MCCMH Policy 4-010

Chapter: **CUSTOMER RELATIONS / MEMBER SERVICES**
Title: **PROVISION AND DISTRIBUTION OF INFORMATION TO CONSUMERS**

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Proposed by: Traci Smith — 10/29/2026
Chief Executive Officer — Date

Approved by: Al Lorenzo — 10/29/2026
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I. ABSTRACT

This policy establishes the standards and procedures of Macomb County Community Mental Health (MCCMH), an official agency of the County of Macomb, for the provision and distribution of information to persons served by the Community Mental Health Services Program (CMHSP), the Certified Community Behavioral Health Clinic (CCBHC); and Medicaid Enrollees and Potential Enrollees of the MCCMH Prepaid Inpatient Health Plan (PIHP).

II. APPLICATION

This policy shall apply to all MCCMH and contracted network provider workforce members, including but not limited to employees, independent contractors, and volunteers.

III. POLICY

It is the policy of MCCMH to ensure that:

- All persons served are provided information regarding their rights under the Michigan Mental Health Code and provided information regarding resources available to individuals with serious mental illness and their families.

- Medicaid Enrollees and Potential Enrollees receive all the information described herein, including full information regarding benefits, access and use of available services, in a manner and format that is Readily Accessible and easily understood.

IV. DEFINITIONS

A. Limited English Proficient (LEP): A person who does not speak English as their primary language and who has a limited ability to read, write, speak, or understand English, and who may therefore be eligible to receive language assistance for a particular type of service, benefit or encounter.

B. Medicaid Enrollee: A Medicaid beneficiary who is currently a person enrolled in the MCCMH PIHP.

C. Membership Information: Information provided to persons served in written or oral form that explains, among other things, the requirements and benefits of the MCCMH PIHP plan in a manner and format that is Readily Accessible and may be easily understood. This information, in general, includes enrollment notices, informational materials, and instructional materials found in the MCCMH Member Handbook, and any other information mandated by the State, including but not limited to the following:

1. Your Rights When Receiving Mental Health Services in Michigan (Michigan Department of Health and Human Services [MDHHS] publication);

2. MCCMH Member Handbook ("Help When You Need It");

3. Information on Advance Directives (adult persons served);

4. MCCMH Notice of Privacy Rights;

5. Written notification with regard to MCCMH's obligation to release Social Security numbers, demographic, diagnostic and service information about individual persons served to MDHHS; and

6. MCCMH Provider Panel Network List (Provider Directory).

D. Person Served: Broad, inclusive reference to an individual requesting or receiving mental health services delivered and/or managed by the CMHSP/PIHP, including Medicaid Enrollees, and all other recipients of MCCMH services.

E. PIHP Contract: The current contract between MCCMH and the Michigan Department of Health and Human Services (MDHHS), wherein MDHHS contracts to obtain the services of the MCCMH PIHP to manage the Concurrent 1915(b)/(c) Programs, the Healthy Michigan Plan and SUD Community Grant Programs, and relevant Waivers in a designated services area and to provide a comprehensive array of specialty mental health and substance abuse services and supports as indicated in the PIHP contract.

F. Potential Enrollee: A Medicaid beneficiary who is subject to mandatory enrollment or may voluntarily elect to enroll in the PIHP, but is not yet a Medicaid Enrollee.

G. Prevalent Language(s): A non-English language determined by MDHHS to be spoken by a significant number or percentage of Medicaid Enrollees and Potential Enrollees that are LEP.

H. Readily Accessible: Electronic information and services which comply with modern accessibility standards such as section 508 guidelines, section 504 of the Rehabilitation Act, and W3C's Web Content Accessibility Guidelines (WCAG) 2.0 AA and successor versions.

