Macomb County Community Mental Health



Help
When You Need It

A Service Guide for Customers

MCCMH Customer Service Toll Free 1-855-99-MCCMH (1-855-996-2264); TTY 711; www.mccmh.net

The art on the cover, "Sun Dancer," was created by the Planning Committee for the 2005 Macomb County Recovery Conference. The Conference was planned and hosted by Members of Crossroads Clubhouse. The image is meant to express celebration — in community, in ourselves, and in the possibilities for Recovery.

Macomb County
Community Mental
Health,
guided by the values, strengths, and
informed choices of the people we serve,
provides quality services
which promote recovery, community
participation, self-sufficiency, and
independence.

Mission
Statement of Macomb County Community
Mental Health
Adopted August 24, 2011

Macomb County Community Mental Health (MCCMH) **19800 Hall Road** **Clinton Township, MI 48038** **1-855-99-MCCMH (1-855-996-2264)** **www.mccmh.net**
Chief Executive Officer: Traci Smith 586-469-6700
Chief Medical Officer: Dr. Carmen Serpa 586-465-8322
Office of Recipient Rights Director: Andrew Fortunato 586-469-6528
Customer Service Administrator: Chanell Moore 586-466-4550
Emergency (911) - 24 Hour Crisis Line: 586-307-9100 or 1-855-927-4747 or 988

Letter From the CEO

Welcome,

Macomb County Community Mental Health (MCCMH) can *Help When You Need It* in many ways.

Please keep this handbook close. If you are in crisis or just very stressed the information we share may not "sink in" the first time and it may help to take notes on these pages. There are also people who can help you by answering questions; explaining services in more detail; and helping you if problems come up anywhere in the process. Your main guide is your Case Manager or Supports Coordinator and she/he is in charge of pulling all your supports together into an Individual Plan of Service. We use a person-centered approach to planning which means you are in charge of the process. For example - you can tell us what you want to talk about in your planning meeting or what you don't want to talk about.

Here are some things to think about when in your planning:

- Do you need help finding a new, or different place to live?
- Do you need help finding a job?
- Do you need help with transportation?
- Do you need help paying for your medication?
- Do you have a primary care doctor that you see on a regular basis?
- How is your health? MCCMH has partnered with My Care Health and they would be happy to see you if you needed
- Does your family need help too?

Your Plan is important and you should keep a copy close along with this handbook. Your Plan should clearly describe who will help you; how they will help you; and for how
long. Your Plan should be written clearly so you can understand it. If you have any questions about your Plan, talk to your Case Manager/Supports Coordinator, or call the Customer Service line at 1-855-99-MCCMH (1-855-996-2264).

Thank you for coming to us for Help When You Need It.

Wishing you all the best,

Traci Smith, CEO

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Welcome to Macomb County Community Mental Health!

We want your experience with us to be as satisfying and effective as possible. Throughout this booklet, you will find all the information you need while you receive services from MCCMH, or from any of our contract agencies. Use this booklet as a resource when you have questions or want more detailed information about your services. Any time you have questions, talk with your Supports Coordinator, Case Manager or Therapist; or call Customer Service at the number found on the bottom of this page.

Throughout this booklet, you will find information set off in boxes like this one. This is information that the State of Michigan specifically wants us to tell you about your Community Mental Health services. We have included more detail on each of the topics because we want to be sure that you have all the information you need to use your services and exercise your rights while you are served by MCCMH. If you have questions about anything that you read, talk to your Supports Coordinator, Case Manager or Therapist; or call Customer Service at the number found on the bottom of this page.

Accreditation

MCCMH services are accredited by the **Commission on Accreditation of Rehabilitation Facilities**, usually called CARF. **CARF** is a national organization that independently reviews the services of behavioral health and disability service organizations. Accreditation is your assurance that the services you receive meet the highest standards of quality and effectiveness, and that your services are provided in a way that is respectful of you as a person.

Information about MCCMH

MCCMH programs and services are supported and funded by the Macomb County Board of Commissioners and the Michigan Department of Health and Human Services, and are administered by the Macomb County Community Mental Health Board. MCCMH is governed by the **Michigan Mental Health Code**, the Michigan law that governs the delivery of public behavioral health services, and by the **Public Health Code**, the Michigan law that governs the delivery of public substance use disorder treatment services.

If you wish, you may request additional information about the structure and operations of MCCMH by calling Customer Service at the number found on the bottom of this page. You may request information about MCCMH, its contract agencies, or your individual services, at any time. For a list of MCCMH Board Members and Executive Leadership Staff, visit our website at www.mccmh.net under "About: Leadership."

Certified Community Behavioral Health Clinic (CCBHC)

Thanks to the expansion of the CCBHC State Demonstration project, we are a Certified Community Behavioral Health Clinic (CCBHC) and can address your mental health, substance use, and medical healthcare needs all in the same place, and regardless of insurance. CCBHC services are available to any person in need, regardless of residency or ability to pay.

MCCMH has partnered with MyCare to provide primary health care services. The MyCare Health Center is located inside the MCCMH North building (43740 Groesbeck Hwy., Clinton Township, MI, 48036). Call MyCare Health Center directly at 586-493-0961.

CCBHC persons served have rights that are protected by Michigan's Mental Health Code (Chapters 7 and 7A) and many other Federal and State Laws. All persons served have the right to a fair and efficient process for resolving disputes and complaints regarding their services and supports. With either CCBHC or Designated Collaborating Organization (DCO) services, persons served must have access to existing standardized appeals, grievance, and service authorization denial procedures, which satisfy, at minimum, the requirements of Medicaid and others that may be mandated by appropriate accrediting entities. The CCBHC is responsible for administering any DCO related grievances, complaints, and/or appeals.

Note that individual MCCMH programs and services may have specific eligibility requirements.

Paying for Services

For some services, MCCMH may require that you exhaust other resources before we will fund the service. MCCMH will not pay for services that are available to you from other resources in the community.

If you do not have insurance and we believe that you may qualify for Medicaid, we will require you to apply for it, and/ or we may help you to do so. If you have private insurance that covers our services, you will be required to use it when receiving MCCMH 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 enrollees will be responsible for "Cost Sharing". This refers to money that an enrollee 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, MCCMH 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, MCCMH will cover all Medicare cost sharing consistent with coordination of benefit rules.

Customer Service

If you aren't sure who to call at MCCMH, call Customer Service and we'll be happy to assist you. Anyone interested in services or anyone with general questions about MCCMH can call **Customer Service.** Customer Service staff are available to assist you with questions and/or concerns about the services you receive or feel you should receive. We can assist you with filing a grievance if you are dissatisfied with any of our services. We can assist you with filing a local appeal if you do not agree with a decision that was made regarding your services. We can assist you with filing a recipient rights complaint if you feel that your code protected rights were violated. We can provide you with information about access to services, community resources, and much more. You can contact Customer Service for information about MCCMH publications such as the annual report, newsletters, organization chart, provider directory, board meeting information and board member list. This information can also be found on our website at: www.mccmh.net

Customer Service (Toll Free) 1-855-99-MCCMH (1-855-996-2264)
Customer Service (TTY).....711
Customer Service (Fax) 586-522-4475

Hours of Operation: 8:00am—8:00pm Monday—Friday (closed all county holidays)

After-hours call the Crisis Center.....586-307-9100 or 1-855 927-4747 or 988

Becoming Involved at MCCMH

Your input is valued at MCCMH. There are ways that you can become involved and share your experiences and/or provide feedback on how we may improve our services. For example, the Citizens Advisory Council (CAC) is a group of persons served by MCCMH, their family/loved ones, advocates and community members. Everyone who has a stake in MCCMH is welcome! The CAC provides feedback and guidance for community mental health services and supports policies, processes, and service delivery. For more information on how you can become involved with the CAC please contact Customer Service.

Accessibility and Accommodations

In accordance with federal and state laws, all buildings and programs of MCCMH are required to be physically accessible to individuals with all qualifying disabilities. Any individual 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 MCCMH. If you need more information or if you have questions about accessibility or service/support animals, contact Customer Service at 1-855-99-MCCMH (1-855-996-2264).

If you need to request an accommodation on behalf of yourself or a family member or a friend, you can contact Customer Service a 1-855- 99-MCCMH (1-855-996-2264). 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 a person 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 Customer Service at 1-855-99-MCCMH (1-855-996- 2264) or by email at InterpreterRequest@mccmh.net Communication devices and CART are available at no cost to you.

Alternative Formats

You have the right to get this information in a different format, such as audio, or large font due to special need, or in your language at no additional cost. Call Customer Service at 1-855-99-MCCMH (1-855-996-2264) to request an alternative format.

If you need accommodations in order to access or use our services, or to ask questions about utilization management (UM), we will work with you to accommodate your accessibility needs in an effective and reasonable way. If you need an accommodation and you feel that we have failed to provide it for you, you may contact Customer Service at 1-855-99-MCCMH (1-855-996-2264) for assistance.

Language Assistance

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 MCCMH or your service provider. Please call 711 and ask MRC to connect you to the number you are trying to reach.

If you need a sign language interpreter, contact Customer Service at 1-855-99- MCCMH (1-855-996-2264) 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 Customer Service at 1-855-99- MCCMH (1-855-996-2264) so that arrangements can be made for an interpreter for you. Language interpreters are available at no cost to you.

MCCMH provides free aides and services to help people with disabilities and people whose primary language is not English to help you communicate with us, including qualified American Sign Language (ASL) and other language interpreters. Written information is also available in alternative languages. If you would like these services, contact Customer Service at 1-855-99-MCCMH (1-855- 996-2264).

All MCCMH offices are equipped with telephone interpreter services to help us talk to you in your native language. (We will place your call on "hold" briefly while we connect to an interpreter.)

7-1-1

If you are a person who is deaf, hard of hearing, or has a hard time using the phone due to speech difficulties, you can reach any MCCMH office (including our contract agencies) by calling the Michigan Relay Service at 7-1-1.

10 Tag Lines

In order to establish a methodology for identifying the prevalent non-English languages spoken by enrollees and potential enrollees throughout the State, and in each PIHP entity service area the list below is provided. Each PIHP must provide tag lines in the prevalent non-English languages in its particular service area included in the list on the next page.

You have the right to get this information in a different format, such as audio, Braille, or large font due to special needs or in your language at no additional cost.

English: If you speak English, language assistance is available for free. 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 1-855-996-2264 (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 1-855-996-2264 (Michigan Relay TTY: 7-1-1)

Arabic: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك مجانًا. كما يحق لك تلقي ت المعلومات بتنسيق مختلف، مثل الصوت أو طريقة برايل أو الخط الكبير، بسبب احتياجاتك الخاصة دون أي تكلفة إضافية. اتصل على الرقم
1-855-996-2264 (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। 1-855-996-2264 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1-855-996-2264（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 1-855-996-2264 (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 1-855-996-2264 (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 1-855-996-2264 (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. 1-855-996-2264 (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 1-855-996-2264 (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 1-855-996-2264 (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 1-855-996-2264 (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 1-855-996-2264 (Servicio de retransmisión de Michigan TTY: 711)

Syriac/Latin: Ita d'netqor syriaque, ḥekmā d-lashon ḥadā b'ḥalā b'ḥulḳā. W'naḥḳit d'khanukh ḥaḳḳā ḥadīr, ʿallā d'librah ḥebrew mā b-inan d-bāzā d-laghan dakhlat l-noḳṭā, keda d'ītad, b-áudiō, b'braille aw b-lārg l-nashiqā, b-laʿal qurbān. Tʿala 1-855-996-2264 (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 1-855-996-2264 (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 1-855-996-2264 (Dịch vụ chuyển tiếp cuộc gọi dành cho người khiếm thính Michigan TTY: 711)

Transportation

If you are a Medicaid beneficiary, you may be able to get help getting rides to your Medicaid covered medical services, including services authorized by MCCMH. You can get help with a ride if you do not have another way to get to approved medical appointments and services. If you are covered by a Medicaid Health Plan, the plan will help you arrange transportation. Look at the back of your MIHealth card (your Medicaid card) for the customer service phone number for your health plan or see page 49 for a list of plans and their phone numbers.

If you are covered by Medicaid but you are not enrolled in a Medicaid Health Plan, call **ModivCare (formerly Logisticare) at 1-866-569-1902** to arrange for transportation. You must make your reservation in advance of your appointments.

Please note that, except for within certain programs, MCCMH typically does not provide transportation directly.

Requesting Accommodations

If you need accommodations to help you use our services more effectively, tell your therapist, Supports Coordinator, or Case Manager. Your needs should become part of your person centered plan. If you need help getting accommodations, you can also contact Customer Service.

If you would like an American Sign Language (ASL) or language interpreter to help you use your services, call Customer Service. If you need an interpreter, we will make sure that one is available at all your face-to-face appointments with MCCMH. You may ask for interpreter or translation services at any time.

Customer Service (Toll Free) 1-855-99-MCCMH (1-855-996-2264)
Customer Service (TTY) 711
Customer Service (Fax) 586-522-4475

Customer Service Hours of Operation: 8:00am—8:00pm Monday—Friday (closed all county holidays)

After-hours call the Crisis Center. . . . . .586-307-9100 or 1-855 927-4747 or 988

Concerns about Accommodations

If you believe that MCCMH has discriminated against you on the basis of race, color, national origin, religious or political belief, gender, age, disability status, or relationship to a person with disabilities, or if you believe that we have failed to provide necessary reasonable accommodations, you can file a grievance by contacting the MCCMH Due Process Coordinator, Customer Service, or you may file a Recipient Rights complaint by contacting the MCCMH Office of Recipient Rights, or you may do both. You also may have the right to pursue independent legal action.

