

Magellan Behavioral Health of Pennsylvania, Inc.

Member Handbook

Services for Pennsylvania HealthChoices
Program members

Cambria:

1-800-424-0485



Dear Member:

This handbook is for individuals who live in Cambria County. It is for individuals that enrolled in the HealthChoices Program and who need help with behavioral health, substance abuse or co-occurring issues. When behavioral health and substance abuse issues present at the same time, they are co-occurring. You may never have behavioral health or substance abuse concerns. However, 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.

- Cambria County..... 1-800-424-0485

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

- Cambria County..... 1-877-769-9785
- 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 numbers listed above. The member services associate or care manager will transfer you to a translator.

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. If you are unsure of a term, see the “Definitions” section at the end of the handbook.

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 know about Magellan and our services. The following is a list of additional information you may request:

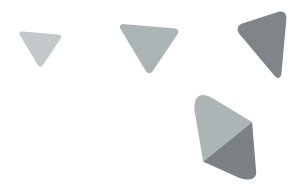
- A list of Magellan’s Board of Directors.
- A copy of our confidentiality procedures.
- Our criteria for approving providers.
- Our process for deciding if a service is experimental.
- A description of how providers are paid.
- A description of our Quality Improvement program.
- The process for HealthChoices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

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 that includes the Cambria County Behavioral Health/Intellectual Disabilities and Early Intervention Program. Magellan also works with 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. Magellan staff is also available to review the handbook.

Call our toll-free member service number any time, 24 hours a day and 7 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.

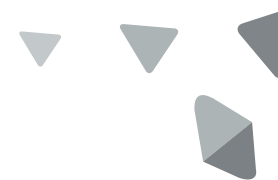
- Cambria County 1-800-424-0485

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- Cambria County..... 1-877-769-9785
- After-hours 1-800-787-1730 (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.
 - 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. You do not need 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. Especially if it will result in serious damage to you or a family member's health. 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:

- Cambria County: 1-800-424-3711

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?

When you or a loved one have thoughts that you may hurt yourself or 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. Your symptoms may suddenly get worse. If this happens, **CALL 911** or 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?

Call Magellan if you need follow-up care after an emergency. We will help you get an appointment with a provider. Magellan may need to provide approval first if you need additional care. If you are outside of the area and need treatment and it is not an emergency, call Magellan. 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. Please see your doctors (psychiatrist and physical healthcare doctor) before you leave home. Be sure to fill any medicine prescriptions before you travel. Talk to your doctors (psychiatrist and physical healthcare doctor) if you are planning to travel outside of the country. Ask if travel outside of the country is a good idea for you. Your benefits will not cover services outside of the country.

Crisis intervention resources

- **Cambria County Reach Line:** 1-877-268-9463
- **Meadow's Psychiatric Center:**
Main Crisis Line, 1-877-268-9463, 24/7, 365 days a year services for mental health interventions

Pennsylvania Medicaid eligibility

COMPASS is the online tool for Pennsylvanians to apply for many health and human service programs. Use this website to find out if you qualify for Pennsylvania health and human services. You can apply for new benefits at this website. You can check your status and complete the application at www.compass.state.pa.us/Compass.Web/public/cmphome.

Pennsylvania's Enrollment Services Consumer Support Center can also 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 www.enrollnow.net.

If you are eligible for Pennsylvania Medical Assistance (Medicaid), there are currently no benefit limitations or out-of-pocket costs for medically necessary covered services with Magellan. The list of covered services is in a later section of this handbook.

County assistance office

Pennsylvania residents can get assistance and services from your county assistance office.

Cambria County Assistance Office

625 Main Street

Johnstown, PA 15901

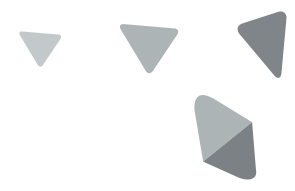
1-877-315-0389

Fax: 1-814-533-2214

LIHEAP: 1-814-533-2253

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. Our Customer Service Department will give you addresses and phone numbers for providers who are located in your area. These providers 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. 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.
- They 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. This is so your visit is covered. We are required to use registered providers of 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 form to support the level of care you are seeking. Call Magellan for assistance. **CALL 911** in an emergency 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 be in the Pennsylvania Medical Assistance Program.

