Guide to Services

A Prepaid Inpatient Health Plan Serving those with Mental Health and Substance Use Disorders

The Community Mental Health Partnership of Southeast Michigan (CMHPSM) consists of the following partners:

Lenawee County	Lenawee Community Mental Health Authority
Livingston County:	Livingston County Community Mental Health Authority
Monroe County:	Monroe Community Mental Health Authority
Washtenaw County:	Washtenaw County Community Mental Health

Customer Services: Contact your local department or the general number at: 1-877-779-9707

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The Purpose of this Guide to Services

The Guide to Services was created to help people who receive services, their families, friends, and people who support them.

The Guide will provide:
- General information about services and your rights
- Information that is unique or specific to each Community Mental Health (CMH) within the region
- If you have questions, please call your local Customer Service Department or the general number at 1**-877-779-9707.**

Overview of the Community Mental Health Partnership of Southeast Michigan (CMHPSM)

Vision: The CMHPSM will be a comprehensive system of care working in an integrated fashion with substance abuse and primary healthcare systems so that care and services provided better meet consumer needs in a more efficient and cost-effective manner.

Mission: To provide quality behavioral health care that promotes recovery and wellness, fosters resilience, and supports self-determination and empowerment so that individuals serviced in our four-county region are successful in achieving their personal goals and dreams.

Values:
- Respect the diversity of our communities and the people we serve
- Zero Tolerance for stigma
- Coordinated and continuous care between and across healthcare systems and providers
- Meaningful partnerships with consumers and community stakeholders
- Learning organization disciplines of systems thinking, team learning, shared vision, personal mastery, and mental models
- Data based decision making
- Innovation and creativity
- Provide the best quality services to the most people at the best cost.

We Are Here for You

Customer Services:
Each Community Mental Health (CMH) has a Customer Service Department with staff happy to help with the following:

- Explaining services and systems
- Understanding benefits or any problems relating to benefits, any charges, co-pays, or fees
- Complaints or problems with services received.
- Accessing transportation services needed for medically necessary services. This includes specialty services identified by the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program

- Informing about service providers accepting new consumers
- Accessing information about the regional CMHPSM partners (annual reports, organizational charts, lists of board members, minutes, and meeting schedules)

Customer Service hours are from 8:30 a.m. to 5:00 p.m. (apart from holidays) and evening by appointment.

County	Customer Services	Phone	Toll Free/24 Hour	TTY/TDD
Lenawee	Stefanie Mineff	517-263-8905	800-664-5005	7-1-1
Livingston	Amy Johnson	517-546-4126	800-615-1245	7-1-1
Monroe	Amber Ellerman	734-243-7340	800-886-7340	7-1-1
Washtenaw	Sally Amos-O'Neal	734-544-3050	800-440-7548	7-1-1

Language Assistance and Accommodations
If you are an individual 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 an individual who is deaf or hard of hearing, you can utilize the Michigan Relay Center (MRC) to reach your PIHP, CMHSP, or service provider. Please call 711 and ask MRC to connect you to the number you are trying to reach. If you prefer to use a TTY, please contact Customer Services at the following TTY phone number: 7-1-1

If you need a sign language interpreter, contact your local CMH Customer Services or the general number at 877-779-9707 as soon as possible so that one will be made available. Sign language interpreters are available at no cost to you.

If you do not speak English, contact your local CMH Customer Services or the general number at 877-779-9707 so that arrangements can be made for an interpreter for you. Language interpreters are available at no cost to you.

Written information in other formats are also available (large print, audio, accessible, electronic formats, Braille).

Recovery & Resiliency

Recovery is a journey of healing and transformation enabling an individual with a mental health/substance abuse problem to live a meaningful life in a community of their choice while striving to achieve his or her potential.

Recovery is an individual journey that follows different paths and leads to different locations. Recovery is a process that we enter into and is a lifelong attitude. Recovery is unique to each

individual and can truly only be defined by the individual themselves. What might be recovery for one individual may be only part of the process for another.

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

In recovery there may be relapses. A relapse is not a failure, rather a challenge. If a relapse is prepared for, and the tools and skills that have been learned throughout the recovery journey are used, an individual 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 (SED). Resiliency is the ability to "bounce back" and is a characteristic important to nurture in children with serious emotional disturbance (SED) and their families. It refers to the individual's ability to become successful despite challenges they may face throughout their life.

Qualifying for Services

The CMHPSM serves persons with Medicaid insurance, or persons enrolled in the MIChild or Healthy Michigan Plan (HMP), or individuals who have no insurance and cannot pay for services. The CMHPSM refers most persons who have other insurance to agencies that are connected to their insurance group. Under special situations, some persons who have insurance will be served.

Michigan has a managed care delivery system for mental health and substance use disorder services. The State of Michigan Department of Health and Human Services (MDHHS) sets rules and regulations that we must follow. This includes the types of services that are provided, and the criteria used to determine if someone qualifies to receive services.

Persons with Medicaid are guaranteed to get medically necessary services. Persons without insurance cannot be guaranteed services if there is no money to provide services. The CMHPSM must provide services to as many people as possible within its available funds. Persons with Medicaid will not be put on a waiting list. Persons without Medicaid may be put on a waiting list, if the CMH does not have enough money to pay for the service, or if there are no openings for a recommended program.

Mental Health

Each CMH is responsible for providing mental health services to people who:

- Live in the county where they are requesting services, AND
- Have Medicaid Insurance, OR
- Are enrolled in the MIChild Program, OR
- Healthy Michigan Plan Insurance

- Cannot afford the cost of services

To be eligible for services, a person must be an adult with a serious mental illness, a child or adolescent with a serious emotional disturbance, or a person of any age with a developmental disability.

Substance Use Disorder (SUD)
The CMHPSM works with SUD Providers. They provide substance use disorder services to people who:

- Live in the county where they are requesting services, AND
- Have Medicaid Insurance, OR
- Are enrolled in the MIChild Program, OR
- Healthy Michigan Plan Insurance
- Cannot afford the cost of services

Types of Services Available

The Michigan Department of Health and Human Services has a contract with the CMHPSM. In that contract, the Department of Health and Human Services defines different types and levels of services, depending on whether or not a person has Medicaid.

For persons with Medicaid, Healthy Michigan Plan or MIChild:

- There is eligibility for a wide array of services.
- For a medically necessary service, a person cannot be put on a waiting list without consent.

For persons without Medicaid:

- The list of required services to be given is not as large compared to the list for those who have Medicaid.
- The list of available services is explained in the section of this guide labeled, “MIChild or Those Who Don’t have Medicaid and Cannot Afford to Pay for Services”.
- If the CMH does not have enough money to pay for the service being recommended, or if there are no openings in a recommended program, a person may be put on a waiting list.
- In very rare cases, a CMH within the region may be able to help pay for services from an agency that does not have a contract with the CMH. In those cases, the CMH would approve services at that agency and agree to pay for those services. This only happens when you have a treatment need that cannot be provided by the agencies that currently contract with the CMH.
- Access staff may help you make these arrangements.

Priority for Services

Some people receive priority for services. This means each CMH within the region must meet the needs of these groups first. After that happens, the CMH can fund services for other people who meet treatment criteria.

Persons will get priority for mental health services:

- If they have no insurance and have the most severe forms of serious mental illness, serious emotional disturbance, or developmental disability, or
- Are in an urgent or emergency situation.

Persons will get priority for substance use disorder services:

- If they are pregnant and injects drugs
- If they are pregnant and a substance user
- If they inject drugs
- Parent(s) with a child removed from their home, or may soon be removed from their home, under the Michigan Child Protection Laws.
- If they are referred by the Michigan Department of Corrections

This region believes it is important to coordinate mental health, substance use disorder, and primary physical health care services in order to provide quality services. If a person receives services at the CMH, the region strongly encourages the person to give written consent for their medical doctor and mental health staff, and/or substance use disorder staff, so they can talk with each other about treatment.

Service Authorization

Services you request must be authorized or approved by CMH. That agency 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 PCP, or within **72 hours** if the request requires a quick decision.

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 do not agree with a decision that denies, reduces, suspends, or terminates a service, you may file an appeal.

Payment for Services

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 have to pay any cost-sharing responsibilities.

If you are a Medicaid beneficiary with a deductible ("spend-down"), as determined by MDHHS, you may be responsible for the cost of a portion of your services.

Should you lose your Medicaid coverage, your PIHP/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 Medicare is your primary payer, the PIHP will cover all Medicare cost-sharing consistent with coordination of benefit rules.

If you are enrolled in Medicaid, HMP or MIChild and meet the criteria for the specialty mental health and substance use disorder services CMH covers, your treatment will be covered and no fees will be charged.

In very rare cases, a CMH within the region may be able to help pay for services from an agency that does not have a contract with the CMH. In those cases, the CMH would approve services at that agency and agree to pay for those services. This only happens when a treatment need cannot be provided by agencies under current contract with the CMH. Access staff can help make arrangements.

No one will be denied services because they cannot afford it. Persons will meet with a client accounts representative to review financial information. During the first appointment, an ability to pay will be established, based on the person's income and family size. Fees will be assessed on a sliding scale made by the MDHHS. Any deductible or co-pay a person is responsible for will not exceed ability to pay. Ability to pay will be reviewed throughout the time services will be received. (This will be done to ensure services are affordable among the region). If a person disagrees with the amount asked to pay, they have the right to appeal the amount, or ask for it to be reduced. If a person wishes to make an appeal, they may call their local Customer Service department.

It is suggested to read the payment agreement regarding ability to pay. If there are any changes in your status, income, or insurance, please immediately contact the client accounts representative. If you do not provide the information needed to determine your ability to pay, or if you do not provide insurance information, you will be at risk for being charged the full amount for services.

Services will be provided only by persons approved by the CMH or Medicaid. The CMH will not pay for services received that have not been approved ahead of time, except for emergency mental health services. **You have the right to go to any hospital or emergency care setting. However, if you are having a mental health emergency, please go to your local or closest hospital that offers emergency care or call 911. (You can also call your local CMH).** The CMH will be financially responsible for your emergency and urgently needed service, whether you are in the

county you live in or outside of it. For more information regarding Emergency Services, please see the ***Crisis and Emergency Care*** section in this *Guide to Services*.

For persons with Medicaid:

- The client accounts representative will verify the type of Medicaid.
- A deductible or "spend down" will be met before services are covered by Medicaid.
- A client accounts representative will answer your questions.

Private Insurance Coverage**:** If you have private insurance that pays for your local CMHSP services, the benefits will be used to cover the service cost. The charge for the deductible or co-pay will not exceed your Ability to Pay amount or actual cost of the service.
Questions about deductibles and co-pays will be answered by the CMH client accounts representative.

Out of Network Services:
There may be times when there are no providers in the CMHPSM network that are able to provide you with a service that you need. If there is a service that is a covered Medicaid or Healthy Michigan Plan (HMP) benefit and it is medically necessary for you, your local CMH and CMHPSM will work with you to find a provider out of your network to provide the service. This will be at no cost to you.

If you are not a Medicaid or HMP beneficiary, a request for an out-of-network service provider may require approval from the administration of your CMH office.

If you feel that your needs require services from an out of network provider, please contact your local CMH or the CMHPSM Customer Service representative.

Medical Necessity

Services authorized for treatment must be medically necessary. This means that the services provided are needed in order to assure there is appropriate assessment and treatment of a mental illness, developmental disability and/or substance use disorder.

