

Magellan Behavioral Health of Pennsylvania, Inc.

Member Handbook

Services for Pennsylvania HealthChoices
Program members

Bucks: 1-877-769-9784

Delaware: 1-888-207-2911

Lehigh: 1-866-238-2311

Montgomery: 1-877-769-9782

Northampton: 1-866-238-2312



Dear Member:

This handbook is for individuals who live in Bucks, Delaware, Lehigh, Montgomery and Northampton counties who are enrolled in the HealthChoices Program and who need help with behavioral health, substance abuse or co-occurring issues. When you have behavioral health and substance abuse issues present at the same time, they are called co-occurring. You may never have behavioral health or substance abuse concerns. But it is your right to know what services are available to you. This is why you received this handbook.

We are here to help you. Call us at the toll-free numbers below if you need us. We are available 24 hours a day, seven days a week. Call us if a Medicaid member in your home needs help.

- Bucks County 1-877-769-9784
- Delaware County 1-888-207-2911
- Lehigh County.....1-866-238-2311
- Montgomery County 1-877-769-9782
- Northampton County 1-866-238-2312

TTY lines are for members with hearing loss. For TTY users, call us toll-free at:

- Bucks County 1-877-769-9785
- Delaware County 1-888-207-2910
- Lehigh County..... 1-866-238-2313
- Montgomery County..... 1-877-769-9783
- Northampton County..... 1-866-780-3367
- After-hours (5 p.m. – 8 a.m.)..... 1-800-787-1730

If you speak a language other than English, Magellan has staff and providers who can help you. We can also assist you with interpreter services. Contact Magellan at the phone number listed for your county. The member services associate or care manager will ask you to stay on the line while a translator is contacted.

Always get help right away in an emergency. Call 911. Or go to a hospital or emergency room. You do not need to call us first.

This handbook explains the services that are available to you. And it tells you how to get care.

We may use terms throughout this handbook that are not familiar. These will be explained at the end of handbook within the “Definitions” section.

Please visit our website to find a provider. Here you will also find other information that may be helpful to you. The address is www.MagellanofPA.com. Our online search tool gives you the most updated information.

We want you to be fully informed about Magellan and our services. The following is a list of additional information you may request:

- A list of Magellan’s Board of Directors.
- A description of how providers are paid.
- A copy of our confidentiality procedures.
- A description of our Quality Improvement program.
- Our criteria for approving providers.
- The process by which HealthChoices providers can get approval to prescribe medicines that are not on an approved list.
- Our process for deciding if a service is experimental.

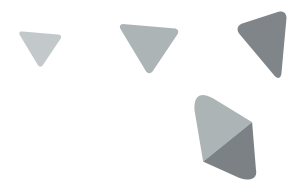
We look forward to working with you!

Thank you,

Magellan Behavioral Health of Pennsylvania, Inc.

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Welcome to Magellan

In Pennsylvania, Magellan works with our county partners (Bucks, Delaware, Lehigh, Montgomery and Northampton counties) and the Department of Human Services' (DHS) Office of Mental Health and Substance Abuse Services (OMHSAS). Together, we manage behavioral health benefits and services for Medicaid recipients. Magellan is a Managed Care Organization (MCO). This means that we manage your benefits. We do not provide direct care. We help arrange your care. This makes it easier for you to get help for your mental health and drug or alcohol concerns.

How does Magellan help members?

Our goal is to make behavioral health services easier to get for:

- Children and teens.
- Adults.
- Families.

We will help you:

- Learn about and get the services you need.
- Find a provider.
- Get answers to your questions.
- Get a referral for care.

If you have concerns, we can help you:

- Make a complaint.
- Get a review of a decision made about your health complaint or concern.

How can I get help through Magellan?

Review the information in this handbook. It is also available in Spanish or other languages if you need it. Magellan staff is also available to review the handbook.

Call our toll-free member service numbers (at no cost) any time, 24 hours a day, seven days a week. Member services staff will help you learn about services.

We have interpreters available to work with you and are available to read information to you.

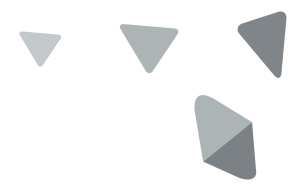
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(5 p.m. - 8 a.m.)

Visit our website: www.MagellanofPA.com.

- Click on the “Benefits and Services” tab to:
 - Find out if you and your family members are covered.
 - Learn how to get help for a mental health, drug or alcohol concern.
 - Check out local upcoming events for HealthChoices members.
 - Review an electronic version of this handbook.
 - Read the member newsletter.
 - Learn about recovery and resiliency.
 - Review member rights and responsibilities.
 - Find other resources.
- Click on the “Find a Provider” tab to search for a provider near your home or school.



Emergencies

What do I do in an emergency?

Call 911! You do not need to call Magellan first or have prior approval to receive emergency services. You may also go immediately to the nearest emergency room. You should act quickly if you or anyone in your family has a behavioral health emergency that you feel is life threatening. Or will result in serious damage to you or a family member's health. Please note that you can use ANY hospital or emergency service for emergency care. Magellan will notify you at least 30 days before the effective date of any changes to procedures related to emergency services.

Tell the hospital that you are a Magellan member. Ask them to call Magellan Provider Services:

- Bucks/Montgomery County: 1-877-769-9779
- Delaware County: 1-800-686-1356
- Lehigh/Northampton County: 1-866-780-3368

What is a medical emergency?

This is when a person thinks he or she must act quickly to prevent serious health challenges.

What is a behavioral health emergency?

If you or a loved one is having thoughts or fear you may hurt yourself. Or if there is fear you may hurt someone else.

What does emergency care consist of?

- Evaluation and counseling.
- Psychiatric evaluation.
- Drug and/or alcohol detoxification.
- Hospitalization.

What if I have an emergency when I am away from home?

You or a family member may have a behavioral health emergency away from home. While traveling, your symptoms may suddenly get worse. If this happens, go to the closest hospital emergency room. You can use any hospital for emergency care. Tell the hospital that you are a Magellan member and provide the name of the county where you live.

What do I do after the emergency is over?

If you need follow-up care after an emergency, call Magellan. We will help you get an appointment with a provider. If you need additional care, Magellan may need to provide approval first. If you are outside of the area and need treatment and it's not an emergency, contact Magellan at your county's member services phone number. We will help you identify an in-network provider or discuss treatment options.

You may plan to travel to another place within the United States. If so, please see your doctors (psychiatrist and physical healthcare doctor) before you leave home. Be sure to fill any medicine prescriptions before you travel. If you are planning to travel outside of the country, please talk to your doctors (psychiatrist and physical healthcare doctor). Ask if travel outside of the country is a good idea for you. Your benefits will not cover services outside of the United States.

Crisis intervention resources

Bucks County

- **Access Crisis Services for Children and Youth**
1-877-HELP-709 (1-877-435-7709)
- **Lenape Valley Foundation Crisis Centers**
Lower Bucks Hospital
Bath Road
Bristol, PA 19007
1-215-785-9765

Doylestown Hospital
500 North West Street
Doylestown, PA 18901
1-215-345-2273
- **Lenape Valley Foundation**
Adult Mobile Crisis
500 North West Street
Doylestown, PA 18901
1-215-785-9765
- **Penn Foundation at Grand View Hospital**
700 Lawn Avenue
Sellersville, PA 18960
1-215-257-6551

Delaware County

- **Crozer-Chester Medical Center**
1 Medical Center Blvd.
Upland, PA 19013
1-610-447-7600
- **Delaware County Crisis Connections Team (Mobile Crisis)**
1-855-889-7827
- **Mercy Fitzgerald Hospital**
1503 Lansdowne Avenue
Darby, PA 19023
1-610-237-4210

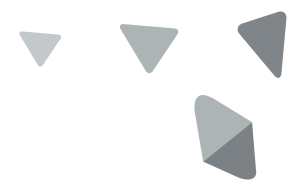
Lehigh County

- **Lehigh County Crisis Intervention Services**
1-610-782-3127
- **Lehigh Valley Health Network**
1637 Chew Street
Allentown, PA 18102
1-610-402-8000

1200 Cedar Crest Blvd.
Allentown, PA 18103
1-610-402-8000

2545 Schoenersville Road
Bethlehem, PA 18017
1-484-884-2200
- **Sacred Heart Hospital**
421 Chew Street
Allentown, PA 18102
1-610-776-4500
- **St. Luke's Hospital**
1736 Hamilton Blvd.
Allentown, PA 18104
1-610-628-8300

801 Ostrum Street
Bethlehem, PA 18015
1-484-526-4000



Montgomery County

- **Access Mobile Crisis for Children**
1-888-HELP- 414 (1-888-435-7414)
Teen Talk Line: 1-866-825-5856 or text: 1-215-703-8411
- **Access Mobile Crisis Support for Adults**
1-855-634-HOPE (1-855-634-4673)
Peer Support Talk Line: 1-855-715-8255
- **Montgomery County Emergency Services (MCES)***
50 Beech Drive
Norristown, PA 19403-5421
1-610-279-6100 or 1-844-455-7455 (toll-free)

*Please note that MCES is mainly for adults. When seeking care for young adults and children, families should consider alternatives specializing in young adults and children. Please contact Magellan to get options at 1-877-769-9782.

Northampton County

- **Lehigh Valley Health Network**
1637 Chew Street
Allentown, PA 18102
1-610-402-8000

1200 Cedar Crest Blvd.
Allentown, PA 18103
1-610-402-8000

2545 Schoenersville Road
Bethlehem, PA 18017
1-484-884-2200
- **Northampton County Crisis Intervention Services**
1-610-252-9060
- **Sacred Heart Hospital**
421 Chew Street
Allentown, PA 18102
1-610-776-4500
- **St. Luke's Hospital**
1736 Hamilton Blvd.
Allentown, PA 18104
1-610-628-8300

801 Ostrum Street
Bethlehem, PA 18015
1-484-526-4000

Pennsylvania Medicaid eligibility

COMPASS is the online application for Pennsylvanians to apply for many health and human service programs. To find out if you qualify for Pennsylvania health and human services, apply for new benefits, finish your application or check your status, access COMPASS at www.compass.state.pa.us/Compass.Web/public/cmphome.