If you are unhappy with the provider you chose, you might select a new one at any time for any reason. Let your provider know about your concerns. Try to work it out. If you are still unhappy, you can call us. We will help you find another provider. Call your provider to cancel any future visits.

The provider you have been seeing may call your new provider if you say it is “okay.” They may share information about your care. They cannot 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. You can also 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, 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?

Call Magellan if you have difficulty getting to an appointment with a provider. We will help you get a ride by giving you information about county transportation services. The Medical Assistance Transportation Program (MATP) also covers transportation services under certain situations. Contact your local MATP provider by calling 1-888-647-4814. A one-time MATP application must be completed and signed. The MATP provider will give you information about how to schedule transportation, use the local program and about your rights. You can reach your local county transportation services directly:

CamTran

1-814-535-5526 (Local)
www.camtranbus.com

Preparing for your visit

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

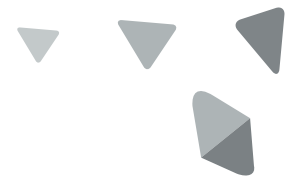
- Write the appointment time and date on your calendar.
- Ask the provider’s office to call you with a reminder.
- Ask a friend or family member to help remind you about your appointment.

You can call to re-schedule your appointment if you cannot make it. Most cancellations should occur at least 24 hours 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 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 cannot 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 the county. All services must meet medical necessity criteria. Some services also require preauthorization. Once services begin, we will continue to give our approval as long as your provider recommends them and they 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 please 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 will pay for these services. Your Magellan provider cannot bill you for any services we approve. Sometimes a Magellan network provider and Magellan will disagree about the medical necessity of your services. If this happens, 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 and 7 days a week to obtain a referral to a network provider.

What if I am already getting treatment?

You may not need to do anything if you are already receiving services and are satisfied. 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.

Continuity of Care

Occasionally, Magellan must terminate a contract with a participating provider for reasons other than for cause when the member is in an ongoing course of treatment with the provider. In this situation, the member can continue the course of treatment with the same provider for a transition period of up to 60 days. Measured from the date the member was notified by Magellan of the termination or pending termination.

Other times, a new member could be in an ongoing course of treatment with a non-participating provider, which is not otherwise covered by the terminated coverage. In this situation, the member is allowed to continue services with the non-participating provider for a transitional period of up to 60 days, from the effective date of enrollment with Magellan. Magellan, in consultation with the member and provider may extend the transitional period if determined to be clinically appropriate.

In all situations, Magellan will require non-participating and terminated providers to agree to the same terms and conditions, which are applicable to Magellan’s participating providers.

Covered services

There are many different types of services available to treat behavioral health needs. You can get these services in many places. The family should be involved when children and adolescents receive services.

Crisis services for behavioral health

A counselor or doctor can see you right away if you have a behavioral health emergency. **CALL 911** immediately if it is a life-threatening situation. Crisis services in life-threatening situations are available 24 hours a day and 7 days a week.

Members and families can get outpatient services (not in a hospital) when there is a crisis that is 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. 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 following services in Cambria County. Additional services called “supplemental services” may be available. 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).

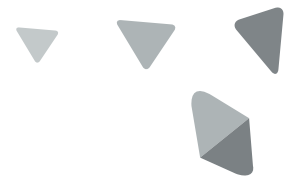
Case Management Services (includes Intensive Case Management, Resource Coordination, Blended Case Management and Recovery Coaching)

You and/or your child receive help with accessing and coordinating other resources. The resources include:

- medical, social, housing, educational and other services

Certified Peer Support (CPS)

Services provided by self-identified mental health and/or co-occurring members. These specialists 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)

Services provided by individuals who are in recovery from alcohol or drug use. They 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. Magellan will provide ongoing support.

Electroconvulsive Therapy (ECT)

ECT is a well-established psychiatric treatment. An individual who is asleep has seizures electrically created to treat several different behavioral health diagnoses.

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. Magellan will provide ongoing support.

Mobile Mental Health Treatment

Mental health treatment in the home for 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 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
- 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 teaching social skills, handling change and gaining independence. One goal is for individuals to experience success. Another goal is to create satisfaction in the community. A third goal is to create independence.

Psychological Testing

A licensed psychologist performs psychological tests. 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. This occurs 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

There are services not covered by the Pennsylvania HealthChoices Behavioral Health Plan. The uncovered services are possibly available through other plans or funding sources.

