



TROUBLESHOOTING SERVICE COORDINATION PROBLEMS IN COMMUNITY HEALTHCHOICES

A Toolkit for CHC Participants

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123 Chestnut St, Ste 400
Philadelphia PA 19106
Tel. (215) 625-3990
Fax (215) 625-3879

2325 E Carson St, Fl 1 Ste B
Pittsburgh PA 15203
Tel. (412) 434-5779
Fax (412) 434-0128

118 Locust St
Harrisburg PA 17101
Tel. (717) 236-6310
Fax (717) 236-6311

Background

Your service coordinator (SC) is your main contact for helping you get and coordinate services covered by your Community HealthChoices Plan (CHC Plan). Your SC also helps you get and coordinate services that are not covered by your CHC Plan. Your SC may work for your CHC Plan, or they might work for an outside Service Coordination Agency. Without good service coordination, you might have difficulty getting services or fixing problems with your services. This toolkit goes through some things you can do to resolve common problems with service coordination.

What Is My Service Coordinator's Job?

Your service coordinator is expected to help you with a wide range of things, such as:

- Assessing your need for home and community-based services
- Telling you about the different services covered by your CHC Plan
- Working with you and your team to create your Person-Centered Service Plan (PCSP)
 - Your person-centered service planning team includes you and anyone else you want to be a part of your service planning process, including your family members, caregivers, and doctors
- Helping you set up and coordinate services based on the needs identified in your PCSP, including:
 - Submitting authorization requests and other paperwork to your CHC Plan
 - Identifying and helping you choose providers for your services
 - Identifying additional resources in your community to help meet your needs
 - Fixing issues with your services, such as finding a new provider or correcting paperwork issues
- Helping you coordinate with other insurance you may have, such as Medicare or your Medicaid behavioral health plan
- Helping you with renewal paperwork needed to keep your Medicaid and waiver eligibility
- Telling you about your rights under your CHC Plan

How Will I Communicate With My Service Coordinator?

At a minimum, your SC should give you a phone number where you can leave messages for them. This might not be a direct line to your SC. Because SCs are often out in the field seeing other participants, you may have to leave a message.

When you leave a message, your SC or their back-up person must call you back within two (2) business days. If you have an emergency, the CHC Plan will give you the 24-7 Nurse Hotline.

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What Can I Do If I Have A Problem With Service Coordination?

Here are some steps you can take to try to fix common service coordination issues.

Problem:	Suggestions:
I don't know who my SC is.	<ol style="list-style-type: none"> 1. Call the Participant Services Hotline for your CHC Plan. Ask them to give you contact information for your SC. 2. Call the Service Coordination Unit for your CHC Plan. 3. Call the OLTL Participant Helpline if the other steps don't work.
I left a message for my SC at least 2 business days ago and I haven't heard back.	<ol style="list-style-type: none"> 1. Call again and leave another message if necessary. 2. If you have an email address for your SC, send an email politely letting them know you're trying to reach them. 3. If your second call is not returned within 2 days, call your Service Coordination Agency (if your SC works for an outside agency) or the Service Coordination Unit at your CHC Plan. Ask to speak to a supervisor. 4. File a Complaint with your CHC Plan if you don't get any response from your SC or their supervisor within a week. Consider filing your complaint in writing. Tip: Keep a log of all your attempts to contact your SC or their supervisor so you can show it when you make a complaint. 5. Call the OLTL Participant Helpline if your CHC Plan does not respond to your Complaint within 30 days.
I couldn't leave a message for my service coordinator.	<ol style="list-style-type: none"> 1. If you have an email address for your SC, send an email. 2. Call your Service Coordination Agency (if your SC works for an agency) or the Service Coordination Unit. Let them know you were unable to leave a message for your SC. 3. File a Complaint with your CHC Plan if you don't get a response from your SC or the Service Coordination Unit within a couple days. 4. Call the OLTL Participant Helpline if your CHC Plan does not respond to your Complaint within 30 days.

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Problem:	Suggestions:
I want to change my service coordinator.	<ol style="list-style-type: none"> 1. If your SC works for an outside agency, call your Service Coordination Agency and request a different SC. 2. If your SC works for your CHC Plan, or your Service Coordination Agency won't change your SC, call the Service Coordination Unit. 3. Consider filing a Complaint with your CHC Plan if your agency and/or the Service Coordination Unit do not help you change SCs. 4. Call the OLTL Participant Helpline if your CHC Plan does not respond to your Complaint.
I requested new services or reported problems with my existing services, but my SC has not followed up.	<ol style="list-style-type: none"> 1. Call your SC and check if there are any updates. 2. If your SC needs more information to fix your issue, work with them to get that information. 3. If your SC is trying to fix your issue, but is running into delays, file a Complaint with your CHC Plan.
My SC is refusing to include a service or item I requested in my PCSP.	<ol style="list-style-type: none"> 1. Discuss it with your SC to make sure they understand what you are requesting and why you need it. 2. Consider filing a Complaint with your CHC Plan if your SC is still refusing to include the service in your PCSP. 3. Call the OLTL Participant Helpline if your CHC Plan does not respond to your Complaint within 30 days.
<p>I have concerns about my SC's performance or behavior on the job, such as:</p> <ul style="list-style-type: none"> • Showing up late • Sleeping on the job • Stealing • Making offensive comments about my race, sex/gender, religion, nationality, sexual orientation, or disability 	<ol style="list-style-type: none"> 1. Consider discussing it with your SC to make sure they understand your expectations. 2. Report it to the Service Coordination Agency or Service Coordination Unit at your CHC Plan. 3. If the Service Coordination Agency or Service Coordination Unit does not respond to your report, file a written Complaint with your CHC Plan. Your Complaint should provide specific details about your concerns. 4. File a complaint with the OLTL Participant Helpline