The MCCMH Due Process Coordinator.....586-469-7795
19800 Hall Road, Clinton Township 48038
Fax: 586-469-7674
Hours of Operation: 8:30 a.m. to 5:00 p.m. M-F.
After Regular Business Hours: The Crisis Center ..... 586-307-9100 or 1-855-927-4747 or 988

The Office of Recipient Rights.....586-469-6528
19800 Hall Road, Clinton Township 48038
Fax: 586-466-4131
Hours of Operation: 8:30 a.m. to 5:00 p.m. M-F, and by appointment.

Remember: These offices are equipped with telephone interpreter services for those who best use a language other than English. If you are deaf or hard of hearing, call the Michigan Relay Center at 711 to reach any MCCMH office.

The Office of Civil Rights

In some situations, you may also be able to file a civil rights complaint with the US 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: at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf

Or by mail or phone at:

US Department of Health and Human
Services 200 Independence Ave., SW
Room 509F, HHH Building
Washington DC 20201
Toll Free: 1-800-368-1019

Crisis Services

The Macomb County Crisis Center offers many services to help in difficult situations. The Crisis Center is available to anyone in Macomb County 24 hours a day, seven days a week. Crisis Center services are confidential and are free. You do not need to call the Managed Care Operations (MCO) Department (formerly called the Access Center) or use any other MCCMH service to use Crisis services. Contact the MCCMH Crisis Line for help with any of these issues:

- Suicidal thoughts or feelings
- Information on mental health/illness
- Substance abuse/addiction/ recovery information
- Relationship problems
- Abuse/violence
- Economic problems causing anxiety/depression
- Loneliness
- Family problems
- Any other concern that is causing you distress
- To help a friend or loved one

Crisis Center services include:

Crisis Counseling: Trained counselors are available by phone to provide support to callers facing any situation. Counselors provide referrals to many community resources, listen to concerns, and help find solutions.

Critical Incident Stress Management (CISM): is an intervention protocol designed to help those who have experienced trauma. If you're finding it difficult to cope after a crisis, CISM offers confidential support, connecting you with others who understand. Through these sessions, you can share your experiences, process your emotions, learn about stress reactions, and receive referrals for additional support.

Survivors of Suicide (SOS): Professional facilitators lead a peer support group for family and friends of persons who have died by suicide. SOS aids the healing process by providing information and resources and by allowing members to share their feelings in a non-judgmental, confidential setting. SOS is now managed by KNOW RESOLVE. Contact the Crisis Center to get connected.

The Crisis Center..... Toll Free: 1-855-927-4747
Local: 586-307-9100
Or 988

Mobile Crisis Services

Our Mobile Crisis Services provide support to children and adults facing a mental health crisis.

The Mobile Crisis Team can help when someone is:

- Experiencing a mental health crisis or presenting behaviors that require professional intervention
- Struggling with thoughts of suicide and/or participating in self-harming behaviors
- About to physically injure themselves or others

The Mobile Crisis Team includes a therapist and a peer or parent support specialist trained to calm and support people in crisis. Once the crisis is under control, the team works with the person to develop a safety plan. This plan can prevent future hospital stays or police involvement.

Mobile Crisis Services are available 24/7.

Calling the Mobile Crisis Team

The Crisis Center..... Toll Free: 1-855-927-4747
Local: 586-307-9100
Or 988

The Crisis Center is available by phone 24 hour a day, 7 days a week, 365 days a year.

Behavioral Health Emergencies

A "behavioral health emergency" is when a person is experiencing symptoms and behaviors that can reasonably be expected in the near future to lead him/her to harm self or another; or because of his/her inability to meet his/her basic needs he/she is at risk of harm; or 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 you can call the MCCMH Crisis Center at 1-855-927-4747, 586-307-9100 or 988; Or call 911, or visit the nearest hospital emergency department (see page 18 for a list of local hospitals and psychiatric care units).**

Please Note: if you utilize a hospital emergency room, there may be health care services provided to you as part of the hospital treatment that you receive for which you may receive a bill and may be responsible for depending on your insurance status. These services may not be part of the MCCMH emergency services you receive. Customer Service 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 psychiatric inpatient hospitalization, crisis residential, case management, outpatient therapy, and/ or medication reviews. Prior to the end of your emergency-level care, MCCMH will help you to coordinate your post-stabilization services.

Authorization for Emergency Care

If you or someone you care about is experiencing a behavioral health emergency, you should seek help right away. **In an emergency, you do not need to call the Managed Care Operations (MCO) Department (formerly called the**

Access Center) to seek prior authorization for payment of care; the hospital staff will do that for you.

What to do in a Behavioral Health Emergency

If you or someone else is experiencing a behavioral health emergency seek help right away. If you are experiencing a behavioral health emergency **go to the nearest hospital with a psychiatric care unit.** These hospitals contract with MCCMH to provide psychiatric emergency services, but in an emergency, you can go to any hospital. (Note: A= adults, C= children)

Behavioral Center of Michigan (A) 4050 E 12 Mile Rd., Warren 48092	(586) 261-2266
Brightwell Behavioral Health Hospital (A,) 3512 Coolidge Rd., East Lansing 48823	(517) 318-5889
Harbor Oaks Hospital (A, C) 35031 23 Mile Rd., New Baltimore 48047	(586) 725-5777
Havenwyck Hospital (A, C) 1525 University, Auburn Hills 48326	(248) 373-9200
Henry Ford Behavioral Health Hospital (A, C) 7100 Berryhill St., West Bloomfield 48322	(248) 847-0070
Henry Ford Health St. John Hospital (A) 22101 Moross, Detroit 48236	(313) 343-7000
Henry Ford Health Warren Hospital (A) 11800 E. Twelve Mile, Warren 48093	(586) 573-5872
Henry Ford Providence Southfield Hospital (A) 16001 W. Nine Mile Rd., Southfield 48075	(248) 849-3000
Henry Ford Rochester Hospital (A) 1101 W. University Drive, Rochester 48307	(248) 652-5000
Henry Ford Wyandotte (A) 2333 Biddle Ave., Wyandotte 48192	(734) 246-6000
McLaren Lapeer Hospital (A) 1375 N. Main St., Lapeer 48446	(810) 667-5500
McLaren Macomb (A) 46810 Schoenherr Rd., Shelby Township 48315	(586) 493-2059

McLaren Oakland Hospital (A) 50 North Perry St., Pontiac 48342	(248) 338-5000
McLaren Port Huron Hospital (A) 1221 Pine Grove Ave., Port Huron 48060	(810) 987-5000
Metropolitan Behavioral Health (A, C) 18001 Rotunda Dr., Dearborn 48124	(313) 633-2600
StoneCrest Center (A, C) 15000 Gratiot Ave., Detroit 48205	(866) 504-1421

What Happens at the Hospital

When you go to the hospital for a behavioral health emergency, the doctor and other hospital staff will talk to you and others about what you are feeling, seeing, or experiencing. They may ask questions or do tests to help them decide how well you understand what is going on around you. This is called a **psychiatric evaluation.** It is important for you to be as honest as possible, so that you can get the best help for you while you are at the hospital.

If you and the hospital staff decide that you do need to be in the hospital, you will stay there until your symptoms are better, usually for a few days or so. You will get medicine and treatments to help you feel better. When you are discharged (released) from the hospital, a **discharge plan** will be created with you that will outline what follow-up services you will receive in the community to help you stay well.

Hospital Alternatives and Aftercare

Sometimes, instead of being in the hospital, behavioral health emergencies can be treated in other settings. MCCMH encourages the use of hospital alternatives, because many people get better faster using these services. We will work with you to decide what is best for you and your situation. You'll have a chance to tell us if you want to use a hospital alternative service, such as:

Crisis Residential Services: Crisis residential services provide medical, psychological and other services for up to 30 days in a structured, home-like setting within the community. After a crisis residential stay, you will usually continue to receive some outpatient or community- based services to help you manage your illness.

Intensive Crisis Stabilization: Instead of being in the hospital, a specialized behavioral health team works with you in your home or another setting. While your symptoms are being stabilized, you might see the team up to every day. After you are better, you will receive some other outpatient or community services to help you

manage your illness. You must have someone at home with you when you receive intensive crisis stabilization services.

Partial Hospital Services: Partial hospital services are sometimes called "Day Hospital" services. These services, like counseling, medication, and different types of therapies, provided in a hospital setting, under a doctor's supervision. Partial hospital services are provided during the day – you will go home at night.

What Situations are Not Behavioral Health Emergencies?

Some situations, though serious, are not behavioral health emergencies. **These situations need different kinds of treatment or response.** Some things that might look or feel like behavioral health emergencies but, on their own, are not, include:

- Dementia
- Seizure disorders
- Intoxication
- Homelessness
- Intentional acts of violence

Other Kinds of Emergencies

If you have an emergency, but you don't want or need to go to the hospital, there are other people and places to call for help.

If you need the police, fire department, or an ambulance, call 911.

If you would like to talk to a trained Crisis Counselor about a problem you are having, or if you aren't sure where to go for help, call the Macomb County CMH Crisis Center. The Crisis Center is available 24/7/365. All calls are confidential (private) and there is no charge for Crisis Center services.

If you would like to talk to a Crisis Counselor, call 586-307-9100, 1-855-927- 4747 or 988.
You may call the Crisis Center at any time of the day or night. You may also call the Crisis Center collect.
If you would like information about other community resources serving Macomb County and the surrounding area, call United Way of Southeast Michigan by dialing 2-1-1. The 211 helpline is a regional information and referral resource center, available 24/7/365.

How to Access Routine/ Non-Emergency Services

Service Authorization

Services you request must be authorized or approved by MCCMH. The Access Center at MCCMH is called the Managed Care Operations (MCO) Department. They may approve all, some, or none of your requests. You will receive notice of a decision within **14 calendar days** after you have requested the service during 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.

If you would like to receive non-emergency behavioral health, developmental disability, or substance use disorder treatment services from Macomb County Community Mental Health, call Customer Service and they will link you to MCO. **Your calls to MCO are confidential.**

MCO is responsible for reviewing and approving all requests for services from MCCMH. MCO provides a telephone screening that will help both you and MCCMH decide if you are eligible for our services, and, if so, which of our clinics or contract agencies might best help you. If you call and MCO determines that MCCMH can help you, you will receive an appointment at one of our locations within 14 days.

You should know that sometimes we cannot provide exactly the service you might want in exactly the ways you might want it. This is because Medicaid and other funding sources have specific rules, like **medical necessity**, that determine who can receive certain services, as well as how, how much and how long services can be provided. (This is called **"Amount, Scope and Duration"** of service.) For example, if you have insurance, you may be directed to use your insurer's providers before receiving services from MCCMH.

All decisions about your care are made by health professionals with appropriate clinical experience for your situation. If we deny any of your requests, we must tell you why in writing, within specific time frames. If you disagree with our decisions, you have specific rights to appeal and/ or ask for a second opinion. (See pages 51-60 for details on these rights.)

Calling MCO

Customer Service will link you to MCO
Toll Free: 1-855-99-MCCMH (1-855-996-2264)
Fax: 586-948-0223

Customer Service Hours of Operation: 8:00am—8:00pm Monday—Friday (closed all county holidays)
After-hours: The Crisis Center.....586-307-9100 or 1-855-927-4747 or 988

Remember: These offices are equipped with telephone interpreter services for those who best use a language other than English. If you are deaf or hard of hearing, call the Michigan Relay Center at 711 to reach any MCCMH office.

Our CCBHC Locations

As a CCBHC, we can help meet your mental health, medical and physical healthcare needs all in the same place, regardless of insurance. We also partner with Designated Collaborating Organizations (DCOs) that provide CCBHC services in different areas of Macomb County.

MCCMH North
43740 North Groesbeck Hwy.
Clinton Township, MI 48036
Hours:
Monday-Friday: 8:30am-5:00pm
Walk-In Hours:
Monday, Tuesday, Thursday and Friday 8:30am-3:00pm
Wednesday: 8:30am-5:00pm

MCCMH East 25401
Harper Ave.
St. Clair Shores, MI 48081
Hours:
Monday-Friday: 8:30am-5:00pm
Walk-In Hours:
Monday-Friday 8:30am-3:00pm

MCCMH West
6555 15 Mile Rd.
Sterling Heights, MI 48312
Hours:
Monday-Friday: 8:30am-5:00pm

MCCMH Children's
21885 Dunham Rd., Suite 1
Clinton Township, MI 48037
Hours:
Monday-Friday: 8:30am-5:00pm

MCCMH Crossroads Clubhouse
27041 Schoenherr, Suite A
Warren, MI 48088
Hours:
Monday-Friday: 8:30am-4:00pm

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, providers, and what staff from MCCMH 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 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 MCCMH 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, known as Family Driven, Youth Guided Planning. Family Driven, Youth Guided Planning must recognize the importance of the family and the fact that supports and services impact the entire family. The parent(s) or guardian(s) of the children will be involved in pre-planning and the planning process using family-centered practice in the delivery of supports, services, and treatment to their children. As children grow into youth, the planning process transitions to being more youth driven and family guided in order to prepare that youth for adulthood.

Topics Covered During Person-Centered Planning (PCP)

During PCP, you will be told about psychiatric advance directives, a crisis plan, and self -directed services (also known as Choice Voucher for individuals under 18). (See the descriptions below). You have the right to choose to develop any, all, or none of these.