Medical services

Magellan does not cover medical services that are unrelated 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).

Examples of the uncovered medical services through 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. You can also get these services from a family planning clinic.

You should only call Magellan for behavioral health services.

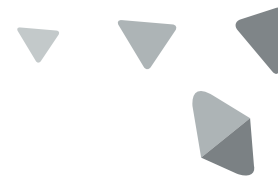
Magellan may not pay for services that are “experimental” or not proven. These include services that are not yet properly tested and/or accepted as standard treatment.

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. Your doctor or a Certified Registered Nurse Practitioner (CRNP) will write a prescription.

Your PH-MCO covers most medication. 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. Magellan may cover some medications. 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 information for the PH-MCOs is 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.

Aetna Better Health

Member Services: 1-866-903-0748 (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

United Healthcare 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. The provider should explain these at your first visit.

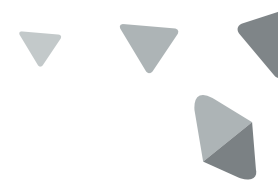
1. Your member rights: Right to request case file prior to any of the proceedings.

2. There's no cost to file (no charge).

3. Receive a list of advocacy organizations that can assist you.

- 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.
- D. Get care easily and when you need it.
- E. Receive information on available treatment options. Alternatives presented in a manner appropriate to your condition, culture and ability to understand.
- F. Take part in making your 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 with free translation available.
- H. Get information in other ways if you ask for it.
- I. Participate in decisions regarding your healthcare. This includes 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.
- T. File a grievance 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 to amend or correct your medical records according to 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 your race, ethnicity, sexual orientation, gender identity and/or 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 member responsibilities to Magellan staff and your provider:

- 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 plan of care. You and your provider agree to the plan of care.
- 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. This includes 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.
- 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, your treatment record is updated.

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. This is so you understand both the benefits and the risks.

Mental health advance directive

An “advance directive” includes legal forms. They talk about your preferences 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 decisions 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. This is for a situation when 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.

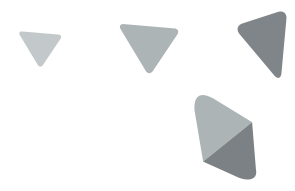
Tell your family and providers if you have a mental health advance directive. Give copies to:

- 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 that is okay 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. We will notify you if anything changes based on state law. If this happens, we will send you a notice of this change within 90 days.



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. To keep people 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. These agencies want to ensure that you are receiving quality treatment. They also want to ensure that Magellan is doing a good job.

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.

Contact Magellan for more information about the AUD form 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 in full is required 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 unlisted here. 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. 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. This is from 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. Sometimes 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 received your health information. This does not include situations:
 - When we had your written permission.
 - We disclosed your information for treatment, payment or healthcare operations.
 - We disclosed information for law enforcement or national security purposes.
 - If the information was disclosed before April 14, 2003.

All rights related to your privacy must be made in writing to Magellan. The request must be signed and dated. 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.

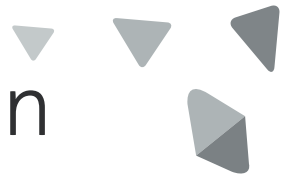
Please send all requests to the Privacy Officer at the following address:

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) include people and families that use services and then 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. Magellan, Cambria County and the providers use this information to develop and implement services that are more effective. You can contact the local CFST:

Cambria County

Peer Empowerment Network

514 Somerset Street

Johnstown, PA 15901

1-814-254-4342

www.pendropincenter.org

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.

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 7 days for routine appointments and specialty referrals. For approved treatment plans, services must follow the prescribed treatment plan.)

What should I do if I have a complaint?

Contact Magellan if you are unable to solve the concern with your provider:

- **Call:** 1-800-424-0485
- **Fax:** 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 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 receiving a letter telling you, that you cannot get a service you want because it is not a covered service.
- Of receiving a letter telling you, Magellan will not pay a provider for a service you received.
- Of receiving a letter telling you, Magellan did not decide a first-level complaint or grievance you filed earlier within 30 days of when you filed it.

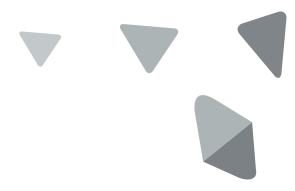
If you do not receive a letter, you must still file a complaint within 45 days of the date you should have received a service if your provider did not give you the service.