Medical necessity also means that the amount (how much of a service you get), scope (who provides the service and how), and duration (how long the service will last) of your services are enough to meet those needs related to a mental illness, developmental disability and/or substance use disorder.

Services that are considered ineffective, not helpful, experimental, or inappropriate will not be approved.

How to Get Services

For each county there is a central entry point for anyone seeking Mental Health and Substance Use Disorder Services. When you call Access you can also receive health information, referrals to community resources, and screening appointments for mental health and/or substance use disorder programs from an Access Professional.

You may call your Community Mental Health organization or your Medicaid Health Plan (MHP) about selecting a provider, starting services or for information regarding service authorization. To get services or information about services, call the office in your county:

Access	Phone	Toll Free/24 Hour	TTY/TDD
Lenawee	517-263-8905	800-664-5005	7-1-1
Livingston	517-546-4126	800-615-1245	7-1-1
Monroe	734-243-7340	800-886-7340	7-1-1
Washtenaw	734-544-3050	800-440-7548	7-1-1

*If you do not qualify for local CMH services, Access staff will assist you to find other community agencies who may be able to help.

Your needs may change throughout treatment. If this happens, staff will assist you to re-assess your plan of service and authorize changes in the plan.

Your input is important: If you disagree with a decision about:

- Eligibility to receive services and/or
- Amount and type of services authorized; you have the right to file an appeal. *(Please refer to the Grievances and Appeals section in this Guide to Services).*

Crisis and Emergency Care

Emergency and After-Hours Access to Services

*If you have a **mental health emergency** you should seek **help right away by calling 911**.

- *At any time during the day or night call when:
- You may harm yourself or another; him/her to harm self or another; or
- You are at risk of harm because you can't meet your basic needs because of their inability to meet their basic needs he/she is at risk of harm; or
- Your judgement is so impaired you're not able to understand needing treatment and this impairment could result in harm to yourself or someone else in the near future if you don't get help the individual'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 time, 24 hours a day, seven days a week, without prior authorization for payment of care. You have the right to use any hospital or other setting to receive emergency care 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:

Local CMH	Phone	Toll Free/24 Hour	TTY/TDD
Lenawee CMH	517-263-8905	800-664-5005	7-1-1
Livingston	517-546-4126	800-615-1245	7-1-1
Monroe	734-243-7340	800-886-7340	7-1-1
Washtenaw	734-544-3050	800-440-7548	7-1-1

Please note: if you go to a hospital emergency room, there may be health-care services provided to you as part of the hospital treatment that you receive. You may receive a bill and may be responsible for those health services depending on your insurance status. These services may not be part of the PIHP emergency services you receive. Customer Services can answer questions about such bills.

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 stabilize and improve. Examples of post-stabilization services are crisis residential, case management, outpatient therapy, and/or medication reviews. Before your emergency-level care ends, your local CMH will help you to coordinate your post-stabilization services.

Receiving Services

To make sure you receive quick services, the following will help you be prepared for your visit:

- Bring your Medicaid or insurance card and identification to each appointment
- If you have children, and they are not participating in service, staff cannot be responsible for watching children.
- For appointment cancellations and rescheduling, please call CMH at least 24 hours in advance
- A Supports Coordinator may be assigned to assist with your Person-Centered Treatment Planning. They will explain treatment options and authorize the agreed services

*Free sign language and/or language interpreter services are available by contacting your local Customer Service Department or the general number at 1**-877-779-9707***

Accessibility and Accommodations
Based on federal and state laws, all buildings, and programs of the CMHPSM are required to be physically accessible to people with all qualifying disabilities. Anyone who receives emotional, visual, or mobility support from a qualified/trained and identified service animal such as a dog will be given access, along with the service animal, to all buildings and programs of the CMHPSM. If you need

more information or if you have questions about accessibility or service/support animals, contact your local Customer Service Department or the general number at 877-779-9707.

If you need to request an accommodation on behalf of yourself or a family member or a friend, you can contact your local CMH Customer Services or the general number at 877-779-9707. 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 agency is responsible for handling accommodation requests

If you are an individual who is hard of hearing but do not know sign language and need another form of communication, such as a personal communication device or Computer Assisted Realtime Translation (CART), contact your local CMH Customer Services or the general number at 877-779-9707or by email at help@cmhpsm.orghelp@cmhpsm.org. Communication devices and CART are available at no cost to you.

Person-Centered Planning

The process used to design your individual plan of behavioral health supports, service, or treatment is called “Person-centered Planning (PCP).” PCP is your right protected by the Michigan Mental Health Code.

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

During PCP, 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 have 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 PCP meeting if you want to talk about changing your plan of service.

You have the right to “independent facilitation” of the PCP process. This means that you may request that someone other than the CMHPSM staff conduct your planning meetings. You have the right to choose from available independent facilitators.

Children under the age of 18 with developmental disabilities or SED also have the right to PCP. However, PCP 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 PCP using “family-centered practice” in the delivery of supports, services and treatment to their children.

Topics Covered during Person-Centered Planning
During PCP, 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.

• Psychiatric Advance Directive
Adults have the right, under Michigan law, to a “psychiatric advance directive.” 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. If you do not believe you have received information about Psychiatric Advance Directives, please contact your local CMH Customer Services or the general number at 877-779-9707 to file a grievance.

• 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 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.

• Self-Determination/Self-Directed Arrangement
Self-determination is an option for payment of medically necessary services you might request if you are an adult beneficiary 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.

Individual Treatment Plan Process for Consumers of Substance Use Disorder Services
The service provider will help you develop a plan based upon an assessment of individual needs. The Individualized Treatment Plan must:

- Meet your needs
- Use clear and concise statements of the objectives you will be attempting to achieve
- Include a realistic time schedule for achieving your objectives.
- Define the received services, the therapeutic activities that you will be expected to participate in, and the order in which services will be provided.
- Include any referral for services you might need that are not available from the provider.
- The provider will review the plan with you on a regular basis and whenever there are changes to the plan.

Service Array

Medicaid Specialty Supports and Services Descriptions

Note: If you are a Medicaid beneficiary and have a serious mental illness, serious emotional disturbance (SED), developmental disabilities, or substance use disorder, you may be eligible for some of the Medicaid Specialty Supports and Services listed below.

Before services can be started, you will take part in an assessment to find out if you are eligible for services. It will also identify the services that best meet your needs. You need to know that not all individuals who come to us are eligible, and not all services are available to everyone we serve. If a service cannot help you, your CMH 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 PCP 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 (IPOS) that provides all this information.

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

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

http://www.michigan.gov/mdhhs/0,4612,7-132-2945_42542_42543_42546_42553-87572--,00.html

Customer Service Unit staff can help you access the manual and/or information from it.

Assertive Community Treatment (ACT) provides basic services and supports essential for individuals with serious mental illness to maintain independence in the community. An ACT team will provide mental 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 abuse screening, or other assessments conducted to determine an individual'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 or by other 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 If an individual's illness or disability involves behaviors that they or others who work with them want to change, their individual plan of services (IPOS) 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 (PCP) then is approved and reviewed regularly by a team of specialists to make sure it is effective and dignified and continues to meet the individual's needs.

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

Clubhouse Programs are programs where members (consumers) 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.

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 Inpatient 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 (CLS) may also help families who have children with special needs (such as developmental disabilities or serious emotional disturbance (SED).

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) provides a full range 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 make sure that children receive early detection and care, so that health problems are prevented or diagnosed and treated as early as possible.

Health plans are required to meet all EPSDT requirements for people enrolled in Medicaid 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.

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 services is not covered under this waiver, the PIHP must assist people to get needed transportation either through the Michigan Department of Health and Human Services (MDHHS) or through someone's Medicaid Health Plan.

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

***Environmental Modifications** are physical changes to an individual's home, car, or work environment that are of direct medical or remedial benefit to the individual. Modifications ensure access, protect health and safety, or enable greater independence for an individual with physical disabilities. Note that all 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 (SED), or 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 conditions that are related to or impacted by an individual's mental health condition. An individual's primary doctor will treat any other health conditions they may have.

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 Healthy Michigan Plan eligibility requirements may also be eligible for mental health and substance abuse 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 http://www.michigan.gov/mdhhs/0,4612,7-132-2945_42542_42543_42546_42553-87572--,00.html

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.

Home and Community Based Services Rule (HCBS): Medicaid services funded through/identified by the HCBS Rule are required to meet specific standards developed to ensure waiver participants experience their home, work, and community environments in a manner that is free from restriction. Settings that provide HCBS must not restrict movement or freedoms related to choice and inclusion in the home and/or community and must be provided in a setting that is consistent with the settings and services non-Medicaid individuals frequent including home settings, employment opportunities and access to the greater community.

Housing Assistance is help with short-term, transitional, or one-time-only expenses in a person's own home that other community resources could not cover.

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

Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) provides 24-hour intensive supervision, health and rehabilitative services, and basic needs to people 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 medications used to treat an individual's behavioral health condition, their effects, and the need for continuing or changing their medications.

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.

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 consumers of behavioral health services. They offer help with food, clothing,

socialization, housing, and support to begin or maintain mental 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.

Personal Care in Specialized Residential Settings assists an adult with mental illness or developmental disabilities 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 an individual'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.

Recovery Coach who has lived experience in receiving services and/or supports for a substance use condition. They serve as a guide to start, reach, and sustain long-term recovery from addiction including help like medication assisted, faith based, 12 step and other pathways to recovery. Recovery coaches provide connections in navigating recovery supportive systems and resources including professional and non-professional services.

Respite Care Services provide short-term relief to the unpaid primary caregivers of individuals 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 an individual 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.

***Speech and Language Therapy** includes the evaluation by a speech therapist of an individual'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 Abuse Treatment Services (See descriptions following the behavioral health services)

Supports Coordination or Targeted Case Management: A Supports Coordinator or Case Manager is a staff person who helps write an individual plan of service (IPOS) and makes sure the services are delivered. Their role is to listen to an individual's goals and to help find the services and providers inside and outside the local community mental health services program (CMHSP) that will help achieve these goals. A supports coordinator or case manager may also connect an individual 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 an individual's home in order for them to take part in a non-medical Medicaid-covered service.

Treatment Planning assists the person and those they choose in the development and periodic review of the individual plan of services (IPOS).

TTY is a tool which helps people who are deaf, hard of hearing or speech-impaired to use the phone to communicate by typing messages back and forth instead of talking or listening. (A TTY is required at both ends of the conversation in order to communicate).

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

Services for Only Participants in the Habilitation Supports Waiver (HSW), Children's Waiver, Program (CWP) or Children's Serious Emotional Disturbance Home and Community-Based Services Waiver (SEDW) Program

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

Child Therapeutic Foster Care (CTFC) (for SEDW enrollees) is an evidence-based practice that provides an intensive therapeutic living environment for a child with challenging behaviors.

Enhanced Medical Equipment and Supplies (for HSW enrollees) are devices, supplies, controls, or appliances not available under regular Medicaid coverage or through other insurances that help the person increase his abilities to perform activities of daily living; or to perceive, control, or communicate with the environment.

Enhanced Transportation (for CWP enrollees) can cover costs of transportation provided by people other than staff or primary caregivers in order to help a child in CWP access services, activities and resources related to their treatment goals.

Family Home Care Training (for SEDW enrollees) provides training and counseling services for the families of children in the SEDW children.

Family Support and Training (for SEDW enrollees) is a service is provided by a peer-parent to families of children in the SEDW program to help them relate to and care for the child.

Family Training (for CWP enrollees) provides for training and counseling services for the families of children served on the CWP and includes instruction about treatment equipment use specific to the child's plan of service.