Psychiatric Advance Directive

Adults have the right, under Michigan law, to have 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 that you have received appropriate information regarding Psychiatric Advance Directives from MCCMH, please contact Customer Service at 1- 855-99-MCCMH (1-855-996-2264) 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 Directed Services/Choice Voucher

Self-Directed Services is an option for payment of medically necessary services you might request if you receive 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.

Cultural, Religious, and Personal Preferences About Services

If you have cultural, religious or other preferences about your services or who provides them, tell us about your preferences during your person-centered planning process. We will work with you to incorporate your preferences into your service plan.

Within the scope of their licensed or approved practice or service, MCCMH providers are expected to provide to you any authorized service that is part of your plan. Except as may be allowed by law, providers should not refuse to provide approved services to you based on their own religious, cultural, or other beliefs. If a provider refuses services to you based on their personal beliefs, **please tell us** by calling Customer Service or the Office of Recipient Rights. If this happens, you are entitled to change providers, if you wish to do so.

Clinical Practice Guidelines

Macomb County Community Mental Health utilizes practices to treat individuals served based on evidence, established literature in related fields, collaboration with our partners, needs within our system, and best-practices as listed by the Substance Abuse and Mental Health Services Administration (SAMHSA).

MCCMH has adopted Clinical Practice Guidelines for the following:

- Post-Traumatic Stress Disorder
- ADHD Combined
- ADHD and Disruptive Behavior Disorders
- Bipolar Disorder
- Major Depressive Disorder
- Schizophrenia
- Family-Driven and Youth-Guided Policy and Practice

Additional guidelines may be added periodically and as needed to set standards of care. The guidelines can be referenced on the MCCMH website (www.mccmh.net > Providers, Clinical Practices).

Your Participation in Person-Centered Planning (PCP)

Your participation is critical to the development of your services using person-centered planning. To encourage and support your participation, you are entitled to:

- **Choose the facilitator for the meeting**. The facilitator's job is to make sure the meeting goes smoothly, and to make sure that everyone is heard. The facilitator may also take notes of the meeting, or may appoint someone to do that.

- **Talk about plans for unexpected situations.** At your PCP, you should be offered the opportunity to develop a crisis plan, an advance directive for behavioral health care, or both.
- **Learn about different ways to manage your services.** At your PCP, you should be offered the chance to choose self-determination as an option for managing your services. Self- determination offers an alternative option for arranging and paying for your services and supports.
- **Visit,** practice, or otherwise "try out" the services that you are considering, whenever possible.
- **Refuse** treatment alternatives or medication that you do not want, unless your services are court-ordered.
- **Think about your plan before you sign it.** Make sure that everything is covered the way you intended it to be.
- **Get a copy of your completed plan.** Your facilitator should follow up with you to make sure you receive a copy of your plan within 15 days after it is completed.
- **Receive your services:** You should receive your services within 14 days of the agreed upon start date for each service. (Start dates may vary by service.)
- **Meet with your Case Manager or Supports Coordinator regularly** to talk about the progress you are making toward your goals, and about your satisfaction with your services.
- **Change your plan** when you need to.
- **Appeal the contents of your plan** if you decide you are not happy with it, and you can't resolve the issue with your Case Manager or Supports Coordinator. Customer Service can help you with this.

Psychiatric Advance Directives and Advance Crisis Planning

Your Case Manager, Supports Coordinator, or other MCCMH clinician should tell you about psychiatric advance directives and advance crisis planning during your Person-
Centered Planning meeting. Your MCCMH clinician will help you develop these plans, if you want them to do so. You can also ask others to help.

Whether you use an advance directive or an advance crisis plan, or both, you should make decisions about your care while you are well. Talk through your plans with the people who are closest to you, including your designated patient advocate, if you choose to have one. Put your preferences in writing. Give copies to your MCCMH Therapist or Case Manager, to the doctors who provide your care, and to your patient advocate.

For more information about advance directives for behavioral health care, talk to your MCCMH Therapist, Case Manager, or Supports Coordinator, call Customer Service, or call an advocacy organization like ARC Macomb or Michigan Protection and Advocacy Service.

What is Self-Determination?

Self-determination or Self-directed services is a model of service delivery that extends your choice and control over your service delivery by extending your relationship with the staff who provide your services.

In traditional service delivery, you are is approved for a certain amount of medically necessary Medicaid covered services per day, week, month, or authorization period. A contracted agency is authorized to provide the approved service. The contracted agency is responsible for hiring, firing, training, scheduling, managing, and paying the staff, who remain employees of the agency. You *receive* the service, but you are not involved (except with limited exceptions, such as requesting a new staff person if the two of you don't get along) in any aspect of the employment relationship.

In self determination, you take a more active role in your service delivery by assuming some of the responsibility for the employment relationship with the staff who provide your services. Self-determination extends your choice to include:

- Management of the staff who provide your services (such as hiring, supervising and firing staff),
- Management over service delivery (such as teaching staff about the individual goals and objectives in your service plan, and scheduling the actual use of the service);
- Management over a budget (such as reviewing time sheets/service notes to be sure your services were delivered and your staff are paid.)

Self-determination starts with person-centered planning. First, decide what goals are most important to you — where you would like to live, what you would like to do during the day, and how you would like to connect to the community. Then, decide who can help and support you in those goals. Your goals will be set up for a set period of time. We will help you think about other supports, too — such as public entitlements, private and non-profit agencies, personal networks, and your personal skills — that can contribute to building the life you want.

You may choose to explore or use a self-determination arrangement at any time. If you would like to learn more about self-determination, talk to your MCCMH Therapist or Case Manager, or call Customer Service. We will give you more information, and help you start the process.

The Philosophy of Recovery

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 his/her 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 life long 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 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 SED. Resiliency is the ability to "bounce back" and is a characteristic important to nurture in children with SED and their families. It refers to the individual's ability to become successful despite challenges they may face throughout their life.

Recovery is a philosophy that guides behavioral health service delivery in Michigan. Recovery and resiliency are often supported by relationships with others who have faced common experiences. For information on self-help and support groups, or about peer-delivered supports and services, talk to your Therapist or Case Manager, or call Customer Service.

Choosing and Changing Providers

You have the right to choose and/or change the person or agency that provides the services approved for you in your person-centered plan. When we are working with you to develop your services, we will provide you with a list of all the **in-network providers** who offer the services you need. You also have the right to information about all available practitioners, services and providers offered by MCCMH. This information can be found on our website, www.mccmh.net , in our practitioner directory and our **provider directory**. If you don't have internet access, you may call Customer Service to request a printed copy.

Our provider list is updated regularly. If we make a change to our provider network that impacts you, we will send you a letter describing the change before it happens.

If you want to change your providers, you may do so in a number of ways. Your Case Manager or Supports Coordinator will help you find and change providers to meet your needs. You may also call Customer Service for assistance with requesting a change. If you have problems or concerns related to your providers or your attempt to change providers, call Customer Service for help at 1-855-99-MCCMH (1-855-996- 2264).

Out-of-Network Providers

There may be times when there are no providers in the MCCMH 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, MCCMH will work with you to find a provider out-of-network to provide the service. This will be at no cost to you. If you need out-of-network care or have questions, call Customer Service for help at 1-855-99-MCCMH (1-855-996-2264).

Transition of Care

MCCMH must ensure that you keep receiving services if your provider changes. The Coordination of Care policy describes how this will occur. All MCCMH policies can be found in the policy manual on our website at www.mccmh.net

Medicaid Specialty Supports and Service Array

If you are a Medicaid beneficiary and have an SMI, SED, I/DD, or an SUD, 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 what your needs are and if you are eligible for services. Not all individuals who come to us are eligible for services. Not all services are available to everyone we serve.

During the PCP process, you and your treatment team will be supported to determine what services are medically necessary for you. The amount, scope, and duration of the services needed to achieve your goals will be determined. You will also be able to choose who provides your support and services. You will receive an IPOS that provides all this information.

Medicaid may not pay for services that are not medically necessary or otherwise available to you from other resources in the community.

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

Medicaid Specialty Supports and Services include the following PIHP covered services:

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 behavioral health therapy and help with medications. The team may also help access community resources and support needed to maintain wellness and participate in social, educational, and vocational activities. Assertive Community Treatment 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.

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

Behavior Treatment Review is if an individual's illness or disability involves behaviors that they or others who work with them want to change, their 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 PCP and then is approved and reviewed regularly by a team of specialists to make sure that it is effective and dignified and continues to meet the individual's needs.

Clubhouse Programs (Psychosocial Rehabilitation Program) 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 support, as well as vocational skills and opportunities.

Community Psychiatric 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.

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 for children or adults are short-term alternatives to inpatient hospitalization provided in a licensed residential setting.

Early Periodic Screening, Diagnosis and Treatment (EPSDT) provides comprehensive and preventative healthcare services for children under the age of 21 who are enrolled in Medicaid. Early Periodic Screening, Diagnosis and Treatment is key to ensuring that children and adolescents receive appropriate preventative, dental, mental health, and specialty services. While transportation to EPSDT corrective or ameliorative specialty services is not a covered service under this waiver, the PIHP must assist beneficiaries in obtaining necessary transportation either through MDHHS or through the beneficiary's Medicaid health plan.

Early Periodic Screening, Diagnosis and Treatment services include screening services; vision and hearing services; lead screening; immunizations/vaccines for children; and other necessary health care services, diagnostic services, and treatment. Michigan's Medicaid autism services and Parent Support Partners are a few services under EPSTD authority.

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

Intensive 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.

Intensive Crisis Stabilization Services is a short-term alternative to inpatient hospitalization. Intensive Crisis Stabilization services are structured treatment and support activities provided by a behavioral health crisis team in the individual's home or in another community setting. This could include a mobile response team but also includes other crisis interventions.

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

Intensive Care Coordination with Wraparound (ICCW) is an evidence-informed approach to ensuring comprehensive coordination and holistic planning for children, youth, young adults, and their families with the most intensive needs. Intensive Care Coordination with Wraparound is an EPSDT state plan service when delivered to children, youth, and young adults under 21 years of age.

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

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

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

Nursing Home/Facility 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 individual's ability to take care of themselves every day, and treatments to help increase these abilities. (CWP).

Outpatient 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.

Parent Support Partners (PSP): Parent Support Partners is a peer-delivered service for parents and caregivers of youth with SED or I/DD, including Autism. Parent Support Partners is designed to support parents and caregivers through connection of lived experience and non-judgmental support to find their voice in advocating for their child and family.

Peer Directed and Operated Support 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 behavioral health treatment.

Peer Mentoring Services: Peer Mentoring services provide adults with intellectual and developmental disabilities with opportunities to support, mentor and assist beneficiaries to achieve community inclusion and participation, independence, and productivity. Peer Mentors are individuals with intellectual and developmental disabilities who have a unique skill level from their experience in utilizing services and supports to achieve their goals.

Peer Specialist Services: Peer Specialist services are activities designed to help individuals with SMI in their individual recovery journey and are provided by individuals who are in recovery from SMI. 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-Direct Service Models utilize individual, family, dyadic, and group interventions designed to reduce the incidence of behavioral, social, emotional or cognitive dysfunction and increase the infant, toddler, or child's behavioral functionality, resilience, and optimal mental health, reducing the need for individuals to seek more intensive treatment through the public mental health system.

Private Duty Nursing Services are skilled nursing interventions provided to beneficiaries age 21 and older, up to a maximum of 16 hours per day, to meet an individual's health needs that are directly related to their developmental disability. (HSW).

***Speech, Hearing 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 is a staff person who helps write an IPOS and makes sure the services are delivered. His/her role is to listen to an individual's goals and to help find the services and providers inside and outside the local PIHP that will help achieve the 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.

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

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

Telemedicine means the use of an electronic media to link beneficiaries with health care professionals in different locations.

Youth Peer Support is a peer-delivered service for youth and young adults. It is designed to support youth and young adults with a SED/SMI through shared activities and interventions in the form of non-judgmental support, connection through lived experience, and supporting self-advocacy.

Services for individuals who meet additional criteria and/or are enrolled in the 1915 (i) State Plan Amendment (iSPA), the Habilitation Supports Waiver (HSW), the Children's Waiver Program (CWP) or the Serious Emotionally Disturbance Waiver (SEDW).

Some Medicaid beneficiaries are eligible for special community-based services that if not available would require them to live in a hospital or other facility. To receive these services, individuals need to be enrolled in one of these waivers. The availability of these waivers is very limited.

1915 (i) State Plan: The iSPA is provided to Medicaid beneficiaries who are any age and have I/DD, SMI, SED and SUD have substantial functional limitations and are at risk of not increasing or maintaining sufficient level of functioning in order to achieve their individual goals of independence, recovery, productivity, or community inclusion and participation.

Habilitation Supports Waiver provides community-based services to people with I/DD if not for the availability and provisions of HSW services would otherwise require the level of care services provided in an ICF.

Children's Waiver Program provides community-based services to beneficiaries under age 18 who, if not for the availability and provisions of CWP services, would otherwise require the level of care and services provided in an ICF/IID. The goal of the CWP is to enable beneficiaries with developmental disabilities who have significant needs, who meet the CWP eligibility requirements to live with their parents or legal guardians, and to fully participate in their communities.

Serious Emotional Disturbance Waiver provides home and community-based services to children, youth, and young adults under age 21 who, if not for the availability and provisions of SEDW services, would otherwise require hospitalization in our state psychiatric hospital. The goal of the SEDW is to enable beneficiaries with SED who have significant needs and who meet the SEDW eligibility requirements to live in their home and community instead of receiving hospital level of care.

