالك لةة،:إن خدمات ال لمساعدة ال لغوي وبدقواف واقتموم
(TTY PA Relay 711) اعل هذا العنوان

. على رقم الهاتف Carelon تنبيه: إذا كنت تتحدث لغة بخلاف اللغة الإنجليزية ، فإن خدمات المساعدة اللغوية ، مجانية ، متاحة لك. اتصل برقم
) TTY PA Relay 711 المجاني الخاص بالمقاطعة والمشار إليه في أعلى هذا العنوان (

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको ननन्तत भाषा सहायता सेवाहरू नननि:शुल्क रूपमा उपलब्ध छ ।
फोन गनुुहोस् Carelon टोल-रहित, काउन्टी-विशिष्ट फोन नम्बरमा यो अक्षरहेडको शीर्षमा उल्लेख गरिएको छ (टिटिवाइ: 711)

주의 : 영어가 아닌 다른 언어를 사용하는 경우 무료로 언어 지원 서비스를 이용할 수 있습니다. 이 레터
헤드 (TTY PA Relay 711) 상단에 언급 된 수신자 부담 번호, 카운티 특정 전화 번호로 Carelon 전화하십시오.

ប្រុងប្រយ័ត្ន:ប្រសិនបើអ្នកនិយាយភាសាក្រៅពីភាសាអង់គ្លេសសេវាកម្មជំនួយភាសាមិនគិតថ្លៃសម្រាប់អ្នក។
ហៅទូរស័ព្ទទៅ Carelon

នៅលេខទូរស័ព្ទភាសាបារាំងលេខទូរស័ព្ទជាកំណត់ដៃលក្រុងបារាំងនៅលើក្បាលរបស់ក្បាលលិខិតនេះ (TTY PA Relay 711) ។

Attention: Si vous parlez français, des services d'aide linguistique vous sontproposes gratuitement. Appelez le Carelon au numéro de téléphone sans frais spécifique au comté mentionné en haut de cet en-tête de lettre (ATS PA Relay 711).

အထူးဂရုပြုရန်: သင်ရရှိနိုင်အခမဲ့ဘာသာစကားအကူအညီများနှင့်ဆောင်မှုများ၏တာဝန်ခံ၊ အင်္ဂလိပ်ထက်အခြားဘာသာစကားတစ်ခုကိုမပြောတတ်လျှင်။ ဒါက letterhead (711 PA Relay) သေဆုံးသူ-အခမဲ့ဖုန်းနံပါတ်, Carelon ဆိုပြီးရန်ခရိုင်-တိကျတဲ့ဖုန်းခေါ်ဆိုမှု, Inc ၏ထိပ်ပေါ်ရည်ညွှန်း

Atansyon: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele Carelon nan nimewo gratis nimewo telefòn konte ki espesifik sou konte a sou tèt papye sa a (TTY PA Relay 711).

Atenção: Se fala português, encontramos-se disponíveis serviços linguísticos, grátis. Ligue para Carelon através do número de telefone gratuito, específico do país, mencionado na parte superior deste papel timbrado (TTY PA Relay 711).

লক্ষ্য করুন: যদি আপনি বাংলা লা, কথা বলতে পারেন, োাাহেল িন:তেচায় ভাষা সহাতয়া পতিেষবা উপলব্ধ আছে। ফ াান করুন Carelon (টোল-ফ্রী, কাউন্টি-নির্দিষ্ট ফোন নম্বরে এই লেটারহেডের শীর্ষে উল্লিখিত (TTY PA Relay 711)।

Kujdes: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në Carelon në numrin pa pagesë të numrit të caktuar të qarkut të referuar në krye të kësaj letre (TTY PA Relay 711).

சுயனா: ஐ தமே குஜராதீயி னிலதா ஹி, தி னன:துகே டாஷா சஹாய சீவாஹி தமாரா மாடே தேபலயே தி. ஹிள கரி Carelon ஹா தேலேஹேச (TTY PA Relay 711) னி தேய பர சந்தரித தேல ஹி, கரெண்டி-விஹிசு ஹிள நயர பர.

Notes:

Notes:



P.O. Box 1840
Cranberry Township, PA 16066

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