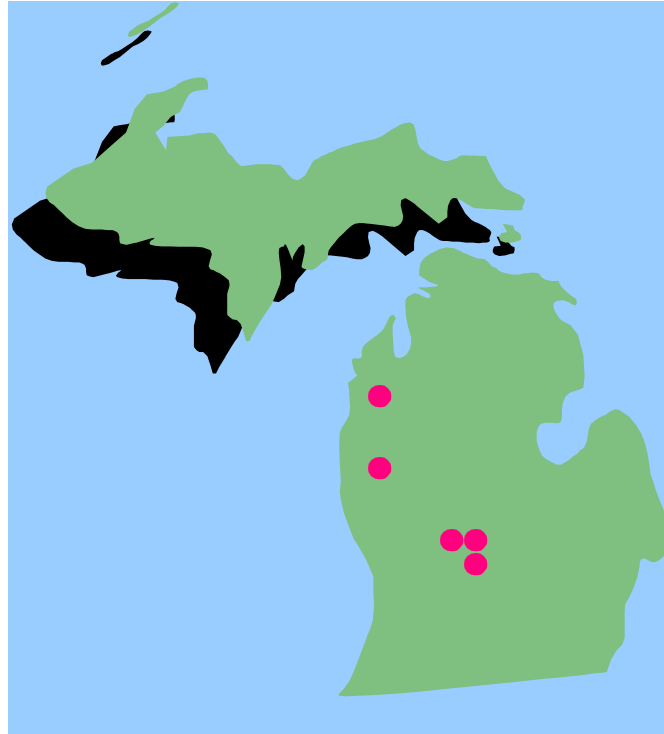


MEMBER HANDBOOK



COMMUNITY MENTAL HEALTH AFFILIATION OF MID MICHIGAN

Community Mental Health (CMH) Providers

CMH Authority of Clinton, Eaton and Ingham Counties
Gratiot County CMH
Ionia County CMH
Manistee-Benzie CMH
Newaygo County CMH

Substance Abuse Coordinating Agencies

Mid-South Substance Abuse Commission
Northern Michigan Substance Abuse Services, Inc.

July, 2009

Welcome to Community Mental Health

This handbook gives you important information about Community Mental Health Affiliation of Mid Michigan (CMHAMM) that includes the counties of Benzie, Clinton, Eaton, Gratiot, Ingham, Ionia, Manistee, and Newaygo. The Community Mental Health agencies and Substance Abuse Coordinating Agencies in these counties are working together to provide quality mental health and substance abuse services to its residents. We are a Pre-Paid Inpatient Health Plan (PIHP). We will refer to the Affiliation as **CMHAMM**.

Please read the handbook carefully. It will help you understand your rights and responsibilities as a consumer of mental health services. The handbook will answer questions you may have and make you familiar with your service provider(s). The information will also help you make decisions about the services and supports that you and your family will receive.

We want you to have a say in how, and what services you receive and, in a way that you can understand. This includes people who are deaf and have a hard time hearing, those who are not able to read, and those who do not use English as their chosen language.

We want to make sure that the services you receive are close to your home. We provide the services and supports that you need to recover or stabilize your illness along with your own choices to help you achieve your goals and desires.

The mission of the CMHAMM PIHP is to promote mental health and substance abuse services that empower people to succeed. Our core value is that **our decisions are made with the best interests of our consumers and our communities in mind.**

The CMHAMM PIHP values assure:

- You will be able to make your own decisions and direct your life.
- You will receive services that are the best we can provide and are clinically sound.
- You will receive the best high quality, affordable services.
- Each Community Mental Health member of our PIHP will direct their services and respond locally to the needs of their consumers and their communities.
- The services that we provide will be those that produce the best outcomes for our consumers.
- We will use our money wisely.
- We will ensure that you receive the right services at the right time.
- CMHAMM PIHP and its providers will follow State and Federal laws, rules and regulations.
- We are committed to doing the best for our consumers, working toward equitable funding for all community mental health organizations and social justice for all persons receiving mental health and substance abuse services.



CMHAMM is committed to conducting the delivery of services and business operations in an honest and lawful manner and consistent with its Vision, Mission, and Values. As such, CMHAMM minimally establishes the following Standards of Conduct:

- Provide high quality services consistent with CMHAMM Vision, Mission, and Values;
- Exercise honesty and integrity in the workplace;
- Prevent fraud ,abuse and waste;
- Refrain from knowingly participating in illegal activities;
- Report any actual or suspected violation of the Compliance Plan, Standards of Conduct, agency policies or procedures, or other conduct that is known or suspected to be illegal;

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Or by e-mail to customerservice@ceicmh.org

- Provide accurate information to federal, state, and local authorities and regulatory agencies when applicable;
- Promote confidentiality and safeguard all confidential information according to policy;
- Practice ethical behavior regarding relationships with consumers, payers, and other health care providers;
- Protect the integrity of clinical decision-making, basing care on identified medical necessity;
- Seek to continually maintain and improve work-related knowledge, skills, and competence; and
- Actively support a safe work environment, free from harassment of any kind.

If you would like more information or do not understand the information contained in this handbook, please call your CMH Customer Service Representative. Individuals can also request information about the PIHP operations, such as our organizational chart, our annual reports, lists of our Board Members and meeting schedules and minutes by simply calling Customer Services.

CMHAMM PIHP Customer Services toll-free at (877) 333-8933

After you have started working with your service provider, you will be given an orientation to learn the provider's procedures and other rules. For the health and safety of the people served, each program site has evacuation maps, fire extinguishers, and first aid kits available if they are needed. If you have any questions, please ask the staff working with you. In the event of a drill or a real emergency, everyone is expected to cooperate with directions that are given.

