

Macomb County Community Mental Health



Help

When You Need It

A Service Guide for Consumers
and the Community

The art on the cover, “Sun Dancer,” was created by the Planning Committee for the 2005 Macomb County Recovery Conference. The Conference was planned and hosted by Members of Crossroads Clubhouse. The image is meant to express celebration — in community, in ourselves, and in the possibilities for Recovery.

Macomb County
Community Mental Health,
guided by the values, strengths, and
informed choices of the people we
serve,
provides quality services
which promote recovery, community
participation, self-sufficiency, and
independence.

Welcome to MCCMH	3
This section includes information on accreditation, requesting information about MCCMH, eligibility and fees for service, non-discrimination, language assistance, and reasonable accommodations.	
Office of Community Relations	10
This section describes calling the Office of Community Relations.	
Crisis and Urgent Services	11
This section describes the services of the MCCMH Urgent Behavioral Healthcare Center, the Crisis Center, and the Children’s Mobile Team.	
Hospital and Emergency Services	14
This section defines a behavioral health emergency, lists area hospitals and hospital alternatives, and gives information about advance crisis planning. It also tells about options for other types of emergencies.	
Requesting Non-Emergency Services	18
This section provides information about calling the Access Center for routine, non-emergency behavioral health, developmental disability, or substance use disorder treatment services.	
Planning Your Services	21
This section describes the way services are planned with you using Person-Centered Planning, your role in PCP, and determining which services may be available to you.	
Using Self-Determination	28
This section describes the Self-Determination model of service delivery.	
Recovery and Resiliency	30
This section describes the philosophy of recovery in behavioral health.	
Choice of Providers	31
This section describes your right to a choice of service providers.	
Medicaid-Covered Services	32
This section describes Medicaid-covered behavioral health and developmental disability services.	
Autism Services	39
This section describes early childhood autism services available through MCCMH.	

Non-Medicaid Services	41
This section describes emergency services available to uninsured and underinsured persons, funded by the State’s General Fund.	
Substance Use Disorder Treatment Services	42
This section describes substance use disorder treatment services available to Medicaid and non-Medicaid recipients.	
Additional MCCMH Services	44
This section lists additional services available through MCCMH.	
Your Physical Healthcare	46
This section describes Medicaid Health Plans and how to contact them, how to enroll in Medicaid, and the coordination of your physical and behavioral health care.	
Excluded Services	51
This section describes services that MCCMH and Medicaid will not cover or provide.	
Grievances and Appeals	52
This section describes your grievance and appeal rights and options, and the help available to you if you have a problem at MCCMH.	
Office of Recipient Rights	58
This section describes the Office of Recipient Rights, some of your protected rights, and how to file a Recipient Rights complaint.	
Confidentiality and Ethics	61
This section describes your confidentiality protections when you receive MCCMH services, and the ethics of our service delivery.	
Online Resources and Support	65
This section describes the online resources MCCMH makes available to support recovery and wellness.	
The Numbers You Need	66
This is a list of MCCMH phone numbers, hours, and websites.	
Community Resources	69
This is a list of helpful community resources.	
Glossary of Terms	70
This is a list of words and phrases used throughout this booklet, along with their definitions.	

Welcome to Macomb County Community Mental Health !

We want your experience with us to be as satisfying and effective as possible. Throughout this booklet, you will find all the information you need while you receive services from MCCMH, or from any of our contract agencies. Use this booklet like a dictionary — as a resource when you have questions or want more detailed information about your services. Any time you have questions, talk with your Supports Coordinator, Case Manager or Therapist; or call the Office of Community Relations/ Customer Service.

Throughout this booklet, you will find information set off in boxes like this one. This is information that the State of Michigan specifically wants us to tell you about your Community Mental Health services. We have included more detail on each of the topics because we want to be sure that you have all the information you need to use your services and exercise your rights while you are served by MCCMH. If you have questions about anything that you read, talk to your Supports Coordinator, Case Manager or Therapist; or call the Office of Community Relations/ Customer Service.

Alert for MI Health Link Members

If you are a MI Health Link member in Macomb County, **this is not the service guide that applies to you.** Your rights, and our obligations to you, are different if you are enrolled in MI Health Link. If you are a MI Health Link member, ask your clinician to give you a copy of the “Guide to Behavioral Health Services for MI Health Link Members” instead of this booklet.

Accreditation

MCCMH services are accredited by the **Commission on Accreditation of Rehabilitation Facilities**, usually called CARF. **CARF** is a national organization that independently reviews the services of behavioral health and disability service organizations. Accreditation is your assurance that the services you receive meet the highest standards of quality and effectiveness, and that your services are provided in a way that is respectful of you as a person.

Information about MCCMH

MCCMH programs and services are supported and funded by the Macomb County Board of Commissioners and the Michigan Department of Health and Human Services, and are administered by the Macomb County Community Mental Health Board. MCCMH is governed by the **Michigan Mental Health Code**, the Michigan law that governs the delivery of public behavioral health services, and by the **Public Health Code**, the Michigan law that governs the delivery of public substance use disorder treatment services.

If you wish, you may request additional information about the structure and operations of MCCMH by calling the Office of Community Relations. You may request information about MCCMH, its contract agencies, or your individual services, at any time.

Eligibility for Services

You may be eligible for specialty behavioral health, developmental disability, or substance use disorder treatment services provided by MCCMH if you are a resident of Macomb County and:

- You have ever been told by a doctor that you have what is called a “serious mental illness;” or you have a history of serious mental illness, or
- You have ever been told by a doctor that you have a developmental disability or a developmental delay; or you have a history of such disability, or
- You believe you may have one of these conditions, but haven't been tested, or
- Your child has or may have one of these conditions, or
- You or a family member believe that you have a substance use problem, **and**
- You have Medicaid or Healthy Michigan, coverage, or you have limited or no insurance covering your emergency behavioral health or substance use disorder treatment.

The specific programs and services offered by the MCCMH network may have their own eligibility requirements, in addition to those above. Talk to your Therapist, Case Manager, or the Office of Community Relations/ Customer Service about the requirements, rights, privileges, and responsibilities within the programs that serve you.

Non-Discrimination

MCCMH is a public provider of behavioral health, developmental disability, and substance use disorder treatment services. MCCMH cannot and does not discriminate on the basis of race, color, nationality, religious or political belief, gender, age, disability status, or relationship to a person with disabilities, or against any other legally protected group. If you believe you have been denied services or have been mistreated because of who you are, contact the MCCMH Office of Recipient Rights. You may also have the right to pursue independent legal action.

Paying for Services

If you are enrolled in Medicaid and meet the criteria for specialty behavioral health services, the total cost of your authorized behavioral health services will be covered. No fees will be charged to you. If you are a Medicaid beneficiary with a deductible (“spend-down”), as determined by the Michigan Department of Human Services (MDHHS), you may be responsible for part of the cost of your services.

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

For some services, MCCMH may require that you exhaust other resources before we will fund the service. MCCMH will not pay for services that are available to you from other resources in the community.

If you do not have insurance and we believe that you may qualify for Medicaid, we will require you to apply for it, and/ or we may help you to do so. If you have private insurance that covers our services, you will be required to use it when receiving MCCMH services.

Communication Assistance

We want to provide services to you in the way that you can best understand and use them. If you or a family member need an American Sign Language (ASL) interpreter, or if you best use a language other than English and you would like to receive your services in your native language, you have the right to an independent interpreter to help you use your behavioral health services. You may also request translation of written materials. **If you need an interpreter, one will be provided at no cost to you.**

يحقُّ لك الاستعانة بمتّرجم لمساعدتك في استخدام خدمات الصحة النفسيّة ومعالجة الادمان

Avete diritto ad un interprete indipendente che vi assista nell'uso dei servizi di salute mentale o di abuso di sostanze.

Podczas korzystania z usług służby zdrowia psychicznego lub usług w zakresie walki z nałogami masz prawo do pomocy ze strony niezależnego tłumacza.

Tiene derecho a un intérprete independiente para que le ayude a utilizar los servicios para la salud mental o para el abuso de sustancias.

If you prefer an interpreter for another language, or you prefer this information in English on tape, call

586-469-7795

6

If you are a person who does not speak English as your primary language, and/ or who has a limited ability to read, speak, or understand English, or if you are deaf or hard of hearing and use ASL interpreters, you may be eligible to receive language assistance.

If you are a person who is deaf or hard of hearing, you can use the Michigan Relay Center (MRC) to reach MCCMH or your provider. Please call 7-1-1 and ask MRC to connect you to the number you are trying to reach.

If you need a sign language interpreter, or if you do not speak English and prefer a language interpreter, contact the Ombudsman at 586-469-7795 as soon as possible so that arrangements can be made for an interpreter for you. **Interpreters are available at no cost to you.**

All MCCMH offices are equipped with telephone interpreter services to help us talk to you in your native language. (We will place your call on “hold” briefly while we connect to an interpreter.)

If you would like an ASL or language interpreter to help you use your services, call the Ombudsman. If you need an interpreter, the Ombudsman will make sure that one is available at all your face to face appointments with MCCMH. You may ask for interpreter or translation services at any time.

The Ombudsman 586-469-7795

Fax: 586-469-7674

Hours of Operation: 8:30 a.m. to 5:00 p.m. M-F.

After Regular Business Hours: The Crisis Center 586-307-9100

Accessibility and Accommodations

In accordance with federal and state laws, all buildings and programs of MCCMH are required to be physically accessible to individuals with all qualifying disabilities. Any individual who receives emotional, visual, or mobility support from a qualified, trained, and identified service animal such as a dog will be given access, along with the service animal, to all buildings and programs of MCCMH. If you need more information or if you have questions about accessibility or service/support animals, contact the MCCMH Ombudsman at 586-469-7795.

If you need to request an accommodation on behalf of yourself or a family member or a friend, you can contact the Ombudsman at 586-469-7795 for assistance. 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.

We will work with you to accommodate your accessibility needs in an effective and reasonable way. If you need an accommodation and you feel that we have failed to provide it for you, you may contact the Ombudsman or the Office of Recipient Rights for assistance.

Alternative Formats

This Member Information Handbook can be made available on tape for persons who prefer an alternative to printed materials. Other printed materials can also be made available on tape, or in other formats as needed. Contact your Supports Coordinator, Case Manager, or Therapist, or call the Ombudsman to request an alternative format.

7-1-1

If you are a person who is deaf, hard of hearing, or has a hard time using the phone due to speech difficulties, you can reach any MCCMH office (including our contract agencies) by calling the Michigan Relay Service at 7-1-1.

Transportation

If you are a Medicaid beneficiary, you may be able to get help getting rides to your Medicaid covered medical services, including services authorized by MCCMH. You can get help with a ride if you do not have another way to get to approved medical appointments and services. If you are covered by a Medicaid Health Plan, the plan will help you arrange transportation. Look at the back of your MIHealth card (your Medicaid card) for the customer service phone number for your health plan, or see page 48 for a list of plans and their phone numbers.

If you are covered by Medicaid but you are not enrolled in a Medicaid Health Plan, call **Logisticare Solutions at 866-569-1902** to arrange for transportation. You must make your reservation in advance of your appointments.

Medicaid Fraud, Waste, or Abuse

Medicaid fraud is false billing by providers for Medicaid-covered services that weren't actually provided (or were not provided as billed), or false use of Medicaid-covered services by someone who isn't supposed to have them. Medicaid fraud uses up valuable Michigan Medicaid dollars that are meant to help people who need health services. Everyone can help by reporting fraud.

Some Examples of Medicaid Fraud

When a Health Care Provider:

- Bills for medical services not actually performed
- Provides and bills for unnecessary services
- Bills for more expensive services than are actually performed
- Bills more than once for the same medical service
- Dispenses generic drugs but bills for brand-name drugs
- Gives or accepts something of value (cash, gifts, services) in return for medical services
- Falsifies cost reports

Or When a Person:

- Lies about his/her eligibility for Medicaid
- Lies about his/her medical condition
- Forges prescriptions
- Sells his/her prescription drugs to others
- Loans his/her Medicaid card to others

How to Report Suspected Fraud

If you think someone is committing fraud, report it to the MCCMH Corporate Compliance Office. Email concerns to ComplianceReporting@mccmh.net, or report them anonymously on the MCCMH website at: <http://www.mccmh.net/Default.aspx?tabid=316>. If you prefer, you can call the Corporate Compliance Office. **Your report will be kept confidential, and you will not be retaliated against for filing a report.**

The MCCMH Corporate Compliance Office 586-469-6481

Hours for the Corporate Compliance Office:

Monday thru Friday, 8:30 a.m. to 5:00 p.m.