Fencing (for CWP enrollees) is fencing set up at the child's home to prevent their health and safety.

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.

Overnight Health and Safety Services are to enhance individual safety and independence with an awake provider supervising the health and welfare of a consumer overnight. What this service covers and the requirements for it can be found in the Michigan Medicaid Provider Manual.

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 an individual 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 an individual 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.

Specialized Medical Equipment and Supplies (for CWP enrollees) are to help the child to increase abilities to perform daily living activities, or to perceive, control, or communicate with the environment in which the child lives.

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 developmental disability. Specialty services might also include specialized child and family training, coaching, staff supervision, or monitoring of program goals.

Therapeutic Activities (for SEDW enrollees) are recreation, art, or music therapies to interact with the child to accomplish their goals.

Therapeutic Overnight Camp (for SEDW enrollees) is group recreational and skill building services in a licensed camp setting (does not include room and board) to specifically meet the child's needs and goals.

Transitional Services (for SEDW enrollees) is a one-time-only expense to assist children returning to their family home and community while the family is in the process of securing other benefits and resources to provide to be home.

Services for Persons with Autism Spectrum Disorder

Behavioral Health Treatment (BHT) is a special group of services for Persons under 21 years old with Autism Spectrum Disorder (ASD). These services are available for Medicaid recipients who meet needs based criteria per the Michigan Medicaid Provider Manual.

Behavioral Assessment help to understand the behavior in the person with ASD. These assessments are used in the formation of ongoing treatment. The assessments are completed by a Board Certified Behavioral Analyst (BCBA).

Behavioral Intervention is a set of evidence-based treatments including Applied Behavioral Analysis. The techniques are varied based on the age and functioning level of the individual. The plan for these behavioral services are created and maintained by a BCBA. The services are carried out by a Behavior Technician (BT).

Behavioral Observation and Direction is a service to provide supervision for the staff providing services, called a Behavior Technician (BT). The BCBA observes face-to-face the interactions of the BT and the client. This observation allows the BCBA to make corrections to the BT's interactions with the child.

Behavior Treatment Review If a person's illness or disability involves behaviors that they or others who work with them want to change, 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 management 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, dignified, and continues to meet the person's needs.

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

Telepractice for Behavioral Health Treatment Services are services that can be provided through secure telecommunication by trained staff to provide clinical observation, direction, and teaching to parents/guardians on certain interventions for their child. These services need to include in-person

Services as well.

Services for Persons with Substance Use Disorders (SUD)

The substance abuse treatment services listed below are covered by Medicaid. These services are available through the PIHP.

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

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

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

Methadone and LAAM Treatment is provided to individuals who have heroin or other opioid dependence. The treatment consists of opioid substitution monitored by a doctor as well as nursing services and lab tests. This treatment is usually provided along with other substance abuse outpatient treatment. LAAM a synthetic opioid similar in structure to methadone.

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

Recovery Coach is a person with lived experience in receiving services and/or supports for a substance use condition. They serve as a guide to initiate, achieve and sustain long-term recovery from addiction including medication assisted, faith based, 12 step and other pathways to recovery. Recovery coaches provide connections in navigating recovery supportive systems and resources including professional and non-professional services.

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

In addition to substance use disorder treatment services, there are prevention programs available. Prevention programs are research-based, which means programs have been studied and shown to be effective in preventing persons from using or abusing substances such as alcohol, tobacco, or other drugs and/or developing a substance use disorder. For more information on Prevention Programs and how to get involved in SUD Prevention Coalitions, please visit the CMHPSM website at http://www.cmhpsm.org/sud-prevention and/or call your local Customer Services staff.

Services for Persons with Gambling Disorders

The CMHPSM has joined the Michigan Gambling Disorder Prevention Project – a coordinated, state-wide effort to address problem gambling. Access staff will complete a screening and can refer for a full assessment. Access staff can also provide referrals to the Gambling Disorder Help Line. If you or

a loved one has a concern about gambling please call, 24 hours/day, the Gambling Disorder Help-Line at 800-270-7117 and/or visit the CMHPSM website at www.*cmhpsm.org/gamblingproject*.

If you receive Medicaid, you may be entitled to other medical services not listed above. Services needed to maintain your physical health are provided or ordered by your primary care doctor. If you receive CMH services, your local CMHSP 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 CMHSP will help you find one.

Note: **Home Help Program** is another service available to Medicaid beneficiaries who require in-home assistance with activities of daily living and household chores. Home help is not covered by CMHs. To learn more about this service, you may call the local MDHHS number below or contact your local Customer Services for assistance.

MDHHS County	MDHHS Phone Number	TTY/TDD Number
Lenawee	517-264-6300	7-1-1
Livingston	517-548-0200	7-1-1
Monroe	734-243-7200	7-1-1
Washtenaw	734-481-2000	7-1-1

Medicaid Health Plan Services

If you are enrolled in a Medicaid Health Plan, 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

If you already are enrolled in one of the health plans [listed below] you can contact the health plan directly for more information about the services listed above. 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 Services Office for help.

MDHHS County	MDHHS Phone Number	TTY/TDD Number
Lenawee	517-264-6300	7-1-1
Livingston	517-548-0200	7-1-1
Monroe	734-243-7200	7-1-1
Washtenaw	734-481-2000	7-1-1

County	Customer Services	Phone	Toll Free/24 Hour	TTY/TDD
Lenawee	Stefanie Mineff	517-263-8905	800-664-5005	7-1-1
Livingston	Amy Johnson	517-546-4126	800-615-1245	7-1-1
Monroe	Amber Ellerman	734-243-7340	800-886-7340	7-1-1
Washtenaw	Sally Amos-O'Neal	734-544-3050	800-440-7548	7-1-1

Medicaid Health Plans

Aetna Better Health of Michigan 1333 Gratiot Avenue, Suite 400 Detroit, MI 48207 1-866-316-3784	McLaren Health Plan G-3245 Beecher Rd. Flint, MI 48532 1-888-327-0671
Blue Cross Complete 2311 Green Rd. Ann Arbor, MI 48105 1-800-228-8554	Midwest Health Plan 4700 Schaefer Rd. Dearborn, MI 48126 1-888-654-2200
Health Alliance Plan (HAP) 2850 W. Grand Blvd. Detroit, MI 48202 1-800-442-4641	Meridian Health Plan of Michigan 777 Woodward Ave., Suite 600 Detroit, MI 48226 1-888-437-0606
	United Healthcare Community Plan P.O. Box 2127 Southfield, MI 48075-4602 1-800-903-5253

Providers in the CMHPSM Region

The Community Mental Health Partnership of Southeast Michigan is required to have enough providers to meets the service needs of our community. You have the freedom to choose from the network of providers your local CMH offers, and there are no limits with this choice.

The Community Mental Health Partnership of Southeast Michigan has a complete Provider Directory that lists all available providers by type or services, their locations, telephone numbers, website, languages spoken, special populations or cultural needs they serve, and if they have accommodations for people with physical needs. The CMHPSM Provider Directory can be found online at https://www.cmhpsm.org/provider-network or this link can be found on your local CMH's website. If you do not have access to the internet at your home, free internet service is available at libraries. You can also ask for a paper copy of the provider listing any time by contacting your local Customer Service staff.

Medicaid Health Plan Services

If you are enrolled in a Medicaid Health Plan, the following kinds of health care services are available to you when your medical condition requires them. The MHPs have their own list of providers for these services.

- 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
- Physical and Occupational therapy
- Prenatal care and delivery
- Surgery
- Transportation to medical appointments
- Vision

If you already are enrolled in one of the Medicaid health plans listed below, you can directly contact the health plan for more information about the services listed above. If you are not enrolled in a health plan or do not know the name of your health plan, you can contact Customer Services for assistance.

MIChild or Those Who Do Not Have Medicaid and Cannot Afford To Pay for Services

Persons with Serious and Persistent Mental Illness and Children and Adolescents with Serious Emotional Disturbance

People without insurance may receive the following services, if the CMH has enough funds to provide medically necessary services:

- Assessment
- Development of a Person-Centered Plan
- Planning, linking, coordinating, follow-up, and monitoring to assist an individual in gaining access to services
- Specialized training, treatment, and support, including therapeutic clinical interactions, socialization, adaptive, and coping skill training, health and rehabilitative services, and pre-vocational and vocational services
- Recipient rights
- Mental health advocacy
- Prevention

Persons with Developmental Disability

People without insurance may receive the following services, if the CMH has enough funds to provide medically necessary services:

- Assessment
- Development of a Person-Centered Plan
- Planning, linking, coordinating, follow-up, and monitoring to assist an individual in gaining access to services
- Specialized training, treatment and support, including therapeutic clinical interactions, socialization, adaptive skill, and coping skill training, health and rehabilitative services, and pre-vocational and vocational services
- Recipient rights
- Mental health advocacy
- Prevention

Substance Use Disorder Services

Anyone asking for substance use disorder treatment, must receive an assessment. The assessment includes the American Society of Addiction Medicine Patient Placement Criteria to determine if you are eligible for medically necessary services.

Once determination eligibility for services occur, an Individual Treatment Plan is developed. The plan will list your eligible services.

People without insurance may receive the following services, if the CMH has enough funds to provide the medically necessary service:

- Outpatient treatment
- Intensive outpatient treatment
- Detoxification Residential Services

- Medication Assisted Treatment (Methadone, etc.)
- Prevention

People with MIChild Insurance may receive the following substance use disorder services, if there are enough funds to provide these medically necessary services:

- Outpatient treatment
- Residential treatment
- Inpatient treatment
- Laboratory and pharmacy

Coordination of Care

To improve the quality of services, CMHPSM wants to coordinate your care with the medical provider who cares for your physical health. If you are also receiving substance abuse services, your mental 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 and improved functioning. Therefore, you are encouraged to sign a "Release of Information" so that information can be shared. If you do not have a medical doctor and need one, contact your local CMH Customer Services or the general number at 877-779-9707 and the staff will assist you in getting a medical provider. Note: You are able to set limits of your choice when releasing or exchanging information or stop the sharing of information.

Confidentiality and Family Access to Information

You have the right to have information about your behavioral health 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 change 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 to coordinate your treatment or when it is required by law.

Family members have the right to provide information to CMHPSM about you. However, without a Release of Information signed by you, CMHPSM 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 substance abuse services, you have specific confidentiality rights related to substance abuse services.

Privacy Practices:

Under HIPAA (Health Insurance Portability and Accountability Act), you will be provided with an official Notice of Privacy Practices from your CMH services program.

This notice will tell you all the ways that your information 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.

Accounting of Disclosures:
You have a right to receive information we have shared about you that we legally can or have to share without your consent. You can ask for a report of this information by contacting your local Customer Services staff.

If you feel your confidentiality rights have been violated, you can call the Recipient Rights Office where you get services.

