



Reaching Out to You

NBHCC Community Newsletter

A Word from our Medical Director– Dr. Jyoti Shah

It is with a great pleasure that I joined Northeast Behavioral Health Care Consortium (NBHCC) in October 2006. As the Medical Director I have an important mission to ensure that policy and planning supports the quality care and access to care. I work in close collaboration with the Chief Executive Officer, Chief Quality Officer and staffs. I have actively participated in second level complaints and grievances hearing, Satisfaction and Outcomes Committee, Inter Systems Committee, Quality Management Committee and Behavioral Health Rehabilitative Services groups. This has afforded me the unique opportunity to provide critical psychiatric clinical input in order to improve coordination of services between health care providers, families, school systems and other organizations which has a valuable role in maximizing Recovery potentials of the individual served.

For people who need Mental Health services, we must ensure that services are planned to meet the individual needs in the least restrictive setting with the least intrusive approach. Whenever possible, it should be delivered in the community close to the residence of individual. This will allow active participation by the family in all stages of decision making and in the treatment planning process including possible utilization of natural resources such as social, religious, cultural organizations and support networks. It is also equally important that individuals who are providing such services have the skills, knowledge and competency to recognize and respect the ideas, attitudes, values, beliefs, customs and language.

As a member it is important that you take an active role in your treatment and are asking the right questions. For example: What effects/side effects should I expect from my medicine? Does my therapist understand and respect my culture? Is this the right service for me? Or What is available for me? Assessment and reassessment of clinical progress and looking at what is helping and where we need to change the plan of care and addressing the unique needs of the member are important in the planning process.

It is important that you focus on your clinical needs and constantly evaluate how efficiently services are being delivered to you. Safety and quality should never be compromised.

Chief Executive Officer:

James Gallagher

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Grievances Procedure

NBHCC, in collaboration with Community Care, is accountable to its Members for the effective utilization of resources in the provision of health care and the quality of care and services provided by its participating providers. Community Care handles the initial denial and Level one grievance process. The second level grievance process is managed by NBHCC. Community Care reviews requests from providers for behavioral health services to ensure that only those medically necessary services are approved.



There are two levels of internal grievances (Level I and Level II). If a member is not satisfied with the resolution after a Level 2 Grievance they have a right to appeal it further by filing an external grievance with the Department of Health. A Member also has the option of filing a Department of Welfare "Fair Hearing" at anytime throughout the grievance process.

Definition of a Grievance = A request to have Community Care and NBHCC reconsider a decision solely concerning the medical necessity and appropriateness of a health care service. A grievance may be filed regarding a Community Care decision to 1) deny, in whole or in part, authorization for a service if based on lack of medical necessity; 2) deny or issue a limited authorization of a requested service, including the type or level of service; 3) reduce, suspend, or terminate a previously authorized service; 4) deny the requested service but approve an alternative service.

A grievance can be lodged directly with Community Care by contacting:

Community Care Behavioral Health Organization
Glenmaura Professional Center, 2nd floor
72 Glenmaura National Blvd
Moosic, PA 18507
(866) 668-4696

Fair Hearing Review, correspondence is directed to the Department of Public Welfare:

Department of Public Welfare
Office of Mental Health and Substance Abuse Services
Division of Grievances and Appeals
Beech Mont Building #32, P.O. Box 2675
Harrisburg, PA 17105-2675

Information regarding Community Care's Policies and Procedures regarding Grievances is made available to the Provider Network through their inclusion in the Provider Manual.

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Sun and Skin

As we move the clocks ahead one hour we are getting an additional 30-60+ minutes for sunshine a day.

Sunshine not only helps to give us a “second” wind outside but it can also be very beneficial and dangerous in so many ways.

Follow these important steps:

- ◆ Wear sunscreen protection factor (SPF) of at least 15, even if it’s cloudy or you do not plan on spending a lot of time outdoors.
- ◆ Choose a sunscreen that blocks both UVA and UVB rays
- ◆ The sun’s rays are the strongest between 10:00AM and 4:00PM.
- ◆ Apply more sunscreen (with higher SPF) when you are around reflective surfaces like, snow, water, or ice.
- ◆ Protect your face and eyes with a hat and sunglasses that provide 100% UV protection.
- ◆ Some medications can increase your sensitivity to the sun, so if you are taking medication, increase your

sun protection.