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 did not happen about your first-level complaint or grievance within 30 days.

You can come to our office or listen 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. We will decide on your complaint within 30 days of receipt.

We will mail a letter 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 do not like the decision.

NOTE: For some of these issues listed above, 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.

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

If you have been receiving services that are being reduced or 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 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. Cambria County Behavioral Health/Intellectual Disabilities and Early Intervention program will conduct the second-level review. You will receive a letter with the time and place of the review. 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, Cambria County Behavioral Health/Intellectual Disabilities and Early Intervention program 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 will not 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.

We will mail a letter to you no more than 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 do not 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 or 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 do not 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)

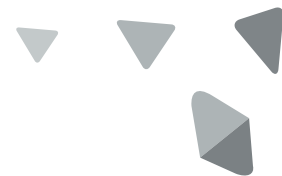
- **Pennsylvania Insurance Department Bureau of Consumer Services**

1321 Strawberry Square
Harrisburg, PA 17120

1-877-881-6388

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

A decision letter will be sent to you after the decision. It will tell you the reason(s) for the decision.



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

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

- 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 is possible. A doctor who has not been involved in the issue will handle the 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 do not like the decision. An expedited complaint decision is not possible after a first-level complaint decision on the same issue.

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

A Magellan staff member will help you if you need help filing your complaint. 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. You can contact:

- Legal Aid Office for legal assistance at 1-800-322-7572 (www.palegalservices.org)
- Pennsylvania Health Law Project at 1-800-274-3258 (www.phlp.org)

You can have someone you know represent you or act on your behalf at any time during the complaint process. If you decide to have someone represent or act for you, tell Magellan in writing his or her contact information. 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 at the complaint or grievance review in an alternative format before the review.
- Providing someone to help copy and present information.

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 asked for.

What should I do if I have a grievance?

We will tell you in a letter if Magellan does not completely approve a service for you. 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:** 1-800-424-0485
- **Fax:** 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. You cannot file a separate grievance on your own if your provider files a grievance for you.

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 office or listen by phone. You do not have to attend if you do not want to. If you do not attend, it will not affect our decision.

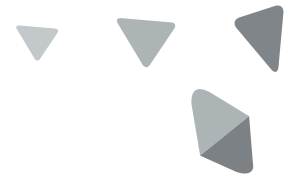
A committee of one or more Magellan staff, including a doctor or licensed psychologist who has not been involved in the issue about which you filed your grievance, will make a decision about your first-level grievance. We will decide on your grievance within 30 days of receipt.

We will mail a letter 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 do not 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 or 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 attend by phone. Cambria County Behavioral Health/Intellectual Disabilities and Early Intervention program will conduct the second-level review. You will receive a letter with the time and place of the review. 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, Cambria County Behavioral Health/Intellectual

Disabilities and Early Intervention program 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 will not 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.

We will mail a letter to you no more than 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 do not 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 or 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 do not 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 receive 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.

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

If you have been receiving services that are being reduced or 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.

Call Magellan if you need help or have questions about complaints and grievances. You can also contact:

- Legal aid office at 1-800-322-7572 (www.palegalservices.org)
- Pennsylvania Health Law Project at 1-800-274-3258 (www.phlp.org)

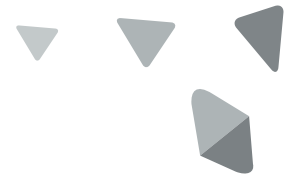
What can I do if my health is at immediate risk?

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

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 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 do not 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 is not possible once a second-level grievance decision occurs for the same issue.

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

A Magellan staff member will help you if you need help filing your grievance. 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 contact:

- Legal aid office at 1-800-322-7572 (www.palegalservices.org)
- Pennsylvania Health Law Project at 1-800-274-3258 (www.phlp.org)

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 his or her contact information. 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 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. This is 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 “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 daytime phone number.
- 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 the location of the hearing 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 the fair hearing or attend 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.

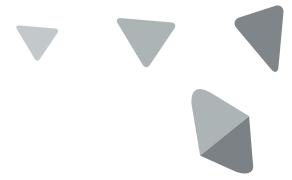
When will the fair hearing be decided?

The fair hearing will occur within 90 days from when the Department of Human Services gets your request.

A letter will be sent to you after the decision occurs. This letter will tell you the reasons for the decision. It will tell you what to do if you do not like the decision.