Confidential Information About You May be Released:

- When you, your guardian, or your parent (if you're a minor) signs a Release of Information
- To obtain benefits for you or to get paid for treatment costs
- If you die and your spouse or other close relative needs the information to apply for and receive benefits.
- If you are going to harm yourself and/or another person. In this case, staff may have to tell the police and the person you threatened to harm.
- If staff learns of or suspects that child abuse or neglect is happening. In this case, a report must be made to Children's Protective Services or local law enforcement.
- If staff suspects or learns that a vulnerable adult is being abused or neglected, Adult Protective Services must be called
- If the information is needed for research or statistical purposes – your personal identifying information will still be protected

Accessing Your Records

- CMH keeps a record of care you receive. You have the right to see or ask for a copy of your record. You or your legal representative may ask to see or get a copy of all or part of your record. Your request must be in writing. (There may be a charge for the cost of copying).
- If you are an adult and you do not have a guardian, information put in your record after March 28, 1996, may not be withheld from you.
- If you are denied access to your record, you, or someone on your behalf, may appeal the decision. Contact your local Customer Services Department or the general number at 877-779-9707.
- If you or your legal representative believes your record contains incorrect information, you or your representative may do the following:
  - Request an amendment or correction to your record
  - Place a statement in your record. (You may not remove what is already in the record)

*Additional information regarding rights to privacy and confidentiality is available by calling your local Rights Officer. If you think your confidentiality rights were violated, you may call the local Recipient Rights Office. The phone numbers are provided below.

Recipient Rights Offices

County	Officer(s)	Phone	Toll Free/24 Hour	TTY/TDD
Lenawee	Stephen Mitchell	517-263-8905	800-664-5005	7-1-1
Livingston	Elizabeth Simon, Jody Marsh	517-546-4126	800-615-1245	7-1-1
Monroe	Nina Brennan, Coy Hernandez	734-243-7340	800-886-7340	7-1-1
Washtenaw	Shane Ray	734-544-3050	800-440-7548	7-1-1

Recipient Rights

Every individual 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 rights is contained in the booklet titled “Your Rights.” 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.
You may file a Recipient Rights complaint any time if you think staff violated your rights. You can make a rights complaint either orally or in writing.

If you receive substance abuse services, you have rights protected by the Public Health Code. These rights will also be explained to you when you start services and then once again every year. You can find more information about your rights while getting substance abuse services in the “Know Your Rights” pamphlet.

You may contact your local community behavioral 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. Your local Customer Services can also help you make a complaint. You can contact the Office of Recipient Rights or your local Customer Service or the general number at 877-779-9707.

Freedom from Retaliation
If you use public behavioral health services, you are free to exercise your rights, and to use the rights protection system without fear of retaliation, harassment, or discrimination.
The public behavioral health system can never use seclusion or restraint as a means of coercion, discipline, convenience, or retaliation, for any reason.

Non-Discrimination and Accessibility

Non-Discrimination

In providing mental health and substance use services, the CMHPSM obeys all applicable Federal Civil Rights and does not discriminate on the basis of race, color, national origin, age, disability, or sex. CMHPSM does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

If you think that the CMHPSM has failed to provide these services or discriminated in another way based on race, color, national origin, age, disability, or sex, you may file a grievance with Customers Services and/or a recipient rights complaint with the Office of Recipient Rights at 877-779-9707. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office of Civil Rights. Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.
You may also file a grievance electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or 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: 1-800-368-1019

Accessibility

CMHPSM provides free aids and services to individuals with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, Braille)

CMHPSM provides free language services to individuals whose primary language is not English or have limited English skills, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact the customer services staff at your local CMH:

County	Customer Services	Phone	Toll Free/24 Hour	TTY/TDD
Lenawee	Stefanie Mineff	517-263-8905	800-664-5005	7-1-1
Livingston	Amy Johnson	517-546-4126	800-615-1245	7-1-1
Monroe	Amber Ellerman	734-243-7340	800-886-7340	7-1-1
Washtenaw	Sally Amos-O'Neal	734-544-3050	800-440-7548	7-1-1

If you believe that CMHPSM has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with Customers Services and/or a recipient rights complaint with the Office of Recipient Rights at 877-779-9707 or at the TTY phone number 7-1-1.

If you are an individual who is deaf or hard of hearing, you may contact your local Customer Services or the general Customer Services number at 877-779-9707, the CMHPSM TTY phone number 7-1-1 through MI Relay Service at 711 to request their assistance in connecting you to CMHPSM. You can file a grievance in person or by mail, fax, or email. If you need help in filing a grievance, Customer Services staff 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 http://www.hhs.gov/ocr/office/file/index.html.

You may also file a grievance electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or 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: 1-800-368-1019

Grievance and Appeals Processes

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 Customer Services. Assistance is available in the filing process by contacting your local CMH Customer Services or the general number at 877-779-9707 In most cases, your grievance will be resolved within **90 calendar days** from the date the PIHP 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 Customer Services.

Family members may also file a grievance or complaint, with the written consent of the consumer and legal representative, if applicable. We anticipate resolving your grievance in writing within 60 calendar days, but Federal Regulation allows for up to 90 calendar days. If your grievance is not resolved within 90 calendar days, you have a right to a State Medicaid Fair Hearing. Please contact your local Customer Services Department for assistance.

County	Customer Services	Phone	Toll Free/24 Hour	TTY/TDD
Lenawee	Stefanie Mineff	517-263-8905	800-664-5005	7-1-1
Livingston	Amy Johnson	517-546-4126	800-615-1245	7-1-1
Monroe	Amber Ellerman	734-243-7340	800-886-7340	7-1-1
Washtenaw	Sally Amos-O'Neal	734-544-3050	800-440-7548	7-1-1

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 file an "appeal" 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** from the date on the Adverse Benefit Determination.

You may ask for a "Local Appeal" by contacting your local CMH Customer Services or the general number at 877-779-9707.

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.

In most cases, your appeal will be completed in **30 calendar days** or less. If you request and meet the requirements for an "expedited appeal" (fast appeal), your appeal will be decided within **72 hours** after we receive your request. In all cases, the PIHP may extend the time for resolving your appeal by **14 calendar days** if you request an extension, or if the PIHP can show that additional information is needed and that the delay is in your best interest.

You may ask for help from Customer Services to file an appeal.

State Fair Hearing
You must complete a local appeal before you can file a State Fair Hearing. However, if the PIHP fails to adhere to the notice and timing requirements, you will be deemed to have exhausted the local appeal process. You may request a State Fair Hearing at that time.

You can ask for a State Fair Hearing only after receiving notice that the service decision you appealed has been upheld. You can also ask for a State Fair Hearing if you were not provided your notice and decision regarding your appeal in the timeframe required. There are time limits on when you can file an appeal once you receive a decision about your local 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 internal 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 ask for one 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.

- **Second Opinion**

There are times you can request a second opinion if you disagree with a decision to deny hospitalization or other CMH services. You will be given information about how you can ask for a second opinion, and you have 30 days to ask for one. The CMH will follow up with your request between 24hours and 5 days depending on how urgent it is.

- **Non-Medicaid/General Fund Appeals**

If you don't have Medicaid, you still have appeal rights that are a little different than Medicaid appeals. If you receive notice o from the CMHSP that something negative is happening with your services (services you receive are being suspended, reduced or ended) , you/your legal representative have 30 calendar days to request a local appeal with the CMHSP. You will have a chance to present evidence, testimony and any facts or laws you feel were not followed, in person or in writing. Local appeals will be resolved in 45 days from the date of your request. Once the Non-Medicaid local appeal is done and you have the results in writing, if you are not happy with the outcome you/your legal representative may request a state level appeal to the State, called an Alternative Dispute Resolution Process, within 10 calendar days.
Your appeal options will be completed quickly. You will have the chance to provide information or have someone speak for you regarding the appeal. You may ask for assistance from Customer Services to file an appeal.

County	Customer Services	Phone	Toll Free/24 Hour	TTY/TDD
Lenawee	Stefanie Mineff	517-263-8905	800-664-5005	7-1-1
Livingston	Amy Johnson	517-546-4126	800-615-1245	7-1-1
Monroe	Amber Ellerman	734-243-7340	800-886-7340	7-1-1
Washtenaw	Sally Amos-O'Neal	734-544-3050	800-440-7548	7-1-1

Important Things to Know

Right to Claims Data

You have a right to ask for data about claims that have been submitted, paid, or denied about you with the services we cover. This includes certain clinical information we store and information about outpatient drugs we cover. This data is stored electronically and if you ask for it you will get a report with this information.
You can ask for this data by contacting your local Customer Services staff, or through our website: https://www.cmhpsm.org/ and clicking on "Data Sharing: Click Here" at the bottom of the page.

To Stop Services: If you no longer wish to receive services from your CMH you may sign a form called the Revocation of Consent form. This will stop your services at CMH. If you decide you need services from us in the future, please contact your local CMH.

If you have a complaint about services, you can also go to our accrediting body to voice your concern. If you have questions about how to file your complaint, you may contact the Joint Commission in one of the following ways:

- Phone: 800-994-6610, 8:30a.m. - 5:00 p.m., Central Time, Monday through Friday.
- Email: complaint@jointcommission.org
- Mail:
  Office of Quality Monitoring to Joint Commission
  One Renaissance Blvd
  Oakbrook Terrace, IL 60181

Fraud, Waste and Abuse

Fraud, Waste and Abuse uses up valuable Michigan Medicaid funds needed to help children and adults 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

If you think someone is committing fraud, waste, or abuse, you may report it to Corporate Compliance. You may email concerns to help@cmhpsm.org, compliance@cmhpsm.org, or report them anonymously on the PIHP website https://www.cmhpsm.org and clicking on "Report Fraud, Waste or Abuse: Form" at the bottom of the page. You may also report it to CMHPSM's Compliance Manager by phone at 734-344-6079 or 855-571-0021 or by mail:

Attention Compliance Manager
Community Mental Health Partnership of Southeast Michigan

3005 Boardwalk Dr., Suite #200 Ann Arbor, MI 48108

Your report will be confidential, and you cannot be retaliated against for making a report.

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 telephone number), Medicaid identification number, date of birth (for beneficiaries), and any other identifying information you have.

Please note, you cannot be intimidated, threatened, coerced, discriminated against, or subjected to other retaliatory action for making a good faith report of an actual or suspected violation of fraud, waste, or abuse.

Information Rights

You have a right to receive information about available treatment options and other choices in a way or form that you can understand.

Sign language and/or interpreter services are available by contacting your local Customer Services Department or the general number at 877-779-9707. Sign language and/or interpreters are available at no cost to you.

If you have a disability that affects your ability to hear or read, we can help you. For example, we can give you a sign language interpreter, communication devices or written materials that are in large print at no cost to you. Please ask staff if you need help. You may also contact your local Customer Services Department or the general number at 877-779-9707.

No one may be denied services because they cannot afford to pay for services. Your local CMH uses a "sliding scale" fee policy based on your ability to pay. There are no co-pays or deductibles. You will be asked to provide financial information. Your information will be kept confidential. If you disagree with the amount you are asked to pay, you have the right to appeal the amount or ask that it be reduced.

Your local CMH will do everything possible to make sure that you are comfortable with the person who is your primary treatment staff, (for example, your case manager or your therapist). If you want to

change your primary treatment staff, you have the right to ask for a change. First speak with your primary treatment staff supervisor or contact Customer Services. We will try to honor your choice and make sure you have a good working relationship with your treatment provider. We may need to limit your right to change if it would disrupt services or if another provider is not available.

Plans for completing services (also known as discharge planning) begins when your Individualized Treatment Plan is done. You may stop services at any time unless you are under a court order to receive treatment. Before you decide to stop services, talk with your primary treatment staff. A discharge plan can be developed that will make it easier to start services again if you change your mind later. Staff can also help you find supports that may be available in the community.

If you find that you need a service, support, or specialty service that is not part of the network benefit package, talk with your primary staff person. Your needs will be reviewed to see if anything can be arranged. If you are not happy with how these services have been set up for you, you may use one or more of the appeal and grievance methods that are described in the Grievance and Appeals Section of this guide.

