

CUSTOMER

SERVICES

HANDBOOK

For an appointment, call NorthCare Access 888-906-9060
(Monday – Friday, 8:00 a.m. - 4:00 p.m. CST)

For Emergency/Crisis Services (24-hours/7 days a week)
800-348-0032
(Gogebic County Only)

Customer Services at Community Mental Health
906-229-6120
(Monday – Friday, 8:00 a.m. - 4:30 p.m. CST)
Customer Services *after business hours* ~ 906-229-6148

TTY/TDD ~ 800-649-3777
Confidential Fax ~ 906-229-6191



103 West U. S. 2 ~ Wakefield, MI 49968

www.gccmh.org



RECOVERY AND RESILIENCY

“Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or 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 lifelong attitude. Recovery is unique to each individual and can truly only be defined by the individual themselves. What might be recovery for one person may be only part of the process for another. Recovery may also be defined as wellness. Mental health supports and services help people with mental illness in their recovery journeys. The person-centered planning process is used to identify the supports needed for individual recovery.

*In recovery there may be relapses. 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, a person can overcome and come out a stronger individual. It takes time, and that is why **Recovery** is a process that will lead to a future that holds days of pleasure and the energy to persevere through the trials of life.*

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

Gogebic CMHA recognizes and values the importance of recovery and resiliency for all individuals. We believe that recovery is possible and hope that we can help support your individual journey.

ABOUT THIS HANDBOOK

This handbook is intended to give you important information about Community Mental Health Services. In this handbook you will find:

- Information about NorthCare Network
- Information about Gogebic Community Mental Health Authority
- Information about general services
- Customer Services information
- Your rights as a consumer

Information in italics throughout this handbook is mandated by the Department of Health and Human Services and cannot be edited.

ACCESS TO CARE

You can request access to CMHA services by calling NorthCare Access Services at 888-906-9060. NorthCare Access Services will help you identify your needs and help coordinate efficient entry into the mental health system. When you call for services, a clinician will talk with you about your concerns and will help you find the right provider for you.

NORTHCARE NETWORK

NorthCare Network is the Prepaid Inpatient Health Plan (PIHP) for the Upper Peninsula. This means NorthCare manages the Medicaid funding for the delivery system of specialty mental health and substance use disorder services in the Upper Peninsula. NorthCare contracts with Community Mental Health Service Programs (CMHSPs) to provide mental health services to individuals with serious mental illness, serious emotional disturbances, or developmental disabilities. NorthCare also manages the contracts with substance use disorder providers across the region to provide substance use disorder services.

The Community Mental Health Service Providers (CMHSPs) are:

- Copper Country Community Mental Health
- Gogebic Community Mental Health Authority
- Hiawatha Behavioral Health
- Northpointe Behavioral Healthcare Systems
- Pathways Community Mental Health

Contact Information for NorthCare Network

NorthCare Network Prepaid Inpatient Health Plan

1230 Wilson St, Marquette, MI 49855

www.northcarenetwork.org

NorthCare Chief Executive Officer: Dr. Timothy Kangas

Medical Director: Dr. Vasilis K. Pozios, M.D.

Recipient Rights for Substance Use Disorders: 1-888-333-8030

Customer Services: Ashlee Kind (906) 225-4411 or 1-888-333-8030

NorthCare Toll-Free 1-888-333-8030 / NorthCare Network Fax: 906-232-1070

NorthCare Access/Clinical Fax: 906-232-1071 / SUD Fax 248-406-1286

Confidential Corporate Compliance Hotline Number: 1-844-260-0003

NorthCare Access: 1-888-906-9060 / NorthCare TTY: Dial 711

QUALIFYING FOR SERVICES

Michigan has a managed care delivery system for mental health and substance use disorder services. The State of Michigan Department of Health and Human Services (MDHHS) sets rules and regulations that we follow. This includes the types of services that are provided, and the criteria used to determine if someone qualifies to receive services. The Community Mental Health agencies are mandated to serve individuals in need of specialty mental health services who have Medicaid insurance.

Community Mental Health Authority may refer people who are not in the mandated groups to other provider agencies. Medicaid recipients are entitled to obtain services that are medically necessary. For people who have no insurance, there is no guarantee that they will get services if there is not the money to provide those services. NorthCare Network affiliates must provide services to as many people as possible within its funding sources.

Sometimes people will be placed on a waiting list if there is not enough money to provide services and you do not qualify for Medicaid. You will not be put on a waiting list if you have Medicaid.

Community Mental Health Authority is responsible for providing mental health services that are medically necessary to individuals who:

- Have Medicaid Insurance, OR
- Have a serious mental illness, serious emotional disturbance, or intellectual/developmental disability.
Priority shall be given to the most serious forms of disability and to those who are in urgent or emergent situations.

TRANSPORTATION

Per the October 1, 2015, Medicaid Provider Manual, Medicaid Health Plans (MHP)* are responsible for assuring their enrollees' transportation to the primary health care services provided by the MHPs, and to (nonmental health) specialists and out-of-state medical providers. DHHS is responsible for assuring transportation to medical appointments for Medicaid beneficiaries not enrolled in MHPs; and to dental, substance abuse, and mental health services (except those noted above and in the HSW program described in the Habilitation/Supports Waiver for Persons with Developmental Disabilities Section of the Medicaid Provider Manual) for all Medicaid beneficiaries. Transportation may be authorized by CMHA only after it is determined that transportation is not otherwise available (for example, by DHHS, MHP, volunteer, family member), and for the least expensive available means suitable to the beneficiary's need.

*Upper Peninsula Health Plan (UPHP) is the Medicaid Health Plan for Upper Michigan.

If you have questions or concerns regarding transportation issues or would like a copy of the agency's *Accessible Transportation to Programs* policy, please contact 229-6120.

GOGEBIC COMMUNITY MENTAL HEALTH AUTHORITY (CMHA) MISSION STATEMENT

To enhance the quality of life for our community by offering comprehensive behavioral health services in a trauma-informed culture of care, promoting person-centered planning, integrated healthcare, recovery, and community inclusion.

COMPOSITION OF THE CMHA BOARD

The Community Mental Health Authority (CMHA) Board consists of twelve Board members appointed by the Gogebic County Board of Commissioners pursuant to the Mental Health Code; four of who must be primary or secondary consumers. The CMHA Board meets monthly, and members participate in a series of committees who research and study various issues in order to make recommendations to the full CMHA Board for final action. Board meetings are posted and open to the public.