Remember always wear sunscreen when outside. Wearing a hat and sunglasses help to protect your face and eyes. Be smart stay cool this summer and protect your skin from the sun’s harmful rays.



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Grievance Procedure Continued... from page 2

First Level Grievance Review:

Community Care is responsible for conducting all first level grievances. Community Care will notify the member and provider in writing, of a full or partial denial of authorization or the approval of an alternative prescribed services, the effective date of the decision, and the member’s right to grieve that decision. The member or their representative may initiate a First Level Grievance within 45 days from the date the member receives a denial notice, in writing or by phone, in which case Community Care will acknowledge the receipt of the grievance in writing and send a copy to the member for signature.

Second Level Grievance Review

NBHCC is responsible for directly conducting Second Level review activities for members and providers. The NBHCC Second Level Grievance Panel consists of 3 members: A member/family member for community representation, Community Relations Director and NBHCC Medical Director or Pennsylvania Licensed Psychologist. The member or their representative may file a verbal or written request for a Second Level Grievance. Community Care must receive the request within forty-five (45) days from the date the member received the written notice from Community Care’s First Level Grievance decision. Once a second level grievance is received, NBHCC will send the member and member’s representative, if the member designated one, an acknowledgement letter stating the substance of the member’s grievance. The grievance is heard by the panel and a decision is reached no more than thirty (30) days from the date of the request from the member for the Second Level grievance. The decision of the panel is based solely on the information presented at the second level review meeting.. A written decision is provide within 5 business days of the date of the panel meeting.

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Grievance Procedure Continued...from page 3



You Have Rights



File a grievance either verbally or in writing.

Community Care will provide the opportunity for an expedited (quicker) review of a grievance at any point prior to the second level grievance decision if a member, or their representative provides Community Care with a certification from his or her physician or psychologist that the member's life, health or ability to attain, maintain or regain maximum function would be placed in jeopardy by following the regular grievance process.

An external grievance (to the **Dept. of Health**) may be filed by the Member, their representative, or their provider with Member's written permission either verbally or in writing, to NBHCC within 15 days of receipt of the written outcome notice of the Second Level Grievance panel.

The process is that Community care will notify the Department of health of the filing of an external grievance within five (5) business days and include any material justification and all reasonably necessary supporting information. The Department of health will contact Community Care within two (2) business days of the request with the name of the certified utilization review entity (CRE).

The right to a Fair Hearing (by the **Dept. of Public Welfare**) can be exercised by any member. A member can request a fair hearing within 30 days of the date on the initial written notice of decision and within 30 days from the date on a complaint or grievance notice of decision at any level. Upon receipt for a fair hearing, the Department's Bureau of Hearings and Appeals or a designee will schedule a hearing.

An expedited (quicker) fair hearing can be filed with the Department of Public Welfare either in writing or orally. An expedited fair hearing will be conducted if a member's representative provides the Department with written certification from the member's physician or psychologist that the member's life, health or ability to attain, maintain or regain maximum function would be placed in jeopardy by following the regular fair hearing process. The Bureau of Hearings has 3 business days from the receipt of the member's oral or written request for an expedited review to process final administrative action.

Complaint Procedure

NBHCC and Community Care's policy for the resolution of complaints has been developed to establish an objective review process to investigate and resolve all complaints in an appropriate and timely manner and to meet all NBHCC, state and NCQA requirements. Community Care handles the first level complaint review process. NBHCC assumes responsibility for the second level complaint review

process. NBHCC Second Level Complaint panel consists of three members: a Health-Choices member, or guardian of such members, NBHCC staff person, Community Relations Director or Children's Services Coordinator.