Office of Community Relations

If you aren't sure who to call at MCCMH, call the Office of Community Relations. Anyone interested in the services, offices, or activities of MCCMH can call the **Office of Community Relations**. The Office of Community Relations functions as the Customer Services Office of MCCMH, as well as providing other services to the MCCMH service network and the community. In this book, you will sometimes see this office referred to as the Office of Community Relations/ Customer Service. They are one and the same office.

The Office of Community Relations is independent from the Access Center and the clinical service locations of MCCMH. The Ombudsman is also located within the Office of Community Relations. Unless you ask the Ombudsman for help solving a problem related to your services, your calls to the Office of Community Relations will not involve any of the people who provide services to you. We will not tell others that you have called, and we will not tell others whether or not you use MCCMH services.

The Office of Community Relations586-469-6958
The Ombudsman 586-469-7795

Fax for the Ombudsman: 586-469-7674

Service Hours for the Office of Community Relations and the Ombudsman: Monday thru Friday, 8:30 a.m. to 5:00 p.m.

Email us through the Feedback box on the homepage of our website, www.mccmh.net.

After Regular Business Hours: The Crisis Center586-307-9100

Becoming Involved at MCCMH

There are many ways for persons who use MCCMH services, their family members and friends, as well as interested community members, to be involved in the design, delivery, and ongoing evaluation of MCCMH services. If you would like to learn more about how you can help MCCMH improve our services, call the office of Community Relations for more information.

Crisis and Urgent Services

The Macomb County Crisis Center offers many services to help in difficult situations. The Crisis Center is available to anyone in Macomb County 24 hours a day, seven days a week. Crisis Center services are confidential and are free. You do not need to call the Access Center or use any other MCCMH service to use Crisis services. Contact the MCCMH Crisis Line for help with any of these issues:

- Suicidal thoughts or feelings
- Information on mental health/illness
- Substance abuse/addiction/ recovery information
- Relationship problems
- Abuse/violence
- Economic problems causing anxiety/depression
- Loneliness
- Family problems
- Any other concern that is causing you distress
- To help a friend or loved one

Crisis Center services include:

Crisis Counseling: Trained counselors are available by phone to provide support to callers facing any situation. Counselors provide referrals to many community resources, listen to concerns, and help find solutions.

Macomb Emergency Response Group (MERG): MERG offers trained crisis teams who respond on-site to community disasters affecting groups of people. MERG helps to stabilize the work, school, or community setting by responding immediately to the stress of unexpected community crises.

Survivors of Suicide (SOS): Professional facilitators lead a peer support group for family and friends of persons who have died by suicide. SOS aids the healing process by providing information and resources and by allowing members to share their feelings in a non-judgmental, confidential setting. SOS is now managed by KNOW RESOLVE. Contact the Crisis Center to get connected.

Urgent Behavioral Healthcare Center

Urgently Needed Care

Urgently needed care is care you get for a sudden onset or change of symptoms, or condition that isn't an emergency but needs care right away. For example, you might have a flare-up of an existing condition and need to have it treated.

The Urgent Behavioral Health Center (UBHC) offers **Same Day / Urgent Care** access to behavioral health services for Medicaid beneficiaries in Macomb County. The goal at the UBHC is begin services as soon as possible, to prevent crisis and reduce or avoid the need for hospitalization.

The Urgent Behavioral Health Center will provide an immediate assessment to determine behavioral health care needs. The UBHC offers a variety of services including: assessments, medication management, crisis intervention, peer support, resource assistance, and coordination of care. The specific services provided will be based on your unique identified needs.

The UBHC will provide the identified services until you are connected to an ongoing provider. That provider, working with the Access Center, will manage your behavioral health treatment and services for as long as you need them.

The MCCMH Urgent Behavioral Healthcare Center is located at 43800 Garfield Road in Clinton Township. If you can, call the UBHC to let the team know you are coming.

**Macomb County Crisis Center and UBHC 1-855-927-4747
586-307-9100
800-442-HOPE
800-237-TALK**

MCCMH Crisis Services are available 24/ 7/ 365. The phone call is free.

Remember: If you prefer, the Crisis Center will call you back at any number you give us. The Crisis Center is also equipped with telephone interpreter services for those who best use a language other than English.

Mobile Crisis Stabilization for Children

The Mobile Crisis Stabilization program for children provides in-home or community based crisis intervention to children and their families who are experiencing a crisis. The goal of the service is to intervene in a crisis situation as soon as possible, to reduce or avoid the need for hospitalization.

The Mobile Crisis Team, including a therapist, parent support partner, and other team members who might be helpful, will respond to any non-life threatening emotional or behavioral issue that may be disrupting the child's life. The team will help the family manage the crisis, provide resources, and schedule follow-up appointments.

You may request assistance from the Mobile Crisis Team if:

- Your child is experiencing a crisis, and help is needed to manage the situation.
- Your child is experiencing symptoms or behaviors that can reasonably be expected in the near future to lead the child to physically harm him/herself or someone else, either intentionally or unintentionally.
- Your child exhibits risk behaviors and/or emotional symptoms which are a noticeable change from his or her usual behavior.
- Your child requires immediate assistance in order to avoid going to the hospital.
- Your child resides in Macomb County and is covered by Medicaid.

Calling the Mobile Crisis Team

13

**The Crisis Center Toll Free: 1-855-927-4747
Local: 586-307-9100**

**The Access Center Toll Free: 1-855-996-2264
Local: 586-948-0222**

Hours of Operation: Monday thru Friday, 8:30 a.m. to 9:00 p.m.
Saturday, 10:00 a.m. to 6:00 p.m.

Behavioral Health Emergencies

A “behavioral health emergency” is when a person is experiencing symptoms and behaviors that can reasonably be expected in the near future to lead the person to harm him/herself or another, or because of his/her inability to meet his/her basic needs he/she 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.

If you have a behavioral health emergency, you should seek help right away. **At any time during the day or night, call the Crisis Center at 1-855-927-4747 or 586-307-9100 for help deciding where to go.**

Please Note: If you use a hospital emergency room, there may be health care services provided to you as part of the hospital treatment you receive. You may receive a bill for these services and may be responsible for this bill, depending on your insurance status. These services may not be part of the PIHP emergency services you receive. Customer services can answer questions about such bills.

Post Stabilization Services: After you receive emergency behavioral health care and your condition is under control, you may receive behavioral 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. Prior to the end of your emergency-level care, MCCMH will help you to coordinate your post-stabilization services.

Authorization for Emergency Care

If you or someone you care about is experiencing a behavioral health emergency, you should seek help right away. **You do not need to call the Access Center to seek prior authorization for payment of care;** the hospital staff will do that for you.

What to do in a Behavioral Health Emergency

If you or someone else is experiencing a behavioral health emergency, seek help right away. If you are experiencing a behavioral health emergency, **go to the nearest hospital with a psychiatric care unit.** These hospitals contract with MCCMH to provide psychiatric emergency services; but, in an emergency, you can go to any hospital. (Note: A= adults, C= children)

Henry Ford Macomb, Mt. Clemens Campus (A) 215 N. Ave., Mt. Clemens 48043	(586) 466-9895
Harbor Oaks Hospital (A, C) 35031 Twenty-Three Mile New Baltimore 48047	(586) 725-5777
BCA — StoneCrest Center (A, C) 15000 Gratiot Ave., Detroit 48205	(313) 245-0649
Behavioral Center of Michigan (A, C) 4050 E. Twelve Mile Rd., Warren 48092	(586) 261-2266
Havenwyck Hospital (A, C) 1525 University, Auburn Hills 48326	(248) 373-9200
Henry Ford Kingswood Hospital (A, C) 10300 W. Eight Mile, Ferndale 48220	(248) 398-3200
St. John Macomb Oakland, Macomb Center (A) 11800 E. Twelve Mile, Warren 48093	(586) 573-5244
St. John Macomb Oakland, Oakland Center (A) 27351 Dequindre, Madison Hts. 48071	(248) 967-7660
St. John Health System, Moross (A) 22101 Moross, Detroit 48236	(313) 343-7000
St. John Providence (A) 16001 W. Nine Mile Rd., Southfield 48075	(248) 849-3000

What Happens at the Hospital

When you go to the hospital for a behavioral health emergency, the doctor and other hospital staff will talk to you and others about what you are feeling, seeing, or experiencing. They may ask questions or do tests to help them decide how well you understand what is going on around you. This is called a **psychiatric evaluation**. It is important for you to be as honest as possible, so that you can get the best help for you while you are at the hospital.

If you and the hospital staff decide that you do need to be in the hospital, you will stay there until your symptoms are better, usually for a few days or so. You will get medicine and treatments to help you feel better. When you are discharged (released) from the hospital, a **discharge plan** will be created with you that will outline what post-stabilization services you will receive in the community to help you stay well.

Hospital Alternatives and Aftercare

Sometimes, instead of being in the hospital, behavioral health emergencies can be treated in other settings. MCCMH encourages the use of hospital alternatives, because many people get better faster using these services. We will work with you to decide what's best for you and your situation. You'll have a chance to tell us if you want to use a hospital alternative service, such as:

Crisis Residential Services: Crisis residential services provide medical, psychological and other services for up to 30 days in a structured, home-like setting within the community. After a crisis residential stay, you will usually continue to receive some outpatient or community-based services to help you manage your illness.

Intensive Crisis Stabilization: Instead of being in the hospital, a specialized behavioral health team works with you in your home or another setting. While your symptoms are being stabilized, you might see the team up to every day. After you are better, you will receive some other outpatient or community services to help you manage your illness. You must have someone at home with you when you receive intensive crisis stabilization services.

Partial Hospital Services: Partial hospital services are sometimes called "Day Hospital" services. These services, like counseling, medication, and different types of therapies, provided in a hospital setting, under a doctor's supervision. Partial hospital services are provided during the day – you will go home at night.

What Situations are Not Behavioral Health Emergencies?

Some situations, though serious, are not behavioral health emergencies. **These situations need different kinds of treatment or response.** Some things that might look or feel like behavioral health emergencies but, on their own, are not, include:

- Dementia
- Seizure disorders
- Intoxication
- Homelessness
- Intentional acts of violence

Other Kinds of Emergencies

If you have an emergency, but you don't want or need to go to the hospital, there are other people and places to call for help.

If you need the police, fire department, or an ambulance, call 911.

If you would like to talk to a trained Crisis Counselor about a problem you are having, or if you aren't sure where to go for help, call the Macomb County CMH Crisis Center. The Crisis Center is available 24/7/365. All calls are confidential (private) and there is no charge for Crisis Center services.

If you would like to talk to a Crisis Counselor, call 586-307-9100.

You may call the Crisis Center at any time of the day or night.

You may also call the Crisis Center collect, or use one of the toll free numbers on page 11.

If you would like information about other community resources serving Macomb County and the surrounding area, call United Way Tel-Help, 211. 211 is a regional information and referral resource center, available 24/7. If you are calling 211 from a cell phone, use 1-800-552-1183.

Requesting Non-Emergency Services

If you would like to receive non-emergency behavioral health or developmental disability services from Macomb County Community Mental Health, call the Access Center.

The Access Center provides telephone screening that will help both you and MCCMH decide if you are eligible for our services, and, if so, which of our clinics or contract agencies might best help you. If you call the Access Center and we determine that MCCMH can help you, you will receive an appointment at one of our locations within 14 days.

Calling the Access Center

**The Access Center Toll Free: 1-855-996-2264
Local: 586-948-0222**

Fax: 586-948-0223

Service Inquiries: Monday thru Friday, 8:00 a.m. to 7:45 p.m.