Pennsylvania's Enrollment Services Consumer Support Center is also available to provide help. Contact them Monday-Friday from 8 a.m. to 6 p.m. at 1-800-440-3989 or 1-800-618-4225 (TTY). Or visit www.enrollnow.net.

If you are eligible for Pennsylvania Medical Assistance (Medicaid) and Magellan manages your behavioral health benefits, there are currently no benefit limitations or out-of-pocket costs for medically necessary covered services. Covered services are reviewed in a later section of this handbook.

County assistance offices

Pennsylvania residents can get assistance and services from county assistance offices.

Bucks County Assistance Office

1214 New Rodgers Road
Bristol, PA 19007-2593
1-215-781-3300
Toll Free: 1-800-362-1291
Fax: 1-215-781-3438
LIHEAP: 1-215-781-3393

Delaware County Assistance Offices

Chester Office
701 Crosby Street, Suite A
Chester, PA 19013-6099
1-610-447-5500
Fax: 1-610-447-5399

Darby Office
845 Main Street
Darby, PA 19023
1-610-461-3800
Fax: 1-610-461-3900
LIHEAP: 1-610-447-3099

Lehigh County Assistance Office

555 Union Blvd, Suite 3
Allentown, PA 18109
1-610-821-6509
Fax: 1-610-821-6705
LIHEAP: 1-610-821-6702

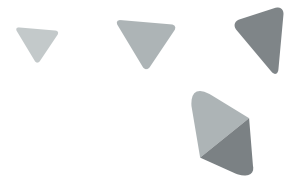
Montgomery County Assistance Offices

Norristown District
1931 New Hope Street
Norristown, PA 19401-3191
1-610-270-3500
Fax: 1-610-270-1768
LIHEAP: 1-610-272-1572

Pottstown District
24 Robinson Street
Pottstown, PA 19464-5584
1-610-327-4280
Fax: 1-610-327-4350
LIHEAP: 1-610-272-1572

Northampton County Assistance Office

201 Larry Holmes Drive, P.O. Box 10
Easton, PA 18044-0010
1-610-250-1839
Fax: 1-610-250-1839
LIHEAP: 1-610-250-1785 or 1-610-250-1786



What happens if I move?

It is important that you call Magellan if you are moving. We can help you find services in your new community. You should also call your county assistance office. You must tell the county assistance office your new address and phone number.

Magellan provider network

How do I choose a behavioral health provider?

Qualified mental health and substance abuse providers are part of the Magellan provider network. Providers in the network are individual therapists, groups or agencies that offer treatment programs. When you call us, our Customer Service Department will give you addresses and phone numbers for providers who are located in your area and can best help you with your specific needs. We can help you choose a provider close to where you live.

You can also view a complete list of our providers including those who speak languages other than English. Go to www.MagellanofPA.com and enter your ZIP code in “Provider Search.” Magellan will make every effort to honor your request for a specific network provider. However, this may not always be possible. Some of the reasons we may not be able to offer you an appointment with your first-choice provider include:

- The provider you chose does not specialize in the area of assistance you need.
- The provider you chose may not be accepting new members or may not have appointments available.
- The provider you chose may not feel he or she is the most appropriate provider to meet your particular needs.

There may be times when you feel you need to see a provider who is not in our network. If we do not have a provider within our network who is qualified to handle your particular needs, it may be possible for Magellan to arrange an out-of-network provider for you. Please call our Customer Service Department if you feel you need to see an out-of-network provider. All out-of-network providers must have prior authorization by

Magellan before you can see them in order for your visit to be covered. Magellan HealthChoices is a Pennsylvania Medical Assistance Program. We are required to use providers who are enrolled with the Pennsylvania Medical Assistance program.

You have the right to request a second opinion from a network provider at no cost to you. If a qualified healthcare professional is not available within the network, Magellan will help you arrange for a second opinion with an out-of-network provider at no cost to you. All out-of-network referrals must have prior authorization from Magellan.

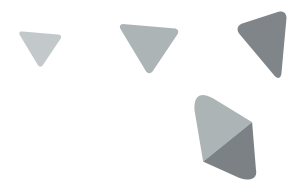
How do I get services?

You can go directly to an in-network provider to ask for care. A provider will work with you to see what level of care would best fit your needs. The in-network provider you choose will know how to get your services approved through Magellan. Some services require preauthorization from Magellan. Other services require a specific type of evaluation be completed and support the level of care you are seeking. Call Magellan’s designated member services phone numbers for assistance. In an emergency, call 911 or go to your local emergency room.

May I change behavioral health providers?

You have the right to get treatment from a provider you choose. The provider must be in-network with Magellan. The provider must also be enrolled in the Pennsylvania Medical Assistance Program.

If you are unhappy with the provider you chose, you may select a new one at any time for any reason. First, tell your provider about your concerns. Try to work it out. If you are still



unhappy, call us. We will help you find another provider. Call your provider to cancel any future visits.

If you say it is “okay,” the provider you have been seeing may call your new provider. They may share information about your care. They can’t do this without your permission. Magellan can guide you through this process.

What if I have other insurance?

- Having other insurance does not affect your Medicaid eligibility. Please update your insurance information with the county assistance office. Or contact Magellan’s Customer Service Department.
- Magellan HealthChoices (Medicaid) is the last payer of your bill when you have other insurance. That means if you have Medicare or commercial insurance (such as Blue Cross/Blue Shield), you must use that coverage first. You must go to a provider who accepts your other insurance.

What if I need a ride to my behavioral health provider visit?

If you have difficulty getting to an appointment with a provider, call Magellan. We will help you get a ride by giving you information about county transportation services. Medical Assistance Transportation Program (MATP) covers transportation services if certain criteria are met. Or you can reach your local county transportation services directly at:

- Bucks County (Bucks County Transport Inc.)
1-215-794-5554 (Local)
1-888-795-0740 (Toll-free)
www.bctransport.org

- Delaware County (Community Transit)
1-610-490-3977 (Local)
1-610-490-3990 (TTY)
www.ctdelco.org
- Lehigh and Northampton Counties (LANTA)
1-610-776-7433 (Local)
1-610-432-8505 (TTY)
www.lantabus.com
- Montgomery County (TransNet)
1-215-542-7433 (Local)
www.suburbantransit.org

Preparing for your visit

You can create ways to remember the date and time of your visit:

- Write the appointment time and date on your calendar.
- Ask the provider’s office to call you with a reminder.
- Ask a friend or family member to help remind you about your appointment.

You can call to re-schedule your appointment if you cannot make it. Most cancellations should be given at least 24 hours notice before your appointment time. You should also make a plan to arrive early. Getting there 15 – 20 minutes early is best. Some providers will have procedures in place regarding lateness. They may not be able to see you if you are late beyond a certain amount of time.

Missed visits

Your provider wants to help you get the care you need. Please call your provider if you can’t make your appointment. If you miss your appointment, please call your provider as soon as you can to schedule a visit for another day.

About your services

This managed care plan may not cover all your healthcare expenses. Read your handbook carefully to determine which healthcare services are covered.

Magellan covers only the behavioral health services described in this member handbook. We offer some “supplemental services” developed with each county that may not be listed in this handbook. All services must meet medical necessity criteria. Some services also require preauthorization. Once services begin, they will continue to be approved as long as they are recommended by your provider and are medically necessary.

Magellan wants to make sure you get the services you need. Any Magellan mental health or substance abuse care you get must fit your needs. We follow specific rules for our decisions about your care. This includes the kind of service you get. It also includes how long the service should last. Magellan providers follow the same rules. Magellan staff and providers do not get a reward if they deny your benefits or services.

When seeking behavioral health services, let us know about your special needs. We want to help you get the best care.

Our services are free. You never have to pay for services we arrange for you. The Medical Assistance Program is designed to pay for these services. Your Magellan provider is not allowed to bill you for any services we approve. If a Magellan network provider and Magellan disagree about the medical necessity of your services, the provider may not bill you for those services.

A member, family member, provider or advocate for the member can call the customer service department 24 hours a day, seven days a week to obtain a referral to a network provider.

What if I am already getting treatment?

If you are already receiving services and are satisfied, you may not need to do anything. Ask your provider if he or she is in Magellan’s network. Just tell your provider you have Pennsylvania HealthChoices (Medicaid) benefits.

If your provider is not in the Magellan network, you may be able to continue seeing him or her for a short time. We will work with you to transfer your services to an in-network provider.

Your provider may leave the network. We will help you find another provider to fit your needs.

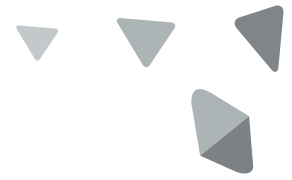
Covered services

What kinds of behavioral health services are there? There are many different types of services available to treat behavioral health needs. You can get these services in many places. When children and adolescents receive services, the family should be involved.

Crisis services for behavioral health

If you have a behavioral health emergency, a counselor or doctor can see you right away. Mobile crisis services are also available. If it’s a life-threatening situation, call 911 immediately. Crisis services in a life-threatening situation are available 24 hours a day, seven days a week.

Members and families can get outpatient services (not in a hospital) when there is a crisis that’s not life-threatening. This helps people get treatment when and where they need it. Members already in treatment should contact their provider for help in a crisis.



Contact Magellan if you do not know how to get services during a crisis. We will help find a crisis provider for you. We can assist with having a mobile crisis unit come directly to you. Magellan can help with follow-up care after a crisis.