By definition a complaint is an expression of dissatisfaction that a member presents, either in written or oral form, which is subject to resolution by one or

more designated employees of Community Care within a 30-day timeframe. It may be a dispute or an objection regarding a participating healthcare provider or re coverage, operations or management policies of NBHCC or Community Care, including, but not limited to 1.) a denial because the requested service is not a covered benefit; 2.) failure of Community Care to meet the

Resolution of Complaint Policy has been developed to establish an objective review

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Autism Disorder—What is being on the Spectrum Mean?

Autism is a complex developmental disability which typically appears during the first three years of life. Autism is a neurological disorder that affects the normal functioning of the brain and affects development in the areas of communication and social interactions.

Autism is a Pervasive Developmental Disorder (PDD). There are five (5) disorders under PDD:

- Autistic Disorder
- Asperger's Disorder
- Childhood Disintegrative Disorder (CDD)
- Rett's Disorder
- Pervasive Development Disorder—Not Otherwise Specified (PDD-NOS)

Over the past 15 years there has been an increase in autistic diagnosis with children. Autism is the most common PDD and per the Centers for Disease Control prevention it affects an estimated 1 in 150 births (CDC, 2007). This means 1.5 million Americans have some form of autism and this number is expected to rise. The U.S. Department of Education and other governmental agencies have estimated that autism is growing 10-17% yearly. The Autistic Society of America estimates that in the next ten (10) years autism could reach 4 million Americans.

While there are no medical tests to diagnose a child with autism there are some guidelines that the CDC has developed to provide early detection of autism in children which will allow for children to get treatment at an earlier age.

Children with autism typically are withdrawn. Most children are not diagnosed with autism until they are age 3 but the signs can be seen as early as 6 months of age.

Early Signs of Autism:

At 6 months>

- Not making eye contact with parents during interaction
- Not cooing or babbling
- Not smiling when parent smiles
- Not participating in vocal turn-taking (baby makes a sound, adult makes a sound, etc.)
- Not responding to peek-a-boo games

At 12 months:

- No attempts to speak
- Not pointing, waving or grasping
- No response when name is called
- Indifferent to others
- Repetitive body motions such as rocking or hand flapping
- Fixation on a single object
- Oversensitivity to textures, smells, sounds
- Strong resistance to change in routine
- Any loss of language
- Does not initiate two-word phrases
- Any loss of word development skills

Other Statistics relevant to Autism:

- 1 in 150 births (Center for Disease Control and Prevention Statistics, 2007)
- Fastest growing developmental disability (CDC, 2007)
*10-17% annual growth
- \$90 billion annual cost with 90% of annual costs in adult services (Jarbrink K, Knapp M, 2001)
- Cost of lifelong care can be reduced by 2/3 with early diagnosis and intervention (Jarbrink k, Knapp M, 2001)
- In 10 years, the annual cost will be \$200-\$400 billion (Autistic Society of America's Calculations)



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Complaint Procedure...*continued from page 4*

required timeframes for providing a service; 3) failure of Community Care or NBHCC to decide a complaint or grievance within the specified timeframes; 4) a denial of payment after a service has been delivered because the service(s) was provided without authorization by a provider not enrolled in the Pennsylvania Medical Assistance Program, or; 5) a denial of payment after a service has been delivered because the service is not a covered benefit.

2nd level complaint is a statement of disagreement, either written or oral, with the proposed resolution of a 1st level complaint, which is perceived to be unsatisfactory by the member, and is subject to a 2nd level review within a 30-day timeframe.

A Word from our Chief Quality Officer—Howard Ogin

I would like to take this opportunity to let our members know what the Quality Management Team here at NBHCC does for our members. I am the Chief Quality Officer for NBHCC which, in turn, is the county designated non-profit corporation that oversees Community Care. Community Care is the Managed Care Organization that facilitates the HealthChoices Medicaid program in Luzerne, Lackawanna, Wyoming and Susquehanna Counties.

It is our mission to ensure access to high quality Recovery/Resiliency oriented behavioral health services. We believe that positive treatment outcomes can be achieved through intensive, ongoing discussion and input from consumers, families, providers, and all key stakeholders.