After Regular Business Hours: The Crisis Center 586-307-9100

Service Authorization

Services you request must be authorized or approved by the Access Center. The Access Center may approve all, some or none of your requests. You will receive notice of a decision within 14 calendar days after you have requested the service during person-centered planning, or within 72 hours if the request requires a quick decision.

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

When You Call the Access Center

When you call the Access Center, we will ask questions to help us determine if you are eligible for services from MCCMH. The Access Center is responsible for reviewing and approving all requests for service from MCCMH.

Your calls to the Access Center are confidential. If your situation is an emergency, you will be directed to immediate help. If the situation is not an emergency, the Access Center will set up an appointment for you at one of our direct or contract service sites. Your first appointment will usually be within two weeks of your call. If your situation is not one that MCCMH can serve, we will help you identify other community resources that may help.

You should know that sometimes we cannot provide exactly the service you might want in exactly the ways you might want it. This is because Medicaid and other funding sources have specific rules, like **medical necessity**, that determine who can receive certain services, as well as how, how much and how long services can be provided. (This is called “**Amount, Scope and Duration**” of service.) For example, if you have insurance, you may be directed to use your insurer’s providers before receiving services from MCCMH.

All decisions about your care are made by health professionals with appropriate clinical experience for your situation. If we deny any of your requests, we must tell you why in writing, within specific time frames. If you disagree with our decisions, you have specific rights to appeal and/ or ask for a second opinion. (See pages 48-51 for detail on these rights.)

Requesting Substance Use Disorder Treatment Services

If you would like to receive substance use disorder treatment services from Macomb County Community Mental Health, call the Access Center. An Access Manager will talk with you and complete a telephone screening that will help decide if you are eligible for publicly-funded substance use disorder treatment services, and, if so, what kind of treatment may best help you.

Calling the Access Center

The Access Center **Toll Free: 1-855-996-2264**
Local: 586-948-0222

Fax: 586-948-0223

Service Inquiries: Monday thru Friday, 8:00 a.m. to 7:45 p.m.

After Regular Business Hours: The Crisis Center 586-307-9100

Remember: These offices are equipped with telephone interpreter services for those who best use a language other than English. If you are deaf or hard of hearing, call the Michigan Relay Center at 711 to reach any MCCMH office.

Planning Your Services at MCCMH

Person-Centered Planning

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

The process begins when you determine who, besides yourself, you would like at the person-centered planning meetings, such as family members or friends, and what staff from MCCMH or its contract agencies 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 someone other than MCCMH staff conduct your planning meetings. You have the right to choose from available independent facilitators.

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

Topics Covered During Person-Centered Planning

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

Psychiatric Advance Directive

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

If you do not believe that you have received appropriate information regarding Psychiatric Advance Directives from MCCMH, please contact the MCCMH Ombudsman, 586-469-7795, for assistance in filing a grievance.

Crisis Plan

You also have the right to develop a “**crisis plan.**” A crisis plan is intended to 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, and care of children, pets, or bills.

Self Determination

Self-Determination is an option for payment of medically necessary services you might request if you are an adult beneficiary receiving behavioral 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.

Cultural, Religious, and Personal Preferences about Services

If you have cultural, religious or other preferences about your services or who provides them, tell us about your preferences when you call the Access Center, during your person-centered planning process, or at any time. We will work with you to incorporate your preferences into your service plan.

Within the scope of their licensed or approved practice or service, MCCMH providers are expected to provide to you any authorized service that is part of your plan. Providers should not refuse to provide approved services to you based on their own religious, cultural, or other beliefs (or yours). If a provider refuses services to you based on their personal beliefs, **please tell us** by calling the Ombudsman or the Office of Recipient Rights. If this happens, you are entitled to change providers, if you wish to do so.

Your Participation in Person-Centered Planning

Your participation is critical to the development of your services using person-centered planning. To encourage and support your participation, you are entitled to:

- **Choose the facilitator for the meeting.** The facilitator's job is to make sure the meeting goes smoothly, and to make sure that everyone is heard. The facilitator may also take notes of the meeting, or may appoint someone to do that.
- **Talk about plans for unexpected situations.** At your PCP, you should be offered the opportunity to develop a crisis plan, an advance directive for behavioral health care, or both.
- **Learn about different ways to manage your services.** At your PCP, you should be offered the chance to choose self-determination as an option for

managing your services. Self-determination offers an alternative option for arranging and paying for your services and supports.

- **Visit, practice, or otherwise “try out”** the services that you are considering, whenever possible.
- **Refuse** treatment alternatives or medication that you do not want, unless your services are court-ordered.
- **Think about your plan before you sign it.** Make sure that everything is covered the way you intended it to be.
- **Get a copy of your completed plan.** Your facilitator should follow up with you to make sure you receive a copy of your plan within 14 days after it is completed.
- **Receive your services:** You should receive your services within 14 days of the agreed upon start date for each service. (Start dates may vary by service.)
- **Meet with your Case Manager or Supports Coordinator regularly** to talk about the progress you are making toward your goals, and about your satisfaction with your services.
- **Change your plan** when you need to.

Psychiatric Advance Directives and Advance Crisis Planning

24

You can help make events like an unexpected hospitalization easier on yourself and those you care about by making your preferences about crisis care known in advance. Under Michigan law, adults with behavioral health conditions have the right to use either or both a psychiatric advance directive and/ or an advance crisis plan to help do this.

A **psychiatric advance directive** is a legal document in which you name someone else, called a patient advocate, who is authorized to make psychiatric

care decisions for you if you are unable to make them yourself. In your advance directive, you may also outline your preferences about various types of treatment. You may also choose to have an advance directive for physical health care, or you can combine the two.

Since it is a legal document, there are important things to know about your psychiatric advance directive. For example, your designated patient advocate must agree to serve **before** you are in a crisis situation. Your patient advocate can't be someone who provides services to you, or who works for an organization that provides your services. Your patient advocate will do the best that he or she can to follow your preferences, but may have to do something different if it means you will get care that is better for the situation you are in at the time. You may change your advance directive, or your designated patient advocate, at any time.

A **crisis plan** is not legally binding, but can be effective in helping you and those around you recognize and respond to an unexpected turn in your illness. You can use a crisis plan to describe to others the changes in your symptoms or behavior that might lead to a crisis, and to tell others what is helpful to you when you are in crisis.

Your Case Manager, Supports Coordinator, or other MCCMH clinician should tell you about psychiatric advance directives and advance crisis planning during your Person-Centered Planning meeting. Your MCCMH clinician will help you develop these plans, if you want them to do so. You can also ask others to help.

Whether you use an advance directive or an advance crisis plan, or both, you should make decisions about your care while you are well. Talk through your plans with the people who are closest to you, including your designated patient advocate, if you choose to have one. Put your preferences in writing. Give copies to your MCCMH Therapist or Case Manager, to the doctors who provide your care, and to your patient advocate.

For more information about advance directives for behavioral health care, talk to your MCCMH Therapist, Case Manager, or Supports Coordinator, call the Office of Community Relations/ Customer Service, or call an advocacy organization like ARC Macomb or Michigan Protection and Advocacy Service.

Choosing a Facilitator

The PCP facilitator's job is to make sure that the meeting flows smoothly, and that everyone, especially you, is heard. The facilitator should treat everyone with respect and consideration, and should be able to stop the meeting if you need a break. A PCP facilitator should also meet with you ahead of time (sometimes this is called a "pre-planning" meeting) to learn from you what you want to have covered in your Person-Centered Plan.

There are many possibilities for facilitating your PCP:

- You may choose an **Independent Facilitator**. An Independent Facilitator is a person who has been trained to support others as a PCP facilitator. He or she may work for an agency, such as an advocacy agency, or may work independently, but they don't work for MCCMH or any of the agencies who will provide your services. An Independent Facilitator may or may not know you personally. Independent Facilitators are paid to facilitate your meetings, and aren't involved in your services in any other way.
- You might choose a **Peer Facilitator**. A Peer Facilitator is a person with mental illness or developmental disability who has been trained to support others as a PCP facilitator. The Peer Facilitator may or may not know you personally. Peer Facilitators are paid to facilitate your meetings, and aren't involved in your services in any other way.
- You may also choose to facilitate your planning meeting yourself, or to have a family member or friend of your choice facilitate your meeting. Before choosing this option, you should think about how objective you or a loved one can be about your needs, and how you will feel if the conversation becomes difficult in any way.
- You may choose to have your Supports Coordinator, Case Manager, or other staff person facilitate your meeting for you.

If you would like a list of current peer facilitators or a list of current independent facilitators, ask your Therapist or Case Manager, or call the Office of Community Relations/ Customer Services.

Paying for Your Service Planning

Person-Centered Planning, sometimes called “**Treatment Planning**” or “**Service Planning**,” is a service provided by all public behavioral health agencies.

If you receive Medicaid, your treatment planning will be paid for by Medicaid. If you don't receive Medicaid and are paying for part of your services, your treatment planning will be covered by the monthly fee you pay for your services. Whether or not you receive Medicaid, using an Independent Facilitator or a Peer Facilitator will not add to your cost for services.

Problems with Your Plan

If you don't like the way your PCP turns out, or if you don't get the services your plan says you should get, or if the services don't work the way you expected, tell us! Your MCCMH Case Manager or Supports Coordinator can help. Or, if you prefer, you can call the MCCMH Ombudsman for help with concerns about your person-centered plan. If you aren't happy with the contents of your plan and we can't help you resolve your concerns informally, you may file an appeal regarding your plan contents. The Ombudsman or the Office of Recipient Rights will help you.

Self-Determination

Self-determination is a model of service delivery that allows you, the person receiving behavioral health or developmental disability services, to direct the purchase of your approved services yourself, using a fixed amount of Medicaid dollars. Other public funds may also be used. Your **individual budget**, the amount of funds available to you for purchase of your services, is determined by your person-centered plan. **Self-determination is an available choice for any adult who receives public behavioral health services. It is an option for payment of medically necessary services you receive as a beneficiary of behavioral health services in Michigan.**

Self-determination is meant to provide persons who use public services more direct control over their own lives. Five principles define self-determination:

- **Freedom:** Your ability, with the help of people you choose, to develop your own lifestyle, and to organize and receive needed supports in ways that are meaningful and effective for you.
- **Authority:** Your ability to control a certain sum of dollars on your own behalf, to purchase supports as needed, and to re-arrange services, supports and funds to meet your needs.
- **Support:** Services and supports, both formal and informal, to help you live a rich, active life in the community, according to your own values.
- **Responsibility:** Your acceptance of a valued, contributing role in community life, including acceptance of the responsibility for proper use of public funds. This may include participation in education, employment, volunteer work, caring for others, or spiritual and personal development, in ways consistent with your own values and desires.
- **Confirmation:** Your acceptance of a leadership role in the community, including participation in improvements to the public service system and through active citizenship participation.

How Self-Determination Works

Self-determination offers an alternative option for payment of the approved services you have requested. Using self-determination, **you control** a fixed amount of resources (money and other tools) to organize your services and meet your needs. **You work directly with providers** to arrange the ways your services are delivered. You choose and pay your providers yourself, using Medicaid and /or other public funds, up to your approved amount. As your needs change, or in order to make better use of your budget, you can change supports, change how and when you use certain services, and change your providers when your needs change.

Self-determination starts with person-centered planning. First, decide what goals are most important to you — where you would like to live, what you would like to do during the day, and how you would like to connect to the community. Then, decide who can help and support you in those goals. We will help you think about other sources of support, too — such as public entitlements, private and non-profit agencies, personal networks, and your personal skills — that can contribute to building the life you want. All of these things will work together to help meet your needs.

Your goals and your individual budget will be set up for a defined period of time. You will be required to use public funds in ways that are consistent with laws and regulations. (For example, services paid for by Medicaid must still be medically necessary.) If you wish, you may use a **fiscal intermediary** to help you. A fiscal intermediary is a person who helps you manage your budget and pay your providers if you are using a self-determination approach. Your support team, including the staff at MCCMH who work with you, will also help you stay on track with your budget and goals, and will help you make changes, if needed.

You may choose to explore or use a self-determination arrangement at any time. If you would like to learn more about self-determination, talk to your MCCMH Therapist or Case Manager, or call the Office of Community Relations/ Customer Service. We will give you more information, and help you start the process.