I. Significant Publications/Communications: Publications/Communications that are targeted to beneficiaries, enrollees, applicants, or the public, and that are "significant" in terms of importance, rather than size. Examples include: the provider directory, practitioner directory, Notice of Privacy Practices, member handbooks; consent forms; complaint forms; LEP guidance; outreach, education, marketing materials; written notices pertaining to due process rights and benefits or services; and applications to participate in a program or activity or to receive benefits or services. The following publications/communications are not "significant": Radio or television ads, identification cards (used to access benefits or services); appointment cards; business cards; banners and banner-like ads; envelopes; or outdoor advertising, such as billboards.

   Significant Publications/Communications that are "small size," but that still contain significant content, may include postcards, tri-fold brochures, targeted fliers and pamphlets, or certain social media communications.

J. Taglines: Short statements written in the requisite number of Prevalent Languages that indicate the availability of Language Assistance Services free of charge and the toll-free telephone number and TTY number (Michigan Relay) to reach MCCMH's Customer Service Department.

K. Your Rights When Receiving Mental Health Services in Michigan (MDHHS Publication): A pamphlet that is prepared and distributed to each CMHSP in the State by MDHHS, which contains information regarding resources available to individuals with serious mental illness and their families. The pamphlet includes a description of advocacy and support groups and other information of interest to recipients and their families, as well as the name, address, and telephone number of the organization designated by the governor under section 931 to provide protection and advocacy for individuals with developmental disability or mental illness.

V. STANDARDS

A. Informative materials intended to be distributed through written or other media to persons served or the community that describe the availability of covered services and supports and how to access those supports and services will meet the following standards:

   i. Written at or below the 6.9 grade reading level to the extent possible (i.e., it will sometimes be necessary to include medications, diagnoses, and conditions that do not meet the 6.9 grade criteria);

   ii. Available in the languages appropriate to the people served within Macomb County (i.e., any language alternative to English as required by the Limited English

Proficiency Policy Guidance (Executive Order 13166 of August 11, 2002 Federal Register Volume 65 August 16, 2002);

iii. Available in alternative formats in accordance with the Americans with Disabilities Act (ADA); and

iv. Shall not contain false and/or misleading information.

B. MCCMH shall provide persons served and, in the case of minors, the person served's parent or guardian (except to the extent services are requested or received by a minor 14 years of age or older without the consent of their parent, pursuant to MCL 330.1717), at the time services are first requested (in no event later than the initial face-to-face assessment), an accurate summary of Chapter 7 and 7a of the Michigan Mental Health Code, to ensure that they are notified of the services and rights guaranteed thereunder. In addition, MCCMH will ensure that a complete copy of Chapter 7 and 7a of the Michigan Mental Health Code is readily available for review by applicants and recipients.

C. Information concerning recipient rights will be provided to persons served or their Legal Representatives in an understandable manner. If a person served is unable to read or understand the materials provided, the provider shall make a reasonable attempt to assist the recipient in understanding the materials.

D. MCCMH will provide all persons served written notification with regard to the Board's obligation to release Social Security numbers, demographic, diagnostic and service information about individual persons served to MDHHS.

E. MCCMH shall distribute a copy of the Your Rights When Receiving Mental Health Services in Michigan (MDHHS publication) to all persons served receiving services through the CMHSP and, if applicable, to the person served's guardian or the parent of a minor recipient.

F. MCCMH shall provide applicants, persons served or their Legal Representatives, as appropriate, with an explanation of the financial liability process before the start of service or as soon as practical thereafter. The explanation shall be given orally and in writing in a language and manner understandable by the responsible party, and a service charge schedule shall be made available to the party.

G. In order to achieve consistency in the information provided to Medicaid Enrollees and Potential Enrollees, MCCMH will use the definitions for managed care terminology, model member handbooks, and enrollee notices, all as such are developed by the State. Definitions for managed care terminology will include definitions for the following terms: appeal, co-payment, durable medical equipment, emergency medical condition, emergency medical transportation, emergency room care, emergency services, excluded services, grievance, habilitation services and devices, health insurance, home health care, hospice services, hospitalization, hospital outpatient care, medically necessary, network, non-participating provider, physician services, plan, preauthorization, participating provider, premium, prescription drug coverage, prescription drugs, primary care physician, primary care provider, provider, rehabilitation services and devices, skilled nursing care, specialist,

and urgent care.

