Hiawatha Behavioral Health

Recovery

Wellness

Hope

Integration

Customer Service Guide

Welcome To

Hiawatha Behavioral Health

Fostering Hope, Recovery and Wellness to the People of Chippewa, Mackinac and Schoolcraft Counties

Hiawatha Behavioral Health (HBH) was formed on October 1, 1997, as the result of a merger between the Eastern Upper Peninsula and Schoolcraft County Community Mental Health Boards. Hiawatha Behavioral Health is governed by a 12 member Board of Directors, with an equal number of representatives from each of the three counties.

HBH is non-discriminatory; services are available regardless of race, color, nationality, religious or political belief, gender, age, disability, sexual orientation, or your ability to pay. Programs and services at Hiawatha Behavioral Health are partially funded by the Michigan Department of Health and Human Services.

Mission

Hiawatha Behavioral Health is committed to helping individuals recognize opportunities for independence, choice, and a meaningful life.

Vision

Hiawatha Behavioral Health strives to improve collaboration with community partners to create an integrated approach toward optimal health and quality of life.

Values

- We are committed to the active pursuit of integration in the community in partnership with other service providers and families.
- We treat all individuals with compassion, dignity, and respect.
- We provide opportunities for a purposeful life, recovery, inclusion, and independence.
- We promote quality trauma-informed care throughout the community.
- We conduct business with integrity and in accordance with our code of ethics.
- We are an outcome focused, data driven, and evidenced based organization.
- We are culturally sensitive and respectful of individual differences.
- We are fiscally responsible and accountable.
- We are adaptable and flexible maintaining necessary services and supports.

Code Of Ethics

All employees shall refrain from conduct which would reflect adversely on their personal reputation and/or the Community Mental Health program. In applying ethical principles the mental health worker is held responsible for their judgment and actions. As an employee of this Agency, you are expected to:

1. Perform duties with integrity.

2. Be loyal to persons served, employer, and self.

3. Strive to know limitations and to stay within the bounds of these limitations in practice.

4. Be sincere in the performance of duties and professional in rendering services to persons served, or representing the agency.

5. Hold in confidence all entrusted information.

YOU ARE THE LEADER OF YOUR RECOVERY.

Recovery: Recovery is a journey of healing and transformation enabling an individual with a mental health/substance abuse problem to live a meaningful life in a community of his/her choice while striving to achieve his/her potential.

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

Recovery may also be defined as wellness. Behavioral health supports and services help individuals with a mental illness/ substance use disorder in their recovery journeys. The PCP process is used to identify the supports needed for individual recovery.

In recovery, there may be relapses. A relapse is not a failure, rather a challenge. If a relapse is prepared for, and the tools and skills that have been learned throughout the recovery journey are used, an individual 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 SED. Resiliency is the ability to "bounce back" and is a characteristic important to nurture in children with SED and their families. It refers to the individual's ability to become successful despite challenges they may face throughout their life.

Prior to your first visit: it is recommended that you try to answer these questions by yourself (if possible) and then with a friend, peer, advocate or family member. Since you are to be an active participant in your treatment, your opinion is very important;

- Strengths I have that will help my recovery? (List 3 examples such as: "I like to read a lot", "I work well by myself", "I ask questions well", etc.)
- What do I want to achieve? What has worked in the past? What is working well now? Why are these things working? What are some of the things that haven't worked? Why do you think these ideas, methods, etc. have not worked?
- What changes do I want to experience?
- Can I identify a specific behavior I want changed? How can I track it? How can we assist you in tracking it?

Four major dimensions that support a life in recovery:

- ***Health***: overcoming or managing one's disease(s) or symptoms—for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medications if one has an addiction problem—managing physical illness, or symptoms you may be experiencing—and for everyone in recovery, making informed, healthy choices that support physical and emotional wellbeing;
- ***Home:*** a stable and safe place to live.
- ***Purpose:*** meaningful daily activities, such as a job, school, volunteering, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society.
- ***Community***: build relationships and social networks that provide support, friendship, love, and hope.

Five Stages of Change:

Pre-contemplation: I don't believe there is a problem

Contemplation: I believe there is a problem and someday I should do something about it.

Preparation: Ready for change, but still unsure how to

Action: Ready, willing and able to implement a strategy to address illness head-on and

Maintenance: After roughly six months of sustained active recovery.

