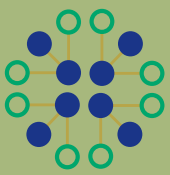
WELCOME

Your Guide to Services



Community Mental Health
FOR CENTRAL MICHIGAN



800.317.0708
989.772.5938
www.cmhcm.org

Welcome to Community Mental Health for Central Michigan (CMHCM)!

We are your local agency for community mental health services, and a member of the Mid-State Health Network (MSHN), a family of community mental health and substance use disorder providers joined together to give you access to quality care.

Your Guide to Services has been prepared for you to provide important information about the services available to residents of Clare, Isabella, Gladwin, Mecosta, Midland, and Osceola Counties, how to request services, and about your rights and responsibilities as a customer of community mental health services. We believe it is important that customers of community mental health services have information available that will help them make informed choices about the services and supports they will receive.

In addition to the information covered in Your Guide to Services, customers have the right to information such as:

- how to access primary health care and community services
- the names, locations, and telephone numbers of non-English speaking mental health providers
- CMHCM's Annual Reports, board minutes and meeting schedules, board member lists, and organizational charts
- Mid-State Health Network structure and operations

Keep Your Guide to Services in a place where you can find it easily. This guide contains the answers to most of the questions you may have and we have included phone numbers in case you need to ask questions. This guidebook can be made available in languages other than English (including American Sign Language) or in other formats (such as audio tape) free of charge. Each year we will offer you a replacement guidebook at your person-centered planning meeting. Sometimes during the year there may be big changes in the guidebook. We will offer you a new guidebook if this happens. You may also contact Customer Services for a guidebook.

If you have additional questions about the contents of Your Guide to Services or if you need any assistance, we encourage you to contact CMHCM Customer Services at (989) 772-5938 or toll-free (800) 317-0708. Customer Services is available Monday-Friday 8 a.m. to 5 p.m. with the exception of holidays. There is also after-hour return call capability that can be arranged if an individual leaves information about the preferred time and phone number for Customer Service to return a call.



Community Mental Health FOR CENTRAL MICHIGAN

Mission

To promote community inclusion and whole-person wellness through comprehensive and quality integrated services to individuals with a serious emotional disturbance, intellectual/developmental disability, serious mental illness, or co-occurring substance use disorder.

Vision

Communities where all individuals experience fulfilled lives.

Community Mental Health for Central Michigan values:

- The dignity and worth of each individual
- Consumer involvement and empowerment
- Person-centered planning and self-determination
- Trauma-informed care
- Behavioral and physical health integration
- Early intervention, prevention, and wellness
- Diversity and community inclusion
- Advocacy and public education
- Responsiveness to local community needs
- High quality services that are affordable and accessible
- Creativity, innovation, and evidence-based practices
- Competent staff and providers
- Continuous quality improvement
- Participative management
- Ethical practices
- Fiscal integrity and efficient utilization of resources

Community Mental Health for Central Michigan County Office Locations

Clare County Office
789 North Clare Avenue
Harrison, MI 48625
(989) 539-2141
(989) 539-2143 (fax)

Isabella County Office
301 South Crapo Street
Mt. Pleasant, MI 48858
(989) 772-5938
(989) 775-7701 (fax)

Gladwin County Office
655 East Cedar Street
Gladwin, MI 48624
(989) 426-9295
(989) 426-2251 (fax)

Mecosta County Office
500 South Third Street
Big Rapids, MI 49307
(231) 796-5825
(231) 796-2409 (fax)

Midland County Office
218 Fast Ice Drive
Midland, MI 48642
(989) 631-2320
(989) 631-9903 (fax)

Osceola County Office
4473 220th Avenue
Reed City, MI 49677
(231) 832-2247
(231) 832-3281 (fax)

Community Mental Health for Central Michigan Clubhouse Locations

New Journey Clubhouse
405B South Third Street
Big Rapids, MI 49307
(231) 592-4654
(231) 592-4657 (fax)

Summit Clubhouse
2120 East Remus Road
Mt. Pleasant, MI 48858
(989) 317-3300
(989) 779-3237 (fax)

Community Mental Health for Central Michigan Important Locations

To Request Services
Access Center
301 South Crapo Street
Mt. Pleasant, MI 48858
Toll-free (800) 317-0708

After Hours Emergency Services
(800) 317-0708

Recipient Rights Office and Customer Services
301 South Crapo Street
Suite 100
Mt. Pleasant, MI 48858
Toll-free (800) 317-0708

Language Assistance

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-317-0708 (Michigan Relay TTY: 7-1-1).

Albanian: KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-317-0708 (TTY: 7-1-1).

Arabic: ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-317-0708 (رقم هاتف الصم والبكم 1-1-7)

Bengali: লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১ 1-800-317-0708 (TTY: 7-1-1)।

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 1-800-317-0708（TTY：7-1-1）。

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-317-0708 (TTY: 7-1-1).

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-317-0708 (TTY: 7-1-1).

Japanese: 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-317-0708（TTY: 7-1-1）まで、お電話にてご連絡ください。

Language Assistance

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-317-0708 (TTY: 7-1-1) 번으로 전화해 주십시오.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-317-0708 (TTY: 7-1-1).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-317-0708 (телетайп: 7-1-1).

Serbo-Croatian: OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-317-0708 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 7-1-1).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-317-0708 (TTY: 7-1-1).

Syriac: ܫܡܘܥ: ܐܢ ܡܬܟܠܡ ܐܢܬ ܠܫܢ̈ܐ ܣܘܪܝܝܐ، ܐܝܟ ܕܡ̈ܛܠ ܠܟ ܫܝܪ̈ܘܬ ܕܥܙܪܐ ܒܠܫܢ̈ܐ ܕܡ̈ܬܪ̈ܓܡ̈ܢ ܒܠܐ ܡܚܐܠ. ܩܪܝ ܠ 1-800-317-0708 (TTY: 7-1-1)

Tagalong: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-317-0708 (TTY: 7-1-1).

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-317-0708 (TTY: 7-1-1).

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Language Assistance, Accessibility, and Accommodations

Language Assistance

If you are a person who does not speak English as your primary language and/or who has a limited ability to read, speak or understand English, you may be eligible to receive language assistance.

If you are a person who is deaf or hard of hearing, you can utilize the Michigan Relay Center (MRC) to reach your provider within the Mid-State Health Network (MSHN) provider network. You may also contact your Community Mental Health (CMH), your substance use disorder (SUD) provider, your MSHN services provider, or even the MSHN main office. Please call 7-1-1 and ask MRC to connect you to the number you are trying to reach.

If you need a qualified interpreter for sign language or a non-English speaking language for either phone conversations or face-to-face appointments with a CMH or SUD provider, contact your local customer service office as listed on pages 36 and 37, as soon as possible so that one will be made available. Interpreters are available at no cost to you for both phone and in person communication.

All materials shall be available in the languages appropriate to the people served within the PIHP's area for specific Non-English Language that is spoken as the primary language by more than 5% of the population in the PIHP's region. Such materials shall be available in any language alternative to English as required by the Limited English Proficiency Policy Guidance (Executive Order 13166 of August 11, 2002 Federal Register Vol. 65, August 16, 2002). Written information in other formats (large print, audio, accessible electronic formats, Braille) may also be available.

Accessibility and Accommodations

In accordance with federal and state laws, all buildings and programs within the MSHN region are required to be physically accessible to all individuals with qualifying disabilities. Any individual who receives emotional, visual or mobility support from a service animal such as a dog will be given access, along with the service animal, to all buildings and programs for MSHN providers. If you need more information or if you have questions about accessibility or service/support animals, contact your local customer service office as listed on pages 36 and 37.

If you need to request an accommodation on behalf of yourself or a family member or a friend, you can contact your local customer service office as listed on pages 36 and 37. You will be told how to request an accommodation (this can be done over the phone, in person and/or in writing) and you will be told who at the provider location is responsible to handle accommodation requests.

Non-Discrimination

Non-Discrimination

In providing behavioral healthcare services, MSHN and its provider network are required to comply with all applicable Federal civil rights laws and does not discriminate based on race, color, national origin, age, disability or sex. MSHN and its providers do not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

If you believe that the community mental health and/or substance use disorder provider has discriminated in any way based upon race, color, national origin, age, disability, or sex, you can file a grievance with the customer service office by contacting your local customer service office as listed on pages 36 and 37.

If you are a person who is deaf or hard of hearing and would like to file a grievance, you may contact your local customer service office as listed on pages 36 and 37. MI Relay Service can also assist in connecting you to your local customer service office by calling 7-1-1. You can file a grievance in person, by mail, fax or email. If you need help in filing a grievance, customer service is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html

You may also file a grievance electronically through the Office for Civil Rights Complaint Portal.

Complaint Portal is available at ocrportal.hhs.gov/ocr/portal/lobby.jsf

You may also file a grievance by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building Washington, D.C. 20201
Toll-free: (800) 368-1019

Reporting Fraud, Waste and Abuse

Fraud, waste and abuse uses up valuable Michigan Medicaid funds needed to help children and adult access health care. Everyone can take responsibility by reporting fraud and abuse. Together we can make sure taxpayer money is used for people who really need help.

Examples of Medicaid Fraud:

- Billing for medical services not actually performed
- Providing unnecessary services
- Billing for more expensive services
- Billing for services separately that should legitimately be one billing
- Billing more than once for the same medical service
- Dispensing generic drugs but billing for brand-name drugs
- Giving or accepting something of value (cash, gifts, services) in return for medical services, (i.e., kickbacks)
- Falsifying cost reports

Or When Someone:

- Lies about their eligibility
- Lies about their medical condition
- Forges prescriptions
- Sells their prescription drugs to others
- Loans their Medicaid card to others

Or When a Health Care Provider Falsely Charges For:

- Missed appointments
- Unnecessary medical tests
- Telephoned services

Reporting Fraud, Waste and Abuse

If you think someone is committing fraud, waste or abuse, you may report it to Corporate Compliance. You may report your concerns to the local CMHSP/SUD Provider Compliance Officer or to the MSHN Compliance Officer. The report can be made by phone/voicemail, email, in person or in writing. You can also make your report anonymously by using the MSHN Compliance Hotline at (844) 793-1288. To make a report to your local CMHSP/SUD Provider please contact the local CMHSP/SUP Provider customer services who can connect you to the local Compliance Officer.

Your report will be confidential, and you may not be retaliated against.

You may also report concerns about fraud, waste and abuse directly to Michigan's Office of Inspector General (OIG):

Online: www.michigan.gov/fraud

Call: 855-MI-FRAUD (643-7283)
(voicemail available for after hours)

Send a Letter:
Office of Inspector General
PO Box 30062
Lansing, MI 48909

When you make a complaint, make sure to include as much information as you can, including details about what happened, who was involved (including their address and phone number), Medicaid identification number, date of birth (for beneficiaries), and any other identifying information you have. The reporting of fraud, waste or abuse may be made anonymously.

Welcome to Mid-State Health Network Provider Network & Directory

The Mid-State Health Network (MSHN) manages public behavioral health and substance use disorder services for a twenty-one county region. It is the **Pre-Paid Inpatient Health Plan** (PIHP) for persons with Medicaid and Healthy Michigan Plan (HMP). Additional information regarding MSHN's services, provider network and other consumer related materials can be found on the website at: www.midstatehealthnetwork.org.

If you would like printed copies of any of the materials found on the website, please contact your local customer service office, substance use disorder provider, or MSHN Customer Service toll-free at (844) 405-3094. Copies will be provided free of charge and within **5 business days**.

What is a Pre-Paid Inpatient Health Plan?

Under contract with the Michigan Department of Health and Human Services (MDHHS), MSHN contracts with local Community Mental Health (CMH) participants and Substance Use Disorder (SUD) providers to secure behavioral health services needed in each county. Each year, MSHN distributes Medicaid and Healthy Michigan Plan (HMP) funds to address unmet needs in our twenty-one county region. This is one of the benefits of being in partnership with similar organizations.

Organized Health Care Arrangement (OHCA)

MSHN, along with its CMH participants, formed an Organized Health Care Arrangement (OHCA). This type of arrangement allows for sharing of information between the participants, regarding enrollees, for the purpose of health care coordination. For more information about the OHCA, please contact your local CMH or MSHN Customer Service.

Regional Community Mental Health and Substance Use Disorder Provider Directory

To best meet your needs, MSHN has a provider network consisting of twelve CMHs and many Substance Use Disorder (SUD) providers. The CMHs are listed within this directory. A list of current SUD providers will be provided as part of the handbook. You may also refer to MSHN's website at www.midstatehealthnetwork.org or ask your local CMH or SUD provider for a paper list.

Behavioral Health Provider Directory

<u>Mid-State Health Network</u> *(MSHN)*
(Region 5 PIHP for 21 county region)
503 W. Ionia Street, Suite F, Lansing, MI 48933
Toll-free (844) 405-3094 or (517) 253-7525
<u>www.midstatehealthnetwork.org</u>
Joseph P. Sedlock, Chief Executive Officer
Zakia Alavi, MD, Chief Medical Officer
Bruce Springer, MD, Medical Director for SUD
Dan Dedloff, Customer Service and Rights Manager



Behavioral Health Provider Directory

Bay-Arenac Behavioral Health Authority ***(BABHA)***
(Arenac and Bay Counties)
201 Mulholland, Bay City, Michigan 48708
Toll-free (800) 327-4693 or (989) 895-2300
www.babha.org
Chris Pinter, Chief Executive Officer
Roderick Smith, MD, Medical Director
Melissa Prusi, Recipient Rights Officer
Kim Cereske, Customer Service

Languages spoken other than English: Interpreters available at no charge for all languages.

For those with hearing impairment, please call the Michigan Relay at 7-1-1 for assistance.

Access to All Services
201 Mulholland
Bay City, MI 48708
Toll-free: (800) 448-5498

Emergency Services/Crisis Services
(Available 24 hours a day, 7 days a week, including holidays)
201 Mulholland
Bay City, MI 48708
Toll-free: (800) 327-4693
Phone: (989) 895-2300

After business hours, contact the Emergency Services/Crisis Services phone number above or go to the emergency department at McLaren Hospital-Bay Region in Bay City or Ascension Standish Hospital in Standish.

Customer Service
909 Washington Ave., Suite 3
Bay City, MI 48708
Toll-free: (888) 482-8269
Phone: (989) 497-1302

Recipient Rights
909 Washington Ave., Suite 3
Bay City, MI 48708
Toll-free: (800) 327-4693
Phone: (989) 895-2317

***Community Mental Health for Central Michigan* (CMHCM)**
(Clare, Gladwin, Isabella, Mecosta, Midland, and Osceola Counties)
301 S. Crapo, Mt. Pleasant, MI 48858
Toll-free (800) 317-0708 or (989) 772-5938
www.cmhcm.org
John Obermesik, Executive Director
Angela Pinheiro, MD, Medical Director
Jane Gilmore, Recipient Rights Officer
Emily Shaffer, Customer Service

Languages spoken other than English: Interpreters available at no charge for all languages.

For those with hearing impairment, please call the Michigan Relay at 7-1-1 for assistance.