H. MCCMH shall have in place mechanisms to help Medicaid Enrollees and Potential Enrollees understand the requirements and benefits of the plan.

I. Language and Format

i. All written materials will be developed and provided to persons served consistent with the following standards:

1. Easily understood language and format;

2. Font size not smaller than 12-point;

3. Available in alternative formats and through the provision of auxiliary aids and services in an appropriate manner that takes into consideration the special needs of persons served with disabilities or limited English proficiency;

4. All written materials, vital documents, for potential beneficiaries that are critical to obtaining services must include taglines, in a conspicuously visible font (greater than the minimum font size of 12 point, is not a large font, and is more pronounced than the adjacent font) in the prevalent non-English languages in the region, explaining the availability of written translations or oral interpretation to understand the information provided and the toll-free telephone number of the MCCMH Customer Service department.

a. Significant Publications/Communications targeted to beneficiaries, enrollees, applicants, and members of the public, except for Significant Publications/Communications that are "small-sized," (as defined below), must include Taglines in at least the top 15 languages spoken by individuals with LEP in the State of Michigan.

b. Significant Publications/Communications that are "small- sized" (e.g., postcards and tri-fold brochures) must contain Taglines in at least the top 2 languages spoken by individuals with LEP in the State of Michigan.

ii. Written materials that are critical to obtaining services, including, at a minimum, provider directories, member handbooks, appeal and grievance notices, and denial and termination notices, must be available in the Prevalent Languages in the MCCMH service area, as such are determined by the State.

iii. Written materials that are Significant Publications/Communications will contain a Notice of Nondiscrimination, as described in MCCMH MCO 5-002, "Cultural and Linguistic Competency & Accommodations."

iv. Written materials will be made available in alternative formats upon request of the

Medicaid Enrollee or Potential Enrollee at no cost.

v. Auxiliary aids and services will be made available upon request of the Medicaid Enrollee or Potential Enrollee at no cost.

vi. Interpretation services will be available, free of charge, to each Medicaid Enrollee. This includes, but is not limited to, oral interpretation and the use of auxiliary aids such as TTY and American Sign Language. Oral interpretation requirements apply to all non-English languages, not just those that MDHHS identifies as prevalent.

vii. MCCMH will notify its Medicaid Enrollees of the following:

1. Oral interpretation is available for any language;

2. Written translation is available in Prevalent Languages;

3. Auxiliary aids and services are available upon request and at no cost for Medicaid Enrollees with disabilities; and

4. Instructions describing how to access such oral interpretation, written translation, and/or auxiliary aids and services.

viii. The information described in this policy shall not be provided electronically to Medicaid Enrollees or Potential Enrollees unless all of the following are true:

1. The format is Readily Accessible;

2. The information is placed in a location on the MCCMH website that is prominent and Readily Accessible;

3. The information is provided in an electronic form which can be electronically retained and printed;

4. The information is consistent with the content and language requirements further described in this policy;

5. The Medicaid Enrollee is informed that the information is available in paper form without charge upon request; and

6. MCCMH provides it upon request to the Medicaid Enrollee within five (5) business days.

J. General Requirements:

i. MCCMH will make a good faith effort to give written notice of termination of a contracted provider, within fifteen (15) calendar days after receipt or issuance of the termination notice, to each Medicaid Enrollee who received his or her primary care from, or was seen on a regular basis by, the terminated provider.

ii. MCCMH will make available, upon request, any physician incentive plans in place as set forth in 42 CFR § 438.3(i).