Individuals enrolled in these programs have access to the services listed above as well as those listed here as specified:

Children's Therapeutic Family Care provides an intensive therapeutic living environment for a child with challenging behaviors. (SEDW)

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Community Living Supports (CLS) are activities provided by paid staff that help adults with either SMI or developmental disabilities live independently and participate actively in the community. Community Living Supports may also help families who have children with special needs (such as developmental disabilities or SED). (iSPA, SEDW, CWP, HSW)

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

***Enhanced Medical Equipment and Supplies/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. (iSPA, HSW, CWP)

***Environmental Modifications** are physical changes to an individual's home 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. (HSW, CWP)

Family Support and Training provides family-focused assistance to family members relating to and caring for a relative with SMI, 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 CWP. (iSPA, HSW)

Fencing may be approved with documentation that it is essential to achieve the outcomes specified in the child's IPOS and necessary to meet a child's health and safety needs. Authorization for fencing is for a maximum of 200 feet of standard chain link fence and one gate. (CWP)

Financial Management Services help individuals who choose to self-direct or use choice voucher to manage their service and supports budget and pay providers. (iSPA, SEDW, CWP, HSW)

Goods and Services is to promote individual control over and flexible use of the individual budget by the HSW beneficiary using arrangements that support self-determination and facilitate creative use of funds to accomplish the goals identified in the IPOS through achieving better value or an improved outcome. Goods and services can be services, equipment, or supplies not otherwise provided through either the HSW, the State Plan or iSPA that address an identified need through the PCP process. (HSW)

Housing Assistance provides supports to preserve the most independent living arrangement and/or assist the individual in locating the most integrated option appropriate to the individual. Housing Assistance provides supports in assessing housing needs and preferences, assistance with finding and securing housing, assisting with securing documentation, submitting applications and securing deposits, and locating furnishings. (iSPA)

Home Care Training – Non-Family is customized training for the paid in-home support staff who provide care for a beneficiary enrolled in one of the waivers. (CWP, HSW, SEDW)

Home Care Training – Family for SEDW (called Family Training for CWP) provides treatment interventions and support intervention plans specified in the IPOS and includes updates as necessary to safely maintain the beneficiary at home.

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

Overnight Health and Safety Supports is the need for someone to be present to prevent, oversee, manage, direct, or respond to a beneficiary's disruptive, risky, or harmful

behaviors during the overnight hours. Overnight Health and Safety Support is indicated for an individual who is non-self-directing, confused, has a cognitive impairment, or whose physical functioning is such that they are unable to respond appropriately in an emergency. It is further indicated for beneficiaries who have inconsistency in, or an inability to, regulate sleep patterns. (HSW, CWP and SEDW)

Parent Support Partner is peer support provided by a trained peer one-on-one or in group for assistance with identifying coping strategies for successfully caring for or living with an individual with a SED or I/DD. (SEDW)

Personal Emergency Response System helps 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. (iSPA, HSW)

Private Duty Nursing services are skilled nursing interventions provided to beneficiaries age 21 and older, up to a maximum of 16 hours per day, to meet an individual's health needs that are directly related to their developmental disability. (HSW).

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. (iSPA, CWP, SEDW, HSW)

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. (iSPA)

Specialty Services are music, equine, 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. (CWP)

Supported Employment – Individual Supported Employment provides training activities provided in typical business, industry, and community settings for groups of two to six workers with disabilities paying at least minimum wage. The purpose of funding for this service is to support sustained paid employment and work experience that leads to individual competitive integrated employment. Supported employment services for small groups must promote integration into the workplace and interaction between workers with disabilities and individuals without disabilities in those workplaces. (HSW, iSPA)

Supported Employment – Small Group Employment provides training activities provided in typical business, industry, and community settings for groups of two to six workers with disabilities paying at least minimum wage. The purpose of funding for this service is to support sustained paid employment and work experience that leads to individual competitive integrated employment. Supported employment services for small groups must

promote integration into the workplace and interaction between workers with disabilities and individuals without disabilities in those workplaces. (HSW, iSPA)

Therapeutic Overnight Camp is a group recreational and skill building service in a MDHHS licensed camp with staff trained in working with beneficiaries with SED. (SEDW)

Therapeutic Services are music, equine, recreation, or art therapies that may be provided to help reduce or manage the symptoms of a child's mental health condition. Specialty services might also include specialized child and family training, coaching, staff supervision, or monitoring of program goals. (SEDW)

Vehicle Modification include adaptations or alterations to an automobile or van that is the beneficiary's primary means of transportation in order to accommodate the special and medical needs of the beneficiary. (iSPA, HSW, CWP)

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

https://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf

If you receive Medicaid, you may be entitled to other medical services not listed above. Services necessary to maintain your physical health are provided or ordered by your primary care doctor. If you receive MCCMH services, MCCMH will work with your primary care doctor to coordinate your physical and behavioral health services. If you do not have a primary care doctor, MCCMH will help you find one.

If you have any questions about restricted specialty services, you can call Customer Service.

Home Help

Note: **Home Help Program** is another service available to Medicaid beneficiaries who require in-home assistance with activities of daily living and household chores. To learn more about this service, you may call the local MDHHS number below or contact Customer Service for assistance. In Macomb County, apply for Adult Home Help at:

MDHHS
41227 Mound Road (S. of 18 Mile)
Sterling Hts., MI 48314
586-254-8048

Autism Services

The State of Michigan offers a set of services for children diagnosed with Autism Spectrum Disorder (ASD). The Autism Benefit is available to individuals under the age of 21 diagnosed with Autism Spectrum Disorders (ASD) and who are Medicaid eligible. The benefit provides the current "gold standard" of treatment for Autism Spectrum Disorders - Applied Behavioral Analysis, or ABA.

What is Applied Behavioral Analysis (ABA)?

Applied Behavioral Analysis (ABA) is an intensive, behaviorally based treatment that uses various techniques to bring about meaningful and positive changes in communication, social interaction, and repetitive/restrictive behaviors that are typical of ASD. These services are intensive and can be provided either in the home or in a clinic setting or a combination of these settings. ABA interventions require parent/guardian training and participation. Parent/caretaker involvement in treatment is crucial to the success of the ABA process.

How can your Child get the Service?

The process begins with a screening by the child's primary care physician within the past year. The evaluation must include a screening/evidence of ASD and indicate that hearing and vision have been evaluated. Once this evaluation has been completed, please contact Customer Service for help with how to proceed.

Calling MCCMH for Services

Customer Service.....Toll Free: 1-855-99– MCCMH (1-855-996-2264)
TTY: 711

Fax: 586-948-0223

Hours of Operation: 8:00am-8:00pm Monday-Friday (closed all county holidays)

After Regular Business Hours: The Crisis Center … 586-307-9100 or 1-855-927- 4747 or 988

Non-Medicaid Supports and Services

As a CCBHC we can help meet your mental health, substance use, medical and physical healthcare needs—all in the same place, regardless of insurance. Anyone can walk-in for an assessment from during the following times and locations:

MCCMH North
43740 Groesbeck Hwy.
Clinton Township, MI 48036

MCCMH East
25401 Harper Ave.
St. Clair Shores, MI 48081

Getting Same Day Services: Same day services are available at these locations Monday thru Friday, 8:30 a.m. to 3:00 p.m.

The MCCMH North location is also open for walk-ins until 5:00 p.m. on Wednesdays.

If you are receiving services and you do not have Medicaid or other insurance, you may be asked to pay a fee toward the cost of your services. Your fee will be based on your income and allowable expenses.

When you do not have Medicaid your grievance and appeal rights are different from those of Medicaid recipients. Read pages 51-60 of this booklet carefully for more information about your grievance and appeal rights or call Customer Service for help.

Substance Use Services

Macomb County Community Mental Health (MCCMH) is the designated entity for substance use disorder (SUD) services in Macomb County and the Substance Use Services Department manages these services. MCCMH subcontracts with community agencies to provide publicly- funded substance use prevention, treatment, and recovery services to people with Medicaid and others in Macomb County who qualify for publicly funded treatment services. For persons served, the MCCMH Substance Use Services Department provides recipient rights advocacy and consumer complaint resolution.

Services for Persons with Substance Use Disorders (SUD)

This page and the next list the Medicaid-covered substance use disorder treatment services that may be available to you. Remember that **you may not be eligible for all the services listed** — the services you will receive will be based on your individual needs. You must meet **medically-necessary** criteria for any Medicaid-covered services. Medical necessity means that the service is needed to manage an identified medical issue. Some of these services are also covered by CCBHC.

The substance abuse treatment services listed below are covered by Medicaid. These services are available through the MCCMH Substance Use Services Department:

Medication Assisted Treatment (MAT) is offered to individuals with an alcohol use disorder or an opioid use disorder to support their recovery and is medically monitored and can be combined with clinicals services and supports.

Medication for Opioid Use Disorders (MOUD) is offered to individuals with an opioid use disorder. This service is monitored by a physical and nursing staff and may be combined with clinical services and supports.

Peer Recovery Coaching is a service that assists an individual in their recovery process by removing barriers, assisting with recovery planning, and reducing the likelihood of relapse.

Substance Use Disorder Health Home-A care management and care coordination primary care Health Home benefit called the Substance Use Disorder Health Home (SUDHH) (previously referred to as the Opioid Health Home [OHH]). The goals of the program are to ensure seamless transition of care and to connect eligible beneficiaries with needed clinical and social services.

SUD Access and Screening determines the need for substance abuse services and will assist in getting to the right services and providers.

SUD Engagement Center (EC) is a safe space for individuals under the influence of alcohol or other drugs who are experiencing a crisis. Individuals can stay at the EC for up to 23 hours. While there, they have access to showers, laundry, snacks and peer recovery coaches who will link them to treatment, recovery and other community resources. To access the EC, individuals can call the MCCMH Crisis Line 24 hours per day for a screening at 586-307-9100.

SUD Intensive/Enhanced Outpatient (IOP or EOP) is a is a level of care that provides more services each week and may include day or evening programs.

SUD Outpatient Treatment includes therapy/counseling for the individual, family, and group therapy.

SUD Residential Treatment is an intensive therapeutic service which includes overnight stays in a staffed licensed facility.

Withdrawal Management is a clinical or medically monitored process that helps people safely stop using drugs or alcohol while reducing pain, discomfort, and dangerous withdrawal symptoms.

If you would like to learn about substance use disorder (SUD) treatment, call Customer Service at the number on the bottom of this page. If you would like to resolve a concern about your SUD treatment, call the MCCMH Substance Use Services Department at 586-469-5278.

Calling for SUD Services

Customer Service.....Toll Free: 1-855-99–MCCMH (1-855-996-
2264) TTY 711 Fax 586-948-0223
Customer Service Hours of Operation: 8:00am-8:00pm Monday-Friday (closed all county holidays) After-hours crisis support: The Crisis Center .....586-307-9100 or 1-855-927-4747 or 988.

Remember: All MCCMH offices are equipped with telephone interpreter services for those who best use a language other than English. If you are deaf or hard of hearing, call the Michigan Relay Center at 711 to reach any MCCMH office.

MCCMH Substance Use Services Department ……586-469-5278
19800 Hall Road, Clinton Township 48038

Additional Services

These services and supports offered by MCCMH, in addition to Medicaid-Covered services, may be available to you.

Remember: These offices are equipped with telephone interpreter services for those who best use a language other than English. If you are deaf or hard of hearing, call the Michigan Relay Center at 711 to reach any MCCMH office.

Consumer-Run Drop-In Centers: Drop-In Centers are peer-operated. They offer help with food, clothing, socialization, housing, and support to begin or maintain behavioral health treatment. Participation is free and voluntary. You don't need to be part of any other treatment or service to go to the Drop-In Centers.

Liberties Inc......586-777-8094
34051 Gratiot Avenue, Suite 204, Clinton Township 48035

Hours of Operation: May vary; Call location for specific information about hours and activities.

After Regular Business Hours: The Crisis Center .....586 307-9100 or 1-855-927-4747 or 988

Family Support Subsidy Program: Family Support Subsidy payments provide financial assistance to families with children in special education programs for autism (**AI**), severe multiple impairment (**SXI**), and some children in programs for cognitive impairment (**CI**). The Family Support Subsidy Coordinator at MCCMH will help with the application process. Family Support Subsidy payments are made directly by the Department of Health and Human Services.

Family Support Subsidy Coordinator..... 586-469-7060
6555 15 Mile Road, Sterling Heights 48312

Hours of Operation: 8:30 a.m. to 5 p.m. Monday thru Friday

After Regular Business Hours: The Crisis Center.....586-307-9100 or 1-855-927-4747 or 988

Community Housing Network: Community Housing Network provides resources and services for individuals and families in Macomb County who are experiencing a housing crisis or homelessness.

Community Housing Network (Housing Resource Center)
Macomb County Line.....586-221-5900

Complex Case Management: If you have diabetes or high blood pressure and also have schizophrenia, bipolar disorder, or schizoaffective disorder, you can scan this QR code to fill out the request form or call Customer Service for help**.**

QR code-

Assessment for Nursing Home Placement: A mental health assessment is required by law for anyone entering a nursing home. These assessments are provided by MCCMH staff who specialize in services for older adults. If treatment is needed, it may be provided by MCCMH or by another provider chosen by the family. The nursing home will arrange for the assessment.