RECIPIENT RIGHTS ADVISORY COMMITTEE

The membership of the Recipient Rights Advisory Committee (RRAC) is comprised of members to include CMHA Board members, recipients, and members selected from the community at large and appointed by the CMHA Board. At least 1/3 of the membership shall be primary recipients or family members, and of that 1/3, at least ½ shall be primary recipients. All members shall have equal voting privileges. The RRAC conducts open meetings and are subject to the open meetings act. The RRAC shall do all of the following: (1) Meet at least semiannually or as necessary to carry out its responsibilities. (2) Maintain a current list of members' names to be made available to individuals upon request. (3) Maintain a list of categories represented to be made available to individuals upon request. (4) Protect the office of recipient rights from pressures that could interfere with the impartial, even-handed, and thorough performance of its functions. (5) Recommend candidates for director of the office of recipient rights to the executive director and consult with the executive director regarding any proposed dismissal of the director of the office of recipient rights. (6) Serve in an advisory capacity to the executive director and the director of the office of recipient rights. (7) Make recommendations to the governing board for the office or recipient rights. (8) Serve as the appeals committee.

RECIPIENT RIGHTS APPEALS COMMITTEE

The Appeals Committee consists of 7 individuals, (6 are members of the RRAC and none are employed by Gogebic CMHA) to hear appeals of recipient rights matters. A member of an appeals committee who has a personal or professional relationship with an individual involved in an appeal shall abstain from participating in that appeal as a member of the committee.

CONSUMER ADVISORY COUNCIL

The Consumer Advisory Council (CAC) membership consists of not more than five members (18 years of age or older). All members shall be current and/or former consumers of mental health services, consumer family members and/or guardians and advocates. The purpose of the CAC is to incorporate consumer involvement in the CMHA service delivery system and to promote the needs, interest, and well-being of primary consumers. The CAC meets, at a minimum, quarterly, throughout the fiscal year.

COMMUNITY EDUCATION, CONSULTATION AND TRAINING

CMHA offers a wide spectrum of training to CMHA staff, families, adult foster care providers, caregivers, and other health care professionals. For more information regarding community education, consultation, and training, call 229-6120.

CULTURAL SENSITIVITY AND NON-DISCRIMINATION

Discrimination is a violation of state/federal civil rights laws, including Title VII of the Civil Rights Act, the Americans with Disabilities Act, and the Age Discrimination in Employment Act.

CODE OF ETHICS

It is the policy of the CMHA Board that all Board members, employees, contracted providers, volunteers, and interns adhere to the ethical standards of behavior. Ethical standards include professional responsibilities, (human resources), business, marketing, contractual relationships, conflicts of interest, use of social media, service delivery, organizational fundraising, and prohibition of waste, fraud, abuse, and other wrongdoing. For a copy of the *Code of Ethics* policy, please call 229-6120.

VIOLATIONS OF ETHICAL STANDARDS

The CMHA Board, employees and contracted employees must conform to ethical and legal standards to abide by the law and to preserve the Community Mental Health Authority Board's integrity and reputation. Failure to adhere to the Violations of Ethical Standards policy may result in disciplinary action, up to and including discharge from employment. For a copy of the *Violations of Ethical Standards* policy, please call 229-6120.

INCLUSION/PREVENTION OF RELAPSE/FOSTER RECOVERY/TRANSITION SERVICES

CMHA will support the inclusion of all recipients of CMHA services into the general community through emphasis on integration, participation, and inclusion in the provision of services and planning. CMHA adopts the philosophy that all community members are entitled to fully exercise and enjoy the constitutional and civil rights which are held in common. These rights are not situational or conditional. Ideally, they are unaffected if a person participates in services or supports from CMHA. By virtue of a person's membership in their community, they are entitled to fully share in all of the privileges and resources that the community has to offer. A Discharge Plan/Summary will be completed to assist consumers who are ready to leave services or have met their treatment goals with CMHA. This process will assist consumers in linking to after-care services, new programs and helping to achieve/maintain their recovery. For more information on Inclusion, Prevention of Relapse, Recovery, or Transition and/or Discharge from Services, or to request a copy of agency policies regarding such, call 229-6120.

SATISFACTION

CMHA has a standardized consumer satisfaction survey process to assess the needs and wants of the consumers and to determine the degree of satisfaction that exists regarding services rendered by CMHA and the consumer's progress toward attaining their outcomes. This formal assessment process may include survey instruments for consumer/consumer representatives and advocates, and family members; input into treatment planning by consumers, customers, family members, advocates, etc.; and data collected through the formal and informal complaint process. The information gathered through this satisfaction process is analyzed and used to facilitate service improvements. For more information on consumer satisfaction and input from the persons served, call 229-6120 and request a copy of the *Input from Persons Served, and Other Stakeholders* policy.

REQUEST FOR INFORMATION

If you have questions relating to CMHA's programs and services, policies, site surveys with the Department of Health and Human Services and/or CARF, customer services, customer and/or referral source satisfaction, affiliation membership (NorthCare), monthly Board meetings/other meetings, in-services/trainings/events, organizational chart, recipient rights or any other issues and/or concerns, you may contact:

- Melissa Hall, Chief Executive Officer (229-6106) mhall@gccmh.org
- Courtney Maslanka, Finance Director (229-6110) cmaslanka@gccmh.org
- Tess Greenough, Clinical Services Director (229-6137) tgreenough@gccmh.org
- Janet DiGiorgio, Community Services Director (229-6155) jdigiorgio@gccmh.org
- Kristina Potesta, Recipient Rights Officer & Customer Services Coordinator (229-6104) kpotesta@gccmh.org - After hours, individuals can leave a confidential voice mail and the Customer Services Coordinator will return the individual's call within one (1) business day.