K. Member Handbook:

i. Each person served will be provided a Member Handbook by MCCMH, within a reasonable time after receiving notice of their enrollment, which handbook will serve a similar function as a summary of benefits and coverage description. MCCMH will use the model Member Handbook developed by the State for these purposes.

ii. The Member Handbook will be considered to be provided by MCCMH to the person served if MCCMH:

1. Mails a printed copy of the information to the person served's mailing address;

2. Provides the information by email after obtaining the person served's agreement to receive the information by email;

3. Posts the information on the MCCMH website, and advises the person served in paper or electronic form that the information is available on the Internet and includes the applicable Internet address, provided that persons served with disabilities who cannot access this information online are provided auxiliary aids and services upon request at no cost; or

4. Provides the information by any other method that can reasonably be expected to result in the person served receiving that information.

iii. MCCMH must give each person served notice of any change in the Member Handbook that the State defines as "significant," at least thirty (30) days before the intended effective date of the change. In the event that the State notifies MCCMH of such change with less than thirty (30) days; notice, MCCMH will notify the person served as soon as reasonably practicable, but in no event more than thirty (30) days after receiving notice of the change.

L. Provider Directory:

i. MCCMH must make available in paper form upon request (e.g. by calling the Customer Service line) and electronic form (i.e. on the MCCMH website), the following information about its network providers:

1. The provider's name as well as any group affiliation;

2. Street address(es);

3. Telephone number(s);

4. Web site URL, as appropriate;

5. Specialty, as appropriate;

6. Whether the provider will accept new Medicaid Enrollees;

7. The provider's cultural and linguistic capabilities, including languages (including American Sign Language) offered by the provider or a skilled medical interpreter at the provider's office, and whether the provider has completed cultural competence training.

8. Whether the provider's office/facility has accommodations for people with physical disabilities, including offices, exam room(s) and equipment.

ii. The provider directory must include the information described in Section V(L)(i) for each of the following provider types covered under the PIHP Contract:

1. Physicians, including specialists;

2. Hospitals;

3. Pharmacies;

4. Behavioral health providers; and

5. LTSS providers, as appropriate.

iii. Information included in a paper provider directory must be updated at least monthly and electronic provider directories must be updated no later than thirty (30) calendar days after MCCMH receives updated provider information.

iv. file and format as specified by MDHHS.

v. Additional information about the MCCMH PIHP/MCO structure and organization shall be made available upon request.

M. Practitioner Directory

i. MCCMH must make available in paper form upon request (e.g. by calling the Customer Service line) and electronic form (i.e. on the MCCMH website), the following information about its practitioners:

1. Name

2. Gender

3. Discipline/Provider Type

4. Specialty

5. Organizational Affiliations

6. Board Certification

7. Accepting new patients

8. Languages spoken by the practitioner

9. Office locations and phone numbers

ii. Information included in the paper practitioner directory must be updated at least monthly and the electronic practitioner directory must be updated within thirty (30) calendar days after MCCMH receives updated practitioner information.

iii. The practitioner directory is assessed on an annual basis for:

1. Accuracy of office locations and phone numbers

2. Accuracy of accepting new patients

3. Awareness of practitioner office staff of practitioner participation in the organization's network

N. The above described membership information shall be provided to all MCCMH network providers for distribution to persons served.

VI. PROCEDURES

A. MCCMH directly-operated and contract network providers shall distribute to persons served, at the time that services are first requested (in no event later than the first face-to-face assessment), all of the information described in the Macomb County Community Mental Health Acknowledgement and Consent including but not limited to the MDHHS Publication entitled "Your Rights When Receiving Mental Health Services in Michigan," information regarding fee determinations and financial liability and information regarding MCCMH's obligation to release Social Security numbers, demographic, diagnostic and service information about individual persons served to MDHHS.

i. If the person served is unable to read or understand the materials regarding their rights as a recipient of CMHSP/PIHP services, the provider will make a reasonable attempt to assist the individual in understanding the material. In all cases, the provider shall make a note describing the explanation of the materials and who provided the explanation in the person served's record.

ii. MCCMH will also have a complete copy of Chapter 7 and Chapter 7a of the Michigan Mental Health Code readily available for review by persons served at all

times. Such information shall be provided irrespective of whether the applicant will receive further service from the MCCMH system of care.