For More Information

If you have questions about your specific case, or would like free legal help, contact the Pennsylvania Health Law Project at (800) 274-3258 or staff@phlp.org.

HOW TO FILE A COMPLAINT

If your efforts to contact your SC or resolve disputes with your SC on your own do not work, you have the right to file a formal complaint with your CHC Plan.

How Do I File a Complaint?

You can file a complaint by phone, fax, or mail. Some plans let you submit complaints by email. We recommend sending your complaint in writing if you are comfortable doing so.

If you send a written complaint, keep a copy for your records. Consider sending your letter certified so you have confirmation that it was delivered. If you fax your complaint, save a copy of the fax confirmation page.

What Do I Include in My Written Complaint?

Your written complaint should include:

- The date
- Your name, date of birth, and participant/member ID number
- Your contact information (so they can reach you)
- A short (one-sentence) statement of your problem in a nutshell
- Details of your problem and what you did to try to resolve it yourself
- Any services that have been interrupted because of service coordination issues (such as home care, home modifications, or device repairs)
- A statement that you want to participate in the complaint review meeting
- How you would like your CHC Plan to resolve your issue

What Happens to My Complaint?

Your complaint will be reviewed by a Complaint Review Committee of at least one employee from your CHC plan. You have a right to participate in this complaint review meeting by phone, in person, or by videoconference. You also have the right to present evidence and have witnesses.

When Will I Hear Back?

You should receive a Complaint Acknowledgement Letter from your CHC Plan within 1-2 weeks. You should receive a letter with the date of your Complaint Review at least seven (7) days in advance of the meeting. Your CHC Plan must send written notice of their Complaint decision within thirty (30) days of your complaint request.

What if I Disagree With My Complaint Decision?

If you disagree with how your CHC Plan resolved your Complaint, you can request a second level complaint, a fair hearing, or an external review. It depends on the issue

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you are complaining about. The Complaint decision letter should tell you what your options are. **Contact the PHLP Helpline** to discuss your options.

Can My Complaint Be Decided Faster?

Yes. This is called an **expedited complaint**. You will need a letter (physician certification) from your doctor stating that **your life, physical or mental health, or ability to attain, maintain, or regain maximum function** would be at risk if you have to wait the normal 30 days for a decision. Your doctor's letter must be received by the CHC Plan within 72 hours of your request for an expedited complaint.

SAMPLE COMPLAINT LETTER

[Your Name]
[Your Address]

[DATE]

[CHC Plan Address]

Re: **COMPLAINT REQUEST**

[Your Name]
DOB: [Date of Birth]
Member/Participant ID No [#####]

To Whom It May Concern:

I am writing to file a complaint because _____ [Give a short explanation of your problem. For example: "I have not been able to reach my service coordinator but have tried multiple times" or "I am concerned about how my service coordinator is treating me."]_____

My service coordinator is [give SC's name and agency, if there is one]. _____ [Write a few sentences giving the details of your problem and what you have done to try to fix it on your own. See the examples below.]_____

Example 1: I have been trying to reach my service coordinator since [DATE]. I called [their office phone/ their cell phone/ the service coordination line] and left them messages on [list dates where you left messages], but they didn't call me back. I also [spoke with/left a message for] their supervisor on [list dates when you left messages for their supervisor], but I still didn't get a call back.

Example 2: During his(her) last home visit on [DATE], I discussed my needs with my service coordinator. I asked for [specify the service or item you were requesting] because I believe it will help me with [list the goals or activities of daily living that the service or item was supposed to help with, such as bathing, going to the bathroom, dressing, eating, etc.]. However, my service coordinator would not [add it to my service plan/ put in a request].

I urgently need a service coordinator to help fix the following problems with my services: _____ [If this applies to you, list any ways your services have been disrupted or delayed because of problems with your service coordinator]_____.