GOGEBIC CMHA MENTAL HEALTH PROGRAM RULES

- 1. Hours of Operation:** Monday through Friday ~ 8:00 a.m. to 4:30 p.m. (Before or after-hours appointments may be available upon request). ****Crisis Intervention services are available seven days per week, 24 hours per day by contacting (1-800-348-0032) ****
- 2. No Shows and Cancellations:** It is crucial and important to yourself and CMHA for you to be **on time and keep your appointments**. If you are unable to keep your scheduled appointment, it is requested that you cancel as soon as possible. If you repeatedly “no show” for your appointments your services may be discontinued.
- 3. Under the Influence:** If you are presumed to be under the influence of alcohol or other drugs, your session/contact will be canceled and rescheduled. If you need to change or cancel a scheduled appointment, please call 229-6120. **** Please arrive 10 to 15 minutes early for your first appointment, as there is paperwork that needs to be completed. ****
- 4. Dignity and Respect:** Consumers and staff shall be treated with dignity and respect on the telephone and face to face. Angry, explosive behavior or language is unacceptable and will not be tolerated. Hostile, angry telephone conversations will be terminated. The staff person involved will state that “due to inappropriate language and or anger this conversation will be terminated until we can talk calmly”. Inappropriate behavior at CMHA will result in a person being asked to “calm down, leave the premise” and/or law enforcement will be contacted for assistance as a last resort.
- 5. Psychiatric Services:** Psychiatric services at Gogebic CMHA are not a stand-alone service. Psychiatric services may be recommended as part of the array of services you receive based on your assessed needs. CMHA does not provide psychiatric services only.
- 6. Violence Free:** CMHA is a violence free zone. Weapons or threats of violence will not be tolerated and will be dealt with through appropriate legal channels.
- 7. Tobacco Free:** All buildings, grounds including parking lots, lawns, sidewalks, and vehicles under the governance of the Community Mental Health Authority shall be tobacco-free. At no times shall tobacco products be offered for sale at any of these locations. The exception is the Residential Program where a resident lives and does smoke and the Serenity Drop In Center. Smoking will be restricted to designated areas at the Serenity Center Drop In Center for consumers and the AFC Group Homes for Residential Program residents only.
- 8. Confidentiality:** Confidentiality of services is vital in the provision of services and is protected under the Mental Health Code and Rules. Your provider cannot release consumer information to anyone without a signed release of information. There are circumstances under which your provider is mandated to release information, such as adult and child protective services, duty to warn issues, and gathering of statistical data, etc. CMHA strongly encourages consumers to sign a release of information for the referral source, primary care physician and courts when appropriate.
- 9. Child Abuse and or Neglect:** If a CMHA employee has reasonable cause to suspect that a child has been abused, neglected, or sexually exploited, they are mandated by law to provide a verbal and written report to the Department of Health and Human Services.
- 10. Adult Protective Services:** If a CMHA employee has reasonable cause to suspect or believe an adult has been abused, neglected, exploited, or maltreated, they are mandated by law to provide a verbal and written report to the Department of Health and Human Services.
- 11. Duty to Warn:** If a CMHA employee has reasonable cause to suspect or believe that a person poses a threat to a third person, it is the legal responsibility of the employee to warn the threatened third party and notify law enforcement of the potential risk of harm.

SERVICES AVAILABLE

Community Mental Health Authority has contracts with NorthCare Network and the Michigan Department of Health and Human Services. In those contracts the Department of Health and Human Services defines different types and levels of services, depending on whether or not a person has Medicaid.

If you have Medicaid:

- Your benefits are described in the State of Michigan Medicaid Provider Manual.
- The list of services available for those with Medicaid is explained under “service array” in this handbook.

If you do not have Medicaid:

- You may be put on a waiting list if there are no openings in a recommended program.

PRIORITY FOR SERVICES

Gogebic CMHA must meet the needs of their mandated groups first. After that, the provider may offer services to others who meet clinical criteria for treatment.

You have priority for mental health services if:

- You have the most severe forms of serious mental illness, serious emotional impairment, or developmental disability, or
- You are in an urgent or emergency situation.

Payment for Services

If you are enrolled in Medicaid and meet the criteria for the specialty behavioral health services, the total cost of your authorized behavioral health treatment will be covered. No fees will be charged to you.

Some members will be responsible for “Cost Sharing”. This refers to money that a member has to pay when services or drugs are received. You might also hear terms like “deductible, spend – down, copayment, or coinsurance,” which are all forms of “cost sharing”. Your Medicaid benefit level will determine if you will have to pay any cost – sharing responsibilities. If you are a Medicaid beneficiary with a deductible “spend-down”, as determined by the Michigan Department of Health and Human Services (DHHS), you may be responsible for the cost of a portion of your services. Only the cost of your authorized mental health or substance use disorder treatment will be covered.

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

If Medicare is your primary payer, the PIHP will cover all Medicare cost – sharing consistent with coordination of benefit rules.

Ability to Pay

In a community mental health agency, no one may be denied services because they cannot afford to pay for the service. At your initial appointment and periodically throughout the time you receive services, you will be asked to review your financial information to determine your ability to pay. Your ability to pay is determined based on your income and family size. Fees are assessed on a sliding scale established by the Michigan Department of Health and Human Services. Any deductible or co-pay you may be responsible for will not exceed your ability to pay. If you disagree with the amount you are asked to pay, you have the right to appeal the amount or ask that it be reduced. If you wish to make an appeal, contact your local Customer Services Department.

Please read your payment agreement thoroughly for additional details related to your ability to pay. It is your responsibility to immediately notify a client accounts representative of any changes in status, income, or insurance. If you do not provide the information needed to determine your ability to pay, or you fail to provide insurance information, you are at risk for being charged the full amount for services.

Emergency mental health services do not need to be pre-authorized. All other services must be PRE-authorized. If you are having a mental health emergency, go to your local emergency room or call 911. Your local community mental health agency is financially responsible for your emergent and urgently needed mental health service.

Medicaid: If you have Medicaid, an Access Management System specialist will verify the type of Medicaid you have. If you have a “spend down” amount that must be met before services you receive can be covered by Medicaid, the Access Specialist can discuss this with you and answer any questions you may have. If an individual has Medicaid without a spend-down, he/she will not be responsible for payment.

Private Insurance Coverage: If you have private insurance, the benefit plan from that insurance company will determine your covered benefits services. The Access Specialist will be able to assist you with questions about deductibles and co-pays. The charge for the deductible or co-pay will not exceed your ability-to-pay amount and will not exceed the actual cost of the service to be provided.

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

*See also the Sliding Fee Scale



103 West U.S. 2
 Wakefield, MI 49968
 Administration Department: (906) 229-6100
 Outpatient Department: (906) 229-6120
 Crisis Line: (800) 348-0032
 Administration Fax: (906) 229-6190
 Protected Health Info Fax: (906) 229-6191
 Website: www.gccmh.org

Sliding Fee Scale

The Sliding Fee Discount Program is a program that allows Gogebic Community Mental Health Authority to discount the agency’s normal charges for outpatient/ office-based visits.

How do I get an application for the Sliding Fee Discount Program?

Consumers are asked to complete a Financial Liability Determination/Payment Agreement at the time of their initial appointment in order to determine their ability to pay and/or eligibility for the Sliding Fee Discount Program. In certain situations, consumers may not have the ability to pay the fees initially determined. If a consumer feels that the fee established exceeds their ability to pay, they can request a Sliding Fee Discount Program Application.