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CMHAMM Provider/Customer Service Information

CMHAMM provider hours of operation:

CMHAMM provider offices are open **8:00 am to 5:00 pm, Monday through Friday** (excluding holidays). Some services may have extended evening hours.

Emergency services are open 24 hours a day, 365 days a year.

Individuals with hearing impairments should contact the Michigan Relay Center at 711 or (800) 649-3777 and ask them to call the number listed below for the provider you wish to reach.

Customer Services is available to help answer your questions and help you:

- Review the content of this handbook,
- Learn how to obtain services;
- Learn about what services you can get;
- Find a provider;
- Get answers to your questions; and
- Make a complaint or give positive feedback about services that helped you.



County	Telephone
Clinton Eaton Ingham	(877) 333-8933 or (517) 346-8244
Gratiot	(800) 622-5583 or (989) 466-4192
Ionia	(888) 527-1790 or (616) 527-1790
Manistee Benzie	(877) 398-2013
Newaygo	(800) 968-7330 or (231) 689-7330

Community Mental Health Authority of Clinton, Eaton, and Ingham Counties
 (CMHA-CEI) 812 East Jolly Road, Lansing, Michigan 48910
www.ceicmh.org
 Robert Sheehan, Executive Director
 Dr. Jonathan Henry, Medical Director

Languages spoken other than English: Polish, Punjabi, Spanish

Access to All Services (*Walk In hours 8:30 a.m. to 4:30 p.m. Monday-Friday*)

812 East Jolly Road Toll-free: (888) 800-1559
Phone: (517) 346-8318
Michigan Relay Center 711 or 800-649-3777

Emergency Services/Crisis Services (*available 24 hours a day*)

812 East Jolly Road Toll-free: (800) 372-8460
Phone: (517) 346-8460

Administrative Offices

812 East Jolly Road Phone: (517) 346-8238

Customer Services

812 East Jolly Road Phone: (517) 346-8244

Recipient Rights

812 East Jolly Road Phone: (517) 346-8249

Gratiot County Community Mental Health (GCCMH)

608 Wright Avenue, P.O. Box 69, Alma, Michigan 48801

www.gccmha.org

Carolyn Hilley, Chief Executive Officer

Sunil Rangwani, MD, Medical Director

Languages spoken other than English: Spanish, German, French, Romanian, Urdu, Sindhi, Japanese

Access to All Services

Switchboard Toll-free: (800) 622-5583
Phone: (989) 463-4971
Michigan Relay Center 711 or 800-649-3777

Emergency Services (available 24 hours a day)

320 Warwick Drive Toll-free: (800) 622-5583
Alma, MI Phone: (989) 463-4971

Administrative Offices

608 Wright Avenue Toll-free: (800) 622-5583
Alma, MI Phone: (989) 463-4971

Customer Services

To contact a Representative Phone: (989) 466-4192
Switchboard Toll-free: (877) 398-2013
Phone: (989) 463-4971

Recipient Rights

Recipient Rights Officer Toll-free: (800) 622-5583
Phone: (989) 466-4112

Ionia County Community Mental Health (ICCMH)

375 Apple Tree Drive, Ionia, Michigan 48846

www.ioniacmhs.org

Robert S. Lathers, Chief Executive Officer

Dr. Ronald VanValkenburg, Medical Director

Languages spoken other than English: French, German, Spanish, Tagalog, Vietnamese

Access to All Services

375 Apple Tree Drive Toll-free (888) 527-1790
Phone: (616) 527-1790
Michigan Relay Center 711 or 800-649-3777

Emergency Services (available 24 hours a day)

375 Apple Tree Drive Toll-free (888) 527-1790
Phone: (616) 527-1790

Administrative Offices

375 Apple Tree Drive Toll-free (888) 527-1790
Phone: (616) 527-1790

Customer Services

375 Apple Tree Drive Toll-free (888) 527-1790
Phone: (616) 527-1790

Recipient Rights

375 Apple Tree Drive Toll-free (888) 527-1790
Phone: (616) 527-1790

Manistee-Benzie Community Mental Health (MBCMH)*310 N. Glocheski Drive, Manistee, Michigan 49660*www.mbcmh.org*Joseph Johnston, Chief Executive Officer**Dr. Gregory Green, Medical Director*

Languages spoken other than English: Spanish

Access to All Services**Customer Services, Contract Management****Customer and Provider Services** Toll-free: (877) 398-2013

Michigan Relay Center 711 or 800-649-3777

Suite 800, 6051 Frankfort Hwy.

Benzonia, MI 49616

Emergency Services *(available 24 hours a day)*

Customer and Provider Services Toll-free: (877) 398-2013

Suite 800, 6051 Frankfort Hwy.

Benzonia, MI 49616

Administrative Offices

310 N. Glocheski Dr.

Toll-free: (877) 398-2013

Manistee, MI 49660

Recipient Rights

P.O. Box 335

Toll-Free: (877) 398-2013

Manistee, MI 49660

Newaygo County Community Mental Health (NCCMH)*1049 Newell, White Cloud, Michigan 49349*www.newaygocmh.org*Greg Snyder, Chief Executive Officer**Dr. Nan Alt, Medical Director*

