



montcalm
care network

Your Guide to Services





Mission Statement

To be the integrated care provider of choice for the residents of Montcalm County by delivering services and supports that result in better care, better outcomes and better value for those we serve.

Vision Statement

To be a valued partner in building a community that is committed to wellness and embraces the full participation of every citizen.

Values

Innovative: Our services are evidence based and maximize the use of technologies in providing individualized care that is efficient and effective.

Compassionate: Our services are provided in a professional and caring manner with respect for diversity and individuality.

Accessible: Our services are integrated in the community and responsive to its needs.

Recovery Oriented: Our services are aimed at supporting the individual through a person-centered approach that honors choice, emphasizes strengths and desires, and contributes to overall health and wellness.

Exceptional Service: Our interactions in the community build relationships and result in positive experiences.



Important MCN Information

OFFICE LOCATIONS

Stanton Office

611 N State St
Stanton, MI 48888

Office Hours:

Monday, Tuesday, Wednesday 8am-8pm
Thursday & Friday 8am-5pm

Greenville Office

421 S Baldwin Street
Greenville, MI 48838

Office Hours:

Monday - Thursday 8am-5pm
Friday - By Appointment

Contact Us

Main: (989) 831-7520

Toll-free: (800) 377-0974

For those with hearing impairment: 711 or (800) 649-3777

Recipient Rights: (989) 831-7556

Customer Services: (989) 831-7541

Twenty-Four Hour Emergency Service
(989) 831-7520 or (800) 377-0974

Welcome

Welcome to Montcalm Care Network (MCN)! We are your local community mental health provider, and a member of the Mid-State Health Network (MSHN), a family of community mental health and substance use disorder providers joined together to give you access to quality care.

This guide has been prepared for you to provide important information about the services available to residents of Montcalm county, how to request services, and about your rights and responsibilities as a customer of mental health services. We believe it is important that customers of mental health services have information available that will help them make informed choices about the services and supports they will receive.

In addition to the information covered in the Guide to Services, customers have the right to information such as:

- Accessing primary health care and community services
- The names, locations and telephone numbers of non-English speaking mental health providers
- MCN Annual Reports, board minutes and meeting schedules, board member lists, and organizational chart
- Mid-State Health Network structure and operations

Keep this Guide to Services in a place where you can find it easily. This guide contains the answers to most of the questions you may have and we have included phone numbers in case you need to ask additional questions. This guidebook can be made available in languages other than English or in other formats (such as audio) free of charge. If you have questions about the contents of this guide, or if you need any assistance please contact MCN Customer Services at (989) 831-7541 or toll-free (800) 377-0974.

Language Assistance

English: If you speak English, language assistance is available for free. In addition, due to special needs, you have the right to receive information in different formats, such as audio, Braille or large print, at no additional cost. Call 800-377-0974 (Michigan Relay TTY: 7-1-1)

Albanian: Nëse flisni shqip, shërbimet e asistencës gjuhësore janë në dispozicion për ju pa pagesë. Gjithashtu, ju keni të drejtë të merrni informacion në një format tjetër, si audio, Braille ose font të madh, për shkak të nevojave të veçanta pa kosto shtesë. Telefononi 800-377-0974 (Michigan Relay TTY: 7-1-1)

Arabic: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. كما يحق لك تلقي المعلومات بتنسيق مختلف، مثل الصوت أو طريقة برايل أو الخط الكبير، بسبب احتياجاتك الخاصة دون أي تكلفة إضافية. اتصل على الرقم 800-377-0974 (ميشيغان ريلاي تي تي واي TTY: 7-1-1)

Bengali: আপনি যদি বাংলা বলেন, তাহলে বিনামূল্যে ভাষা উপলব্ধ আছে। এছাড়াও, প্রয়োজনের কারণে, আপনার বিশেষ খরচ ছাড়াই অডিও, ব্রেইল বা বড় অক্ষরের মুদ্রের মতো বিভিন্ন বিন্যাসে তথ্য রয়েছে। 800-377-0974 নম্বরে ফোন করুন (মিশিগান রিলে টিটিওয়াই: 7-1-1)

Chinese: 如果您會說中文，可以免費獲得語言說明。此外，由於特殊需要，您有權免費接收不同格式的資訊，例如音訊、盲文或大字體。致電 800-377-0974 (密歇根州中繼 TTY7-1-1)

German: Wenn Sie Deutsch sprechen, steht Ihnen der Sprachassistentendienst kostenlos zur Verfügung. Aufgrund Ihrer besonderen Bedürfnisse können Sie Informationen auch in einem anderen Format erhalten, z. B. als Audio, in Blindenschrift oder in Großdruck, ohne dass zusätzliche Kosten entstehen. Rufen Sie an 800-377-0974 (Michigan Relay TTY: 7-1-1)

Language Assistance

- Italian:** Se parli italiano, i servizi di assistenza linguistica sono disponibili gratuitamente. Puoi anche ricevere informazioni in un formato diverso, come audio, Braille o caratteri grandi, in base alle tue esigenze speciali, senza costi aggiuntivi. Chiama 800-377-0974 (Servizio di trasmissione telefonica per non udenti del Michigan TTY: 711)
- Japanese:** 日本語を話せる方は、言語支援サービスを無料でご利用いただけます。また、特別なニーズに応じて、音声、点字、拡大文字などの異なる形式で情報を受け取ることもできます。追加料金はかかりません。ミシガンリレー 800-377-0974 (ミシガン州リレーサービス TTY: 711)
- Korean:** 한국어를 구사하는 경우 언어 지원 서비스를 무료로 이용할 수 있습니다. 특별한 요구 사항에 따라 오디오, 점자 또는 대형 인쇄와 같은 다른 형식으로 정보를 추가 비용 없이 받을 수도 있습니다. 800-377-0974 (미시간 릴레이 TTY: 711)
- Polish:** Jeśli mówisz po polsku, usługi pomocy językowej są dostępne bezpłatnie. Możesz również otrzymać informacje w innym formacie, takim jak audio, brajl lub duży druk, ze względu na Twoje szczególne potrzeby bez dodatkowych kosztów. Zadzwoń 800-377-0974 (Michigan Relay TTY: 7-1-1)
- Russian:** Если вы говорите по-русски, вам доступны бесплатные услуги языковой поддержки. Вы также можете получить информацию в другом формате, например, аудио, шрифтом Брайля или крупным шрифтом, в соответствии с вашими особыми потребностями без дополнительной платы. Позвоните 800-377-0974 (Служба ретрансляции звонков штата Мичиган TTY: 7-1-1)

Language Assistance

- Croatian:** Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Takođe možete dobiti informacije u drugom formatu, kao što su audio, Brajevo pismo ili veliko pismo, zbog svojih posebnih potreba bez dodatnih troškova. Pozovite 800-377-0974 (Michigan Relay TTY: 7-1-1)
- Spanish:** Si habla español, tiene a su disposición servicios de asistencia lingüística gratuitos. También puede recibir información en un formato diferente, como audio, Braille o letra grande, según sus necesidades especiales, sin costo adicional. Llame al 800-377-0974 (Servicio de retransmisión de Michigan TTY: 711)
- Syriac/Latin:** Ita d'netqor syriaque, hekmā d-lashon hadā b'ḥalā b'hulkā. W'nahkit d'khanukh ḥaḳkā ḥadīr, 'allā d'librah ḥebrew mā b-inan d-bāzā d-laghan dakhlat l-noḳṭā, keda d'ītad, b-āudiō, b'braille aw b-lārg l-nashiqā, b-la 'al qurbān. T'ala 800-377-0974 (Michigan Relay TTY: 7-1-1)
- Filipino:** Kung nagsasalita ka ng Filipino, ang mga serbisyo ng tulong sa wika ay magagamit mo nang walang bayad. Maaari ka ring makatanggap ng impormasyon sa ibang format, tulad ng audio, Braille o malaking print, dahil sa iyong mga espesyal na pangangailangan nang walang karagdagang gastos. Tumawag 800-377-0974 (Michigan Relay TTY: 7-1-1)
- Vietnamese:** Nếu bạn nói tiếng Việt, bạn sẽ được cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí. Bạn cũng có thể nhận thông tin ở định dạng khác, chẳng hạn như âm thanh, chữ nổi Braille hoặc chữ in lớn, tùy theo nhu cầu đặc biệt của bạn mà không mất thêm chi phí. Gọi 800-377-0974 (Dịch vụ chuyển tiếp cuộc gọi dành cho người khiếm thính Michigan TTY: 711)

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Language Assistance

Language Assistance

If you are an individual who does not speak English as your primary language and/or who has a limited ability to read, speak or understand English, you may be eligible to receive language assistance.

If you are a person who is deaf or hard of hearing, you can utilize the Michigan Relay Center (MRC) to reach your provider within the Mid-State Health Network (MSHN) provider network. You may also contact your Community Mental Health (CMH), your substance use disorder (SUD) provider, your MSHN services provider, or even the MSHN main office. 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 teletypewriter (TTY), please refer to pages 38 and 39 to contact Customer Services using TTY.

If you need a qualified interpreter for sign language or a non-English speaking language for either phone conversations or face-to-face appointments with a CMH or SUD provider, contact your local customer service office as listed on pages 38 and 39, as soon as possible so that one will be made available. Interpreters are available at no cost to you for both phone and in person communication.

All materials shall be available in the languages appropriate to the people served within the PIHP's area for specific Non-English Language that is spoken as the primary language by more than 5% of the population in the PIHP's region. Such materials shall be available in any language alternative to English as required by the Limited English Proficiency Policy Guidance (Executive Order 13166 of August 11, 2002 Federal Register Vol. 65, August 16, 2002). Written information in other formats (large print, audio, accessible electronic formats, Braille) may also be available.

Accessibility and Accommodations

In accordance with federal and state laws, all buildings and programs within the MSHN region are required to be physically accessible to all individuals with qualifying disabilities. Any individual who receives emotional, visual or mobility support from a service animal such as a dog will be given access, along with the service animal, to all buildings and programs for MSHN providers. If you need more information or if you have questions about accessibility or service/support animals, contact your local customer service office as listed on pages 38 and 39.

If you need to request an accommodation on behalf of yourself or a family member or a friend, you can contact your local customer service office as listed on pages 38 and 39. You will be told how to request an accommodation (this can be done over the phone, in person and/or in writing) and you will be told who at the provider location is responsible to handle accommodation requests.

If you are an individual who is hard of hearing but do not know sign language and need another form of communication, such as a personal communication device or Computer Assisted Realtime Translation (CART), contact the Customer Services at 844.4053094 or by email at customerservice@midstatehealthnetwork.org. Communication devices and CART are available at no cost to you.

Non-Discrimination

Non-Discrimination

In providing behavioral healthcare services, MSHN and its provider network are required to comply with all applicable Federal civil rights laws and does not discriminate based on race, color, national origin, age, disability or sex. MSHN and its providers do not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

If you believe that the community mental health and/or substance use disorder provider has discriminated in any way based upon race, color, national origin, age, disability, or sex, you can file a grievance with the customer service office by contacting your local customer service office as listed on pages 38 and 39.

If you are an individual who is deaf or hard of hearing and would like to file a grievance, you may contact your local customer service office as listed on pages 38 and 39. MI Relay Service can also assist in connecting you to your local customer service office by calling 7-1-1. You can file a grievance in person, by mail, fax or email. If you need help in filing a grievance, customer service is available to help you.

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

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html

You may also file a grievance electronically through the Office for Civil Rights Complaint Portal.

Complaint Portal is available at ocrportal.hhs.gov/ocr/portal/lobby.jsf

You may also file a grievance by mail or phone at:

**U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building Washington, D.C. 20201
Toll-free: (800) 368-1019**

Reporting Fraud, Waste and Abuse

Fraud, waste and abuse uses valuable Michigan Medicaid funds needed to help children and adult access health care. Everyone can take responsibility by reporting fraud and abuse. Together we can make sure taxpayer money is used for people who really need help.

Examples of Medicaid Fraud:

- Billing for medical services not actually performed
- Providing unnecessary services
- Billing for more expensive services
- Billing for services separately that should legitimately be one billing
- Billing more than once for the same medical service
- Dispensing generic drugs but billing for brand-name drugs
- Giving or accepting something of value (cash, gifts, services) in return for medical services, (i.e., kickbacks)
- Falsifying cost reports

Or When Someone:

- Lies about their eligibility
- Lies about their medical condition
- Forges prescriptions
- Sells their prescription drugs to others
- Loans their Medicaid card to others

Or When a Health Care Provider Falsely Charges For:

- Missed appointments
- Unnecessary medical tests
- Telephoned services

Reporting Fraud, Waste and Abuse

If you think someone is committing fraud, waste or abuse, you may report it to Corporate Compliance. You may report your concerns to the local CMHSP/SUD Provider Compliance Officer or to the MSHN Compliance Officer. The report can be made by phone/voicemail, email, in person or in writing. You can also make your report anonymously by using the MSHN Compliance Hotline at (844) 793-1288. To make a report to your local CMHSP/SUD Provider please contact the local CMHSP/SUP Provider customer services who can connect you to the local Compliance Officer.

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

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

Online: www.michigan.gov/fraud

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

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

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

Welcome to Mid-State Health Network

The Mid-State Health Network (MSHN) manages public behavioral health and substance use disorder services for a twenty-one county region. It is the **Pre-Paid Inpatient Health Plan (PIHP)** for individuals with Medicaid and the Healthy Michigan Plan (HMP). Additional information regarding MSHN's services, provider network and other consumer related materials can be found on the website at: www.midstatehealthnetwork.org.

What is a Pre-Paid Inpatient Health Plan?

Under contract with the Michigan Department of Health and Human Services (MDHHS), MSHN contracts with local Community Mental Health (CMH) participants and Substance Use Disorder (SUD) providers to secure behavioral health and SUD services needed in each county. Each year, MSHN distributes Medicaid and Healthy Michigan Plan (HMP) funds to address unmet needs in our twenty-one county region. This is one of the benefits of being in partnership with similar organizations.