The Philosophy of Recovery

Recovery & Resiliency

“Recovery is a journey of healing and transformation enabling a person with a behavioral health or substance use 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 part of the process for another. Recovery may also be defined as wellness. Behavioral health supports and services help people with mental illness 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. A relapse is not a failure, rather it is 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.

Recovery is a philosophy that guides behavioral health service delivery in Michigan. Recovery and resiliency are often supported by relationships with others who have faced common experiences. For information on self-help and support groups, or about peer-delivered supports and services, talk to your Therapist or Case Manager, or call the Office of Community Relations/ Customer Service.

Choosing and Changing Providers

If you receive Medicaid, you have the right to choose and/or change the person or agency that provides the services approved for you in your person-centered plan. When we are working with you to develop your services, we will provide you with a list of all the providers on our panel who offer the services you need. You also have the right to information about all available services and providers offered by MCCMH, if you request it.

The provider you choose must be on our panel. If you choose a service provider who is not on our panel, we will work with you either to add the provider to our panel or to find an acceptable service from one of our established providers. **You may not find a provider on your own** and ask MCCMH to pay for services the non-panel provider has already provided to you.

Our provider panel is updated regularly. If we make a change to our provider network that impacts you, we will send you a letter describing the change before it happens.

You may view a list of our providers, including substance use disorder treatment providers, on our website, www.mccmh.net. Look in the “Our Services” section and choose “Complete list of Providers.” If you don’t have web access, call the Office of Community Relations/ Customer Services for a printed copy.

If you want to change your providers, you may do so in a number of ways. Your Case Manager or Supports Coordinator will help you find and change providers to meet your needs. You may also call the Access Center directly to request a change. If you have problems or concerns related to your providers or your attempt to change providers, call our Ombudsman for help.

The Access CenterToll Free: 1-855-996-2264
 Local: 586-948-0222
The Ombudsman 586-469-7795

Medicaid-Covered Behavioral Health Services

Note: 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 Medicaid Specialty Supports and Services listed on the following pages.

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, MCCMH will not pay for it. Medicaid will not pay for services that are otherwise available to you from other resources in the community.

During the person-centered planning process, you will be helped to figure out the medically necessary services 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 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 <http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf>. Or search for "Michigan Medicaid Provider Manual."

The MCCMH Office of Community Relations/ Customer Service can help you access the Manual and/or information from it.

Any time you have questions about your services, or other services that might help you, ask your Therapist, Case Manager, Supports Coordinator, or call the Office of Community Relations/ Customer Service for more information.

Applied Behavioral Analysis (ABA) is intensive, behaviorally-based treatment that uses various techniques to bring about meaningful and positive changes in the communication, social interaction, and repetitive behaviors that are typical of autism. ABA is a benefit available to children with autism from birth to age 21.

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 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. ACT may be provided daily for individuals who participate.

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

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

Behavior Treatment Review: If a person's illness or disability involves behaviors that they or others who work with them want to change, their individual plan of services may include a plan that talks about the behavior. This plan is often called a "behavior treatment plan." The behavior treatment 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 behavioral health condition in the event of a significant change in symptoms, or in a behavioral 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 behavioral health and well-being.

Crisis Residential Services are short term alternatives to inpatient hospitalization provided in licensed residential settings.

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

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

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

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

Health Services include assessment, treatment, and professional monitoring of health conditions that are related to or impacted by a person's behavioral 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 behavioral 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.

Infant Mental Health Services: These services and supports include mental health intervention for new, at-risk parents, designed to help parent and baby bond in the early stages of the relationship. Supports include help with community resources and education about baby's development.

Intensive Crisis Stabilization is another 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 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.

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

Medication Review is the evaluation and monitoring of medicines used to treat a person's behavioral health condition, medication effects, and the need for continuing or changing 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 behavioral health treatment, along with consultations with nursing home staff.

***Occupational Therapy** includes the evaluation by an occupational therapist of an individual's ability to do things in order to take care of him or herself 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 behavioral health services. They offer help with food, clothing, socialization, housing, and support to begin or maintain behavioral health treatment. Peer Specialist services are activities designed to help persons with serious mental illness in their individual recovery journey and are provided by individuals who are in recovery from serious mental illness. Peer Mentors help people with developmental disabilities.

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

***Physical Therapy** includes the evaluation by a physical therapist of a person's physical abilities (such as the way 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 behavioral 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 Use Disorder Treatment Services (descriptions follow the behavioral health services, and can be found on pages 39-40.)

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 that 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 of the MCCMH network, 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 behavioral 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 a 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 previously, as well as those listed on this page and the next.

Waiver spaces are granted to each County by the Department of Community Health. If you may be eligible, MCCMH will help you apply when spaces are available.

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

Non-Family Training (for Children’s Waiver Enrollees) is customized training for 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 special 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.

Home Help

Note: The **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 Health and Human Services (DHHS) at the number below, or contact the Community Relations/ Customer Service Office for assistance. In Macomb County, apply for Adult Home Help at:

41227 Mound Road (S. of I8 Mile)
Sterling Hts., MI 48314
586-254-8048

Autism Services

The State of Michigan offers a set of services for children diagnosed with Autism Spectrum Disorder (ASD). The benefit offers Applied Behavioral Analysis Services, as well as other related services, to children diagnosed with Autism Spectrum Disorder who are Medicaid Eligible. Children with ASD will be eligible for the service from age 0-21 years.

What is Applied Behavioral Analysis (ABA)?

Applied Behavioral Analysis (ABA) is intensive, behaviorally-based treatment that uses various techniques to bring about meaningful and positive changes in the communication, social interaction, and repetitive behaviors that are typical of autism. Each child will have an individualized Behavior Intervention Plan that breaks down desired skills into manageable steps to be taught. The ABA provider will use a variety of behavioral interventions. ABA emphasizes positive social interactions and enjoyable learning of skills.

ABA behavioral treatment is designed for the needs of each child. It is expected to include 5-20 hours of direct intervention per week. Services are expected to be provided either in the home or in a clinic setting, or a combination of these settings.

Parents / guardians must agree to participate actively in ABA treatment. Caretaker involvement in ABA treatment is critical, since caretakers are expected to carry on the treatment when the ABA provider is not in the home. Parent training is part of the ABA service.

How can your Child get the Service?

To receive Applied Behavioral Analysis services, your child will have to be screened for the service. Either your child's doctor or the MCCMH Access Center can help start the screening process. Call the Access Center at the number on the next page, or fax an already completed screening to our Access Center.

The State requires that one of two special screening tools, either the M-CHAT (Modified Checklist for Autism in Toddlers) or the SCQ (Social

Communication Questionnaire), be used to determine if your child may have autism, and to access the Applied Behavioral Analysis Benefit.

When we have a positive screening, we will contact you to set up a more complete evaluation. The evaluation process may require one to two visits. We want to make sure we get a complete and accurate picture of your child's needs, so that any services we set up for him or her will be helpful. In the process, you will also be provided with a Case Manager, who will help find other services, supports and resources that may help your child and family.

If you are concerned that your child may have autism and you aren't sure how to talk about it with the doctor, a shorter version of the M-CHAT is available on our website. ([www.mccmh.net/Our Services/ Autism Benefit.](http://www.mccmh.net/Our%20Services/Autism%20Benefit)) Print the tool and make any notes you wish about your child's behavior. Take it with you to the doctor to start a conversation about autism. Remember that a positive M-CHAT or SCQ screening is not a diagnosis.

If your child is diagnosed with autism spectrum disorder, he or she will **not** need to qualify for other services from MCCMH in order to qualify for the ABA benefit. If your child has ASD but has other conditions that may limit the effectiveness of ABA, or if it simply isn't effective for him or her, we will help you get other MCCMH services that may work better for your child. If your child does not have an ASD diagnosis, but may need other developmental or mental health services, MCCMH will help you to get those services.

Calling the Access Center

The Access Center Toll Free: 1-855-996-2264
Local: 586-948-0222

Fax: 586-948-0223

Service Inquiries: Monday thru Friday, 8:00 a.m. to 7:45 p.m.

After Regular Business Hours: The Crisis Center 586-307-9100

Non-Medicaid Supports and Services

If you do not receive Medicaid, you may still receive emergency services from Macomb County Community Mental Health. This is true if you do not have medical insurance at all, or if your medical insurance does not pay for services that you need to manage a psychiatric emergency. These services are funded through the Michigan's General Fund, and are called "General Fund" or "GF" Supported Services.

If you are receiving MCCMH services and you do not have Medicaid, we will require you to apply for Medicaid. It is worthwhile for you to apply for Medicaid, since Medicaid covers an array of services that otherwise may not be available to you. We will help you apply if you need help.

If you are receiving services and you do not have Medicaid or other insurance, you will be asked to pay a fee toward the cost of your services. Your fee will be based on your income and allowable expenses.

You should also know that when you do not have Medicaid, your grievance and appeal rights are different from those of Medicaid recipients. Read pages 48-51 of this booklet carefully for more information about your grievance and appeal rights, or call the Office of Community Relations/ Customer Service for help.

MCOSA

Macomb County Community Mental Health is the designated entity for substance use disorder services in Macomb County. The Macomb County Office of Substance Abuse (MCOSA) is the division of MCCMH that manages substance use services. MCCMH subcontracts with community agencies to provide publicly-funded substance use prevention, treatment, and recovery services to people with Medicaid and others in Macomb County who qualify for publicly-funded treatment services.

For service users, MCOSA provides recipient rights services and consumer complaint resolution.

Substance Use Disorder Treatment Services

This page and the next list the Medicaid-covered substance use disorder treatment services that may be available to you. Remember that **you will not be eligible for all the services listed** — the services you will receive will be based on your individual needs. You must meet **medically-necessary** criteria for any Medicaid-covered services. Medical necessity means that the service is needed to manage an identified medical issue.

The substance use treatment services listed below are covered by Medicaid. These services are available through MCCMH/MCOSA:

Access Management Services (AMS) determines the need for substance use treatment services, and will help you get to the right services and providers. In Macomb County, screening is coordinated by the Access Center.

Outpatient Treatment includes therapy/counseling for the individual, and family and group therapy in an office setting.

Intensive/ Enhanced Outpatient (IOP or EOP) 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 Medication Assisted Treatment provided to people who have heroin or other opiod dependence. The treatment consists of opiod substitution, which is monitored by a doctor. It includes nursing services, lab tests, and counseling services provided in an outpatient setting. Services are performed under the care of a licensed physician in an approved, licensed program with regular medication reviews. This treatment is usually provided along with other substance use treatment services.

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 would like to learn about Substance Use Disorder Treatment services, call the Access Center. If you would like to resolve a concern about your substance use treatment services, call MCOSA.

Calling the Access Center

**The Access Center Toll Free: 1-855-996-2264
Local: 586-948-0222**

Fax: 586-948-0223

Service Inquiries: Monday thru Friday, 8:00 a.m. to 7:45 p.m.

After Regular Business Hours: The Crisis Center 586-307-9100

Remember: These offices are equipped with telephone interpreter services for those who best use a language other than English. If you are deaf or hard of hearing, call the Michigan Relay Center at 711 to reach any MCCMH office.

The Macomb County Office of Substance Abuse.586-469-5278

22550 Hall Road, Clinton Township 48036

Website: www.mcosa.net

Additional Services

These services and supports offered by MCCMH, in addition to Medicaid-Covered services, may be available to you.

Remember: These offices are equipped with telephone interpreter services for those who best use a language other than English. If you are deaf or hard of hearing, call the Michigan Relay Center at 711 to reach any MCCMH office.

Consumer-Run Drop-In Centers: Drop-In Centers are peer-operated. They offer help with food, clothing, socialization, housing, and support to begin or maintain behavioral health treatment. Participation is free and voluntary. You don't need to be part of any other treatment or service to go to the Drop-In Centers.

Liberties586-954-1590
230 North Avenue, Suite 10, Mt. Clemens 48043

Liberties South 586-779-8092
26345 Gratiot, Roseville 48066

Hours of Operation: Hours for both the Drop-In Centers vary by day and season. Weekend and evening activities are available. Call for more information.