How is eligibility for the Sliding Fee Discount Program determined?

Eligibility is determined on the household size, annual gross income (net income for self-employment) for the household, completed application, and proof of income.

Who is considered a “household member”?

Household members are related by blood, marriage, or adoption, and legally financially responsible for each other.

How much will I pay if I am approved for the Sliding Fee Discount Program?

The charge for your visit depends on your income and household size. When you are approved for the Sliding Fee Discount Program you will receive a letter that details your financial responsibility for services received.

2020 Income Guidelines

Household Size	Annual Gross Household Income
1	Up to \$25,521
2	Up to \$34,481
3	Up to \$43,441
4	Up to \$52,401
5	Up to \$61,361

For each additional person, add \$4,480/year for families at 100% of poverty.

Administrative Services Professionals are available to answer questions and provide assistance with the application process.

SLIDING FEE DISCOUNT PROGRAM APPLICATION INSTRUCTION SHEET

The Sliding Fee Discount Program may give you a discount on outpatient/office-based services at Gogebic CMHA.

- A completed Sliding Fee Discount Program Application and proof of income is required to determine your eligibility for the Sliding Fee Discount Program.
- All information you have provided will be kept confidential.
- If you have private insurance, your normal co-pays still apply.

STEP 1: Complete, sign, and return the Sliding Fee Discount Program Application to an Administrative Support Professional.

STEP 2: Submit proof of income for ALL household members over the age of 19. Applications for the Sliding Fee Discount Program may be denied if not received by the return date on the application.

Accepted documents for proof of income:

- Most current federal or state income tax form (preferred)
- W-2's
- 3 months of most recent paystubs
- 3 months of most recent Unemployment statements or check stubs

Within 30 days, you will receive written notice of your Sliding Fee eligibility.

Gogebic Community Mental Health Authority
Sliding Fee Scale for Outpatient/Office Based Mental Health Services
Based on 2020 Federal Poverty Guidelines (Gross Income)
(December 2020)

Sliding Fee Category Code	A		B		C	
Consumer Responsibility Per Outpatient Visit	\$0		\$10		100% OF CHARGES	
% of Poverty	0-133%		134-200%		200+%	
Family Size/Income	Above	Below	Above	Below	Above	
1	\$0	\$16,971	\$16,971	\$25,520	\$25,521	not eligible
2	\$0	\$22,929	\$22,930	\$34,480	\$34,481	not eligible
3	\$0	\$28,888	\$28,889	\$43,440	\$43,441	not eligible
4	\$0	\$34,846	\$34,847	\$52,400	\$52,401	not eligible
5	\$0	\$40,804	\$40,805	\$61,360	\$61,361	not eligible
6	\$0	\$46,763	\$46,764	\$70,320	\$70,321	not eligible
7	\$0	\$52,721	\$52,722	\$79,280	\$79,281	not eligible
8	\$0	\$58,680	\$58,681	\$88,240	\$88,241	not eligible

Add \$4,480 for each additional person over 8

GETTING THE HELP YOU NEED

It is sometimes difficult to acknowledge that you or someone you love might need mental health services. The first step in getting help is acknowledging that you need help. The second step is trying to figure out where to get the help that you need.

ASSESSMENT OF NEEDS

During the first appointment a Mental Health Professional will meet with you for an initial biopsychosocial assessment to discuss biological, psychological, and social factors that are contributing to current problems. This assessment will focus on current symptoms and needs and will also address health treatment history. You can expect that the mental health professional will want to get to know more about you. They will ask why you called, what you think the problem is, what you do for a living, who you are living with, family and friends, how you have tried to resolve your problem in the past, what other treatment services you have participated in, and if you are on any medications. You may be asked to sign releases to other treatment providers or agencies that you have worked with in the past in order to obtain the most complete picture of your needs related to specialty mental health services. It is important that you are honest with them. There is nothing that you will say that will shock or surprise them. The more honest you are with them, the more they will understand whether or not they can help you. Everything that you tell them is confidential. Unless there is a legal reason to break confidentiality (harm to self or others, child abuse and or neglect) they cannot share any information you provide without a release of information signed by you.

As part of the initial biopsychosocial assessment process, you will begin to identify what outcomes are important to you and develop a preliminary individual plan of service which allows for ongoing assessment of your needs and to determine what specific supports or services may be necessary to help you reach your goals.

After your initial assessment CMHA will assign you a supports coordinator or case manager. *A Supports Coordinator or Case Manager is a staff person who helps write an individual plan of service and makes sure the services are delivered. His or her role is to listen to your goals, and to help find the services and providers inside and outside the local community mental health services program that will help achieve the goals. A supports coordinator or case manager may also connect a person to resources in the community for employment, community living, education, public benefits, and recreational activities.*

ASSESSMENT AND TREATMENT OF CO-OCCURRING DISORDERS

Philosophy: It is the mission of CMHA to enhance the quality of life for our community by offering comprehensive behavioral health services in a trauma-informed culture of care, promoting integrated healthcare, recovery, and community inclusion. CMHA recognizes that people with co-occurring mental health and substance use disorders (i.e., those individuals who have a serious mental illness, developmental disability, a serious emotional disturbance, and a co-existing substance use disorder) face a variety of challenges, and that the key to providing effective treatment for these individuals is “the seamless integration of psychiatric and substance abuse interventions in order to form a cohesive, unitary system of care” (Drake et al. 2003).

CMHA is dedicated to providing a range of services including screening, assessment, treatment, linking and coordinating of services, reassessment and follow-up to consumers diagnosed with co-occurring disorders in order to be responsive to consumer/ family needs. The overall purpose of co-occurring interventions is to improve the quality of life and the functional abilities of the individuals served by minimizing the effects, risks and complications associated with the abuse of alcohol, prescription medications, illegal drugs and/or other substances used. Co-occurring services are provided by all of the members of the treatment team, are based upon consumer need, and are documented within a person-centered Individual Plan of Service that is negotiated between the service provider and the consumer.