We believe it is very important to coordinate your mental health and substance use disorder treatment with other important areas of your life. This could include your family, friends, work, school, and social groups. Your primary treatment staff will work very closely with these groups or people if you give written consent to share information with them. This will provide you with the best service possible.

If you are interested in getting more information about the administrative structure or policies and procedures of your local CMH, please contact the Customer Service Department.

Each year, the CMHPSM creates a plan for how we will measure the quality of services we provide and ways we will improve performance in important areas about your care, called a “Quality Assessment and Performance Improvement Program Plan”. Each year we also evaluate the plan that was put in place the year before, including how effective that plan was, how we can improve from last year, and what areas are important to focus on the current year. You have the right to request information about the annual review of this plan by contacting your local Customer Service Department. You can also find this plan on the CMHPSM website here: https://www.cmhpsm.org/quality

You have the right to have a Durable Power of Attorney for Health Care, a Do-Not- Resuscitate Order according to Michigan Law, and/or a Crisis Plan. These are often called Medical Advanced Directives and Psychiatric Advanced Directives. If you have a guardian appointed by the Probate Court, Michigan law does not allow you or your guardian to have these advanced directives.

While you are receiving services, changes in Federal, State, or local laws or policies could affect the services you are receiving. If you have a question or want information about changes that are happening or being planned, call the Customer Service Department.

How You Can Get Involved

There are many ways you can get involved and have your voice heard in how we provide programs and services. One way you can get involved in our four-county region is through the Regional Consumer Advisory Committee.

Regional Consumer Advisory Committee
The Community Mental Health Partnership of Southeast Michigan also has a Regional Consumer Advisory Committee (RCAC) representing all four counties. The RCAC is a committee consisting of board appointed consumers from each county within the region. This committee is responsible for providing input, assistance, and feedback on the provision of service, policy development, and many other consumer related activities of the region. For further information about the RCAC and/or other ideas on how you can be involved in your county, contact your local Customer Service department for further information.

Advocacy Groups

Below is a list of agencies that can also provide information about your benefits, rights, and services. Some of these agencies can help you advocate for yourself. Some of these agencies/groups have ways that you can get involved.

National Alliance on Mental Illness (NAMI)
921 N. Washington Ave.
Lansing, MI 48906
(517) 485-4049
(800) 331-4264
www.namimi.org

Association for Children's Mental Health (ACMH)
6017 W. St. Joseph Hwy., Suite 200
Lansing, MI 48917
(517) 372-4016
www.acmh-mi.org

Michigan Protection and Advocacy Services
4095 Legacy Parkway, Suite 500
Lansing, MI 48911
(517) 487-1755
(800) 288-5923
www.mpas.org

The ARC Michigan
1325 S. Washington Ave.
Lansing, MI 48933
(517) 487-5426
(800) 292-7851
www.arcmi.org

Michigan Disability Rights Coalition
3498 E. Lake Lansing Rd, Suite 100
East Lansing, MI 48823
(800) 760-4600
www.copower.org

PARENT HELPline
Toll Free, 24 hours – 7 days a week
Confidential and anonymous
(855) 427-2736
www.nationalparenthelpline.org

United Cerebral Palsy – Michigan
4970 Northwind Dr., Suite 102
East Lansing, MI 48923
(517) 203-1200
(800) 828-2714
www.ucpmichigan.org

(Please contact your local Customer Service Department for meeting dates and times).

GLOSSARY

Access: The entry point to the Prepaid Inpatient Health Plan (PIHP), sometimes called an "**Access Center**," where people with Medicaid or no insurance can call or go to request behavioral health services.

Access Center: The entry point to the Prepaid Inpatient Health Plan (PIHP), sometimes called an "access center," where Medicaid beneficiaries call or go to request behavioral health services.

Access Staff: Staff designated to provide intake and/or assessment of an applicant's/consumer's eligibility and/or medical necessity for requested services. Staff provide screenings and referrals using diagnostic criteria for mental health and substance abuse services. Staff also assess the needs of callers, make appropriate referrals, and provide authorization of mental health and substance use disorder services based on client need, eligibility, and available funding resources.

Action (also referred to as Adverse Action): A benefit/service determination related to Non-Medicaid/General Funds where the CMHSP determines any of the following covered by Non-Medicaid/General Funds:

- Denial of inpatient psychiatric hospitalization or denial of a requested alternate service if inpatient is denied.
- Denial of services where there are rights to a second opinion.
- Suspension, reduction, or termination of reduction of existing supports/services.

Actions taken in the person-centered planning process or those ordered by a physician are not considered an adverse action.

Adequate Notice: Written notice to an applicant/consumer/ legal representative that a denial or an adverse benefit determination (ABD) has occurred that is not a suspension, reduction, or termination of services.

Advance Notice: Written notice of an ABD or action to a consumer/legal representative that a service is being suspended, reduced, or terminated. For Medicaid consumers, this notice must be mailed at least 10 days before the effective date of the service change. For Non-Medicaid consumers, this notice must be mailed at least 30 days before the effective date of the service change.

Adverse Benefit Determination (ABD): A decision that negatively affects a request for service, or services a person with Medicaid already gets. ABD decisions can be:

- Denial or limited authorization (getting less than requested) of a requested service, including the type or level of service, requirements for medical necessity, appropriateness, setting, or effectiveness of a covered service.
- 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 (fast) 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.
- Denial of the enrollee's request to dispute a financial liability, including cost-sharing, copayments, premiums, deductibles, coinsurance, and other enrollee financial responsibility.

Alternative Dispute Resolution Process: A program of the Michigan Department of Health & Human Services that conducts appeal for people who do not have Medicaid, if they are not happy with the results of Non-Medicaid appeal at the local level (called a Local Dispute Resolution Process or LDRP). This process may occur after the local review has been completed and Community Mental Health (CMH) upholds the adverse action at the local appeal.

Amount, Duration, and Scope: Terms to describe the way Medicaid services listed in an individual's individual plan of service (IPOS) will be provided.

- Amount: How much service (hours, days, minutes, or units of service)
- Duration: How long the service will be provided (the length of time of the service)
- Scope: Details service (who, where, and how the service is provided)
- Frequency: How often/when service(s) occur (e.g., daily, weekly, monthly, quarterly)

Appeal: A review of an adverse benefit determination.

Applicant: An individual, or their legal representative, who makes an initial request for mental health or substance use disorder services, including services provided by agencies under contract to the PIHP.

Applied Behavioral Analysis (ABA): A therapy based on the science of learning and behavior. It applies understanding of how behavior works to real situations. The goal is to increase behaviors that are helpful and decrease behaviors that are harmful or affect learning. ABA is performed by a board-certified behavior analyst (BCBA).

Assertive Community Treatment (ACT): A program that offers treatment, rehabilitation, and support services using a person-centered, recovery-based approach to individuals who have been diagnosed with severe and persistent mental illness. Individuals receive ACT services including assertive outreach, mental health treatment, health, vocational, integrated dual disorder treatment,

family education, wellness skills, community linkages, and peer support from a mobile, multidisciplinary team in community settings.

Authorized Hearing Representative (AHR): Any person designated in writing by a consumer (or the consumer's legal representative) to stand in for or represent the consumer during a local/internal or state level appeal, or a representative/parent of a minor, or the consumer's spouse, widow, or widower, if there is no one else with authority to represent the consumer.

Authorization of Services: The processing of requests for initial and continuing service delivery.

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 in both adults and children, and substance use disorders.

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

Community Mental Health Services Program (CMHSP): There are 46 CMHSPs in Michigan that provide services in their local areas to individuals with mental illness and developmental disabilities. Also known as Community Mental Health or CMH.

Community Mental Health Partnerships of Southeast Michigan (CMHPSM): CMHPSM is a Prepaid Inpatient Health Plan that manages the Medicaid in our region. The partnership includes Lenawee, Livingston, Monroe, and Washtenaw counties.

Community Living Supports (CLS): Services used to increase or maintain personal self-sufficiency, facilitating an individual's achievement of his or her goals of community inclusion and participation, independence, or productivity. The supports may be provided in the participant's residence or in community settings including, but not limited to, libraries, city pools, camps, etc.

Consumer: An individual who is receiving mental health or substance use disorder services, including services provided by entities under contract with the PIHP.

Copayment: A co-payment (sometimes called "co-pay") is a set dollar amount you are required to pay as your share of the cost for a medical service or supply.CMHPSM does not require you to pay a copayment or other costs for covered services under the Medicaid or Healthy Michigan Plan program.

Core Provider: A local provider of substance use disorder services using the ROSC model that provides for and/or coordinates all levels of care for clients with substance use disorders.

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.

Denial: An action taken by the CMHPS with Non-Medicaid/General Funds services, by which a service is denied in whole, denied in part, or currently authorized services or supports are to be suspended, terminated, or reduced. This is also known as an Action or Adverse Action.

Developmental Disability: Is defined by the Michigan Mental Health code as either of the following: (a) If applied to an individual older than five (5) 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 and are individually planned and coordinated; (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.

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

- are primarily and customarily used to serve a medical purpose.
- are not useful to an individual 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.

Eligible Minor: An individual who is less than 18 years of age who is recommended in the written report of a multi-disciplinary team under rules formerly made public by the Department of Education to be classified as either severely mentally impaired or severely multiply impaired.

Emergency Medical Condition: An illness, injury, symptom, or condition so serious that a reasonable individual would seek care right away to avoid severe harm.

Emergency Medical Transportation: Ambulance services for an emergency medical condition.

Emergency Room Care: Care given for a medical emergency when you think that your health is in danger.

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

Emergency Situation: A condition or situation in which an adult or child is experiencing a crisis and one of the following applies:

- The individual can reasonably be expected in the near future to physically injure himself/herself or another individual either intentionally or unintentionally.
- The individual is unable to provide himself/herself with food, clothing, shelter, or to attend to basic physical activities such as eating, toileting, bathing, grooming, dressing, or ambulating and this inability may lead in the near future to harm to the individual or another individual.
- The individual's judgment is so impaired that he or she is unable to understand the need for treatment and, in the opinion of the mental health professional, his or her continued behavior as a result of mental illness, developmental disability, or emotional disturbance can reasonably be expected in the near future to result in physical harm to the individual or another.

It is not an emergency if safety can be ensured and the situation can be handled during regular business hours.

Enrollee: A Medicaid beneficiary who is currently enrolled in a PIHP in each managed care program.

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

Expedited Appeal: The prompt review of an ABD or action, requested by a consumer/legal representative or a provider on behalf of the consumer, when the time necessary for the normal/standard review process could seriously jeopardize the consumer's life or health or ability to attain, maintain or regain maximum function. If the consumer/legal representative requests the expedited review, the PIHP/CMHSP determines if the request is warranted. If the consumer's provider makes the request, or supports the consumer's request, the PIHP/CMHSP must grant the request.

Fair Hearing: A state level review of Medicaid beneficiaries' disagreements with a 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.

Fair Hearings Officer (FHO): Person assigned by the CMHSP Board for mental health appeals, or by PIHP for Substance Use Disorder (SUD) appeals, to handle state level appeals, maintain appeals-related data, and report this data to the PIHP.

Flint 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 individuals 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. Grievances may include, but are not limited to, the quality of care or services provided, and aspects of interpersonal relationships such as rudeness of 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 Process: Impartial local level review of a consumers' grievance.

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 an individual keep, learn, or improve skills and functioning for daily living.

