

MACOMB COUNTY COMMUNITY MENTAL HEALTH ACKNOWLEDGMENT AND CONSENT

Name: _____ Case Number: _____

Consumer was provided with the following information by _____ on:

Date: _____
Consumer Initial: _____

Membership Information

- 1. MCCMH Membership Handbook, "Help When You Need It" offered / provided
- 2. Your Rights When Receiving Mental Health Services in Michigan offered / provided
- 3. MCCMH Notice of Privacy Rights offered / provided
- 4. For adult consumers, information on Advance Directives offered/provided
- 5. All of the above information given to consumer

Notification of Release of Information to the Michigan Department of Community Health (MDCH)

- 1. Consumer provided with this form and verbal explanation of use of Social Security Number to provide MDCH with statistical information.

Informed Consent for Service

- 1. Evaluation and Assessment
- 2. Clinical Services
- 3. Supports Coordination / Client Services Management
- 4. Psychosocial Rehabilitation Services
- 5. Support Services

Fee Determination Agreement / Consumer Insurance Authorization

- 1. Consumer provided information related to the setting of a monthly fee
- 2. Consumer provided information about and agrees to coordination of benefits and communication with consumer's health insurer or its intermediaries or carriers

Provider Panel Listing

- 1. I have received a paper copy of the MCCMH Provider network list
- 2. I refused a paper copy and will access the MCCMH Provider Network list from www.mccmh.net

My signature on page two of this form acknowledges receipt of the material dated and this **Acknowledgment and Consent Form** and **Notification for Release of Information to MDCH** if I have not previously received them. My signature further documents that the services to be provided, fees to be charged for those services and process for communication with my health insurer(s) have been explained to my satisfaction. I consent to receive these services provided at the established fee and to communication between my provider and my health care insurer as described in the **Fee Determination Agreement / Insurance Authorization**.

As a consumer / parent / guardian, I understand the rationale for the procedures, risks, consequences, and other relevant factors. I have been provided with an explanation of the program procedures, a description of the potential risks and discomforts that might be experienced, a description of the potential

**MACOMB COUNTY COMMUNITY MENTAL HEALTH
ACKNOWLEDGMENT AND CONSENT**

Name: _____ Case Number: _____

TYPE OF SERVICES

Evaluation and Assessment	May include personal interview, standardized assessments, psychiatric evaluation, psychological testing, nutritional assessment, vocational assessment, speech/language assessment, behavioral assessment, mental status exam, psychosocial assessment, occupational therapy assessment, health care assessment.
Clinical Services	May include group therapy, individual therapy, conjoint therapy, family therapy, child therapy, medication review, enhanced health care services, crisis intervention.
Supports Coordination / Client Services Management	May include activities of assessment and service planning, linking, monitoring, and advocacy to ensure that appropriate services are delivered to the individual consumer.
Psychosocial Rehab. Services	May include Assertive Community Treatment, Clubhouse Activities, Vocational Services, Educational Services.
Support Services	May include Community Living Supports, Transportation, Family Support Services, Respite Care, Housing Assistance, Personal Care in Licensed Settings, Skill Building Assistance, Environmental Modification, Assistive Technology, Family Skills Development, Chore Services, Pharmacy, Equipment and Supplies.

**INSTRUCTIONS FOR THE USE OF
ACKNOWLEDGMENT AND CONSENTS**

- A. Relevant portions of this document must be completed:
1. At the time of the initial assessment irrespective of whether the consumer will receive subsequent services from the MCCMH Board.
 2. Annually at the time that consent for service and financial liability determination are to be updated.
- B. All items contained on this form are to be verbally discussed with the consumer/parent/guardian prior to requesting his/her signature. The consumer's/parent's/guardian's questions and concerns are to be solicited and addressed.
- C. The Membership Information section of this document is required to be completed at the initial assessment irrespective of whether the consumer will be receiving services. Items given to the consumer / parent / guardian are to be circled. This section is repeated annually.

MACOMB COUNTY COMMUNITY MENTAL HEALTH ACKNOWLEDGMENT AND CONSENT

Name: _____ **Case Number:** _____

- D. Notification of the release of information to the Michigan Department of Community Health is to be provided verbally by the clinician completing this form with the consumer at the time of the initial assessment. It is required even if the consumer will be receiving no additional services. It does not need to be repeated annually. One might say:

“Because public funds administered through the Michigan Department of Community Health are being used to support a portion of the cost of your services, we are required to report demographic and service use data to the Department using your Social Security number. This information does include your diagnosis and the kinds of services which are included in your service plan. It does not include information about the content of your therapy sessions or other interactions with CMH staff members.”

- E. The Fee Determination Agreement / Insurance Authorization form must be completed annually for all consumers who will receive services subsequent to the initial assessment. The process for determining financial liability is detailed in MCCMH MCO Policy 7-001, “Determination of Financial Liability.” (Additional procedures for directly-operated providers are outlined in MCCMH MCO Policy 10-060, “Procedures for Financial Liability Procedures.”)
- F. The Informed Consent for Treatment section of the form must be completed at least annually for all consumers who will receive services subsequent to the initial assessment. Definitions of the various service categories are found on page 3 of this form. The process for determining that the consumer is competent to provide informed consent and for discussing the nature of the specific consent which is being requested of an individual consumer/parent/guardian are contained in MCCMH MCO Policy 9-600, “Informed Consent for Service.”
- G. The expiration date on page two must be completed and may not be more than 365 days in the future. The time frame may be shorter than one year depending upon the circumstances of the consumer and the length of his/her requested or planned service.
- H. The signature requirements are unchanged from the existing consent policy.