Organized Health Care Arrangement (OHCA)

MSHN and its CMH participants formed an Organized Health Care Arrangement (OHCA). This type of arrangement allows for the participants to share information about enrollees for health care coordination. For more information about the OHCA, please contact your local CMH or MSHN Customer Service.

Our Mission

The mission of MSHN is to ensure access to high-quality, locally delivered, effective, and accountable public behavioral health and substance use disorder services provided by its participating members.

Our Vision

The vision of MSHN is to continually improve the health of our communities through the provision of premiere behavioral healthcare and leadership. MSHN organizes and empowers a network of publicly funded community partnerships essential to ensure the quality of life while efficiently and effectively addressing the complex needs of the most vulnerable citizens in our region.

Welcome to Mid-State Health Network

Regional Community Mental Health and Substance Use Disorder Provider Directory

To best meet your needs, MSHN has a provider network consisting of twelve CMHs and a network of Substance Use Disorder (SUD) providers. The CMHs are listed within this directory. A list of current SUD providers will be provided as part of the handbook. You may also refer to MSHN's website at www.midstatehealthnetwork.org or ask your local CMH or SUD provider for a paper list.

Satisfaction Surveys

MSHN obtains feedback on services provided by individuals served. This may be completed through organizational assessments or surveys. The information is used to improve the quality of the services and supports provided to individuals served. You may review the most current MSHN results at:

<https://midstatehealthnetwork.org/consumers-resources/quality-compliance/satisfaction-surveys>

Quality Reports

The MSHN Quality Assessment and Performance Improvement Program (QAPIP) Annual Report includes information on quality improvement activities and performance measures related to access to treatment, quality of care, and service outcomes. You may review the most current MSHN Quality Report at:

<https://midstatehealthnetwork.org/consumers-resources/quality-compliance/compliance-reports>

Printed Materials Request

If you would like any information or materials found on the MSHN website in paper form, please contact your local customer service office, substance use disorder provider, or MSHN Customer Service toll-free at (844) 405-3094 or customerservice@midstatehealthnetwork.org. Copies will be provided free of charge and within five (5) business days of your request.

Behavioral Health Provider Directory

Bay-Arenac Behavioral Health (BABH)

(Arenac and Bay Counties)

201 Mulholland, Bay City, Michigan 48708

Toll-free (800) 327-4693 or (989) 895-2300

www.babha.org

Chris Pinter, Chief Executive Officer

Roderick Smith, MD, Medical Director

Jackie Kish, Recipient Rights

Kim Cereske, Customer Service

Languages spoken other than English: Interpreters available at no charge for all languages. For those with hearing impairment, please call the Michigan Relay at 7-1-1 for assistance.

Access to All Services

201 Mulholland

Bay City, MI 48708

Toll-free: (800) 448-5498

Emergency Services/Crisis Services

(Available 24 hours a day, 7 days a week, including holidays)

201 Mulholland

Bay City, MI 48708

Toll-free: (800) 327-4693

Phone: (989) 895-2300

After business hours, contact the Emergency Services/Crisis Services phone number above or go to the emergency department at McLaren Hospital-Bay Region in Bay City or Ascension Standish Hospital in Standish.

Customer Service

201 Mulholland

Bay City, MI 48708

Toll-free: (888) 482-8269

Phone: (989) 497-1302

Recipient Rights

201 Mulholland

Bay City, MI 48708

Toll-free: (800) 327-4693

Phone: (989) 895-2317

Behavioral Health Provider Directory

Community Mental Health for Central Michigan (CMHCM) (Clare, Gladwin, Isabella, Mecosta, Midland, and Osceola Counties)

301 S. Crapo, Mt. Pleasant, MI 48858

Toll-free (800) 317-0708 or (989) 772-5938

www.cmhcm.org

Bryan Krogman, Executive Director

Furhut Janssen, DO, Medical Director

Katie Hohner, Recipient Rights

Emily Shaffer, Customer Service

Languages spoken other than English: Interpreters available at no charge for all languages. For those with hearing impairment, please call the Michigan Relay at 7-1-1 for assistance.

Access to All Services

301 South Crapo

Toll-free: (800) 317-0708

Mt. Pleasant, MI 48858

Phone: (989) 772-5938

Emergency Services/Crisis Services (listed by county)

(Available 24 hours a day, 7 days a week, including holidays)

Clare County

789 N. Clare Avenue

Toll-free: (800) 317-0708

Harrison, MI 48625

Phone: (989) 539-2141

After business hours, contact the Emergency Services/Crisis Services phone number above or go to the emergency department at MyMichigan Medical Center - Clare.

Isabella County

301 South Crapo

Toll-free: (800) 317-0708

Mt. Pleasant, MI 48858

Phone: (989) 772-5938

After business hours, contact the Emergency Services/Crisis Services phone number above or go to the emergency department at McLaren Central Michigan or MyMichigan Medical Center - Mount Pleasant.

Behavioral Health Provider Directory

Community Mental Health for Central Michigan **Clare, Gladwin, Isabella, Mecosta, Midland, and Osceola Counties**

Gladwin County

655 E. Cedar Street
Gladwin, MI 48624

Toll-free: (800) 317-0708
Phone: (989) 426-9295

After business hours, contact the Emergency Services/Crisis Services phone number above or go to the emergency department at MyMichigan Medical Center - Gladwin.

Mecosta County

500 South Third Street
Big Rapids, MI 49307

Toll-free: (800) 317-0708
Phone: (231) 796-5825

After business hours, contact the Emergency Services/Crisis Services phone number above or go to the emergency department at Spectrum Health.

Midland County

218 Fast Ice Drive
Midland, MI 48642

Toll-free: (800) 317-0708
Phone: (989) 631-2320

After business hours, contact the Emergency Services/Crisis Services phone number above or go to the emergency department at MyMichigan Medical Center - Midland.

Osceola County

4473 220th Avenue
Reed City, MI 49677

Toll-free: (800) 317-0708
Phone: (231) 832-2247

After business hours, contact the Emergency Services/Crisis Services phone number above or go to the emergency department at Spectrum Health.

Customer Service

301 S. Crapo, Suite 100
Mt. Pleasant, MI 48858

Toll-free: (800) 317-0708
Phone: (989) 772-5938

Recipient Rights

301 S. Crapo, Suite 100
Mt. Pleasant, MI 48858

Toll-free: (800) 317-0708
Phone: (989) 772-5938

Behavioral Health Provider Directory

Community Mental Health Authority of Clinton, Eaton, and Ingham Counties (CMHA-CEI)

(Clinton, Eaton, and Ingham Counties)

812 East Jolly Road, Lansing, Michigan 48910

Toll-free (877) 333-8933 or (517) 346-8200

www.ceicmh.org

Sara Lurie, Chief Executive Officer

Jennifer Stanley, MD, Medical Director

Elise Magen, Recipient Rights

Kristy Medes, Customer Service

Languages spoken other than English: Interpreters available at no charge for all languages. For those with hearing impairment, please call the Michigan Relay at 7-1-1 for assistance.

Access to All Services

812 East Jolly Road, Suite 108
Lansing, MI 48910

Toll-free: (888) 800-1559
Phone: (517) 346-8318

Emergency Services/Crisis Services

Offers Walk-In or call services 24 hours a day, 7 days a week, including holidays.

2900 Stabler Street
Lansing, MI 48910

Toll-free: (800) 372-8460
Phone: (517) 346-8460

Emergency services are for those in immediate crisis who cannot wait for an appointment. Contact us to get directions to Crisis Services at the CMH Building. Crisis services provides crisis intervention, assessment, and screening for voluntary and involuntary hospitalization.

Customer Service

812 East Jolly Road, Suite 108
Lansing, MI 48910

Toll-free: (877) 333-8933
Phone: (517) 346-8244

Recipient Rights

812 East Jolly Road, Suite 108
Lansing, MI 48910

Toll-free: (877) 333-8933
Phone: (517) 346-8249

Behavioral Health Provider Directory

Gratiot Integrated Health Network (GIHN)

(Gratiot County)

608 Wright Ave, Alma, MI 48801

Toll-free (800) 622-5583 or (989) 463-4971

www.gihn-mi.org

Michelle Stillwagon, Chief Executive Officer

Sunil Rangwani, MD, Medical Director

Rachel MacGregor, Recipient Rights

Pam Fachting, Customer Service

Languages spoken other than English: Interpreters available at no charge for all languages.

For those with hearing impairment, please call the Michigan Relay at 7-1-1 for assistance.

Access to All Services

608 Wright Avenue

Alma, MI 48801

Toll-free: (800) 622-5583

Phone: (989) 463-4971

Emergency Services/Crisis Services

(Available 24 hours a day, 7 days a week, including holidays)

608 Wright Avenue

Alma, MI 48801

Toll-free: (800) 622-5583

Phone: (989) 463-4971

After business hours, contact the Emergency Services/Crisis Services phone number above or go to the emergency department at MyMichigan Medical Center - Alma.

Customer Service

608 Wright Avenue

Alma, MI 48801

Toll-free: (800) 622-5583

Phone: (989) 466-4192

Recipient Rights

608 Wright Avenue

Alma, MI 48801

Toll-free: (800) 622-5583

Phone: (989) 466-4112

Behavioral Health Provider Directory

Huron Behavioral Health (HBH)

(Huron County)

1375 R. Dale Wertz Drive, Bad Axe, MI 48413

Toll-free (800) 356-5568 or (989) 269-9293

www.huroncmh.org

Tracey Dore, Chief Executive Officer

Neda Habeeb, MD, Medical Director

Jeanette Schember, Recipient Rights

Kim Cereske, Customer Service

Languages spoken other than English: Interpreters available at no charge for all languages.

For those with hearing impairment, please call the Michigan Relay Center at 7-1-1 for assistance.

Access to All Services

1375 R. Dale Wertz Drive
Bad Axe, MI 48413

Toll-free: (800) 448-5498

Emergency Services/Crisis Services

(Available 24 hours a day, 7 days a week, including holidays)

1375 R. Dale Wertz Drive
Bad Axe, MI 48413

Toll-free: (800) 356-5568

Phone: (989) 269-9293

After business hours, contact the Emergency Services/Crisis Services phone number above or go to the emergency department at Huron Medical Center (Bad Axe), Scheurer Family Medical Center (Pigeon), or Harbor Beach Community Hospital (Harbor Beach).

Customer Service

201 Mulholland
Bay City, MI 48708

Toll-free: (888) 482-8269

Phone: (989) 497-1302

Recipient Rights

1375 R. Dale Wertz Drive
Bad Axe, MI 48413

Toll-free: (800) 356-5568

Phone: (989) 269-9293

Behavioral Health Provider Directory

The Right Door for Hope, Recovery and Wellness

(Ionia County)

375 Apple Tree Dr., Ionia, MI 48846

Toll-free (888) 527-1790 or (616) 527-1790

www.rightdoor.org

Kerry Possehn, Chief Executive Officer

Joel Sanchez, MD, Medical Director

Jennifer Morgan, Recipient Rights

Jennifer Morgan, Customer Service

Languages spoken other than English: Interpreters available at no charge for all languages.

For those with hearing impairment, please call the Michigan Relay at 7-1-1 for assistance.

Access to All Services

375 Apple Tree Drive
Ionia, MI 48846

Toll-free: (888) 527-1790
Phone: (616) 527-1790

Emergency Services/Crisis Services

(Available 24 hours a day, 7 days a week, including holidays)

375 Apple Tree Drive
Ionia, MI 48846

Toll-free: (888) 527-1790
Phone: (616) 527-1790

After business hours, contact the Emergency Services/Crisis Services phone number above or go to the emergency department at Sparrow Hospital, United Memorial Hospital, or Carson City Hospital.

Customer Service

375 Apple Tree Drive
Ionia, MI 48846

Toll-free: (888) 527-1790
Phone: (616) 527-1790

Recipient Rights

375 Apple Tree Drive
Ionia, MI 48846

Toll-free: (888) 527-1790
Phone: (616) 527-1790

Behavioral Health Provider Directory

LifeWays

(Hillsdale and Jackson Counties)

Hillsdale County: 25 Care Drive, Hillsdale, MI 49242

Jackson County: 1200 N. West Avenue, Jackson, MI 49202

Toll-free (866) 630-3690 or (517) 789-1209

www.lifewaysmi.org

Cassandra Watson, Chief Executive Officer

Joseph Drumm, D.O., Medical Director

Ashlee Griffes, Recipient Rights

Chad Surque, Customer Service

Languages spoken other than English: Interpreters available at no charge for all languages.

For those with hearing impairment, please call the Michigan Relay at 7-1-1 for assistance.

Access to All Services (listed by county)

Hillsdale County:

25 Care Drive
Hillsdale, MI 49242

Toll-free: (866) 630-3690
Phone: (517) 439-2641

Jackson County:

1200 N. West Avenue
Jackson, MI 49202

Toll-free: (866) 630-3690
Phone: (517) 789-1209

Emergency Services/Crisis Services (listed by county)

(Available 24 hours a day, 7 days a week, including holidays)

Hillsdale County:

25 Care Drive
Hillsdale, MI 49242

Toll-free: (800) 284-8288
Phone: (517) 789-1200

After business hours, contact the Emergency Services/Crisis Services phone number above or go to Hillsdale Community Health Center Emergency Department (HCHC).

Behavioral Health Provider Directory

LifeWays **(Hillsdale and Jackson Counties)**

Jackson County:

1200 N. West Avenue
Jackson, MI 49202

Toll-free: (800) 284-8288
Phone: (517) 789-1200

After business hours, contact the Emergency Services/Crisis Services phone number above or go to the Henry Ford Allegiance Health Emergency Department.

Customer Service

1200 N. West Avenue
Jackson, MI 49202

Toll-free: (866) 630-3690
Phone: (517) 780-3332

Recipient Rights

1200 N. West Avenue
Jackson, MI 49202

Toll-free: (866) 630-3690
Phone: (517) 789-1237



Behavioral Health Provider Directory

Montcalm Care Network (MCN)

(Montcalm County)

611 N. State St., Stanton, MI 48888

Toll-free (800) 377-0974 or (989) 831-7520

Montcalmcare.net

Tammy Warner, Executive Director

Brian Smith, MD, Medical Director

Angela Loiselle, Recipient Rights

Jessica Butler, Customer Service

Languages spoken other than English: Spanish; Interpreters available at no charge for all languages.