RELAPSE PREVENTION PLAN:

My signs of relapse:

Triggers:

_____
_____
_____
_____

Action Plan to reduce the effect of triggers:

_____
_____
_____
_____

Early Warning Signs:

_____
_____
_____
_____

Action Plan to reduce symptoms:

_____
_____
_____
_____

My relapse prevention/crisis plan:

I will call:

_____
_____
_____
_____

Activities I enjoy:

_____
_____
_____
_____

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

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

Emergency & After Hours Services

24 Hour Crisis Line (800) 839-9443

Please note: If you utilize a hospital emergency room, there may be health-care services provided to you as part of the hospital treatment that you receive for which you may receive a bill and may be responsible for 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, your

local CMH will help you to coordinate your post-stabilization needs.

Beginning Services at HBH:

In order to be eligible for services at Hiawatha Behavioral Health you must meet the medical necessity criteria defined in the Michigan Medicaid Provider Manual. Eligibility criteria is based primarily on diagnosis, severity of illness, and impact on daily functioning.

If you are in need of mental health services you can contact any of the three HBH offices:

Mackinac County	906-643-8616
Chippewa County	906-632-2805
Schoolcraft County	906-341-2144
All Counties	800-839-9443
TTY	*711 (Michigan Relay)*

Telephone screenings will be conducted by a mental health professional that will assess your situation and identify which services will best meet your needs. You may be referred to another agency for services. You and the mental health professional will decide what the best approach to your care is. The mental health professional will review your eligibility for public funded mental health services. Priority is given to persons who are functionally disabled due to: serious mental illness, intellectual and developmental disability, children and adolescents with a serious emotional disturbance.

Once you have been approved for services at HBH through the Access Screening Process, you will receive an intake assessment. The intake assessment, or Biopsychosocial Assessment (BPS), takes into account your physical health, psychological status, and social functioning. Through the biopsychosocial (BPS) assessment a qualified mental health professional (QMHP) uses the information collected to help determine eligibility and medical necessity for services, identify your choice and preference regarding care and identify the need for any further assessment. The clinician will be responsible for ensuring that you receive the most clinically appropriate and relevant services through internal referrals, or external referrals if you do not meet criteria of priority population.

Hiawatha Behavioral Health utilizes evidenced based models and follows the direction of MDHHS practice guidelines whenever possible.

Language Assistance and Accommodations:

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

If you are an individual who is deaf or hard of hearing, you can utilize the Michigan Relay Center (MRC) to reach your PIHP, CMHSP, or service provider. Please call 711 and ask MRC to connect you to the number you are trying to reach. If you prefer to use a TTY, please contact 711.

If you need a sign language interpreter, contact Hiawatha Behavioral Health at 800-839-9443 as soon as possible so that arrangements can be made for an interpreter for you. Language interpreters are available at no cost to you.

Accessibility and Accommodations:

In accordance with federal and state laws, all buildings and programs of Hiawatha Behavioral Health 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 Hiawatha Behavioral Health. If you need more information or if you have questions about accessibility or service, support animals, contact Customer Services at 906-632-2805.

If you need to request an accommodation on behalf of yourself or a family member or friend, you can contact Customer Services at 906-632-2805. 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.

If you are a person who is hard of hearing but do not know sign language and need another form of communication, such as a personal communication device or Computer Assisted Realtime Translation (CART), contact Customer Services at 906-632-2805. Communication devices and CART are available at no cost to you.

What To Expect When You Enter Services:

Starting mental health services can be confusing and may cause some anxiety. Often people may be unsure what is actually going on with them. You may have doubts about whether services can help. This is not unusual.

As an individual entering HBH Mental Health Services, you can expect full attention, understanding, and kindness, along with many resources. HBH will do everything to make you comfortable and give you the time and compassion you need to be able to open yourself up and receive the help you deserve.

HBH has kind and helpful front desk services. HBH has understanding and well trained peer support specialists willing to help consumers with any problems or concerns. HBH has well educated and licensed clinicians, therapists, and psychiatrists to help maintain a healthy you. HBH services are completely confidential and we will never release information to anyone unless directed by you, our consumer.

Individuals presenting for mental health services will be engaged in a person-centered planning process through which diagnostic information and service eligibility will be determined. Eligibility tools may be used in conjunction with this process to determine and document medical/clinical necessity for the requested service.