Languages Spoken other than English: Spanish

Access to All Services

1049 Newell

Toll-free: (800) 968-7330

White Cloud, MI 49349

Phone: (231) 689-7330

Michigan Relay Center: 711 or 800-649-3777

Emergency Services *(available 24 hours a day)*

1049 Newell

Toll-free: (800) 968-7330

White Cloud, MI 49349

Phone: (231) 689-7330

Administrative Offices

1049 Newell

Toll-free: (800) 968-7330

White Cloud, MI 49349

Phone: (231) 689-7330

Customer Services

1049 Newell

Toll-free: (800) 968-7330

White Cloud, MI 49349

Phone: (231) 689-7330

Recipient Rights

1049 Newell

Toll-free: (800) 968-7330

White Cloud, MI 49349

Phone: (231) 689-7330

[For more information, contact CMHAMM Customer Services toll-free at 1-877-333-8933](tel:1-877-333-8933)[Or by e-mail to customerservice@ceicmh.org](mailto:customerservice@ceicmh.org)

Mid-South Substance Abuse Commission (MSSAC)

2875 Northwind Dr., Ste. 215, East Lansing, Michigan 48823

www.mssac.org

Mr. Gary VanNorman, Executive Director

Medical Director: N/A

Languages Spoken other than English: Spanish
Access to All Services: Phone: (517) 337-4406
Michigan Relay Center 711 or 800-649-3777

Northern Michigan Substance Abuse Services, Inc. (NMSAS)

P.O. Box 1278 Gaylord, Michigan 49734

1165 Elkview Drive, Ste. 1, Gaylord, Michigan 49735

www.nmsas.net

Mr. Dennis Priess, Executive Director

Medical Director: N/A

Languages Spoken other than English: Spanish, Odawa

Access to All Services: Phone: (989) 732-1791
Michigan Relay Center 711 or 800-649-3777

Definitions of Terms



The Member Handbook has some words that are not always easy to understand. The “Terms” section defines some of these words. You may want to refer to the “Terms” section while reading the Member Handbook to help you better understand each section.

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

Adult Benefits Waiver: Michigan health care program for certain low-income adults who are not eligible for the Medicaid program. Contact the [Customer Services Unit] for more information. This is a narrowly defined benefit that does not entitle you to all of the services and supports described in this brochure.

Amount, Duration, and Scope: How much, how long, and in what ways the Medicaid services that are listed in a person’s individual plan of service will be provided.

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

CA: An acronym for Substance Abuse Coordinating Agency. The CAs in Michigan manage services for people with substance use disorders.

CMHSP: An acronym for Community Mental Health Services Program. There are 46 CMHSPs in Michigan that provide services in their local areas to people with mental illness and developmental disabilities.



Fair Hearing: A state level review of beneficiaries' disagreements with health plans' denial, reduction, suspension or termination of Medicaid services. State administrative law judges who are independent of the Michigan Department of Community Health perform the reviews.

Deductible (or Spend-Down): A term used when individuals qualify for Medicaid coverage even though their countable incomes are higher than the usual Medicaid income standard. Under this process, the medical expenses that an individual incurs during a month are subtracted from the individual's income during that month. Once the individual's income has been reduced to a state-specified level, the individual qualifies for Medicaid benefits for the remainder of the month.

Developmental Disability: Is defined by the Michigan Mental Health code means either of the following: (a) If applied to a person older than five 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; (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.

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 mental health care, services.

MDCH: An acronym for Michigan Department of Community Health. This state department, located in Lansing, oversees public-funded services provided in local communities and state facilities to people with mental illness, developmental disabilities and substance use disorders.

Medically Necessary: A term used to describe one of the criteria that must be met in order for a beneficiary to receive Medicaid services. It means that the specific service is expected to help the beneficiary with his/her mental health, developmental disability or substance use (or any other medical) condition. Some services assess needs and some services help maintain or improve functioning.

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

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

PIHP: An acronym for Prepaid Inpatient Health Plan. There are 18 PIHPs in Michigan that manage the Medicaid mental health, developmental disabilities, and substance abuse services in their geographic areas. All 18 PIHPs are also community mental health services programs.

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

Resiliency: The ability to "bounce back." This 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.

Specialty Supports and Services: A term that means Medicaid-funded mental health, developmental disabilities and substance abuse supports and services that are managed by the Pre-Paid Inpatient Health Plans.

SED: An acronym for Serious Emotional Disturbance, and as 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: Is defined by the Michigan Mental Health Code to mean a diagnosable mental, behavioral or emotional disorder affecting an adult that exists or has existed within 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.

Substance Use Disorder (or substance abuse): Is 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.

Supports and Services

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



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

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

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

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

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

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

Assessment includes a comprehensive psychiatric evaluation, psychological testing, substance abuse screening, or other assessments except for physical health, conducted to determine a person's level of functioning and mental health treatment needs.

***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.

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

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

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

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

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

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

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

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



Extended Observation Beds (or 23-hour stay units) are used to stabilize a mental health emergency when a person needs to be in the hospital for only a short time. An extended observation bed allows hospital staff to observe and treat the person's condition for up to one day before they are discharged to another community-based outpatient service or admitted to the hospital.

Family Skills Training is education and training for families who live with and or care for a family member who is eligible for specialty services or the Children’s Waiver Program.

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

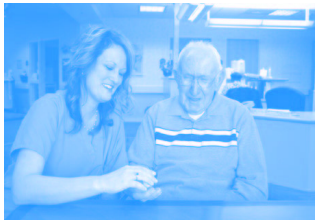
Health Services include assessment, treatment, and professional monitoring of health conditions that are related to or impacted by a person’s mental health condition. A person’s primary doctor will treat any other health conditions they may have.

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

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

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

Intermediate Care Facility for Persons with Mental Retardation (ICF/MR) provide 24-hour intensive supervision, health and rehabilitative services and basic needs to persons with developmental disabilities. The state of Michigan has one ICF/MR called the Mt. Pleasant Center.



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

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

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

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

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

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

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

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

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

Prevention Service Models (such as Infant Mental Health, School Success, etc.) use both individual and group interventions designed to reduce the likelihood that individuals will need treatment from the public mental health system.