If you have been receiving services that are being reduced or 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, call the Department of Human Services at 1-877-356-5355 and ask that the fair hearing occur faster. This is 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 timing 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 occur 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.

The decision will occur within three business days after you asked for the expedited fair hearing if your doctor sends a written statement or testifies at the expedited fair hearing.

If you need help or have questions about fair hearings, contact:

- Legal Aid Office at 1-800-322-7572 (www.palegalservices.org)
- Pennsylvania Health Law Project at 1-800-274-3258 (www.phlp.org)
- Magellan at 1-800-424-0485

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 following ideas:

- 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 this. It includes goals built on your needs, preferences

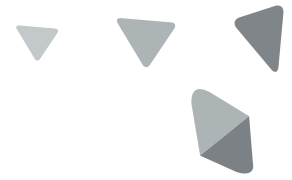
and experiences. Another important part of recovery is respect for your rights. You should not be treated unfairly (see the member rights and responsibilities section in this handbook). Recovery involves accepting and believing in yourself. Take responsibility for your own recovery. Get help from others who are living well with their own mental health challenges. This is 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. 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. Some people discover that helping others helps them.



Other ideas include:

- Learning new things.
- Doing something creative.
- Helping others get better.

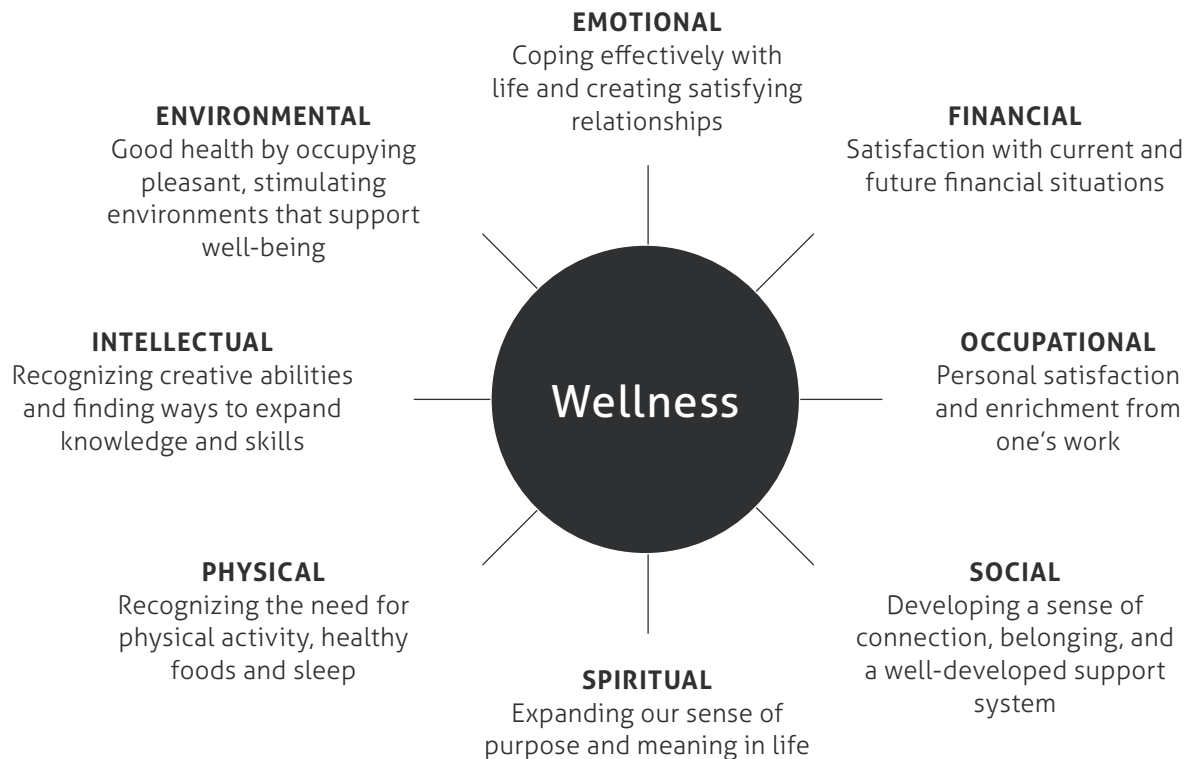
What does it mean to be well?

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.samhsa.gov/wellness-initiative.

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: www.samhsa.gov/wellness-initiative.