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 whom, besides yourself, you would like at the PCP meetings, such as family members or friends, and what staff from Hiawatha Behavioral Health you would like to attend. You will also decide when and where the PCP meetings will be held. Finally, you will decide what assistance you might need to help you participate in and understand the meetings.

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

You have the right to "independent facilitation" of the PCP process. This means that you may request that someone other than Hiawatha Behavioral Health 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 SED also have the right to PCP. However, PCP 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 PCP using "family-centered practice" in the delivery of supports, services, and treatment to their children.

Topics Covered During Person-Centered Planning

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

- **Psychiatric Advanced Directive**

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

If you do not believe you have received appropriate information regarding Psychiatric Advanced Directives from you PIH, please contact Customer Services to file a grievance.

- **Crisis Plan**

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

to make decisions and care for yourself. The crisis plan would give information and directions to others about what you would like done in the time of crisis. Examples are friends or relatives to be called, preferred medicines, or care of children, pets, or bills.

- **Self-determination**

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

Medicaid Specialty Supports and Services Descriptions

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

Before services can be started, you will take part in an assessment to find out 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 individuals who come to us are eligible, and not all services are available to everyone we serve. If a service cannot help you, your CMHSP 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 PCP process, you will be helped to figure out the medially necessary services that you need, and the sufficient amount, scope, and duration required to achieve the purpose of those services. You will also be able to choose who provides your supports and services. You will receive an IPOS the provides all this information.

In addition to meeting medically necessary criteria, services listed blow 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 Medicaid Provider Manual may be accessed at:

MedicaidProviderManual.pdf (state.mi.us)

The Customer Services Unit staff can help you access the manual and/or information from it.

Assertive Community Treatment (ACT) provides basic services and support 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, education, and vocational activities. ACT may be provided daily for individuals who participate.

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

***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 an individual's illness or disability involves behaviors that they or others who work with them want to change, their IPOS may include a plan that talks about the behavior. This plan is often called a "behavior treatment plan".

The behavior treatment plan is developed during PCP and then is approved and reviewed regularly by a team of specialists to make sure that it is effective and dignified and continues to meet the individual's needs.

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

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, and 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 Inpatient 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. CLS may also help families who have children with special needs (such as developmental disabilities or SED).

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 a licensed residential setting.

Early Periodic Screening, Diagnosis, and Treatment (EPSDT) EPSDT provides a comprehensive array of prevention, diagnostic, and treatment services for low-income infants, children, and adolescents under 21 years, as specified in Section 19059(a)(4)(B) of the Social Security Act (the Act) and defined in 42 U.S.C. 1396d(R)(5) and 42 CFR 441.50 or its successive regulation.

The EPSDT benefit is more robust than the Medicaid benefit for adults and is designed to assure that children receive early detection and care, so that health problems are averted or diagnosed and treated as early as possible.

Health plans are required to comply with all EPSDT requirements for their Medicaid enrollees under the age of 21 years. EPSDT entitles Medicaid and Children's Health Insurance Program (CHIP) enrollees under the age of 21 years, to any treatment or procedure that fits within any of the categories of Medicaid-covered services listed in Section 1905(a) of the Act if that treatment or service is necessary to "correct or ameliorate" defects and physical and mental illnesses or conditions.

This requirement results in a comprehensive health benefit for children under age 21 enrolled in Medicaid. In addition to the covered services listed above, Medicaid must provide any other medical or remedial care, even if the agency does not otherwise provide for these services or provides for them in a lesser amount, duration, or scope (42 CFR 441.57).

While transportation to EPSDT corrective or ameliorative specialty services is not a covered service under this waiver, the PIHP must assist beneficiaries in obtaining necessary transportation either through the MDHHS or through the beneficiary's Medicaid health plan.

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

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

Family Support and Training provides family-focused assistance to family members relating to and caring for a relative with serious mental illness, SED, 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 an individual's behavioral health condition. An individual'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 for 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.

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

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

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

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

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

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

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

Nursing Home Mental Health Assessment and Monitoring includes a review of a nursing home resident's need for and response to 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 to take care of themselves every day, and treatments to help increase these abilities.

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

Peer-delivered and Peer Specialist Services Peer-delivered services such as drop-in centers are entirely run by consumers of 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 individuals with serious mental illness in their individual recovery journey 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 an individual's physical abilities (such as they ways they move, use their arms or hands, or hold their body), and treatments to help improve their physical abilities.