Access to All Services
301 South Crapo
Mt. Pleasant, MI 48858
Toll-free: (800) 317-0708
Phone: (989) 772-5938

Emergency Services/Crisis Services (listed by county)
(Available 24 hours a day, 7 days a week, including holidays)

Clare County
789 N. Clare Avenue
Harrison, MI 48625
Toll-free: (800) 317-0708
Phone: (989) 539-2141

After business hours, contact the Emergency Services/Crisis Services phone number above or go to the emergency department at MidMichigan Medical Center - Clare.

Isabella County
301 South Crapo
Mt. Pleasant, MI 48858
Toll-free: (800) 317-0708
Phone: (989) 772-5938

After business hours, contact the Emergency Services/Crisis Services phone number above or go to the emergency department at McLaren Central Michigan or MidMichigan Medical Center - Mount Pleasant.

(Continued on Next Page)

Community Mental Health for Central Michigan *(CMHCM)* **(Clare, Gladwin, Isabella, Mecosta, Midland, and Osceola Counties)**

Gladwin County
655 E. Cedar Street
Gladwin, MI 48624
Toll-free: (800) 317-0708
Phone: (989) 426-9295

After business hours, contact the Emergency Services/Crisis Services phone number above or go to the emergency department at MidMichigan Medical Center - Gladwin.

Mecosta County
500 South Third Street
Big Rapids, MI 49307
Toll-free: (800) 317-0708
Phone: (231) 796-5825

After business hours, contact the Emergency Services/Crisis Services phone number above or go to the emergency department at Spectrum Health.

Midland County
218 Fast Ice Drive
Midland, MI 48642
Toll-free: (800) 317-0708
Phone: (989) 631-2320

After business hours, contact the Emergency Services/Crisis Services phone number above or go to the emergency department at MidMichigan Medical Center - Midland.

Osceola County
4473 220th Avenue
Reed City, MI 49677
Toll-free: (800) 317-0708
Phone: (231) 832-2247

After business hours, contact the Emergency Services/Crisis Services phone number above or go to the emergency department at Spectrum Health.

Customer Service
301 S. Crapo, Suite 100
Mt. Pleasant, MI 48858
Toll-free: (800) 317-0708
Phone: (989) 772-5938

Recipient Rights
301 S. Crapo, Suite 100
Mt. Pleasant, MI 48858
Toll-free: (800) 317-0708
Phone: (989) 772-5938

Behavioral Health Provider Directory

Community Mental Health Authority of Clinton, Eaton, and Ingham Counties ***(CMHA-CEI)***
(Clinton, Eaton, and Ingham Counties)
812 East Jolly Road, Lansing, Michigan 48910
Toll-free (877) 333-8933 or (517) 346-8200
www.ceicmh.org
Sara Lurie, Chief Executive Officer
Jennifer Stanley, MD, Medical Director
Joyce Tunnard, Recipient Rights Director
Joyce Tunnard, Customer Service Director

Languages spoken other than English: Interpreters available at no charge for all languages.

For those with hearing impairment, please call the Michigan Relay at 7-1-1 for assistance.

Access to All Services
812 East Jolly Road, Suite 108
Lansing, MI 48910
Toll-free: (888) 800-1559
Phone: (517) 346-8318

Emergency Services/Crisis Services
Offers Walk-In or call services *24 hours a day, 7 days a week, including holidays.*
812 East Jolly Road
Lansing, MI 48910
Toll-free: (800) 372-8460
Phone: (517) 346-8460

Emergency services are for those in immediate crisis who cannot wait for an appointment. Contact us to get directions to Crisis Services at the CMH Building. Crisis services provides crisis intervention, assessment, and screening for voluntary and involuntary hospitalization.

Customer Service
812 East Jolly Road, Suite 108
Lansing, MI 48910
Toll-free: (877) 333-8933
Phone: (517) 346-8244

Recipient Rights
812 East Jolly Road, Suite 108
Lansing, MI 48910
Phone: (517) 346-8249

Gratiot Integrated Health Network ***(GIHN)***
(Gratiot County)
608 Wright Ave, Alma, MI 48801
Toll-free (800) 622-5583 or (989) 463-4971
www.gihn-mi.org
Michelle Stillwagon, Chief Executive Officer
Sunil Rangwani, MD, Medical Director
Rachel MacGregor, Recipient Rights Officer
Rachelle Page-Lewis, Customer Service

Languages spoken other than English: Spanish; Interpreters available at no charge for all languages.

For those with hearing impairment, please call the Michigan Relay at 7-1-1 for assistance.

Access to All Services
608 Wright Avenue
Alma, MI 48801
Toll-free: (800) 622-5583
Phone: (989) 463-4971

Emergency Services/Crisis Services
(Available 24 hours a day, 7 days a week, including holidays)
608 Wright Avenue
Alma, MI 48801
Toll-free: (800) 622-5583
Phone: (989) 463-4971

After business hours, contact the Emergency Services/Crisis Services phone number above or go to the emergency department at MidMichigan Medical Center - Gratiot.

Customer Service
608 Wright Avenue
Alma, MI 48801
Toll-free: (800) 622-5583
Phone: (989) 466-4192

Recipient Rights
608 Wright Avenue
Alma, MI 48801
Toll-free: (800) 622-5583
Phone: (989) 466-4112

Behavioral Health Provider Directory

Huron County Community Mental Health Authority
(dba Huron Behavioral Health) (HBH)
(Huron County)
1375 R. Dale Wertz Drive, Bad Axe, MI 48413
Toll-free (800) 356-5568 or (989) 269-9293
www.huroncmh.org
Tracey Dore, Chief Executive Officer
Yolanda Edler, MD, Medical Director
Catherine Jaskowski, Recipient Rights Officer
Kim Cereske, Customer Service

Languages spoken other than English: Interpreters available at no charge for all languages.

For those with hearing impairment, please call the Michigan Relay Center at 7-1-1 for assistance.

Access to All Services
1375 R. Dale Wertz Drive
Bad Axe, MI 48413
Toll-free: (800) 448-5498

Emergency Services/Crisis Services
(Available 24 hours a day, 7 days a week, including holidays)
1375 R. Dale Wertz Drive
Bad Axe, MI 48413
Toll-free: (800) 356-5568
Phone: (989) 269-9293

After business hours, contact the Emergency Services/Crisis Services phone number above or go to the emergency department at Huron Medical Center (Bad Axe), Scheurer Family Medical Center (Pigeon), or Harbor Beach Community Hospital (Harbor Beach).

Customer Service
909 Washington Ave., Suite 3
Bay City, MI 48708
Toll-free: (888) 482-8269
Phone: (989) 497-1302

Recipient Rights
1375 R. Dale Wertz Drive
Bad Axe, MI 48413
Toll-free: (800) 356-5568
Phone: (989) 269-9293

Behavioral Health Provider Directory

The Right Door for Hope, Recovery and Wellness
(Ionia County)
375 Apple Tree Dr., Ionia, MI 48846
Toll-free (888) 527-1790 or (616) 527-1790
www.rightdoor.org
Kerry Possehn, Chief Executive Officer
Joel Sanchez, MD, Medical Director
Jennifer Morgan, Recipient Rights Officer
Jennifer Morgan, Customer Service

Languages spoken other than English: Interpreters available at no charge for all languages.

For those with hearing impairment, please call the Michigan Relay at 7-1-1 for assistance.

Access to All Services
375 Apple Tree Drive
Ionia, MI 48846
Toll-free: (888) 527-1790
Phone: (616) 527-1790

Emergency Services/Crisis Services
(Available 24 hours a day, 7 days a week, including holidays)
375 Apple Tree Drive
Ionia, MI 48846
Toll-free: (888) 527-1790
Phone: (616) 527-1790

After business hours, contact the Emergency Services/Crisis Services phone number above or go to the emergency department at Sparrow Hospital, United Memorial Hospital, or Carson City Hospital.

Customer Service
375 Apple Tree Drive
Ionia, MI 48846
Toll-free: (888) 527-1790
Phone: (616) 527-1790

Recipient Rights
375 Apple Tree Drive
Ionia, MI 48846
Toll-free: (888) 527-1790
Phone: (616) 527-1790

Behavioral Health Provider Directory

LifeWays Community Mental Health
(Hillsdale and Jackson Counties)
Hillsdale County: 25 Care Drive, Hillsdale, MI 49242
Jackson County: 1200 N. West Avenue, Jackson, MI 49202
Toll-free (866) 630-3690 or (517) 789-1209
www.lifewayscmh.org
Maribeth Leonard, Chief Executive Officer
Aleksandra Wilanowski, MD, Medical Director
D'Angela O'Dowd, Recipient Rights Officer
Carly Coxon, Customer Service Supervisor

Languages spoken other than English: Interpreters available at no charge for all languages.

For those with hearing impairment, please call the Michigan Relay at 7-1-1 for assistance.

Access to All Services (listed by county)

Hillsdale County:
25 Care Drive
Hillsdale, MI 49242
Toll-free: (800) 284-8288
Phone: (517) 439-2641

Jackson County:
1200 N. West Avenue
Jackson, MI 49202
Toll-free: (800) 284-8288
Phone: (517) 789-1200

Emergency Services/Crisis Services (listed by county)
(Available 24 hours a day, 7 days a week, including holidays)

Hillsdale County:
25 Care Drive
Hillsdale, MI 49242
Toll-free: (800) 284-8288
Phone: (517) 439-2641

After business hours, contact the Emergency Services/Crisis Services phone number above or go to Hillsdale Community Health Center Emergency Department (HCHC).

(Continued on Next Page)

LifeWays Community Mental Health
(Hillsdale and Jackson Counties)

Jackson County:
1200 N. West Avenue
Jackson, MI 49202

Toll-free: (800) 284-8288
Phone: (517) 789-1200

After business hours, contact the Emergency Services/Crisis Services phone number above or go to the Allegiance Health Emergency Department.

Customer Service
1200 N. West Avenue
Jackson, MI 49202

Toll-free: (866) 630-3690
Phone: (517) 780-3332

Recipient Rights
1200 N. West Avenue
Jackson, MI 49202

Toll-free: (866) 630-3690
Phone: (517) 789-1237



Behavioral Health Provider Directory

Montcalm Care Network
(Montcalm County)
611 N. State St., Stanton, MI 48888
Toll-free (800) 377-0974 or (989) 831-7520
Montcalmcare.net
Tammy Warner, Executive Director
Razvan Adam, MD, Medical Director
Angela Loiselle, Recipient Rights Officer
CeCe McIntyre, Customer Service

Languages spoken other than English: Spanish; Interpreters available at no charge for all languages.

For those with hearing impairment, please call the Michigan Relay at 7-1-1 for assistance.

Access to All Services

611 N. State St.
Stanton, MI 48888

Toll-free: (800) 377-0974
Phone: (989) 831-7520

Emergency Services/Crisis Services
(Available 24 hours a day, 7 days a week, including holidays)

611 N. State St.
Stanton, MI 48888

Toll-free: (800) 377-0974
Phone: (989) 831-7520

After business hours, contact the Emergency Services/Crisis Services phone number above or go to the emergency department at Sheridan Community Hospital.

Customer Service

611 N. State St.
Stanton, MI 48888

Toll-free: (800) 377-0974
Phone: (989) 831- 7520

Recipient Rights

611 N. State St.
Stanton, MI 48888

Toll-free: (800) 377-0974
Phone: (989) 831-7556

Behavioral Health Provider Directory

Newaygo County Mental Health *(NCMH)*
(Newaygo County)
1049 Newell Street, P.O. Box 867, White Cloud, MI 49349
Toll-free (800) 968-7330 or (231) 689-7330
www.newaygocmh.org
Carol Mills, Executive Director
Bruce Baker, MD, Medical Director
Jill McKay, Recipient Rights Officer
Andrea Fletcher, Customer Service

Languages spoken other than English: Interpreters available at no charge for all languages.

For those with hearing impairment, please call the Michigan Relay at 7-1-1 for assistance.

Access to All Services

1049 Newell Street
White Cloud, MI 49349

Toll-free: (800) 968-7330
Phone: (231) 689-7330

Emergency Services/Crisis Services
(Available 24 hours a day, 7 days a week, including holidays)

1049 Newell Street
White Cloud, MI 49349

Toll-free: (800) 968-7330
Phone: (231) 689-7330

After business hours, contact the Emergency Services/Crisis Services phone number above or go to the emergency department at Spectrum Gerber Memorial Hospital.

Customer Service

1049 Newell Street, P.O. Box 867
White Cloud, MI 49349

Toll-free: (800) 968-7330
Phone: (231) 689-7330

Recipient Rights

1049 Newell Street, P.O. Box 867
White Cloud, MI 49349

Toll-free: (800) 968-7330
Phone: (231) 689-7330

Behavioral Health Provider Directory

Saginaw County Community Mental Health Authority
(SCCMHA)
(Saginaw County)
500 Hancock, Saginaw, MI 48602
Toll-free (800) 258-8678 or (989) 797-3400
www.sccmha.org
Sandra Lindsey, Chief Executive
Ali Ibrahim, MD, Medical Director
Tim Ninemire, Recipient Rights Officer
Tim Ninemire, Customer Service

Languages spoken other than English: Spanish; Interpreters available at no charge for all languages.

For those with hearing impairment, please call the Michigan Relay at 7-1-1 for assistance.

Access to All Services
500 Hancock
Saginaw, MI 48602
Toll-free: (800) 258-8678
Phone: (989) 797-3559

Emergency Services/Crisis Services
(Available 24 hours a day, 7 days a week, including holidays)
500 Hancock
Saginaw, MI 48602
Toll-free: (800) 233-0022
Phone: (989) 792-9732

After business hours, contact the Emergency Services/Crisis Services phone number above or go to the emergency department at Covenant Hospital or St. Mary's Hospital.

Customer Service
500 Hancock
Saginaw, MI 48602
Toll-free: (800) 258-8678
Phone: (989) 797-3452

Recipient Rights
500 Hancock
Saginaw, MI 48602
Toll-free: (800) 258-8678
Phone: (989) 797-3452

Shiawassee Health and Wellness (SHW)
(Shiawassee County)
1555 Industrial Drive, Owosso, MI 48867
Toll-free (800) 622-4514 or (989) 723-6791
www.shiabewell.org
Lindsey Hull, Chief Executive Officer
Razvan Adam, MD, Medical Director
Andrea Andrykovich, Recipient Rights Officer
Andrea Andrykovich, Customer Service

Languages spoken other than English: Spanish; Interpreters available at no charge for all languages.

For those with hearing impairment, please call the Michigan Relay at 7-1-1 for assistance.

Access to All Services
1555 Industrial Drive
Owosso, MI 48867
Toll-free: (800) 622-4514
Phone: (989) 723-6791

Emergency Services/Crisis Services
(Available 24 hours a day, 7 days a week, including holidays)
1555 Industrial Drive
Owosso, MI 48867
Toll-free: (800) 622-4514
Phone: (989) 723-6791

After business hours, contact the Emergency Services/Crisis Services phone number above or go to the emergency department at Owosso Memorial Healthcare.