What is peer support?

Peer support is when people with similar experiences 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 can help other families and parents. Family members who live with individuals who have mental health issues sometimes need to talk with someone who understand them. Family and parent peer support can help people who have a child living with mental health issues.

Peer support can occur through:

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

A self-help group includes 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. You can join others in learning how to create healthy lifestyle choices. These choices will include 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 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. The groups are led by individuals living with mental health and/or substance abuse issues. 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 led by individuals who have a family member who lives with mental health related issues. These groups are similar to peer-run organizations. They are led 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 receive training 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. Call us at the 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 used to get something of value.
- Waste is the misuse of services.
- Abuse refers to overused or unneeded services.
- Overpayments refer to any amount not approved for payment 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 than actual time.
- 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 do not 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 services from your provider. There will be an envelope to use to return your answers. An address will be on the envelope. Postage for the envelope is included. 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. They may be keeping overpayments. Please report this. You can report it to Magellan. You can also report it directly to the Pennsylvania Department of Human Services (DHS) 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, 7 days a week and is managed by an outside vendor. Callers may choose to remain anonymous. All calls are 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
1-866-379-8477

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. An interpreter is available if you do not speak English. You can call the hotline using your TTY device if you are hearing impaired. You may also submit suspected fraud or abuse online at <http://www.dhs.pa.gov/learnaboutdhs/fraudandabuse/maprovidercompliancehotlinerresponseform/index.htm>

This has been set up so you do not have to give your name also.



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. They may offer to be with you or speak for you. Some of these resources are below. You can check on our website for other types of help at www.MagellanofPA.com.

Disabilities Law Project of Pennsylvania

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

1901 Law & Finance Building
429 Fourth Avenue
Pittsburgh, PA 15219
1-412-391-5225
Fax: 1-412-391-4496

Disability Rights PA

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.

301 Chestnut Street
Suite 300
Harrisburg, PA 17101
1-717-236-8110
1-800-692-7443
Fax: 1-717-236-0192
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. They advance and protect the rights and well-being of youth in the child welfare and justice systems. They do this 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
1-888-864-6393
www.jlc.org

Laurel Legal Services

Providing free civil legal services to low income individuals and families.

227 Franklin Street
Suite # 400
Johnstown, PA 15901
1-814-536-8917
1-800-253-9558
www.laurellegalservices.org

Mental Health Association in Pennsylvania (MHAPA)

MHAPA is a nonprofit organization that reflects the ethnic and cultural diversity of the commonwealth. They work on behalf of the mental health of its citizens. They instill principles that facilitate recovery and resiliency of individuals and their families. They do this 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

National Alliance on Mental Illness (NAMI)

NAMI is a self-help/advocacy group of consumers and family members. They work to increase public education and to remove 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

Peal Center

Serves families of children with disabilities and special health care needs. They do this by providing information and training on education issues in Western and Central Pennsylvania. This also includes health care needs statewide.

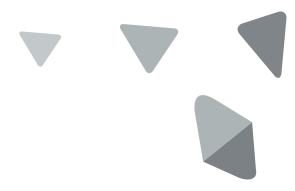
2325 E. Carson Street
Suite 100A
Pittsburgh, PA 15203
1-412-281-4404
1-866-950-1040
TTY: 1-412-281-4409
Fax: 1-412-281-4408
www.pealcenter.org

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 are encouraged to use the call center for these reasons:

- address changes
- household member add-ons and removals
- income changes
- request replacement EBT cards
- case status inquiries

Members can also access the website at www.dhs.pa.gov.



Pennsylvania Health Law Project (PHLP)

Provide free legal services and advocacy to Pennsylvanians having trouble accessing publicly funded health care coverage or services.

Pittsburgh Office
650 Smithfield Street
Suite 2130
Pittsburgh, PA 15222
1-412-434-5779
1-800-274-3258
TTY: 1-866-236-6310
Fax: 1-717-236-6311
www.phlp.org

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

This is a regional grassroots recovery support. They work 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
- family members and friends
- professionals working in the field
- 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

Rehabilitation and Community Providers Association (RCPA)

To promote a community-based, responsive and viable system of agencies. To provide quality services for persons with mental illness, intellectual disabilities, or addictive disease.