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Examples:

- I have not had personal assistance services since [DATE]
- I have not been able to use my [stair glide/power chair/other device] since [DATE]
- I have been waiting for [list service] to start since [GIVE DATE WHEN YOU REQUESTED SERVICE]
- I have not had meals on wheels since [DATE]
- I had to go to the hospital because I didn't have services in place

I would like [Name of CHC Plan] to help me fix this issue by _____ [Specify how you want your CHC Plan to do to fix your issue.]_____

Examples:

- Giving me a new service coordinator
- Giving me a different service coordination agency
- Assigning someone to help me get my services back in place ASAP

I want to participate in the meeting when [Name of CHC Plan] reviews my complaint. I would also like copies of all documents related to the subject of my complaint. Please contact me at _____ [specify the phone number where you want them to contact you]_____.

Thank you,

[Your Signature]

[Print/Type your name]

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PHYSICIAN CERTIFICATION FOR EXPEDITED COMPLAINT

(Physician name and address)

RE: Patient Name: _____

DOB: _____

To Whom It May Concern:

I am writing in support of my patient _____'s request for an expedited complaint.
(Patient Name)

Following the regular 30-day timeframe for a complaint is not appropriate for my patient because (select all that apply):

- My patient's physical health would be jeopardized (please explain):

- My patient's mental health would be jeopardized (please explain):

- My patient's ability to attain, maintain maximum function would be jeopardized (please explain):

If you have any questions, please call me at _____.
(Phone number)

Sincerely,

(Signature of provider)

(Date)

(Printed name of provider)

Fax Completed Form To: (select CHC Plan)

- AmeriHealth Caritas CHC (Keystone First CHC)**
Participant Complaints Department
Attention: Participant Advocate
1-855-332-0141

- UPMC Community HealthChoices**
Complaints, Grievances, and Appeals
412- 454-7920

- PA Health & Wellness**
ATTN: Complaint and Grievance Unit
844-873-7451

IMPORTANT CONTACTS

Office of Long-Term Living (OLTL) Participant Helpline: 1-800-757-5042

AmeriHealth Caritas Community HealthChoices

Participant Services: 1-855-235-5115 (TTY 1-855-235-5112)

Personal Care Connector: 1-855-332-0116

*Call this number for the Service Coordination team

For Complaints and Grievances:

AmeriHealth Caritas Pennsylvania Community HealthChoices,
Participant Complaints Department

Attention: Participant Advocate

200 Stevens Drive

Philadelphia, PA 19113-1570

Phone: 1-855-235-5115, TTY 1-855-235-5112,

Fax: 1-855-332-0141

Email: pamemberappeals@amerihealthcaritas.com

Keystone First Community HealthChoices

Participant Services: 1-855-332-0729 (TTY 1-855-235-4976)

Personal Care Connector: 1-855-349-6280

*Call this number for the Service Coordination team

For Complaints and Grievances:

Keystone First Community HealthChoices,
Participant Complaints Department

Attention: Participant Advocate

200 Stevens Drive

Philadelphia, PA 19113-1570

Phone: 1-855-332-0729 (TTY 1-855-235-4976)

Fax: 1-855-332-0141

Email: pamemberappeals@amerihealthcaritas.com

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PA Health & Wellness

Participant Services: 1-844-626-6813 (TTY 1-844-322-4253)

For Complaints and Grievances:

PA Health & Wellness
ATTN: Complaint and Grievance Unit
300 Corporate Center Drive
Camp Hill, PA 17011
Phone: 1-844-626-6813 (TTY 1-844-349-8916)
Fax: 1-844-873-7451

UPMC Community HealthChoices

Participant Services: 1-844-833-0523

Service Coordination Southwest PA: 1-844-860-9302 or 1-844-881-4149

*Includes Allegheny, Armstrong, Beaver, Bedford, Blair, Butler, Cambria, Fayette, Greene, Indiana, Lawrence, Somerset, Washington, and Westmoreland counties

Service Coordination Southeast PA: 1-833-672-8078

*Includes Philadelphia, Bucks, Chester, Delaware, and Montgomery counties

Service Coordination, all other counties: 1-833-280-8508

For Complaints and Grievances:

UPMC Community HealthChoices
Complaints, Grievances, and Appeals
P.O. Box 2939
Pittsburgh, PA 15230-2939
Phone: 1-844-833-0523
Fax: 412- 454-7920

Pennsylvania Health Law Project Helpline: 1-800-275-3258 or staff@phlp.org

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ABOUT PHLP

The Pennsylvania Health Law Project is a 501(c)3 nonprofit organization. PHLP is a nationally recognized expert on access to health care for low-income consumers, the elderly, and persons with disabilities. PHLP engages in direct advocacy on behalf of individual consumers while working on the kinds of health policy changes that promise the most to Pennsylvanians in need.



Pennsylvania Health Law Project
Helpline 1-800-274-3258

This publication is intended to provide general legal information, not legal advice. Each person's situation is different. If you have questions about how the law applies to your situation, please consult a lawyer or call the Helpline at 1-800-274-3258.

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