For those with hearing impairment, please call the Michigan Relay at 7-1-1 for assistance.

Access to All Services

611 N. State St.
Stanton, MI 48888

Toll-free: (800) 377-0974
Phone: (989) 831-7520

Emergency Services/Crisis Services

(Available 24 hours a day, 7 days a week, including holidays)

611 N. State St.
Stanton, MI 48888

Toll-free: (800) 377-0974
Phone: (989) 831-7520

After business hours, contact the Emergency Services/Crisis Services phone number above or go to the nearest emergency department.

Customer Service

611 N. State St.
Stanton, MI 48888

Toll-free: (800) 377-0974
Phone: (989) 831-7541

Recipient Rights

611 N. State St.
Stanton, MI 48888

Toll-free: (800) 377-0974
Phone: (989) 831-7556

Behavioral Health Provider Directory

Newaygo County Mental Health (NCMH)

(Newaygo County)

1049 Newell Street, P.O. Box 867, White Cloud, MI 49349

Toll-free (800) 968-7330 or (231) 689-7330

www.newaygocmh.org

Carol Mills, Executive Director

Bruce Baker, MD, Medical Director

Jill McKay, Recipient Rights

Andrea Fletcher, Customer Service

Languages spoken other than English: Interpreters available at no charge for all languages.

For those with hearing impairment, please call the Michigan Relay at 7-1-1 for assistance.

Access to All Services

1049 Newell Street

White Cloud, MI 49349

Toll-free: (800) 968-7330

Phone: (231) 689-7330

Emergency Services/Crisis Services

(Available 24 hours a day, 7 days a week, including holidays)

1049 Newell Street

White Cloud, MI 49349

Toll-free: (800) 968-7330

Phone: (231) 689-7330

After business hours, contact the Emergency Services/Crisis Services phone number above or go to the emergency department at Spectrum Gerber Memorial Hospital.

Customer Service

1049 Newell Street, P.O. Box 867

White Cloud, MI 49349

Toll-free: (800) 968-7330

Phone: (231) 689-7330

Recipient Rights

1049 Newell Street, P.O. Box 867

White Cloud, MI 49349

Toll-free: (800) 968-7330

Phone: (231) 689-7330

Behavioral Health Provider Directory

Saginaw County Community Mental Health Authority

(SCCMHA)

(Saginaw County)

500 Hancock, Saginaw, MI 48602

Toll-free (800) 258-8678 or (989) 797-3400

www.sccmha.org

Sandra Lindsey, Chief Executive

Ali Ibrahim, MD, Medical Director

Kentera Patterson, Recipient Rights

Melissa Gutzwiller, Customer Service

Languages spoken other than English: Spanish; Interpreters available at no charge for all languages.

For those with hearing impairment, please call the Michigan Relay at 7-1-1 for assistance.

Access to All Services

500 Hancock
Saginaw, MI 48602

Toll-free: (800) 233-0022
Phone: (989) 797-3559

Emergency Services/Crisis Services

(Available 24 hours a day, 7 days a week, including holidays)

500 Hancock
Saginaw, MI 48602

Toll-free: (800) 233-0022
Phone: (989) 792-9732

After business hours, contact the Emergency Services/Crisis Services phone number above or go to the emergency department at Covenant Hospital or MyMichigan Medical Center.

Customer Service

500 Hancock
Saginaw, MI 48602

Toll-free: (800) 258-8678
Phone: (989) 797-3452

Recipient Rights

500 Hancock
Saginaw, MI 48602

Toll-free: (800) 258-8678
Phone: (989) 797-3583

Behavioral Health Provider Directory

Shiawassee Health and Wellness (SHW)

(Shiawassee County)

1555 Industrial Drive, Owosso, MI 48867

Toll-free (800) 622-4514 or (989) 723-6791

www.shiabewell.org

Ryan Painter, Chief Executive Officer

Martha Hashimoto, MD, Medical Director

Andrea Andrykovich, Recipient Rights

Andrea Andrykovich, Customer Service

Languages spoken other than English: Spanish; Interpreters available at no charge for all languages.

For those with hearing impairment, please call the Michigan Relay at 7-1-1 for assistance.

Access to All Services

1555 Industrial Drive
Owosso, MI 48867

Toll-free: (800) 622-4514
Phone: (989) 723-6791

Emergency Services/Crisis Services

(Available 24 hours a day, 7 days a week, including holidays)

1555 Industrial Drive
Owosso, MI 48867

Toll-free: (800) 622-4514
Phone: (989) 723-6791

After business hours, contact the Emergency Services/Crisis Services phone number above or go to the nearest local emergency department.

Customer Service

1555 Industrial Drive
Owosso, MI 48867

Toll-free: (800) 622-4514
Phone: (989) 723-6791

Recipient Rights

1555 Industrial Drive
Owosso, MI 48867

Toll-free: (800) 622-4514
Phone: (989) 723-0725

Behavioral Health Provider Directory

Tuscola Behavioral Health System (TBHS)

(Tuscola County)

323 N. State Street, Caro, MI 48723

Toll-free (800) 462-6814 or (989) 673-6191

www.tbhsonline.com

Julie Majeske, Chief Executive Officer

Usha Movva, MD, Medical Director

Victor Gomez, Recipient Rights

Kim Cereske, Customer Service

Languages spoken other than English: Interpreters available at no charge for all languages.

For those with hearing impairment, please call the Michigan Relay at 7-1-1 for assistance.

Access to All Services

323 N. State Street

Caro, MI 48723

Toll-free: (800) 462-6814

Phone: (989) 673-6191

Emergency Services/Crisis Services

(Available 24 hours a day, 7 days a week, including holidays)

1332 Prospect Avenue (Clinical Location)

Caro, MI 48723

Toll-free: (800) 462-6814

Phone: (989) 673-6191

After business hours, contact the Emergency Services/Crisis Services phone number above or go to nearest hospital emergency room.

Customer Service

201 Mulholland

Bay City, MI 48708

Toll-free: (888) 482-8269

Phone: (989) 497-1302

Recipient Rights

323 N. State Street

Caro, MI 48723

Toll-free: (800) 462-6814

Phone: (989) 673-6191

Local Provider Directory

Local Provider Directory

Each local community mental health and SUD provider has developed a unique provider system to meet the specific local needs of its community. You can request the list anytime by contacting your local customer service office as listed on pages 38 and 39.

This local provider directory has been created to help you make an informed decision when selecting a service provider. This directory includes information about the providers which includes, at a minimum, the provider name, address, telephone number, website address, the services provided, hospital affiliation(s), whether they are accepting new enrollees, cultural and linguistic capabilities, any non-English languages they provide services in (including American Sign Language), days and hours of operation, whether the provider's office/facility has accommodations for people with physical disabilities.

Please note: the availability of specific specialty service providers will vary depending on individual provider capacity and possibly the type of funding used for your services.



We are ready to walk beside you on your journey through recovery toward a self-determined life!

Accessing Services

Accessing Services

Accessing behavioral health and substance use disorder services and supports through your local community mental health (CMH) and/or substance use disorder (SUD) provider is just a phone call away. Each CMH and SUD provider has a location to serve you. To access services, please call your local access center listed beginning on page 17.

When you call, one of our friendly access staff will ask you questions that will help determine if you are eligible for services. They will ask you where you live and ask you to describe what is happening in your life to need services. You will also be asked about your insurance and your income.

Together, you and the access staff will determine your next step:

- If the situation you describe is an emergency, you will be directed to immediate help.
- If your situation is not an emergency and you may be eligible for services, we will make arrangements for an assessment/screening to be completed.
- If you are not eligible for services at your community mental health and/or SUD provider, we will help you identify community resources available through your local 2-1-1 as described on page 103.
- If you have private insurance, you may be directed to use one of your insurer's providers before receiving services from your local community mental health services programs and/or SUD provider (if eligible).

If you can't call, just walk in. When you visit us, it is a good idea to bring your insurance card(s) and proof of income with you. We're here to help you when you need it. In addition, each CMH has staff available **24 hours, 365 days/year**, to respond to crises that require immediate attention. A crisis hotline may be reached within your county by calling the local emergency services at the phone number beginning on page 17.

“No Wrong Door”

1. Community Mental Health Service Provider

Screening and referral for substance use services and supports is available through your local community mental health (CMH) provider 24 hours a day, seven days a week, 365 days a year by calling your local access center listed beginning on page 17. CMHs will warm transfer calls to MSHN for SUD Withdrawal Management, Residential, and Recovery Housing services upon screening.

2. Substance Use Disorder Service Provider

Referrals for SUD Withdrawal Management, Residential, and Recovery Housing services can be requested through the MSHN Access Team at 844-405-3095, Monday – Friday, 8am to 5pm. After-hours support for nights, weekends, and holidays is available through a professional call center to refer individuals to MSHN-contracted withdrawal management and residential providers.

Note: It is required to call MSHN Access to start SUD Withdrawal Management, Residential, and Recovery Housing services.

Outpatient treatment services can be requested directly with your desired outpatient provider.

3. Mid-State Health Network (MSHN)

MSHN's Utilization Management Department is available Monday to Friday, 8:00 am to 5:00 pm at 844-217-4005 for questions about benefits or services.

For a list of current SUD providers, please refer to MSHN's website at www.midstatehealthnetwork.org, or you may ask your CMH or SUD provider for the list.

Emergency and After-Hours Access to Services

Emergency Services

A “behavioral health emergency” is when an individual is experiencing symptoms and behaviors that can reasonably be expected in the near future to lead him/her to harm self or another, or because of his/her inability to meet his/her basic needs is at risk of harm, or the individual’s judgment is so impaired that he or she is unable to understand the need for treatment and that their condition is expected to result in harm to him/herself or another individual in the near future. You have the right to receive emergency services at any hospital or emergency care setting, at any time, **24 hours a day, seven days a week**, without prior authorization for payment of care.

Please see the behavioral health provider directory on pages 17 to 31 for local emergency contact information in your area.

If you have a behavioral health emergency, you should seek help right away. At any time during the day or night, call your local behavioral health emergency services department as listed beginning on page 17. You may also go to your local hospital emergency room or call “9-1-1” if you are having a behavioral health emergency.

If you have a substance use disorder emergency, you should seek help right away. At any time during the day or night, you may go to your local hospital emergency room or call “9-1-1” if you are having a substance use disorder emergency.



Emergency and After-Hours Access to Services

Please note: If you utilize a hospital emergency room, there may be healthcare services provided to you as part of the hospital treatment that you receive for which you may be billed. You may be responsible for the fee depending on your insurance status. These services may not be part of the community mental health or SUD providers' emergency services you receive. Customer Service can answer questions about such bills by calling your local office as listed on pages 38 and 39.

Aftercare (Post-Stabilization) Services

After you receive emergency behavioral health care and your condition is under control, you may receive behavioral health services to ensure your condition continues to stabilize and improve. Examples of post-stabilization services are psychiatric inpatient hospitalization, crisis residential, case management, outpatient therapy, and/or medication reviews. Before the end of your emergency-level care, your local community mental health agency will help you to coordinate your post-stabilization services.





Customer Service

Customer Service representatives are available at both community mental health and the SUD providers to assist you with questions and/or concerns about the services you receive or feel you should receive. We can assist you with filing a complaint and provide information about eligibility, processes, behavioral health or SUD concerns, community resources, and much more. You will be offered a handbook annually. Additional information will be provided any time there is significant change

at least **30 days** before the intended effective date. You may also request this information or information about our provider network and Board of Directors whenever you wish. If you have a hearing impairment, you may choose one of the ways below to reach us:

- Call Michigan Relay Center by dialing “7-1-1” and then ask to be connected to the number you are trying to reach
- Call Sorenson Video Relay at (866) 327-8877 or CALL.SVRSTV from any videophone. If you do not currently have Sorenson Video Relay Service and would like to apply for free equipment and services, go to www.sorensonvrs.com

If you speak a language other than English, please contact your local community mental health or SUD provider Customer Service office, as listed on pages 38 and 39, who will assist you in obtaining a language interpreter.

You may contact Customer Service , by phone, in person, or by mail. To learn of your customer service office hours of operation and how to access your customer service office after business hours, please contact your local customer service office as listed on pages 38 and 39.

Customer Service

Community Mental Health Customer Service	Phone Number
Bay-Arenac Behavioral Health (Arenac, Bay)	(989) 497-1302 or Toll-free (888) 482-8269
Community Mental Health Authority of Clinton-Eaton-Ingham Counties (Clinton, Eaton, Ingham)	(517) 346-8244 or Toll-free (877) 333-8933
Community Mental Health for Central Michigan (Clare, Gladwin, Isabella, Mecosta, Midland, Osceola)	(989) 772-5938 or Toll-free (800) 317-0708
Gratiot Integrated Health Network (Gratiot)	(989) 466-4192 or Toll-free (800) 622-5583
Huron Behavioral Health (Huron)	(989) 497-1302 or Toll-free (888) 482-8269
The Right Door for Hope, Recovery and Wellness (Ionia)	(616) 527-1790 or Toll-free (888) 527-1790
LifeWays (Hillsdale, Jackson)	(517) 780-3332 or Toll-free (866) 630-3690
Mid-State Health Network (MSHN)	(517) 657-3011 Toll-free (844) 405-3094
Montcalm Care Network (Montcalm)	(989) 831-7541 or Toll-free (800) 377-0974

Customer Service

Community Mental Health Customer Service	Phone Number
Newaygo County Mental Health (Newaygo)	(231) 689-7330 or Toll-free (800) 968-7330
Saginaw County Community Mental Health Authority (Saginaw)	(989) 797-3452 or Toll-free (800) 258-8678
Shiawassee Health and Wellness (Shiawassee)	(989) 723-6791 or Toll-free (800) 622-4514
Tuscola Behavioral Health Systems (Tuscola)	(989) 497-1302 or Toll-free (888) 482-8269



Grievances and Appeals Process

You will be given detailed information about grievance and appeal processes when you start services and annually. You may ask for this information at any time by contacting the customer service office as listed on pages 38 and 39.