Customer Service
1555 Industrial Drive
Owosso, MI 48867
Toll-free: (800) 622-4514
Phone: (989) 723-6791

Recipient Rights
1555 Industrial Drive
Owosso, MI 48867
Toll-free: (800) 622-4514
Phone: (989) 723-0725

Behavioral Health Provider Directory

Tuscola Behavioral Health System (TBHS)
(Tuscola County)
323 N. State Street, Caro, MI 48723
Toll-free (800) 462-6814 or (989) 673-6191
www.tbhsonline.com
Sharon Beals, Chief Executive Officer
Usha Movva, MD, Medical Director
Syndi Neeb, Recipient Rights Officer
Kim Cereske, *Customer Service*

Languages spoken other than English: Interpreters available at no charge for all languages.

For those with hearing impairment, please call the Michigan Relay at 7-1-1 for assistance.

Access to All Services

323 N. State Street
Caro, MI 48723

Toll-free: (800) 462-6814
Phone: (989) 673-6191

Emergency Services/Crisis Services
(Available 24 hours a day, 7 days a week, including holidays)

1332 Prospect Avenue
Caro, MI 48723

Toll-free: (800) 462-6814
Phone: (989) 673-6191

After business hours, contact the Emergency Services phone number above or go to nearest hospital emergency room.

Customer Service

909 Washington Avenue, Suite 3
Bay City, MI 48708

Toll-free: (888) 482-8269
Phone: (989) 497-1302

Recipient Rights

323 N. State Street
Caro, MI 48723

Toll-free: (800) 462-6814
Phone: (989) 673-6191

Local Provider Directory

Each local community mental health and SUD provider has developed a unique provider system to meet the specific local needs of its community. You can request the list at any time by contacting your local customer service office as listed on pages 36 and 37.

This local provider directory has been created to help you make an informed decision in selecting a service provider. This directory includes information about the providers which includes, at a minimum, the provider name, address, telephone number, website address, the services provided, hospital affiliation(s), whether they are accepting new enrollees, cultural and linguistic capabilities, any non-English languages they provide services in (including American Sign Language), days and hours of operation, whether the provider's office/facility has accommodations for people with physical disabilities.

Please note: the availability of specific specialty service providers will vary depending on individual provider capacity and possibly the type of funding that is used for your services.



We are ready to walk beside you on your journey through recovery toward a self-determined life!

Accessing Services

Accessing behavioral health and substance use disorder services and supports through your local community mental health (CMH) and/or substance use disorder (SUD) provider is just a phone call away. Each CMH and SUD provider has a location to serve you. To access services, please call your local access center listed beginning on page 16.

When you call, one of our friendly access staff will ask you questions that will help determine if you are eligible for services. They will ask you where you live and for you to describe what is happening in your life to need services. You will also be asked about your insurance and your income.

Together, you and the access staff will determine your next step:

- If the situation you describe is an emergency, you will be directed to immediate help.
- If your situation is not an emergency and you may be eligible for services, we will make arrangements for an assessment/screening to be completed.
- If you are not eligible for services at your community mental health and/or SUD provider, we will help you identify community resources that may be available through your local 2-1-1 as described on page 95.
- If you have private insurance, you may be directed to use one of your insurer's providers before receiving services from your local community mental health services programs and/or SUD provider (if eligible).

If you can't call, just walk in. When you visit us, it is a good idea to bring your insurance card(s) and proof of income with you. We're here to help you when you need it. In addition, each CMH has staff available **24 hours, 365 days/year** to respond to crises that require immediate attention. A crisis hotline may be reached within your county by calling the local emergency services at the phone number listed beginning on page 16.

Accessing Substance Use Services

"No Wrong Door"

1. Community Mental Health Service Provider

- Screening and referral for substance use services and supports is available through your local community mental health (CMH) provider **24-hours a day, seven days a week, 365 days a year** by calling your local access center listed beginning on page 16.

2. Substance Use Disorder Service Provider

- Individuals can also call the substance use treatment provider of their choice directly for screening, scheduling, and/or referral.
- For a list of current SUD providers, please refer to MSHN's website at www.midstatehealthnetwork.org or you may ask your CMH or SUD provider for a list.
- No referral or "prior auth" from MSHN is necessary to start substance use services.

3. Mid-State Health Network (MSHN)

- MSHN's Utilization Management Department is available Monday to Friday, 8:00 am to 5:00 pm at (844) 405-3095 for questions about benefits or services.
    - Note: It is not required to call MSHN to start substance use treatment services.

Emergency and After-Hours Access to Services

Emergency Services

A "behavioral health emergency" is when a person is experiencing symptoms and behaviors that can reasonably be expected in the near future to lead to harm for him/herself or another individual, or because of his/her inability to meet his/her basic needs is at risk of harm, or the person's judgment is so impaired that he or she is unable to understand the need for treatment and that their condition is expected to result in harm to him/herself or another individual in the near future. You have the right to receive emergency services at any hospital or emergency care setting, at any time, **24-hours a day**, **seven days a week**, without prior authorization for payment of care.

If you have a behavioral health emergency, you should seek help right away. At any time during the day or night, call your local behavioral health emergency services department as listed beginning on page 16. You may also go to your local hospital emergency room or call "9-1-1" if you are having a behavioral health emergency.

If you have a substance use disorder emergency, you should seek help right away. At any time during the day or night, you may go to your local hospital emergency room or call "9-1-1" if you are having a substance use disorder emergency.



Emergency and After-Hours Access to Services

Please note: If you utilize a hospital emergency room, there may be healthcare services provided to you as part of the hospital treatment that you receive for which you may be billed and may be responsible for the fee depending on your insurance status. These services may not be part of the community mental health or SUD providers' emergency services you receive. Customer Service can answer questions about such bills by calling your local office as listed on pages 36 and 37.

Aftercare (Post-Stabilization) Services

After you receive emergency behavioral health care and your condition is under control, you may receive behavioral health services to make sure your condition continues to improve. Examples of post-stabilization services are crisis residential, case management, outpatient therapy, and/or medication reviews. Prior to the end of your emergency-level care, your local community mental health agency will help you to coordinate your post-stabilization services.





Customer Service

Customer Service representatives are available at both community mental health and the SUD providers to assist you with questions and/or concerns about the services you receive or feel you should receive. We can assist you with filing a complaint and can provide you with information about eligibility, processes, behavioral health or SUD concerns, community resources, and much more. You will be offered a handbook annually. Additional information will be provided any time there is significant change at least **30 days** before the intended effective date. You may also request this information or information about our provider network and Board of Directors whenever you wish. If you have a hearing impairment, you may choose one of the ways below to reach us:

- Call Michigan Relay Center by dialing "7-1-1" and then ask to be connected to the number you are trying to reach
- Call Sorenson Video Relay at (866) 327-8877 or CALL.SVRS.TV from any videophone. If you do not currently have Sorenson Video Relay Service and would like to apply for free equipment and services, go to www.sorensonvrs.com

If you speak a language other than English, please contact your local community mental health or SUD provider Customer Service office, as listed on pages 36 and 37, who will assist you in obtaining a language interpreter.

You may contact Customer Service , by phone, in person, or by mail. To learn of your customer service office hours of operation and how to access your customer service office after business hours, please contact your local customer service office as listed on pages 36 and 37.

Customer Service

Community Mental Health Customer Service	Phone Number
Bay-Arenac Behavioral Health Authority (Arenac, Bay)	(989) 497-1302 or Toll-free (888) 482-8269
Community Mental Health Authority of Clinton-Eaton-Ingham Counties (Clinton, Eaton, Ingham)	(517) 346-8244 or Toll-free (877) 333-8933
Community Mental Health for Central Michigan (Clare, Gladwin, Isabella, Mecosta, Midland, Osceola)	(989) 772-5938 or Toll-free (800) 317-0708
Gratiot Integrated Health Network (Gratiot)	(989) 466-4192 or Toll-free (800) 622-5583
Huron Behavioral Health (Huron)	(989) 497-1302 or Toll-free (888) 482-8269
The Right Door for Hope, Recovery and Wellness (Ionia)	(616) 527-1790 or Toll-free (888) 527-1790
LifeWays Community Mental Health (Hillsdale, Jackson)	(517) 780-3332 or Toll-free (866) 630-3690
Mid-State Health Network (MSHN)	(517) 657-3011 Toll-free (844) 405-3094
Montcalm Care Network (Montcalm)	(989) 831-7520 or Toll-free (800) 377-0974

Customer Service

Community Mental Health Customer Service	Phone Number
Newaygo County Mental Health (Newaygo)	(231) 689-7330 or Toll-free (800) 968-7330
Saginaw County Community Mental Health Authority (Saginaw)	(989) 797-3452 or Toll-free (800) 258-8678
Shiawassee Health and Wellness (Shiawassee)	(989) 723-6791 or Toll-free (800) 622-4514
Tuscola Behavioral Health Systems (Tuscola)	(989) 497-1302 or Toll-free (888) 482-8269



Grievances and Appeals Process

Grievances

You have the right to say that you are unhappy with your services or supports or the staff who provide them, by filing a "grievance." You can file a grievance *any time* by calling, visiting, or writing to the customer service office as listed on pages 36 and 37. Assistance is available in the filing process by contacting the customer service office. In most cases, your grievance will be resolved within **90 calendar days** from the date your provider receives your grievance. You will be given detailed information about grievance and appeal processes when you first start services and then again annually. You may ask for this information at any time by contacting the customer service office.

- There is no time limit on when you can file a grievance.
- You have the right to file an Appeal of an Adverse Benefit Determination and a Grievance regarding other service complaints at the same time.
- A provider may file a grievance on your behalf (with verified consent by you/your legal representative).
- If you file a grievance, you will receive an acknowledgment letter. You will also receive a disposition (decision) letter in no more than **90 calendar days**.
- A State Fair Hearing can be requested if the CMH and/or SUD Provider fails to resolve the grievance and provide notice of the resolution within **90 calendar days** of the date of the grievance request.

Second Opinions

If you were denied access to community mental health services, or if you were denied psychiatric inpatient hospitalization after specifically requesting this service, the Michigan Mental Health Code allows you the right to ask for a Second Opinion.

- If you have been denied community mental health services, a second opinion will be completed upon request.
- If a request for psychiatric inpatient hospitalization was denied, a second opinion will be completed within **3 business days**, excluding Sundays and Holidays, of making a request.

Grievances and Appeals Process

Local Appeals

You will be given notice when a decision is made that denies your request for services or reduces, suspends or terminates the services you already receive. This notice is called an Adverse Benefit Determination. You have the right to request a local appeal verbally or in writing when you do not agree with such a decision. If you would like to ask for an appeal, you will have to do so within **60 calendar days** for a standard appeal or **10 calendar days** for an expedited appeal from the date of the Adverse Benefit Determination. You may ask for an appeal by contacting your customer service office listed on pages 36 and 37.

In most cases, your standard appeal will be completed in **30 calendar days** or less. If you request and meet the requirements for an expedited appeal, your appeal will be decided within **72-hours** after we receive your request. In all cases, your provider may extend the time for resolving your appeal by **14 calendar days** if you request an extension, or if your provider can show that additional information is needed and the delay is in your best interest. You have the right to file a Grievance if you disagree with the extension and you may do so by contacting your local customer service office listed on pages 36 and 37.

Important things to know:

- You may ask for assistance from Customer Service to file an appeal.
- You will have the chance to provide information in support of your appeal, and to have someone speak for you regarding the appeal if you would like. All comments, documents, records, and other information submitted by you or your representative will be taken into account at whatever point it is submitted in the appeal process.
- Your appeal will be handled by someone who has the appropriate clinical expertise to make an informed decision but not by anyone who was involved in any previous level of review or decision making, nor a subordinate of any such individual.
- You may ask to look over the information used in making the appeal decision.
- If you file an appeal, you will receive an acknowledgment letter. You will also receive a disposition (decision) letter in no more than **30 calendar days** for standard appeals and **72 hours** for an expedited appeal.

Benefit Continuation

If you are receiving a Michigan Medicaid service that is reduced, terminated or suspended before your current service authorization, and you file your appeal within **10 calendar days** (as instructed on the Notice of Adverse Benefit Determination), you may continue to receive your same level of services while your local appeal is pending. You will need to state in your appeal request that you are asking for your service(s) to continue.

If your benefits are continued and your appeal is denied, you will also have the right to ask for your benefits to continue while a State Fair Hearing is pending if you make the request to your provider within **10 calendar days**. You will need to state in your State Fair Hearing request that you are asking for your service(s) to continue.

If your benefits are continued, you can keep getting the service until one of the following happens: 1) you withdraw the appeal or State Fair Hearing request; or 2) all entities that got your appeal decide "no" to your request.

NOTE: If your benefits are continued because you used this process, you may be required to repay the cost of any services that you received while your appeal was pending if the final resolution upholds the denial of your request for coverage or payment of a service. State policy will determine if you will be required to repay the cost of any continued benefits.

State Medicaid Fair Hearing

A fair hearing is an impartial review by a state level administrative law judge. Medicaid enrollees can ask for a state fair hearing only after receiving the Notice of Appeal Denial stating that the service decision you appealed has been upheld. However, if your provider fails to adhere to the notice and timing requirements, you will be deemed to have exhausted the local appeal process and you can request a State Fair Hearing at that time. You have **120 calendar days** from the date on the Notice of Appeal Denial letter to request a State Fair Hearing.

A State Fair Hearing form will be provided with the Notice of Appeal Denial letter. You can contact your local customer service office listed on pages 36 and 37 to ask for assistance in completing the form. After completing the form, mail or fax it to:

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
MICHIGAN OFFICE OF ADMINISTRATIVE HEARINGS AND RULES
PO BOX 30763
LANSING MI 48909
Fax: 517-763-0146

You can request a hearing to be conducted quickly by calling:
toll-free (877) 833-0870.

You may choose to have another person represent you or participate in the hearing. This person can be anyone at least 18 years of age of your choice, including a service provider and/or an attorney. Your guardian or legal representative can represent you but a copy of the court order naming the person as your guardian must be included with hearing request or a hearing will not be given.

A hearing will be scheduled and you and/or your representative have the right to present facts to support your case during the hearing.

Non-Medicaid Consumer Protections

Grievance

If you are unhappy with services and supports and it is not related to an appeal, you have the right to file a "grievance". You can file a grievance *any time* by calling, visiting, or writing to the customer service office as listed on pages 36 and 37. If you file a grievance, you will receive an acknowledgment letter. You will also receive a disposition letter no later than **60 calendar days** after filing a grievance.

Appeals

Consumers without Medicaid will be given notice after your request for services is denied. Active consumers with a person-centered plan and authorizations will receive notice at least **30 calendar days** before the action goes into effect when services are reduced, suspended or terminated.

You have the right to request a local appeal by contacting your local CMH customer service office listed on pages 36 and 37. You must request the local appeal within **30 calendar days** from the date of the notice. You will receive a letter acknowledging your appeal request. You will receive a final disposition letter within **45 calendar days** after your appeal request.

You may file for a **State Alternative Dispute Resolution** if you are unhappy with the outcome of your local appeal. You have **10 calendar days** from receiving the written local appeal decision letter to file for a MDHHS Alternative Dispute Resolution.

You may file a request to appeal the local decision by writing to:

Michigan Department of Health and Human Services
Division of Program Development, Consultation, and Contracts
Bureau of Community Mental Health Services
Attn: Request for DHHS Level Dispute Resolution
Elliott-Larsen Building
320 S. Walnut
Lansing, MI 48913

Coordination of Care

To improve the quality of services, we want to coordinate your care with the medical provider(s) who care for your physical health.