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

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

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

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

Substance Abuse Treatment Services (see descriptions following the behavioral health services).

Supports Coordination or Targeted Case Management A Supports Coordinator or Case Manager is a staff person who helps write an IPOS and makes sure the services are delivered. His/her role is to listen to an individual's goals and to help find the services and providers inside and outside the local CMHSP that will help achieve the goals. A supports coordinator or case manager may also connect and individual 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 and individual's home for them to take part in a non-medical Medicaid-covered service.

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

Wraparound Services for Children and Adolescents with SED 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 the avoid having to go to an institution for individuals with developmental disabilities or nursing home. These special services are called the Habilitation Supports Waiver and the Children's Waiver. To receive these services, individuals with developmental disabilities need to be enrolled in either of these waivers. The availability of these waivers is very limited. Individuals enrolled in the waivers have access to the services listed above as well as those listed here:

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

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

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

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

Prevocational Services (for HSW enrollees) includes supports, services, and training to prepare an individual for paid employment or community volunteer work.

Private Duty Nursing (for HSW enrollees) is individualized nursing service provided int eh home as necessary to meet specialized health needs.

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

Services for Persons with Substance Use Disorders (SUD)

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

Access, Assessment and Referral (AAR) determines the need for substance abuse services and will assist in getting to the right services and providers.

Outpatient Treatment includes therapy/counseling for the individual, 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 provided to individuals who have heroin or other opiate dependence. The treatment considsts of opiate substituation monitored by a doctor as well as nursing services and lab tests. This treatment is usually provided along with other substance abuse outpatient treatment.

Sub-Acute Detoxification is medical care in a residential setting for individuals who are withdrawing from alcohol or other drugs.

Residential Treatment is intensive therapeutic services which include overnight stays in a staffed licensed facility.

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

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

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 medial condition requires them.

*Ambulance	*Chiropractic	*Doctor visits
*Family planning	*Health check ups	*Hearing aids
*Labs and x-ray	*Medical supplies	*Hearing and Speech Therapy
*Home Health Care	*Medicine	*Mental Health (limit of 20 outpatient visits)
*Surgery	*Vision	*Immunizations (shots)
*Physical and Occupational Therapy		*Nursing Home Care
*Prenatal Care and Delivery		*Transportation to Medical Appointments

If you are already enrolled in one of the health plans, you can contact the health plan directly for more information about the services listed above. If you are not enrolled in a health plan or do not know the name of your health plan, you can contact Customer Services for assistance.

Coordination of Care:

To improve quality of services, Hiawatha Behavioral Health wants to coordinate your care with the medical provider who cares for your physical health. If you are also receiving substance abuse services, your mental health care should be coordinated with those services.

Being able to coordinate with all providers involved in treating you improves your chances for recovery, relief of symptoms, and improved functioning. Therefore, you are encouraged to sign a "Release of Information" so that information can be shared. If you do not have a medical doctor and need one, contact Customer Services and staff will assist you in getting a medical provider,

Office of Recipient Rights:

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

- The right to be free from abuse and neglect.
- The right to confidentiality.
- The right to be treated with dignity and respect, and
- 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 compliant any time if you think staff violated your rights. You can make a rights compliant either orally or in writing.

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

You may contact your local community behavioral health services program to talk with a Recipient Rights Officer with any questions you may have about your rights or to get help to make a compliant. Customer Services can also help you make a compliant. You can contact the Office of Recipient Rights at (906) 632-2805 or Customer Services at (906) 635-3707.

Freedom From Retaliation:

If you use public behavioral health 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.

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 or to request and receive a copy of your records. You have the right to ask us to amend or correct your clinical record if there is something with which you do not agree. Please remember, though, your clinical records can only change as allowed by applicable law. Generally, information about you can only be given to others with your permission. However, there are times when your information is shared to coordinate your treatment or when it is required by law.

Family members have the right to provide information to Hiawatha Behavioral Health about you. However, without a Release of Information signed by you, Hiawatha Behavioral Health 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 abuse services, you have rights related to confidentiality specific to substance abuse services.

Under the Health Insurance Portability and Accountability Act (HIPAA), you will be provided with an official Notice of Privacy Practices from your CMHSP. 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 compliant if you feel your right to privacy has been violated.