After Regular Business Hours: The Crisis Center586-307-9100

Family Support Subsidy Program: Family Support Subsidy payments provide financial assistance to families with children in special education programs for autism (**AI**), severe multiple impairment (**SXI**), and some children in programs for cognitive impairment (**CI**). The Family Support Subsidy Coordinator at MCCMH will help with the application process. Family Support Subsidy payments are made directly by the Department of Community Health.

Family Support Subsidy Coordinator586-948-6111
6555 15 Mile Road, Sterling Heights 48312

Hours of Operation: 8:30 a.m. to 5 p.m. Monday thru Friday

After Regular Business Hours: The Crisis Center586-307-9100

PATH Housing Project: Homeless Assistance Programs may include start-up funds to find a home, connections to behavioral health or substance use disorder treatment, and case management supports. Participants must agree to remain actively involved in treatment services. Homeless assistance programs are grant funded. This support is available to adults who are both homeless and mentally ill. To learn more about homeless assistance programs, contact:

PATH Housing586-466-8704
Hours of Operation: 8:30 a.m. to 5 p.m., Monday thru Friday.
Additional hours by appointment.
After Regular Business Hours: The Crisis Center586-307-9100

Assessment for Nursing Home Placement: A mental health assessment is required by law for anyone entering a nursing home. These assessments are provided by MCCMH staff who specialize in services for older adults. If treatment is needed, it may be provided by MCCMH or by another provider chosen by the family. The nursing home will arrange for the assessment.

OBRA Assessment Team586-469-7792
6555 15 Mile Road Sterling Heights 48312
Clinic Hours of Operation: 8:30 a.m. to 5 p.m. Monday thru Friday
Assessments by appointment.
After Regular Business Hours: The Crisis Center586-307-9100

Veteran Navigator Services: The Veteran Navigator reaches out to Veterans and their families and supports Veterans as they navigate services and community resources. The Veteran Navigator provides information, assessment, connections, and help to access Federal, State and Local veteran resources, and helps Veterans build self-advocacy skills. You do not need to be eligible for other MCCMH services in order to receive services from the Veteran Navigator.

Veteran Navigator Services 586-913-6023
43740 N. Groesbeck, Clinton Township 48036
Hours of Operation: By appointment, in the clinic or in the community.
After Regular Business Hours: The Crisis Center586-307-9100

Your Physical Health Care

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

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
- Medical supplies
- Medicine
- Mental health (Limit of 20 outpatient visits)
- Nursing Home Care
- Physical and Occupational therapy
- Prenatal care and delivery
- Surgery
- Transportation to medical appointments
- Vision

If you are enrolled in a Medicaid Health Plan, you can contact your health plan directly for more information about the services listed above, as well as any other medical services that may be available to you. If you are not enrolled in a health plan or do not know the name of your health plan, you can call the Office of Community Relations/ Customer Service for assistance.

Coordination of Care

To improve the quality of services, MCCMH wants to coordinate your care with the medical provider who cares for your physical health. If you are also receiving substance use treatment services, 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 and improved functioning. Therefore, you are encouraged to sign a “Release of Information” so that information can be shared. If you do not have a medical doctor and need one, contact the Community Relations/ Customer Services Office and we will assist you in getting a medical provider.

Enrolling in Medicaid

If you would like to enroll in Medicaid, learn about different Medicaid Health Plans in Macomb County, or change your Medicaid Health Plan, contact **Michigan Enrolls: 1-888-367-6557**.

If you do not have insurance and we believe that you may qualify for Medicaid, MCCMH may require you to apply for it, and/ or we may help you to do so.

Medicaid Spend-Down

47

Some people whose monthly incomes might otherwise be too high to qualify for Medicaid may qualify if they have high monthly medical expenses. In this case, a deductible known as a “**spend-down**” is applied. In a spend-down, the medical expenses that you incur during a month are subtracted from your income during that month. If the remaining income meets the State’s Medicaid eligibility level, you qualify for Medicaid benefits for the remainder of the month,

To see if you qualify for Medicaid using a spend-down, contact your local DHHS office for more information.

Medicaid Health Plans

In Macomb County, these health plans serve persons who receive Medicaid. If you aren't sure which health plan covers you, look on the back of your MIHealth Card for the name and number of your Health Plan.

If you are covered by a Medicaid Health Plan, you have information rights, appeal rights, and other rights related to the services provided by your health plan. These rights are separate from and in addition to the rights you have while you receive services from MCCMH. If you have questions about the additional services covered by your Medicaid Health Plan, contact the Customer Services Office for your health plan at the number provided.

Aetna Better Health

1333 Gratiot, Suite 400
Detroit, MI 48207
1-866-316-3784
www.aetnabetterhealth.com

Blue Cross Complete of MI

600 E. Lafayette Blvd.
Detroit, MI 48226
1-800-228-8554
www.bluecrosscomplete.com

Harbor Health Plan

3663 Woodward Ave., Ste. 120
Detroit, MI 48201
1-800-543-0161
www.harborhealthplan.com

McLaren Health Plan

G-3245 Beecher Rd., Suite 200
Flint, MI 48532
1-888-327-0671
www.mclarenhealthplan.org

Meridian Health Plan of Michigan

777 Woodward Ave. Suite 600
Detroit, MI 48226
1-888-437-0606
www.mhplan.com

Molina Healthcare of Michigan

880 W. Long Lake Road
Troy, MI 48084
1-888-898-7969
www.molinahealthcare.com

Total Health Care

3011 W. Grand Blvd., Suite 1600
Detroit, MI 48202
1-800-826-2862
www.totalhealthcareonline.com

United Healthcare Community Plan

26957 Northwestern Hwy., Suite 400
Southfield, MI 48033
1-800-903-5253
www.uhccommunityplan.com

Changes in Health Plans

Medicaid Health Plans change periodically. For the most current information about Medicaid services, and Medicaid Health Plans, or if you have questions about your Medicaid coverage, call the **Medicaid Helpline: 1-800-642-3195**.

Healthy Michigan Coverage

The Healthy Michigan Plan is a form of Medicaid that covers persons who earn up to 133 percent of the federal poverty level. The Healthy Michigan Plan covers essential health benefits including: ambulatory patient services, emergency services, hospitalization, maternity and newborn care, mental health and substance use disorder treatment services, including behavioral health treatment, prescription drugs, rehabilitative and habilitative services and devices, laboratory services, preventative and wellness services and chronic disease management, and pediatric services, including oral and vision care. The Healthy Michigan Plan will cover other medically necessary services as appropriate.

There are three ways for Michigan residents to apply for Healthy Michigan:

- Apply online at www.michigan.gov/healthymiplan/
- Apply toll free by phone at (855) 789-5610
- Apply in person at your local DHHS office.

Remember! Healthy Michigan coverage is a form of Medicaid. Where you see “Medicaid” used in this booklet, it applies to Healthy Michigan coverage, too.

MI Health Link

MI Health Link is a program that provides coordinated medical, behavioral health, and substance use disorder services to residents in Macomb County who are covered by both Medicare and Medicaid. You may be eligible for the MI Health Link Plan if you:

- live in Macomb County
- choose to be part of MI Health Link
- have Medicare Part A, Part B, and Part D
- are eligible for full Michigan Medicaid benefits (without a “spend down” or deductible.)
- are **not** enrolled in the MI Choice Waiver, or the program of all inclusive care for the elderly. (PACE).

For questions about **enrollment or disenrollment in MI Health Link, call Michigan Enrolls at: 1-800-975-7630**, Monday through Friday, 8 AM to 7 PM. Users who are deaf or hard of hearing should call 1-888-263-5897.

If you are a MI Health Link member in Macomb County, **this is not the service guide that applies to you.** Your rights, and our obligations to you, are different if you are enrolled in MI Health Link. If you are a MI Health Link member, ask your clinician to give you a copy of the “Guide to Behavioral Health Services for MI Health Link Members” instead of this booklet.

Excluded Services

This section tells you what kinds of services are excluded by MCCMH. “Excluded” means that MCCMH does not pay for these services.

MCCMH will not pay for the excluded services listed in this section (or anywhere else in this Member Handbook). Michigan Medicaid will not pay for them, either. If you think that we should pay for a service that is not covered, you can file an appeal. For information about filing an appeal, see page 52.

In addition to any exclusions or limitations described anywhere else in this Handbook, the following items and services are not covered by Medicaid or MCCMH:

- Acupuncture
- Experimental medical and surgical treatments, items, and medicines
Experimental treatment and items are those that are not generally accepted by the medical community.
- Geriatric day programs
- Individual psychophysiological therapy that incorporates biofeedback training (of any kind or type)
- Marriage counseling
- Meals (except as may be provided in a treatment setting)
- Naturopath services, also known as Homeopathic services (the use of natural or alternative treatments)
- Non-emergency services provided to veterans in Veterans Affairs (VA) facilities
- Pastoral counseling/ Spiritual Direction
- Services that are not considered “medically necessary,” according to the standards of Michigan Medicaid
- Services and resources available to you from other sources, including but not limited to the school system, private insurance, or other sources
Medicaid is, by law, the payer of last resort.
- Telephone services/ Internet fees
- Any other service or support that is not covered by Medicaid.

Resolving Concerns about Your Services

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 Ombudsman. Assistance is available in the filing process by contacting the Ombudsman. 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 talking with your Supports Coordinator or Case Manager, or by contacting the Ombudsman.

Appeals

You will be given written 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 time limits on when you can file an appeal once you receive a decision about your services.

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 a Local Appeal (in Macomb County it’s often called Local Dispute Resolution) by contacting the Ombudsman at 586-469-7795. You may ask for assistance from the Ombudsman to file an appeal.

If you are not satisfied with the results of your local appeal, you can request a State Fair Hearing, also known as a Medicaid Fair Hearing. You must complete a local appeal before you can file a state fair hearing. You can ask for a state fair hearing only after receiving notice that the service decision you appealed has been upheld. There are time limits on when you can file for a state fair hearing once you receive a decision about your services.

You can also ask for a state fair hearing if you were not provided your notice and decision regarding your appeal in the timeframes required. If MCCMH

fails to adhere to notice and timing requirements, you will be deemed to have exhausted the local appeal process. You may request a state fair hearing at that time.

The rest of this section provides detailed information about how to make the best use of your grievance, appeal, and second opinion rights when you use or apply for services from Macomb County Community Mental Health. Read this section carefully, or call the Ombudsman for help.

We want to work with you to make sure that your experiences with MCCMH are effective, satisfying, and problem-free. From time to time, concerns about your services may arise. **You have the right, at any time, to tell us if you are dissatisfied** with anything about your services or about your experience with MCCMH. You may do so in a number of ways:

- **Informal Resolution:** If you are unhappy with something about your services or your experience with MCCMH, we encourage you to tell us. Talk to your therapist, case manager or supports coordinator, or their supervisors, to see if your concern can be resolved right in the clinic. If you would like help talking about your concerns, the Ombudsman can help you.

Grievances and Second Opinions

- If you are receiving MCCMH services and you are dissatisfied, **you may file a Grievance**. A **grievance** is a formal expression of dissatisfaction with something MCCMH has done, other than an adverse benefit determination. It's usually about your service delivery or your experience with one of our staff, contractors, or service sites. You may file a grievance verbally or in writing. When you file a grievance, MCCMH must acknowledge your concern in writing and must work with you to resolve it within 90 days.
- If you are requesting MCCMH services for the first time, or you are requesting hospitalization, and your request is denied, **you may request a Second Opinion**. A **second opinion** is a review of the decision made. Usually, a second opinion is provided by the Executive Director, by the MCCMH Medical Director, or by his or her designee. Second opinions must be completed within five days for new service requests, or 72 hours or less for hospitalization. You must request a second opinion in writing.

Appeals

If you receive an adverse benefit determination, you may file a Local **Appeal**. In Macomb County, local appeals are also called **Local Dispute Resolution**. A Local Appeal is a formal request for a review of an action made by MCCMH. When you request a Local Appeal, your appeal will be heard by a Hearing Officer in Macomb County who was not involved in the original decision.