Habilitation Supports Waiver (HSW): Is an intensive home and community based, active treatment and support program, designed to assist individuals with severe intellectual/developmental disabilities to live independently with supports in their community of choice. This program is designed as a community-based alternative to living in a group home. The Habilitation Supports Waiver is based on legislation found in Title XIX of the Social Security Act. This legislation allows the state to provide waiver services to a targeted population who, without waiver services, would be at risk for out-of-home placement.

Health Insurance: Coverage that provides for the payments of benefits because 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 confidentiality of patient information. "Patient" means any recipient of public or private health care, including behavioral health care, services.

Healthy Michigan Plan: This plan 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 Healthy 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: *http://www.michigan.gov/mdhhs/0,4612,7-132-2945_42542_42543_42546_42553-87572--,00.html*
Customer Services staff can help you access the manual and/or information from it).

Home and Community Based Services (HCBS): A range of services that help individuals with functional or cognitive limitations live in their homes or communities.

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.

Individual Plan of Service (IPOS): Is the written details of the supports, activities, and resources required for an individual to achieve personal goals. The IPOS is developed to put into words decisions and agreements made during a person-centered process of planning and information gathering.

Intellectual Disability: Is defined in the Michigan Mental Health Code as a condition showing before the age of 18 years that is characterized by significantly subaverage intellectual functioning and related limitations in 2 or more adaptive skills and that is diagnosed based on the following assumptions: (a) Valid assessment considers cultural and linguistic diversity, as well as differences in communication and behavioral factors. (b) The existence of limitation in adaptive skills occurs within the context of community environments typical of the individual's age peers and is indexed to the individual's particular needs for support. (c) Specific adaptive skill limitations often coexist with strengths in other adaptive skills or other personal capabilities. (d) With appropriate supports over a sustained period, the life functioning of the individual with an intellectual disability will generally improve.

Internal Appeal: A request for the PIHP/CMHPS to review a Medicaid adverse benefit determination (ABD) at the local level.

Legal Representative: The representative, parent of a minor, or other person authorized by law to represent an applicant/consumer.

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.

Local Dispute Resolution Process (LDRP): Also called a Local Appeal. A review of a Non-Medicaid/General Funds local appeal convened by the local entity (a CMHSP, a ROSC Core Provider, or SUD Provider). The LDRP for mental health services is chaired by the designee of the CMHSP Director; the LDRP for substance use disorder services is chaired by designee of the provider or the SUD Director. The LDRP has the responsibility for reviewing local appeals regarding mental health or substance use disorder services covered with Non-Medicaid/General Funds by the PIHP/Core Provider and those of its contract agencies.

Long Term Services and Supports (LTSS): Care provided in the home, in community-based settings, or in facilities, such as nursing homes for older adults and individuals with disabilities who need support because of age; physical, cognitive, developmental, or chronic health conditions; or other functional limitations that restrict their ability to care for themselves. They are a range of services to help individuals live more independently by assisting with personal and healthcare needs and activities of daily living, such as eating, taking baths, managing medication, grooming, walking, getting up and down from a seated position, using the toilet, cooking, driving, getting dressed, and managing money.

Mediation: An informal dispute resolution process in which an impartial, neutral individual who has no authoritative decision-making power assists parties to reach their own settlement of issues in a confidential setting.

Medically Necessary: A term used to describe one of the criteria that must be met for a beneficiary to receive Medicaid services. It means that the specific service is expected to help the beneficiary with his or her mental health, intellectual/developmental disability, 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.

Medicaid Enrollee: An individual who is covered by Medicaid and who is receiving services from a community mental health managed care plan.

Medicaid Services: Services provided to a consumer under the authority of the Medicaid State Plan, 1915(c) Habilitation Supports Waiver, 1915(c), Children's Waiver Program, and/or B3/Additional Service Section 1915(b)(3) of the Social Security Act.

Medically Necessary: A term used to describe one of the criteria that must be met for a beneficiary to receive Medicaid services. It means that the specific service is expected to help the beneficiary with his or her mental health, intellectual/developmental disability, 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 Department of Health and Human Services (MDHHS): This state department, located in Lansing, oversees public-funded services provided in local communities and state facilities to individuals with mental illness, developmental disabilities, and substance use disorders.

Michigan Department of Health and Human Services (MDHHS) Alternative Dispute Resolution Process: A program of the Michigan Department of Health & Human Services with responsibility for conducting an appeal which was not resolved at the local level through the LDRP. This process may occur after the LDRP review has been exhausted and Community Mental Health (CMH) upholds the adverse action at the local appeal.

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 developmental disabilities by local CMHSPs and in-state facilities.

Michigan Office of Administrative Hearings and Rules(MOAHR): The entity charged by the state with responsibility for conducting Medicaid State Fair Hearings.

MIChild: A Michigan health care program for low-income children who are not eligible for the Medicaid program. This is a limited benefit. Contact your local Customer Services staff for more information. See pages 5 or 28 for who to contact in your county.

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.

Notice of Resolution: Written statement of the PIHP/CMHSP resolution of a grievance or appeal, which must be provided to the consumer as described in *42 CFR 438.408*.

Participating Provider: Is the general term used for doctors, nurses, and other individuals 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.

Person-Centered Planning (PCP): Is a process to help an individual plan their services and support the life they choose. It tells the wants and interests for a desired life and the supports (paid and unpaid) to achieve it. Person-centered planning documents identify the needs and desires of the individual and how services and supports will be used to meet these goals. A process directed by the individual and supported by others selected by the individual. It focuses on desires, dreams, and meaningful experiences. The individual decides when, how, and by whom direct support service is provided.

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

Plan: Is a plan that offers health care services to members that pay a premium.

Prepaid Inpatient Health Plan (PIHP): A PIHP is an organization that manages Medicaid mental health, intellectual/developmental disabilities, and substance use disorder 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 CMHSP according to the Mental Health Code.

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 call Prior Authorization.

Premium: An amount to be paid for an insurance policy or 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 an individual 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. Sometimes it refers to the organization providing services to someone.

Psychiatric Hospital: A facility that provides inpatient diagnostic and therapeutic services 24 hours a day. This service is for persons who are not safe in other environments due to acute mental illness. Hospital stays may be as short as 24 hours. After discharge, treatment will be arranged with the local community mental health provider.

Recipient Rights Complaint: A written or verbal statement by a consumer or anyone acting on behalf of a consumer alleging a violation of a consumer's legally protected rights, including rights cited in the Michigan Mental Health Code, Chapter 7, which is resolved through the processes established in Chapter 7A.

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

Referral: A written order from your primary care doctor for you to see a specialist or get certain medical services. In many health plans, you need to get a referral before you can get medical care from anyone except your primary care doctor. If you don't get a referral first, the plan may not pay for the services.

Regional Entity: The entity established under section 204b of the Michigan Mental Health Code to provide specialty services and supports for people with mental health, intellectual/developmental disabilities, and substance use disorder needs.

Rehabilitation Services and Devices: Health care services that help an individual keep, get back, or improve skills and functioning for daily living that have been lost or impaired because an individual 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.

Respite: Care that provides short-term relief for primary caregivers, giving them time to rest, travel, or spend time with other family and friends. The care may last anywhere from a few hours to several weeks at a time. Respite care can take place at home, in a health care facility, or at an adult day care center.

Responsible Party: The consumer, parent, or guardian who is responsible for payment of any fees associated with the services provided.

Specialty Supports and Services: A term that means Medicaid-funded mental health, developmental disabilities, and substance use supports and services that are managed by the PIHPs.

Serious Emotional Disturbance (SED): Is 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.

Serious Mental Illness (SMI): 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.

Service Authorization: PIHP/CMHSP processing of requests for initial and continuing authorization of services, either approving or denying as requested, or authorizing in an amount, duration, or scope less than requested, all as required under applicable law, including but not limited to *42 CFR 438.210.*

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.

State Fair Hearing: A state level review of beneficiaries' 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 (MDHHS) perform the reviews.

Substance Use Disorder: 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.

Urgent Situation: A situation in which the individual is determined to be at risk of experiencing an emergency situation in the near future if he or she does not receive treatment or care.

Utilization Review (UR): Process in which established criteria are used to recommend or evaluate services provided in terms of cost effectiveness, medical necessity, and efficient use of resources.

Lenawee Community Mental Health Authority

Welcome to Lenawee Community Mental Health Authority (LCMHA). We are here to serve you. We hope this information is helpful for you in making good decisions about the care and services you receive.

Mission

To promote positive outcomes by creating a path to resilience, recovery, wellness, and self-determination.

Values

We believe in the importance of:

- Ensuring priority is given to individuals with the most severe forms of mental illness, emotional disturbance, developmental disabilities, and substance use disorders
- Community education, prevention, and consultation with our collaborative partners
- The value of a community that supports the needs and abilities of all individuals who reside there
- All people whom we come in contact with feel welcomed, understood, respected, and valued
- Offering a comprehensive array of services and supports to ensure improved health and well-being of the whole person
- Being accountable to consumers, funding sources, regulatory bodies, and the community
- Conducting ourselves with integrity, respect, and in an ethical manner
- A community that feels a responsibility to assist individuals in discovering their value and contribution to society

Agency Information

To Call Us

- Phone Number: 517-263-8905
- TTY/TDD Phone Service: 7-1-1
- Executive Director: Kathryn Szweczuk
- Medical Director: Dr. Luven Tejero
- Customer Services: Stefanie Mineff

Emergency Services (Calls are accepted 24 hours a day 7 days a week):

- Access Team: 517-263-8905 or 800-664-5005

To Write Us

Attention: Customer Services
Lenawee Community Mental Health Authority
1040 South Winter Street, Suite 1022
Adrian, MI 49221
Please include your name, address, phone number, Medicaid number (if you are a Medicaid recipient), as well as other insurance information.

Agency Website: http.www.lcmha.org

To Visit Our Offices
Lenawee Community Mental Health Authority
1040 S. Winter Street (First Floor)
Adrian, MI 49221

Please note: Our agency building located near the HOPE Community Center in the Lenawee County Human Services Building

Office Hours
- Regular business hours are Monday through Friday from 8:30 a.m. to 5:00 p.m.
- During business hours, a receptionist will direct your call to appropriate staff.
- After regular business hours, your call will be automatically directed to Emergency Services staff.

Emergency Services
- Available 24 hours a day, 7 days a week to all adults and children of Lenawee County experiencing urgent situations.
- Service is always available by calling 517-263-8905 or 1-800-664-5005.

How to Access Services in Lenawee County
- Please call and ask to speak with an Access Services professional who will help you decide, if mental health services are what you need and how we can help you.

Substance Use Disorder Services
- The Community Mental Health Partnership of Southeast Michigan (CMHPSM**)** believes in the Recovery Oriented Systems of Care (ROSC). This model is designed to build an array of services that can be made available to individuals based on their readiness for change and medical necessity.
- Lenawee residents shall call 517-263-8905.
  Pathways Engagement Center
  211 W. Maumee St., Adrian, MI 49221
  Monday through Thursday 8:00 pm to 8:00 am
  Friday 8:30 pm through Monday 8:00 am Open 24 hours on weekends
  (517) 920-4461 during open hours (517) 263-8905 during non open hours

Provider List
- You may obtain a complete provider list at this website https://www.cmhpsm.org/provider-network or by contacting Customer Service at 517-263-8905.

Financial Responsibility for Mental Health Services
- Please see “Payment for Services” in the regional section of this manual for specific information about any financial responsibility for services.

Accommodations
- Our offices and sites are barrier free.
- If you need additional assistance, please let us know.
- English is the primary language spoken by our staff. Interpreters for other languages, including Spanish and American Sign Language, are available upon request at no cost.