If your symptoms include ideas about harming yourself or someone else, you should:

- Get help right away by calling 911.
- Go to the closest hospital for emergency care.
- Call a crisis hotline like the National Suicide Prevention Lifeline at 1-800-273-8255.

Available services for behavioral health

Magellan provides the below services in Bucks, Delaware, Lehigh, Montgomery and Northampton counties. Additional services called “supplemental services” may be available in your county. You may need special services that are difficult to find. Call us. We will help you get the care you need.

Behavioral Health Rehabilitation Services for Children and Adolescents

Magellan members from birth to age 21 may be eligible for special services through a program called Behavioral Health Rehabilitation Services for Children and Adolescents (BHRSCA). A doctor, another healthcare provider or a member can contact Magellan to learn about these services. BHRSCA services include Applied Behavioral Analysis (ABA).

Case Management Services (includes Intensive Case Management, Resource Coordination, Blended Case Management, Recovery Coaching)

You and/or your child receive help with accessing and coordinating other resources, such as medical, social, housing, educational and other services.

Certified Peer Support (CPS)

These are services provided by self-identified mental health and/or co-occurring members who have successfully completed peer certification training. Please see the section on recovery, resiliency, wellness and peer support in this handbook for more information.

Certified Recovery Services (CRS)

These are services provided by individuals who are in recovery from alcohol or drug use. They are trained to work with individuals who are just starting out, or who are dealing with their own recovery from alcohol or drug use. They use their experiences to instill hope that recovery is possible.

Clozaril Monitoring and Support

This involves testing of blood or urine to determine that the medication is working. Ongoing support is provided.

Community Treatment Team (CTT) and Assertive Community Treatment (ACT)

CTT and ACT are mobile teams that provide intensive treatment, rehabilitation and support services. They work with individuals with serious and persistent mental illness and co-occurring disorders who have not been able to achieve and maintain stability in the community. Services are provided by a team of behavioral health professionals in your community setting.

Dual Diagnosis Treatment Team (DDTT)

DDTT is a community treatment team that offers support and services in an individual's home/ group home, work or wherever needed. This team has a doctor, nurse, case manager, behavior specialist and therapist. They work closely with the individual and that person's supports to help make progress toward specific goals. The team is available 24 hours a day, seven days a week.

Electroconvulsive Therapy (ECT)

ECT is a well-established psychiatric treatment. Seizures are electrically created in an individual who is asleep to treat several different behavioral health diagnoses.

Extended Acute Care (EAC)

EAC is an alternative to going to a state hospital. EAC facilities use the Recovery Model to encourage choice, family involvement and other natural supports.

Family-Based Mental Health Services for Children and Adolescents

Children, adolescents and their family members receive intensive home therapy, case management and family support services.

Methadone Maintenance

Methadone prevents withdrawal symptoms in people who are using opiate drugs. Ongoing support is provided.

Mobile Mental Health Treatment

Mental health treatment may be provided in the home in certain situations.

Multi-Systemic Therapy (MST)

MST is an evidence-based treatment approach for youth ages 11 to 18. They must have a primary mental health diagnosis involved with, or at risk for involvement with, the juvenile justice system.

Non-Hospital Residential Detoxification, Rehabilitation and Halfway House

This includes living, for a period of time, in a treatment facility other than a hospital. This will support efforts to stop using alcohol and/or drugs.

Outpatient Psychiatric, Substance Abuse and Co-Occurring Services

Routine outpatient mental health and drug or alcohol services are available. They include individual therapy, group therapy, family therapy, psychiatric evaluation and medication checks/ medication management.

Partial Hospital Services for Mental Health, Substance Abuse or Co-Occurring Needs

This includes working together with a counselor and doctors while living at home. It requires participating in a program a few hours each week as needed.

Psychiatric Inpatient Services

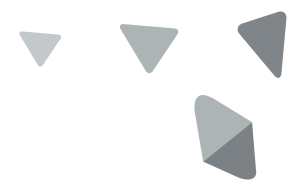
This service involves 24-hour care in a facility for mental health or co-occurring needs.

Psychiatric Rehabilitation Services (PRS)

This service helps individuals gain or retain needed life skills to remain in the community. The focus is on social skills, handling change and how to live independently. The goal is for individuals to experience success and satisfaction in the community and be as independent as possible.

Psychological Testing

Psychological tests are performed by a licensed psychologist. Testing involves answering questions or completing tasks. This helps the psychologist determine what issues a person may face. These tests allow a doctor to determine appropriate care.



Residential Treatment for Children and Adolescents

Children and adolescents receive behavioral health treatment for mental health or co-occurring issues while living in a structured setting.

Substance Abuse, Detoxification and Rehabilitation Inpatient Services

This service involves 24-hour care in a facility for alcohol and/or other drug issues.

Services not covered

Some services are not covered by the Pennsylvania HealthChoices Behavioral Health Plan. They may be covered by other plans or funding sources.

Medical services

Magellan does not cover medical services that are not related to your behavioral health needs. We do not cover hospital services other than for your behavioral health needs (mental health and drug or alcohol services). If you are eligible for Pennsylvania Medical Assistance (Medicaid), you can get medical/physical healthcare services through your Physical Health Managed Care Organization (PH-MCO).

Some of the medical services that are not covered by Magellan are:

- Nursing home care.
- Dental care.
- Vision care.
- Hearing care.
- Chiropractic care.
- X-rays.
- Transportation services.
- Family planning services. Birth control, pregnancy testing and family health services are available to all Medicaid-eligible members. This includes minors through your PH-MCO.

You can receive these services through your primary care physician (PCP), who is a doctor. Or you can get these services from a family planning clinic.

You should only call Magellan for behavioral health services.

Magellan may not pay for services that are considered “experimental” or not proven. These include services that are not yet properly tested and/or accepted as standard treatment.

If Magellan does not provide a treatment service because of moral or religious objections, we do not need to give you information on how and where to obtain these services. The Pennsylvania Department of Human Services will provide information to you on these services if needed.

Prescription drugs

Sometimes medication (medicine) is part of your treatment. If you need this, your doctor or a Certified Registered Nurse Practitioner (CRNP) will write a prescription.

Most medication is covered by your PH-MCO. Each of the PH-MCO’s has medication information on their websites. Some medications require prior approval. Please check with your doctor or PH-MCO. Some medications may be covered by Magellan. These include Methadone and Clozaril.

Physical health managed care

If you have a challenge with your physical health, like an infection or a broken arm, you should call your PH-MCO. Your PH-MCO will get you care for your physical health needs. No matter which PH-MCO you pick for your physical health, you will use Magellan to get your mental health, substance abuse and co-occurring services.

The names, phone numbers and websites of PH-MCOs are listed below. Each PH-MCO plan has a Special Needs Unit (SNU). These units help with physical health issues that may affect your behavioral health. Behavioral health includes mental health and drug or alcohol issues. Contact your PH-MCO by calling the toll-free number below. Ask to speak to a Special Needs Coordinator.

*The PH-MCO plan information is subject to change effective January 1, 2017. For current information related to PH-MCOs in your area, please visit: www.dhs.pa.gov/provider/healthcaremedicalassistance/managedcareinformation/statewidemanagedcaremap.

Aetna Better Health

Member Services: 1-866-638-1232 (TTY: 711)
Special Needs Unit: 1-855-346-9828 (TTY: 711)
www.aetnabetterhealth.com

Gateway Health Plan, Inc.

Member Services: 1-800-392-1147 (TTY: 711)
Special Needs Unit: 1-800-642-3550 (TTY: 711)
www.gatewayhealthplan.com

Health Partners Plans, Inc.

Member Services: 1-800-553-0784 (TTY: 711)
Special Needs Unit: 1-866-500-4571 (TTY: 711)
www.hpplans.com

Keystone First

Member Services: 1-800-521-6860 (TTY Member Line: 1-800-684-5505)
Special Needs Unit: 1-800-573-4100
www.keystonefirstpa.com

UnitedHealthcare Community Plan of Pennsylvania

Member Services: 1-800-414-9025 (TTY: 711)
Special Needs Unit: 1-877-844-8844 (TTY: 711)
www.uhccommunityplan.com

UPMC Health Plan

Member Services: 1-800-286-4242 (TTY Member Line: 1-800-361-2629)
Special Needs Unit: 1-866-463-1462
www.upmchealthplan.com

Integrated care

Integrated healthcare can improve the overall health of people with a mental illness and/or substance abuse diagnosis. Integrated healthcare happens when your healthcare providers work together. They consider your physical and behavioral health needs at the same time.

What can you do to make sure your healthcare is integrated? Here are some suggestions:

- Make sure your physical health physician is aware of the medications you are on for your behavioral health diagnosis.
- Make sure your behavioral health physician is aware of the medications you are on for your physical health diagnosis.
- Make sure your physical health physician is aware of any changes in your behavioral health diagnosis.
- Make sure your behavioral health physician is aware of any new physical health diagnoses.
- Sign an authorization to release information at both your physical health and behavioral health provider offices. This helps your physicians coordinate your care.



Member rights and responsibilities

You have rights and responsibilities concerning your healthcare and treatment. Your rights are important and must be explained by providers at your first visit.