If you are also receiving substance use disorder treatment, your behavioral health care should be coordinated with those services. Being able to coordinate with all providers involved in treating you improves your chances for recovery, relief of symptoms, improved functioning, and prevention of medication interactions. Therefore, you are encouraged to sign a "Release of Information" so that information can be shared with all of your providers. Subject to the limitations of the federal and state regulations, claims information available to MSHN, your CMHs and/or SUD providers regarding your physical health and behavioral health care can be accessed and utilized without your authorization. Access and use of information can occur for purposes such as payment, treatment, healthcare coordination, and population health analysis. If disclosure exceeds the reasons specified by MSHN, your CMHs, SUD providers and/or subcontracted providers are required to inform you of disclosures, per confidentiality and notice of privacy requirements. For more information on confidentiality see page 58.

If you do not have a medical doctor and need one, contact your support staff or local customer service office as listed on pages 36 and 37. The staff will assist you in finding a medical provider.



Person-Centered Planning, Advance Directives, Crisis Planning, and Self-Determination

Person-Centered Planning/Individualized Treatment Planning

The process used to design your individual plan of behavioral health and SUD supports, service, or treatment is called "Person-Centered Planning (PCP)." PCP is your right protected by the Michigan Mental Health Code. The Michigan Department of Health and Human Services, Bureau of Substance Abuse, and Addiction Service refers to the planning process as "Individualized Treatment Planning."

The process begins when you determine whom, besides yourself, you would like at the planning meetings, such as family members or friends, and what staff from your community mental health and/or SUD provider you would like to attend. You will also decide when and where the planning meetings will be held. Finally, you will decide what assistance you might need to help you participate in and understand the meetings.

During the person-centered/individualized treatment planning meeting, you will be asked what your hopes and dreams are, and will be helped to develop goals or outcomes you want to achieve. The people attending this meeting will help you decide what supports, services or treatment you need, who you would like to provide this service, how often you need the service, and where it will be provided. You have the right, under federal and state laws, to a choice of providers.

After you begin receiving services, you will be asked from time to time how you feel about the supports, services or treatment you are receiving and whether changes need to be made. You have the right to ask at any time for a new person-centered/individualized treatment planning meeting if you want to talk about changing your plan of service.

Person-Centered Planning, Advance Directives, Crisis Planning, and Self-Determination

You have the right to "independent facilitation" of the person-centered planning process. This means that you may request that someone other than the support staff conduct your planning meetings. You have the right to choose from available independent facilitators.

Children under the age of 18 with intellectual/developmental disabilities, serious emotional disturbance, and SUD also have the right to person-centered planning. However, person-centered planning must recognize the importance of the family and the fact that supports and services impact the entire family. The parent(s) or guardian(s) of the children will be involved in pre-planning and person-centered planning using "family-centered practice" in the delivery of supports, services and treatment to their children.

Topics Covered during Person-Centered Planning:

During person-centered planning, you will be told about psychiatric advance directives, a crisis plan, and self-determination (see the descriptions below). You have the right to choose to develop any, all or none of these options.

(Continued on Next Page)

Person-Centered Planning, Advance Directives, Crisis Planning, and Self-Determination

Advance Directives

Adults have the right, under Michigan law (42 CFR 422.128), to a psychiatric advance directive ("Advance Directives"). A psychiatric advance directive is a tool for making decisions before a crisis in which you may become unable to make a decision about the kind of treatment you want and the kind of treatment you do not want. This lets other people, including family, friends, and service providers, know what you want when you cannot speak for yourself.

Advance Directives are special instructions for a medical or behavioral health emergency. You make this plan before anything happens.

Sometimes in a medical or behavioral health emergency, a person cannot talk or give informed consent. So, before anything happens, you agree to let another person make medical or behavioral health decisions for you in such a situation. Then, if you are unable to tell what you want done and qualified professionals determine that you are unable to do so, the person that you chose to be your advocate will tell the doctors or others the type of care you want. You can change your wishes or patient advocate at any time, as long as you are of sound mind, by updating the appropriate legal forms. The decision to have any type of advance directive, if one at all, is completely up to you.

If you would like more information on advance directives, please speak with your support staff or contact your local customer service office as listed on pages 36 and 37. There are forms available for both types of advance directives. A copy of the form should be kept in your medical/behavioral health records, at your doctor's office, in your home, and with your patient advocate.

If you do not believe you have received appropriate information regarding advance directives from MSHN, your community mental health provider or substance use disorder provider, or you feel that your provider did not follow your advance directive, please contact your local customer service office as listed on pages 36 and 37.

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Crisis Plan

You also have the right to develop a "crisis plan." A crisis plan is intended to give direct care if you begin to have problems in managing your life or you become unable to make decisions and care for yourself. The crisis plan would give information and direction to others about what you would like done in the time of crisis. Examples are friends or relatives to be called, preferred medicines, or care of children, pets, or bills.

Natural Supports

A natural support is someone that may help you with a variety of tasks and are people that you know that are not paid to help you. Your friends and family are natural supports, and we want you to use and obtain help from as many people as possible to make your life better. While you do have support from your community mental health provider and substance use disorder provider, we want to help you improve your life without having to rely on paid staff. This will allow you to become more independent and able to function in your everyday life. Identifying natural supports is an important step in the journey to recovery and to a self-determined life.

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Person-Centered Planning, Advance Directives, Crisis Planning, and Self-Determination

Self-Determination

Self-determination is an option for payment of medically necessary services you might request if you are receiving behavioral health services in Michigan. It is a process that would help you to design and exercise control over your own life by directing a fixed amount of dollars that will be spent on your authorized supports and services, often referred to as an "individual budget." You would also be supported in your management of providers, if you choose such control. If you would like more information about self-determination, please speak with your support staff or your local customer service office as listed on pages 36 and 37.



Recovery and Resiliency

Recovery is a journey of healing and transformation enabling a person with a mental illness and/or intellectual/developmental disability: and/or a substance use disorder to live a meaningful life in a community of his or her choice while striving to achieve his or her potential.

Recovery is our guiding principle when providing services to empower individuals on their journey toward wellness. Recovery is an individual journey that follows different paths and leads to different locations. Your path to recovery and wellness is a journey because it is about the lifelong process that you enter into; it is not a destination. Recovery is unique to each individual and can truly only be defined by the individual themselves. What might be recovery for one person may be only part of the process for another.

Recovery may also be defined as wellness. Behavioral health and/or substance use disorder supports and services help people living with a mental illness and/or intellectual/developmental disability and/or substance use disorder in their recovery journeys. The person-centered planning process is used to identify the supports needed for individual recovery.

In recovery, there may be relapses or setbacks. A relapse is not a failure, rather a challenge or an opportunity. If a relapse is prepared for, and the tools and skills that have been learned throughout the recovery journey are used, a person can overcome and come out a stronger individual. It takes time, and that is why ***Recovery*** is a process that will lead to a future that holds days of pleasure and the energy to persevere through the trials of life.

Resiliency and development are the guiding principles for children with serious emotional disturbance. Resiliency is the ability to "bounce back" and is a characteristic important to nurture in children with serious emotional disturbance and their families. It refers to the individual's ability to become successful despite challenges they may face throughout their life.

Life and Wellness

Wellness means overall well-being. It incorporates the mental, emotional, physical, financial, occupational, intellectual, environmental, and spiritual aspects of a person's life. Each aspect of wellness can affect overall quality of life, so it is important to consider all aspects of health. This is especially important for people with behavioral health and substance use disorder problems because wellness directly relates to the quality and longevity of your life.

What makes us well differs from person to person. As you read this, see how the eight Dimensions of Wellness apply to you:



Emotional/ Psychological: Coping effectively with life and creating satisfying relationships	Be aware of your feelings; express feelings to others; learn coping mechanisms to overcome troubling emotions; do meditation, yoga, relaxation, or deep breathing; use humor; get a pet
Financial: Satisfaction with current and future financial situations	Make conscious decisions regarding spending money and budgeting; plan and prepare for future circumstances

(Adapted from Substance Abuse and Mental Health Services Administration [SAMHSA] Wellness Initiative)

Social: Developing a sense of connection, belonging, and a well developed support system	Make short list of family, friends, and peers who are supportive and positive; make at least one connection per day with a friend or family member by calling, emailing, visiting, or reaching out by social media; join a book club; volunteer
Spiritual: Expanding our sense of purpose and meaning in life	This can mean different things to different people such as religion/church or nature. For many people, spirituality can provide meaning and purpose in their lives
Occupational: Personal satisfaction and enrichment derived from one's work	We don't always think about our jobs or careers as part of our overall health. Personal satisfaction and a sense of purpose often enters one's life through work or school or volunteering
Physical: Recognizing the need for physical activity, diet, sleep, and nutrition	Stay active! Take the stairs, walk instead of drive, or join a local sports league; make healthy food choices; sleep is as important as diet and exercise; see your primary care doctor regularly; stay informed about your medications and ask your doctor about possible side effects; don't smoke; avoid the use and abuse of substances, such as alcohol, drugs, and caffeine
Intellectual: Recognizing creative abilities and finding ways to expand knowledge and skills	Creative and stimulating activities add another dimension to wellness. Learning new things and pursuing personal interests are part of a healthy lifestyle such as finding new hobbies, taking school classes, taking community education courses, reading, writing poetry, painting, scrap booking, doing arts/crafts
Environmental: Good health by occupying pleasant, stimulating environments that support well-being	Find pleasing surroundings that encourage good physical and mental health, such as rooms with light, rooms with soothing colors, soothing music, or soothing indoor waterfall

Co-Occurring Concerns

Many people think of behavioral health issues and substance use issues as being separate illnesses. However, behavioral health and substance use disorder conditions often co-occur. In other words, individuals with substance use conditions often have a behavioral health condition at the same time and vice versa, according to the Substance Abuse and Mental Health Services Administration (SAMHSA). Further, co-occurring issues also can lead to medical/physical health conditions such as liver conditions, high blood pressure, neurological issues, or pain, etc.

According to the Behavioral Health Evolution, some of the more common behavioral health disorders that co-occur with substance use disorder include: Mood-related disorders (such as Major Depression or Bi-Polar Depression), Severe Mental Illness (such as Schizophrenia or Schizo-affective Disorder), and Anxiety-Related Disorders (Post Traumatic Stress Disorder, Panic Disorder, Social Anxiety, Generalized Anxiety or Obsessive-Compulsive Disorder). Individuals with behavioral health issues often use substances to feel better. Using alcohol or other drugs not only fails to repair the behavioral health disorder but also prevents a person from developing effective coping skills...and also interferes with medications prescribed for behavioral health conditions.

For more information, contact your local community mental health and/or substance use disorder provider.

Resources:

www.samhsa.gov

www.bhevolution.org/public/cooccurring_overview.page

www.helpguide.org/articles/addiction/substance-abuse-and-mental-health.htm

Co-Occurring Concerns

Symptoms of substance use disorders may mask symptoms of behavioral illness and vice versa according to the Behavioral Health Evolution. This, combined with denial, often make it difficult to diagnose a co-occurring disorder. According to SAMHSA there are many consequences of undiagnosed, untreated, or under treated co-occurring disorders including higher likelihood of experiencing:

- Homelessness
- Jail
- Medical illnesses
- Suicide
- Early death
- Frustration with lack of treatment progress
- Difficulty with social relationships
- Impaired work/school performance

Dealing with substance use disorders or behavioral health disorders is never easy; however, it is even more challenging if they occur together. SAMHSA reports that Integrated Treatment, treatment that addresses behavioral and substance use conditions at the same time, leads to better outcomes, such as:

- Reduced substance use
- Improved psychiatric symptoms and functioning
- Decreased hospitalization
- Increased housing stability
- Fewer arrests
- Improved quality of life
- Healthy relationships
- Job and income retention

There is hope! Combined treatment is the best for your road to recovery!

Your Responsibilities

You can assist us with the best quality care by:

- Making every effort to keep scheduled appointments and arrive on time. If you will be delayed, we ask that you contact your staff person to inform them and to explore if it is still feasible to attend. If you cannot keep an appointment for any reason, we ask that you contact your staff person at least **24 hours** in advance so that we can use this time for another individual. We will assist you in rescheduling your appointment for the earliest available date. Please inform your support staff of any barriers that you are encountering in attending appointments, such as transportation, appointment times, childcare, staff/customer rapport, sensitive topic, etc., so he/she may help brainstorm options to address these barriers
- Letting us know of a change in name, address, phone number, emergency contact, or insurance coverage
- Providing complete information regarding any medications being prescribed by other medical professionals or any medications being taken over the counter (including herbal supplements). Let us know what medications you are taking, why you are taking it/them, the proper way to take it/them, and possible side effects of that medication. Take your medications as prescribed. Tell your support staff and/or psychiatrist how medications are affecting you (whether good or bad)
- Participating in your care. Help develop your Person-Centered Plan or Treatment Plan
- Expressing your opinions, concerns, or suggestions in a helpful manner so we can know how best to help
- Engaging in behavior that demonstrates courtesy and respect towards staff and other clients. Aggression, threats, and abusive language including hate speech may be grounds for termination from treatment.

Recipient Rights

Your Rights

You have rights when receiving public behavioral health services and/or public substance use disorder services. You have the right to get the care you need, which means you should expect to:

- Receive behavioral health and substance use disorder services without discrimination
- Know the credentials of your service provider
- Know the details about your behavioral health and substance use disorder services
- Know what you can expect from program staff during your sessions
- Have things explained to you so that you understand and receive information and services in a language you understand. Interpreters are available free of charge
- Be treated with respect and with due consideration for your dignity and privacy
- Receive information on available treatment options and alternatives, presented in a manner appropriate to your condition and ability to understand
- Know what your responsibilities are while you are receiving services
- Have the option to seek a second opinion (this standard does not apply to SUD Community Grant services)
- Participate in decisions regarding your care, including the option to refuse care, without penalty, unless it is court ordered, or will endanger you or others
- Receive the information listed in this handbook at least once a year or when requested
- Know who to contact if you think your rights have been violated

Recipient Rights

You also have the following Rights and Responsibilities:

- A right to receive information about the organization, its services, its practitioners and providers and member rights and responsibilities
- A right to be treated with respect and recognition of your dignity and right to privacy
- A right to participate with practitioners in making decisions about your health care
- A right to a candid discussion of appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage
- A right to voice complaints or appeals about the organization or the care it provides
- A right to make recommendations regarding the organization's member rights and responsibilities policy
- A responsibility to supply information (to the extent possible) that the organization and its practitioners and providers need in order to provide care
- A responsibility to follow plans and instructions for care that you have agreed to with your practitioners
- A responsibility to understand your health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible

Your Rights for Behavioral Health Services:

Every person who receives public behavioral health services has certain rights. The Michigan Mental Health Code protects some rights. Some of your rights include:

- The right to be free from abuse and neglect
- The right to confidentiality
- The right to be treated with dignity and respect
- The right to treatment suited to condition

More information about your many rights is contained in the booklet titled "Your Rights" and/or "Know Your Rights" brochure. You will be given this booklet and have your rights explained to you when you first start services, and then once again every year. You can also ask for this booklet at any time. This recipient rights information is also available in other languages and formats.