Transportation

- If you are enrolled in a Medicaid Health Plan, transportation to medical appointments is available.
- For assistance, call your Medicaid Health Plan or Customer Services 517-263-8905 or 800-664-5005.

Customer Service Hours

- Customer Services will answer your questions or concerns Monday through Friday.
- Business hours are from 8:30 a.m. to 5:00 p.m. (Evening hours are available by appointment)
- Call Customer Service at 517-263-8905 or 800-664-5005.

Recipient Rights

- If you have questions about your rights or you want to make a complaint, including a confidentiality complaint, call the Office of Recipient Rights. To speak with a rights officer, request a complaint form, or to get more help/information, please call:

Stephen Mitchell Office of Recipient Rights
1040 S. Winter Street, Suite 1022
Adrian, MI 49221
517-263-8905 or 800-664-5005

Consumer Action Committee

- The mission of the **LCMHA Consumer Action Committee** serves to fully integrate consumers and their families into decision-making processes throughout the Lenawee Community Mental Health Authority.
- The committee is made up of people receiving mental health services, substance use disorder services, developmental disability services, LCMHA board members, and staff appointed by the LCMHA Board.
- For more information or to become a participant on the committee, please call Customer Services:

LCMHA Consumer Action Committee
1040 S. Winter St. Suite 1022
Adrian, MI 49221



Livingston County Community Mental Health Authority

Welcome to Community Mental Health Services of Livingston County (LCCMHA). We are here to serve you. We hope this information is helpful for you in making good decisions about the care and services you receive.

Mission Statement

Our mission is to build resilience, facilitate recovery, and enhance self-reliance for people challenged by a mental illness, developmental disability, or an emotional disturbance.

Vision Statement

Our vision is for a more rewarding life in the community for everyone.

Service Values

- Dignity and Respect
- Easy Access to Service
- Collaboration
- Responsiveness
- Building and Creating Support Networks
- Resource Management
- Community Integration
- Continuous Improvement

Agency Information

To Call Us

- Phone number: 517-546-4126 or 1-800-615-1245
- Fax number: 517-546-1300
- Executive Director: Constance Conklin
- Medical Director: Dr. Manzar Rajput
- Customer Service: Amy Johnson

To Write Us

Attention: Customer Service
Community Mental Health Services of Livingston County
2280 East Grand River
Howell, MI 48843
Please include your name, address, phone number, Medicaid number (if you are a Medicaid recipient), as well as other insurance information.

Website: http.www.cmhliv.org.

To Visit Our Offices

- Our main administrative office is located at 2280 East Grand River, Howell, MI 48843
- Our other service locations are at the following sites:

2280 Building
2280 East Grand River
Howell, MI 48843
517-546-4126
1-800-615-1245
Fax: 517-546-1200

Service site for the following programs:

- Intake and Emergency Service
- Substance Abuse Access Services
- Medication Clinic
- Outpatient Therapy
- Programs for People with Mental Illness or Intellectual/Developmental Disabilities

Office Hours:

- Monday, Wednesday, Thursday andFriday 8:00 a.m. – 5:00 p.m.
- Tuesday 8:00 a.m. - 7:00 p.m.
- Closed Weekends and Holidays

Miller Building
622 East Grand River
Howell, MI 48843
517-548-0081
1-800-615-1246
Fax: 517-548-0498

Service site for the following programs:

- Prevention and Child and Adolescent Services
- Administrative Services

Office Hours:
Monday through Thursday 8:00 a.m. – 7:00 p.m-

- Friday 8:00 a.m. – 5:00 p.m.
- Closed Weekends and Holidays

Genesis Clubhouse
1137 E. Grand River Ave.
Howell, MI 48843

Stepping Stones Engagement Center
2020 E. Grand River Suite 102
(517)-376-6262
Fax: (517) 376-6682

After Hours Emergencies

- 24 Hour Emergency Services are available face to face and by telephone for people in crisis. (This might include arranging inpatient treatment or other urgent services).
- Call 517-546-4126 or 800-615-1245.

How to Access Services in Livingston County

- Please call and ask to speak with an Access Services professional who will help you decide, if mental health services are what you need and how we can help you.

Substance Use Disorder Services

- The Community Mental Health Partnership of Southeast Michigan (CMHPSM**)** believes in the Recovery Oriented Systems of Care (ROSC). This model is designed to build an array of services that can be made available to individuals based on their readiness for change and medical necessity.
- Livingston County residents shall call 517-546-4126.

Provider List

- You may obtain a complete provider list by accessing this website https://www.cmhpsm.org/provider-network or contacting Customer Service at 517-546-4126.

Financial Responsibility for Mental Health Services

- Please see “Payment for Services” in the regional section of this manual for specific information about any financial responsibility for services.

Accommodations

- Our offices and sites are barrier free.
- If you need additional assistance, please let us know.
- English is the primary language spoken by our staff. Interpreters for other languages, including Spanish and American Sign Language, are available upon request at no cost

Transportation

- If you are enrolled in a Medicaid Health Plan, transportation to medical appointments is available.
- For assistance, call your Medicaid Health Plan or Customer Services at 517-546-4126.

Customer Service Hours

- Customer Services will answer your questions or concerns Monday through Friday.
- Business hours are from 8:30 a.m. to 5:00 p.m. (Evening hours are available by appointment)
- Call 517-546-4126 or send an email to lhall@cmhliv.org.

Recipient Rights

- If you have questions about your rights or you want to make a complaint, including a confidentiality complaint, call the Office of Recipient Rights. To speak with a rights officer, request a complaint form, or to get more help/information, please call:

Elizabeth Simon or Jody Marsh
Recipient Rights Officers
2280 East Grand River
Howell, MI 48843
517-546-4126 or 1-800-615-1245

Consumer Advisory Committee

- A committee called the Consumer Action Panel meets monthly to identify how to continuously improve services for consumers and their families. This committee brainstorms new and innovative ideas. This group sponsors our Consumer Leadership Program and other advocacy efforts.
- The Consumer Action Panel meets the first Friday of the month at 4:00 p.m. at 2280 Building, 2280 East Grand River, Howell 48843.

Consumer Leadership

- This is an on-going training offered to consumers that teaches three areas of advocacy skills: personal leadership, community leadership, and political leadership. These trainings teach how to resolve conflict, solve problems, and impact your community, as well as your interpersonal relationships.
- There are a many other ways you can make a difference. For more information on committees, consumer leadership, and other ways you can get involved, please call Customer Services.

Monroe Community Mental Health Authority

The Monroe Community Mental Health Authority is here to serve you. When you have questions regarding services, benefits, or claims, please call, write, or visit our offices.

Mission Statement
Enrich lives and promote wellness

Vision Statement
To be a valued and active partner in integrated systems of care that improve the health and wellness of our community.

Service Values

- **Consumerism** – We adhere to the principles of Person-Centered Planning, self-determination, inclusion, and consumer satisfaction to guide our decision-making.
- **Diversity** – We respect that strength comes from embracing and building on the unique qualities of individuals in our community.
- **Community** – We believe that by working together we can build an excellent system of care, which strengthens our community.
- **Accountability** – We answer our community and our customers for our actions and results.
- **Access to Care** – We are committed to providing services that are available and easily accessible.
- **Quality** – We pursue excellence by using nationally recognized standards to improve our performance.
- **Leadership** – We are committed to providing leadership through cooperative partnerships.

Agency Information
To Call Us

- Calls are accepted 24 hours a day at 734-243-7340 or toll-free at 800-886-7340.
- Customer Services Representative: Amber Ellerman – 734-243-7340
- Executive Director: Lisa Jennings – 734-243-7340
- Medical Director: Dr. Abdulmalek Sadah – 734-243-7340

Website: http.www.monroecmha.org
To Write Us
Monroe Community Mental Health Authority
1001 South Raisinville Road
P.O. Box 726
Monroe, MI 48161
Please include your name, address, phone number, Medicaid number (if you are a Medicaid recipient), as well as other insurance information.

To Visit Our Offices

- Our main office building is located in Monroe Township at 1001 South Raisinville Road, just south of M50 (South Custer Road). Locations of Other Service Sites:

Jail Diversion and Access
Office Hours: 8:30 a.m. to 5:00 p.m.
325 Colonial Court, Bldg. C
Monroe, MI 48161

New Directions
Office Hours 8:30 a.m. to 3:30 p.m.
428 S. Monroe Street
Monroe, MI 48161

River Raisin Clubhouse
Office Hours: 8 a.m. to 4 p.m.
393 N Telegraph Rd.
Monroe, MI 48162

Behavioral Health Urgent Care (BHUC)
Office Hours: 11:00 a.m. to 7:00 p.m.
325 Colonial Court, Bldg. C
Monroe, MI 48161

Saint Joseph Center of Hope
Engagement Center
Office Hours: 8 a.m. to 8:30 p.m.
222 Colonial Court
Monroe, MI 48162

Office Hours

- Regular business hours are Monday through Friday from 8:30 a.m. to 5:00 p.m. (A receptionist will help you direct your calls to the appropriate staff member).
- Evening and Saturday appointments are available on a pre-arranged basis.

After Hours Emergencies

- Help is available 24 hours per day, seven days a week.
- Crisis Mobile services deployed as needed.
- A mental health professional can be reached after regular business hours by calling 734-243-7340 or 800-886-7340.

How to Access Services and Substance Use Disorder Services in Monroe County

- Individuals seeking mental health or substance use disorder services can contact Monroe Community Mental Health Authority to speak with an Access Department professional for guidance. For mental health services you can reach us by calling 734-243-7340 or 1-800-886-7340, and to reach a substance use disorder screener call 734-384-0226.

Provider List

- You may obtain a complete provider list by accessing this website https://www.cmhpsm.org/provider-network or contacting Customer Service or by visiting our website.

Financial Responsibility for Mental Health Services

- We are required to charge for the cost of services provided. We have adopted a Fee Assessment and Ability to Pay Policy based on income and family size as required by the Michigan Mental Health Code. (It is your right to review this policy and to request a rate schedule at any time.
- Please see “Payment for Services” in the regional section of this manual for specific information about any financial responsibility for services.

Accommodations

- All offices and sites are barrier free. If you need assistance, please let us know.
- Monroe Community Mental Health Authority is on the direct line bus route of Lake Erie Transit (LET) Authority. (Call LET at 734-242-6672 for the route schedule and fare information).
- English is the primary language spoken by our staff. Interpreters for other languages, including Spanish and American Sign Language, are available upon request at no cost.

Transportation

- If you are enrolled in a Medicaid Health Plan, transportation to medical appointments is available.
- For assistance, call your Medicaid Health Plan or Customer Services at 734-384-0155.

Customer Service Hours

- Customer Services will answer your questions or concerns Monday through Friday.
- Business hours are from 8:30 a.m. to 5:00 p.m. (Evening hours are available by appointment.)
- Call 734-384-0155 or send an email to aellerman@monroecmha.org.

Recipient Rights

- If you have questions about your rights or you want to make a complaint, including a confidentiality complaint, call the Office of Recipient Rights. To speak with a rights officer, request a complaint form, or to get more help/information, please call:

Coy Hernandez or Nina Brennan
Recipient Rights Officers
Monroe Community Mental Health Authority
Post Office Box 726 -1001 South Raisinville Road
Monroe, MI 48161-0726
734-243-7340 or 800-886-7340

Consumer Advisory Committee

- The Monroe Community Mental Health Authority provides the opportunity to provide input and offer recommendations regarding programs and services through the Consumer Advisory Committee.
- Monthly meetings are held on the second Tuesday at 4:00 p.m. at 428 S. Monroe Street, Monroe, MI. (Meetings are open to the public).
- For information on becoming a member, please contact Customer Service at 734-384-0155.