Grievances

You have the right to say that you are unhappy with your services or supports or the staff who provide them, by filing a “grievance.” You can file a grievance *any time* by calling, visiting, or writing to the customer service office as listed on pages 38 and 39. Assistance is available in the filing process by contacting the customer service office. In most cases, your grievance will be resolved within **90 calendar days** from the date your provider receives your grievance.

- There is no time limit on when you can file a grievance.
- You have the right to file an Appeal of an Adverse Benefit Determination and a Grievance regarding other service complaints at the same time.
- A provider may file a grievance on your behalf (with verified consent from you or your legal representative).
- If you file a grievance, you will receive an acknowledgment letter. You will also receive a disposition (decision) letter in no more than **90 calendar days**.
- A State Fair Hearing can be requested if the CMH and/or SUD Provider fails to resolve the grievance and provide notice of the resolution within **90 calendar days** of the date of the grievance request.

Grievance Extensions

In most cases, your grievance will be resolved within **90 calendar days** from the date your provider receives your grievance. Your provider may extend the time for resolving your grievance by **14 calendar days** if you request an extension, or if your provider can show that additional information is needed and the delay is in your best interest. Your grievance will be resolved as quickly as your health condition requires and no later than the date the extension expires. You have the right to file a grievance if you disagree with the extension by contacting your local customer service office listed on pages 38 and 39.

Grievances and Appeals Process

Local Appeals

You will be notified when a decision is made that denies your request for services or reduces, suspends or terminates the services you already receive. This notice is called an "Adverse Benefit Determination". You have the right to request a local appeal verbally or in writing when you disagree with the decision. You must ask to appeal the decision within **60 calendar days** from the effective date on the Adverse Benefit Determination. You may ask for an appeal by contacting your customer service office listed on pages 38 and 39.

Usually, a standard appeal will be completed within **30 calendar days**. If you request and meet the requirements for an expedited appeal, a decision will be made within **72-hours**.

Important things to know:

- You may ask for assistance from Customer Service to file an appeal.
- You will have the chance to provide information in support of your appeal, and have someone speak for you regarding the appeal if you would like. All comments, documents, records, and other information submitted by you or your representative will be considered at whatever point it is submitted during the appeal process.
- Your appeal will be handled by someone who has the appropriate clinical expertise to make an informed decision but not by anyone who was involved in any previous level of review or decision making, nor a subordinate of any such individual.
- You may ask to look over the information used in making the appeal decision.
- If you file an appeal, you will receive an acknowledgment letter. You will also receive a disposition (decision) letter in no more than **30 calendar days** for standard appeals and **72 hours** for an expedited appeal.

Appeal Extension

Your provider may extend the time for resolving your appeal by **14 calendar days** if you request an extension, or if your provider can show that additional information is needed and the delay is in your best interest. You have the right to file a grievance if you disagree with the extension by contacting your local customer service office listed on pages 38 and 39.

Second Opinion, Benefit Continuation

Second Opinions

If you were denied access to community mental health services, or if you were denied psychiatric inpatient hospitalization after specifically requesting this service, the Michigan Mental Health Code allows you the right to ask for a Second Opinion.

- If you have been denied community mental health services, a second opinion will be completed upon request.
- If a request for psychiatric inpatient hospitalization is denied, a second opinion will be completed within **three (3) business days**, excluding Sundays and Holidays, of making a request.

Additionally, a second opinion from a network provider or an outside the network provider can be arranged at no cost to the enrollee upon request.

Benefit Continuation

If you are receiving a Michigan Medicaid service that is reduced, terminated or suspended before your current service authorization, and you file your appeal within **ten (10) calendar days** (as instructed on the Notice of Adverse Benefit Determination) or by the effective date upon the Notice, you may continue to receive your same level of services while your local appeal is pending. You will need to state in your appeal request that you are asking for your service(s) to continue.

If your benefits are continued and your appeal is denied, you will also have the right to ask for your benefits to continue while a State Fair Hearing is pending if you make the request to your provider within **ten (10) calendar days**. In your State Fair Hearing, you will need to say that you are asking for your service(s) to continue.

If your benefits are continued, you can keep getting them until one of the following happens: 1) you withdraw the appeal or State Fair Hearing request; 2) all entities that got your appeal decide "no" to your request; or 3) the active authorization expires or the authorization service limits are met.

NOTE: If your benefits are continued because you used this process, you may be required to repay the cost of any services that you received while your appeal was pending if the final resolution upholds the denial of your request for coverage or payment of a service.

State Medicaid Fair Hearing

State Medicaid Fair Hearing

A fair hearing is an impartial review by a state level administrative law judge. Medicaid enrollees can ask for a state fair hearing only after receiving the Notice of Appeal Denial stating that the service decision you appealed has been upheld. However, if your provider fails to adhere to the notice and timing requirements, you will be deemed to have exhausted the local appeal process and you can request a State Fair Hearing at that time. You have **120 calendar days** from the date on the Notice of Appeal Denial letter to request a State Fair Hearing. There are time limits on when you can file an appeal once you receive a decision about your local appeal.

A State Fair Hearing form and the Notice of Appeal Denial letter will be provided together. You can contact your local customer service office listed on pages 38 and 39 to ask for assistance in completing the form. After completing the form, mail or fax it to:

**MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
MICHIGAN OFFICE OF ADMINISTRATIVE HEARINGS AND RULES
PO BOX 30763
LANSING MI 48909
Fax: 517-763-0146**

You can request a hearing to be conducted quickly by calling:
toll-free (877) 833-0870.

You may have another person represent you or participate in the hearing. This person can be anyone at least 18 years of age of your choice, including a service provider and/or an attorney. Your guardian or legal representative can represent you but a copy of the court order naming the person as your guardian must be included with the hearing request, or a hearing will not be given.

A hearing will be scheduled, and you and/or your representative have the right to present facts to support your case during the hearing.

If the administrative law judge reverses the original decision and services were not active while the appeal was pending, your provider must authorize or provide the service(s) promptly; as quickly as your health condition requires but no later than 72 hours from the date the decision is received. If you received the service(s), your provider must pay for the service(s) you received.

Behavioral Health Mediation Services Program

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

What is Mediation?

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

Benefits of Mediation

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

How Much Does It Cost?

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

How to request Mediation?

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

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

Call 844-3-MEDIATE or go to www.mediation-omc.org with any questions.

Non-Medicaid Consumers

For individuals receiving non-Medicaid services the following consumer s are available.

Grievance

If you are unhappy with services and supports and it is unrelated to an appeal, you have the right to file a “grievance.” You can file a grievance *any time* by calling, visiting, or writing to the customer service office as listed on pages 38 and 39. If you file a grievance, you will receive an acknowledgment letter. You will also receive a disposition letter no later than **60 calendar days** after filing a grievance.

Appeals

Consumers without Medicaid will be notified after their request for services is denied. Active consumers with a person-centered plan and authorizations will receive notice at least **30 calendar days** before the action goes into effect when services are reduced, suspended or terminated.

You can request a local appeal by contacting your local CMH customer service office listed on pages 38 and 39. You must request the local appeal within **30 calendar days** from the date of the notice. You will receive a letter acknowledging your appeal request. You will receive a final disposition letter within **45 calendar days** of your appeal request.

You may file for a **State Alternative Dispute Resolution** if you are unhappy with the outcome of your local appeal. You have **ten (10) calendar days** from receiving the written local appeal decision letter to file for a MDHHS Alternative Dispute Resolution.

You may file a request to appeal the local decision by writing to:

**Michigan Department of Health and Human Services
Division of Program Development, Consultation, and Contracts
Bureau of Community Mental Health Services
Attn: Request for DHHS Level Dispute Resolution
Elliott-Larsen Building
320 S. Walnut
Lansing, MI 48913**

Coordination of Care

Coordination of Care

To improve the quality of services, we want to coordinate your care with the medical provider(s) who care for your physical health.

If you are also receiving substance use disorder treatment, your behavioral health care should be coordinated with those services. Being able to coordinate with all providers involved in treating you improves your chances for recovery, relief of symptoms, improved functioning, and prevention of medication interactions. Therefore, you are encouraged to sign a "Release of Information" so that information can be shared with all of your providers. Subject to the limitations of the federal and state regulations, claims information available to MSHN, your CMHs and/or SUD providers regarding your physical health and behavioral health care can be accessed and utilized without your authorization. Access and use of information can occur for purposes such as payment, treatment, healthcare coordination, and population health analysis. If disclosure exceeds the reasons specified by MSHN, your CMHs, SUD providers and/or subcontracted providers are required to inform you of disclosures, per confidentiality and notice of privacy requirements. For more information on confidentiality see page 60.

If you do not have a medical doctor and need one, contact your support staff or local customer service office as listed on pages 38 and 39. The staff will assist you in finding a medical provider.



Person-Centered Planning, Advance Directives, Crisis Planning, and Self-Determination

Person-Centered Planning/Individualized Treatment Planning

The process used to design your individual plan of behavioral health and SUD supports, service, or treatment is called "Person-Centered Planning (PCP)." PCP is your right protected by the Michigan Mental Health Code. The Michigan Department of Health and Human Services, Bureau of Substance Abuse, and Addiction Service refers to the planning process as "Individualized Treatment Planning."

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

During the person-centered/individualized treatment planning meeting, you will be asked what your hopes and dreams are, and will be helped to develop goals or outcomes you want to achieve. The people attending this meeting will help you decide what supports, services or treatment you need, who you would like to provide this service, how often you need the service, and where it will be provided. You have the right, under federal and state laws, to a choice of providers.

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

Person-Centered Planning, Advance Directives, Crisis Planning, and Self-Determination

You have the right to “independent facilitation” of the person-centered planning process. You may request that someone other than the support staff conduct your planning meetings. You have the right to choose from available independent facilitators.

Children under the age of 18 with intellectual/developmental disabilities, serious emotional disturbance, or a SUD also have the right to person-centered planning (PCP), known as Family Driven, Youth Guided Planning. Family Driven, Youth Guided Planning, must recognize the importance of the family and the fact that supports and services impact the entire family. The parent(s) or guardian(s) of the children will be involved in pre-planning and the planning process using family-centered practice in the delivery of supports, services and treatment to their children. As children grow into youth, the planning process transitions to being more youth driven and family guided in order to prepare that youth for adulthood.



Person-Centered Planning, Advance Directive, Crisis Planning, and Self-Determination

Topics Covered during Person-Centered Planning:

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

Advance Directive

Adults have the right, under Michigan law (42 CFR 422.128), to a psychiatric advance directive (“Advance Directive”). A psychiatric advance directive is a tool for making decisions before a crisis in which you may become unable to decide 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.

An Advance Directive is special instructions for a medical or behavioral health emergency. You make this plan before anything happens.

Sometimes in a medical or behavioral health emergency, a person cannot talk or give informed consent. So, before anything happens, you agree to let another person make medical or behavioral health decisions for you in such a situation. Then, if you are unable to tell what you want to be done and qualified professionals determine that you are unable to do so, the person that you chose to be your patient advocate will inform the doctors or others about the type of care you want. You can change your wishes or patient advocate at anytime, as long as you are of sound mind, by updating the Advance Directive legal form. The decision to have any type of advance directive, if one at all, is completely up to you.

If you would like more information on an advance directive, please speak with your support staff or contact your local customer service office as listed on pages 38 and 39. Forms are available for a medical or behavioral health advance directive. A copy of the form should be kept in your medical/behavioral health records, at your doctor’s office, your home, and with your patient advocate.

Person-Centered Planning, Advance Directives, Crisis Planning, and Self-Determination

If you do not believe you have received appropriate information regarding advance directives from MSHN, your community mental health provider, or substance use disorder provider, or you feel that your provider did not follow your advance directive, please contact your local customer service office, as listed on pages 38 and 39, to file a grievance.

Crisis Plan

You also have the right to develop a “crisis plan”. A crisis plan is intended to give direct care if you begin to have problems managing your life or if 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.

Natural Supports

A natural support is someone who may help you with a variety of tasks and are people that you know that are not paid to help you. Your friends and family are natural supports, and we want you to use and obtain help from as many people as possible to make your life better. While you do have support from your community mental health provider and substance use disorder provider, we want to help you improve your life without having to rely on paid staff. This will allow you to become more independent and able to function in your everyday life. Identifying natural supports is an important step in the journey to recovery and to a self-determined life.

Self-Directed Services/Choice Voucher

Self-Directed Services is an option for payment of medically necessary services you might request if you receive behavioral health services in Michigan. It is a process that helps 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. If you want more information about self-determination, please speak with your support staff or your local customer service office as listed on pages 38 and 39.

Recovery and Resiliency

Recovery is a journey of healing and transformation enabling a person with a mental illness and/or intellectual/developmental disability; and/or a substance use disorder to live a meaningful life in a community of his or her choice while striving to achieve his or her potential.

Recovery is our guiding principle when providing services to empower individuals on their journey toward wellness. Recovery is an individual journey that follows different paths and leads to different locations. Your path to recovery and wellness is a journey because it is about the lifelong process you enter into; it is not a destination. Recovery is unique to each individual and can truly only be defined by the individual. What might be recovery for one person may be only part of the process for another.

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

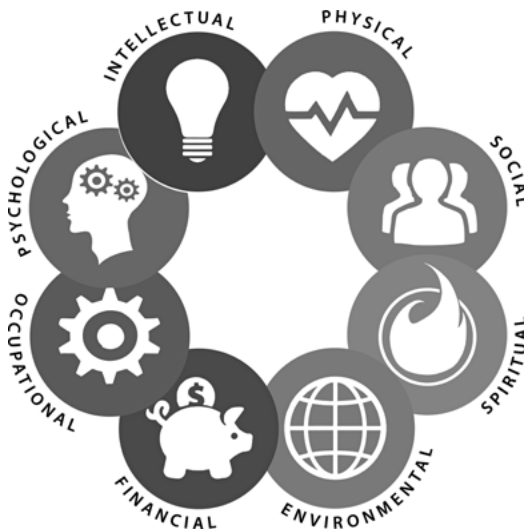
In recovery, there may be relapses or setbacks. A relapse is not a failure, but rather a challenge or an opportunity. If a relapse is prepared for, and the tools and skills that have been learned throughout the recovery journey are used, a person can overcome it and be a stronger person. It takes time, 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.