Recipient Rights

Your Rights for Substance Use Disorder Services:

If you receive substance use disorder services, you have rights protected by the Public Health Code. These rights will be explained to you when you start services and again every year you are involved with services. You can find more information about your rights while getting substance use disorder services in the "Know Your Rights" pamphlet.

Freedom from Retaliation:

If you use public behavioral health or substance use disorder services, you are free to exercise your rights, and to use the rights protection system without fear of retaliation, harassment, or discrimination. In addition, under no circumstances will the public behavioral health system use seclusion or restraint as a means of coercion, discipline, convenience, or retaliation.

If You Think Your Rights Have Been Violated:

You may file a Recipient Rights complaint *any time* if you think staff violated your rights. You can make a Recipient Rights complaint either orally or in writing.

You may contact your local community mental health services program to talk with a Recipient Rights Officer with any questions you may have about your rights or to get help to make a complaint in relation to services. You can contact the Office of Recipient Rights at the phone number listed for your community mental health services program listed beginning on page 16 or your local customer service office as listed on pages 36 and 37.

If you have a recipient rights concern in relation to substance use disorder services, you may call your substance use disorder provider. Ask to talk with its recipient rights advisor. You can ask any questions you may have about your substance use disorder service rights. You can also get help to make a complaint. You may also call the MSHN SUD Recipient Rights Consultant at (517) 657-3011 or toll-free (844) 405-3094.

Confidentiality & Family Access to Information

Confidentiality and Family Access to Information

You have the right to have information about your behavioral health and substance use disorder (SUD) treatment kept private. You also have the right to look at your own clinical records or to request and receive a copy of your records. You have the right to ask us to amend or correct your clinical record if there is something with which you do not agree. Please remember, though, your clinical records can only be changed as allowed by applicable law. Generally, information about you can only be given to others with your permission. However, there are times when your information is shared in order to coordinate your treatment or when it is required by law.

Family members have the right to provide information to MSHN, your CMH and/or your SUD provider about you. However, without a Release of Information signed by you, MSHN, your CMH and/or your SUD provider may not give information about you to a family member. For minor children under the age of 18 years, parents/guardians are provided information about their child and must sign a release of information before information can be shared with others. If you receive SUD services, you have rights related to confidentiality specific to SUD services.

Under HIPAA (Health Insurance Portability and Accountability Act), you will be provided with an official Notice of Privacy Practices from your community mental health services program and/or SUD provider. This notice will tell you all the ways that information about you can be used or disclosed. It will also include a listing of your rights provided under HIPAA and how you can file a complaint if you feel your right to privacy has been violated.

If you feel your confidentiality rights have been violated, you can call the Recipient Rights Officer and/or Recipient Rights Advisor where you receive services.

Service Authorization (includes Out of Network)

Service Authorization

When you first come to us, we will talk with you to figure out what we can do to help you. Together we will figure out what services will help you get better. We will approve those services, and then you can receive them. This is called prior authorization.

Services you request must be authorized or approved by your community mental health provider or substance use disorder provider. They may approve all, some, or none of your requests. You will receive notice of a decision within **14 calendar days** after you have requested the service during person-centered planning, or within **72 hours** if the request requires a expedited (quick) decision.

All services must be medically necessary. Substance use disorder services may be urgent or non-urgent, whereas behavioral health services may be emergent, urgent, or routine. This means that the services to be provided are needed to assure appropriate assessment and treatment of your condition. Services that are considered ineffective, experimental, or inappropriate will not be approved.

If you are referred to a community mental health agency or substance use disorder provider by the access center, you no longer have to obtain authorization from your community mental health provider or substance use disorder provider. The provider will contact the authorizing agency for further authorization on your behalf.

If you have other insurance that may cover your services, we may refer you to your insurance company for assistance. The insurance company will determine the amount and type of service(s) for which you are eligible, based on your coverage. Please contact your local customer service office listed on pages 36 and 37 if you need assistance contacting your insurance company.

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Service Authorization (includes Out of Network)

Any decision that denies a service you request or denies the amount, scope or duration of the service that you request will be made by a health care professional who has appropriate clinical expertise in treating your condition. Authorizations are made according to medical necessity. If you should disagree with a decision, you may ask for a second opinion (for behavioral health only) from a network provider, or arrangements will be made for you to obtain a second opinion from outside the network, at no cost to you.

If you do not agree with a decision that reduces, suspends or terminates a service, you may file a local appeal (for behavioral health and SUD services.) Please refer to the Appeal section in this handbook on page 39.

If you are not receiving approved medical services as quickly as needed, you can get help. Call your local customer service office as listed on pages 36 and 37. They will help you get the treatment services you need. The customer service office may also help you file a grievance. A grievance is a way to complain about what is wrong with the staff, services, and/or supports you are or are not getting.

Please note, we do not use any type of physician or other financial incentive plans to limit the services available to you. MSHN assures that compensation to individuals or entities that conduct utilization management activities is not structured so as to provide incentives for the individual or entity to deny, limit, or discontinue medically necessary services to any Medicaid enrollee. Please contact your local customer service office listed on pages 36 and 37 if you have other questions.

Out-of-Network Providers

There may be times where there are no providers in our network that are able to provide you with a service that you need. If the service is a covered benefit of this plan, and it is medically necessary, the community mental health or substance use disorder provider in your county will work with you to find a provider outside its network to adequately and timely provide the service. This will be at no cost to you. If you need out-of-network care or have other questions, contact your local customer service office as listed on pages 36 and 37.

Payment for Services

At the time of your first scheduled visit with your provider, you will meet with an agency staff person who will review with you the financial and insurance information you have been asked to bring and will establish your Ability to Pay (ATP).

If you are enrolled in Medicaid and meet the criteria for the specialty behavioral health services the total cost of your authorized behavioral health treatment will be covered. No fees will be charged to you. Some members will be responsible for "Cost sharing". This refers to money that a member has to pay when services or drugs are received. You might also hear terms like "deductible, spend-down, copayment, or coinsurance," which are all forms of "cost sharing". Your Medicaid benefit level will determine if you will have to pay any cost-sharing responsibilities. If you are a Medicaid beneficiary with a deductible ("spend-down"), as determined by the State, you may be responsible for the cost of a portion of your services.

Should you lose your Medicaid coverage, your provider may need to re-evaluate your eligibility for services. A different set of criteria may be applied to services that are covered by another funding source such as General Fund, Block Grant, or a third party payer.

If you are uninsured or do not have enough insurance coverage, we will help you apply for Medicaid through the local MDHHS office. If you need help with the application, please call your local customer service office as listed on pages 36 and 37; they will assist you and/or link you to someone that can help you. You can also get help at your local MDHHS office. If you are denied Medicaid and would like to appeal the decision, MDHHS has an appeal processes that you will be asked to follow. Please contact your local customer service office listed on pages 36 and 37 if you have any questions.

If Medicare is your primary payer, your provider will cover all Medicare cost-sharing consistent with coordination of benefit rules.

Medicaid Specialty Supports and Service Array

Medicaid Specialty Supports and Services Descriptions

Note: If you are a Medicaid enrollee and have a serious mental illness, or serious emotional disturbance, or intellectual/developmental disabilities, and/or substance use disorder, you may be eligible for some of the Medicaid Specialty Supports and Services listed below. Please call your local access center as listed beginning on page 16 for more information.

Before services can start, you will take part in an assessment to find out if you are eligible for services. It will also identify the services that can best meet your needs. *You need to know that not all people who come to us are eligible, and not all services are available to everyone we serve.* If a service cannot help you, your Community Mental Health will not pay for it. Medicaid will not pay for services that are otherwise available to you from other resources in the community.

During the person-centered planning process, you will be helped to figure out the medically necessary services that you need and the sufficient amount, scope and duration required to achieve the purpose of those services. You will also be able to choose who provides your supports and services. You will receive an individual plan of service that provides all of this information.

Note: the Michigan Medicaid Provider Manual contains complete definitions of the following services as well as eligibility criteria and provider qualifications.

The Michigan Medicaid Provider Manual can be accessed at: www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf

Customer Service staff can help you access the manual and/or information from it. Call your local customer service office as listed on pages 36 and 37.

Medicaid Specialty Supports and Service Array

NOTE: In addition to meeting medically necessary criteria, services listed below marked with an asterisk (*) require a doctor's prescription.

Services for Persons with Behavioral Health Needs (Medicaid)

Assertive Community Treatment (ACT) provides basic services and supports essential for people with serious mental illness to maintain independence in the community. An ACT team will provide behavioral health therapy and help with medications. The team may also help access community resources and supports needed to maintain wellness and participate in social, educational and vocational activities. ACT may be provided daily for individuals who participate.

Assessment includes a comprehensive psychiatric evaluation, psychological testing, substance use disorder screening, or other assessments conducted to determine a person's level of functioning and behavioral health treatment needs. Physical health assessments are not part of this PIHP service.

***Assistive Technology** includes adaptive devices and supplies that are not covered under the Medicaid Health Plan, HMP, other insurance, or community resources. These devices help individuals to better take care of themselves, or to better interact in the places where they live, work, and play.

Behavior Treatment Review may be available if a person's illness or disability involves behaviors that they or others who work with them want to change. In this case, their individual plan of services may include a plan that talks about the behavior. This plan is often called a "behavior treatment plan." The behavior treatment plan is developed during person-centered planning and then is approved and reviewed regularly by a team of specialists to make sure that it is effective and dignified, and continues to meet the person's needs.

Behavioral Treatment Services/Applied Behavior Analysis (ABA) are services for children under 21 years of age with Autism Spectrum Disorders (ASD).

Clubhouse Programs are programs where members (customers) and staff work side by side to operate the clubhouse and to encourage participation in the greater community. Clubhouse programs focus on fostering recovery, competency, and social supports, as well as vocational skills and opportunities.

Medicaid Specialty Supports and Service Array

Community Inpatient Services are hospital services used to stabilize a behavioral health condition in the event of a significant change in symptoms, or in a behavioral health emergency. Community hospital services are provided in licensed psychiatric hospitals and in licensed psychiatric units of general hospitals.

Community Living Supports (CLS) are activities provided by paid staff that help adults with either serious mental illness or developmental disabilities live independently and participate actively in the community. Community Living Supports may also help families who have children with special needs (such as developmental disabilities or serious emotional disturbance).

Crisis Interventions are unscheduled individual or group services aimed at reducing or eliminating the impact of unexpected events on behavioral health and well-being.

Crisis Residential Services are short-term alternatives to inpatient hospitalization provided in a licensed residential setting.

Early Periodic Screening, Diagnosis and Treatment (EPSDT) EPSDT provides a comprehensive array of prevention, diagnostic, and treatment services for low-income infants, children and adolescents under the age of 21 years, as specified in Section 1905(a)(4)(B) of the Social Security Act (the Act) and defined in 42 U.S.C. § 1396d(r)(5) and 42 CFR 441.50 or its successive regulation.

The EPSDT benefit is more robust than the Medicaid benefit for adults and is designed to assure that children receive early detection and care, so that health problems are averted or diagnosed and treated as early as possible.

Health plans are required to comply with all EPSDT requirements for their Medicaid enrollees under the age of 21 years. EPSDT entitles Medicaid and Children's Health

Insurance Program (CHIP) enrollees under the age of 21 years, to any treatment or procedure that fits within any of the categories of Medicaid-covered services listed in Section 1905(a) of the Act if that treatment or service is necessary to "correct or ameliorate" defects and physical and mental illnesses or conditions.

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This requirement results in a comprehensive health benefit for children under age 21 enrolled in Medicaid In addition to the covered services listed above, Medicaid must provide any other medical or remedial care, even if the agency does not otherwise provide for these services or provides for them in a lesser amount, duration, or scope (42 CFR 441.57).

While transportation to EPSDT corrective or ameliorative specialty services is not a covered service under this waiver, the PIHP must assist beneficiaries in obtaining necessary transportation either through the Michigan Department of Health and Human Services or through the beneficiary's Medicaid health plan.

***Enhanced Pharmacy** includes doctor ordered non-prescription or over-the-counter items (such as vitamins or cough syrup) necessary to manage your health condition(s) when a person's Medicaid Health Plan or other insurance does not cover these items.

***Environmental Modifications** are physical changes to a person's home, car, or work environment that are of direct medical or remedial benefit to the person. Modifications ensure access, protect health and safety, or enable greater independence for a person with physical disabilities. Note that other sources of funding must be explored first, before using Medicaid funds for environmental modifications.

Family Support and Training provides family-focused assistance to family members relating to and caring for a relative with serious mental illness, serious emotional disturbance, or intellectual/developmental disabilities. Family Skills Training is education and training for families who live with and or care for a family member who is eligible for the Children's Waiver Program.

Fiscal Intermediary Services help individuals manage their service and supports budget and pay providers if they are using a "self-determination" approach.

Health Services include assessment, treatment, and professional monitoring of health services of behavioral conditions that are related to or impacted by a person's behavioral health condition. A person's primary doctor will treat any other health conditions they may have.

Medicaid Specialty Supports and Service Array

Home-Based Services for Children and Families are provided in the family home or in another community setting. Services are designed individually for each family, and can include things like behavioral health therapy, crisis intervention, service coordination, or other supports to the family.

Housing Assistance is assistance with short-term, transitional, or one-time-only expenses in an individual's own home that his/ her resources and other community resources could not cover.

Intensive Crisis Stabilization (also available to HMP) is another short-term alternative to inpatient hospitalization. Intensive crisis stabilization services are structured treatment and support activities provided by a behavioral health crisis team in the person's home or in another community setting.

Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) provide 24-hour intensive supervision, health and rehabilitative services and basic needs to persons with developmental disabilities.

Medication Administration is when a doctor, nurse, or other licensed medical provider gives an injection, or an oral medication or topical medication.

Medication Review is the evaluation and monitoring of medicines used to treat a person's behavioral health condition, their effects, and the need for continuing or changing their medicines.

Mental Health Therapy and Counseling for Adults, Children and Families includes therapy or counseling designed to help improve functioning and relationships with other people.

Nursing Home Mental Health Assessment and Monitoring includes a review of a nursing home resident's need for and response to behavioral health treatment, along with consultations with nursing home staff.

***Occupational Therapy** includes the evaluation by an occupational therapist of an individuals' ability to do things in order to take care of themselves every day, and treatments to help increase these abilities.

Medicaid Specialty Supports and Service Array

Partial Hospital Services include psychiatric, psychological, social, occupational, nursing, music therapy, and therapeutic recreational services in a hospital setting, under a doctor's supervision. Partial hospital services are provided during the day – participants go home at night.

Peer-Delivered and Peer Specialist Services Peer-delivered services such as drop-in centers are entirely run by customers of behavioral health services. They offer help with food, clothing, socialization, housing, and support to begin or maintain behavioral health treatment. Peer Specialist Services are activities designed to help persons with serious mental illness in their individual recovery journey and are provided by individuals who are in recovery from serious mental illness. Peer Mentors help people with developmental disabilities. Partners in Parenting help children with serious emotional disturbance and their families.