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

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

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

Substance Abuse Treatment Services (descriptions follow the mental health services)

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

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

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

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

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

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

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

- **Chore Services (for Habilitation Supports Waiver (HSW) enrollees)** are provided by paid staff to help keep the person's home clean, and safe.
- **Non-Family Training (for Children's Waiver enrollees)** is customized training for the paid in-home support staff who provide care for a child enrolled in the Waiver.
- **Out-of-home Non-Vocational Supports and Services (for HSW enrollees)** is assistance to gain, retain or improve in self-help, socialization or adaptive skills.
- **Personal Emergency Response devices (for HSW enrollees)** help a person maintain independence and safety, in their own home or in a community setting. These are devices that are used to call for help in an emergency.
- **Prevocational Services (for HSW enrollees)** include supports, services and training to prepare a person for paid employment or community volunteer work.
- **Private Duty Nursing (for HSW enrollees)** is individualized nursing service provided in the home, as necessary to meet specialized health needs.
- **Specialty Services (for Children's Waiver enrollees)** are music, recreation, art, or massage therapies that may be provided to help reduce or manage the symptoms of a child's mental health condition or developmental disability. Specialty services might also include specialized child and family training, coaching, staff supervision, or monitoring of program goals.



Services for Persons with Substance Use Disorders

The Substance Abuse treatment services listed below are covered by Medicaid. These services are available through [PIHP or SA Coordinating Agency]

- **Access, Assessment and Referral (AAR)** determines the need for substance abuse services and will assist in getting to the right services and providers.
- **Outpatient Treatment** includes counseling for the individual, and family and group therapy in an office setting.
- **Intensive Outpatient (IOP)** is a service that provides more frequent and longer counseling sessions each week and may include day or evening programs.
- **Methadone and LAAM** Treatment is provided to people who have heroin or other opiate dependence. The treatment consists of opiate substitution monitored by a doctor as well as nursing services and lab tests. This treatment is usually provided along with other substance abuse outpatient treatment.
- **Sub-Acute Detoxification** is medical care in a residential setting for people who are withdrawing from alcohol or other drugs.
- **Residential Treatment** is intensive therapeutic services which include overnight stays in a staffed licensed facility.

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

For more information, contact CMHAMM Customer Services toll-free at 1-877-333-8933
Or by e-mail to customerservice@ceicmh.org

care doctor. If you receive Community Mental Health services, your local community mental health services program will work with your primary care doctor to coordinate your physical and mental health services. If you do not have a primary care doctor, your local community mental health services program 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. In order to learn more about this service, you may call the local Michigan Department of Human Services' number below or contact the Customer Services Office at 1-877-333-8933 for assistance.

Local Human Services Office	Phone Number
Benzie County	(231) 882-1330
Clinton County	(989) 224-5500
Eaton County	(517) 543-0860
Gratiot County	(989) 875-5181
Ingham County	(517) 887-9400
Ionia County	(616) 527-5200
Manistee County	(231) 723-8375
Newaygo County	(231) 689-5500

Contact Information may also be found at www.michigan.gov/humanservices .

Medicaid Health Plan Services

If you are enrolled in a Medicaid Health Plan, the following kinds of health care services are available to you when your medical condition requires them.

- Ambulance
- Chiropractic
- Doctor visits
- Family planning
- Health check ups
- Hearing aids
- Hearing and speech therapy
- Home Health Care
- Immunizations (shots)
- Lab and X-ray
- 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



If you already are enrolled in one of the health plans listed below you can contact the health plan directly for more information about the services listed above. If you are not enrolled in a health plan or do not know the name of your health plan, you can contact the Customer Services Office at 1-877-333-8933 for assistance. As of this printing, this is a current list of Medicaid Health Plans providing services to CMHAMM enrollees:

For more information, contact CMHAMM Customer Services toll-free at 1-877-333-8933
Or by e-mail to customerservice@ceicmh.org

Community Choice Michigan

2369 Woodlake Drive
Okemos, MI 48864
(517) 349-9922
(800) 390-7102
<http://www.ccmhmo.org>

Health Plan of Michigan, Inc.

17515 W. Nine Mile Road, Suite 500
Southfield, MI 48075
(248) 557-3700
(888) 437-0606
<http://www.hpmich.com>

McLaren Health Plan

G 3245 Beecher Road, Suite 200
Flint, MI 48532
(888) 327-0671
<http://www.mclarenhealthplan.org>

Molina Healthcare of Michigan

100 W. Big Beaver Road, Ste. 600
Troy, MI 48084
(248) 925-1700
(888) 898-7969
<http://www.molinahealthcare.com/>



PHP- Mid-Michigan Family Care

P.O. Box 30377
Lansing, MI 48909-7877
(517) 364-8400
(800) 661-8299
<http://www.phpmm.org>

Priority Health Government Programs, Inc.

1231 East Beltline NE
Grand Rapids, MI 49525-4501
(616) 942-0954
(888) 975-8102
<http://www.priority-health.com>

For a current list of Medicaid Health Plan Providers, contact Customer Service at 1-877-333-8933 or log on to: <http://www.michigan.gov/mdch/>

Confidentiality and Family Access to Information



You have the right to have information about your mental health treatment kept private. You also have the right to look at your own clinical records and add a formal statement about them if there is something you do not like. Generally information about you can

For more information, contact CMHAMM Customer Services toll-free at 1-877-333-8933
Or by e-mail to customerservice@ceicmh.org

only be given to others with your permission. However, there are times when your information is shared in order to coordinate your treatment or when it is required by law.