Anyone who uses MCCMH services may request a Local Appeal. If you have Medicaid, you have specific rights regarding an appeal, outlined on the following pages.

An **Adverse Benefit Determination** is a decision that denies or limits a Medicaid beneficiary's 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 part, of payment for a service;
- Failure to make standard authorization decisions and provide notice within 14 calendar days from the date of receiving a standard request for service;
- Failure to make an expedited authorization decision within 72 hours from the time of receiving a request for an expedited authorization request;
- Failure to provide services within 14 days of start date agreed upon during the Person Centered Planning meeting, as authorized by MCCMH;
- Failure of MCCMH to act (to make a decision) within 30 calendar days from the date of a request for a standard appeal;
- Failure of MCCMH to act (to make a decision) within 72 hours of the time of request for an expedited appeal;
- Failure of MCCMH to provide disposition and notice of a local grievance/ complaint within 90 days of the filing of the grievance or complaint.

In addition to the adverse benefit determinations above, you may also file a local appeal if you do not agree with the following:

- The contents of your person-centered plan (your plan of service)
- Our decisions about your eligibility for Family Support Subsidy payments
- The fees we set for your services, if you do not receive Medicaid and are determined to have a fee.

Timelines for Filing and Resolving a Local Appeal: The “date of action” is the mailing date on the letter you receive that tells you about the adverse action. If you have Medicaid, you have 60 days from the mailing date of the letter to request an Appeal. Decisions about appeals must be made within 30 days of your request for a standard appeal; or within 72 hours if an expedited appeal has been granted. Under some conditions, timelines for resolution may be extended, such as if you want to reschedule your hearing date, or if we need time to obtain more information. You may request a local appeal verbally or in writing. Timelines for resolution begin when we first receive your request.

If you receive Medicaid and you are not satisfied with the outcome of your local appeal, you may request a State Fair Hearing. A State Fair Hearing is also called a **Medicaid Fair Hearing**. A State Fair Hearing is a state level review of a decision MCCMH has made to deny, reduce, terminate or suspend your covered services. An Administrative Law Judge (ALJ) who is independent of MCCMH will hear the review. **You must have a local appeal before you can request a State Fair Hearing.** You must request a Medicaid Fair Hearing in writing, within 120 days of the mailing date of your local appeal decision. The decision reached at a Medicaid Fair Hearing is binding on MCCMH.

Your Rights When You Appeal

When you request a Local Appeal or a State Fair Hearing, you have specific rights, including:

Authorized Hearing Representative: If you wish, you may designate an Authorized Hearing Representative to speak on your behalf (or in your place) at a hearing. You must designate your Authorized Hearing Representative in writing, at the time you make your request for the hearing. If you have a legally appointed guardian, he or she will speak for you at the hearing.

Continuing Your Services: If you receive an adverse benefit determination that becomes effective in the middle of an active authorization, we must continue your services as they are until the Hearing is resolved, if you request it. You must request continuation of your services in writing, and you must make the request within 10 calendar days of the date of the action (the mailing date of the notice you receive.) If you request continuation of your services and the Hearing Officer or State ALJ agrees with the original action, you may be required to pay for services you received while the Hearing was in process.

Expedited Requests: You may request an expedited Appeal or State Fair Hearing if you believe that waiting for a standard appeal would cause serious harm or would seriously reduce your ability to function. Your provider may help you request an expedited appeal. Expedited requests will be resolved within 72 hours. MCCMH may deny your request for an expedited appeal if we do not agree that waiting will cause harm. If we deny your request for an expedited appeal, your appeal will be heard within standard time frames. If you want to request an expedited appeal, do so at the time you make your request for the appeal.

Freedom from Retaliation: If you have received an adverse benefit determination and you want to file an appeal or request a state fair hearing, or you want to file a grievance or use other dispute resolution processes, you are free to do so without fear of retaliation, harassment, or discrimination. If you feel you have been retaliated against for using these services, contact the Recipient Rights Office.

Language Assistance and Other Accommodations: When you have a local appeal, state fair hearing, or any other dispute resolution service, you are entitled to language accommodations or other reasonable accommodations to help you participate in the process. If you best use a language other than English, if you would like an ASL interpreter, or if you need other accommodations, tell us when you request the hearing. We will work with you to make sure that what you need is available. These services are available at no cost to you.

Notification in Writing: Whenever MCCMH makes an adverse benefit determination about your services, we must provide you with written notice of the action and the reasons for our decision. Along with the letter, we must provide you with written explanation of your options for appealing our decision. We must also provide a written acknowledgement of your concern when you file a grievance about any issue. We must provide these notices within specific time frames, so that you have an opportunity to respond. When your grievance, appeal, or hearing is completed, you will receive a letter explaining how your concern has been resolved, as well as any further rights you may have.

Representation and Witnesses: When you request an Appeal or a State Fair Hearing, you are entitled to bring information and witnesses and/ or to have an attorney or advocate. You may also bring others with you who can help you be comfortable in the situation.

Reviewing Your Records: If you request an Appeal or State Fair Hearing, you have the right to review your records in advance of the appeal. When you request an appeal, the records used in the decision will be provided to you. You will not be charged for copies of the records we provide to you for appeal. You may also request review of your records at any time. Some coping costs may apply, depending on the situation.

Alternate Dispute Resolution Process (ADRP): If you do not have **Medicaid** and you are not satisfied with the result of your Local Appeal/ Local Dispute Resolution, you may use the Alternate Dispute Resolution Process. This process takes the place of the State Fair Hearing that a Medicaid beneficiary would receive. ADRP is a review of your concern by the Department of Health and Human Services in Lansing. You must request ADRP in writing, within 10 days after receiving the results of your local appeal. If you do not receive Medicaid, you must attempt to resolve your concerns first informally or through a grievance, then using a local appeal, and finally by using the ADRP process. Decisions reached through ADRP are advisory only — they are not binding on MCCMH.

Recipient Rights: Any time you file a grievance, request a second opinion, request an Appeal or a State Fair Hearing, or request Alternative Dispute Resolution, you may also file a Recipient Rights Complaint with the Office of Recipient Rights.

Help with Your Concerns

If you would like help to resolve your concerns, the Ombudsman is available to help you. The Ombudsman will work with you and the people involved in your concern to find a satisfactory solution. The Ombudsman will also help you with any paperwork that has to be done, or with anything else you need to use the grievance and appeal process or resolve your concern.

The Ombudsman 586-469-7795
Fax: 586-469-7674
Hours of Operation: 8:30 a.m. to 5:00 p.m. M-F.
After Regular Business Hours: The Crisis Center 586-307-9100

Remember: These offices are equipped with telephone interpreter services for those who best use a language other than English. If you are deaf or hard of hearing, call the Michigan Relay Center at 711 to reach any MCCMH office.

Office of Recipient Rights

Every person who receives public behavioral health services has certain rights. The Michigan Mental Health Code protects these 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 use 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 MCCMH to talk with a Recipient Rights Officer with any questions you may have about your rights, or to get help to make a complaint. You can reach the MCCMH Recipient Rights Office by calling 586-469-6528.

Freedom from Retaliation

If you use public behavioral health or substance use 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 behavioral health system use seclusion or restraint as a means of coercion, discipline, convenience or retaliation.

Making a Recipient Rights Complaint

You may make a Recipient Rights complaint at any time if you believe your rights have been violated. You may make a Recipient Rights complaint either verbally or in writing. Others may also make Recipient Rights complaints on your behalf. To make a Recipient Rights complaint, or to learn more about your rights, call:

The Office of Recipient Rights586-469-6528
22550 Hall Road, Clinton Township 48036
Fax: 586-466-4131
Hours of Operation: 8:30 a.m. to 5:00 p.m. M-F, and by appointment.

Remember: These offices are equipped with telephone interpreter services for those who best use a language other than English. If you are deaf or hard of hearing, call the Michigan Relay Center at 711 to reach any MCCMH office.

Substance Use Recipient Rights

Every person who receives alcohol or drug treatment services has certain rights protected by law. Your rights specific to substance use treatment services are spelled out in the Administrative Rules for Substance Abuse Programs in Michigan, and in other State and Federal laws.

Some of your rights include:

- the right to confidentiality (privacy)
- the right to be free from abuse and neglect
- the right to services that meet your needs
- the right to be treated with dignity and respect

You have many other rights when you receive substance use disorder treatment. Ask MCOSA or your treatment provider about them.

Resolving Concerns about Substance Use Treatment Services

If you have concerns about substance use treatment services provided by your Medicaid plan, you may file a written or verbal complaint. The complaint will be resolved quickly and informally.

If you have Medicaid and you have concerns about the quality, type, or amount of services authorized or provided to you, you may also choose to file a local grievance, request a second opinion, request a local appeal, or request a Medicaid Fair Hearing. If you do not have Medicaid, you have other options for resolution. See pages 47-50 for detail about these options for resolution.

If you believe that your substance use treatment recipient rights have been violated, you may also file a Recipient Rights Complaint.

To learn more about your rights when you receive substance use treatment services, contact:

The Macomb County Office of Substance Abuse.586-469-5278
22550 Hall Road, Clinton Township, MI 48036
Hours of Operation: 8:30 a.m. to 5 p.m. Monday thru Friday
After Regular Business Hours: The Crisis Center586-307-9100

60

Which Office to Call

Remember! You can call either the MCCMH Office of Recipient Rights or MCCMH/ MCOSA to talk to a Rights Advisor with any questions you may have about your rights, or to get help filing a complaint. The Office of Community Relations/ Customer Services can also help you. If you have a concern about your services and you aren't sure whether to call the Office of Community Relations, the Ombudsman, the Office of Recipient Rights, or MCOSA, call any of these offices. We will help you sort it out.

Confidentiality

Confidentiality and Family Access to Information

You have the right to have information about your behavioral 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 with which you do not agree. Generally, information about you can 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 MCCMH about you. However, without a Release of Information signed by you, MCCMH may not give information about you to a family member. For minor children under the age of 18 years, parents/ guardians are provided information about their child and must sign a release of information before information can be shared with others.

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

Under HIPAA (Health Insurance Portability and Accountability Act), you will be provided with an official Notice of Privacy Practices from MCCMH. 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, call the MCCMH Office of Recipient Rights.

Keeping your treatment information private is called **confidentiality**. Generally, information about you can only be given to others with your permission. You must sign a “**Release of Information**” to tell us who you want us to talk to about your treatment, and what information we can share. Sometimes this is simply called a “release.”

The Office of Recipient Rights will help you understand how confidentiality works for you, and will help you resolve any concerns about your confidentiality.

If you are receiving substance use treatment services, information about your alcohol or drug treatment is kept strictly confidential, as protected under federal law. The treatment program will give you a written statement that describes the federal confidentiality law and the exceptions to that protection. The treatment program or MCOSA can answer questions you have about the confidentiality of your substance use disorder treatment records.

Confidentiality and Your Family

Except as required by law, we cannot tell anyone, even your family members, that you receive services from us, unless you give us permission. But, if you receive public behavioral health or developmental disability services, your family members may provide information to MCCMH about you to help with your treatment. Even if they do so, we cannot give information about you or your care to a family member without a Release of Information signed by you. Sign a Release of Information to tell us if there is anyone you want us to talk with about your treatment. Parents with legal and physical custody may give and receive information about their minor children (under the age of 18). Parents must sign a release to allow us to share their child's information with others. The legally appointed guardian(s) of adults may also give and receive information about those for whom they have responsibility, and may authorize release of information to others.

62

HIPAA

There are many laws that govern your privacy. One is **HIPAA**, the Health Insurance Portability and Accountability Act. HIPAA gives you specific rights to privacy, including notice about where and when your information is shared, and the right to request communication in certain ways or places.

We will send you a new notice if we change our privacy practices, or you may ask for a Privacy Notice at any time. Information about HIPAA is posted at every MCCMH service location.

Access to Your Records

You have the right to look at your own clinical records, and to add a formal statement about them, if you wish. HIPAA and the Michigan Mental Health Code provide you the right to read and add to your MCCMH records. You may add a statement to your records if you want to challenge their accuracy, completeness, timeliness or relevance. A statement you make to challenge your record will become part of your record, but it will not change the record.