Personal Care in Specialized Residential Settings assists adults with a mental illness or a intellectual/developmental disability with activities of daily living, self-care and basic needs, while they are living in a specialized residential setting in the community.

***Physical Therapy** includes the evaluation by a physical therapist of a person's physical abilities (such as the ways they move, use their arms or hands, or hold their body), and treatments to help improve their physical abilities.

Prevention Service Models (such as Infant Mental Health, School Success, etc.) use both individual and group interventions designed to reduce the likelihood that individuals will need treatment from the public behavioral health system.

Respite Care Services provide short-term relief to the unpaid primary caregivers of people eligible for specialty services. Respite provides temporary alternative care, either in the family home, or in another community setting chosen by the family.

Skill-Building Assistance includes supports, services and training to help a person participate actively at school, work, volunteer, or community settings, or to learn social skills they may need to support themselves or to get around in the community.

Medicaid Specialty Supports and Service Array

***Speech and Language Therapy** includes the evaluation by a speech therapist of a person's ability to use and understand language and communicate with others or to manage swallowing or related conditions, and treatments to help enhance speech, communication or swallowing.

Substance Use Disorder Treatment Services (descriptions follow the behavioral health services section on page 71).

Supports Coordination or Targeted Case Management is a service in which a Supports Coordinator or Case Manager helps write an individual plan of service and makes sure the services are delivered. His or her role is to listen to a person's goals, and to help find the services and providers inside and outside the local community mental health services program that will help achieve the goals. A supports coordinator or case manager may also connect a person to resources in the community for employment, community living, education, public benefits, and recreational activities.

Supported/Integrated Employment Services provide initial and ongoing supports, services and training, usually provided at the job site, to help adults who are eligible for behavioral health services find and keep paid employment in the community.

Transportation may be provided to and from a person's home in order for them to take part in a non-medical Medicaid covered service.

Treatment Planning assists the person and those of his/her choosing in the development and periodic review of the individual plan of services.

Wraparound Services for Children and Adolescents with serious emotional disturbance and their families that include treatment and supports necessary to maintain the child in the family home.

Services Available Only for Habilitation Supports Waiver (HSW) and Children's Waiver Participants

Some Medicaid enrollees are eligible for special services that help them avoid having to go to an institution for people with intellectual/developmental disabilities or a nursing home. These special services are called the Habilitation Supports Waiver and the Children's Waiver. In order to receive these services, people with intellectual/developmental disabilities need to be enrolled in either of these "waivers." The availability of these waivers is very limited. People enrolled in the waivers have access to the services listed above as well as those listed here:

Goods and Services (for HSW enrollees) is a non-staff service that replaces the assistance that staff would be hired to provide. This service, used in conjunction with a self-determination arrangement, provides assistance to increase independence, facilitate productivity, or promote community inclusion.

Non-Family Training (for Children's Waiver enrollees) is customized training for the paid in-home support staff who provide care for a child enrolled in the Waiver.

Out-of-Home Non-Vocational Supports and Services (for HSW enrollees) is assistance to gain, retain or improve in self-help, socialization or adaptive skills.

Personal Emergency Response Devices (for HSW enrollees) help a person maintain independence and safety, in their own home or in a community setting. These are devices that are used to call for help in an emergency.

Prevocational Services (for HSW enrollees) include supports, services and training to prepare a person for paid employment or community volunteer work.

Private Duty Nursing (for HSW enrollees) is individualized nursing service provided in the home, as necessary to meet specialized health needs.

Specialty Services (for Children's Waiver enrollees) are music, recreation, art, or massage therapies that may be provided to help reduce or manage the symptoms of a child's mental health condition or intellectual/developmental disability. Specialty services might also include specialized child and family training, coaching, staff supervision, or monitoring of program goals.

Medicaid Specialty Supports and Service Array

Services for Persons with Substance Use Disorders (Medicaid)

The substance use disorder treatment services listed below are covered by Medicaid and HMP. Please refer to the list of current SUD providers within your handbook. You may also refer to MSHN's website at www.midstatehealthnetwork.org or ask your local CMH or SUD provider for a list.

Access, Assessment and Referral (AAR) determines the need for substance use disorder services and will assist in getting to the right services and providers.

Intensive Outpatient (IOP or EOP) is a service that provides more frequent and longer counseling sessions each week and may include day or evening programs.

Medication Assisted Treatment (MAT) (such as Methadone and Suboxone) is provided to people who have heroin or other opiate dependence. The treatment consists of opiate substitution monitored by a doctor as well as nursing services and lab tests. This treatment is usually provided along with other substance use disorder outpatient treatment.

Outpatient Treatment includes therapy/counseling for the individual, and family and group therapy in an office setting.

Peer Recovery and Recovery Support Service are services to support and promote recovery and prevent relapse through supportive services that result in the knowledge and skills necessary for one's recovery.

Residential Treatment is intensive therapeutic services which include overnight stays in a staffed licensed facility.

Sub-Acute Detoxification is medical care in a residential setting for people who are withdrawing from alcohol or other drugs.

Other State Plan Services

If you receive Medicaid, you may be entitled to other medical services not listed above. Services necessary to maintain your physical health are provided or ordered by your primary care doctor. If you receive Community Mental Health services, your local community mental health services program will work with your primary care doctor to coordinate your physical and behavioral health services. If you do not have a primary care doctor, your local community mental health services program and/or Substance use disorder provider will help you find one.

Note: **Home Help Program** is another service available to Medicaid enrollees who require in-home assistance with activities of daily living, and household chores. In order to learn more about this service, you may call the local Michigan Department of Health and Human Services' (MDHHS)* number listed on page 73 or contact your local customer service office as listed on pages 36 and 37 for assistance.

Local Michigan Department of Health & Human Services (MDHHS) Offices

*You can also contact MDHHS in your county in relation to Medicaid Fee for Service questions.

COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES (MDHHS) OFFICE	PHONE NUMBER
Arenac County MDHHS	(989) 846-5500
Bay County MDHHS	(989) 895-2100
Clare County MDHHS	(989) 539-4260
Clinton County MDHHS	(989) 224-5500
Eaton County MDHHS	(517) 543-0860
Gladwin County MDHHS	(989) 426-3300
Gratiot County MDHHS	(989) 875-5181
Hillsdale County MDHHS	(517) 439-2200
Huron County MDHHS	(989) 269-9201
Ingham County MDHHS	(517) 887-9400
Ionia County MDHHS	(616) 527-5200
Isabella County MDHHS	(989) 772-8400
Jackson County MDHHS	(517) 780-7400
Mecosta County MDHHS	(231) 796-4300
Midland County MDHHS	(989) 835-7040
Montcalm County MDHHS	(989) 831-8400
Newaygo County MDHHS	(231) 689-5500
Osceola County MDHHS	(231) 796-4300
Saginaw County MDHHS	(989) 758-1100
Shiawassee County MDHHS	(989) 725-3200
Tuscola County MDHHS	(989) 673-9100

Medicaid Specialty Supports and Service Array

Medicaid Health Plan Services

Most Medicaid enrollees also have a health plan for medical services. If you are enrolled in a Medicaid Health Plan (MHP), the following kinds of health care services are available to you when your medical condition requires them.

- Ambulance
- Chiropractic
- Doctor visits
- Family planning
- Health check ups
- Hearing aids
- Hearing and speech therapy
- Home Health Care
- Immunizations (shots)
- Lab and X-ray
- Nursing Home Care
- Medical supplies
- Medicine
- Mental health (limit of 20 outpatient visits)
- Physical and Occupational therapy
- Prenatal care and delivery
- Surgery
- Transportation to medical appointments
- Vision

There may be some coverage rules and/or co-pays for such services. For further information, you can contact the health plan directly for more information about the services listed above. To contact your health plan, please call your MHP listed beginning on page 75. If you are not enrolled in a health plan or do not know the name of your health plan, you can contact your local customer service office as listed on pages 36 and 37 for assistance.

Medicaid Specialty Supports and Service Array

Aetna Better Health of Michigan
1333 Gratiot, Suite 400, Detroit, MI 48207
(866) 316-3784
aetnabetterhealth.com/Michigan

Blue Cross Complete of Michigan
100 Galleria Officentre, Suite 210
Southfield, MI 48034
(800) 228-8554
www.mibluecrosscomplete.com/

Harbor Health Plan
3663 Woodward Avenue, Suite 120
Detroit, MI 48201
(844) 427-2671
www.harborhealthplan.com

McLaren Health Plan
G-3245 Beecher Road, Flint, MI 48532
(888) 327-0671
www.mclarenhealthplan.org

MeridianHealth
1 Campus Martius, Suite 700
Detroit, MI 48226
(888) 437-0606
www.mhplan.com

HAP Midwest Health Plan
PO Box 2578, Detroit, MI 48202
(888) 654-2200
www.midwesthealthplan.com

Medicaid Specialty Supports and Service Array

Molina Healthcare of Michigan
880 W. Long Lake Rd., Ste. 600 Troy, MI 48098
(888) 898-7969
www.molinahealthcare.com

Priority Health
1231 E. Beltline NE, Grand Rapids, MI 49525
(800) 942-0954
www.priorityhealth.com

Total Health Care
3011 W. Grand Blvd., Suite 1600, Detroit, MI 48202
(313) 871-2000 or (800) 826-2862
thcmi.com/

United Healthcare Community Plan
26957 Northwestern Highway, Suite 400
Southfield, MI 48033
(800) 903-5253
www.uhccommunityplan.com

Upper Peninsula Health Plan
853 W. Washington Street, Marquette, MI 49855
(906) 225-7500 or (800) 835-2556
www.uphp.com

Note: Names and contact information for Medicaid Health Plans may change. Please see the (MDHHS) website for current information at: *michigan.gov/documents/mdch/MHP_Service_Area_Listing_326102_7.pdf*

Medicaid Specialty Supports and Service Array

Medicaid Fee for Service

Some Medicaid enrollees do not have a health plan but instead are covered through the fee for service program. This may include persons with a Medicaid deductible.

You can obtain additional information regarding the fee for service program, other state plan services or cost sharing by contacting your local Michigan Department of Health and Human Services (MDHHS) listed on page 73 or Michigan Department of Health and Human Services Beneficiary Helpline at (800) 642-3195.

Services Not Covered by Medicaid and Healthy Michigan:

- Services that are covered by another insurance program
- Services for which you are determined to be ineligible by the Access Center
- Psychological evaluation per court order (except for guardianship or if needed to provide care)



Services for Persons without Health Insurance

Note: *If you are a Michigan resident and have a serious mental illness, serious emotional disturbance, intellectual/developmental disability and/or substance use disorder, you may be eligible for some of the services listed below.*

Before services can be started, you will take part in a screening to find out if you are eligible for services. It will also identify the services that can best meet your needs. *You need to know that not all people who request services are eligible, and not all services are available to everyone we serve.* If a service cannot help you, your CMH and/or SUD provider will not pay for it. Your county CMH provider and/or SUD provider will also not pay for services that are available to you from other resources in the community.

During the person-centered or treatment planning process, you will be helped to figure out the services that you need and the sufficient amount, scope and duration required to achieve the purpose of those services. You will also be able to choose who provides your supports and services, although availability may vary depending on individual provider capacity and possibly type of funding that is used for your services. You will receive an individual plan of service that provides all of this information.

Services for Persons with Behavioral Health Needs

A person with a serious mental illness, serious emotional disturbance, or intellectual/developmental disability may be able to get help from their local county community mental health agency for the following:

- Crisis stabilization and response
- Assessment and service planning
- Linking and coordinating to access services
- Specialized mental health treatment and support
- Prevention and advocacy services

Services for Persons without Health Insurance

Services for those with Substance Use Needs

Persons with substance use disorders may be able to get help with the following substance use disorder services:

- Detoxification
- Residential treatment
- Outpatient counseling
- Opioid replacement therapy and prevention

Possible Wait Lists:

Community Mental Health must serve the people with the most serious problems first and give care to the people who need it most. Substance use disorder provider must serve certain populations first. The providers may use a waiting list to keep track of those who are next to receive service.

If you are put on a waiting list for the help you need, we will find other ways to help you while you wait. When it is your turn, you will get services. To learn more about services for persons without health insurance, please call your local SUD provider or MSHN's Utilization Management at (844) 405-3095.



Handbook Acronyms

Acronym	An abbreviation formed from initial letters of other words
AAR	Access, Assessment & Referral
ACT	Assertive Community Treatment
CLS	Community Living Supports
CMH	Community Mental Health
CMHSP	Community Mental Health Service Program
DD	Developmental Disability
DPH	Department of Public Health
FDA	Federal Food and Drug Administration
FSS	Family Support Subsidy
HIPAA	Health Insurance Portability and Accountability Act
HMP	Healthy Michigan Plan
HSW	Habilitation Supports Waiver
IOP	Intensive Outpatient
ICF/IID	Intermediate Care Facility for Individuals with Intellectual Disabilities
LARA	Michigan Department of Licensing and Regulatory Affairs
MAHS	Michigan Administrative Hearings System
MAT	Medication Assisted Treatment
MDHHS	Michigan Department of Health and Human Services
MHP	Medicaid Health Plan
MRC	Michigan Relay Center
MSHN	Mid-State Health Network: the name for the new region in which your county belongs
PCP	Person-centered Plan or Primary Care Physician
PIHP	Pre-paid Inpatient Health Plan
SAMHSA	Substance Abuse and Mental Health Services Administration
SED	Serious Emotional Disturbance
SPMI	Severe and Persistent Mental Illness
SUD	Substance Use Disorder

Specialty Programs

Within the community mental health system, there are specialized services and programs available to specified populations with particular needs:

Children's Home and Community Based Services Waiver (CWP):

The Children's Waiver Program (CWP) is an authorized 1915(c) program that allows individual with developmental disabilities to receive an array of home and community-based services that assist with living in the community. The CWP provides services that are enhancements or additions to regular Medicaid coverage to children up to age 18 who are enrolled. To be found eligible, the child must meet the following: have a developmental disability (as defined by Michigan law), be less than 18 years of age, be in need of habilitation services, reside with birth or legally adoptive parent(s) or with a relative who has been named the legal guardian under State of Michigan law, be at risk of being placed into an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) because of the intensity of care and lack of needed support, must be at or below Medicaid income and asset limits when viewed as a family of one (parent's income is waived), and intellectual or functional limitations indicate that the child would be eligible for health, habilitative, and active treatment services provided at the ICF/IID level of care. Covered CWP services include Community Living Supports, Enhanced Transportation, Environmental Accessibility Adaptations (EAAs), Specialized Medical Equipment and Supplies, Family Training, Non-Family Training, Fiscal Intermediary, Specialty Services (recreation therapy, music therapy, art therapy), Respite Care, and Overnight Health and Safety Support. For most individuals, enrollment in the CWP becomes a pathway to Medicaid. If you would like more information about CWP, please contact your local CMH staff/ Access Center or customer services as listed beginning on page 16.