Your rights:

As a member, you have the right to:

- A. Be treated carefully, with dignity, respect and the right to privacy.
- B. Fair treatment, regardless of your race, religion, gender, ethnicity, age, disability, sexual orientation, gender identity, gender expression or source of payment.
- C. Have your treatment and other member information kept private. Only by law may records be released without your permission.
- D. Get care easily and when you need it.
- E. Receive information on available treatment options and alternatives presented in a manner appropriate to your condition, culture and ability to understand.
- F. Take part in making your plan of care (treatment plan). Your signature will show that you agree with the plan and are choosing to participate.
- G. Get information in a language you can understand. And gets things translated for free.
- H. Get information in other ways if you ask for it.
- I. Participate in decisions regarding your healthcare, including the right to refuse treatment, unless you meet criteria for involuntary admission.
- J. To get a second medical opinion from a qualified healthcare professional.
- K. Get information about Magellan’s services, providers and our role in the treatment process.
- L. Get information about the clinical rules and guidelines used in providing and managing your care.
- M. Get information about your provider’s work history and training.
- N. Not be kept alone or forced to do something you do not want to do.
- O. Give your thoughts on the Rights and Responsibilities policy.
- P. Ask for a certain type of provider.
- Q. Have your provider make care decisions based on the treatment you need.
- R. Talk with you provider about the types of treatment that are right for you. The cost or benefit coverage do not affect this.
- S. Freely file a complaint or grievance and to learn how to do so. This can be made against Magellan, a provider or the care that you receive.
- T. File an appeal about a Magellan action or decision. You can ask for a fair hearing if you are not happy with the result of the appeal.
- U. Request and receive a copy of your medical records. You can request that your medical records be amended or corrected in accordance with the Federal Privacy Law.
- V. Use your rights. The exercising of those rights will not adversely affect the way Magellan and our providers treat you. You have the right to file a complaint related to how you are treated related to your race, ethnicity, sexual orientation, gender identity and gender expression.
- W. Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation, as specified in other federal regulations on the use of seclusion and restraint.

- X. Get written information on advance directives and your rights under state law.
- Y. Know about advocacy and community groups and prevention services.
- Z. Get healthcare services that obey state and federal laws.

Your responsibilities:

You also have responsibilities to Magellan staff and your provider. As a member, you have the responsibility to:

- A. Get the treatment you need from a provider.
- B. Treat those giving you care with dignity and respect.
- C. Give your providers and Magellan the information they need. This helps providers give you quality care. It helps us give you the right service.
- D. Ask your providers questions about your care. This enables them to better understand your needs and better explain your care and their role in that care.
- E. Help develop and follow your treatment plan. The plan of care is to be agreed upon by you and your provider.
- F. Take your medications as prescribed by your provider. You and your provider should agree on the plan for taking your medicine.
- G. Tell your providers and primary care doctor about medication changes, including medications given to you by others.
- H. Keep your appointments. You should call your provider as soon as possible if you need to cancel or re-schedule a visit.
- I. Let your provider know when the treatment plan no longer works for you.
- J. Take an active role in your care.
- K. Seek care before you are in a crisis situation.

- L. Follow the complaint and grievance process if you are unhappy with your care, your provider or Magellan.
- M. Not take actions that could harm others.
- N. Openly report concerns about quality of care.
- O. Tell someone if you suspect abuse and fraud.
 - “Abuse” means adding costs to the system in ways that are not honest.
 - “Fraud” is if a member or provider is not being truthful in his or her role in care.

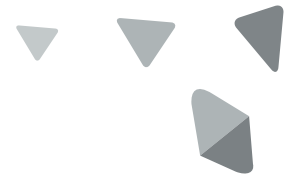
Consent to treatment

You or your legal guardian has the right to accept or refuse services.

- If you want the services, you or your legal guardian must sign a “consent to treatment” form.
- The signed consent form will give the needed permission.
- If you or your legal guardian decides to refuse treatment, this will be noted in your treatment record.

Your provider needs your permission to give you some services.

- You may need to sign a form or give a spoken “okay.”
- You can decide if you want the service or not.
- For example, your provider will tell you about the benefits and risks of taking medicine. You will need to provide your consent that you agree with taking medications. And that you understand both the benefits and the risks.



Mental health advance directive

An “advance directive” includes legal forms. They talk about how you want to be treated if you are not able to speak for yourself. You complete the form(s) ahead of time. Providers look at these instructions if you are too sick to decide about your care.

A mental health advance directive includes a mental health declaration and/or a mental health power of attorney.

You can use a mental health declaration to:

- Tell a doctor, hospital or judge what types of treatment you want or do not want.
- Indicate where you would like to have your treatment take place.
- Name a friend or family member who can make mental healthcare decisions for you. He or she can do this if you are not able to make decision for yourself.
- List other specific instructions you have about your mental health treatment.

A mental health power of attorney is a document that lets you name a person, in writing, to make mental healthcare decisions for you if you are not able to make them on your own. Your mental health power of attorney will make decisions about your mental healthcare based on your written instructions.

Tell your family and providers if you have a mental health advance directive. Give copies to:

- All providers caring for you. This includes your primary care doctor.
- People you name as a medical or mental health power of attorney (this is someone who is allowed to speak for you).

- Family members or trusted friends. They can help your providers make choices for you. Even after you make an advance directive, a provider may not want to follow it “as a matter of conscience.” This is when the provider does not agree with the directive. This does not happen often. If it does happen, the provider must give you written policies that:
 - Say why the facility and/or providers object to the directive.
 - State the law that allows the objections.
 - Describe the medical conditions involved.
 - If a provider does not agree with the directive, the provider must send you to a different provider.

If you would like to have a mental health declaration, mental health power of attorney or both, you can contact an advocacy organization such as the Mental Health Association in Pennsylvania at 1-866-578-3659 or 1-717-346-0549, or email info@mhapa.org. They will provide you with the forms and answer any questions.

If you feel that your provider has not handled your mental health advance directive properly, or if you have any other complaints about a mental health advance directive, you can follow the standard complaint process in this handbook.

Privacy and confidentiality

Magellan wants to protect your privacy. There are laws about who can see a member's health information. It may be helpful to share this section of the handbook with family and friends.

Is my behavioral health information private?

We follow all state and federal laws. Generally, we do not give out information about your treatment to anyone without your written permission. We do not use or disclose protected health information (PHI) for purposes other than payment, treatment or healthcare operations without valid authorization from you, unless permitted or required to do so by law. Your PHI is any information related to your health or treatment that also identifies you.

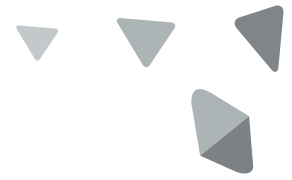
There are times when Magellan can release your information without your permission:

- If there is a life-threatening emergency. Certain information may be shared in order to make sure that people are safe.
- If required by law due to a court order or valid subpoena.
- If requested by county, state or federal agencies involved in the HealthChoices Program.

Except as otherwise permitted or required by law, Magellan does not use or disclose your PHI without first obtaining a valid release/consent form (Authorization to Use and Disclose (AUD) Protected Health Information Form). In Pennsylvania, minors ages 14 – 17 may control the release of his/ her behavioral healthcare records. As a general rule, where a minor has the authority to agree to his/her own treatment and the consent of the minor's parent/guardian is not needed, the minor controls the release of his/her records regarding that treatment.

For more information about the AUD form, contact Magellan. Or visit www.MagellanofPA.com under "Providing Care." You may submit the AUD form electronically or you may fax a signed and completed form to Magellan at 1-866-667-7744. The form must be completed in full in order to be valid.

We will always use the least amount of information necessary when giving or using your information. We may need to use or disclose information in a way that is not listed in this notice. If so, we will ask for your written "okay" before we use or disclose your information.



What are my other rights related to privacy?

- You have the right to request restrictions or limits on some uses and disclosures of your health information. We will consider each request. However, we do not have to agree to them. In some cases, limits set on the disclosure of your information may make it difficult for us to pay for your services.
- You have the right to receive confidential communications. We will send information to the most current address in our files based on the eligibility you used to apply for benefits. You have the right to ask to receive notices about your health information in another way or at a different address. If possible, we will change how and where we send your information if our usual way puts you in danger.
- You have the right to receive a copy of your health information that is part of your records. This right does not apply to psychotherapy notes. Or information gathered to prepare for civil, criminal or administrative actions for proceedings. Or when the law does not permit the release. We cannot release health information if it could harm you or another person. We cannot release information created by your provider. Call your provider to get this information.
- You have the right to ask us to change health information if something is missing or wrong.
- You have the right to ask for a list of who got your health information. This does not include situations for when we had your written permission. Or we disclosed your information for treatment, payment or healthcare operations. Or we disclosed information for law enforcement or national security purposes. Or if the information was disclosed before April 14, 2003.

All rights related to your privacy must be made in writing to Magellan. If we deny your request, we will send you a letter that tells you why within 30 days. We may charge you for the cost of copying and mailing. You cannot get a copy of certain information.

Please send all requests to the Privacy Officer at the following address:

Magellan Behavioral Health of Pennsylvania, Inc.
Attn: Privacy Officer
105 Terry Drive, Suite 103
Newtown, PA 18940

The law requires us to maintain the privacy of your health information. The law requires us to give you this notice. This information includes our legal duties and privacy practices with respect to your health information.

We have the right to change the terms of this notice. We can make the new notice requirements effective for all of your health information that we keep. If this happens, we will send you a notice of this change within 60 days.

Consumer and family satisfaction

We want you to be happy with the services you get. Consumer/Family Satisfaction Teams (CFST) are made up of people and families that use services and interview Magellan members about their services. These teams may contact you about the care you receive. The teams work to find out how satisfied members are with their mental health, substance abuse and co-occurring services. The teams collect members' answers or suggestions. This information is used by Magellan, the counties and providers to develop and implement recommendations to make services more effective. You can contact these groups at:

Bucks County

- **Voice and Vision, Inc.**
600 Louis Drive, Suite 106
Warminster, PA 18974
1-800-734-5665
www.voiceandvisioninc.org

Delaware County

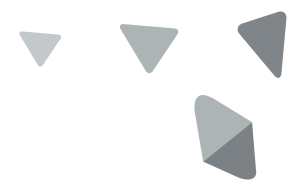
- **The Consumer Satisfaction Team, Inc., Delaware County Division**
7000 Terminal Square, Suite 216
Upper Darby, PA 19082
1-610-713-5915
www.thecst.org
- **Family Empowerment Satisfaction Team (FEST)**
7200 Chestnut Street
Upper Darby, PA 19082
1-267-507-3850 or 1-800-688-4226 (toll-free)
www.mhasp.org

Montgomery County

- **Consumer Satisfaction Team (CST) of Montgomery County of PA, Inc.**
HopeWorx, Inc.
1210 Stanbridge Street, Suite 600
Norristown, PA 19401
1-610-270-3685
www.hopeworxinc.org
- **Family Empowerment Satisfaction Team (FEST)**
700 East Main Street, Suite 200
Norristown, PA 19401
1-267-507-3492
www.mhasp.org
- **PRO-ACT- The Council of Southeast Pennsylvania, Inc.**
Bailiwick Office Campus Unit 12 & 33
252 West Swamp Road
Doylestown, PA 18901
1-215-345-6644 or 1-800-221-6333 (toll-free)
www.councilsepa.org/programs/pro-act

Lehigh and Northampton Counties

- **Lehigh Valley Recovery Partnership Team**
70 West North Street, Suite 101
Bethlehem, PA 18018
1-610-861-2741
www.recoverypartnership.org/index.html



Complaints

What if I have a complaint about my care?