Washtenaw County Community Mental Health

Mission Statement
Individuals of all ages will have universal access to high quality, integrated healthcare.

Vision Statement
To provide leadership for the development and implementation of unique, effective models of integrated (mental health, substance abuse, physical health) healthcare that create medical homes for Medicaid and indigent consumers.

Service Values

- Have a Shared Vision & Shared Mission
- Consumer Involvement in all areas of the Region
- Diversity
- Being a Leader within our own Communities and within the State
- Continuous Learning and Improvement
- Meaningful Outcomes from the services provided

Agency Information
To Call Us

- Washtenaw Community Mental Health Access at 734-544-3050
- 24 Hour Access at 800-440-7548
- TTY/TDD number is: 7-1-1
- Executive Director: Trish Cortes – 734-544-3050
- Medical Director: Dr. Timothy Florence - 734-544-3050
- Customer Services: Sally Amos O'Neal

Website: www.ewashtenaw.org

To Write Us
Washtenaw CMH
555 Towner, PO Box 915
Ypsilanti, MI 48197

To Visit Our Offices
Our administrative offices are located at 555Towner, Ypsilanti, MI 48197Other Washtenaw CMH service sites/offices are:

Adult Services Clinics, Ypsilanti 555 Towner Ypsilanti, MI 48198 734-544-6820	**Services for Persons with Developmental Disabilities** 2140 E. Ellsworth Ann Arbor, MI 48108 734-222-3400

Adult Services Clinics, Annex 110 N. Fourth Ave. Ann Arbor, MI 48107 734-222-3750	**Youth and Family Services** 2140 E. Ellsworth Ann Arbor, MI 48108 734-971-9605 Tues/Thurs - 8:30 a.m. - 8:00 p.m. Mon/Wed/Fri - 8:30 a.m. - 5:00 p.m.

Office Hours

- Regular business hours are Monday through Friday from 8:30 a.m. to 5:00 p.m. Some sites may be open for extended hours. (We are not open on County holidays).

After Hours Emergencies

- Help is available 24 hours per day, seven days a week.
- Call Access at (734) 544-3050 or 1-800-440-7548.

How to Access Services in Washtenaw County

- Access/Crisis Services Department is the central entry point for anyone wanting Mental Health and/or Substance Abuse services.
- Call and ask to speak with the Access/Crisis Services team. They will assist you with connecting to a full array of community information and support. Depending on your request, you may receive referrals to community services, schedule a face to face assessment for community mental health services, and/or connect you directly to professional who can assist you with any immediate crisis needs.
- Access/Crisis Services are available 24/7, 365 days per year by calling: 734-544-3050 or 1-800-440-7548.

Substance Use Services

- The Community Mental Health Partnership of Southeast Michigan believes in the Recovery Oriented Systems of Care (ROSC) and early and easy access to substance abuse treatment. This model is designed to build an array of services that can be made available to individuals based on their readiness for change and medical necessity. The region has contracts with multiple service providers that provide an array of services that can be made available to individuals based on their readiness for change and medical necessity.
- Washtenaw County residents may contact Washtenaw County Community Mental Health at 734-544-3050 for a referral to a provider of their choice.

Provider List

- You may obtain a complete provider list by contacting Customer Service, going to this website: https://www.cmhpsm.org/provider-network https://www.cmhpsm.org/provider-manual or by visiting our website.

Financial Responsibility for Mental Health Services

- Please see “Payment for Services” in the regional section of this manual for specific information about any financial responsibility for services.

Accommodations

- Our offices and sites are barrier free.
- If you need additional assistance, please let us know.

- English is the primary language spoken by our staff. Interpreters for other languages, including Spanish and American Sign Language, are available upon request at no cost.

Transportation

- If you are enrolled in a Medicaid Health Plan, transportation to medical appointments is available.
- For assistance, call your Medicaid Health Plan or Customer Services at 734-544-3050.

Customer Service Hours

- Customer Services will answer your questions or concerns Monday through Friday. (We are not open on County holidays).
- Business hours are from 8:30 a.m. to 5:00 p.m. (Evening hours are available by appointment.)
- Call Customer Service at 734-544-3050 or send an email to customer-service@ewashtenaw.org

Recipient Rights

- If you have questions about your rights or you want to make a complaint, including a confidentiality complaint, call the Office of Recipient Rights. To speak with a rights officer, request a complaint form, or to get more help/information, please call:

Katie Snay, Director
Recipient Rights Office:
Washtenaw CMH
555 Towner, PO Box 915, Ypsilanti, MI 48197
734-544-3050 or 800-886-7340

Consumer Advisory Committee

- Washtenaw CMH seeks consumer partnership and input about our programs and services. One of these ways is through local consumer advisory committees. The **Consumer Advisory Council** meets around the local services and supports system for people with a developmental disability, mental illness, and serious emotional disturbances.
- Meetings are held on the second Wednesday of the month, 12:30 p.m. - 2:00 p.m. at 2140 E. Ellsworth, Ann Arbor, MI 48108. (Meetings are open to the public).
- For information on the council or becoming involved, please contact Customer Service at 734-544-3000.

Language Assistance (Tag Lines)

ATTENTION: **Language assistance services are available to you free of charge. Also, you have the right to receive information in a different format, such as audio, Braille, or large font due to special needs at no additional cost. Call 1-800-897-3301 (TTY: 711).**

English: **If you speak English, language assistance is available for free. Call 877-779-9707. In addition, due to special needs, you have the right to receive information in different formats, such as audio, Braille or large print, at no additional cost. Call (1-800-897-3301) (Michigan Relay TTY: 7-1-1)**

Albanian: Nëse flisni shqip, shërbimet e asistencës gjuhësore janë në dispozicion për ju pa pagesë. Gjithashtu, ju keni të drejtë të merrni informacion në një format tjetër, si audio, Braille ose font të madh, për shkak të nevojave të veçanta pa kosto shtesë. Telefononi (1-800-897-3301) (Michigan Relay TTY: 7-1-1)

Arabic: **إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك مجانًا. كما يحق لك تلقي المعلومات بتنسيق ت مختلف، مثل الصوت أو طريقة برايل أو الخط الكبير، بسبب احتياجاتك الخاصة دون أي تكلفة إضافية. اتصل على الرقم (1-800-897-3301) (ميشيغان ريلاي تي تي واي TTY: 7-1-1)**

Bengali: আপনি যদি বাংলা বলেন, তাহলে বিনামূল্যে ভাষা উপলব্ধ আছে। এছাড়াও, প্রয়োজনের কারণে, আপনার বিশেষ খরচ ছাড়াই অডিও, ব্রেইল বা বড় অক্ষরের মুদ্রের মতো বিভিন্ন বিন্যাসে তথ্য রয়েছে। (1-800-897-3301) নম্বরে ফোন করুন (মিশিগান রিলে টিটিওয়াই: 7-1-1)

Chinese: **如果您會**說中文，可以免費獲得語言説明。此外，由於特殊需要，您有權免費接收不同格式的資訊，例如音訊、盲文或大字體。致電（1-800-897-3301）（**密歇根州中**继 TTY7-1-1）

German: Wenn Sie Deutsch sprechen, steht Ihnen der Sprachassistenzdienst kostenlos zur Verfügung. Aufgrund Ihrer besonderen Bedürfnisse können Sie Informationen auch in einem anderen Format erhalten, z. B. als Audio, in Blindenschrift oder in Großdruck, ohne dass zusätzliche Kosten entstehen. Rufen Sie an (1-800-897-3301) (Michigan Relay TTY: 7-1-1)

Italian: Se parli italiano, i servizi di assistenza linguistica sono disponibili gratuitamente. Puoi anche ricevere informazioni in un formato diverso, come audio, Braille o caratteri grandi, in base alle tue esigenze speciali, senza costi aggiuntivi. Chiama (1-800-897-3301) (Servizio di trasmissione telefonica per non udenti del Michigan TTY: 711).

Japanese: 日本語を話せる方は、言語支援サービスを無料でご利用いただけます。また、特別なニーズに応じて、音声、点字、拡大文字などの異なる形式で情報を受け取ることもできます。追加料金はかかりません。ミシガン リレー (1-800-897-3301)(ミシガン州リレーサービス TTY: 711)

Korean: 한국어를 구사하는 경우 언어 지원 서비스를 무료로 이용할 수 있습니다. 특별한 요구 사항에 따라 오디오, 점자 또는 대형 인쇄와 같은 다른 형식으로 정보를 추가 비용 없이

받을 수도 있습니다. (1-800-897-3301) (미시간 릴레이 TTY: 711)

Polish: Jeśli mówisz po polsku, usługi pomocy językowej są dostępne bezpłatnie. Możesz również otrzymać informacje w innym formacie, takim jak audio, brajl lub duży druk, ze względu na Twoje szczególne potrzeby bez dodatkowych kosztów. Zadzwoń (1-800-897-3301) (Michigan Relay TTY: 7-1-1).

Russian: Если вы говорите по-русски, вам доступны бесплатные услуги языковой поддержки. Вы также можете получить информацию в другом формате, например, аудио, шрифтом Брайля или крупным шрифтом, в соответствии с вашими особыми потребностями без дополнительной платы. Позвоните (1-800-897-3301) (Служба ретрансляции звонков штата Мичиган TTY: 7-1-1)

Croatian: Ако говорите српско-хрватски, услуге језичке помоћи доступне су вам бесплатно. Такође можете добити информације у другом формату, као што су аудио, Брајево писмо или крупно писмо, због својих посебних потреба без додатних трошкова. Позовите (1-800-897-3301) (Michigan Relay TTY: 7-1-1)

Spanish: Si habla español, tiene a su disposición servicios de asistencia lingüística gratuitos. También puede recibir información en un formato diferente, como audio, Braille o letra grande, según sus necesidades especiales, sin costo adicional. Llame al (1-800-897-3301) (Servicio de retransmisión de Michigan TTY: 711)

Syriac/Latin: Ita d'netqor syriaque, ḥekmā d-lashon ḥadā b'ḥalā b'ḥulḵā. W'naḥḵit d'khanukh ḥaḵḵā ḥadīr, ʿallā d'librah ḥebrew mā b-inan d-bāzā d-laghan dakhlat l-noḵṭā, keda d'ītad, b-áudiō, b'braille aw b-lārg l-nashiqā, b-la ʿal qurbān. Tʿala (1-800-897-3301) (Michigan Relay TTY: 7-1-1)

Filipino: Kung nagsasalita ka ng Filipino, ang mga serbisyo ng tulong sa wika ay magagamit mo nang walang bayad. Maaari ka ring makatanggap ng impormasyon sa ibang format, tulad ng audio, Braille o malaking print, dahil sa iyong mga espesyal na pangangailangan nang walang karagdagang gastos. Tumawag (1-800-897-3301) (Michigan Relay TTY: 7-1-1)

Vietnamese: Nếu bạn nói tiếng Việt, bạn sẽ được cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí. Bạn cũng có thể nhận thông tin ở định dạng khác, chẳng hạn như âm thanh, chữ nổi Braille hoặc chữ in lớn, tùy theo nhu cầu đặc biệt của bạn mà không mất thêm chi phí. Gọi (1-800-897-3301) (Dịch vụ chuyển tiếp cuộc gọi dành cho người khiếm thính Michigan TTY: 711)

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