CMHA also recognizes that consumers faced with co-occurring disorders have expectations of the confidentiality of their records, and CMHA adheres to the privacy protections afforded to consumers with substance use disorders as specified in the Code of Federal Regulations Title 42: Public Health, Part 2 Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR Part 2)

Medical Necessity

Services authorized for treatment of a mental health and/or substance use disorder concern must be medically necessary. This means that the services provided are required to assure proper assessment and treatment of a serious mental illness, developmental disability, serious emotional disturbance, or substance use disorder. Medical necessity also means that the amount (how much of a service you get), scope (who provides the service and how), and duration (how long the service will last) of your services are enough to meet your needs related to a serious mental illness, developmental disability, serious emotional disturbance, or substance use disorder. There are no exclusions and limitations as all services must be medically necessary.

Service Authorization

Services you request must be authorized or approved by the utilization department at your local community mental health agency, NorthCare Network, or by the NorthCare SUD Access Management System. They may approve all, some, or none of your requests. You will receive notice of a decision within 14 calendar days after you have requested the service during person-centered planning, or within 72 hours if the request requires a 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 have Medicaid or no insurance, the agencies above will pre-authorize these services. If you have private insurance, you may need to contact your insurance company to obtain authorization for services. The insurance company will determine the amount and type of services for which you are eligible.

PERSON-CENTERED PLANNING

The process used to design your individual plan of mental 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 person-centered planning meetings, such as family members or friends, and what staff from your local Community Mental Health Agency you would like to attend. You will also decide when and where the person-centered planning meetings will be held. Finally, you will decide what assistance you might need to help you participate in and understand the meetings.

During person-centered planning, you will be asked what your hopes are and dreams and will be helped to develop goals or outcomes you want to achieve. The people attending this meeting will help you decide what medically necessary services, supports, or treatment you need, who you would like to provide this service, how often you need the service, the sufficient amount, scope, and duration required to achieve the purpose of those services and where it will be provided. You have the right, under federal and state laws, to a choice of providers. You will receive an individual plan of service that provides all of this information.

Are there limits to Person-Centered Planning?

Person-centered planning does not guarantee that the supports, services, and/or treatment nor the amount of them you might like to have can be provided by the public mental health system. What is actually provided by the public mental health system will depend upon the available resources (such as funding and staffing), rules and regulations that govern the program or funding system, and/or the judgment of the program administrator(s) as to feasibility, appropriateness, and safety of such support, service, or treatment. ~~(Source: Your Rights: When Receiving Mental Health Services in Michigan).

CMHA will attempt to honor your preferences in regard to working with a male or female provider. The ability to honor this request is dependent on available qualified providers within the program you are participating in. If at any time during your participation in services, you would like to discuss the possibility of a different provider please call 906-229-6120 and notify the receptionist and she will assist you with this process.

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

You have the right to “independent facilitation” of the person-centered planning process. This means that you may request that someone other than your local Community Mental Health agency 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 serious emotional disturbance also have the right to person-centered planning. However, person-centered planning must recognize the importance of the family and the fact that supports, and services impact the entire family. The parent(s) or guardian(s) of the children will be involved in pre-planning and person-centered planning using “family-centered practice” in the delivery of supports, services and treatment to their children.

Topics Covered during Person-Centered Planning

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

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

If you do not believe you have received appropriate information regarding Psychiatric Advance Directives from CMHA, please contact your local Customer Service office to file a grievance.

Crisis Planning

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

Self-determination

Self-determination is an option for payment of medically necessary services you might request if you are a beneficiary receiving mental 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.

INDEPENDENT FACILITATION

An Independent Facilitator assists consumers with understanding and moving through the person-centered planning process. Consumers of developmental disability and mental health services have a right to person-centered planning, which includes the right to choose a trained helper called an Independent Facilitator. Independent Facilitation is not available to consumers receiving short-term outpatient or substance use disorder services.

An Independent Facilitator is NOT an advocate. An Independent Facilitator is neutral. He or she walks the consumers through the process but does not promote any particular viewpoint. Independent Facilitators receive special training so that they can help consumers understand their choices.

Contact NorthCare Network at 1-888-333-8030 if you are interested in finding out more about Independent Facilitators. NorthCare staff will help secure an Independent Facilitator that you agree to. You always have the right to ask for a different Independent Facilitator if you would like. Currently you can choose from any of the facilitators listed below. If you do not have a particular choice, NorthCare will assist you in finding the Independent Facilitator that works best for you.

Nicki Bush – available throughout the Upper Peninsula

Kristine Tollefson – available throughout the Upper Peninsula

Carol Schiltz – available throughout the Eastern and Central Upper Peninsula

Laurie Kass – available throughout the Upper Peninsula

Mary Ann Guzek-Kimbal – available throughout the Upper Peninsula

LeRoy Pieri – available throughout the Eastern Upper Peninsula

Jen Frazier – available throughout the Central Upper Peninsula

ADVANCED DIRECTIVES

The laws regarding Advance Directives are complicated. NorthCare and your local Community Mental Health agency are committed to helping you learn the whole process. The Advance Directive basics and a few critical definitions will help you get started. The following definitions come from Michigan Public Act 386 of 1998.

NOTE: Grievances regarding advanced directives may be filed with Customer Services.

Who Can Name a Patient Advocate?

An individual 18 years of age or older who is of sound mind at the time a Patient Advocate designation is made may designate in writing another individual who is 18 years of age or older to exercise powers concerning care, custody, and medical or mental health treatment decisions for the individual making the Patient Advocate designation.

What is a Patient Advocate?

A patient Advocate designation must be in writing, signed, witnessed as provided in subsection (4), dated, executed voluntarily, and, before its implementation, made part of the patient's medical record with, as applicable, the patient's attending physician, the mental health professional providing treatment to the patient, the facility where the patient is located, or the community mental health services program or hospital that is providing mental health services to the patient.

PSYCHIATRIC ADVANCE DIRECTIVE

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

MORE ABOUT PSYCHIATRIC ADVANCE DIRECTIVES

Why Should I Create a Psychiatric Advance Directive?

It is your choice whether or not to create a Psychiatric Advance Directive. Your local community mental health agency can assist you in developing a plan. In a Psychiatric Advance Directive, you will name a patient advocate who will help manage your mental health care needs when you cannot do so. The Psychiatric Advance Directive will not qualify for any physical illnesses, accidents, or terminal illness.

When Would My Patient Advocate Make Decisions for Me?

A Patient Advocate may exercise the power to make mental health treatment decisions only if a physician and a mental health practitioner both certify, in writing and after examination of the patient, that the patient is unable to give informed consent to mental health treatment.

What If I Change My Mind?

The patient’s revocation of the Patient Advocate designation: Subject to section 5515, even if the patient is unable to participate in medical treatment decisions, a patient may revoke a Patient Advocate designation at any time and in any manner by which he or she is able to communicate intent to revoke the Patient Advocate designation.