Habilitation Supports Waiver Individuals with Developmental Disabilities (HSW):

The Habilitation Support Waiver (HSW) is an authorized 1915(c) program that allows individual with developmental disabilities to receive an array of home and community-based services that assist with living in the community. To be eligible for the HSW, an individual must have a developmental disability (as defined by

Michigan law), be Medicaid-eligible, reside in a community setting (with less than 13 residence beds), choose to participate in HSW services, and would require an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) level of care if not for the HSW services. Individuals enrolled in HSW must receive at least one habilitative service each month. Habilitative services include Community Living Supports, Out-of-Home Non-Vocational Habilitation, Prevocational Services, and Supported Employment. Other services covered under the HSW include Enhanced Pharmacy, Enhanced Medical Equipment and Supplies, Environmental Modifications, Family Training, Goods and Services, Personal Emergency Response System, Private Duty Nursing, Respite Care, Fiscal Intermediary, Non-Family Training, and Overnight Health and Safety Support. If you would like more information about HSW, please contact your local CMH staff/ Access Center or customer services as listed beginning on page 16.

Serious Emotional Disturbance Waiver (SEDW):

The Serious Emotional Disturbance Home and Community Based Services Waiver (SEDW) is an authorized 1915(c) program available to children up to 21 years of age with serious emotional disturbances (SED) and who meet state child psychiatric hospital level of care. Eligible participants must reside with their birth or adoptive family or have a plan to return to their birth or adoptive home or reside with a legal guardian or reside in a foster home with a permanency plan or be age 18 and older and live independently with supports. Individuals must demonstrate serious functional limitations that impair their ability to function in the community, be under the age of 18 when approved, and have a primary SEDW qualifying diagnosis The SEDW allows for enhancement of or additions to Medicaid state plan covered services including but not limited to Wraparound Service (required), Community Living Supports (CLS), Respite Care, Family and Non-Family Home Care Training, Family Support and Training, Child Therapeutic Foster Care (CTFC), Therapeutic Overnight Camp, Transitional Services, Therapeutic Activities (Recreation, Music, and Art Therapies), Choice Voucher, Overnight Health and Safety Support (OHSS) and other specialty services. If you would like more information about SEDW, please contact your CMH staff/Access Center or customer services as listed beginning on page 16.

Specialty Programs

Behavioral Health Treatment (Autism Benefit):

Behavioral Health Treatment (BHT), including Applied Behavior Analysis (ABA), provides services to children under 21 years of age with Autism Spectrum Disorders (ASD) as required by the Early Periodic Screening, Diagnostic and Treatment (EPSDT) benefit. Autism is characterized by impaired social interactions, problems with verbal and nonverbal communication, repetitive behaviors, and/or severely limited activities and interests. The goals of treatment for ASD are to improve core deficits in communication, social interactions, and restricted behaviors. Changing these fundamental deficits can benefit children by developing greater functional skills and independence.

ABA is a recommended treatment service for children with ASD. This treatment has been researched for over 30 years and is endorsed by the United States Surgeon General. ABA treatment services can be used to address skill development and behaviors relevant to children diagnosed with Autism Spectrum Disorders. ABA treatment services commonly address, but not limited to, language, social, and communication skills, following instructions, peer interactions, following daily routines, self-help and daily living skills, and behavior challenges.

Medical necessity and recommendation for BHT services are determined by a physician or other another licensed practitioner who is qualified and experienced in diagnosing ASD. Treatment is based on the child's age and developmental level, the presence of other disorders or complex medical conditions, how severe the child's ASD symptoms are, and the adaptive behavior deficits identified through the person centered planning process. If you would like more information about BHT/Autism Benefit, please contact your local CMH staff/Access Center or customer services as listed beginning on page 16.

For those with state regulated private health insurance plans please contact your private insurance carrier for more information related to coverage of autism treatment.

Family Support Subsidy (FSS):

Specialty Programs

The Family Support Subsidy is a program offered by the state of Michigan to assist families caring for children with severe disabilities in their homes. The subsidy can pay for special expenses that the family has while caring for such special needs children. This financial support may help prevent or delay placement of a child outside the home or will help return the child back to the home from a placement. Payment is just over $200 per month and is the same for all families/children.

Families may be eligible for this program if:

- They have a child under 18 years of age in the home who has been recommended by a local or intermediate school district (ISD) multidisciplinary team with an eligibility criteria of:
  - Cognitive impairment (CI) (must be in severe range of functioning as determined for local ISD)
  - Severe multiple impairment (SXI) or
  - Autism spectrum disorder (ASD) (must be in classification receiving special education in such classification or in a program designed for severe CI or SXI)
- Taxable income for the family cannot exceed $60,000 per year
- Other criteria may apply

Please contact your local community mental health Access Center or customer service office as listed beginning on page 16 for more information. The application and annual renewal process include but are not limited to provision of school documents, birth certificates and tax documents.

Behavioral Health & Substance Use Disorder Glossary

The *Guide to Services* has some words that are not always easy to understand. The "Glossary" section defines some of these words. You may want to refer to the "Glossary" section while reading the *Guide to Services* to help you to better understand each section.

Access: The entry point to the Prepaid Inpatient Health Plan (PIHP), sometimes called an "access center," where Medicaid and HMP enrollees and uninsured/underinsured individuals call or go to request behavioral health services and/or substance use disorder services.

Adverse Benefit Determination: (also called a Notice of Benefit Determination) A decision that adversely impacts a Medicaid beneficiary's claim for services due to:

- Denial or limited authorization of a requested service, including determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting, or effectiveness of a covered benefit.
- Reduction, suspension, or termination of a previously authorized service.
- Denial, in whole or in part, of payment for a service.
- Failure to make a standard authorization decision and provide notice about the decision within **14 calendar days** from the date of receipt of a standard request for service.
- Failure to make an expedited authorization decision within **72 hours** from the date of receipt of a request for expedited service authorization.
- Failure to provide services within **14 calendar days** of the start date agreed upon during the person centered planning and as authorized by the PIHP.
- Failure of the PIHP to act within **30 calendar days** from the date of a request for a standard appeal.
- Failure of the PIHP to act within **72 hours** from the date of a request for an expedited appeal.
- Failure of the PIHP to provide disposition and notice of a local grievance/complaint within **90 calendar days** of the date of the request.

Behavioral Health & Substance Use Disorder Glossary

Amount, Duration, and Scope: Terms to describe how much, how long, and in what ways the Medicaid services that are listed in a person's individual plan of service will be provided.

Appeal: A review of an Adverse Benefit Determination.

Behavioral Health: Includes not only ways of promoting well-being by preventing or intervening in mental illness such as depression or anxiety, but also has as an aim preventing or intervening in substance abuse or other addictions. For the purposes of this handbook, behavioral health will include intellectual/developmental disabilities, mental illness and substance use disorders in both adults and children.

Beneficiary: An individual who is eligible for and enrolled in the Medicaid program in Michigan.

CMHSP: An acronym for Community Mental Health Services Program. There are 46 CMHSPs in Michigan that provide services in their local areas to people with mental illness and developmental disabilities. May also be referred to as CMH.

Cultural Competency: Is an acceptance and respect for difference, a continuing self assessment regarding culture, a regard for and attention to the dynamics of difference, engagement in ongoing development of cultural knowledge, and resources and flexibility within service models to work toward better meeting the needs of minority populations.

Customer: Customer includes all Medicaid eligible individuals located in the defined service area who are receiving or may potentially receive covered services and supports. The following terms may be used within this definition: clients, recipients, beneficiaries, consumers, individuals, individuals served, and Medicaid Eligible.

Deductible (or Spend Down): A term used when individuals qualify for Medicaid coverage even though their countable incomes are higher than the usual Medicaid income standard. Under this process, the medical expenses that an individual incurs during a month are subtracted from the individual's income during that month. Once the individual's income has been reduced to a state-specified level, the individual qualifies for Medicaid benefits for the remainder of the month. **Medicaid applications and deductible determinations are managed by the Michigan Department of Health and Human Services – independent of the PIHP service system.**

Durable Medical Equipment: Any equipment that provides therapeutic benefits to a person in need because of certain medical conditions and/or illnesses. Durable Medical Equipment (DME) consists of items which:

- are primarily and customarily used to serve a medical purpose;
- are not useful to a person in the absence of illness, disability, or injury;
- are ordered or prescribed by a physician;
- are reusable;
- can stand repeated use, and
- are appropriate for use in the home.

Emergency Services/Care: Covered services that are given by a provider trained to give emergency/crisis services and needed to treat a behavioral emergency.

Excluded Services: Health care services that your health insurance or plan doesn't pay for or cover.

Flint 1115 Demonstration Waiver The demonstration waiver expands coverage to children up to age 21 years and to pregnant women with incomes up to and including 400 percent of the federal poverty level (FPL) who were served by the Flint water system from April 2014 through a state-specified date. This demonstration is approved in accordance with section 1115(a) of the Social Security Act, and is effective as of March 3, 2016 the date of the signed approval through February 28, 2021. Medicaid-eligible children and pregnant women who were served by the Flint water system during the specified period will be eligible for all services covered under the state plan. All such persons will have access to Targeted Case Management services under a fee for service contract between MDHHS and Genesee Health Systems (GHS). The fee for service contract shall provide the targeted case management services in accordance with the requirements outlined in the Special Terms and Conditions for the Flint Section 1115 Demonstration, the Michigan Medicaid State Plan and Medicaid Policy.

Grievance: Expression of dissatisfaction about any matter other than an adverse benefit determination or recipient rights complaint. Grievances may include, but are not limited to, the quality of care or services provided, and aspects of interpersonal relationships such as rudeness or a provider or employee, or failure to respect beneficiary's rights regardless of whether remedial action is requested. Grievance includes a beneficiary's right to dispute an extension of time proposed by the PIHP to make an authorization decision.

Grievance and Appeal System: The processes the PIHP implements to handle the appeals of an adverse benefit determination and grievances, as well as the processes to collect and track information about them.

Habilitation Services and Devices: Health care services and devices that help a person keep, learn, or improve skills and functioning for daily living.

Health Insurance: Coverage that provides for the payments of benefits as a result of sickness or injury. It includes insurance for losses from accident, medical expense, disability, or accidental death and dismemberment.

Health Insurance Portability and Accountability Act of 1996 (HIPAA): This legislation is aimed, in part, at protecting the privacy and confidentially of patient information. "Patient" means any recipient of public or private health care, including behavioral health care services.

Healthy Michigan Plan: Is an 1115 Demonstration project that provides health care benefits to individuals who are: aged 19-64 years; have income at or below 133% of the federal poverty level under the Modified Adjusted Gross Income methodology; do not qualify or are not enrolled in Medicare or Medicaid; are not pregnant at the time of application; and are residents of the State of Michigan. Individuals meeting Health Michigan Plan eligibility requirements may also be eligible for behavioral health services. The Michigan Medicaid Provider Manual contains complete definitions of the available services as well as eligibility criteria and provider qualifications. The Manual may be accessed at:
www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf

Staff can help you access the manual and/or information from it.

Home Health Care: Is supportive care provided in the home. Care may be provided by licensed healthcare professionals who provide medical treatment needs or by professional caregivers who provide daily assistance to ensure the activities of daily living (ADLs) are met.

Hospice Services: Care designed to give supportive care to people in the final phase of a terminal illness and focus on comfort and quality of life, rather than cure. The goal is to enable patients to be comfortable and free of pain, so that they live each day as fully as possible.

Hospitalization: A term used when formally admitted to the hospital for skilled behavioral services. If not formally admitted, it might still be considered an outpatient instead of an inpatient even if an overnight stay is involved.

Hospital Outpatient Care: Is any type of care performed at a hospital when it is not expected there will be an overnight hospital stay.

Intellectual Disability (ID) / Developmental Disability (DD): Is defined by the Michigan Mental Health code as either of the following: (a) If applied to a person older than five years, a severe chronic condition that is attributable to a mental or physical impairment or both, and is manifested before the age of 22 years; is likely to continue indefinitely; and results in substantial functional limitations in three or more areas of the following major life activities: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self- sufficiency; and reflects the need for a combination and sequence of special, interdisciplinary, or generic care, treatment or other services that are of lifelong or extended duration; (b) If applied to a minor from birth to age five, a substantial developmental delay or a specific congenital or acquired condition with a high probability of resulting in a developmental disability.

Individuals with Limited English Proficiency (LEP): Individuals who cannot speak, write, read, or understand the English language at a level that permits them to interact effectively with health care providers and social service agencies.

Limited English Proficient (LEP): Means potential enrollees and enrollees who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English may be LEP and may be eligible to receive language assistance for a particular type of service, benefit, or encounter.

MDHHS: An acronym for Michigan Department of Health and Human Services. This state department, located in Lansing, oversees public-funded services provided in local communities and state facilities to people with mental illness, intellectual/developmental disabilities and substance use disorders.

Medically Necessary: A term used to describe one of the criteria that must be met in order for a beneficiary to receive Medicaid or HMP services. It means that the specific service is expected to help the beneficiary with his/her mental health, intellectual/developmental disability or substance use (or any other medical) condition. Some services assess needs and some services help maintain or improve functioning. PIHPs are unable to authorize (pay for) or provide services that are not determined as medically necessary for you.

Michigan Mental Health Code: The state law that governs public mental health services provided to adults and children with mental illness, serious emotional disturbance and intellectual/developmental disabilities by local community mental health services programs and in state facilities.

MIChild: A health care program for children who are under age 19 administered by the MDHHS. It is for the low-income uninsured children of Michigan's working families. MIChild has a higher income limit than U-19 Medicaid. There is only an income test. There is a $10 per family monthly premium for MIChild. The $10 monthly premium is for all the children in one family. The child must be enrolled in a MIChild health and dental plan to receive services. Beneficiaries receive a comprehensive package of health care benefits including vision, dental, and mental health services. Contact your local customer service office as listed on pages 36 and 37 for more information.

MSHN: An acronym for Mid-State Health Network, the PIHP for a region of 12 community mental health agencies and substance use disorder providers in 21 counties.

Network: Is a list of the doctors, other health care providers, and hospitals that a plan has contracted with to provide medical care/services to its members.

Non-Participating Provider: A provider or facility that is not employed, owned, or operated by the PHIP/CMHSP and is not under contract to provide covered services to members.

Participating Provider: Is the general term used for doctors, nurses, and other people who give you services and care. The term also includes hospitals, home health agencies, clinics, and other places that provide health care services; medical equipment; mental health, substance use disorder, intellectual/ developmental disability, and long term supports and services. They are licensed or certified to provide health care services. They agree to work with the health plan, accept payment and not charge enrollees an extra amount. Participating providers are also called network providers.

Physician Services: Refers to the services provided by an individual licensed under state law to practice medicine or osteopathy.

PIHP: An acronym for Prepaid Inpatient Health Plan. A PIHP is an organization that manages the Medicaid mental health, developmental disabilities, and substance abuse services in their geographic area under contract with the State. There are 10 PIHPs in Michigan and each one is organized as a Regional Entity or a Community Mental Health Services Program according to the Mental Health Code.

Post-stabilization Care Services: As defined in 42 CFR 438.114(a), covered specialty services specified in this Contract that are related to an emergency medical condition and that are provided after a beneficiary is stabilized in order to maintain the stabilized condition, or, under the circumstances described in 42 CFR 438.114(e), to improve or resolve the beneficiary's condition.

Preauthorization: Approval needed before certain services or drugs can be provided. Some network medical services are covered only if the doctor or other network provider gets prior authorization. Also called Prior Authorization.