Life and Wellness

Wellness means overall well-being. It incorporates a person's mental, emotional, physical, financial, occupational, intellectual, environmental, and spiritual life aspects. Each aspect of wellness can affect the overall quality of life, so it is important to consider all aspects of health. This is especially important for people with behavioral health and substance use disorder problems because wellness directly relates to the quality and longevity of your life.

What makes us well differs from person to person. As you read this, see how the eight Dimensions of Wellness apply to you:



<p>Emotional/ Psychological: Coping effectively with life and creating satisfying relationships</p>	<p>Be aware of your feelings; express feelings to others; learn coping mechanisms to overcome troubling emotions; do meditation, yoga, relaxation, or deep breathing; use humor; get a pet</p>
<p>Financial: Satisfaction with current and future financial situations</p>	<p>Make conscious decisions regarding spending money and budgeting; plan and prepare for future circumstances</p>

(Adapted from Substance Abuse and Mental Health Services Administration [SAMHSA] Wellness Initiative)

Life and Wellness

<p>Social: Developing a sense of connection, belonging, and a well developed support system</p>	<p>Make a short list of family, friends, and peers who are supportive and positive; make at least one connection per day with a friend or family member by calling, emailing, visiting, or reaching out by social media; join a book club; volunteer</p>
<p>Spiritual: Expanding our sense of purpose and meaning in life</p>	<p>This can mean different things to different people such as religion/church or nature. For many people, spirituality can provide meaning and purpose in their lives</p>
<p>Occupational: Personal satisfaction and enrichment derived from one's work</p>	<p>We don't always consider our jobs or careers as part of our overall health. Personal satisfaction and a sense of purpose often enters one's life through work, school, or volunteering</p>
<p>Physical: Recognizing the need for physical activity, diet, sleep, and nutrition</p>	<p>Stay active! Take the stairs, walk instead of drive, or join a local sports league; make healthy food choices; sleep is as important as diet and exercise; see your primary care doctor regularly; stay informed about your medications and ask your doctor about possible side effects; don't smoke; avoid the use and abuse of substances, such as alcohol, drugs, and caffeine</p>
<p>Intellectual: Recognizing creative abilities and finding ways to expand knowledge and skills</p>	<p>Creative and stimulating activities add another dimension to wellness. Learning new things and pursuing personal interests are part of a healthy lifestyle such as finding new hobbies, taking school classes, taking community education courses, reading, writing poetry, painting, scrap booking, doing arts/crafts</p>
<p>Environmental: Good health by occupying pleasant, stimulating environments that support well-being</p>	<p>Find pleasing surroundings that encourage good physical and mental health, such as rooms with light, rooms with soothing colors, soothing music, or soothing indoor waterfall</p>

Co-Occurring Concerns

Co-Occurring Concerns

Many people think of behavioral health issues and substance use issues as being separate illnesses. However, behavioral health and substance use disorder conditions often co-occur. In other words, individuals with substance use conditions often have a behavioral health condition at the same time and vice versa, according to the Substance Abuse and Mental Health Services Administration (SAMHSA). Further, co-occurring issues also can lead to medical/physical health conditions such as liver conditions, high blood pressure, neurological issues, pain, etc.

According to the Behavioral Health Evolution, some of the more common behavioral health disorders that co-occur with substance use disorder include: Mood-related disorders (such as Major Depression or Bi-Polar Depression), Severe Mental Illness (such as Schizophrenia or Schizo-affective Disorder), and Anxiety-Related Disorders (Post Traumatic Stress Disorder, Panic Disorder, Social Anxiety, Generalized Anxiety or Obsessive-Compulsive Disorder). Individuals with behavioral health issues often use substances to feel better. Using alcohol or other drugs not only fails to repair the behavioral health disorder but also prevents a person from developing effective coping skills...and interferes with medications prescribed for behavioral health conditions.

For more information, contact your local community mental health and/or substance use disorder provider.

Resources:

www.samhsa.gov

<https://www.helpguide.org/mental-health/addiction>

Co-Occurring Concerns

Symptoms of substance use disorders may mask symptoms of behavioral illness and vice versa according to the Behavioral Health Evolution. This, combined with denial, often make it difficult to diagnose a co-occurring disorder. According to SAMHSA there are many consequences of undiagnosed, untreated, or under treated co-occurring disorders including higher likelihood of experiencing:

- Homelessness
- Jail
- Medical illnesses
- Suicide
- Early death
- Frustration with lack of treatment progress
- Difficulty with social relationships
- Impaired work/school performance

Dealing with substance use disorders or behavioral health disorders is never easy; however, it is even more challenging if they occur together. SAMHSA reports that Integrated Treatment, a treatment that addresses behavioral and substance use conditions at the same time, leads to better outcomes, such as:

- Reduced substance use
- Improved psychiatric symptoms and functioning
- Decreased hospitalization
- Increased housing stability
- Fewer arrests
- Improved quality of life
- Healthy relationships
- Job and income retention

There is hope! Combined treatment is the best for your road to recovery!

Your Responsibilities

Your Responsibilities

You can assist us with the best quality care by:

- Making every effort to keep scheduled appointments and arrive on time. If you will be delayed, we ask that you contact your staff person to inform them and to explore if it is still feasible to attend. If you cannot keep an appointment for any reason, we ask that you contact your staff person at least **24 hours** in advance so we can use this time for another individual. We will assist you in rescheduling your appointment for the earliest available date. Please inform your support staff of any barriers that you are encountering in attending appointments, such as transportation, appointment times, childcare, staff/customer rapport, sensitive topics, etc, so he/she may help brainstorm options to address these barriers
- Letting us know of a change in name, address, phone number, emergency contact, or insurance coverage
- Providing complete information regarding any medications prescribed by other medical professionals or any medications taken over the counter (including herbal supplements). Let us know what medications you are taking, why you are taking it/them, the proper way to take it/them, and possible side effects of that medication. Take your medications as prescribed. Tell your support staff and/or psychiatrist how medications are affecting you (whether good or bad)
- Participating in your care. Help develop your Person-Centered Plan or Treatment Plan
- Expressing your opinions, concerns, or suggestions in a helpful manner so we can know how best to help
- Engaging in behavior that demonstrates courtesy and respect towards staff and other clients. Aggression, threats, and abusive language including hate speech may be grounds for termination from treatment.

Recipient Rights

Your Rights

You have rights when receiving public behavioral health services and/or public substance use disorder services. You have the right to get the care you need, which means you should expect to:

- Receive behavioral health and substance use disorder services without discrimination
- Be provided meaningful access to LEP language assistance services, including but not limited to, oral and written translation
- Know the credentials of your service provider
- Know the details about your behavioral health and substance use disorder services
- Know what you can expect from program staff during your sessions
- Have things explained to you so that you understand and receive information and services in a language you understand. Interpreters are available free of charge
- Be treated with respect and with due consideration for your dignity and privacy
- Receive information on available treatment options and alternatives, presented in a manner appropriate to your condition and ability to understand
- Know what your responsibilities are while you are receiving services
- Have the option to seek a second opinion (this standard does not apply to SUD Community Grant services)
- Participate in decisions regarding your care, including the option to refuse care, without penalty, unless it is court ordered, or will endanger you or others
- Receive the information listed in this handbook at least once a year or when requested
- Know who to contact if you think your rights have been violated
- You have the right to be provided services in accordance with 42 CFR §438.206 through §438.210.

Recipient Rights

You also have the following Rights and Responsibilities:

- A right to receive information about the organization, its services, its practitioners and providers and member rights and responsibilities
- A right to be treated with respect and recognition of your dignity and right to privacy
- A right to participate with practitioners in making decisions about your healthcare
- A right to a candid discussion of appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage
- A right to voice complaints or appeals about the organization or the care it provides
- A right to make recommendations regarding the organization's member rights and responsibilities policy
- A responsibility to supply information (to the extent possible) that the organization and its practitioners and providers need in order to provide care
- A responsibility to follow plans and instructions for care that you have agreed to with your practitioners
- A responsibility to understand your health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible

Your Rights for Behavioral Health Services:

Every person who receives public behavioral health services has certain rights. The Michigan Mental Health Code protects some rights. Some of your rights include:

- The right to be free from abuse and neglect
- The right to confidentiality
- The right to be treated with dignity and respect
- The right to treatment suited to condition

The booklet "Your Rights" and/or the "Know Your Rights" brochure contain more information about your many rights. You will be given the rights information and have your rights explained to you when you first start services and annually. You can also ask for this information at any time. This recipient rights information is also available in other languages and formats.

Recipient Rights

Your Rights for Substance Use Disorder Services:

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

Freedom from Retaliation:

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

If You Think Your Rights Have Been Violated:

You may file a Recipient Rights complaint whenever if you think staff violated your rights. You can make a Recipient Rights complaint either orally or in writing.

You may contact your local community mental health services program to talk with a Recipient Rights Officer with any questions you may have about your rights or to get help to make a complaint about services. You can contact the Office of Recipient Rights at the phone number listed for your community mental health services program within the provider directory beginning on page 17, or your local customer service office as listed on pages 38 and 39.

If you have a recipient rights concern about substance use disorder services, you may call your substance use disorder provider. Ask to talk with its recipient rights advisor. You can ask any questions you may have about your substance use disorder service rights. You can also get help to make a complaint. You may also call the MSHN SUD Recipient Rights Consultant at (517) 657-3011 or toll-free (844) 405-3094.

Confidentiality & Family Access to Information

Confidentiality and Family Access to Information

You have the right to have information about your behavioral health and substance use disorder (SUD) treatment kept private. You also have the right to look at your own clinical records or request and receive a copy of your records. You have the right to ask us to amend or correct your clinical record if there is something with which you do not agree. Please remember, though, that your clinical records can only be changed as allowed by applicable law. Generally, your information can only be given to others with your permission. However, there are times when your information is shared to coordinate your treatment or when it is required by law.

Family members have the right to provide information to MSHN, your CMH and/or your SUD provider about you. However, without a Release of Information signed by you, MSHN, your CMH and/or your SUD provider may not give information about you to a family member. For minor children under the age of 18 years, parents/guardians are provided with information about their child and must sign a release of information before information can be shared with others. If you receive SUD services, you have rights related to confidentiality specific to SUD services.

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

If you feel your confidentiality rights have been violated, you can call the Recipient Rights Officer and/or Recipient Rights Advisor where you receive services.

Service Authorization (includes Out of Network)

Service Authorization

When you first come to us, we will talk with you to determine what we can do to help you. Together we will determine what services will help you get better. We will approve those services, and then you can receive them. This is called prior authorization.

Services you request must be authorized or approved by your community mental health provider or substance use disorder provider. 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 an expedited (quick) decision.

All services must be medically necessary. Substance use disorder services may be urgent or non-urgent, whereas behavioral health services may be emergent, urgent, or routine. This means that the services to be provided are needed to assure appropriate assessment and treatment of your condition. Services that are considered ineffective, experimental, or inappropriate will not be approved.

If you are referred to a community mental health agency or substance use disorder provider by the access center, you no longer have to obtain authorization from your community mental health provider or substance use disorder provider. The provider will contact the authorizing agency for further authorization on your behalf.

If you have other insurance that may cover your services, we may refer you to your insurance company for assistance. Based on your coverage, the insurance company will determine the amount and type of service(s) for which you are eligible. Please contact your local customer service office listed on pages 38 and 39 if you need assistance contacting your insurance company.

Service Authorization (includes Out of Network)

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 healthcare professional who has appropriate clinical expertise in treating your condition. Authorizations are made according to medical necessity. If you should disagree with a decision, you may ask for a second opinion (for behavioral health only) from a network provider, or arrangements will be made for you to obtain a second opinion from outside the network, at no cost to you.

If you disagree with a decision that reduces, suspends or terminates a service, you may file a local appeal (for behavioral health and SUD services.) Please refer to the local appeal section on page 41 of this handbook.

If you are not receiving approved medical services as quickly as needed, you can get help. Call your local customer service office as listed on pages 38 and 39. They will help you get the treatment services you need. The customer service office may also help you file a grievance. A grievance is a way to complain about what is wrong with the staff, services, and/or supports you are or are not getting.

Please note that we do not use any type of physician or other financial incentive plans to limit the services available to you. MSHN assures that compensation to individuals or entities that conduct utilization management activities is not structured to provide incentives for the individual or entity to deny, limit, or discontinue medically necessary services to any Medicaid enrollee. Please contact your local customer service office listed on pages 38 and 39 if you have other questions.

Out-of-Network Providers

There may be times when there are no providers in our network that can provide you with a service that you need. If the service is a covered benefit of this plan, and it is medically necessary, the community mental health or substance use disorder provider in your county will work with you to find a provider outside its network to adequately and timely provide the service. This will be at no cost to you. If you need out-of-network care or have other questions, contact your local customer service office, as listed on pages 38 and 39.

Payment for Services

Payment for Services

At the time of your first scheduled visit with your provider, you will meet with an agency staff member who will review the financial and insurance information you have been asked to bring and will establish your Ability to Pay (ATP).

If you are enrolled in Medicaid and meet the criteria for the specialty behavioral health services the total cost of your authorized behavioral health treatment will be covered. No fees will be charged to you. Some enrollees will be responsible for “cost sharing”. This refers to money that an enrollee has to pay when services or drugs are received. You might also hear terms like “deductible, spend-down, copayment, or coinsurance,” which are all forms of “cost sharing”. Your Medicaid benefit level will determine if you must pay any cost-sharing responsibilities. If you are a Medicaid beneficiary with a deductible (“spend-down”), as determined by the State, you may be responsible for the cost of a portion of your services.