How Can I Learn More About Psychiatric Advance Directives?

The actual (Psychiatric) Advance Directive policy and references are available on the NorthCare website: www.northcarenetwork.org. Copies of Psychiatric Advance Directive forms including the NorthCare form “My Plan for Difficult Times” is also available there.

STAGES OF CHANGE

There are five stages of change that describe the series of stages that we all must go through in order to change our life. Understanding what stage of change you are in maybe helpful on your road to recovery. The five stages of change are:

1. **Pre-contemplation:** In the first stage of change people do not recognize that they have a problem, may know they have a problem but do not feel that they can do anything about it or do not think that their problem is impacting their life.
2. **Contemplation:** During the second stage of change, people think about weigh out the benefit and cost of maintaining, continuing with their current lifestyle. They are contemplating, thinking about doing something about “the problem”.
3. **Preparation:** In the third stage of change a person has decided to do something about “the problem”, to seek help or change a behavior.
4. **Action:** The fourth stage of change is all about changing what needs to happen to address “the problem”.
5. **Maintenance:** The fifth stage of change is when a person has successfully changed their behavior, their lifestyle and has moved forward.

RECOVERY FOCUS OF TREATMENT

Treatment is not an easy process. Sometimes people feel worse before they feel better. The important part is that you are seeking help. You have decided that you want to feel better and that you are the driver in your journey of recovery. The important thing to remember is that **people recover**.

CMHA emphasizes that services and supports provided to individuals with mental illness including co-occurring conditions are based in recovery. Recovery is choosing and reclaiming a life full of meaning, purpose, and one’s sense of self. It is an on-going personal and unique journey of hope, growth, resilience, and wellness. In that journey, recovery builds relationships supporting a person’s use of their strengths, talents, and passions. Recovery is within each and every individual.

- **Recovery is a personal journey**, and each person can attain and regain their hopes and dreams in their own way. Each journey is grounded in hope, and a sense of boundless possibilities. The strength, talent and abilities of each individual provide an opportunity to reach his or her own life goals. Everyone can attain and maintain recovery and move to a place of independence beyond the public mental health system.
- **Recovery includes all aspects of life** and is driven through the services and supports selected and controlled by the individual. Partnerships are formed based on trust and respect. Recovery will be attained and maintained with the support of friends, family, peers, advocates, and providers.
- **Recovery is life long** and requires on-going learning. Each individual has the courage to plan for and achieve wellness. Increased personal knowledge builds experience in advocating for services and supports.
- **Recovery supports health and wellness** and is the responsibility of each individual with support from others who provide physical and mental health services. Integrating physical and mental health is essential to wellness. Through self-advocacy and support, the highest attainable quality of life will be achieved. With the integration of mental health and physical health, increased length of life is possible.

FAMILY FOCUSED TREATMENT

Children’s services at CMHA focus on recovery by involving and empowering families. The Michigan Department of Health and Human Services has adopted a family driven and youth guided policy and practice guideline. In short, this approach means that CMHA services and supports impact the entire family, not just the identified youth receiving services. A family is a system, and in order to best treat the youth, we must also treat the family system. Parents, caregivers, and guardians are one of the biggest influences on a child’s life, and CMHA strives to help the entire family function at its best. As a result, you will notice that we will continue to focus on the inclusion, investment, involvement, and empowerment of the entire family.

INTEGRATED CARE

People with mental health and/or substance use disorders may die decades earlier than the average person, mostly from untreated and preventable chronic illnesses like hypertension, diabetes, obesity, and cardiovascular disease that are aggravated by poor health habits such as inadequate physical activity, poor nutrition, smoking, and substance abuse. Barriers to primary care, coupled with challenges in navigating complex healthcare systems, have been a major obstacle to care.

At the same time, primary care settings have become the gateway to the behavioral health system, and primary care providers need support and resources to screen and treat individuals with behavioral and general healthcare needs.

The solution lies in integrated care, the systematic coordination of general and behavioral healthcare. Integrating mental health, substance abuse, and primary care services produces the best outcomes and proves the most effective approach to caring for people with multiple healthcare needs.

CMHA has partnered with a Primary Care Physician to see CMHA consumers on-site. If a consumer does not have a Primary Care Physician, they may ask their case manager to make a referral for this service. We can also assist with smoking cessation and have packets available.

EVIDENCE BASED PRACTICES

An evidence-based practice is an intervention which has demonstrated effectiveness for certain problems and diagnoses, through research studies, that the intervention assists people to achieve their desired goals. Evidence based practices exist in the majority of areas in psychiatry and medicine. There are currently six evidence-based practices described on the National Mental Health Association's website (www.nmha.org).

CMHA providers have been trained or are currently receiving training in the following evidence based practices: Trauma Recovery Empowerment Model (TREM), Assertive Community Treatment (ACT), Family Psycho-Education (FPE), Co-Occurring Disorders (COD), Integrated Dual Disorders Treatment (IDDT), Supported Employment (SE), Children's Trauma Informed Care & Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Dialectical Behavioral Therapy (DBT), Applied Behavior Analysis (ABA) & Parent Management Training- Oregon Model (PMTO), and Child-Parent Psychotherapy (CPP).

If you would like more information regarding evidence-based practices, please speak with your provider.

PEER DELIVERED/PEER SUPPORT SERVICES

Peer Support Specialists (PSS) provide individuals with opportunities to learn and share, to assist in developing coping strategies, to assist individuals toward more active involvement, to build or enhance self-esteem and self-confidence, and to share stories of recovery and/or advocacy to assist in recovery and self-advocacy. The PSS provides these activities on their own with a consumer or in a group. This would include support, mentoring, and assisting other consumers with **community inclusion** to include participation, independence, recovery, resiliency and/or productivity. There are other supports and services that a PSS can provide. However, at this time the scope has been delineated to provide specific services with staff with limited working hours.

The PSS must be trained and supervised by a qualified mental health professional as to what their role is in the plan of service.

YOUR RIGHTS

Every person who receives public mental health services has certain rights. The Michigan Mental Health Code protects some rights. Some of your rights include but are not all inclusive:

- 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. The “Your Rights” booklet is also available on CMHA website www.gccmh.org. If assistance is needed with any rights related issues contact Kristina Potesta, Recipient Rights Officer at 906-229-6104 or see at 103 West US 2, Wakefield, MI 49968. You may also mail complaints to this address, and they can be accessed on our website www.gccmh.org, at any of our service sites, or call Kristina Potesta, Recipient Rights Officer.