Family members have the right to provide information to providers of Community Mental Health Affiliation of Mid-Michigan about you. However, without a Release of Information signed by you, the providers may not give information about you to a family member. For minor children under the age of 18 years, parents are provided information about their child and must sign a release of information to share with others.

If you receive substance abuse services, you have rights related to confidentiality specific to substance abuse services.

Under HIPAA (Health Insurance Portability and Accountability Act), you will be provided with an official Notice of Privacy Practices from your community mental health services program. 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 Office where you receive services.

At times your permission is not needed to share your mental health or substance abuse information. These times include:

- A law or court order requires your information to be released.
- You or your legal representative gives written consent.
- The information is needed to obtain benefits for you or to get payment for the cost of services.
- The information is needed for research or statistical purposes (your name will not be given).
- You die and your surviving heirs need information to apply for benefits.
- You tell your mental health professional that you plan to harm yourself or another person. We may also be required to notify the police.
- Child abuse or neglect is suspected or revealed. We must then make a report to Children's Protective Services (CPS) and local police.
- If CPS suspects abuse or neglect and contacts us for asking for information, we must provide it.
- If your child requests information on his/her treatment after he/she reaches age 18.
- To a non-custodial parent and /or parent's attorney with the consent of the custodial parent.
- When state laws require that information be disclosed to a local health department due to a communicable disease.

There may be situations in which you want to share your behavioral health information with other agencies, providers, or certain individuals who may be assisting you in some way. In these cases, you can sign a Release of Information Form, which states that your records, or certain limited parts of your records, may be released to the individuals or agencies that you name on the form. For more information about the Release of Information Form, contact your CMH Customer Service Representative.

Coordination of Care

To improve the quality of services, Community Mental Health of Mid-Michigan wants to coordinate your care with the medical provider who cares for your physical health. If you are also receiving substance abuse services, your mental health care should be coordinated with those services. Being able to coordinate with all providers involved in treating you improves your chances for recovery, relief of symptoms and improved functioning. Therefore, you are encouraged to sign a "Release of Information"

For more information, contact CMHAMM Customer Services toll-free at 1-877-333-8933
Or by e-mail to customerservice@ceicmh.org

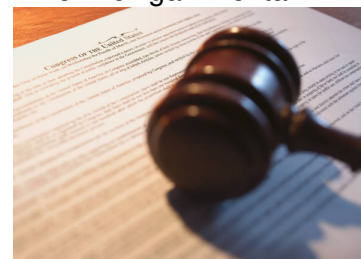
so that information can be shared. If you do not have a medical doctor and need one, contact the Customer Services Unit and the staff will assist you in getting a medical provider.

County	Telephone
Clinton Eaton Ingham	(877) 333-8933 or (517) 346-8244
Gratiot	(800) 622-5583 or (989) 466-4192
Ionia	(888) 527-1790 or (616) 527-1790
Manistee Benzie	(877) 398-2013
Newaygo	(800) 968-7330 or (231) 689-7330

What are my rights while receiving services in CMHAMM PIHP?

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

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



More information about your many rights is contained in the booklet titled “Your Rights.” You will be given this booklet and have your rights explained to you when you first start services, and then once again every year. You can also ask for this booklet at any time.

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

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

You may contact 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. Customer Services can also help you make a complaint. Customer Services can be contacted at 1-877-333-8933.

Freedom from Retaliation

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

To contact the Recipient Rights Officer in your county:

County	Telephone
Clinton Eaton Ingham	(877) 333-8933 or (517) 346-8249
Gratiot	(800) 622-5583 or (989) 463-4971
Ionia	(888) 527-1790 or (616) 527-1790
Manistee Benzie	(877) 398-2013
Newaygo	(800) 968-7330 or (231) 689-7330

Accessing Services

What do I do in an emergency?

For life threatening emergencies always call 911

A “mental health emergency” is when a person is experiencing a serious mental illness, or a developmental disability, or a child is experiencing a serious emotional disturbance and can reasonably be expected in the near future to harm him/herself or another, or because of his/her inability to meet his/her basic needs is at risk of harm, or the person’s judgment is so impaired that he or she is unable to understand the need for treatment and that their condition is expected to result in harm to him/herself or another individual in the near future. You have the right to receive emergency services at any time, 24-hours a day, seven days a week, without prior authorization for payment of care.

If you have a mental health emergency, you should seek help right away. At any time during the day or night call:

County	Telephone
Clinton Eaton Ingham	(800) 372-8460 or (517) 346-8460
Gratiot	(800) 622-5563 or (989) 463-4971
Ionia	(888) 527-1790 or (616) 527-1790
Manistee Benzie	(877) 398-2013
Newaygo	(800) 968-7330 or (231) 689-7330

Post-Stabilization Services:

After you receive emergency mental health care and your condition is under control, you may receive mental health services to make sure your condition continues to stabilize and improve. Examples of post-stabilization services are crisis residential, case management, outpatient therapy, and/or medication reviews.

CMHAMM Provider Network

Your CMH will provide you with a list of providers when you begin services and upon request thereafter. You may also ask your CMH customer service representative for a list of providers. If there is no one on the list that provides the service you are seeking, ask your customer service representative to assist you in locating a provider that meets your needs.

If there is not a provider within the CMHAMM network to provide the services that you need. You may need to go outside of the network to get the service. You may do that if:

- It is a covered service
- It is medically necessary for you
- You need the service

We will work with you to find a provider. Please contact the CMHSP customer service representative:

County	Telephone
Clinton Eaton Ingham	877-333-8933 or (517) 346-8244
Gratiot	(800) 622-5583 or (989) 466-4192
Ionia	(888) 527-1790 or (616) 527-1790
Manistee Benzie	(877) 398-2013
Newaygo	(800) 968-7330 or (231) 689-7330

[For more information, contact CMHAMM Customer Services toll-free at 1-877-333-8933](tel:1-877-333-8933)
Or by e-mail to customerservice@ceicmh.org

What do I do if I need services while traveling?