Premium: An amount to be paid for an insurance policy, a sum added to an ordinary price or charge.

Prescription Drugs: Is a pharmaceutical drug that legally requires a medical prescription to be dispensed. In contrast, over-the-counter drugs can be obtained without a prescription.

Prescription Drug Coverage: Is a stand-alone insurance plan, covering only prescription drugs.

Primary Care Physician: A doctor who provides both the first contact for a person with an undiagnosed health concern as well as continuing care of varied medical conditions, not limited by cause, organ system, or diagnosis.

Primary Care Provider: A health care professional (usually a physician) who is responsible for monitoring an individual's overall health care needs.

Provider: Is a term used for health professionals who provide health care services. Sometimes, the term refers only to physicians. Often, however, the term also refers to other health care professionals such as hospitals, nurse practitioners, chiropractors, physical therapists, and others offering specialized health care services.

Provider Network: Refers to all Behavioral Health Providers and SUD providers that are directly under contract with the MSHN PIHP to provide services and/or supports through direct operations or through subcontractors.

Recovery: A journey of healing and change allowing a person to live a meaningful life in a community of their choice, while working toward their full potential.

Rehabilitation Services and Devices: Health care services that help a person keep, get back, or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt, or disabled. These services may include physical and occupational therapy and speech-language pathology and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings.

Resiliency: The ability to "bounce back." This is a characteristic important to nurture in children with serious emotional disturbance and their families. It refers to the individual's ability to become successful despite challenges they may face throughout their life.

SED: An acronym for Serious Emotional Disturbance, and as defined by the Michigan Mental Health Code, means a diagnosable mental, behavioral or emotional disorder affecting a child that exists or has existed during the past year for a period of time sufficient to meet diagnostic criteria specified in the most recent Diagnostic and Statistical Manual of Mental Disorders; and has resulted in functional impairment that substantially interferes with or limits the child's role or functioning in family, school or community activities.

Behavioral Health & Substance Use Disorder Glossary

Serious Mental Illness: Is defined by the Michigan Mental Health Code to mean a diagnosable mental, behavioral or emotional disorder affecting an adult that exists or has existed within the past year for a period of time sufficient to meet diagnostic criteria specified in the most recent Diagnostic and Statistical Manual of Mental Disorders; and that has resulted in function impairment that substantially interferes with or limits one or more major life activities.

Skilled Nursing Care: Skilled nursing care and rehabilitation services provided on a continuous, daily basis, in a skilled nursing facility. Examples of skilled nursing facility care include physical therapy or intravenous (IV) injections that a registered nurse or a doctor can give.

Specialist: A health care professional whose practice is limited to a particular area, such as a branch of medicine, surgery, or nursing; especially, one who by virtue of advanced training is certified by a specialty board as being qualified to so limit his or her practice.

Specialty Supports and Service: A term that means Medicaid/HMP-funded mental health, developmental disabilities and substance use disorder supports and services that are managed by the Pre-Paid Inpatient Health Plans.

State Fair Hearing: A state level review of enrollees' disagreements with CMHSP, or PIHP denial, reduction, suspension or termination of Medicaid services. State administrative law judges who are independent of the Michigan Department of Health and Human Services perform the reviews.

Substance Use Disorder (SUD or substance abuse): Is defined in the Michigan Public Health Code to mean the taking of alcohol or other drugs at dosages that place an individual's social, economic, psychological, and physical welfare in potential hazard or to the extent that an individual loses the power of self-control as a result of the use of alcohol or drugs, or while habitually under the influence of alcohol or drugs, endangers public health, morals, safety, or welfare, or a combination thereof.

Urgent Care: Care for a sudden illness, injury, or condition that is not an emergency but needs care right away. Urgently needed care can be obtained from out-of-network providers when network providers are unavailable.

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MSHN Veteran Navigator

Mid-State Health Network (MSHN) is committed to ensuring that veterans, active-duty service members, and military families across MSHN's 21 county region have access to quality behavioral health care and substance use disorder (SUD) services.

We recognize that often veterans feel that a fellow veteran will best understand what they are going through. To offer that support, MSHN has a Veteran Navigator (VN) who will join alongside a veteran to offer support, guidance, and referrals for services. The VN will provide a confidential pathway for veterans and military families to communicate their concerns and answer questions in a non-judgmental conversation with the goal of identifying what the veteran needs and accessing quality behavioral health and substance use disorder treatment services. The VN can also assist the veteran in connecting to eligible benefits, community-based resources, and assistance with a warm hand off and follow up to other services such as:

- Employment, housing and other basic needs;
- Coordination of care support;
- Veteran-specific issues like connecting to VA Service Officers, military discharge support and/or obtaining military records.

Contact the MSHN Veteran Navigator at:

517-483-2742

www.midstatehealthnetwork.org

Community Resource Referrals

If you are looking for a certain resource in your community to meet one of your needs, talk to your local CMH, SUD provider, or Customer Service. They can help you find what you need such as housing, public benefits, respite, transportation, healthcare or utility assistance. Below is a list of places that can help you find what you need in your home community. Look for your county in the list below and then contact that agency for assistance.

COUNTY	COMMUNITY RESOURCE
Arenac, Bay, Clare, Gladwin, Gratiot, Huron, Isabella, Midland, Saginaw, and Tuscola Counties	2-1-1 of Northeast Michigan Dial "2-1-1" within your service area or 1-888-636-4211 or 1-989-835-2211outside your service area www.211nemichigan.org
Mecosta, Newaygo, and Osceola Counties	C.A.L.L. 2-1-1 Community Access Line of the Lakeshore Dial "2-1-1" within your service area or 1-231-733-1155 or 1-877-211-5253 outside your service area www.call-211.org
Ionia and Montcalm Counties	HandsOn Battle Creek 2-1-1 Michigan Dial "2-1-1" within your service area or 1-269-565-4159 or 1-800- 250-5628 outside your service area www.handsonbc.org
Clinton, Eaton, Hillsdale, Ingham, Jackson and Shiawassee Counties	2-1-1 of Central Michigan c/o LifeWays Dial "2-1-1" within your service area or 1-866-561-2500 outside your service area www.centralmichigan211.org

Please note that community resource directories are available online for many counties within the state of Michigan at: www.mi211.org.

Links To Helpful Behavioral Health and Substance Use Disorder Websites

Following are state and national websites that are known to be reputable and to have good up-to-date information. Many of these sites have mental health and substance use disorder related fact sheets that may be downloaded free of charge.

Adult Children of Alcoholics
www.adultchildren.org

Alcoholics Anonymous
www.aa.org

American Association of Suicidology
www.suicidology.org

American Psychiatric Association
www.psychiatry.org

Autism Alliance of Michigan
www.autismallianceofmichigan.org

Autism Society of America
www.autism-society.org

Center for Parent Information and Resources
www.parentcenterhub.org

Cocaine Anonymous
www.ca.org

Children of Parents with Mental Illness
www.copmi.net

Children and Adults with Attention Deficit Disorder (CHADD)
www.chadd.org

Al-anon and Ala-teen
www.al-anon.alateen.org

American Academy of Child and Adolescent Psychiatry
www.aacap.org

American Psychological Association
www.apa.org

Anxiety and Depression Association of America
www.adaa.org

Bipolar Children
www.bpchildren.com

Links To Helpful Behavioral Health and Substance Use Disorder Websites

Depression and Bipolar Support Alliance
www.dbsalliance.org

Marijuana Anonymous
www.marijuana-anonymous.org

Michigan Assistive Technology Program
www.copower.org/assistive-tech

Narcotics Anonymous
www.na.org

National Alliance on Mental Illness (NAMI)
www.nami.org

National Dissemination Center for Children with Disabilities (NICHCY)
www.parentcenterhub.org

National Institute of Mental Health
www.nimh.nih.gov

National Mental Health America
www.nmha.org

National Suicide Prevention Lifeline
www.suicidepreventionlifeline.org

Postpartum Support International (PSI)
www.postpartum.net

Stop A Suicide Today
www.StopASuicide.org

Stop Bullying
www.stopbullying.gov

Substance Abuse and Mental Health Services Administration
www.samhsa.gov

Suicide Prevention Resource Center
www.sprc.org

U.S. Department of Veterans Affairs
www.mentalhealth.va.gov

WebMD
www.webmd.com

Advocacy Organizations

Agencies that may be able to help you problem solve.

ARC Michigan
1325 S. Washington Avenue
Lansing, MI 48910
(800) 292-7851 or arcmi.org

Association for Children's Mental Health
6017 W. St. Joseph Highway., Suite #200
Lansing, Michigan 48917
(517) 372-4016 or www.acmh-mi.org

Autism Society of Michigan
395 E Main Street
Bannister, MI 48807
(517) 882-2800 or www.autism-mi.org

Michigan Statewide Independent Living Counsel
PO Box 71
Middleville, MI 49333
(833) 808-7452 or www.misilc.org

Disability Network
1476 Haslett Road
Haslett, MI 48840
(517) 339-0539 or www.dnmichigan.org

Epilepsy Foundation of Michigan
25200 Telegraph Road, Suite 110
Southfield, MI 48033
Toll-free (800) 377-6226 or
www.epilepsymichigan.org

Advocacy Organizations

Michigan Disability Rights Coalition
3498 E. Lake Lansing Road, Suite 100
East Lansing, MI 48823
(800) 578-1269 or www.copower.org

Disability Rights Michigan
4095 Legacy Parkway, Suite 500
Lansing, MI 48911
(800) 288-5923 or www.drmich.org

Michigan Relay Service
Hamilton Relay
Voice/TTY: 844-578-6563
Fax: 402-694-5110
Email: mirelay@hamiltonrelay.com
hamiltonrelay.com/michigan/index.html

National Alliance on Mental Illness - Michigan (NAMI)
401 S. Washington, Suite 104
Lansing, MI 48933
(517) 485-4049 or www.namimi.org

National Parent Helpline
(855) 427-2736
www.nationalparenthelpline.org

National Suicide Prevention Lifeline
(800) 273-8255
www.suicidepreventionlifeline.org

United Cerebral Palsy-Michigan
1325 S. Washington Avenue
Lansing, MI 48910
(517) 203-1200 or www.ucpmichigan.org

Your Input is Valued

MSHN, your local CMH provider, and your local SUD provider have designed ways for you to share your experiences and/or provide feedback on how we may improve our services.

From time to time, we will seek your feedback about services that you have received. The information you provide is very important to let us know what is working and what is not. The results are used to make informed decisions about our services and processes. Please take advantage of these opportunities and be honest in your feedback.

Periodically there are groups of people who meet to provide feedback about their satisfaction, the effectiveness, and the efficiency of our services. Members of these groups may include individuals receiving mental health/substance use disorder services (or those who have in the past), family members, advocates, community members, and/or service providers. Below are two examples of groups you may get involved with, and there may be more as needed. There may be other opportunities for involvement. Contact your local customer service office on pages 36 and 37 for more information.

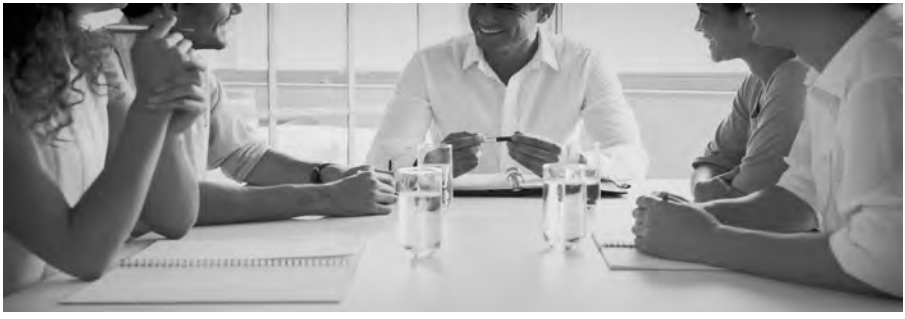
Consumer Advisory Council

The Consumer Advisory Council is a group of individuals living with a mental illness and/or intellectual/developmental disability and/or substance use disorder (as a primary or secondary customer) who provide feedback and guidance for community mental health services and supports policies, processes, and service delivery. There may be opportunities for participation in work groups with a more specific focus.

Recipient Rights Advisory Committee

The Recipient Rights Advisory Committee (RRAC) is a group of people who meet regularly and serve in an advisory capacity to the provider's Recipient Rights Offices. As with most committees and councils, meeting times are subject to change due to staff availability, holidays, etc. It is a good idea to call ahead before attending your first meeting to ensure you will be at the right place at the right time.

Consumer Leadership Opportunities



CMHCM has a local group of consumers and service providers who meet to talk about the services of the CMH. Members are asked to provide feedback about service satisfaction, effectiveness, and efficiency. The members create meeting schedules and agendas.

In addition to these groups, CMHCM has opportunities to participate in regular committee meetings. The committee topics may include quality improvement, customer services, recipient rights, and others.

If you are involved with an advisory group or other committee, you have the opportunity to be paid for your active participation. CMHCM currently has a stipend policy to provide payment to consumers who are assisting with the business of CMHCM. For information about advisory group or committee opportunities, please contact customer service at (989) 772-5938 or cs@cmhcm.org.

Community Electronic Health Records



CEHR

Community Mental Health for Central Michigan (CMHCM) supports consumers' access to their CMHCM electronic health record via the Community Electronic Health Records ('CEHR') website.

CEHR (pronounced 'share'), provides access to your personal health information along with a wealth of related educational materials. CEHR is a web service that offers a secure, private channel for healthcare consultation communications with your mental health provider, personal medical information storage, healthcare information, and related products, services and content (collectively 'the CEHR services'). Once you are authorized for services at CMHCM or their contracted providers, access to CEHR starts with your case holder. Your case holder is the individual responsible for overseeing and implementing your Person Centered Plan. Upon your request, your case holder can start the process to CEHR by generating a personalized PIN. This PIN, along with your Case Record Number and your email address, allows you to start the process for accessing your CEHR account.

Comments? Concerns? Suggestions?

At Community Mental Health for Central Michigan we want to know what you think and make sure that you are happy. CMHCM has suggestion boxes in every building. This is a great tool that CMHCM uses to identify things that can be changed about the system to improve services for "you" our customer. We encourage your participation and welcome your comments.

If you have something on your mind, whether it is a question, concern, or comment, let us hear about it by filling out a suggestion form.

My Notes

My Notes

My Notes

My Notes

My Important Names and Numbers

Please fill this out and keep it in an easy place to find.

Emergency Services / Crisis Center:
Location:_____
Phone Number: _____

My case manager / support coordinator is:
Name: _____
Location:_____
Phone Number: _____

My therapist is:
Name: _____
Location:_____
Phone Number: _____

My psychiatrist is:
Name: _____
Location:_____
Phone Number: _____

My medical doctor is:
Name: _____
Location:_____
Phone Number: _____

My pharmacy is:
Location:_____
Phone Number: _____

I am allergic to:

_____
_____

In case of emergency, call:
Name: _____
Phone Number: _____

Community Mental Health
FOR CENTRAL MICHIGAN

Is a Proud Member of

MSHN
Mid-State Health Network

Hope starts here.

CMHCM is accredited by The Joint Commission, an independent, not-for-profit organization, that is recognized nationwide as a symbol of quality.

January 2022