WHAT YOU NEED TO KNOW ABOUT YOUR RIGHTS IF YOU ARE DISSATISFIED WITH MENTAL HEALTH SERVICES

Second Opinion: If you have been denied hospitalization, or if you are an initial applicant and have been denied access to services, you have the option to request a second opinion.

Recipient Rights Complaint: If you feel that one of your Michigan Mental Health Code protected rights have been violated, you have the option to file a recipient rights complaint. You can call Kristina Potesta, Recipient Rights Officer at 906-229-6104 or mail complaints to the Rights Office at CMHA.

Appeal: If services to you have been denied, reduced, suspended, or terminated, you have the option to appeal that action.

Administrative Hearing: If services to you have been denied, reduced, suspended, or terminated, you have the option to contest that action through an MDHHS Administrative Hearing.

Grievance: If you are dissatisfied with any aspect of service, other than matters suitable for a recipient rights complaint or matters suitable for an appeal, you have the option to file a grievance.

Your first and easiest option is to speak to your case manager or primary therapist, or to the program director. Or:

1. If hospitalization has been denied, you may **request a second opinion**. If your request for a second opinion is denied, you may file a rights complaint.
2. If your application for mental health services has been denied, you may **request a second opinion**. If your request for a second opinion is denied, you may file a rights complaint.
3. If you are a non-Medicaid recipient, you may **file a rights complaint**.
4. If you are a Medicaid recipient, you may **file a rights complaint**.
5. You may also **file an appeal**, which will be reviewed by a CMH committee who were not involved in the initial decision but have the qualifications and authority to require corrective action. If you then do not agree with the decision of the Appeals Committee, you may **request an MDHHS Alternative Dispute Resolution**.

You have the right to have a timely response to your concerns. In fact, if your concerns present a medical emergency, you may be able to have a response within 24 hours. And if you act promptly to initiate an appeal you may be entitled to have the services in question continued until your review has been completed, so do not delay.

Discontinued or denied services may be reinstated under one or more of the following conditions:

- ✓ action was taken by CMH without the required advance notice;
- ✓ request for a hearing is made within 10 days of notice of the action;
- ✓ action resulted from other than the application of State or Federal Law or Policy;
- ✓ action taken may result in serious adverse harm;
- ✓ we did not know where to contact a person to notify them of an action but later find them during the time-of-service eligibility.

The legal basis for any decision regarding the denial, reduction, suspension, or termination of Medicaid services is: 42CFR440.230(d) and/or Michigan Mental Health Code and/or Michigan Specialty Supports and Services PIHP and CMHSP Contracts.

The options that are available to you may be exercised individually or at the same time.

Most of the options have specific time requirements for filing.

If you feel that services are needed in an emergency, you may call 906-229-6120.

If you have any questions about your options, such as how to file, when to file, and where to file, or if you would like assistance in exercising your options, you can contact the Recipient Rights Officer at Community Mental Health at 906-229-6104.

Who to contact:

To request a second opinion, contact the Chief Executive Officer, Community Mental Health, 103 West US 2, Wakefield, MI 49968.

To file a rights complaint, contact the Recipient Rights Officer, Community Mental Health, 103 West US 2, Wakefield, MI 49968.

To file a Recipient Rights Appeal, contact the Appeals Committee, Community Mental Health, 103 West US 2, Wakefield, MI 49968.

To file an Appeal if services have been denied, reduced, suspended, or terminated, contact the Customer Services Coordinator, Community Mental Health, 103 US 2, Wakefield, MI 49968.

To request an Administrative Hearing, contact the Administrative Tribunal, Michigan Department of Health and Human Services, PO Box 30763, Lansing MI 48909.

~ or ~

If you would like more information about how a department hearing works you may call: 517-334-9500 or 517-373-0722.

Medicaid only beneficiaries a toll-free number is available at:
1-877-833-0870 Fax: 1-517-373-4147

To request Alternative Dispute Resolution, contact Request for DCH Level Dispute Resolution, Division of Program Development, Bureau of Community Mental Health Services, Department of Health and Human Services, Lewis Cass Building – 6th Floor, Lansing, MI 48913.

To file a Grievance, contact the Customer Services Coordinator, Community Mental Health, 103 West US 2, Wakefield, MI 49968.

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL AND DRUG AND ALCOHOL RELATED INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

General Information

Information regarding your health care, including payment for health care, is protected by federal and state laws: the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), 42U.S.C. § 1320d et seq., 45 C.F.R. Parts 160 & 164, and the Confidentiality Law, and the Michigan Mental Health Code, MCL 330.1001 et seq. Your information may also be protected under 42 U.S.C. §290dd-2, 42 C.F.R. Part 2. Under these laws, Community Mental Health Authority (CMHA) and their contract providers may not say to a person outside their agencies that you receive services, nor may CMHA or their contract providers disclose any information identifying you as a recipient of alcohol or drug abuse services or disclose any other protected information except as permitted by federal and state law.

Your information is stored in a paper record, or an electronic record, or both. CMHA and its affiliates may use the information in either form for treatment, payment, and healthcare operations. CMHA may use your information through a Health Information Exchange. You have the option to opt-out of the Health Information Exchange.

CMHA and their contract providers must obtain your written consent before they can disclose information about you for payment purposes. For example, CMHA and their contract providers must obtain your written consent before they can disclose information to your health insurer in order to be paid for services. CMHA will not sell information about you or disclose information about you for marketing purposes. CMHA must obtain your written consent before disclosing any of your psychotherapy records. Generally, you must also sign a written consent before CMHA, and their contract providers can share information for treatment purposes or for health care operations. However, federal law permits CMHA and their contract providers to disclose information *without* your written permission:

1. Pursuant to an agreement with a qualified service organization/business associate;
2. For research, audit or evaluations;
3. To report a crime committed on CMHA or their contract providers’ premises or against CMHA or their contract providers’ personnel;
4. To medical personnel in a medical emergency;
5. To appropriate authorities to report suspected child or vulnerable abuse or neglect;
6. As allowed by a court order.

For example, CMHA or their contract providers can disclose information without your consent to obtain legal or financial services, or to another medical facility to provide health care to you, as long as there is a qualified service organization/business associate agreement in place.

Before CMHA or their contract providers can use or disclose any information about your health in a manner which is not described above, it must first obtain your specific written consent allowing it to make the disclosure. Any such written consent may be revoked by you orally or in writing.

Unless substance abuse confidentiality applies, if your services are paid through Medicaid, you have already signed a consent for coordination of care and benefits.