A complaint is when you tell us you are unhappy with Magellan or your provider. If you have a complaint about your provider, try to solve it by talking directly with him or her first.

Some examples of a complaint include:

- You are unhappy with the care you are getting.
- You are unhappy that you cannot get the service you want because it is not a covered service.
- You are unhappy that you have not received services that you have been approved to get. (Magellan’s providers must provide services within one hour for emergencies, within 24 hours for urgent situations, and within seven days for routine appointments and specialty referrals. If a treatment plan is approved, services must be provided according to the prescribed treatment plan.)

What should I do if I have a complaint?

If you are unable to solve the concern with your provider, contact Magellan:

- **Call** your county member services number.
- **Fax** to 1-888-656-2380.
- **Mail** to:
Magellan Behavioral Health of Pennsylvania, Inc.
Attention: Complaints and Grievances
105 Terry Drive, Suite 103
Newtown, PA 18940
- **Email:** Visit www.MagellanofPA.com. Click on “Benefits and Services.” Click on “Complaints and Grievances.” Scroll to “For Members” and click on “this link.” From here, click on “Member Services.” Fill out your complaint and click “Send.”

This is called a first-level complaint.

When should I file a first-level complaint?

You may file most complaints at any time. However, you must file a complaint within 45 days of getting a letter telling you that:

- You cannot get a service you want because it is not a covered service.
- Magellan will not pay a provider for a service you received.
- Magellan did not decide a first-level complaint or grievance you filed earlier within 30 days of when you filed it.
- You must file a complaint within 45 days of the date you should have received a service if your provider did not give you the service.

What happens after I file a first-level complaint?

Magellan will send you a letter to let you know we received your complaint. The letter will tell you about the first-level complaint process. You may ask Magellan to see any information they have about your complaint. You may also send Magellan any information that may help with your complaint.

If you filed a complaint because of one of the reasons listed below, you can be included in the first-level complaint review. You must call Magellan within 10 days of the date on the letter to tell us that you want to be included.

- You are unhappy that you have not received services that you were approved to get.
- You are unhappy that you cannot get a service you want because it is not a covered service.

- You are unhappy that Magellan will not pay a provider for a service you received.
- You are unhappy that a decision was not made about your first-level complaint or grievance within 30 days.

You can come to our offices or be included by phone. You do not have to attend if you do not want to. If you do not attend, it will not affect our decision. One or more Magellan staff who have not been involved in the issue about which you filed your complaint will make a decision. Your complaint will be decided no more than 30 days after we received it.

A letter will be mailed to you no more than five business days after Magellan makes its decision. This letter will tell you the reason(s) for the decision. It will also tell you how to file a second-level complaint, if you don't like the decision.

How to file to continue getting services (following first-level complaint filing)

If you have been receiving services that are being reduced, changed or stopped, and you file a complaint, the services will continue as below until a decision is made:

- Inpatient services: the complaint is received by Magellan or postmarked within one calendar day from the date of the notice.
- All other services: the complaint is received by Magellan or postmarked within 10 calendar days from the date of the notice.

What if I do not like the first-level complaint decision?

If you are not happy with the first-level complaint decision, you may file a second-level complaint with Magellan.

When should I file a second-level complaint?

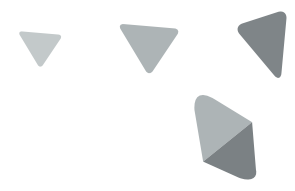
You must file your second-level complaint within 45 days of the date you get the first-level complaint decision letter. Use the same address or phone number you used to file your first-level complaint.

What happens after I file a second-level complaint?

Magellan will send you a letter to let you know we received your complaint. The letter will tell you about the second-level complaint process. You may ask Magellan to see any information about your complaint. You may also send information that may help with your complaint.

You can come to a meeting of the second-level complaint committee or attend by phone. Based on your county of eligibility, Bucks County Behavioral Health System, Delaware County Office of Behavioral Health, Montgomery County Department of Behavioral Health/ Developmental Disabilities or Lehigh and Northampton County HealthChoices will conduct the second-level review. You will be notified in writing once the time and place of the review have been scheduled. If you do not attend or participate, it will not affect the decision.

The second-level complaint review committee will consist of a representative from Magellan, your county of eligibility (Bucks County



Behavioral Health System, Delaware County Office of Behavioral Health, Montgomery County Department of Behavioral Health/Developmental Disabilities, or Lehigh and Northampton County HealthChoices) and either a HealthChoices member who has received behavioral health services or the parent of a member who has received services. The members of the committee won't have been involved before in the issue about which you are complaining. The committee will make a decision within 30 days from the date Magellan received your second-level complaint.

A letter will be mailed to you within five business days after the committee makes its decision. This letter will tell you the reason for the decision. It will also tell you how to ask for an external complaint review if you don't like the decision.

How to file to continue getting services (following second-level complaint filing)

If you have been receiving services that are being reduced, changed or stopped, you can file a complaint. The services will continue as below until a decision is made:

- Inpatient services: the complaint is received by Magellan or postmarked within one calendar day from the date of the notice.
- All other services: the complaint is received by Magellan or postmarked within 10 calendar days from the date of the notice.

What if I don't like the second-level complaint decision?

If you are unhappy with the second-level complaint decision, you may ask for an external complaint review by the Pennsylvania Department

of Health Bureau of Managed Care or the Pennsylvania Insurance Department Bureau of Consumer Services. The Department of Health handles complaints that involve the way a provider gives care or services. The Insurance Department reviews complaints that involve Magellan's policies and procedures.

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

- **Pennsylvania Department of Health Bureau of Managed Care**
Room 912 Health & Welfare Building
625 Forster Street
Harrisburg, PA 17120-0701
1-888-466-2787
Fax: 1-717-705-0947
AT&T Relay: 1-800-654-5984 (for individuals with hearing impairments)
- **Pennsylvania Insurance Department Bureau of Consumer Services**
1321 Strawberry Square
Harrisburg, PA 17120
1-877-881-6388

If you send your request for external review to the wrong department, it will be sent to the correct department. The Department of Health or the Insurance Department will get your file from Magellan. You may also send them any other information that may help with the external review of your complaint. You may be represented by an attorney or another person during the external review.

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

How to file to continue getting services (following filing of external complaint review)

If you have been receiving services that are being reduced, changed or stopped, you can file a complaint. The services will continue as below until a decision is made:

- Inpatient services: the complaint is received by Magellan or postmarked within one calendar day from the date of the notice.
- All other services: the complaint is received by Magellan or postmarked within 10 calendar days from the date of the notice.

What can I do if my health is at immediate risk? (expedited complaint)

If your health is at immediate risk, an expedited (faster) complaint can be filed. It will be decided by a doctor who has not been involved in the issue about which you filed your complaint.

Magellan will call you within three business days of when we receive your request for an expedited complaint review with our decision. You will receive a letter telling you the reason(s) for the decision. It will tell you how to request an external complaint review if you don't like the decision. An expedited complaint decision may not be requested after a first-level complaint decision has been made on the same issue.

What kind of help can I have with the complaint process?

If you need help filing your complaint, a Magellan staff member will help you. This person can also assist you during the complaint 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.

You may also have a family member, friend, lawyer or other person help you file your complaint. This person can also help you if you want to appear at the complaint review. For legal assistance, you can contact Legal Aid of Southeastern Pennsylvania at 1-877-429-5994.

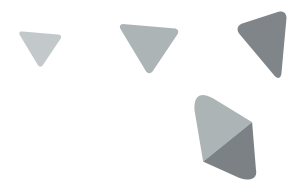
At any time during the complaint process, you can have someone you know represent you or act on your behalf. If you decide to have someone represent or act for you, tell Magellan in writing the name of that person and how we can reach him or her. You, or the person you choose to represent you, may ask Magellan to see any information we have about your complaint.

Individuals with disabilities

Magellan will provide individuals with disabilities the following help in presenting complaints or grievances at no cost, if needed. This help includes:

- Providing sign language interpreters.
- Providing information submitted by Magellan 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.

NOTE: For some issues, you can request a fair hearing from the Pennsylvania Department of Human Services *in addition to, or instead of,* filing a complaint or grievance with Magellan.



Grievances

What is a grievance?

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

You can file a grievance if Magellan does any of these things:

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

What should I do if I have a grievance?

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

If you have a grievance, contact Magellan:

- **Call** your county member services number.
- **Fax** to 1-888-656-2380.
- **Mail** to:
Magellan Behavioral Health of Pennsylvania, Inc.
Attention: Complaints and Grievances
105 Terry Drive, Suite 103
Newtown, PA 18940

Your provider can file a grievance for you, if you give the provider your consent in writing. Please note that if your provider files a grievance for you, you cannot file a separate grievance on your own.

What happens after I file a first-level grievance?