OBRA Assessment and Specialized Services……..…586-469-7792
Email.....obraoffice@mccmh.net
6555 15 Mile Road; Sterling Heights; 48312
Hours of Operation: 8:30 a.m. to 4:30 p.m. Monday thru Friday
Assessments by appointment.

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Veteran Navigator Services: The Veteran Navigator reaches out to Veterans and their families and supports Veterans as they navigate services and community resources. The Veteran Navigator provides information, assessment, connections, and help to access Federal, State and Local veteran resources, and helps Veterans build self-advocacy skills. You do not need to be eligible for other MCCMH services in order to receive services from the Veteran Navigator.

Veteran Navigator Services..... 1-855-996-2264
Email..... veteran.navigator@mccmh.net
43740 N. Groesbeck; Clinton Township; 48036
Hours of Operation: By appointment, in the clinic or in the community.

Excluded Services

This section tells you what kinds of services are excluded by MCCMH. "Excluded" means that MCCMH does not pay for these services.

MCCMH will not pay for the excluded services listed in this section (or anywhere else in this Member Handbook). Michigan Medicaid will not pay for them, either. If you think that we should pay for a service that is not covered, you can file an appeal. For information about filing an appeal, see page 51.

If you have questions about excluded services, you can call Customer Service.

In addition to any exclusions or limitations described anywhere else in this Handbook, the following items and services are not covered by Medicaid or MCCMH:

- Acupuncture
- Experimental medical and surgical treatments, items, and medicines Experimental treatment and items are those that are not generally accepted by the medical community, including off label use of medications or treatments.
- Geriatric day programs
- Individual psychophysiological therapy that incorporates biofeedback training (of any kind or type)
- Marriage counseling
- Meals (except as may be provided in a treatment setting)
- Naturopath services, also known as Homeopathic services (the use of natural or alternative treatments)
- Non-emergency services provided to veterans in Veterans Affairs (VA) facilities
- Pastoral Counseling/ Spiritual Direction
- Services that are not considered "medically necessary," according to the standards of Michigan Medicaid
- Services and resources available to you from other sources, including but not limited to the school system, private insurance, or other sources Medicaid is, by law, the payer of last resort.
- Telephone services/ Internet fees
- Any other service or support that is not covered by Medicaid.

Your Physical Health Care

If you receive Medicaid, you may be entitled to other medical services not listed previously. Services necessary to maintain your physical health are provided or ordered by your primary care doctor. If you receive CMH services, MCCMH will work with your primary care doctor to coordinate your physical and behavioral health services. If you do not have a primary care doctor, MCCMH will help you find one.

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
- Medical supplies
- Medicine
- Mental health (Limit of 20 outpatient visits)
- Nursing Home Care
- 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 (see page 49) 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 Customer Service for assistance.

Coordination of Care

To improve the quality of services, MCCMH 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 Customer Service and we will assist you in getting a medical provider.

Enrolling in Medicaid

If you would like to enroll in Medicaid, learn about different Medicaid Health Plans in Macomb County, or change your Medicaid Health Plan, contact **Michigan Enrolls: 1-888-367-6557.**

If you do not have insurance and we believe that you may qualify for Medicaid, MCCMH may require you to apply for it, and/ or we may help you to do so.

Medicaid Spend-Down

Some people whose monthly incomes might otherwise be too high to qualify for Medicaid may qualify if they have high monthly medical expenses. In this case, a deductible known as a **"spend-down"** is applied. In a spend-down, the medical expenses that you incur during a month are subtracted from your income during that month. If the remaining income meets the State's Medicaid eligibility level, you qualify for Medicaid benefits for the remainder of the month,

To see if you qualify for Medicaid using a spend-down, contact your local MDHHS office for more information.

Medicaid Health Plans

In Macomb County, these health plans serve persons who receive Medicaid. If you aren't sure which health plan covers you, look on the back of your MIHealth Card for the name and number of your Health Plan.

If you are covered by a Medicaid Health Plan, you have information rights, appeal rights, and other rights related to the services provided by your health plan. These rights are separate from and in addition to the rights you have while you receive services from MCCMH. If you have questions about the additional services covered by your Medicaid Health Plan, contact the Customer Services Unit for your health plan at the number provided.

Aetna Better Health of Michigan
28588 Northwestern Hwy
Suite 380B
Southfield, MI 48034
1-866-316-3784
http://www.aetnabetterhealth.com/michigan

Blue Cross Complete of Michigan
4000 Town Center Suite 1300
Southfield, MI 48075
1-800-228-8554
http://www.mibluecrosscomplete.com

HAP CareSource
1414 E Maple Rd.
Troy, MI 48085
1-833-230-2053
http://www.hapcaresource.com

McLaren Health Plan
G-3245 Beecher Road
Flint, MI 48532
1-888-327-0671
http://www.mclarenhealthplan.org

Meridian Health Plan of Michigan
777 Woodward Ave., Suite 700
Detroit, MI 48226
313-324-3700
1-888-437-0606
http://www.mimeridian.com

Molina Healthcare of Michigan
880 W. Long Lake Road
Troy, MI 48098
248-925-1700
1-888-898-7969
http://www.molinahealthcare.com

Priority Health Choice
1231 E. Beltline NE
Grand Rapids, MI 49525-4501
(616) 942-0954
1-888-975-8102
http://priorityhealth.com

United Healthcare Community Plan
3000 Town Center, Suite 1400
Southfield, MI 48075
248-559-5656
1-800-903-5253
http://www.uhccommunityplan.com

List updated by MDHHS 1/10/2025. For the most current list go to: https://www.michigan.gov/documents/mdch/MHP_Service_Area_Listing_326102_7.pdf

Changes in Health Plans

Medicaid Health Plans change periodically. For the most current information about Medicaid services, and Medicaid Health Plans, or if you have questions about your Medicaid coverage, call the **Medicaid Helpline: 1-800-642- 3195.**

Healthy Michigan Coverage

The Healthy Michigan Plan is a form of Medicaid that covers persons who earn up to 133 percent of the federal poverty level. The Healthy Michigan Plan covers essential health benefits including: ambulatory patient services, emergency services, hospitalization, maternity and newborn care, mental health and substance use disorder treatment services, including behavioral health treatment, prescription drugs, rehabilitative and habilitative services and devices, laboratory services, preventative and wellness services and chronic disease management, and pediatric services, including oral and vision care. The Healthy Michigan Plan will cover other medically necessary services as appropriate.

There are three ways for Michigan residents to apply for Healthy Michigan:

- Apply online at www.michigan.gov/healthymiplan/
- Apply toll free by phone at 1-855-789-5610
- Apply in person at your local MDHHS office.

Remember! Healthy Michigan coverage is a form of Medicaid. Where you see "Medicaid" used in this booklet, it applies to Healthy Michigan coverage, too.

MI Coordinated Health Program (MICH)

MI Coordinated Health Program (MICH) is a health plan for those who qualify for both Medicare and Medicaid. It covers all Medicare and most Medicaid benefits, excluding certain behavioral health services and community transition services, but includes long-term services and supports. Individuals enrolled will not have co-pays or deductibles for in-network services, except in some instances for Medicare Part D drugs. Additionally, those with Pre-Eligibility Medical Expenses (PEME) and Patient Pay Amounts (PPAs) are still required to pay these expenses. Individuals will only need one health insurance card to access covered services. For more information or to enroll call your health plan or call 1-800-MEDICARE.

Resolving Concerns About Your Services

Grievances

You have the right to say that you are unhappy with your services or supports or the staff who provide them, by filing a "grievance." You can file a grievance *any time* by calling, visiting, or writing to the MCCMH Due Process Coordinator. Assistance is available in the filing process by contacting the MCCMH Due Process Coordinator at 586-469-7795 or Customer Service at 1-855-99-MCCMH (1-855-996-2264). In most cases, your grievance will be resolved within **90 calendar days** from the date MCCMH 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 Service.

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. The notice is called an "Adverse Benefit Determination" (ABD). 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 ABD.

You may ask for a Local Appeal by contacting the MCCMH Due Process Coordinator at 586-469-7795 or Customer Service at 1-855-99- MCCMH (1-855-996-2264).

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, MCCMH may extend the time for resolving your appeal by **14 calendar days** if you request an extension, or if MCCMH can show that additional information is needed and that the delay is in your best interest. You may ask for assistance from Customer Service to file an appeal.

State Fair Hearing

You must complete a Local Appeal before you can file a State Fair Hearing. However, if MCCMH 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 service(s) 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.

CCBHC

This section applies to individuals receiving CCBHC services at MCCMH. The notice for CCBHC services is called a "Negative Action Determination Notice". Whenever currently authorized CCBHC services and/or supports are to be suspended, terminated, or reduced, MCCMH will give you written notice of the change at least **30 calendar days** prior to the effective date of the action.

MCCMH will provide written notice about service authorization decisions (including service denials) within **14 calendar days** from the date of the standard request for service. If a denial, the decision will be provided in a written Negative Action Determination Notice.

Additionally, when MCCMH does not start providing services within **14 calendar days** of the start date agreed upon during the person-centered planning (PCP) meeting, a written notice of Negative Action Determination will be provided.

In the event you utilize the Local Dispute Resolution Process, MCCMH will communicate in writing the outcome of that process within **45 days** or **72 hours** if you request a fast (expedited) appeal. This notice is called a "Notice of Resolution".

The Notice of Resolution will tell you about your right to request access to the MDHHS Alternative Dispute Resolution Process. The MDHHS Alternative Dispute Resolution Process does not require you and MCCMH to agree before the process can begin. You (or your authorized representative if applicable) can request to start the process within **10 calendar days** from the date the Notice of Resolution is received.

At any time during the local appeal/internal review process, or the MDHHS Alternative Dispute Resolution process, you are entitled to withdraw your appeal. MCCMH will accept the withdrawal.

Medicaid Persons Served – CCBHC Appeal and State Administrative Hearing

Medicaid beneficiaries have the right to request a hearing to contest any negative action involving the denial, reduction, suspension, or termination of Medicaid benefits/services under the authority of the Social Security Act (SSA) and its federal regulations found at 42 CFR 431 Subpart E. MCCMH has written policy and procedures to address this. All MCCMH policies can be found in the policy manual on our website www.mccmh.net

The rest of this section provides detailed information about how to make the best use of your grievance, appeal, and second opinion rights when you use or apply for services from Macomb County Community Mental Health. Read this section carefully or call Customer Service for help.

We want to work with you to make sure that your experiences with MCCMH are effective, satisfying, and problem-free. From time to time, concerns about your services may arise. **You have the right, at any time, to tell us if you are dissatisfied** with anything about your services or about your experience with MCCMH. You may do so in a number of ways:

- **Informal Resolution:** If you are unhappy with something about your services or your experience with MCCMH, we encourage you to tell us. Talk to your therapist, case manager or supports coordinator, or their supervisors, to see if your concern can be resolved right in the clinic. If you would like help talking about your concerns, Customer Service can help you.

Grievances and Second Opinions

- If you are receiving MCCMH services and you are dissatisfied, **you may file a Grievance**. A **grievance** is a formal expression of dissatisfaction with something MCCMH has done, other than an adverse benefit determination (Medicaid enrollees) or a negative action determination notice (CCBHC persons served). It's usually about your service delivery or your experience with one of our staff, contractors, or service sites. You may file a grievance verbally or in writing. When you file a grievance, MCCMH must acknowledge your concern in writing and must work with you to resolve it within 90 days.
- If you are requesting MCCMH services for the first time, or you are requesting hospitalization, and your request is denied, **you have the right to request a Second Opinion**. A **second opinion** is a review of the decision, made by the CEO or a designee. This will be completed at no cost to you. To request a second opinion you can call the MCCMH Due Process Coordinator **at 586- 469-7795** for assistance.

Appeals

If you receive an adverse benefit determination (Medicaid enrollee) or a negative action determination (CCBHC person served), you may file a **Local Appeal/Internal Review**. A Local Appeal/Internal Review is a formal request for a review of an action made by MCCMH. When you request a Local Appeal/Internal Review, the MCCMH Due Process Coordinator will help you. The MCCMH Due Process Coordinator is a MCCMH staff who was not involved in the original decision.

Anyone who uses MCCMH/CCBHC services may request a Local Appeal/Internal Review. You have specific rights regarding an appeal, outlined on the following pages.

An **Adverse Benefit Determination** is a decision that denies or limits a Medicaid beneficiary's services due to:

- Denial or limited authorization of a requested service, including determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting or effectiveness of a covered benefit;
- Reduction, suspension, or termination of a previously authorized service;
- Denial, in whole or part, of payment for a service;
- Failure to make standard authorization decisions and provide notice within 14 calendar days from the date of receiving a standard request for service;
- Failure to make an expedited (fast) authorization decision within 72 hours from the time of receiving a request for an expedited (fast) authorization request;
- Failure to provide services within 14 days of start date agreed upon during the Person Centered Planning meeting, as authorized by MCCMH;
- Failure of MCCMH to act (to make a decision) within 30 calendar days from the date of a request for a standard appeal;
- Failure of MCCMH to act (to make a decision) within 72 hours of the time of request for an expedited (fast) appeal;
- Failure of MCCMH to provide disposition and notice of a local grievance/ complaint within 90 days of the filing of the grievance or complaint.