If you feel your confidentiality rights have been violated, you can call the Recipient Rights Office where you get services.

Grievance and Appeals Process

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 Hiawatha Behavioral Health. Assistance is available in the filing process by contacting Customer Services at 096-632-2805. In most cases, your grievance will be resolved within 90 calendar days from the date the PIHP receives your grievance. You will be given detailed information about grievance and appeal processes when you first start services and then again annually. You may ask for this information at any time by contacting Customer Services.

Appeals

You will be given notice when a decision is made that denies your request for services or reduces, suspends, or terminates the services you already receive. This notice is called an "Adverse Benefit Determination". You have the right to file an "appeal" when you do not agree with such a decision. If you would like to ask for an appeal, you will have to do so within 60 calendar days from the date on the Adverse Benefit Determination.

You may ask for a "Local Appeal" by contacting the Office of Recipient Rights at 906-632-2805.

You will have the chance to provide information in support of your appeal, and to have someone speak for you regarding the appeal if you would like.

In most cases, your appeal will be completed in **30 calendar days** or less. If you request and meet the requirements for an "expedited appeal" (fast appeal), your appeal will be decide within **72 hours** after your request is received. In all cases, the PIHP may extend the time for resolving your appeal by **14 calendar days** if you request an extension, or if the PIHP can show that additional information is needed and that the delay is in your best interest.

You may ask from assistance from Customer Services to file an appeal.

State Fair Hearing

You must complete a local appeal before you can file a State Fair Hearing. However, if the PIHP fails to adhere to the 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.

You can ask for a State Fair Hearing only after receiving notice that the service decision you appealed has been upheld. You can also ask for a State Fair Hearing if you were not provided your notice and decision regarding your appeal in the timeframe required. There are time limits on when you can file an appeal once you receive a decision about your local appeal.

Benefit Continuation

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

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

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

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

Payment of Services

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

Some members will be responsible for "cost sharing". This refers to money that a member has to pay when services or drugs are received. You might also hear terms like "deductible, spend-down, copayment, or coinsurance" which are all forms of "cost sharing". Your Medicaid benefit level will determine if you have to pay any cost-sharing responsibilities. If you are a Medicaid beneficiary with a deductible ("spend-down"), as determined by MDHHS, you may be responsible for the cost of a portion of your services.

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

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

Service Authorization

Services you request must be authorized or approved by Hiawatha Behavioral Health or it's designee. That agency may approval 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 PCP, 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.

Fraud, Waste, and Abuse

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

Examples of Medicaid Fraud

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

Or when someone:

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

Or When a Health Care Provider Falsely Charges For:

- Missed appointments
- Unnecessary medical tests
- Telephoned services

If you think someone is committing fraud, waste, or abuse, you may report to Corporate Compliance. You may email concerns to Corp-comp@hbhcmh.org.

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

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

Online - www.micigan.gov/fraud

Call - 855-MI-FRAUD (643-7283) voicemail available after hours

Send a letter - Office of Inspector General

PO Box 30062

Lansing, MI 48909

When you make a compliant, be sure to include as much information as you can, including details about what happened, who was involved (including their address and telephone number), Medicaid identification number, date of birth (for beneficiaries), and any other identifying information you have.

Customer Services:

You are encouraged to contact Customer Services when you have a question about mental health services or when you need information about what resources may be available in the community. You may also call if you are dissatisfied with any aspect of your treatment. You will receive written resolution not later than 60 days of filing a grievance/complaint. More information is contained in the booklet titled "Northcare Customer Service Handbook".

Customer Service Representative

Chippewa/Mackinac/Schoolcraft: 906-632-2805

or 906-635-3707

TTY/TDD call collect 906-632-5539

Toll Free 1-800-839-9443

Corporate Compliance:

An effective compliance program provides a mechanism for reducing fraud and abuse, improving operational quality, improving the quality of health care and hopefully reducing the costs of health care. Through this program we can demonstrate our commitment to honest and responsible conduct, improved clinical documentation and a methodology that encourages employees to report potential problems.

Corporate Compliance Officer

Chippewa/Mackinac/Schoolcraft—906-632-2805

TTY 711 (Michigan Relay) Toll Free 1-800-839-9443

corp-comp@hbhcmh.org

Your Input Is Important

We are here to assist you. Your participation in our organization is important to us and offers an opportunity for you to help us fulfill our mission. Your active participation is encouraged. The following is a list of Boards, committees and groups that may be of interest to you.