Magellan will send you a letter to let you know we received your grievance. The letter will tell you about the first-level grievance process. You may ask Magellan to see any information we have about your grievance. You may also send any information that may help with your grievance to Magellan.

If you want to be included in the first-level grievance review, you must call us within 10 days of the date on the letter. You can come to our offices or be included by phone. You don’t have to attend if you do not want to. If you do not attend, it will not affect our decision.

A committee of one or more Magellan staff, including a doctor or licensed psychologist who has not been involved in the issue about which you filed your grievance, will make a decision about your first-level grievance. Your grievance will be decided within 30 days after we received it.

A letter will be mailed to you no more than five business days after Magellan makes its decision. This letter will tell you the reason for the decision. It will also tell you how to file a second-level grievance if you don’t like the decision.

How to file to continue getting services (following first-level grievance filing)

If you have been receiving services that are being reduced, changed or stopped, you can file a grievance. The services will continue as below until a decision is made:

- Inpatient services: the grievance is received by Magellan or postmarked within one calendar day from the date of the notice.
- All other services: the grievance is received by Magellan or postmarked within 10 calendar days from the date of the notice.

What if I do not like the first-level grievance decision?

If you are not happy with the first-level grievance decision, you may file a second-level grievance with Magellan.

When should I file a second-level grievance?

You must file your second-level grievance within 45 days of the date you get the first-level grievance decision letter. Use the same address or phone number you used to file your first-level grievance.

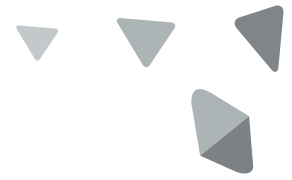
What happens after I file a second-level grievance?

Magellan will send you a letter to let you know we received your grievance. The letter will tell you about the second-level grievance process. You may ask Magellan to see any information we have about your grievance. You may also send any information that may help with your grievance to Magellan.

You can come to a meeting of the second-level grievance committee or be included by phone. Based on your county of eligibility, Bucks County Department of Behavioral Health, Delaware County Office of Behavioral Health or Magellan, Lehigh County HealthChoices, Montgomery County Department of Behavioral Health/Developmental Disabilities, and Northampton County HealthChoices will conduct the second-level review. You will be notified in writing once the time and place of the review have been scheduled. If you do not attend or participate, it will not affect the decision.

The second-level grievance review committee will consist of a representative from Magellan, your county of eligibility (Bucks County Behavioral Health System, Delaware County Office of Behavioral Health, Lehigh County HealthChoices, Montgomery County Department of Behavioral Health/Developmental Disabilities, or Northampton County HealthChoices) and either a HealthChoices member who has received behavioral health services or the parent of a member who has received services. A doctor or licensed psychologist will be on the committee. The members of the committee won't have been involved before in your grievance issue. The committee will make a decision no more than 30 days from the date Magellan received your second-level grievance.

A letter will be mailed to you within five business days after the committee makes its decision. This letter will tell you the reason for the decision. It will also tell you how to ask for an external grievance review if you don't like the decision.



How to file to continue getting services (following second-level grievance filing)

If you have been receiving services that are being reduced, changed or stopped, you can file a grievance. The services will continue as below until a decision is made:

- Inpatient services: the grievance is received by Magellan or postmarked within one calendar day from the date of the notice.
- All other services: the grievance is received by Magellan or postmarked within 10 calendar days from the date of the notice.

What if I still don't like the decision (following second-level grievance decision)?

If you are not happy with the second-level grievance decision, you can ask for an external grievance review. You must call or send a letter to Magellan asking for an external grievance review within 15 days of the date you received the second-level grievance decision letter. Use the same address and phone number you used to file your first-level grievance. We will then send your request to the Pennsylvania Department of Health.

The Department of Health will notify you of the external grievance reviewer's name, address and phone number. You will also be given information about the external review process. Magellan will send your grievance file to the reviewer. You may provide the reviewer additional information that may help with the external review of your grievance, within 15 days of filing the request for an external grievance review.

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

How to file to continue getting services (following external review filing)

If you have been receiving services that are being reduced, changed or stopped, you can file a grievance. The services will continue as below until a decision is made:

- Inpatient services: the grievance is received by Magellan or postmarked within one calendar day from the date of the notice.
- All other services: the grievance is received by Magellan or postmarked within 10 calendar days from the date of the notice.

If you need help or have questions about complaints and grievances, you may call Magellan. You can also contact Legal Aid of Southeastern Pennsylvania at 1-877-429-5994 or the Pennsylvania Health Law Project at 1-800-274-3258.

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

If your doctor believes that the usual time frames for deciding your grievance will harm your health, you or your doctor can call Magellan and ask that your grievance be expedited. You will need to have a letter from your doctor faxed to Magellan at 1-888-656-2380 explaining how the usual time frame of 30 days for deciding your grievance will harm your health. If your doctor does not fax Magellan this letter, your grievance will be decided within the usual time frames.

Expedited grievance and expedited external grievance

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

Magellan will call you within three business days of when we receive your request for an expedited grievance review with the decision. You will receive a letter telling you the reason for the decision. It will tell you how to ask for an expedited external grievance review if you don't like the decision.

If you want to ask for an expedited external grievance review by the Department of Health, you must call Magellan within two business days from the date you get the expedited grievance decision letter. Magellan will send your request to the Department of Health within 24 hours after receiving it. An expedited grievance decision may not be requested after a second-level grievance decision has been made on the same issue.

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

If you need help filing your grievance, a Magellan staff member will help you. This person can assist you during the 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 grievance.

You may also have a family member, friend, lawyer or other person help you file your grievance. This person can also help you if you decide you

want to appear at the grievance review. For legal assistance, you can contact Legal Aid of Southeastern Pennsylvania at 1-877-429-5994.

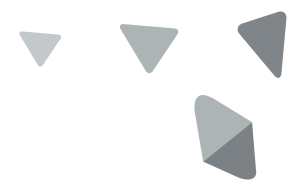
At any time during the grievance process, you can have someone you know represent you or act on your behalf. If you decide to have someone represent or act for you, tell Magellan in writing the name of that person and how we can reach him or her. You, or the person you choose to represent you, may ask Magellan to see any information we have about your grievance.

Individuals with disabilities

Magellan will provide individuals with disabilities the following help in presenting complaints or grievances at no cost, if needed. This help includes:

- Providing sign language interpreters.
- Providing information submitted by Magellan 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.

NOTE: For some issues, you can request a fair hearing from the Pennsylvania Department of Human Services in addition to, or instead of, filing a complaint or grievance with Magellan.



Fair hearings

In some cases, you can ask the Pennsylvania Department of Human Services to hold a hearing because you are unhappy about or do not agree with something Magellan did or did not do. These hearings are called “fair hearings.” You can ask for a fair hearing at the same time you file a complaint or grievance, or you can ask for a fair hearing after the first- or second-level complaint or grievance decision.

How do I ask for a fair hearing?

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

Pennsylvania Department of Human Services
Office of Mental Health Substance Abuse Services
Division of Quality Management
Commonwealth Towers, 12th Floor
P.O. Box 2675
Harrisburg, PA 17101

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

- The member’s name.
- The member’s Social Security number and date of birth.
- A phone number where you can be reached during the day.
- If you want to have the fair hearing in person or by phone.
- Any letter you may have received about the issue for which you are requesting your fair hearing.

What happens after I ask for a fair hearing?

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

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

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

If you ask, Magellan must give you (at no cost to you) any records, reports and other information we have that is relevant to the fair hearing you requested.

When will the fair hearing be decided?

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

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

A letter will be sent to you after the decision is made. This letter will tell you the reasons for the decision. It will tell you what to do if you don’t like the decision.

If you have been receiving services that are being reduced, changed or stopped, you can file a request for a fair hearing. The services will continue as below until a decision is made:

- Inpatient services: the request is received by Magellan or postmarked within one calendar day from the date of the notice.
- All other services: the request is received by Magellan or postmarked within 10 calendar days from the date of the notice.

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

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

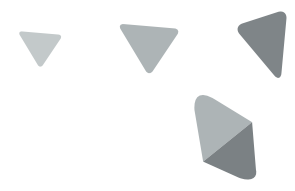
You will need to have a letter from your doctor faxed to 1-717-772-7827 explaining why using the usual timeframes to decide your fair hearing will harm your health. If your doctor does not send a written statement, your doctor may testify at the fair hearing to explain why using the usual timeframes to decide your fair hearing will harm your health.

The Bureau of Hearings and Appeals will contact you to schedule the expedited fair hearing.

The hearing will be held by phone within three business days after you ask for the fair hearing. If your doctor does not send a written statement and does not testify at the fair hearing, the fair hearing decision will not be expedited. Another hearing will be scheduled and decided within 90 days.

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

If you need help or have questions about fair hearings, you may call Legal Aid of Southeastern Pennsylvania at 1-877-429-5994, or the Pennsylvania Health Law Project at 1-800-274-3258, or Magellan. We will notify you at least 30 days before the effective date of any changes to procedures related to grievances and fair hearings.



Recovery, resiliency, wellness and peer support

The values of recovery and resiliency guide us as we work with providers. Together we want to deliver quality care to each member. You can live well and still have mental health challenges. Taking care of yourself involves good lifestyle habits. These include:

- Eating the right foods.
- Getting regular exercise.
- Getting a good night’s rest.
- Having good hygiene.

Good lifestyle habits will help you live well. Living with day-to-day challenges in life includes building your skills to bounce back even when you are feeling stress and having healthy relationships. Below are a few questions and answers to help you understand the ideas of:

- Recovery.
- Resiliency.
- Wellness.
- Peer support.

What is recovery?

Recovery means getting better. Your recovery may not be like someone else’s. There are many roads to recovery. Each person has his or her own path. Some things apply to everyone:

- Positive changes are possible.
- Recovery builds on your strengths and coping skills.
- Coping skills improve during recovery.