A **Negative Action Determination** is a written decision that adversely impacts the CCBHC person served's/beneficiary's claim for services due to:

- Denial or limited authorization of a requested service, including determinations based on the type or level of service,

requirements for medical necessity, appropriateness, setting, or effectiveness of a covered benefit.
- Reduction, suspension, or termination of an authorized service.
- Denial, in whole or in part, of payment for a service.
- Failure to provide services within 14 calendar days of the start date agreed upon during the person-centered planning (PCP) meeting and as authorized by the CCBHC.
- Failure of the CCBHC to resolve standard appeals and provide notice within 30 calendar days (Medicaid) or 45 calendar days (Non-Medicaid) from the date the standard appeal request is received by the CCBHC.
- Failure of the CCBHC to resolve expedited (fast) appeals and provide notice within 72 hours from the date the expedited (fast) appeal request is received by the CCBHC.

In addition to the determinations above, you may also file a local appeal/internal review (also called "local dispute resolution process" or "appeal") if you do not agree with the following:
- The contents of your person-centered plan (your plan of service)
- Our decisions about your eligibility for Family Support Subsidy payments
- The fees we set for your services, if you do not receive Medicaid and are determined to have a fee.

Timelines for Filing and Resolving a Local Appeal/Internal Review: The "date of action" is the mailing date on the letter you receive that tells you about the adverse or negative action. If you have Medicaid - you have 60 days, if you do not have Medicaid - you have 30 days, from the mailing date of the letter to request an Appeal. Decisions about appeals must be made within 30 days of your request for a standard appeal if you have Medicaid, within 45 days if you do not have Medicaid; or within 72 hours if an expedited (fast) appeal has been granted. Under some conditions, timelines for resolution may be extended, such as if you want to reschedule your hearing date, or if we need time to obtain more information. You may request a local appeal/internal review verbally or in writing. Timelines for resolution begin when we first receive your request.

If you receive Medicaid and you are not satisfied with the outcome of your local appeal, you may request a State Fair Hearing. A State Fair Hearing is also called a **Medicaid Fair Hearing**. A State Fair Hearing is a state level review of a decision MCCMH has made to deny, reduce, terminate or suspend your covered services. An Administrative Law Judge (ALJ) who is independent of MCCMH will hear the review. **You must have a**

local appeal before you can request a State Fair Hearing. You must request a Medicaid Fair Hearing in writing, within 120 days of the mailing date of your local appeal decision. The decision reached at a Medicaid Fair Hearing is binding on MCCMH.

State Administrative Hearing: You can go through the CCBHC Appeal/Internal Review first, and **if you aren't happy with the decision, then you can ask for a State Administrative Hearing, or you can ask for a State Administrative Hearing without going through the CCBHC Appeal/Internal Review.** If you want to go through the CCBHC Appeal/Internal Review first, and then to the State Administrative Hearing if you don't agree with the decision, you must ask for the State Administrative Hearing within **90 calendar days** after the CCBHC Notice of Resolution. If you want to go to the State Administrative Hearing first without going through the CCBHC Appeal/Internal Review, you must ask for the State Administrative Hearing within **90 calendar days** of the date of the letter.

You can file a request for a State Administrative Hearing yourself or the MCCMH Due Process Coordinator is available to help you complete the paperwork to file. You can name a relative, friend, attorney, provider, or another representative to speak for you with your permission.

Below is the information on how to request the State Administrative Hearing. How to file a State Administrative Hearing Request: To request a State Administrative Hearing, you must submit to MOAHR a Beneficiary Form: Request for Hearing for Medicaid Enrollees, PACE Enrollees, or Waiver Applicants (DCH-0092), by fax, U.S. Mail, or email. You can also find a copy of the form on the internet here: https://www.michigan.gov/mdhhs/assistance-programs/medicaid/portalhome/beneficiaries/resources/michigan-office-of-administrative-hearings-and-rules-for-michigan-department-of-health-and-human-se

Fax: 517-763-0146

U.S. Mail:
Michigan Office of Administrative Hearings and Rules (MOAHR)
Michigan Department of Health and Human Services
P.O. Box 30763
Lansing, MI 48909

Email: LARA-MOAHR-DCH@michigan.gov

NOTE: You have the right to have your services continue pending resolution of the CCBHC Appeal and the State Administrative Hearing if timely filed (before the date of the proposed Negative Action). You can make this request by calling the MCCMH Due Process Coordinator at **586-469-7795**. 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 services.

Your Rights When You Appeal

When you request a Local Appeal/Internal Review or a State Fair Hearing, you have specific rights, including:

Authorized Hearing Representative: If you wish, you may designate an Authorized Hearing Representative to speak on your behalf (or in your place) at a hearing. You must designate your Authorized Hearing Representative in writing at the time you make your request for the hearing. If you have a legally appointed guardian, he or she will speak for you at the hearing.

Continuing Your Services: If you receive an adverse benefit determination that becomes effective in the middle of an active authorization, we must continue your services as they are until the appeal is resolved, if you request it. You must request continuation of your services in writing, and you must make the request within 10 calendar days of the date of the action (the mailing date of the notice you receive.) If you request continuation of your services and the Hearing Officer or State ALJ agrees with the original action, you may be required to pay for services you received while the decision was made.

Expedited (Fast) Requests: You may request an expedited (fast) Appeal or State Fair Hearing if you believe that waiting for a standard appeal would cause serious harm or would seriously reduce your ability to function. Your provider may help you request an expedited (fast) appeal. Expedited (Fast) requests will be resolved within 72 hours. MCCMH may deny your request for an expedited (fast) appeal if we do not agree that waiting will cause harm. If we deny your request for an expedited (fast) appeal, your appeal will be heard within standard time frames. If you want to request an expedited (fast) appeal, do so at the time you make your request for the appeal.

Freedom from Retaliation: If you have received an adverse benefit determination or a negative action determination and you want to file an appeal or request a state fair hearing, or you want to file a grievance or use other dispute resolution processes, you are free to do so without fear of retaliation, harassment, or discrimination. If you feel you have been retaliated against for using these services, contact the Recipient Rights Office.

Language Assistance and Other Accommodations: When you have a local appeal, state fair hearing, or any other dispute resolution service, you are entitled to language accommodations or other reasonable accommodations to help you participate in the process. If you best use a language other than English, if you would like an ASL interpreter, or if you need other accommodations, tell us when you request the hearing. We will work with you to make sure that what you need is available. These services are available at no cost to you.

MDHHS Alternative Dispute Resolution Process: A formal process used when persons served without Medicaid who disagree with the outcome of a local appeal/internal review decision from a CCBHC file a request with MDHHS. This process allows MDHHS to attempt to resolve the issue with the person served and the CCBHC.

Notification in Writing: Whenever MCCMH makes an adverse benefit determination or a negative action determination about your services, we must provide you with written notice of the action and the reasons for our decision. Along with the letter, we must provide you with written explanation of your options for appealing our decision. We must also provide a written acknowledgement of your concern when you file a grievance about any issue. We must provide these notices within specific time frames, so that you have an opportunity to respond. When your grievance, appeal, or hearing is completed, you will receive a letter explaining how your concern has been resolved, as well as any further rights you may have.

Recipient Rights: Any time you file a grievance, request a second opinion, request an Appeal or a State Fair Hearing, or request Alternative Dispute Resolution, you may also file a Recipient Rights Complaint with the Office of Recipient Rights.

Representation and Witnesses: When you request an Appeal or a State Fair Hearing, you are entitled to bring information and witnesses and/ or to have an attorney or advocate. You may also bring others with you who can help you be comfortable in the situation.

Reviewing Your Records: If you request an Appeal or State Fair Hearing, you have the right to review your records in advance of the appeal. You will not be charged for copies of the records we provide to you for appeal. You may also request review of your records at any time. Some copying costs may apply, depending on the situation.

Help with Your Concerns

If you would like help to resolve your concerns, the MCCMH Due Process Coordinator is available to help you. We will work with you and the people involved in your concern to find a satisfactory solution.

The MCCMH Due Process Coordinator.....586-469-7795
19800 Hall Road, Clinton Township 48038
Fax: 586-469-7674
Hours of Operation: 8:30 a.m. to 5:00 p.m. M-F.
After Regular Business Hours: The Crisis Center .....586-307-9100 or 1-855 927-4747 or 988

Remember: These offices are equipped with telephone interpreter ser- vices for those who best use a language other than English. If you are deaf or hard of hearing, call the Michigan Relay Center at 711 to reach any MCCMH office.

Behavioral Health Mediation Services Program

The Michigan Behavioral Health Mediation Services Program gives you access to a neutral, independent mediation professional to resolve problems related to your experience with your Community Mental Health (CMH) services.

In mediation, a neutral third-party mediator guides individuals through a confidential information sharing and decision-making process. The mediator ensures that all parties have a voice and that there is a power balance at the table. The mediators will work to reach a resolution agreeable to the individuals involved.

Benefits of Mediation

- It provides a safe space to share concerns.
- It's an impartial process where parties have an equal voice.
- It's confidential
- You don't lost any other due process rights (i.e., local appeal, grievance, complaint, etc.)

How Much Does It Cost?

- Mediation is free to all parties receiving mental health services from a CMH. Mediation services are paid for by a Michigan Department of Health and Human Services (MDHHS) grant.

How to Request Mediation?

Mediation services are administered by the Oakland Mediation Center (OMC).

1. Contact the OMC at 844-3-MEDIATE between 9:00 am—5:00 pm Monday through Friday or email behavioralhealth@mediation-omc.org
2. OMC's Mediation Specialist will confirm your eligibility.
3. If eligible, OMC's Mediation Specialist will refer your case to your local Community Dispute Resolution Program (CDRP) center.
4. A staff member from the CDRP will contact you and MCCMH to schedule an intake to understand the concerns.
5. After the intake, the CDRP will schedule a mediation session within 10 business days.

Call 844-3-MEDIATE or go to www.mediation-omc.org if you have any questions.

Office of Recipient Rights

Office of 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 many 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 Recipient 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 MCCMH to talk with a Recipient Rights Officer with any questions you may have about your rights or to get help to make a complaint. The Customer Service unit can also help you make a complaint. You can contact the MCCMH Recipient Rights Office at 586-469-6528 or The Customer Service unit at 1-855-99-MCCMH (1-855-996-2264).

Freedom from Retaliation

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

Making a Recipient Rights Complaint

You may make a Recipient Rights complaint at any time if you believe your rights have been violated. You may make a Recipient Rights complaint either verbally or in writing. Others may also make Recipient Rights complaints on your behalf. To make a Recipient Rights complaint, or to learn more about your rights, call:

The Office of Recipient Rights …...……..586-469-6528
19800 Hall Road, Clinton Township 48038
Fax: 586-466-4131
Hours of Operation: 8:30 a.m. to 5:00 p.m. M-F, and by appointment.

Remember: These offices are equipped with telephone interpreter services for those who best use a language other than English. If you are deaf or hard of hearing, call the Michigan Relay Center at 711 to reach any MCCMH office.

Substance Use Recipient Rights

Every person who receives substance use disorder treatment services has certain rights protected by law. Your rights specific to substance use treatment services are spelled out in the Administrative Rules for Substance Abuse Programs in Michigan, and in other State and Federal laws.

Some of your rights include:

- the right to confidentiality (privacy)
- the right to be free from abuse and neglect
- the right to services that meet your needs
- the right to be treated with dignity and respect

You have many other rights when you receive substance use disorder treatment. Ask the MCCMH Substance Use Services Department or your treatment provider about them.

Resolving Concerns About Substance Use Treatment Services

If you have concerns about substance use treatment services provided by your Medicaid plan, you may file a written or verbal complaint. The complaint will be resolved quickly and informally.

If you have Medicaid and you have concerns about the quality, type, or amount of services authorized or provided to you, you may also choose to file a local grievance, request a second opinion, request a local appeal, or request a Medicaid Fair Hearing. If you do not have Medicaid, you have other options for resolution. See pages 51-60 for details about these options for resolution.

If you believe that your substance use treatment recipient rights have been violated, you may also file a Recipient Rights Complaint.

To learn more about your rights when you receive substance use treatment services, contact:

MCCMH Substance Use Services Department….586-469-5278
19800 Hall Road, Clinton Township, MI 48038
Hours of Operation: 8:30 a.m. to 5 p.m. Monday thru Friday
After Regular Business Hours: The Crisis Center .....586-307-9100 or 1-855-927-4747 or 988

Which Office to Call

Remember! You can call either the MCCMH Office of Recipient Rights or the MCCMH Substance Use Services Department to talk to a Rights Advisor with any questions you may have about your rights, or to get help filing a complaint. Customer Service can also help you if you have a concern about your services and you aren't sure who to call.

Confidentiality

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 in order to coordinate your treatment or when it is required by law.

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

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

If you feel your confidentiality rights have been violated, call the MCCMH Office of Recipient Rights.

Keeping your treatment information private is called **confidentiality**. Generally, information about you can only be given to others with your permission. You must sign a "**Release of Information**" to tell us who you want us to talk to about your treatment, and what information we can share. Sometimes this is simply called a "release." The Office of Recipient Rights will help you understand how confidentiality works for you and will help you resolve any concerns about your confidentiality.

If you are receiving substance use treatment services, information about your alcohol or drug treatment is kept strictly confidential, as protected under federal law. The treatment program will give you a written statement that describes the federal confidentiality law and the exceptions to that protection. The treatment program or the MCCMH Substance Use Services Department can answer questions you have about the confidentiality of your substance use disorder treatment records.