777 E. Park Drive
Harrisburg, PA 17111
1-717-364-3280
www.paproviders.org

The Arc of Cambria County

The Arc is the largest advocacy organization in the United States for persons with intellectual and developmental disabilities and their families. A group of parents founded the Arc of Pennsylvania with the following goals for individuals with intellectual disabilities:

- to promote the general welfare
- further the advancement of research
- develop a better understanding

960 Bedford Street
Johnstown, PA 15902
1-814-535-1511
Fax: 1-814-536-4406

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 and 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 receive care. This is when 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.

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. Intervention is required 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 Manager—a person at Magellan who will work with you and your provider. They coordinate your care and authorize payment for services.

Community—the local area or neighborhood. This includes 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. When quick treatment is necessary. 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.

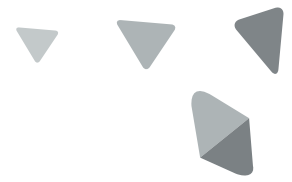
Medical Necessity Criteria (MNC)—information used to decide what services you need to treat your condition.

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

Member—a person 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 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 are unable.

Prescription—medication prescribed by a doctor to an individual to treat an illness.

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. Examples include:

- 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.

Discrimination is against the law

Magellan* follows the law. We treat all people equally. We do not discriminate against anyone based on:

- Race.
- Color.
- National origin.
- Age.
- Disability.
- Sex.

We provide free help and services to people with disabilities. We want you to be able to communicate with us easily. We offer:

- Qualified sign language interpreters.
- Written information in many formats.

These may include:

- Large print.
- Audio.
- Accessible electronic formats.
- Other formats.

We also provide free language services to people whose first language is not English. We offer:

- Qualified interpreters.
- Information in other languages.

Contact us at 1-800-424-3515 (TTY: 1-877-769-9785) if you need any of these services.

If you believe we have not provided these services or discriminated in another way, you can file a grievance with:

**Civil Rights Coordinator,
Corporate Compliance Department**
6950 Columbia Gateway Drive
Columbia MD 21046
1-800-424-7721
Fax: 1-410-953- 5207
compliance@magellanhealth.com

You can file a grievance in one of three ways.

- By mail.
- By fax.
- By email.

The civil rights coordinator is available if you need help with any of this.

You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. You may do this online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Or you may do this by mail or phone:

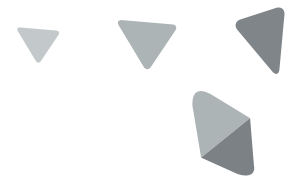
U.S. Department of Health and Human Services

200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019
TDD: 1-800-537-7697

Complaint forms are available online. You may find them at www.hhs.gov/ocr/office/file/index.html or you may contact:

The Bureau of Equal Opportunity
Room 223, Health and Welfare Building
P.O. Box 2675
Harrisburg, PA 17105-2675
1-717-787-1127
TTY: 1-800-654-5484
Fax: 1-717-772-4366
Email: RA-PWBEOAO@pa.gov

Magellan refers to all applicable subsidiaries and affiliates of Magellan Health, Inc. including but not limited to Magellan Healthcare, Inc., National Imaging Associates, Inc., Magellan Rx Management, LLC, Magellan Complete Care and Magellan Behavioral Health of Pennsylvania, Inc.



Language access services

English

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-424-3515 (TTY: 1-877-769-9785).

Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-424-3515 (TTY: 1-877-769-9785).

Chinese

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-800-424-3515 (TTY: 1-877-769-9785)。

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-424-3515 (TTY: 1-877-769-9785).

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-424-3515 (TTY: 1-877-769-9785).

Pennsylvania German/Dutch

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-424-3515 (TTY: 1-877-769-9785).

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-424-3515 (TTY: 1-877-769-9785)번으로 전화해 주십시오.

Italian

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-424-3515 (TTY: 1-877-769-9785).

Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-424-3515 (رقم هاتف الصم والبكم: 1-877-769-9785).

French

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-424-3515 (TTY: 1-877-769-9785).

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-424-3515 (TTY: 1-877-769-9785).

Gujarati

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-424-3515 (TTY: 1-877-769-9785).



Polish

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-424-3515 (TTY: 1-877-769-9785).

French Creole

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-424-3515 (TTY: 1-877-769-9785).

Cambodian

បុរយ័តុន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សំរេចជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-800-424-3515 (TTY: 1-877-769-9785)។

Portuguese

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-424-3515 (TTY: 1-877-769-9785).