Recovery includes having choices about your services and supports. This helps you gain control over your life. Your recovery plan is something you develop for yourself. Your provider, a peer, a friend or family member can help you develop it.

It includes goals built on your needs, preferences and experiences. Another important part of recovery is respect for your rights. You should not be treated unfairly (see the member rights and responsibilities section in this handbook). Recovery involves accepting and believing in yourself. Take responsibility for your own recovery. Get help from others who are living well with their own mental health challenges. This is called mutual support. Or peer support. It means helping each other. You will read more about peer support later.

Having hope is important for recovery. You need to believe your life will get better. And you will have a better future. Hope comes from you. Your family, friends and providers can give you a sense of hope too.

What is resiliency?

Resiliency is the ability to bounce back and adapt. Even if you feel stress. Building resiliency includes learning new skills. This helps you feel more confident. It gives you a sense of hope. Resiliency means you are able to grow. You learn new ways to face challenges. This helps you move into the future.

People have different roads to recovery. They have many ways to learn to bounce back. Be aware when you have bad feelings about yourself or your situation. Then you can figure out how to stop letting these feelings affect you. Spirituality also helps people become more resilient. You must have hope in your life from yourself and from others. Meaning and purpose in life are important for everyone. Find ways to do healthy and enjoyable things. This may mean working or volunteering. Or learning new things. Or doing something creative.

Or it may mean helping others get better. Some people discover that helping others helps them.

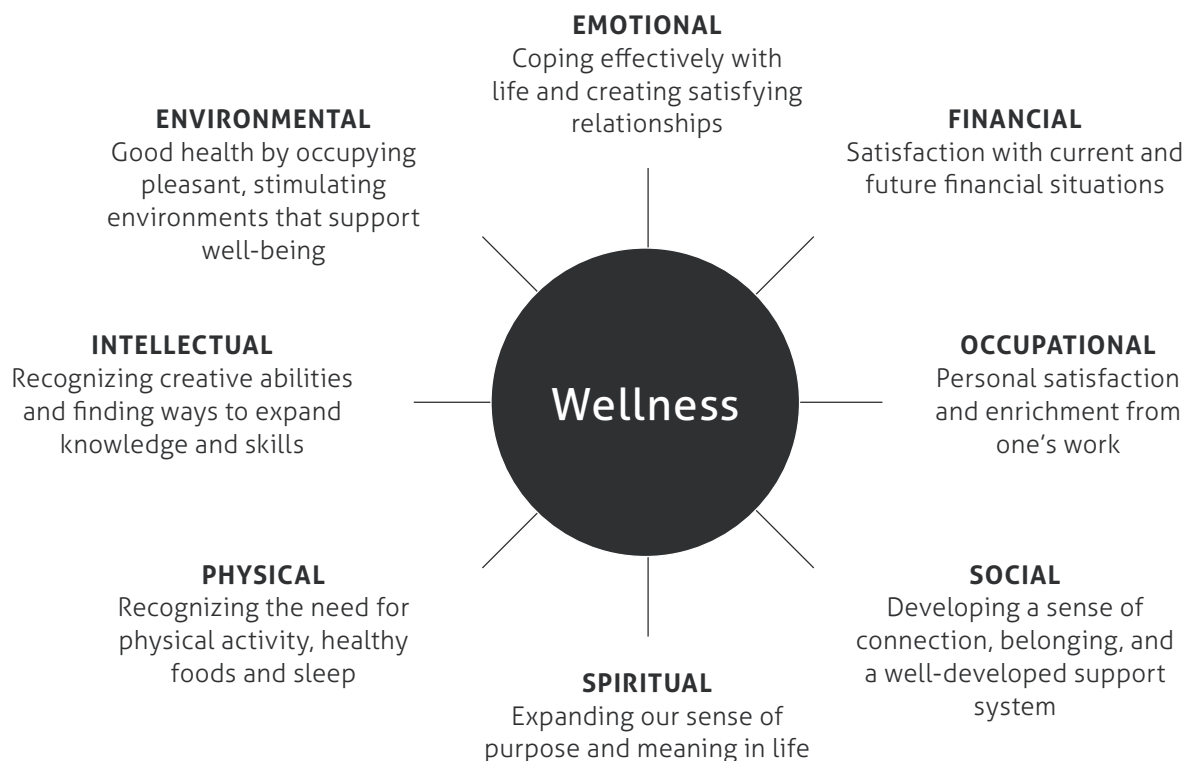
What does it mean to be well?

Our health includes mental and physical health. It also includes other areas of our lives, such as:

- Having your own money to do things you like.
- Being able to do creative things like paint, play music and work in a garden.
- Having healthy relationships.
- Having choices.

Wellness also includes helping others. Helping other people on the road to recovery and wellness helps you. This is called the “helper’s principle.” We get better by supporting others to get better. The picture below shows eight areas of wellness. Look at each area. See how it applies to your life. Also, see Substance Abuse and Mental Health Services Administration* (SAMHSA) and its Wellness Initiative: www.promoteacceptance.samhsa.gov/10by10/dimensions.aspx

SAMHSA’s Wellness Initiative focuses on the following areas of wellness:



*Used with permission of the Substance Abuse and Mental Health Services Administration (SAMHSA).
See SAMHSA’s Wellness Initiative: <http://www.promoteacceptance.samhsa.gov/10by10/dimensions.aspx>.*



What is peer support?

Peer support is when people who have experiences like yours help you. They share their experiences of living with behavioral health issues. Peer support comes from people who want to help you recover and be well. This can mean helping you build a circle of support you can count on. Getting peer support helps people living with behavioral health issues and physical health challenges. It helps them live better, healthier lives in the community.

Family members and parents who have had similar experiences also give peer support. They may be trained to help other families and parents. Family members who live with individuals who have mental health issues sometimes need to talk with someone who understands them. Family and parent peer support can help people who have a child living with mental health issues.

Peer support may be provided through:

- A self-help group.
- A peer-run organization.
- A family/parent-run organization.
- Your mental health provider.

A self-help group is made up of other people living with issues like yours. One example of a self-help group is Alcoholics Anonymous. Another example is Peer Support Whole Health and Resiliency groups. In these groups, you can join others in learning how to create healthy lifestyle choices. These choices will be based on your own goals and hopes. There are many self-help groups offered by peer and family-run organizations in Pennsylvania. Many of these organizations are listed in this handbook under “Other helpful resources.”

Peer-run organizations are more formal. They may have a variety of services and supports offered in a safe, drug and alcohol free community setting. This includes self-help groups. They are run by people living with mental health and/or substance abuse issues themselves. These people are moving along in their own recovery and want to help others. Some peer-run organizations have programs to help you:

- Find a job.
- Find a safe place to live.
- Create your own recovery and wellness plan.

Some organizations operate a “warm line.” This is a phone number you can call to talk with a peer supporter when you feel alone. You can also call if you just need to talk with someone who knows what it means to live with mental health issues.

Family/parent-run organizations also are more formal. They include many services and supports. They are run by people who have a family member who lives with mental health related issues. These groups are similar to peer-run organizations. They are run by family members who can help by sharing their own experiences.

Your mental health provider may offer peer support services. The peers who provide this support are trained to be peer specialists. They have special skills, information and ways to help you. Visit www.MagellanofPA.com. Go to the section heading “Benefits & Services” and choose “Recovery & Resiliency” to learn about peer support that is available to you. Or call us at the county-specific member services phone number.

Fraud, waste, abuse and overpayments

Magellan Behavioral Health of Pennsylvania, Inc. is dedicated to conducting business in an ethical and legal manner. Magellan is committed to preventing, detecting and reporting fraud, waste and abuse across various categories of healthcare-related fraud (internal fraud, electronic data processing fraud, external fraud).

What are fraud, waste, abuse and overpayments?

- Fraud is a false action that is used to get something of value.
- Waste is the misuse of services.
- Abuse refers to overused or unneeded services.
- Overpayments refer to any amount that is not approved to be paid by the Medicaid program.

Magellan always does business in a legal way. We want to prevent, find and report fraud, waste, abuse and overpayments. The Office of Attorney General (OAG) and Bureau of Program Integrity (BPI) also want to stop these things from happening. They check on anyone who may be trying to commit fraud, waste or abuse against the Medicaid program. This can include people receiving Medicaid services. It can also include providers or vendors.

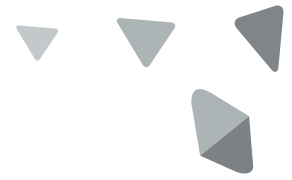
Some common examples of fraud and abuse are:

- Billing for services that do not take place or that take place for less time than they are supposed to.
- Billing twice for the same service.
- Using a wrong billing code (number) to get extra payments.
- Billing or charging you for services that your health plan covers.

- Offering you gifts or money to receive treatment or services.
- Making false documents by changing:
 - The date of service for claim.
 - Prescriptions.
 - Medical records.
 - Referral forms.
- Offering you free services, equipment or supplies in exchange for your ACCESS number (paying or taking a bribe).
- Giving you treatment or services that you don't need.
- Someone else using your Medical Assistance benefits (ACCESS card) to receive services, medication or equipment.

What can you do?

You may get a form asking if you received the services your provider was paid to give you. There will be an envelope to use to return your answers. An address will already be written on the envelope. And the postage on the envelope will be paid. Magellan will look into it if you tell us that you did not get the services that we paid your provider to give you. We will also report it to BPI and OAG.



Reporting Medicaid fraud, waste, abuse and overpayments

You may think an individual, company or provider is committing fraud, waste or abuse. Or they may be keeping overpayments. If so, please report it. You can report it to Magellan. Or you can report it directly to the Pennsylvania Department of Human Services (DHS) or the Pennsylvania Bureau of Program Integrity (BPI).

To make a report to Magellan, you can contact our Special Investigations Unit (SIU) or Corporate Compliance Department. The Magellan Corporate Compliance hotline is available 24 hours a day, seven days a week and is maintained by an outside vendor. Callers may choose to remain anonymous. All calls will be investigated and will remain confidential.