B. MCCMH directly-operated and contract network providers shall routinely distribute Membership Information to persons served at the following times:

   i. At the time of initial face-to-face assessment, copies of Membership Information shall be provided to each person served and/or relevant parent or guardian. Such information shall be provided irrespective of whether the person served receives further services from the MCCMH system of care.

      a. At the time of emergent assessment for admission to inpatient psychiatric services, partial hospitalization services or crisis alternative services, each service applicant, and parent or guardian as relevant, shall be provided copies of all membership information including notification of the Board's obligations with regard to release of persons served specific information to the MDHHS. Such information shall be provided irrespective of whether the applicant will receive further service from the MCCMH system of care.

C. When Membership Information is distributed to persons served, network provider staff shall provide a brief verbal summary of the information and its purpose, and shall solicit and respond to questions about the Membership Information or about any of the requirements and/or benefits of the plan presented by persons served, and/or any relevant parents or guardians.

D. MCCMH will maintain a complete copy of the Membership Information readily available for review by persons served.

E. Except at the time of emergent assessment, upon receipt of Membership Information, each person served parent or guardian, shall initial and sign an Acknowledgment and Consent Form, Insurance Authorization, and a Financial Determination. The original of each signed document shall be retained in the person served's clinical record and a copy of each signed document shall be provided to the person served.

F. During the initial face-to-face assessment, MCCMH will provide notice to the person served that an electronic version of the Member Handbook is available on the MCCMH web site www.mccmh.net, and summarizing the information that the Member Handbook contains. The notice must also include a statement that any Medicaid Enrollee with a disability who cannot access the Member Handbook at the MCCMH web site will be provided auxiliary aides and services upon request at no cost. In any case where neither of these options can reasonably be expected to result in the person served receiving the Handbook, the Case Manager will deliver the Member Handbook to the Medicaid Enrollee at the next scheduled meeting.

G. MCCMH will update the provider and practitioner directories monthly, and in no event later than thirty (30) calendar days after receiving updated provider or practitioner information.

H. Within fifteen (15) calendar days after receipt or issuance of the termination notice, MCCMH will make a good faith effort to give written notice of termination of a network provider to each Medicaid Enrollee who received his or her primary care from, or was seen on a regular basis by, the terminated provider.

I. At least annually after the initial face-to-face assessment or the time of emergent assessment for admission, persons served shall be notified in writing of their right to request and receive Membership Information. This notice may be distributed at the person served's Person-Centered Planning Meeting, at which the Case Manager or appropriate contract provider staff shall solicit and respond to questions from the person served about the Membership Information or about any of the requirements and/or benefits of the PIHP plan.

VII. REFERENCES / LEGAL AUTHORITY

A. MCL 330.1706

B. MCL 330.1707

C. MCL 330.1706a

D. MDHHS Mental Health and Substance Abuse Administration Administrative Rules, R 330.7011

E. MDHHS Mental Health and Substance Abuse Administration Administrative Rules, R 330.8215

F. National Council for Quality Assurance (NCQA), 2026 Behavioral Health Accreditation Standard and Guidelines, Network Management, NET 5: Practitioner and Provider Directories

G. OAG, 1998, No 7,001 (August 16, 1998)

H. 42 CFR 438.10

I. Section 1557 of the Patient Protection and Affordable Care Act

VIII. EXHIBITS

A. Acknowledgment and Consent (example)

B. MCCMH Financial Determination (example)

C. MCCMH Insurance Authorization (example)

D. Taglines (current as of this Policy's adoption; to be updated for use as necessary based on demographic changes measured by MDHHS)

Annual Revision Attestation/Revision History

Revision #	Review Date	Revision Summary/Policy Update Notice Date	Reviewer/Department
2	10/23/2026	Reviewed and updated	Chanell Moore/Customer Service