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

If you are uninsured or lack insurance coverage, we will help you apply for Medicaid through the local MDHHS office. If you need help with the application, please call your local customer service office as listed on pages 38 and 39; they will assist you and/or link you to someone who can help you. You can also get help at your local MDHHS office. If you are denied Medicaid and would like to appeal the decision, MDHHS has an appeal process that you will be asked to follow. Please contact your local customer service office listed on pages 38 and 39 if you have any questions.

If Medicare is your primary payer, your provider will cover all Medicare cost-sharing consistent with coordination of benefit rules.

Medicaid Specialty Supports and Service Array

Medicaid Specialty Supports and Services Descriptions

If you are a Medicaid beneficiary and have an SMI, SED, I/DD, or an SUD,, you may be eligible for some of the Medicaid Specialty Supports and Services listed below.

Before services can be started, you will take part in an assessment to find out what your needs are and if you are eligible for services. Not all individuals who come to us are eligible for services. Not all services are available to everyone we serve.

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

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

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

Medicaid Specialty Supports and Services include the following covered services:

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

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

Medicaid Specialty Supports and Service Array

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

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

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

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

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

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

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

Medicaid Specialty Supports and Service Array

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

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

Intensive Home-Based Services for Children and Families are provided in the family home or in another community setting. Services are designed individually for each family, and can include things like behavioral health therapy, crisis intervention, service coordination, or other supports to the family.

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

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

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

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

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

Medicaid Specialty Supports and Service Array

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

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

***Occupational Therapy** includes the evaluation by an occupational therapist of an individuals' ability to take care of themselves every day, and treatments to help increase these abilities. (CWP)

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

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

Peer-Directed and Operated Support Services Peer-delivered services such as drop-in centers are entirely run by customers of behavioral health services. They offer help with food, clothing, socialization, housing, and support to begin or maintain behavioral health treatment.

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

Peer Specialist Services: Peer Specialist services are activities designed to help individuals with SMI in their individual recovery journey and are provided by individuals who are in recovery from SMI. Peer mentors help people with developmental disabilities.

Medicaid Specialty Supports and Service Array

Personal Care in Specialized Residential Settings assists adults with a mental illness or a intellectual/developmental disability 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 individual's physical abilities (such as the ways they move, use their arms or hands, or hold their body), and treatments to help improve their physical abilities.

Prevention-Direct Service Models utilize individual, family, dyadic, and group interventions designed to reduce the incidence of behavioral, social, emotional or cognitive dysfunction and increase the infant, toddler, or child's behavioral functionality, resilience, and optimal mental health, reducing the need for individuals to seek more intensive treatment through the public mental health system.

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

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

Substance Use Disorder Treatment Services (descriptions within the *Services for Individuals with Substance Use Disorders - Medicaid* section on page 74).

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

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

Medicaid Specialty Supports and Service Array

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

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

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

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

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

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

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

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

Medicaid Specialty Supports and Service Array

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

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

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

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

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

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

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

Medicaid Specialty Supports and Service Array

Family Support and Training provides family-focused assistance to family members relating to and caring for a relative with SMI, SED, or developmental disabilities. “Family Skills Training” is education and training for families who live with and or care for a family member who is eligible for the CWP. (iSPA, HSW)

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

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

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

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

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

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

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

Medicaid Specialty Supports and Service Array

Overnight Health and Safety Supports is the need for someone to be present to prevent, oversee, manage, direct, or respond to a beneficiary's disruptive, risky, or harmful behaviors during the overnight hours. Overnight Health and Safety Support is indicated for an individual who is non-self-directing, confused, has a cognitive impairment, or whose physical functioning is such that they are unable to respond appropriately in an emergency. It is further indicated for beneficiaries who have inconsistency in, or an inability to, regulate sleep patterns. (HSW, CWP and SEDW)

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

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

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

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

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

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

Supported Employment - Individual Supported Employment provides training activities provided in typical business, industry, and community settings for groups of two to six workers with disabilities paying at least

Medicaid Specialty Supports and Service Array

minimum wage. The purpose of funding for this service is to support sustained paid employment and work experience that leads to individual competitive integrated employment. Supported employment services for small groups must promote integration into the workplace and interaction between workers with disabilities and individuals without disabilities in those workplaces. (HSW, iSPA)

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

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

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

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

Medicaid Specialty Supports and Service Array

SERVICES FOR PERSONS WITH SUBSTANCE USE DISORDERS

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

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

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

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

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

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

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

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

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

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

Medicaid Specialty Supports and Service Array

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

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

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

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



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Local Michigan Department of Health & Human Services (MDHHS) Offices

*You can also contact MDHHS in your county in relation to Medicaid Fee for Service questions.

COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES (MDHHS) OFFICE	PHONE NUMBER
Arenac County MDHHS	(989) 846-5500
Bay County MDHHS	(989) 895-2100
Clare County MDHHS	(989) 539-4260
Clinton County MDHHS	(989) 224-5500
Eaton County MDHHS	(517) 543-0860
Gladwin County MDHHS	(989) 426-3300
Gratiot County MDHHS	(989) 875-5181
Hillsdale County MDHHS	(517) 439-2200
Huron County MDHHS	(989) 269-9201
Ingham County MDHHS	(517) 887-9400
Ionia County MDHHS	(616) 527-5200
Isabella County MDHHS	(989) 772-8400
Jackson County MDHHS	(517) 780-7400
Mecosta County MDHHS	(231) 796-4300
Midland County MDHHS	(989) 835-7040
Montcalm County MDHHS	(989) 831-8400
Newaygo County MDHHS	(231) 689-5500
Osceola County MDHHS	(231) 796-4300
Saginaw County MDHHS	(989) 758-1100
Shiawassee County MDHHS	(989) 725-3200
Tuscola County MDHHS	(989) 673-9100

Medicaid Specialty Supports and Service Array

Medicaid Health Plan Services

Most Medicaid enrollees also have a health plan for medical services. If you are enrolled in a Medicaid Health Plan (MHP), the following kinds of health care services are available to you when your medical condition requires them.

- Ambulance
- Chiropractic
- Doctor visits
- Health checkups
- Hearing aids
- Hearing and speech therapy
- Home Health Care
- Immunizations (shots)
- Lab and X-ray
- Nursing Home Care
- Medical supplies
- Medicine
- Mental health (limit of 20 outpatient visits)
- Physical and Occupational therapy
- Prenatal care and delivery
- Surgery
- Transportation to medical appointments
- Vision
- Family planning - (enrollees do not need a referral from your doctor for this care)

There may be some coverage rules and/or co-pays for such services. You can contact the health plan directly for more information about the services listed above. To contact your health plan, please call your MHP listed beginning on page 78. If you are not enrolled in a health plan or do not know the name of your health plan, you can contact your local customer service office as listed on pages 38 and 39 for assistance.

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Aetna Better Health of Michigan

28588 Northwestern Hwy, Suite 380B
Southfield, MI 48034
(866) 316-3784
aetnabetterhealth.com/Michigan

Blue Cross Complete of Michigan

4000 Town Center Suite 1300
Southfield, MI 48075
(800) 228-8554
www.miblucrosscomplete.com

HAP Empowered

2850 W. Grand Blvd
Detroit, MI 48202
(888) 654-2200
<http://www.hap.org/medicaid>

McLaren Health Plan

G 3245 Beecher Rd
Flint, MI 48532
(888) 327-0671
www.mclarenhealthplan.org

Meridian Health Plan of Michigan

1 Campus Martius, Suite 700
Detroit, MI 48226
(888) 437-0606
www.mimeridian.com

Medicaid Specialty Supports and Service Array

Molina Healthcare of Michigan

880 W. Long Lake Rd
Troy, MI 48098
(888) 898-7969
www.molinahealthcare.com

Priority Health Choice

1231 E. Beltline NE
Grand Rapids, MI 49525
(888) 975-8102
www.priorityhealth.com

United Healthcare Community Plan

3000 Town Center, Suite 1400
Southfield, MI 48075
(800) 903-5253
www.uhccommunityplan.com

Note: Names and contact information for Medicaid Health Plans may change. Please see the (MDHHS) website for current information at: [michigan.gov/documents/mdch/MHP Service Area Listing 326102 7.pdf](http://michigan.gov/documents/mdch/MHP_Service_Area_Listing_326102_7.pdf)

Medicaid Fee for Service

Some Medicaid enrollees do not have a health plan and are covered through the fee-for-service programs. This may include individuals with a Medicaid deductible.

You can obtain additional information regarding the service program, other state plan services, or cost-sharing by contacting your local Michigan Department of Health and Human Services (MDHHS) listed on page 76 or the Michigan Department of Health and Human Services Beneficiary Helpline at (800) 642-3195.

Services Not Covered by Medicaid and Healthy Michigan:

- Services that are covered by another insurance program
- Services for which you are determined to be ineligible by the Access Center
- Psychological evaluation per court order (except for guardianship or if needed to provide care)



Services for Individuals without Health Insurance

Note: *If you are a Michigan resident and have a serious mental illness, serious emotional disturbance, intellectual/developmental disability and/or substance use disorder, you may be eligible for some of the services listed below.*

Before services can be started, you will take part in a screening to determine your eligibility for services. It will also identify the services that can best meet your needs. *You need to know that not all people who request services are eligible, and not all services are available to everyone we serve.* If a service cannot help you, your CMH and/or SUD provider will not pay for it. Your county CMH provider and/or SUD provider will also not pay for services that are available to you from other resources in the community.

During the person-centered or treatment planning process, you will be helped to figure out the services 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, although availability may vary depending on individual provider capacity and possibly the type of funding used for your services. You will receive an individual plan of service that provides this information.

Services for Individuals with Behavioral Health Needs

A person with a serious mental illness, serious emotional disturbance, or intellectual/developmental disability may be able to get help from their local county community mental health agency for the following:

- Crisis stabilization and response
- Assessment and service planning
- Linking and coordinating to access services
- Specialized mental health treatment and support
- Prevention and advocacy services

Services for Individuals without Health Insurance

Services for those with Substance Use Needs

Individuals with substance use disorders may be able to get help with the following substance use disorder services:

- Detoxification
- Residential treatment
- Outpatient counseling
- Opioid replacement therapy and prevention

To learn more about services for individuals without health insurance, please call your local SUD provider or MSHN Access at (844) 405-3095.

Possible Wait Lists:

A Community Mental Health provider must first serve the people with the most serious problems and give care to the people who need it most. Substance use disorder providers must also serve certain populations first. The provider may use a waiting list to keep track of those who are next to receive services.

If you are placed on a waiting list for the help you need, we will find other ways to help you while you wait. When it is your turn, you will get services.



Handbook Acronyms

Acronym	An abbreviation formed from initial letters of other words
AAR	Access, Assessment & Referral
ACT	Assertive Community Treatment
CLS	Community Living Supports
CMH	Community Mental Health
CMHSP	Community Mental Health Service Program
DD	Developmental Disability
DPH	Department of Public Health
FDA	Federal Food and Drug Administration
FSS	Family Support Subsidy
HIPAA	Health Insurance Portability and Accountability Act
HMP	Healthy Michigan Plan
HSW	Habilitation Supports Waiver
IOP	Intensive Outpatient
ICF/IID	Intermediate Care Facility for Individuals with Intellectual Disabilities
LARA	Michigan Department of Licensing and Regulatory Affairs
MAHS	Michigan Administrative Hearings System
MAT	Medication Assisted Treatment
MDHHS	Michigan Department of Health and Human Services
MHP	Medicaid Health Plan
MRC	Michigan Relay Center
MSHN	Mid-State Health Network: the name for the new region in which your county belongs
PCP	Person-centered Plan or Primary Care Physician
PIHP	Pre-paid Inpatient Health Plan
SAMHSA	Substance Abuse and Mental Health Services Administration
SED	Serious Emotional Disturbance
SPMI	Severe and Persistent Mental Illness
SUD	Substance Use Disorder

Specialty Programs

Specialty Programs

Within the community mental health system, there are specialized services and programs available to specified populations with particular needs:

Children's Home and Community Based Services

Waiver (CWP):

The Children's Waiver Program (CWP) is an authorized 1915(c) program that allows individuals with developmental disabilities to receive an array of home and community-based services that assist with living in the community. The CWP provides services that enhance or add to regular Medicaid coverage for children up to age 18 who are enrolled. To be found eligible, the child must meet the following: have a developmental disability (as defined by Michigan law), be less than 18 years of age, require rehabilitation services, reside with birth or legally adoptive parent(s) or with a relative who has been named the legal guardian under State of Michigan law, be at risk of being placed into an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) because of the intensity of care and lack of needed support, must be at or below Medicaid income and asset limits when viewed as a family of one (parent's income is waived), and intellectual or functional limitations indicate that the child would be eligible for health, rehabilitative, and active treatment services provided at the ICF/IID level of care. Covered CWP services include Community Living Supports, Enhanced Transportation, Environmental Accessibility Adaptations (EAAs), Specialized Medical Equipment and Supplies, Family Training, Non-Family Training, Fiscal Intermediary, Specialty Services (recreation therapy, music therapy, art therapy), Respite Care, and Overnight Health and Safety Support. For most individuals, enrollment in the CWP becomes a pathway to Medicaid. If you would like more information about CWP, please contact your local CMH staff/Access Center or customer services as listed beginning on page 17.

Specialty Programs

Habilitation Supports Waiver Individuals with Developmental Disabilities (HSW):

The Habilitation Support Waiver (HSW) is an authorized 1915(c) program that allows individuals with developmental disabilities to receive an array of home and community-based services that assist with living in the community. To be eligible for the HSW, an individual must have a developmental disability (as defined by Michigan law), be Medicaid-eligible, reside in a community setting (with less than 13 residence beds), choose to participate in HSW services, and would require an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) level of care if not for the HSW services. Individuals enrolled in HSW must receive at least one habilitative service each month. Habilitative services include Community Living Supports, Out-of-Home Non-Vocational Habilitation, Prevocational Services, and Supported Employment. Other services covered under the HSW include Enhanced Pharmacy, Enhanced Medical Equipment and Supplies, Environmental Modifications, Family Training, Goods and Services, Personal Emergency Response System, Private Duty Nursing, Respite Care, Fiscal Intermediary, Non-Family Training, and Overnight Health and Safety Support. If you would like more information about HSW, please contact your local CMH staff/Access Center or customer services as listed beginning on page 17.