You can get emergency mental health services throughout Michigan. In an emergency, call or go to the local mental health office or hospital emergency room in the county where you are located at the time.

If your concern is not an emergency, and can wait, call your supports coordinator, case manager or primary therapist when you return home.

Language Assistance and Accommodations

Language Assistance

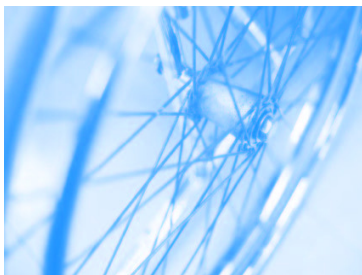
If you use a TTY, please call the Michigan Relay Center at 711 or 800-649-3777. The service is available all the time.

If you need a sign language interpreter, contact the customer services office at 877-333-8933 as soon as possible so that one will be made available. Sign language interpreters are available at no cost to you.

If you do not speak English, contact the customer services office at 877-333-8933 so that arrangements can be made for an interpreter for you. Language interpreters are available at no cost to you.

If you have any other special communication or accommodation needs, please let us know.

Accessibility and Accommodations



In accordance with federal and state laws, all buildings and programs of the Community Mental Health Affiliation of Mid Michigan are required to be physically accessible to individuals with all 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 of the Community Mental Health Affiliation of Mid Michigan. If you need more information or if you have questions about accessibility or service/support animals, contact Customer Services at 1-877-333-8933.

If you need to request an accommodation on behalf of yourself or a family member or a friend, you can contact Customer Services at 1-877-333-8933. You will be told how to request an accommodation (this can be done over the phone, in person and/or in writing) and you will be told who at the agency is responsible for handling accommodation requests.

Individual Plans of Service

What are Person-Centered and Family-Centered Planning?

The process used to design your individual plan of mental health supports, service, or treatment is called "Person-centered Planning (PCP)." PCP is your right protected by the Michigan Mental Health Code.

For more information, contact CMHAMM Customer Services toll-free at 1-877-333-8933
Or by e-mail to customerservice@ceicmh.org

The process begins when you determine whom, beside yourself, you would like at the person-centered planning meetings, such as family members or friends, and what staff from the CMHSP you would like to attend. You will also decide when and where the person-centered planning meetings will be held. Finally, you will decide what assistance you might need to help you participate in and understand the meetings.

During person-centered planning, you will be asked what are your hopes and dreams, and will be helped to develop goals or outcomes you want to achieve. The people attending this meeting will help you decide what 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 planning meeting if you want to talk about changing your plan of service.

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

Children under the age of 18 with developmental disabilities or serious emotional disturbance also have the right to person-centered planning. However, person-centered planning must recognize the importance of the family and the fact that supports and services impact the entire family. The parent(s) or guardian(s) of the children will be involved in pre-planning and person-centered planning using “family-centered practice” in the delivery of supports, services and treatment to their children.

Topics Covered during Person-Centered Planning

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

ADVANCE DIRECTIVES:

What is an advance directive?

In Michigan, if you are 18 years of age and do not have a guardian, you may make an advance directive and choose someone to be your patient advocate. A patient advocate can make health care decisions for you when you are not able to make them for yourself. The advance directive must be in writing and tells your patient advocate and your health care providers what kind of care you want or don't want if you cannot speak for yourself.

Why would I want an advance directive?

Some day you may not be able to speak for yourself. With an advance directive you know that you will receive the care that you want. If you don't have an advance directive, the court may need to appoint a guardian. The guardian would then make your health care choices.

Do I have to have an advance directive?

No. No one can force you to have an advance directive. No one can tell you what to put into an advance directive. You can not be denied care because of your choice about advance directives. You have the right to accept or refuse medical, surgical or mental health care.

What is a patient advocate?

A patient advocate is someone you appoint (when you are healthy) to make decisions about your health care when you are not able to make those decisions for yourself. You choose who

your patient advocate is. You can tell your patient advocate about the choices you want them to make for you.

How do I appoint a patient advocate?

A patient advocate should be an adult that you trust and who knows you well. This person can be your spouse, a family member or a friend or anyone else that you choose. You should talk to that person to see if he/she is willing to be your patient advocate. Your patient advocate must sign a paper that says they agree. You must also have two other people, "witnesses", present who also sign the paper.

Your witnesses cannot be members of your family, your patient advocate, or an employee of your health care providers.

How do I write my advance directives and what do I do with them?

You do not have to use a special form to write your advance directives. If you would like to use a form, ask your customer service representative for copies of the forms. You may pick the one that works best for you. Make sure that you type or print clearly. Give a copy to your patient advocate and to all of your health care providers.

Who decides when I am no longer able to speak for myself and that my patient advocate will be called?

If you are receiving medical care, your doctor and a second doctor will decide when you are not able to make health care decisions for yourself and make sure that your patient advocate is called.

If you are receiving mental health care, your doctor and a mental health professional (another doctor, a psychologist, a registered nurse or a social worker) will decide and have your patient advocate called.

What does the right to waive revocation for mental health care mean?

Michigan law says that you may choose to waive your right to revoke the appointment of your patient advocate. If you waive this right in writing, as part of your advance directives, your revocation will go into effect 30 days after you make the decision.

When should I review my advance directive?

Health care and your health may change. You should review your advance directives at least once a year and make changes as necessary. Be sure to give copies to your patient advocate and your health care providers each time that your advance directives are changed. A copy of your advance directive will be kept in your clinical record.