Hiawatha Behavioral Health Boards/Committees

Consumer Advisory Panel (CFAP)/Customer Services

Recipient Rights Advisory Committee

Safety Committee

Strategic Planning Committee

QI Council

NorthCare Customer Services Committee

Recovery Council

Volunteer groups/Work programs

Programs run by persons served

Educating other Persons Served in the Community

Focus Groups

Special Projects

Program Development and Planning

Continuous Quality Improvement

Overall Program Operations

Groups meet periodically to discuss:

- How HBH is meeting or not meeting your expectations
- What new that services might be needed in our community
- How our services can be improved

How You Can Become Involved At Hiawatha Behavioral Health:

Apply to become a member of any of the following:

HBH Board of Directors
Consumer/Family Advocate Panel/Customer Services
Recipient Rights Advisory Committee
Strategic Planning Committee
Safety Committee
Quality Improvement Council

Other ways you can contribute:

- Complete surveys by mail or phone asking for your input
- Participate in periodic focus groups
- Attend board meetings and public hearings
- Participate in persons served activity/program development groups
- Use suggestion boxes to give input
- Participate in person served-run programs (drop-in centers, social groups, etc.)
- Provide input directly to any HBH employee
- Be an active participant in your treatment planning

Schoolcraft County Resource List

Anishnabek Community/Family Services	1-906-341-6993
Boot Lake Counseling - Nora Brewster	1-906-452-6233
Chris Kobesko, LLC - Telehealth	1-906-285-3705
Sault Tribe Behavioral Health	1-906-341-6993
Webers & Devers Psychological Services	1-906-293-6117
UP Health Systems Outpatient Behavioral Health	1-906-225-3985
UP North Psychological Services—Jacey Cook	1-906-440-6763
Fellowship Counseling - Escanaba	1-906-786-4733
Good Life Constructive Therapies	1-906-286-3294
Hope on the Horizon - Curtis, MI	1-906-277-0239
Life Restoration & Wellness - Telehealth	1-906273-0182
Natalie Forester, LMSW - Telehealth	1-906-680-5565
Pam Balentine - Escanaba	1-906-223-1848
Pine Rest - Telehealth (private insurance)	1-866-852-4001
Refuge Healing Center Therapy	1-906-263-0064
Schoolcraft Memorial Behavioral Health	1-906-341-2153 x.1
Self Reflection - Escanaba (virtual)	1-906-553-2219
Manistique VA Clinic	1-800-215-8262 x. 32541

SUBSTANCE ABUSE

AA/NA meeting Information	1-906-240-9897
Great Lakes Recovery Center - Escanaba	1-906-789-3528
Manistique Tribal Substance Abuse	1-906-635-6075
Schoolcraft Memorial Behavioral Clinic	1-906-341-2153 x.1

OTHER

Community Action Agency	1-906-341-2452
Community Health Department-LMAS	1-906-341-6951
Delta-Schoolcraft ISD	1-906-341-6935
Department of Health and Human Services	1-906-341-2114
Dial Help Text Line	1-906-356-3337
Good Neighbor Services	1-906-341-3927

HeadStart/Early Childhood Center	1-906-341-6423
Home Visiting LLG - LeAnn (0-5 years old)	1-906-341-6951 x. 521
Legal Services of Northern Michigan	1-906-786-2303
Schoolcraft County Housing Commission	1-906-341-5052
Manistique Tribal Health	1-906-341-8469
Manistique City Police/EMS/Fire	1-906-341-2133
Manistique VA Clinic	1-906-341-3420
Manistique Housing Commission	1-906-341-5451
Michigan Rehabilitation Services	1-906-227-5566
Public Transportation	1-906-341-2111
Saint Vincent DePaul	1-906-341-8181
Sault Tribe Housing Authority	1-906-341-8157
Schoolcraft Memorial Hospital	1-906-341-3200
Schoolcraft Rural Health Clinic	1-906-341-2153
Schoolcraft Sheriff Department	1-906-341-2122
Senior Citizens Service Center	1-906-341-5923
Social Security Administration (Escanaba)	1-877-545-5503
Tri-County Safe Harbor, Inc.	1-906-286-4040
UPCAP—Services for older adults	1-906-786-4701