1915(i) State Plan Home and Community-Based Services (HCBS):

The 1915(i) State Plan Amendment, or 1915(i) SPA, for Home and Community-Based Services (HCBS) is a state plan program that provides opportunities for Medicaid beneficiaries to receive services in their own homes or communities rather than institutions or other isolated settings. The 1915(i) SPA serves a variety of targeted population groups, such as people with intellectual or developmental disabilities, serious emotional disturbance, and/or serious mental illnesses. To be eligible for the 1915(i) SPA, an individual must be part of one or more targeted population groups, reside in a HCBS setting, and meet certain needs-based criteria. The needs-based criteria consist of the individual having a substantial functional limitation in one or more of the following major life areas: self-care, communication, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency. An additional needs-based eligibility requirement is that, without 1915(i) SPA services, the individual is at risk of not increasing

Specialty Programs

or maintaining a sufficient level of functioning to achieve their individual goals of independence, recovery, productivity, and/or community inclusion and participation. The array of services available through 1915(i) SPA are Community Living Supports (CLS), Enhanced Pharmacy, Environmental Modifications, Family Support and Training, Financial Management Services, Housing Assistance, Respite Care, Skill Building Assistance, Specialized Medical Equipment and Supplies, Supported/Integrated Employment, and Vehicle Modifications. If you want more information about the 1915(i) SPA, please contact your local CMH staff or Customer Services as listed beginning on page 17.

Serious Emotional Disturbance Waiver (SEDW):

The Serious Emotional Disturbance Home and Community Based Services Waiver (SEDW) is an authorized 1915(c) program available to children up to 21 years of age with serious emotional disturbances (SED) and who meet state child psychiatric hospital level of care. Eligible participants must reside with their birth or adoptive family or have a plan to return to their birth or adoptive home or reside with a legal guardian or reside in a foster home with a permanency plan or be age 18 and older and live independently with supports. Individuals must demonstrate serious functional limitations that impair their ability to function in the community, be under the age of 18 when approved, and have a primary SEDW qualifying diagnosis. The SEDW allows for enhancement of or additions to Medicaid state plan covered services including but not limited to Wraparound Service (required), Community Living Supports (CLS), Respite Care, Family and Non-Family Home Care Training, Family Support and Training, Child Therapeutic Foster Care (CTFC), Therapeutic Overnight Camp, Transitional Services, Therapeutic Activities (Recreation, Music, and Art Therapies), Choice Voucher, Overnight Health and Safety Support (OHSS) and other specialty services. If you would like more information about SEDW, please contact your CMH staff/Access Center or customer services as listed beginning on page 17.

Specialty Programs

Behavioral Health Treatment (Autism Benefit):

Behavioral Health Treatment (BHT), including Applied Behavior Analysis (ABA), provides services to children under 21 years of age with Autism Spectrum Disorders (ASD) as required by the Early Periodic Screening, Diagnostic and Treatment (EPSDT) benefit. Autism is characterized by impaired social interactions, problems with verbal and nonverbal communication, repetitive behaviors, and/or severely limited activities and interests. The treatment goals for ASD are to improve core deficits in communication, social interactions, and restricted behaviors. Changing these fundamental deficits can benefit children by developing greater functional skills and independence.

ABA is a recommended treatment service for children with ASD. This treatment has been researched for over 30 years and is endorsed by the United States Surgeon General. ABA treatment services can be used to address skill development and behaviors relevant to children diagnosed with Autism Spectrum Disorders. ABA treatment services commonly address, but are not limited to, language, social, and communication skills, following instructions, peer interactions, following daily routines, self-help and daily living skills, and behavior challenges.

Medical necessity and recommendation for BHT services are determined by a physician or another licensed practitioner who is qualified and experienced in diagnosing ASD. Treatment is based on the child's age and developmental level, the presence of other disorders or complex medical conditions, how severe the child's ASD symptoms are, and the adaptive behavior deficits identified through the person centered planning process. If you would like more information about BHT/Autism Benefit, please contact your local CMH staff/Access Center or customer services as listed beginning on page 17.

For those with state regulated private health insurance plans please contact your private insurance carrier for more information about coverage of autism treatment.

Specialty Programs

Family Support Subsidy (FSS):

The Family Support Subsidy is a program offered by the state of Michigan to assist families caring for children with severe disabilities in their homes. The subsidy can pay for special expenses that the family has while caring for such special needs children. This financial support may help prevent or delay a child's placement outside of the home or will help return the child back to the home from a placement. Payment is just over \$200 per month and is the same for all families/children.

Families may be eligible for this program if:

- They have a child under 18 years of age in the home who has been recommended by a local or intermediate school district (ISD) multidisciplinary team with an eligibility criteria of:
 - Cognitive impairment (CI) (must be in severe range of functioning as determined for local ISD)
 - Severe multiple impairment (SXI) or
 - Autism spectrum disorder (ASD) (must be in classification receiving special education in such classification or in a program designed for severe CI or SXI)
- Taxable income for the family cannot exceed \$60,000 per year
- Other criteria may apply

Please contact your local community mental health Access Center or customer service office as listed beginning on page 17 for more information. The application and annual renewal process include but are not limited to provision of school documents, birth certificates and tax documents.

Behavioral Health & Substance Use Disorder Glossary

The *Guide to Services* has some words that are not always easy to understand. The "Glossary" section defines some of these words. You may want to refer to the "Glossary" section while reading the *Guide to Services* to help you to better understand each section.

Access: Your ability to get needed care and services.

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

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

- Denial or limited authorization of a requested service, including determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting, or effectiveness of a covered benefit.
- Reduction, suspension, or termination of a previously authorized service.
- Denial, in whole or in part, of payment for a service. A denial, in whole or in part, of a payment for a service solely because the claim does not meet the definition of a "clean claim" is not an ABD.
- Failure to make a standard authorization decision and provide notice about the decision within **14 calendar days** from the date of receipt of a standard request for service.
- Failure to make an expedited authorization decision within **72 hours** from the date of receipt of a request for expedited service authorization.
- Failure to provide services within **14 calendar days** of the start date agreed upon during the person centered planning and as authorized by the PIHP.
- Failure of the PIHP to act within **30 calendar days** from the date of a request for a standard appeal.
- Failure of the PIHP to act within **72 hours** from the date of a request for an expedited appeal.

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- Failure of the PIHP to provide disposition and notice of a local grievance/complaint within **90 calendar days** of the date of the request. For a resident of a rural area with only one PIHP, the denial of an enrollee's request to exercise his/her right, to obtain services outside the network.
- Denial of the enrollee's request to dispute a financial liability, including cost-sharing, copayments, premiums, deductibles, coinsurance, and other enrollee financial responsibility.

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

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

Appeal: A review of an adverse benefit determination.

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

Assertive Community Treatment (ACT): A program that offers treatment, rehabilitation, and support services using a person-centered, recovery-based approach to individuals who have been diagnosed with severe and persistent mental illness. Individuals receive ACT services including assertive outreach, mental health treatment, health, vocational, integrated dual disorder treatment, family education, wellness skills, community linkages, and peer support from a mobile, multidisciplinary team in community settings.

Behavioral Health: Includes not only ways of promoting well-being by preventing or intervening in mental illness such as depression or anxiety, but also has an aim preventing or intervening in substance use disorders or other addictions. For the purposes of this handbook, behavioral health will include intellectual/developmental disabilities, mental illness in both adults and children and

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substance use disorders.

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

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

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

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

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

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

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

Deductible (or Spend-Down): A term used when individuals qualify for Medicaid

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coverage even though their countable incomes are higher than the usual Medicaid income standard. Under this process, the medical expenses that an individual incurs during a month are subtracted from the individual's income during that month. Once the individual's income has been reduced to a state-specified level, the individual qualifies for Medicaid benefits for the remainder of the month. **Medicaid applications and deductible determinations are managed by the Michigan Department of Health and Human Services - independent of the PIHP service system.**

Developmental Disability (DD): Defined by the Michigan Mental Health code as either of the following: (a) If applied to an individual older than five (5) years, a severe chronic condition that is attributable to a mental or physical impairment or both, and is manifested before the age of 22 years; is likely to continue indefinitely; and results in substantial functional limitations in three or more areas of the following major life activities: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency; and reflects the need for a combination and sequence of special, interdisciplinary, or generic care, treatment or other services that are of lifelong or extended duration and are individually planned and coordinated; (b) If applied to a minor from birth to age five, a substantial developmental delay or a specific congenital or acquired condition with a high probability of resulting in a developmental disability.

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

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

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

Emergency Medical Transportation: Ambulance services for an emergency

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medical condition.

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

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

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

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

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

Flint 1115 Demonstration Waiver: The demonstration waiver expands coverage to children up to age 21 years and to pregnant women with incomes up to and including 400 percent of the federal poverty level who were served by the Flint water system from April 2014 through a state-specified date. This demonstration is approved in accordance with section 1115(a) of the Social Security Act, and is effective as of March 3, 2016 the date of the signed approval through February 28, 2021. Medicaid-eligible children and pregnant women who were served by the Flint water system during the specified period will be eligible for all services covered under the state plan. All such individuals will have access to Targeted Case Management services under a fee for service contract between MDHHS and Genesee Health Systems. The fee for service contract shall provide the targeted case management services in accordance with the requirements outlined in the Special Terms and Conditions for the Flint Section 1115 Demonstration, the Michigan Medicaid State Plan and Medicaid Policy.

Grievance: Expression of dissatisfaction about any matter other than an adverse benefit determination. Grievances may include, but are not limited to, the quality of care or services provided, and aspects of interpersonal relationships such as rudeness of a provider or employee, or failure to respect beneficiary's rights regardless of whether remedial action is requested. Grievance includes a beneficiary's right to dispute an extension of time proposed by the PIHP to make an authorization decision.

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Grievance and Appeal System: The processes the PIHP implements to handle the appeals of an adverse benefit determination and grievances, as well as the processes to collect and track information about them.

Habilitation Services and Devices: Health care services and devices that help an individual keep, learn, or improve skills and functioning for daily living.

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

Health Insurance: Coverage that provides for the payments of benefits because of sickness or injury. It includes insurance for losses from accident, medical expense, disability, or accidental death and dismemberment.

Health Insurance Portability and Accountability Act of 1996 (HIPAA): This legislation is aimed, in part, at protecting the privacy and confidentiality of patient information. "Patient" means any recipient of public or private health care, including behavioral health care services.

Healthy Michigan Plan (HMP): This plan provides health care benefits to individuals who are: aged 19-64 years; have income at or below 133% of the federal poverty level under the Modified Adjusted Gross Income methodology; do not qualify or are not enrolled in Medicare or Medicaid; are not pregnant at the time of application; and are residents of the State of Michigan. Individuals meeting HMP eligibility requirements may also be eligible for behavioral health services. The Michigan Medicaid Provider Manual contains complete definitions of the available services as well as eligibility criteria and provider qualifications. The Manual may be accessed at:

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

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

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

Home Health Care: Supportive care provided in the home. Care may be provided by licensed healthcare professionals who provide medical treatment needs or by professional caregivers who provide daily assistance to ensure the activities of daily living (ADLs) are met.

Hospice Services: Care designed to give supportive care to individuals in the final phase of a terminal illness and focus on comfort and quality of life, rather than cure. The goal is to enable patients to be comfortable and free of pain, so that they live each day as fully as possible.

Hospitalization: A term used when formally admitted to the hospital for skilled behavioral services. If not formally admitted, it might still be considered an outpatient instead of an inpatient even if an overnight stay is involved.

Hospital Outpatient Care: Any type of care performed at a hospital when it is not expected there will be an overnight hospital stay.

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

Intellectual Disability (ID): Defined in the Michigan Mental Health Code as a condition showing before the age of 18 years that is characterized by significantly subaverage intellectual functioning and related limitations in two or more adaptive skills and that is diagnosed based on the following assumptions: (a) Valid assessment considers cultural and linguistic diversity, as well as differences in communication and behavioral factors. (b) The existence of limitation in adaptive skills occurs within the context of community environments typical of the individual's age peers and is indexed to the individual's particular needs

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for support. (c) Specific adaptive skill limitations often coexist with strengths in other adaptive skills or other personal capabilities.

(d) With appropriate supports over a sustained period, the life functioning of the individual with an intellectual disability will generally improve.

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

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

Michigan Department of Health and Human Services (MDHHS): This state department, located in Lansing, oversees public-funded services provided in local communities and state facilities to individuals with mental illness, developmental disabilities, and substance use disorders.

Medically Necessary: A term used to describe one of the criteria that must be met for a beneficiary to receive Medicaid services. It means that the specific service is expected to help the beneficiary with his/her mental health, intellectual/developmental disability or substance use (or any other medical) condition. Some services assess needs and some services help maintain or improve functioning. The PIHPs are unable to authorize (pay for) or provide services that are not determined as medically necessary for you.

Michigan Mental Health Code: The state law that governs public mental health services provided to adults and children with mental illness, serious emotional disturbance (SED) and intellectual/developmental disabilities by local community mental health services programs and in-state facilities.

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MiChild: A Michigan health care program for low-income children who are not eligible for the Medicaid program. This is a limited benefit. Contact your local customer service office as listed on pages 38 and 39 for more information.

MSHN: An acronym for Mid-State Health Network, the PIHP for a region of 12 community mental health agencies and substance use disorder providers in 21 counties.

Network: A list of the doctors, other health care providers, and hospitals that a plan has contracted with to provide medical care/services to its enrollees.

Non-Participating Provider: A provider or facility that is not employed, owned, or operated by the PHIP/CMHSP and is not under contract to provide covered services to enrollees.

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

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

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

Prepaid Inpatient Health Plan (PIHP): An PIHP is an organization that manages the Medicaid mental health, intellectual/developmental disabilities, and substance use disorder services in their geographic area under contract

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with the State. There are 10 PIHPs in Michigan and each one is organized as a Regional Entity or a Community Mental Health Services Program according to the Mental Health Code.