Are there other kinds of advance directives?

There are 3 types of advance directives. Each is different. It helps if you understand the 3 types.

1. Durable power of attorney for health care or proxy. These are both the same as a patient advocate. Michigan law allows you to appoint a durable power of attorney for health care.
2. A Living Will tells health care providers about your health care choices if you are not able to tell them yourself. Living Wills are not binding in Michigan. Michigan Courts may look at a living will but the courts do not have to follow what it says.

3. A Do-Not-Resuscitate Order says that you do not want help if you stop breathing or your heart stops working. This can also be called a DNR or DNRO. You may write a DNR if you are 18 years or older and competent. You should tell your health care providers and your family that you have written a DNR. You must give your health care providers a copy of your DNR. You may also wear a bracelet that says that you have a DNR. Michigan law allows your DNR to be followed.

If you live in an adult foster care home and you have written a DNR, the staff at the adult foster care home will follow your DNR but must call emergency medical services (EMS) and have you taken to the hospital if your heart and/or breathing has stopped. A copy of your DNR will be given to EMS. Just like an advance directive, you can revoke your DNR at any time. A Guardian cannot write a DNR for you. Only you, when you are 18 and competent can write your DNR.

What is the difference between a guardian and a patient advocate?

A Court chooses your guardian and decides what powers your guardian has. You must read the papers from the court to understand what type of powers were given to your guardian.

You choose your patient advocate and instruct them on what choices about health care and mental health care you would like them to make for you when you are unable to choose for yourself. When you choose your patient advocate you must be 18 years old and competent. Usually if the court has appointed a guardian for you, you are not considered competent and cannot appoint a patient advocate.

Michigan law says that if you appointed a patient advocate before the court appointed a guardian for you, your patient advocate will still make health care decisions on your behalf as you specified in your advance directives.

Who can answer questions about advance directives?

If you have questions about advance directives or would like copies of forms, contact the customer service department at 1-877-333-8933.

CRISIS PLANS:

What is a Crisis Plan?

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

SELF-DETERMINATION:

What is Self-determination?

Self-determination is an option for payment of medically necessary services you might request if you are an adult beneficiary receiving mental health services in Michigan. It is a process that would help you to design and exercise control over your own life by directing a fixed amount of dollars that will be spent on your authorized supports and services, often referred to as an “individual budget.” You would also be supported in your management of providers, if you choose such control.

What if I cannot get the services I asked for?

If your provider cannot give you a specific service, they will ask you if another service or support will help you to reach your goals. Together, you can talk about options.

Are there limits on Person-centered planning?

The services offered by your provider are set by “best practice” guidelines. Within these services, you will be offered a variety of choices. However, there may be limits on some of your choices:

- Your choices must not do harm to you or someone else
- Your choices must not be illegal

To find out more about PCP/FCP, please contact your provider’s Customer Service Department:

County	Telephone
Clinton Eaton Ingham	(877) 333-8933 or (517) 346-8244
Gratiot	(989) 466-4192
Ionia	(888) 527-1790 or (616) 527-1790
Manistee Benzie	(877) 398-2013
Newaygo	(800) 968-7330 or (231) 689-7330

What happens if I move to another area?

If you move, tell your provider and CMHSP. You may need to change to a new provider and new CMHSP/PIHP if your move is to another county in Michigan. If that happens, your records may be given to the new provider once you give written permission. Your CMHSP or your provider can help you with a referral to a new provider.

If you are Medicaid eligible, call the agency where you applied for those benefits to let them know that you moved and to give them your new address.

Service Authorization

At CMHAMM, services you request must be authorized or approved by your local community mental health provider. That agency 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 3 business days if the request requires a quick decision.

Any decision that denies a service you request or denies the amount, scope or duration of the service that you request will be made by a health care professional who has appropriate clinical expertise in treating your condition. Authorizations are made according to medical necessity. If you do not agree with a decision that denies, reduces, suspends or terminates a service, you may file an appeal.

Recovery & Resiliency

“Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her potential.”

Recovery is an individual journey that follows different paths and leads to different locations. Recovery is a process that we enter into and is a life long attitude. Recovery is unique to each individual and can truly only be defined by the individual themselves. What might be recovery for one person may be only

For more information, contact CMHAMM Customer Services toll-free at 1-877-333-8933
Or by e-mail to customerservice@ceicmh.org

part of the process for another. Recovery may also be defined as wellness. Mental health supports and services help people with mental illness in their recovery journeys. The person-centered planning process is used to identify the supports needed for individual recovery.

In recovery there may be relapses. A relapse is not a failure, rather a challenge. If a relapse is prepared for, and the tools and skills that have been learned throughout the recovery journey are used, a person can overcome and come out a stronger individual. It takes time, and that is why **Recovery** is a process that will lead to a future that holds days of pleasure and the energy to persevere through the trials of life.



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

Payment for Services

Do I have to pay for my services?

If you are enrolled in Medicaid and meet the criteria for the specialty mental health and substance abuse services, the total cost of your authorized mental health or substance abuse treatment will be covered.

If you are a Medicaid beneficiary with a deductible (“spend-down”), as determined by the Michigan Department of Human Services (DHS), you may be responsible for the cost of a portion of your services.

How much will I pay? Michigan law requires your provider to bill all insurance companies for the services provided. “Insurance” includes Medicaid, Medicare, and any private insurance you may have.

Your provider will bill your insurance company at the full cost of your services. You will be responsible for any balance **not** paid by your insurance company, up to your ability to pay. If you do not want your insurance company billed, you will be asked to pay the full cost of services.

Please note: You may be referred back to your insurance company to get services if you have (or receive in the future) an insurance not accepted by your provider.