If you are a competent adult (the court has not appointed a guardian for you), information entered into your record **after March 28, 1996 may not** be withheld from you. If you have a guardian, or you are requesting that your records be released to other parties, MCCMH may deny or restrict disclosure of information in your record that could be detrimental to you or another person. If we deny the request, we must state why in writing.

We are permitted up to 30 days to fulfill the request to see or add to the record. We may also charge a small fee for copying your records. If you are denied access to your record, you or someone on your behalf may appeal the decision to the MCCMH Office of Recipient Rights.

Ethics of Service

MCCMH strives to provide its services within the framework of the highest ethical standards. Some important things for you to know about what you can expect while you are treated by MCCMH or its contractors include:

- You and your family can expect to be treated with dignity and respect at all times by all MCCMH direct and contract staff.
- Services will be provided in the least restrictive environment appropriate for you. Your services will be provided in safe, sanitary, and humane ways. You will not be subject to abuse, neglect, mistreatment or deliberate injury.
- MCCMH services are provided by staff who are professionally trained and

appropriately licensed within their disciplines. Each staff person is required to uphold the ethical standards of his/ her profession, as well as those of MCCMH. MCCMH staff may not misrepresent their qualifications, education, licensure, or credentials to you or anyone else.

- MCCMH staff who provide your services cannot initiate or maintain personal, social, or sexual relationships with you or your family members, even with your consent. This is so that those who provide your services can remain objective, and so that you are not placed in any uncomfortable or compromising situation. MCCMH staff cannot use their professional relationships with you for their personal gain or advantage.
- Aside from your fees, we cannot accept money or items of value from you in exchange for the services provided by MCCMH, and cannot use relationships with you for personal financial gain or business interests outside of MCCMH.

If you have questions about confidentiality, access to your records, or the ethics of your service delivery, you may contact the Office of Recipient Rights. If you believe that your confidentiality has been violated or access to your records has been incorrectly denied, contact the Office of Recipient Rights. Call:

The Office of Recipient Rights586-469-6528
22550 Hall Road, Clinton Township 48036
Fax: 586-466-4131
Hours of Operation: 8:30 a.m. to 5:00 p.m. M-F, and by appointment.

Remember: These offices are equipped with telephone interpreter services for those who best use a language other than English. If you are deaf or hard of hearing, call the Michigan Relay Center at 711 to reach any MCCMH office.

Online Resources and Support

To help provide support whenever it's needed, MCCMH makes several online resources available to those we serve, their families, and the whole community. You can use these online resources any time to gain support, look for activities, or learn more about our services. Your use of these tools is completely private – MCCMH does not track your individual use in any way.

The MCCMH website: Any time you want to learn more about MCCMH services and providers, your rights, the structure and leadership of our system of care, or news of interest to the mental health community, visit the MCCMH website at www.mccmh.net.

Commonwealth: Commonwealth is a one-stop, interactive website that posts well being activities so that users can easily give and gain support, find healthy fun, and connect with the community in ways that are engaging and meaningful. Visit the site at www.micomonwealth.com.



myStrength.com

The health club for your mind.™

the whole community. Content is evidence based, and is personalized for each user based on identified interests. Learn more by visiting www.myStrength.com.

myStrength.com: myStrength offers web and mobile self help resources, empowering users to be active participants in their recovery and wellness journey. MyStrength is a resource for consumers, families, and

MCCMH service users are invited to create a personal, private, and free myStrength account by using the access code: **MCCMHper**.

Family members and the community are invited to create their own myStrength accounts by using the access code: **MCCMHcomm**.

Note: These online resources are meant to supplement and support ongoing mental health, developmental disability, or substance use disorder treatment. Online resources are not a substitute for clinical services and medications. Use these online resources along with the services approved for you in your Person-Centered Plan.

Contacting MCCMH

The following is a list of the addresses, phone numbers, and websites you might need to contact MCCMH.

These offices are equipped with telephone interpreter services for those who best use a language other than English. If you are deaf or hard of hearing, call the Michigan Relay Center at 711 to reach any MCCMH office.

Hours of Operation: Unless otherwise noted, all Macomb County CMH offices are available during regular business hours, 8:30 a.m. to 5:00 p.m., Monday thru Friday. MCCMH offices and clinics are closed on Government/ Bank holidays.

Macomb County UBHC and Crisis Center 586-466-6222
43740 N. Groesbeck Hwy., Clinton Township 48036
MCCMH Crisis Services are available 24/ 7/ 365. The phone call is free.

The Access Center Toll Free: 1-855-996-2264
Local: 586-948-0222

Fax: 586-948-0223
The Access Center receives calls M-F from 8:00 a.m. to 7:45 p.m.

The MCCMH Administrative Office. 586-469-5275
22550 Hall Road, Clinton Township 48036
Fax: 586- 469-7674
Website: www.mccmh.net
Email us by using the Feedback box on the homepage of our website.

The Office of Community Relations 586-469-6958
The Ombudsman 586-469-7795
Fax for Ombudsman: 586-469-7674
Email us by using the Feedback box on the homepage of our website.

The Office of Recipient Rights 586-469-6528
22550 Hall Road, Clinton Township 48036
Fax: 586-466-4131

The Macomb County Office of Substance Abuse. 586-469-5278
22550 Hall Road, Clinton Township 48036
Website: www.mcosa.org

Emergency Psychiatric Services

Hospital services for emergencies are available 24/ 7/ 365.

See page 14 for the list of hospital options, and additional information about hospitalization.

Arab-American and Chaldean Mental Health Services

Arab-American Chaldean Council586-939-5016

38219 Mound Road, Sterling Heights 48310

Fax: 586-939-5194

Hours of Operation: 8:30 a.m.- 4:30 p.m.

Contact the Access Center for information about other culturally-based services available through MCCMH.

Assessment for Nursing Home Placement

OBRA Program 586-469-7792

6555 15 Mile Road, Sterling Heights 48312

Fax: 586-469-7662

Hours of Operation: Assessments by appointment

Clinic availability: 8:30 a.m.- 5:00 p.m.

Clubhouse Programs

Crossroads Clubhouse 586-759-9100

27041 Schoenherr Rd., Warren 48088

Fax: 586-759-9176

Hours of Operation: 8:30 a.m.- 4:30 p.m. Some holiday and weekend activities.

Friendship House Clubhouse 586-465-4780

175B N. Groesbeck Hwy., Mt. Clemens 48043

Fax: 586-465-4811

Hours of Operation: 8:30 a.m. - 4:30 p.m. Some holiday and weekend activities.

Consumer-Run Drop-In Centers

Liberties North 586-954-1590
230 North Avenue, Suite 10, Mt. Clemens, MI 48043

Liberties South 586-779-8092
26345 Gratiot, Roseville 48066

Hours of Operation: Hours for both Liberties North and South vary slightly by season. Liberties also holds special events for weekends and holidays. Call either location for more specific information about hours and activities.

Family Support Subsidy Program 586-948-6111
6555 15 Mile Rd.
Sterling Heights 48312

Homeless Assistance Programs 586-466-8704
Location confidential.

After Regular Business Hours

If you need help after regular business hours (in the evenings, through the night, or on weekends and holidays), call the Crisis Center. The Crisis Center will help you with your concern, or will connect you to another source of help.

If you need help after regular business hours, call 586-307-9100.

Community Resources

These local community agencies, not part of MCCMH, may provide additional support to help with your needs. Phone numbers were verified at the time of printing; however, agencies change phone numbers without notice to MCCMH. If you have trouble reaching any of these services, call the Crisis Center for the new phone number.

Self-help Mental Health Support Groups

Agoraphobics in Motion (AIM)	248-547-0400
Depression and Bi-Polar Support Alliance (DBSA)	734-452-6343
NAMI Metro	248-348-7197
Schizophrenics Anonymous (SA) (At Liberties North)	586-954-1590

Disability Advocacy, Information, and Support

ARC Macomb	586-469-1600
Autism Society of Michigan	800-223-6722
Disability Network of Oakland Macomb	586-268-4160
Epilepsy Foundation of Michigan	800-377-6226
Michigan Protection and Advocacy Service	800-288-5923
United Cerebral Palsy Assn. of Metro-Detroit	800-827-4843

Addiction Support Groups

Alcoholics Anonymous	877-337-0611
Al-Anon Family Groups	888-425-2666
Michigan Gambling Helpline	800-270-7117
Narcotics Anonymous	877-338-1188
NAR-Anon Family Groups	586-447-2868

Other Resources

Macomb County Crisis Center and UBHC
MCCMH Crisis Services are available 24/ 7/ 365.

**Toll Free: 1-
855-927-4747**

Logisticare Solutions (Medicaid transportation service)	866-569-1902
Michigan Relay Center	711
United Way Tel-Help (Referral to other services)	211

Glossary of Terms

This is a list of some of the important words and phrases used in this booklet. If you have other questions about what is in this booklet, ask your Therapist or Case Manager, or call the Office of Community Relations.

Remember! Healthy Michigan coverage is a form of Medicaid. Where you see “Medicaid” used in these definitions, it applies to Healthy Michigan coverage, too.

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 Home Help Program is a service that is available to some Medicaid beneficiaries who need in-home assistance with activities of daily living and household chores. **Adult Home Help is a service of DHHS, not of the local Community Mental Health Program.** Contact your local DHHS Office for more information or to see if you qualify. See page 38 for information.

Advance Directive for Mental Health Care: Also known as a “**Psychiatric Advance Directive**” is a legal document in which you name someone else, called a Patient Advocate, who is authorized to make medical care decisions for you if you are unable to make them yourself.

Adverse Benefit Determination: 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 part, of payment for a service;
- Failure to make standard authorization decisions and provide notice within 14 calendar days from the date of receiving a standard request for service;
- Failure to make an expedited authorization decision within 72 hours from the time of receiving a request for an expedited authorization request;
- Failure to provide services within 14 days of start date agreed upon during

- the Person Centered Planning meeting, as authorized by MCCMH;
- Failure of MCCMH to act (to make a decision) within 30 calendar days from the date of a request for a standard appeal;
 - Failure of MCCMH to act (to make a decision) within 72 hours of the time of request for an expedited appeal;
 - Failure of MCCMH to provide disposition and notice of a local grievance/ complaint within 90 days of the filing of the grievance or complaint.

Alternative Dispute Resolution Process: If you do not receive Medicaid, this is the process used to request a hearing of your concerns about MCCMH services by the Department of Health and Human Services in Lansing. The Ombudsman will help you make this request.

Amount, Duration, and Scope: Terms to describe 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.

Appeal: A formal request for a review of an adverse benefit determination made by MCCMH. You may file an Appeal if you do not agree with any adverse benefit determination, or if you don't agree with the contents of your person-centered plan (your plan of service), or if you don't agree with our decisions about your eligibility for Family Support Subsidy payments. If you do not have Medicaid and are paying for part of the cost of your services, but you don't agree with the fee we set for you, you may also file an appeal.

Applied Behavioral Analysis: Applied Behavior Analysis (ABA) is intensive, behaviorally-based treatment that uses various techniques to bring about meaningful and positive changes in the communication, social interaction, and repetitive behaviors that are typical of autism. Learn more about early childhood autism services on page 39.

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

Behavioral Health: includes not only ways of promoting well being by preventing or intervening in mental illnesses, such as depression, anxiety, or other conditions, but also preventing or intervening in substance use or other addictions, and preventing or intervening in developmental disabilities. For the purposes of this handbook, behavioral health refers to mental illness in both adults and children, to substance use disorders, and to intellectual/ developmental disabilities.

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, substance use disorders, and intellectual/developmental disabilities. May also be referred to as CMH.

Commission on Accreditation of Rehabilitation Facilities, usually called CARF: **CARF** is a national organization that independently reviews the services of mental health and disability service organizations. MCCMH is accredited by CARF.

Confidentiality: Privacy. If you are receiving services from MCCMH, you have the right to have information about your services kept private.

Coordination of Care: When MCCMH talks with your primary doctor to make sure that your physical and mental health care, including all the medicines you take and any other treatments you receive, work together well.

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. Medicaid applications and deductible determinations are managed by the Michigan Department of Health and Human Services (DHHS) - independent of the MCCMH service system.