To help with this process we have set up a number of committees. Examples include the Quality Management Committee which is the group having overall responsibility for all work done that evaluates the quality of our services and recommends improvements. We also have an Inter-systems Committee that looks at issues that effect multiple systems, for example mental health services and school districts, mental health services and substance abuse services, BHRS and Juvenile Probation Office or Children and Youth. Our Satisfaction and Outcomes Committee focuses on the satisfaction of our consumers with the services they receive in addition to what results and gains are people getting from their treatment. This committee also works with the Advocacy Alliance Consumer and Family Satisfaction Team who conduct surveys on member satisfaction and also surveys specifically focused on BHRS services, adult partial hospitalization, drug and alcohol outpatient services and consumers discharged recently from in-patient units. We also have two different BHRS workgroups that are examining alternate ways of extending the range of services for our children so that their needs can be properly met.

A very important point of the above committees is that they all have consumer or family representation. We consider it vital to get the input of the people most effected by the quality and accessibility of behavioral services. We also have consumer or family membership on our Board of Directors and all our level 2 complaint or grievance panels.

We are frequently looking for consumer and or family participants so if you have an interest in this area please call and ask to talk to Ellen Walsh, Quality Management Director, tel: 344-2005.

An extensive outreach and education program is in process also. We have met with many agencies and groups that our members may also receive services from: School Districts, Provider groups, Advocacy groups, Children and Youth, Juvenile Probation, Intermediate Units, County MH/MR Offices, Area Agencies on Aging, Physical Health Managed Care Organizations, Autism Coalition, Clark Summit State Hospital and others.

Our staff has had conversations with representatives of the Pennsylvania Department of Education as to how best facilitate treatment for children in the school environment.

The staff of the Quality Team also encourages at all levels the principals of Recovery and Resiliency. We support the system of belief that those with mental illness can and do recover and that consumers can have a full role in society and should be recognized for their strengths and not their perceived disabilities.

Teen Domestic Violence

Know anybody having a problem with a boyfriend or a girlfriend? Are you?

Teens may be young, but it doesn't mean they can't get hurt in relationships. We're not talking about broken hearts. We're talking about broken arms. According to some studies, one-third of teen girls in dating relationships fear for their physical safety. One-half of teens in serious relationships have compromised personal beliefs or done things they didn't want to just to please a partner. One-third have been strongly controlled in what they do, who they talk to and where they go. Don't let yourself be one of these statistics. Dating violence is not okay and it's not your fault.

Starting in February 2007, there will be a phone number to call that is just for teens. The National Domestic Violence Hotline will open a Teen Dating Violence Hotline. It's all about helping teens and helping you if you need it. Skilled listeners who get how it feels to be a young adult will answer calls and provide services and support to teens and young adults and their families. Teens will also be able to visit the Teen Hotline Website, which will provide information on dating and relationship violence and there will be online message boards where teens can ask questions and share experiences, or just express their feelings.

The Hotline and Web site will operate 24 hours a day, seven days a week, with trained teens on the lines from 12pm to 2am when many calls are expected. Young adult listeners 18-24 will also provide overnight services and support to serve more college-aged youth.

If something about your relationship scares you, or you are worried about your teen and need help now, call:

National Domestic Violence Hotline

1-800-799-7233 (SAFE)

1-800-787-3224 (TTY for the Deaf)

You can also visit www.ndvh.org the National Domestic Violence Hotline's Web site to find out more about the Teen Dating Violence Hotline and to provide feedback on how it can best meet the needs of teens and young adults.



Children with autism and PDD are born with the disorder or potential for the disorder to develop. Autism is not caused by bad parenting and it is not a mental illness (ASA).

The Autism Society of America is a great resource that family, providers and the like can access to learn more and to find ways they can help with the research.

www.autism-society.org

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NBHCC's Purpose

The Counties of Luzerne, Wyoming, Lackawanna and Susquehanna have partnered to create the Northeast Behavioral Health Care Consortium.

NBHCC is a regionally focused, non-profit, Behavioral Health Organization serving the medical assistance recipient.

Our mission is to provide enhanced access to high quality, fiscally responsible, recovery oriented Behavioral Health Services.

These positive outcomes will be accomplished through an intense, ongoing dialogue including consumers, families, providers and all other stakeholders.

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