How is my share of the fees determined? The amount you must pay for most services (your “ability to pay”) is based on your state taxable income.

For services provided to children under 18 years old, the fee is based on the parents’ income and also might include:

- The amount of the child’s income (SSI, wages, child support, etc)
- The value of the child’s assets (savings accounts, CD’s, trusts, etc)
- The child’s necessary living expenses (food, clothing, housing, medical bills)

State law requires the provider to set an ability to pay for both parents and children. Even if a child receives Medicaid, the parents may still have an ability to pay for the child’s services.

What if I disagree with the fees that I am asked to pay?

If you feel you cannot pay your “ability to pay”, you may ask your Case manager to help you get a *redetermination*. A redetermination is a review of your ability to pay. It requires detailed information about your income and expenses. This information will provide a better look at your financial situation. Your ability to pay may be changed.

What must I do to help determine my share of the fees?

To help set an affordable fee for you, please:

- Provide the information requested to set your fees. This might include pay stubs, income tax records, and proof of expenses.
- Provide information about any health insurance you may have for yourself, your spouse, or your kids.
- Tell us of changes in your insurance or finances.

You must pay your share of your fees up to the cost of services or your ability to pay, whichever is lowest. By law, your fees must be reviewed yearly as long as you or your family members are receiving services.

If you have questions about service fees, contact your provider’s Billing Department:

County	Telephone
Clinton Eaton Ingham	(800) 372-8460 or (517) 346-8460
Gratiot	(800) 622-5583 or (989) 466-4105
Ionia	(888) 527-1790 or (616) 527-1790
Manistee Benzie	(877) 398-2013
Newaygo	(800) 968-7330 or (231) 689-7330

Grievances and Appeals

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 Services Office. Assistance is available in the filing process by contacting 1-877-333-8933. You will be given detailed information about grievance and appeal processes when you first start services and then again annually. You may ask for this information at any time by contacting the Customer Services Office at 1-877-333-8933.

Appeals

You will be given notice when a decision is made that denies your request for services or reduces, suspends or terminates the services you already receive. You have the right to file an “appeal” when you do not agree with such a decision. There are two ways you can appeal these decisions. There are also time limits on when you can file an appeal once you receive a decision about your services.

You may:

- Ask for a “Local Appeal” by contacting Customer Service at 1-877-333-8933. and/or
- You can ask at any time for a Medicaid Fair Hearing before an administrative law judge (a state appeal). Inquiries may be made to the State Office of Administrative Hearings and Rules for the Department of Community Health by calling **877-833-0870** or **(517) 334-9500** . The fax number is **(517) 334-9505** . If you prefer to write, the address is as follows:

STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES
FOR DEPARTMENT OF COMMUNITY HEALTH
ADMINISTRATIVE TRIBUNAL
P.O. BOX 30763
LANSING, MI 48909

Your appeal will be completed quickly, and you will have the chance to provide information or have someone speak for you regarding the appeal. You may ask for assistance from Customer Services Office at 1-877-333-8933 to file an appeal.

What kinds of advocacy resources are available?

There are local and national organizations that provide resources for persons with behavioral health needs and family members and caretakers of persons with behavioral health needs.

If you would like more information about the resources available in your area please contact your provider's customer service department.

Transportation

You may be able to get transportation to and from non-emergency services. Contact your CMH Customer Service Representative at 1-877-333-8933 to see if you can get a ride.

Most transportation to and from medical and other appointments can be arranged by contacting your local Department of Human Services.

Local Human Services Office	Phone Number
Benzie County	(231) 882-1330
Clinton County	(989) 224-5500
Eaton County	(517) 543-0860
Gratiot County	(989) 875-5181
Ingham County	(517) 887-9400
Ionia County	(616) 527-5200
Manistee County	(231) 723-8375
Newaygo County	(231) 689-5500

Contact Information may also be found at www.michigan.gov/humanservices .

Transportation during an emergency does not need prior approval. Call 911 if you need assistance.

Consumer Input

Consumer Satisfaction Surveys



It is the goal of your PIHP provider to give you services that you are happy with. Aside from talking about your satisfaction at your Person-centered planning meeting, you may be asked to fill out a satisfaction survey. Your comments are welcome and used to improve services of your provider. Surveys are typically done:

- Once a year while receiving services
- As part of our follow-up to your care after you have been discharged from services.

You can choose to fill out the survey or you can choose not to participate. You do not need to give us your name. However, your provider may call you if you request it on the survey form.

Depending on the type of services you receive, you may be asked to participate in assessments or testing to help demonstrate how much you have improved since starting services. If you are asked to participate, the staff working with you will explain the process. Only the person working directly with you will know your individual responses.

The survey and assessment/testing results are reviewed by your PIHP as part of a quality improvement program to measure service outcomes. The results are reviewed by service supervisors, consumer groups, provider board members, state-level reviewers, and outside accrediting agencies. Each time the information is reviewed, your provider is identifying things that can be changed about the system to improve services for you and the other people served.

How can I be involved in my local CMHSP or CMHAMM?

The PIHP has a group of consumers who meet to talk about the services of the providers. Members are asked to provide feedback about service satisfaction, effectiveness, and efficiency. The members create meeting schedules and agendas.

In addition to these groups, each Community Mental Health has opportunities for consumers to participate in regular committee meetings. The committee topics may include quality improvement, customer services, recipient rights and others.

If you are involved with an advisory group or other committee, you may have the opportunity to be paid for your active participation. Each Community Mental Health currently has a policy to provide payment to members who are assisting with the business of the CMHSP. For information about advisory group or committee opportunities, call the customer services office of your local provider.