Your Rights

Under HIPAA, you have the right to request restrictions on certain uses and disclosures of your health information. CMHA and their contract providers are only required to agree to your request if you request a restriction on disclosures to your health plan and you pay for the services yourself (out-of-pocket) unless the disclosure is otherwise required by law. In any other situation, CMHA is not required to agree to any other restrictions you request but if they do agree they are bound by that agreement and may not use or disclose any information which you have restricted except as necessary in a medical emergency.

You have the right to request that we communicate with you by alternative means or at an alternative location. CMHA and their contract providers will accommodate such requests that are reasonable and will not request an explanation from you. You also have the right to inspect and copy your own health information maintained by CMHA and their contract providers, (your records are available to you in the form or format you request: in paper or electronically) except to the extent that the information contains psychotherapy notes or information compiled for use in a civil, criminal, or administrative proceeding or in other limited circumstances. You also have the right, with some exceptions, to amend health care information maintained in your clinical record, and to request and receive an accounting of disclosures of your health-related information made by CMHA or their contract providers during the six years prior to your request. You also have the right to receive a paper copy of this notice.

CMHA and their Affiliate's Duties

CMHA and their contract providers are required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. CMHA must notify individuals if there is a breach of unsecured protected health information. CMHA and their contract providers are required by law to abide by the terms of this notice. CMHA and their contract providers reserve the right to change the terms of this notice and to make new notice provisions effective for all protected health information it maintains. If there is a significant revision of this Notice, CMHA will post the revised notice on the CMHA website and provide a copy in the CMHA Customer Handbook on an annual basis.

Complaints and Reporting Violations

You may complain to CMHA, their contract providers, and the Secretary of the United States Department of Health and Human Services if you believe that your privacy rights have been violated under HIPAA. To complain, contact CMHA's Privacy Officer, Kristina Potesta at 1-906-229-6104 and/or:

Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Ave, S.W.
Room 509F HHH Bldg.
Washington, D.C. 20201

Customer Response Center
1-800-368-1019
Fax: 1-202-619-3818
TDD: 1-800-537-7697
Email: ocrmail@hhs.gov

Website: www.hhs.gov/ocr/privacy/hipaa/complaints/index.html

You will not be retaliated against for filing such a complaint. Violation of the Confidentiality Law by a program is a crime. Suspected violations of the Confidentiality Law may be reported to the United States Attorney in the district where the violation occurs.

If there is a breach of unsecured information CMHA or its affiliates will notify you.

Contact- For further information, contact Kristina Potesta, CMHA Privacy Officer at 1-906-229-6104.

Service Array: Mental Health Medicaid Specialty Supports and Services Descriptions

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

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

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

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

Note: the Michigan Medicaid Provider Manual contains complete definitions of the following services as well as eligibility criteria and provider qualifications. The Manual may be accessed at www.mdch.state.mi.us/dch-medicare/manuals/MedicaidProviderManual.pdf. Customer Service staff can help you access the manual and/or information from it.

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

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

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

***Autism Services** provide for coverage of Behavioral Health Treatment (BHT) services, including Applied Behavioral*

Analysis (ABA), for eligible children under 21 years of age with Autism Spectrum Disorders (ASD) within the region within the guidelines set forth in the Early Periodic Screening Diagnosis and Treatment (EPSDT) Behavioral Health Treatment Benefit. All children, including children with ASD, must receive EPSDT services that are designed to assure that children receive early detection and preventive care, in addition to medically necessary treatment services to correct or ameliorate any physical or behavioral conditions, so that health problems are averted or diagnosed and treated as early as possible. BHT services prevent the progression of ASD, prolong life, and promote the physical and mental health and efficiency of the child. Medical necessity and recommendation for BHT services is determined by a physician, or other licensed practitioner working within their scope of practice under state law. Direct patient care services that treat or address ASD under the state plan are available to children under 21 years of age as required by the EPSDT benefit.

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

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

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

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

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

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

****Enhanced medical equipment and supplies** include devices, supplies, controls, or appliances that are not available under regular Medicaid coverage or through other insurances. All enhanced medical equipment and supplies must be specified in*

the plan of service and must enable the beneficiary to increase his abilities to perform activities of daily living; or to perceive, control, or communicate with the environment. Items that are not of direct medical or remedial benefit, or that are considered to be experimental to the beneficiary, are excluded from coverage.

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

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

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

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

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

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

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 mental health therapy, crisis intervention, service coordination, or other supports to the family.

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

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

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

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

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

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

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

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

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

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

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

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

Prevention Service Models (such as Infant Mental Health, School Success, etc.) use both individual and group interventions designed to reduce the likelihood that

individuals will need treatment from the public mental health system.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Language Assistance and Accommodations Language Assistance

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

If you are a person who is deaf or hard of hearing, you can utilize the Michigan Relay Center (MRC) to reach your PIHP, CMHSP, or service provider. Please call 7-1-1 and ask MRC to connect you to the number you are trying to reach. If you prefer to use a TTY, please contact your local community mental health agency at the following TTY phone number located on page 4-5 of this handbook. If you need a sign language interpreter, contact your local community mental health agency (phone numbers listed on pages 4-5) as soon as possible so that one will be made available. Sign language interpreters are available at no cost to you. Alternatives formats are available. If you do not speak English, contact your local community mental health agency (phone numbers listed on pages 4-5) so that arrangements can be made for an interpreter for you. Language interpreters are available at no cost to you. Free oral language translation is available. If someone you know does not speak English and needs services, please encourage the individual to contact their local provider.

Multi-Language Insert – Multi Language Assistance Services

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-888-333-8030 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-333-8030 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-333-8030 (رقم هاتف الصم والبكم: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-333-8030 (TTY : 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-333-8030 (TTY: 711).

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-888-333-8030 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-333-8030 (TTY: 711) 번으로 전화해 주십시오.

লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-৮৮৮-৩৩৩-৮০৩০ (TTY: 711)

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-333-8030 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-333-8030 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-888-333-8030 (TTY: 711).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-888-333-8030 (TTY:711) まで、お電話にてご連絡ください。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-333-8030 (телетайп: 711).

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-888-333-8030 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-333-8030 (TTY: 711)

Nyt on mahdollisuus ilmaiseen suulliseen käännöspalveluun. Jos joku, jonka tunnette, ei puhu englantia ja tarvii palvelua, rohkaiskaa tätä henkilöä ottamaan yhteyttä paikalliseen palvelun tarjoajaan. Soitaa 1-888-333-8030.