Confidentiality and Your Family

Except as required by law, we cannot tell anyone, even your family members, that you receive services from us, unless you give us permission. But, if you receive public behavioral health or developmental disability services, your family members may provide information to MCCMH about you to help with your treatment. Even if they do so, we cannot give information about you or your care to a family member without a Release of Information signed by you. Sign a Release of Information to tell us if there is anyone you want us to talk with about your treatment. Parents with legal and physical custody may give and receive information about their minor children (under the age of 18). Parents must sign a release to allow us to share their child's information with others. The legally appointed guardian(s) of adults may also give and receive information about those for whom they have responsibility and may authorize release of information to others.

HIPAA

There are many laws that govern your privacy. One is **HIPAA**, the Health Insurance Portability and Accountability Act. HIPAA gives you specific rights to privacy, including notice about where and when your information is shared, and the right to request communication in certain ways or places.

We will give you a Notice of Privacy Practices when you start your services. At least every three (3) years, you will be notified that the

Notice of Privacy Practices is available and how you can obtain a copy.

We may update our Notice of Privacy Practices when our privacy rules or procedures change. If we make a significant change, we will post the updated notice on our website by the date the change takes effect. We will also send you the updated notice or information on what changed and how to get a copy in your next annual mailing.

You can request a free copy of the most current Notice of Privacy Practices at any time by calling Customer Service, visiting our website, or asking for it at your service location. Information about HIPAA is posted at every MCCMH service location.

Access to Your Records

You have the right to look at your own clinical records, and to add a formal statement about them, if you wish. HIPAA and the Michigan Mental Health Code provide you the right to read and add to your MCCMH records. You may add a statement to your records if you want to challenge their accuracy, completeness, timeliness or relevance. A statement you make to challenge your record will become part of your record, but it will not change the record.

If you are a competent adult (the court has not appointed a guardian for you), information entered into your record **after March 28, 1996 may not** be withheld from you. If you have a guardian, or you are requesting that your records be released to other parties, MCCMH may deny or restrict disclosure of information in your record that could be detrimental to you or another person. If we deny the request, we must state why in writing.

We are permitted up to 30 days to fulfill the request to see or add to the record. We may also charge a small fee for copying your records. If you are denied access to your record, you or someone on your behalf may appeal the decision to the MCCMH Office of Recipient Rights.

Ethics of Service

MCCMH strives to provide its services within the framework of the highest ethical standards. Some important things for you to know about what you can expect while you are treated by MCCMH or its contractors include:

- You and your family can expect to be treated with dignity and respect at all times by all MCCMH direct and contract staff.

- Services will be provided in the least restrictive environment appropriate for you. Your services will be provided in safe, sanitary, and humane ways. You will not be subject to abuse, neglect, mistreatment or deliberate injury.

- MCCMH services are provided by staff who are professionally trained and appropriately licensed within their disciplines. Each staff person is required to uphold the ethical standards of his/ her profession, as well as those of MCCMH. MCCMH staff may not misrepresent their qualifications, education, licensure, or credentials to you or anyone else.

- MCCMH staff who provide your services cannot initiate or maintain personal, social, or sexual relationships with you or your family members, even with your consent. This is so that those who provide your services can remain objective, and so that you are not placed in any uncomfortable or compromising situation. MCCMH staff cannot use their professional relationships with you for their personal gain or advantage.

- Aside from your fees, we cannot accept money or items of value from you in exchange for the services provided by MCCMH and cannot use relationships with you for personal financial gain or business interests outside of MCCMH.

If you have questions about confidentiality, access to your records, or the ethics of your service delivery, you may contact the Office of Recipient Rights. If you believe that your confidentiality has been violated or access to your records has been incorrectly denied, contact the Office of Recipient Rights. Call:

The Office of Recipient Rights …… 586-469-6528
19800 Hall Road, Clinton Township 48038
Fax: 586-466-4131
Hours of Operation: 8:30 a.m. to 5:00 p.m. M-F, and by appointment.

Remember: These offices are equipped with telephone interpreter services for those who best use a language other than English. If you are deaf or hard of hearing, call the Michigan Relay Center at 711 to reach any MCCMH office.

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 individuals 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
- Telephone services

How to Report Suspected Fraud

If you think someone is committing fraud, waste, or abuse, you may report it to MCCMH Corporate Compliance. You may email concerns to ComplianceReporting@mccmh.net , or report them anonymously on the MCCMH website at: https://www.mccmh.net/Compliance-Reporting

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

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

Online: www.michigan.gov/fraud

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

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

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

The MCCMH Corporate Compliance Office 586-469-6481
Hours for the Corporate Compliance Office: Monday thru Friday, 8:30 a.m. to 5:00 p.m.

Non-Discrimination and Accessibility

In providing behavioral healthcare services, MCCMH complies with all applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. MCCMH does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

MCCMH provides free aids and services to people 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)

MCCMH 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 Customer Service at 1-855-99-MCCMH (1-855-996- 2264).

If you believe that MCCMH 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: The MCCMH Due Process Coordinator by phone: 586-469-7795, by fax: 586-469-7674, by email: grievances@mccmh.net or in person: 19800 Hall Road, Clinton Township 48038. Hours of Operation: 8:30 a.m. to 5:00 p.m. M-F.

If you are an individual who is deaf or hard of hearing, you may reach Customer Service by contacting the MI Relay Service at 711 to request their assistance in connecting you to MCCMH.

You can file a grievance in person or by mail, fax or email. If you need help in filing a grievance, Customer Service is available to help you.

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

Online Resources and Support

To help provide support whenever it's needed, MCCMH makes several online resources available to those we serve, their families, and the whole community. You can use these online resources any time to gain support, look for activities, or learn more about our services. Your use of these tools is completely private – MCCMH does not track your individual use in any way.

The MCCMH website: Any time you want to learn more about MCCMH services and providers, your rights, the structure and leadership of our system of care, or news of interest to the mental health community, visit the MCCMH website at www.mccmh.net

Commonwealth: Commonwealth is a one-stop, interactive website that posts well being activities so that users can easily give and gain support, find healthy fun, and connect with the community in ways that are engaging and meaningful. Visit the site at www.micommonwealth.com

myStrength.com: myStrength offers web and mobile self help resources, empowering users to be active participants in their recovery and wellness journey. MyStrength is a resource for consumers, families, and the whole community. Content is evidence based, and is personalized for each user based on identified interests. Learn more by visiting www.myStrength.com

Persons served by MCCMH, their family members and the community are invited to create a personal, private, and free myStrength account by using the access code: **MCCMHcomm**.

Note: *These online resources are meant to supplement and support ongoing mental health, developmental disability, or substance use disorder treatment. Online resources are not a substitute for clinical services and medications. Use these online resources along with the services approved for you in your Person-Centered Plan.*

Contacting MCCMH

The following is a list of the addresses, phone numbers, and websites you might need to contact MCCMH.

These offices are equipped with telephone interpreter services for those who best use a language other than English. If you are deaf or hard of hearing, call the Michigan Relay Center at 711 to reach any MCCMH office.

Hours of Operation: Unless otherwise noted, all Macomb County CMH offices are available during regular business hours, 8:30 a.m. to 5:00 p.m., Monday through Friday. MCCMH offices and clinics are closed on county holidays.

The Crisis Center..... Toll Free: 1-855-927-4747
Local: 586-307-9100
Or 988
MCCMH Crisis Services are available 24/ 7/ 365.The phone call is free.

Customer Service..... **1-855-99-MCCMH (1-855-996-2264)**
Customer Service Hours of Operation: 8:00am-8:00pm Monday-Friday (closed all county holidays)

Managed Care Operations (MCO) Department (formerly called The Access Center) ..... **1-855-99-MCCMH (1-855-996-2264)**
Customer Service takes prescreening calls for MCO 8:00am-8:00pm Monday-Friday (closed all county holidays)

The MCCMH Administrative Office.....1-855-996-2264
19800 Hall Road, Clinton Township 48038
Fax: 586-469-7674
Email: info@mccmh.net
Website: www.mccmh.net

The Office of Recipient Rights 586-469-6528
19800 Hall Road, Clinton Township 48038
Fax: 586-466-4131

MCCMH Substance Use Services Department 586-469-5278
19800 Hall Road, Clinton Township 48038
Website: www.mccmh.net

Emergency Hospital Services
Hospital services for emergencies are available 24/ 7/ 365.
See page 18 for the list of hospital options, and additional information about hospitalization.

Assessment for Nursing Home Placement
OBRA Program..... 586-469-7792
6555 15 Mile Road, Sterling Heights 48312
Fax: 586-469-7662
Hours of Operation: Assessments by appointment
Clinic availability: 8:30 a.m. – 5:00 p.m.

Clubhouse Programs
Crossroads Clubhouse..... 586-759-9100
27041 Schoenherr Rd., Warren 48088
Fax: 586-759-9176
Hours of Operation: 8:30 a.m.- 4:30 p.m. Some holiday and weekend activities.

Friendship House Clubhouse……..……. 586-465-4780
36211 Jefferson Ave., Harrison Township 48045
Fax: 586-961-6258
Hours of Operation: 8:30 a.m. - 4:30 p.m. Some holiday and weekend activities.

Consumer-Run Drop-In Centers
Liberties Inc. ……..586-777-8094
34051 Gratiot Avenue, Suite 204, Clinton Township 48035

Hours of Operation: May vary; Call location for more specific information about hours and activities.

Family Support Subsidy Program…..……..586-469-7060
21885 Dunham Road, Suite 1
Clinton Township, MI 48036
Fax (586) 469 – 6637

Community Resources

These local community agencies, not part of MCCMH, may provide additional support to help with your needs. Phone numbers were verified at the time of printing; however, agencies change phone numbers without notice to MCCMH. If you have trouble reaching any of these services, call the Crisis Center for the new phone number.

Self-help Mental Health Support Groups

Agoraphobics in Motion (AIM)	248-710-5719
Depression and Bi-Polar Support Alliance (DBSA)	586-879-8219
NAMI Metro	248-348-7197

Disability Advocacy, Information, and Support

ARC Macomb	586-469-1600
Autism Alliance of Michigan (AAOM)	877-463-2266
Disability Network of Oakland Macomb	586-268-4160
Disability Rights Michigan	800-288-5923
Epilepsy Foundation of Michigan	800-377-6226
United Cerebral Palsy Assn. of Metro-Detroit	866-827-1692

Substance Use Support Groups

Alcoholics Anonymous	877-337-0611
Al-Anon Family Groups	888-425-2666
Michigan Gambling Helpline	800-270-7117
Narcotics Anonymous	877-338-1188
NAR-Anon Family Groups	800-477-6291

Other Resources

Macomb County Crisis Center MCCMH Crisis Services are available 24/ 7/ 365.	**Toll Free:** **1-855-927-4747 or** **586-307-9100 or 988**
ModivCare (formerly Logisticare - Medicaid transportation service)	866-569-1902
Michigan Relay Center	711
United Way of Southeast Michigan	211

Glossary of Terms

This is a list of some of the important words and phrases used in this booklet. If you have other questions about what is in this booklet, ask your Therapist or Case Manager, or call Customer Service.

Remember! Healthy Michigan coverage is a form of Medicaid. Where you see "Medicaid" used in these definitions, it applies to Healthy Michigan coverage, too.

Access: Your ability to get needed care and services.

Access Center: The entry point to MCCMH, sometimes called an "access center," where Medicaid beneficiaries call or go to request behavioral health services. The access center at MCCMH is called the Managed Care Operations (MCO) Department.

Adult Home Help Program is a service that is available to some Medicaid beneficiaries who need in-home assistance with activities of daily living and household chores. **Adult Home Help is a service of MDHHS, not of the local Community Mental Health Program.** Contact your local MDHHS Office for more information or to see if you qualify. See page 38 for information.

Advance Directive for Mental Health Care: Also known as a **"Psychiatric Advance Directive"** is a legal document in which you name someone else, called a Patient Advocate, who is authorized to make medical care decisions for you if you are unable to make them yourself.

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

- Denial or limited authorization of a requested service, including determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting or effectiveness of a covered benefit.
- Reduction, suspension, or termination of a previously authorized service.
- Denial, in whole or part, of payment for a service. A denial, in whole or in part, of a payment for a service solely because the claim does not meet the definition of a "clean claim" is not an ABD.
- 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 (fast) service authorization.

- Failure to provide services within **14 calendar days** of the start date agreed upon during the person-centered planning (PCP), as authorized by MCCMH.
- Failure of MCCMH to act (to make a decision) within **30 calendar days** from the date of a request for a standard appeal.
- Failure of MCCMH to act (to make a decision) within **72 hours** from the date of a request for an expedited (fast) appeal.
- Failure of MCCMH to provide disposition and notice of a local grievance/complaint within **90 calendar days** of the date of the request. For a resident of a rural area with only one PIHP, the denial of an enrollee's request to exercise his/her right, to obtain services outside the network.
- Denial of the enrollee's request to dispute a financial liability, including cost-sharing, copayments, premiums, deductibles, coinsurance, and other enrollee financial responsibility.

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

- Amount: How much service (number of units of service).
- Duration: How long the service will be provided (the length of time of the expected service).
- Scope: Details of the 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.

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.

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.

Behavioral Health Home: Provides comprehensive care management and care coordination services to beneficiaries with a select serious mental illness/SED. The goals of the benefit are to ensure seamless transition of care and to connect eligible beneficiaries with needed clinical, behavioral, and social services.