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

Preauthorization: Approval needed before certain services or drugs can be provided. Some network medical services are covered only if the doctor or other network provider gets prior approval. Also called Prior Authorization.

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

Prescription Drugs: A pharmaceutical drug that legally requires a medical prescription to be dispensed. In contrast, over-the-counter drugs can be obtained without a prescription.

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

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

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

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

Provider Network: Refers to all Behavioral Health Providers and SUD providers that are directly under contract with the MSHN PIHP to provide services and/or supports through direct operations or through subcontractors.

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

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

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Rehabilitation Services and Devices: Health care services that help an individual keep, get back, or improve skills and functioning for daily living that have been lost or impaired because an individual was sick, hurt, or disabled. These services may include physical and occupational therapy, speech-language pathology and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings.

Resiliency: The ability to “bounce back.” This is a characteristic important to nurture in children with serious emotional disturbance (SED) and their families. It refers to the individual’s ability to become successful despite challenges they may face throughout their life.

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

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

Serious Emotional Disturbance (SED): Defined by the Michigan Mental Health Code, means a diagnosable mental, behavioral or emotional disorder affecting a child that exists or has existed during the past year for a period of time sufficient to meet diagnostic criteria specified in the most recent Diagnostic and Statistical Manual of Mental Disorders; and has resulted in functional impairment that substantially interferes with or limits the child’s role or functioning in family, school or community activities.

Serious Mental Illness (SMI): Defined by the Michigan Mental Health Code to mean a diagnosable mental, behavioral or emotional disorder affecting an adult that exists or has existed during the past year for a period of time sufficient to meet diagnostic criteria specified in the most recent Diagnostic and Statistical Manual of Mental Disorders; and that has resulted in function impairment that substantially interferes with or limits one or more major life activities.

Serious Emotional Disturbance Waiver (SEDW): Provides home and community-based services to children, youth, and young adults under age 21 who, if not for the availability and provisions of SEDW services, would otherwise require hospitalization in our state psychiatric hospital. The goal of the SEDW is

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to enable beneficiaries with SED who have significant needs and who meet the SEDW eligibility requirements to live in their home and community instead of receiving hospital level of care

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

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

State Fair Hearing: A state level review of beneficiaries' disagreements with CMHSP, or PIHP denial, reduction, suspension or termination of Medicaid services. State administrative law judges who are independent of MDHHS perform the reviews.

Substance Use Disorder (SUD): Defined in the Michigan Public Health Code to mean the taking of alcohol or other drugs at dosages that place an individual's social, economic, psychological, and physical welfare in potential hazard or to the extent that an individual loses the power of self-control as a result of the use of alcohol or drugs, or while habitually under the influence of alcohol or drugs, endangers public health, morals, safety, or welfare, or a combination thereof.

Urgent Care: Care for a sudden illness, injury, or condition that is not an emergency but needs care right away. Urgently needed care can be obtained from out-of-network providers when network providers are unavailable.

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

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MSHN Veteran Navigator

Mid-State Health Network (MSHN) is committed to ensuring that veterans, active-duty service members, and military families across MSHN's 21 county region have access to quality behavioral health care and substance use disorder (SUD) services.

We recognize that often veterans feel that a fellow veteran will best understand what they are going through. To offer that support, MSHN has a Veteran Navigator (VN) who will join alongside a veteran to offer support, guidance, and referrals for services. The VN will provide a confidential pathway for veterans and military families to communicate their concerns and answer questions in a non-judgmental conversation with the goal of identifying what the veteran needs and accessing quality behavioral health and substance use disorder treatment services. The VN can also assist the veteran in connecting to eligible benefits, community-based resources, and assistance with a warm hand off and follow up to other services such as:

- Employment, housing and other basic needs;
- Coordination of care support;
- Veteran-specific issues like connecting to VA Service Officers, military discharge support, and/or obtaining military records.

Contact the MSHN Veteran Navigator at:

517-483-2742

www.midstatehealthnetwork.org

Community Resource Referrals

Community Resource Referrals

If you are looking for a certain resource in your community to meet one of your needs, talk to your local CMH, SUD provider, or Customer Service. They can help you find what you need such as housing, public benefits, respite, transportation, healthcare or utility assistance. Below is a list of places that can help you find what you need in your home community. Look for your county in the list below and then contact that agency for assistance.

COUNTY	COMMUNITY RESOURCE
Arenac, Bay, Clare, Gladwin, Gratiot, Huron, Isabella, Midland, Saginaw, and Tuscola Counties	2-1-1 of Northeast Michigan Dial "2-1-1" within your service area or 1-888-636-4211 or 1-989-835-2211 outside your service area www.211nemichigan.org
Mecosta, Newaygo, and Osceola Counties	C.A.L.L. 2-1-1 Community Access Line of the Lakeshore Dial "2-1-1" within your service area or 1-231-733-1155 or 1-877-211-5253 outside your service area www.call-211.org
Ionia and Montcalm Counties	HandsOn Battle Creek 2-1-1 Michigan Dial "2-1-1" within your service area or 1-269-565-4159 or 1-800- 250-5628 outside your service area www.handsonbc.org
Clinton, Eaton, Hillsdale, Ingham, Jackson and Shiawassee Counties	2-1-1 of Central Michigan c/o LifeWays Dial "2-1-1" within your service area or 1-866-561-2500 outside your service area www.centralmichigan211.org

Please note that community resource directories are available online for many counties within the state of Michigan at: www.mi211.org.

Links To Helpful Behavioral Health and Substance Use Disorder Websites

Adult Children of Alcoholics	www.adultchildren.org
Al-anon and Ala-teen	www.al-anon.alateen.org
Alcoholics Anonymous	www.aa.org
American Academy of Child and Adolescent Psychiatry	www.aacap.org
American Association of Suicidology	www.suicidology.org
Autism Alliance of Michigan	www.autismallianceofmichigan.org
American Psychiatric Association	www.psychiatry.org
American Psychological Association	www.apa.org
Anxiety and Depression Association of America	www.adaa.org
Autism Society of America	www.autism-society.org
Center for Parent Information and Resources	www.parentcenterhub.org
Children of Parents with Mental Illness	www.copmi.net.au
Children and Adults with Attention Deficit Disorder	www.chadd.org
Cocaine Anonymous	www.ca.org
Depression and Bipolar Support Alliance	www.dbsalliance.org
Marijuana Anonymous	www.marijuana-anonymous.org
Michigan Assistive Technology Program	www.copower.org/assistive-tech
Narcotics Anonymous	www.na.org
National Alliance on Mental Illness (NAMI)	www.nami.org
National Dissemination Center for Children with Disabilities (NICHCY)	www.parentcenterhub.org
National Institute of Mental Health	www.nimh.nih.gov
National Mental Health America	www.nmha.org
988 Lifeline	Call 988 988lifeline.org
Postpartum Support International (PSI)	www.postpartum.net
Stop A Suicide Today	www.StopASuicide.org
Stop Bullying	www.stopbullying.gov
Suicide Prevention Resource Center	www.sprc.org
U.S. Department of Veterans Affairs	www.mentalhealth.va.gov
WebMD	www.webmd.com

Advocacy Organizations

ARC Michigan

1325 S. Washington Avenue
Lansing, MI 48910
(800) 292-7851 or arcmi.org

Association for Children's Mental Health

6017 W. St. Joseph Highway, Suite #200
Lansing, Michigan 48917
(517) 372-4016 or www.acmh-mi.org

Autism Society of Michigan

395 E Main Street
Bannister, MI 48807
(517) 882-2800 or www.autism-mi.org

Michigan Statewide Independent Living Counsel

PO Box 71
Middleville, MI 49333
(833) 808-7452 or www.misilc.org

Disability Network

1476 Haslett Road
Haslett, MI 48840
(517) 339-0539 or
www.dnmichigan.org

Epilepsy Foundation of Michigan

25200 Telegraph Road, Suite 110
Southfield, MI 48033
Toll-free (800) 377-6226 or
www.epilepsymichigan.org

Michigan Disability Rights Coalition

3498 E. Lake Lansing Road, Suite 100
East Lansing, MI 48823
(800) 578-1269 or mymdrc.org

Disability Rights Michigan

4095 Legacy Parkway, Suite 500
Lansing, MI 48911
(800) 288-5923 or www.drmmich.org

Michigan Relay Service

Hamilton Relay
Voice/TTY: 844-578-6563
Fax: 402-694-5110
Email: mirelay@hamiltonrelay.com
hamiltonrelay.com/michigan/index.html

National Alliance on Mental Illness - Michigan (NAMI)

401 S. Washington, Suite 104
Lansing, MI 48933
(517) 485-4049 or www.namimi.org

National Parent Helpline

(855) 427-2736 or
nationalparentyouthhelpline.org

United Cerebral Palsy-Michigan

1325 S. Washington Avenue
Lansing, MI 48910
(517) 203-1200 or
www.ucpmichigan.org

Your Input is Valued

Your Input is Valued

MSHN, your local CMH provider, and your local SUD provider have designed ways for you to share your experiences and/or provide feedback on how we may improve our services.

From time to time, we will seek your feedback about services that you have received. The information you provide is very important in letting us know what is working and what is not. The results are used to make informed decisions about our services and processes. Please take advantage of these opportunities and be honest in your feedback.

Periodically there are groups of people who meet to provide feedback about their satisfaction, the effectiveness, and the efficiency of our services. Members of these groups may include individuals receiving mental health/substance use disorder services (or those who have in the past), family members, advocates, community members, and/or service providers. Below are two examples of groups you may get involved with, and there may be more as needed. There may be other opportunities for involvement. Contact your local customer service office on pages 38 and 39 for more information.

Consumer Advisory Council

The Consumer Advisory Council is a group of individuals living with a mental illness and/or intellectual/developmental disability and/or substance use disorder (as a primary or secondary customer) who provide feedback and guidance for community mental health services and supports policies, processes, and service delivery. There may be opportunities for participation in work groups with a more specific focus.

Recipient Rights Advisory Committee

The Recipient Rights Advisory Committee (RRAC) is a group of people who meet regularly and serve in an advisory capacity to the provider's Recipient Rights Offices. As with most committees and councils, meeting times are subject to change due to staff availability, holidays, etc. It is a good idea to call ahead before attending your first meeting to ensure you will be in the right place at the right time.

Caring for our Community from Head to Toe!

Under the umbrella of Montcalm Care Network there are four distinct programs, all of which contribute to our ability to say with confidence that we are caring for our community from head to toe!



access now

Your one stop shop for MCN services and community resources. Our caring and knowledgeable staff are here to help you with the information and services you need. We can connect you with physical health, behavioral health, substance use, wellness services and more. Call or stop by our Stanton office, Monday through Friday, 8am to 5pm. Walk-ins are always welcome.



core mental health

At the core of what we do, these are the services you've come to know and expect. From the office to the community, Core Mental Health services are there to provide for the specialty needs of children and adults. With therapy, care management, psychiatric and nursing, our services are delivered by caring and compassionate staff trained in the latest techniques to ensure the best outcomes for the individuals we serve.





heartland house

Located in Greenville, the Heartland House aims to help individuals develop strong social, community living and employment skills. With structured activities and opportunities for volunteering and working in the community, Heartland House delivers big on skills in a friendly, supportive environment.



wellness works

Wellness Works is a multi-faceted program located in Stanton that provides as much community benefit as it does programming. Housing our InSHAPE program, acting as our employee wellness headquarters, and serving as a community health and fitness facility - Wellness Works just keeps working and working! Be sure to talk to your therapist or case worker, as we offer free one-year memberships for individuals receiving services at Montcalm Care Network.



989-831-7520

or

800-374-0974



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care network

Testimonials

Here's what staff have to say about the whole health focus of services at Montcalm Care Network (MCN):

"Montcalm Care Network's commitment to provide support to as many people as possible is one of my favorite things about this agency. They are willing to do what it takes to meet consumers where they are at. If they can't help, they will make sure you get connected to places that can! There is always a mentality of wanting to do more for our consumers to meet their needs and provide support. I know when I walk in the doors, there will be a positive atmosphere for both employees and consumers!"

- Jessica

"I enjoy working with MCN because of the integrated disciplinary team we have; everyone has something different to bring to the table that helps with providing the services at MCN. Staff are always working together to problem solve and provide the best care we can to the community. It is nice to work with a team that is so dedicated to supporting others and that truly cares about serving others. As a staff member, it is also important to me that we not only care about individuals served, but staff also support and care for each other. The atmosphere of MCN is one that promotes growth, success, and continues to adapt to the community and their needs."

- Jordan



Testimonials

“As an employee of Montcalm Care Network, I am gratified that this organization takes a whole health, integrated approach for each individual served. It is our goal to bridge the gap between mental and physical health; offering specialty nursing care and wellness services to those that are at the highest risk for chronic health conditions.”

-Sara

“Working for MCN, where I received my own services many years ago, makes me proud to be a part of an agency that is now focused on the whole health of our consumers—the physical as well as the mental. It is so fulfilling to be a part of an agency that cares so much about the whole person, implementing a team approach to assist our consumers in building a life worth living.”

-Michele



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My Important Names and Numbers

Please fill this out and keep it in an easy place to find.

Emergency Services / Crisis Center:

Location: _____

Phone Number: _____

My case coordinator is:

Name: _____

Phone Number: _____

My therapist is:

Name: _____

Phone Number: _____

My psychiatrist is:

Name: _____

Phone Number: _____

My medical doctor is:

Name: _____

Phone Number: _____

My pharmacy is:

Name: _____

Location: _____

Phone Number: _____

I am allergic to:

In case of emergency, call:

Name: _____

Phone Number: _____

To Request Services, or for
24-hour Emergency Service Call
(989) 831-7520 or (800) 377-0974



montcalm care network

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Stanton, MI 48888
info@montcalmcare.net

Montcalm Care Network is a governmental non-profit Michigan Mental Health Authority serving the residents of Montcalm County.

Proud Member of

MSHN

Mid-State Health Network

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