- Magellan's Special Investigations Unit:
Hotline 1-800-755-0850 or email
SIU@MagellanHealth.com
- Magellan's Corporate Compliance Unit:
Hotline 1-800-915-2108 or email
Compliance@MagellanHealth.com

The Department of Human Services has a hotline if you want to report a medical provider (for example, a doctor, therapist, hospital) or business (medical supplier) for suspected fraud or abuse for services provided to anyone with an ACCESS card.

- Pennsylvania Department of Human Services
Office of Administration
Bureau of Program Integrity
P.O. Box 2675
Harrisburg, PA 17105-2675
1-844-347-8477
 - Press 1 for recipient fraud
 - Press 2 for provider fraud

You can call the hotline and speak to someone Monday-Friday, 8:30 a.m. to 3:30 p.m. You may leave a voice mail message at other times. If you don't speak English, an interpreter will be made available. If you are hearing impaired, you can call the hotline using your TTY device. You may also submit suspected fraud or abuse online at www.dhs.pa.gov.

Other helpful resources

Many groups in Pennsylvania are available to help if you have a problem with your services. They may give you information or advice. Or they may offer to be with you or speak for you. Some of these resources are listed below. You can check on our website for other types of help. Go to: www.MagellanofPA.com.

Disabilities Law Project (DLP)

The DLP provides free legal help. This is for children and adults who are developmentally disabled, or those who have serious mental health challenges. This is in cases where people have been treated poorly because of their handicap.

801 Arch Street
Suite 610
Philadelphia PA 19107
1-215-238-8070

Disability Rights Pennsylvania (DRP)

DRP is a statewide, non-profit corporation designated as the federally mandated organization to advance and protect the civil rights of adults and children with disabilities.

1315 Walnut Street, Suite 500
Philadelphia, PA 19107-4798
1-215-238-8070
TTY: 1-877-375-7139
www.disabilityrightspa.org

Drug and Alcohol Service Providers Organization of Pennsylvania (DASPOP)

DASPOP assists those with commercial insurance or children's health insurance having difficulty accessing addiction treatment benefits.

3820 Club Drive
Harrisburg, PA 17110
www.daspop.org

Education Law Center (ELC)

The Education Law Center is a private, not-for-profit public interest law firm that advocates for the rights of public school students. ELC helps families of school-age youth needing support and information on legal rights concerning accommodations and the special education process.

1315 Walnut Street, 4th Floor, Suite 400
Philadelphia, PA 19107-4714
1-215-238-6970
www.elc-pa.org

Juvenile Law Center

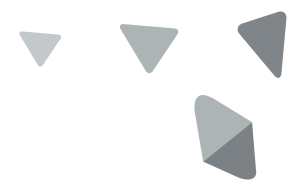
The Juvenile Law Center is a national nonprofit public interest law firm that advances and protects the rights and well-being of youth in the child welfare and justice systems by using legal advocacy, publications, projects, public education, and training to ensure those children receive the protection and services they need to become productive adults.

1315 Walnut Street, 4th Floor
Philadelphia, PA 19107
1-215-625-0551
1-800-875-8887
www.jlc.org

Legal Aid of Southeastern PA (LASP)

Offices on aging help people aged 60+ meet the challenges of aging. They partner with organizations, government agencies, and businesses to provide community programs and services, online help, and advocacy.

625 Swede Street,
Norristown, PA 19401
1-610-275-5400
1-877-429-5994 (Spanish)
www.lasp.org



Mental Health Association in Pennsylvania (MHAPA)

MHAPA is a nonprofit organization that reflects the ethnic and cultural diversity of the commonwealth, works on behalf of the mental health of its citizens, instilling principles that facilitate recovery and resiliency of individuals and their families, through advocacy, education, and public policy.

4105 Derry Street, Lower Level
Harrisburg, PA 17111
1-717-346-0549 or 1-866-578-3659
info@mhapa.org

Mental Health Association of Southeastern Pennsylvania Parents Involved Network (PIN)

PIN provides information, support, and referrals for parents/caregivers to help them become the best advocate for their children. Parent advocates who have been through the experience themselves support families whose children have behavioral health challenges.

Delaware County Parents Involved Network (PIN)
7200 Chestnut Street
Upper Darby, PA 19082
1-267-507-3793

Montgomery County Parents Involved Network (PIN)
700 E. Main Street
Norristown, PA 19401
1-267-507-3495

National Alliance on Mental Illness (NAMI)

NAMI is a self-help/advocacy group of consumers and family members working to increase public education and removing the stigma of mental illness. NAMI offers educational programs and support groups for parents of youth, family members and friends of adults facing a mental health diagnosis.

2149 N. 2nd Street
Harrisburg, PA, 17110
1-717-238-1514
1-800-950-6264 (toll-free)
www.namipa.org

National Council on Aging

The National Council on Aging is the first charitable organization in the U.S. that provided a national voice for older Americans. The group acts as advocates for this population in dealing with service providers and policymakers.

251 18th Street South
Suite 500
Arlington, VA 22202
1-571-527-3900
www.ncoa.org

Pennsylvania Department of Human Services (DHS)

The Department of Human Services Customer Service Call Center is available from 8:00 a.m. to 5:00 p.m. Monday – Friday at 1-877-395-8930. Individuals can use the call center for address changes, household member add-ons and removals, income changes, request replacement EBT cards, and case status inquiries. Members can also access the website at www.dhs.pa.gov.

**Pennsylvania Recovery Organization -
Achieving Community Together (PRO-ACT)**

This is a regional grassroots recovery support working to reduce the stigma of addiction and influence public opinion and policy regarding the value of recovery. Peer support and education programs are offered at each location. PRO-ACT membership consists of recovering individuals, their family members and friends, professionals working in the field, and others with a special interest in and knowledge of recovery—who wish to support recovery.

Information, Intervention and Recovery
Support Line

1-800-221-6333

www.councilsepa.org/programs/pro-act

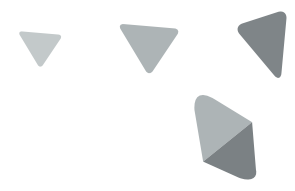
**United States Veterans Affairs Department
(VA)**

The VA administers a variety of benefits and services that provide financial and other forms of assistance to Service members, Veterans, their dependents.

Benefits: 1-800-827-1000

Health Care: 1-877-222-8387

Veterans Crisis Line: 1-800-273-8255



Definitions

Advance Directive—a legal document that states how you want to be cared for if you are not able to speak for yourself.

Advocate—a person who can help you when you have a problem getting the care you need. Or when you are working with Magellan.

Appeal—the process of getting a final answer from Magellan or the Department of Human Services. This is after you disagree with a Magellan action.

Behavioral Health Services—mental health, substance abuse and/or co-occurring services.

Behavioral Health Rehabilitation Services for Children and Adolescents—comprehensive outpatient services that are delivered in the home and community for children and adolescents who require intervention at the sites where their challenging behaviors occur. They are specialized services, determined to be medically necessary by a psychiatrist or psychologist.

Benefits—services and supports covered by your managed Medicaid program.

Care Manger—a person at Magellan who will work with you and your provider to coordinate your care and authorize payment for services.

Community—the local area or neighborhood and the people who live in the area.

Complaint—an expression of dissatisfaction or concern with any issues other than treatment and medical decisions.

Consumer—an individual who uses mental health and/or substance abuse treatment services.

Co-occurring disorder—when a person has both a mental health and a substance use disorder.

Crisis—a difficult or dangerous situation that needs serious attention.

Emergency—a health concern or injury that cannot wait. Emergencies should be treated quickly. Go to a hospital emergency room or call 911.

Evaluation—a series of tests, interviews and/or studies that help the doctor determine which treatment is best for you.

Fraud—the crime of using dishonest methods to take something valuable from another person or organization.

Grievance—a formal appeal of a denial, reduction or substitution of a service requested by your provider.

HealthChoices—Pennsylvania’s plan for Medical Assistance services for eligible residents of the state (commonwealth).

Managed Care Organization (MCO)—is an organization that provides health coverage with providers under contract.

Medicaid—a program under the Department of Human Services (DHS). It provides medical and mental health/substance abuse services. If you are eligible for Medicaid, you may be enrolled in Pennsylvania’s managed behavioral healthcare program.

Medical Necessity Criteria (MNC)—information used to decide what services you need to treat your condition.

Medication—drugs or medicine prescribed to you by your doctor to help you get better.

Member—a person who is enrolled with Magellan to receive behavioral health, substance abuse and/or co-occurring services.

Member Services—Magellan’s department that helps members get information about eligibility, providers and services.

Network—the group of individuals, agencies or facilities who are contracted with Magellan to provide services to members.

Peer Support Services—services provided by self-identified mental health and/or co-occurring members who have successfully completed peer certification training. These services are designed to support recovery and can be delivered in the community, home or office.

Power of Attorney—a written statement naming a person you choose. This person can make healthcare or mental health decisions for you if you cannot do it.

Prescription—medication given by a doctor to an individual to treat an illness. It can also be the form that the doctor uses to write instructions to a drug store that will fill the prescription.

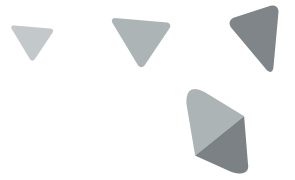
Primary Care Physician (PCP)—a physical health doctor who manages an individual’s medical needs.

Providers—the individuals, agencies or facilities that provide healthcare services (pharmacy, dental, vision, primary care physician, behavioral health, substance abuse, co-occurring services, etc.).

Referral—the process your provider or Magellan uses to send you to another provider for special types of care.

Substance Abuse—an alcohol or other drug challenge.

Treatment—medication, therapy and other services given by professionals to treat or cure an illness.



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