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

Certified Community Behavioral Health Clinic (CCBHC): A specially designated clinic that provides a comprehensive range of mental and substance use disorder services. CCBHCs are nonprofit organizations or units of a local government behavioral health authority. They must provide nine (9) types of services, either directly or by contracting with partner organizations, with an emphasis on providing 24-hour crisis care, evidence-based practices, care coordination with local primary care and hospital partners, and integration with physical health care. CCBHCs are available to anyone who walks through the door, regardless of age, diagnosis, insurance status, or residency. The MDHHS CCBHC Demonstration is authorized under Section 223 of the federal Protecting Access to Medicare Act (PAMA) of 2014, the federal CARES Act of 2020, and the Bipartisan Safer Communities Act of 2022.

Children's Waiver Program (CWP): Provides community-based services to beneficiaries under age 18 who, if not for the availability and provisions of CWP services, would otherwise require the level of care and services provided in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID). The goal of the CWP is to enable beneficiaries with developmental disabilities who have significant needs and who meet the CWP eligibility requirements to live with their parents or legal guardians and to fully participate in their communities.

Community Living Supports (CLS): Services used to increase or maintain personal self-sufficiency, facilitating an individual's achievement of his/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.

Community Mental Health Services Program (CMHSP): A CMHSP is a program that contracts with the State to provide comprehensive behavioral health services in specific geographic service areas, regardless of a person served's ability to pay. Some CMHSPs are also CCBHCs in the

MDHHS CCBHC Demonstration. CMHSPs are required to serve as the Recipient Rights Office for all CCBHCs operating within the CMHSP's designated service area. In this capacity, the CMHSP shall perform recipient rights functions on behalf of the CCBHC providers in accordance with applicable laws, rules, and regulations, including related reporting.

There are 46 CMHSPs in Michigan that provide services in their local areas to individuals with mental illness and developmental disabilities. May also be referred to as CMH.

Commission on Accreditation of Rehabilitation Facilities (CARF): A national organization that independently reviews the services of mental health and disability service organizations. MCCMH is accredited by CARF.

Confidentiality: Privacy. If you are receiving services from MCCMH, you have the right to have information about your services kept private.

Coordination of Care: When MCCMH talks with your primary doctor to make sure that your physical and mental health care, including all the medicines you take and any other treatments you receive, work together well.

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. MCCMH does not require you pay a copayment or other costs for covered services under the Medicaid or Healthy Michigan Plan program.

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

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

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 (MDHHS) - independent of the PIHP service system.

Designated Collaborating Organization (DCO): An entity that is not under the direct supervision of the CCBHC but is engaged in a formal relationship with the CCBHC and delivers services under the same requirements as a CCBHC.

Developmental Disability: 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.

Discharge Plan: A plan created with you before you leave the hospital that will outline what mental health services you will receive in the community to help you stay well.

DSM: The Diagnostic and Statistical Manual of Mental Disorders. This handbook used by physicians lists the diagnostic criteria for various forms of mental illness and emotional disturbance.

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 meet all the following:

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

Emergency 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.

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.

Family Driven Youth Guided: Policy guideline which describes the planning process for children, youth, young adults, and their families.

Fast (Expedited) Appeal: The expeditious review of an Negative Action Determination, requested by the person served or the person served's provider, when taking the time for a standard resolution could seriously jeopardize the person served's life, physical or mental health, or ability to attain, maintain, or regain maximum function. If the person served requests the expedited review, the CCBHC and/or the Michigan Office of Hearings and Rules (MOAHR) determines if the request is warranted. Should the CCBHC deny the request, the person served or the person served's provider may appeal to MDHHS via the MDHHS Dispute Resolution Process for non-Medicaid enrollees, or the MOAHR State Administrative Hearing Process for Medicaid beneficiaries.

Fiscal Intermediary: A person who helps you manage your budget and pay your providers if you are using a self-determination (self-directed) approach.

Flint 1115 Demonstration Waiver: The demonstration waiver expands coverage to children up to age 21 years and to pregnant women with incomes up to and including 400 percent of the federal poverty level (FPL) who were served by the Flint water system from April 2014 through a state-specified date. This demonstration is approved in

accordance with section 1115(a) of the Social Security Act and is effective as of March 3, 2016, the date of the signed approval through February 28, 2021. Medicaid-eligible children and pregnant women who were served by the Flint water system during the specified period will be eligible for all services covered under the state plan. All such 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 ABD (adverse benefit determination - Medicaid enrollees). 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 MCCMH to make an authorization decision.

Persons receiving CCBHC services have the right to express dissatisfaction with the CCBHC about any matter other than a negative action determination notice. This may include, but is not limited to, any aspect of the operations, activities, or behavior of the CCBHC or its DCO, regardless of whether remedial action is requested. Specific examples include the quality of care or services provided, problems getting an appointment or having to wait a long time for an appointment, aspects of interpersonal relationships such as rudeness of a provider or employee, or failure to respect the person served's right to dispute an extension of time proposed by the CCBHC to make a service authorization decision.

Grievance and Appeals 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.

Grievance Process: Impartial local level CCBHC review of the person served's/beneficiary's expression of dissatisfaction with the CCBHC about any matter other than a negative action determination notice.

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): An intensive home and community based, active treatment and support program, designed to assist individuals with 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 an ICF/IID. The HSW 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 confidentially of patient information. "Patient" means any recipient of public or private health care, including behavioral health care, services.

Healthy Michigan Plan (HMP): 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 HMP 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: https://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf Customer Service staff can help you access the manual and/or information from it.

Home and Community Based Services (HCBS) Rule: Medicaid services that are 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.

Home Health Care: 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: Any type of care that is 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: 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.

Limited English Proficient (LEP): 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 Appeal/Internal Review: A request a person served can make to ask that a decision that the CCBHC made is impartially looked at again by the CCBHC related to a Negative Action Determination. This is also called a "local dispute resolution process" or "Appeal."

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: a confidential process in which a neutral third party facilitates communication between parties, assists in identifying issues, and helps explore solutions to promote a mutually acceptable resolution. A mediator does not have authoritative decision-making power.

Medicaid Fair Hearing: A Medicaid Fair Hearing is also called a State Fair Hearing. It is a state-level review of an ABD MCCMH has made about your services.

Medicaid Fraud: Medicaid fraud is false billing by providers for Medicaid- covered services that weren't actually provided (or were not provided as billed), or false use of Medicaid-covered services by someone who isn't supposed to have them. See page 70 for how to report Medicaid fraud.

Medicaid Health Plans (MHPs): The health insurance providers authorized by the State of Michigan to manage health services for Medicaid beneficiaries.

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/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. The 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 in state facilities to people with mental illness, developmental disabilities and substance use disorders.

Michigan Mental Health Code: The state law that governs public mental health services provided to adults and children with mental illness, SED, and developmental disabilities by local CMHSPs and in-state facilities.

Michigan Public Health Code: One of many laws that govern the delivery of publicly-funded substance use disorder treatment services, and other health/ medical services in Michigan.

Michigan Relay Center provides telephone relay service to callers with hearing or speech difficulties. The Relay Center is available 24/ 7/ 365 and will help you contact any office, business, or residence, whether or not the other party has a TTY. You may contact any MCCMH office directly by using the Michigan Relay Center. To reach the Michigan Relay Center, call **7-1-1.**

MIChild: A Michigan health care program for low-income children who are not eligible for the Medicaid program. This is a limited benefit. Contact Customer Service for more information.

Negative Action Determination: A written decision that adversely impacts the CCBHC person served's/beneficiary's claim for services due to:

- Denial or limited authorization of a requested service, including determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting, or effectiveness of a covered benefit.
- Reduction, suspension, or termination of an authorized service.
- Denial, in whole or in part, of payment for a service.
- Failure to provide services within 14 calendar days of the start date agreed upon during the person-centered planning (PCP) meeting and as authorized by the CCBHC.
- Failure of the CCBHC to resolve standard appeals and provide notice within 30 calendar days (Medicaid) or 45 calendar days (Non-Medicaid) from the date the standard appeal request is received by the CCBHC.
- Failure of the CCBHC to resolve expedited appeals and provide notice within 72 hours from the date the expedited appeal request is received by the CCBHC.

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 enrollees. MCCMH also refers to this as our "system of care."

Non-Participating Provider (also referred to as Out-of-Network Provider): A provider or facility that is not employed, owned, or operated by MCCMH, and is not under contract to provide covered services to enrollees.

Notice of Resolution: Written statement or letter from the CCBHC of the resolution of an Appeal or Grievance, which must be provided to the person served.

Office of Recipient Rights (ORR): The Office of Recipient Rights is required to ensure that persons served are protected from rights violations. This office can also help you learn about your rights and help you file a Recipient Rights complaint.

Ombudsperson: At MCCMH, the Ombudsperson is also called the Due Process Coordinator. This is a staff person at MCCMH who will help you use informal dispute resolution processes, or will help you with a grievance.

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

Peer Facilitator: A Peer Facilitator is a person with mental illness or developmental disability who has been trained to support others as a Person-Centered Planning (PCP) facilitator. Peer facilitators are paid to facilitate PCP meetings, but don't provide other services to you.

Person-Centered Planning (PCP): 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. Family Driven Youth Guided practices are used for planning with children, youth, and families.

Person served: A person who is receiving services at a CCBHC.

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

Plan: Offers health care services to enrollees that pay a premium.

Post-Stabilization Care Services: are covered services related to an emergency medical condition that are provided after an enrollee is stabilized to maintain the stabilized condition, or, under certain circumstances to improve or resolve the enrollee's condition.

Preauthorization: Approval needed before certain services or drugs can be provided. Some network medical services are covered only if the doctor or other network provider gets prior approval. It is also called Prior Authorization. In Macomb County, authorization for Medicaid behavioral health services is managed by the Managed Care Operations (MCO) Department (formerly called the Access Center).

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

Prepaid Inpatient Health Plan (PIHP): an organization that manages the 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.

Prescription drugs: 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: A stand-alone insurance plan, covering only prescription drugs.

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

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

Provider: An individual or entity/organization engaged in the delivery, ordering, or referring of services.

Psychiatric Evaluation: Questions or tests to help a doctor understand what you are feeling, seeing, or experiencing, and how well you understand what is going on around you. An evaluation may be done before you receive treatment.

Recipient Rights complaint: A written or verbal statement by a person served or anyone acting on behalf of a person served alleging a violation of a Mental Health Code protected right cited in Chapter 7, which is resolved through the processes 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.

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.

Release of Information: A form that tells MCCMH who you want us to talk to about your treatment, and what information we can share or receive. Sometimes this is simply called a "release."

Resiliency: The ability to "bounce back." This is a characteristic important to nurture in children with SED 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.

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 Emotional Disturbance Waiver (SEDW): Provides home and community-based services to children, youth, and young adults under age 21 who, if not for the availability and provisions of SEDW services, would otherwise require hospitalization in our state psychiatric hospital. The goal of the SEDW is to enable beneficiaries with SED who have significant needs and who meet the SEDW eligibility requirements to live in their home and community instead of receiving hospital level of care.

Serious Mental Illness (SMI): Defined by the Michigan Mental Health Code to mean a diagnosable mental, behavioral or emotional disorder affecting an adult 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 that has resulted in function impairment that substantially interferes with or limits one or more major life activities.

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

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

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

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 MDHHS perform the reviews.

Substance Use Disorder (SUD): 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.

Treatment Planning / Service Planning: The development and review of your individual plan of services. At MCCMH, treatment/ service planning is done using the person-centered planning (PCP) model.

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.

Vital Documents: Printed or electronic documents that provide important information necessary to access or participate in services, programs, and activities of a covered entity, which include at a minimum provider directory, enrollee handbooks, appeals and grievance notices, and denial and termination notices. MCL Act 241 of 2024 LEP

The Vision behind the Mission

"Macomb County Community Mental Health, guided by the values, strengths, and informed choices of the people we serve..."

Macomb County Community Mental Health (MCCMH) respects the inherent dignity of each person we serve, designing individual services in partnership with them, building from their unique abilities, preferences, and needs. MCCMH works together with each person to help create a life of belonging, rich in relationships, activities, goals, and support systems that are unique to each person.

"...provides quality services..."

Working together with the people we serve, families, healthcare and community partners, Macomb County Community Mental Health is committed to offering value-based behavioral health services aimed at addressing the specific needs of persons with mental health, developmental disability, and substance abuse concerns. MCCMH strives to be an up-to-date and reliable source of information, education, resources, outreach, and assistance to develop solutions for managing these conditions. Assistance is provided through recovery-based interventions that respect each person's cultural, religious, social, and personal beliefs, incorporating these beliefs as a critical part of each person's system of support. Macomb County Community Mental Health encourages and supports the participation of the support systems the people we serve describe as important to individual recovery.

"...which promote recovery, community participation, self-sufficiency, and independence."

MCCMH staff speak in terms of "Recovery" and "Wellness" when interacting with others. We believe persons with behavioral health needs are a meaningful part of the community who have the same rights as any other citizen. We work with other agencies and systems to eliminate the social and political obstacles confronting those we serve. We believe that behavioral health needs are not the single defining aspect of a person. The function of Macomb County Community Mental Health; therefore, is not only providing services to people, but helping individuals be respected, heard, and understood within our system and the larger community. This includes assisting individuals to move toward their goals, encouraging participation in the community, supporting the development of additional relationships, improving physical health as well as mental health, and supporting individual, ongoing personal growth. Our services help build the skills and develop the strategies that ensure active engagement and recovery that is based on individual strengths and passions. Our system instills hope, a sense of possibility, and a positive sense of self for each person we serve.

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Adopted August 24, 2011

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Macomb County Community Mental Health

A CARF Accredited Organization

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