Discharge Plan: A plan created with you before you leave the hospital that will outline what mental health services you will receive in the community to help you stay well.

DSM: The Diagnostic and Statistical Manual of Mental Disorders. This handbook used by physicians lists the diagnostic criteria for various forms of mental illness and emotional disturbance.

Durable Medical Equipment: Any equipment that provides therapeutic benefits to a person who needs it because of certain medical conditions or illnesses. Durable Medical Equipment (DME) consists of items which:

- are primarily and customarily used to serve a medical purpose;
- are not useful to a person 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 Services/ Care: Covered services provided by a provider trained to provide emergency services, needed to treat a medical or behavioral health emergency.

Excluded Services: Health care services that your health insurance or plan does not pay for or cover.

Family-Centered Planning/ Family-Centered Practice: Service planning that includes the goals, hopes and needs of the whole family. Most often used when children receive MCCMH services.

Fiscal Intermediary: A person who helps you manage your budget and pay your providers if you are using a self-determination approach.

Grievance: An expression of dissatisfaction with anything other than an adverse benefit determination. A grievance is typically something about your service delivery or your experience with one of our staff, contractors, or service sites. A grievance may be about the quality of care, aspects of your relationships with or rudeness of a provider or employee, or failure to respect a beneficiary's rights, regardless of whether remedial action is required. A grievance may also be regarding an extension of time proposed by MCCMH to make an authorization decision.

Grievance and Appeals System: The processes that the PIHP uses to handle appeals of an adverse benefit determination and grievances about other issues, as well as the processes to collect and track information about appeals and grievances. See page 52 for information about grievances and appeals.

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.

Healthy Michigan: Healthy Michigan is a 1115 Demonstration project that provides health care benefits to persons who are aged 19-64 years, have income at or below 133% of the Federal poverty level, do not qualify for or are not enrolled in Medicare or Medicaid, are not pregnant at the time of application, and are residents of the State of Michigan. Persons who qualify for Healthy Michigan may also be eligible for behavioral health services. Healthy Michigan is a form of Medicaid, and the Michigan Medicaid Provider Manual

(MPM) contains complete information about available services, as well as eligibility criteria and provider qualifications. See page 46 for more detail about Healthy Michigan, or, to review the MPM, go to <http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf>. Or search for “Michigan Medicaid Provider Manual.” The MCCMH Office of Community Relations/ Customer Service can help you access the Manual and/or information from it.

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 that activities of daily living are met.

Hospice Services: Supportive care provided to persons in the final stages of a terminal illness, which focuses 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 can live each day as fully as possible.

Hospitalization (Hospital Inpatient Care): The term “hospitalization” is used when a person is formally admitted to the hospital for skilled behavioral health services. When a person is formally admitted, a hospitalization is often called “inpatient hospitalization.” If a person is not formally admitted, a hospitalization may be considered an outpatient hospitalization even if an overnight stay is involved.

Hospital Outpatient Care: Outpatient hospitalization is any type of care that is performed at the hospital when it is not expected that there will be an overnight stay. Typically, the person is not formally admitted to the hospital for outpatient care.

Independent Facilitator: An independent facilitator is a person who has been trained to support others as a Person-Centered Planning (PCP) facilitator. He or she is not connected to MCCMH or the agencies that provide your services. Independent facilitators are paid to facilitate PCP meetings, but don’t provide other services to you.

Individual Budget: The amount of funds available to you for purchase of your services if you are using a self-determination approach. Your individual budget is determined by your person-centered plan.

Individual Plan of Service: The written plan that provides you with the detailed information about the approved services you will receive from

MCCMH and who will provide them. Your Individual Plan of Service is also known as your Person-Centered Plan, and is developed using the Person-Centered Planning model.

Intellectual /Developmental Disability: As 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.

Limited English Proficient (LEP): Beneficiaries or potential beneficiaries who do not speak English as their primary language, and/or beneficiaries with a limited ability to read, write, speak, or understand English. Beneficiaries who are or may be limited English proficient are eligible to receive language assistance services to assist in using services or benefits, or to assist in interacting with staff and providers.

Local Dispute Resolution: In Macomb County, a local appeal is also called Local Dispute Resolution. See also “Appeals” for more information.

MDHHS: An acronym for Michigan Department of Health and Human Services. This State department, located in Lansing, oversees publicly-funded services provided in local communities and in State facilities to people with mental illness, developmental disabilities and substance use disorders.

Medicaid-Covered Services: The health care services paid for by Medicaid. A list of Medicaid covered services provided by MCCMH begins on page 32 of this booklet.

Medicaid Fair Hearing: A Medicaid Fair Hearing is also called a State Fair Hearing. It is a state-level review of an adverse benefit decision MCCMH has made about your services. See also “State Fair Hearing.”

Medicaid Fraud: Medicaid fraud is false billing by providers for Medicaid-covered services that weren't actually provided (or were not provided as billed), or false use of Medicaid-covered services by someone who isn't supposed to have them. See page 9 for how to report Medicaid fraud.

Medicaid Health Plans (MHPs): The health insurance providers authorized by the State of Michigan to manage health services for Medicaid beneficiaries.

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. MCCMH is 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, and persons with developmental disabilities by local community mental health services programs and in state facilities.

Michigan Public Health Code: One of many laws that govern the delivery of publicly-funded substance use disorder treatment services, and other health/medical services in Michigan.

Michigan Relay Center provides telephone relay service to callers with hearing or speech difficulties. The Relay Center is available 24/ 7/ 365 and will help you contact any office, business, or residence, whether or not the other party has a TTY. You may contact any MCCMH office directly by using the Michigan Relay Center. To reach the Michigan Relay Center, call **7-1-1**.

MI Health Link: MI Health Link is a healthcare program that provides coordinated medical, mental health, and substance use disorder services to residents in Macomb County who are covered by both Medicare and Medicaid. See page 47 for more detail.

Network: The doctors, other health care providers, and hospitals that a plan has contracted with to provide services to its members. MCCMH also refers to this as our "system of care."

Non-participating provider: This is a provider or facility that is not employed, owned, or operated by MCCMH, and is not under contract with

MCCMH to provide services to MCCMH beneficiaries. They are not part of our system of care.

Office of Community Relations: An information resource for service users, their families and friends, and the whole community who want to learn about MCCMH. The Office of Community Relations functions as the Customer Services office for MCCMH.

Office of Recipient Rights (ORR): The Office of Recipient Rights is the place at MCCMH that will help you learn about your rights. ORR will help you learn about your rights or file a Recipient Rights complaint. See page 52 for more detail.

Ombudsman: The Ombudsman is the person at MCCMH who will help you use informal dispute resolution processes, or will help you with a grievance. The Ombudsman is part of the Office of Community Relations.

Participating Provider: This is a provider or facility that is employed or operated by MCCMH or your health plan, or is under contract with MCCMH or your health plan to provide services to you. Participating providers are appropriately licensed or certified to provide health care services. Participating providers agree to work with MCCMH or your health plan, to accept our payment, and not to charge beneficiaries any extra amounts for services. Participating providers are also called network providers. The term participating provider can include doctors, nurses, hospitals, or other health care professionals and agencies who provide your care.

Peer Facilitator: A Peer Facilitator is a person with mental illness or developmental disability who has been trained to support others as a Person-Centered Planning (PCP) facilitator. Peer facilitators are paid to facilitate PCP meetings, but don't provide other services to you.

Person-Centered Planning: The process we use to design your services. PCP is based on your goals, strengths, abilities, and choices. PCP should build on your ability to be part of your community, and help you achieve your goals. Your person-centered plan defines what services you will get from MCCMH.

Physician Services: Services provided by a professional licensed under state law to practice medicine or osteopathy.

PIHP: An acronym for Prepaid Inpatient Health Plan. Each PIHP manages the Medicaid mental health, developmental disabilities, and substance use

treatment services in its geographic area, under contract with the State of Michigan. There are 10 PIHPs in Michigan, and each one is organized either as a Regional entity or as a Community Mental Health Services Program according to the Mental Health Code.

Psychiatric Evaluation: Questions or tests to help a doctor understand what you are feeling, seeing, or experiencing, and how well you understand what is going on around you. An evaluation is done before you receive treatment.

Preauthorization: Approval needed before certain services or medications can be provided. Some network services are covered only if the doctor or other network provider gets authorization in advance. Also called prior authorization. In Macomb County, authorization for Medicaid behavioral health services is managed by the Access Center.

Premium: An amount or fee that is charged for an insurance policy.

Prescription drugs: These are medications that legally require a medical prescription (usually written by a doctor or other authorized health provider) in order to be provided to you. In contrast, over the counter drugs can be obtained without a prescription.

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

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

Primary Care Provider: A health care professional (usually, but not always, a physician) who is responsible for monitoring a person's overall health care needs.

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.

Rehabilitation Services and Devices: Health care services and equipment that help a person keep, get back, or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt, or disabled. These services may include physical or occupational therapy, speech

and language therapy, and psychiatric rehabilitation services provided in a variety of inpatient or outpatient settings.

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.

Release of Information: A form that tells MCCMH who you want us to talk to about your treatment, and what information we can share or receive. Sometimes this is simply called a “release.”

Second Opinion: A review of the decision made by MCCMH about your request for hospitalization or your initial request for MCCMH services. Second opinions are provided by the MCCMH Executive Director, the Medical Director, or someone else that they authorize to do the review.

Self-determination: A model of service delivery that allows the person receiving mental health or developmental disability services to direct the purchase of approved services using a fixed amount of Medicaid dollars. Other public funds may also be used. Self-determination is an option for any adult who receives public mental health services.

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.

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

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 their practice.

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

State Fair Hearing: A state level review of Medicaid beneficiaries' disagreements with MCCMH's denial, reduction, suspension or termination of Medicaid covered services, as well as certain other adverse benefit determinations. State Administrative Law Judges who are independent of the Michigan Department of Health and Human Services perform the reviews. These are also called "Medicaid Fair Hearings."

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.

Treatment Planning / Service Planning: The development and review of your individual plan of services. At MCCMH, treatment/ service planning is done using the person-centered planning model.

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 if in network providers are unavailable. MCCMH operates an Urgent Behavioral Healthcare Center to respond to urgent behavioral healthcare needs.

The Vision behind the Mission

“Macomb County Community Mental Health, guided by the values, strengths, and informed choices of the people we serve...”

Macomb County Community Mental Health (MCCMH) respects the inherent dignity of each person we serve, designing individual services in partnership with them, building from their unique abilities, preferences, and needs. MCCMH works together with each person to help create a life of belonging, rich in relationships, activities, goals, and support systems that are unique to each person.

“...provides quality services...”

Working together with the people we serve, families, healthcare and community partners, Macomb County Community Mental Health is committed to offering value-based behavioral health services aimed at addressing the specific needs of persons with mental health, developmental disability, and substance abuse concerns. MCCMH strives to be an up-to-date and reliable source of information, education, resources, outreach, and assistance to develop solutions for managing these conditions. Assistance is provided through recovery-based interventions that respect each person’s cultural, religious, social, and personal beliefs, incorporating these beliefs as a critical part of each person’s system of support. Macomb County Community Mental Health encourages and supports the participation of the support systems the people we serve describe as important to individual recovery.

“...which promote recovery, community participation, self-sufficiency, and independence.”

MCCMH staff speak in terms of “Recovery” and “Wellness” when interacting with others. We believe persons with behavioral health needs are a meaningful part of the community who have the same rights as any other citizen. We work with other agencies and systems to eliminate the social and political obstacles confronting those we serve. We believe that behavioral health needs are not the single defining aspect of a person. The function of Macomb County Community Mental Health; therefore, is not only providing services to people, but helping individuals be respected, heard, and understood within our system and the larger community. This includes assisting individuals to move toward their goals, encouraging participation in the community, supporting the development of additional relationships, improving physical health as well as mental health, and supporting individual, ongoing personal growth. Our services help build the skills and develop the strategies that ensure active engagement and recovery that is based on individual strengths and passions. Our system instills hope, a sense of possibility, and a positive sense of self for each person we serve.

Macomb County Community Mental Health

A CARF Accredited Organization



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