Chippewa County Resource List

MENTAL HEALTH COUNSELING

Alcona Health Center/Pickford	1-906-647-2217
Bay Mills Mental Health Services	1-906-248-3204
Catholic Human Services - Cheboygan	1-231-27-9917
Chris Kobesko, LLC - Telehealth	1-906-2858-3705
Fellowship Counseling - Escanaba	1-906-786-4733
Great Lakes Christian Counseling	1-906-630-8872
Hidden Brook Counseling - Petoskey	1-231-487-1885
Hope on the Horizon - Curtis	1-906-227-0239
LSSU Counseling Services	1-906-632-6841
Life Restoration & Wellness - Telehealth	1-906-273-0182
MDHHS Certified Peer Support Warm Line	1-888-733-7753

MyMichigan Sault Outpatient Psychiatry	1-906-253-0108
Natalie Forrester, LMSW - Telehealth	1-906-680-5565
Pam Balentine - Escanaba	1-906-223-1848
Old Town Psychological Services	1-989-448-8344
Refuge Healing Center - St. Ignace	1-906-263-0064
Sault Tribe Mental Health Services	1-906-635-6075
Self Reflection - Escanaba (virtual)	1-906-553-2219
SHAAC - for students in the Sault area	1-306-632-5690
UP Health Systems Outpatient Behavioral Health	1-906-225-3985
UP North Psychological Services	1-906-440-6763
VA Medical Center	1-906-253-9383
Weber & Devers Psychological Services	1-906-635-7270

SUBSTANCE ABUSE

AA & NA Meeting Information	1-906-240-9897
Great Lakes Recovery Outpatient	1-906-632-9809
Great Lakes Recovery - Men's New Hope	1-906-635-5542
Northcare Network access SUD services	1-800-305-6564
Sault Tribe Substance Abuse	1-906-635-6075
Great Lakes Recovery - Women's New Hope	1-906-632-2522

OTHER:

Anishnaabek Community Services	1-906-632-5250 800-726-0093
Care Net Pregnancy Center of the EUP	1-906-635-1103
Chippewa County Health Department	1-906-635-1566
Community Action Agency	1-906-632-3363
Community Health Access Coalition	1-906-635-7483
Department of Health and Human Services	1-906-635-4100
Dial-A-Ride Transportation	1-906-632-6882
Diane Peppler Resource Center	1-906-635-0566
EUP Home Health and Hospice	1-906-635-1568
EUP Transportation Authority (EUPTA)	1-906-632-2898
Home Visiting LLG - LeAnn (0-5 yrs old)	1-906-341-6951 x. 125

LSSU Accessibilty Department	1-906-635-2355
Legal Services of Northern Michigan	1-906-632-3361
Lutheran Child and Family Services	1-906-635-4235
Michigan Rehabilitation Services (MRS)	1-800-562-7860
Michigan Works!	1-906-635-1752
MyMichigan Medical Center	1-906-635-4460
Northern Transitions Inc.	1-906-635-5681
Salvation Army	1-906-632-6521
Sault Ste. Marie Housing Commission	1-906-635-5841
Sault Tribe of Chippewa Indians	1-906-635-6050
Social Security Administration	1-855-285-6007
UPCAP - Services for Older Adults	1-906-786-4701
VA Medical Center	1-906-253-9383
Veterans Affairs Department	1-906-635-6370

Mackinac County Resource List

MENTAL HEALTH COUNSELING

Alcona Health Center/Pickford Medical Clinic	1-906-647-2217
Bay Mills Mental Health Services	1-906-248-3204
Catholic Human Services - Cheboygan	1-231-627-9917
Chris Kobesko, LLC - Telehealth	1-906-285-3705
Emily Duncan LPC - Cedarville	1-989-455-2141
Fellowship Counseling - Escanaba	1-906-786-4733
Hidden Brook Counseling - Petoskey	1-231-487-1885
Hope on the Horizon - Curtis	1-906-277-0239
Lake Superior State University Counseling Services	1-906-632-6841
Life Restoration & Wellness - Telehealth	1-906-273-0182
MyMichigan Sault Outpatient Psychiatry	1-906-253-0108
Natalie Forester, LMSW - Telehealth	1-906-680-5565
Pam Balentine - Escanaba	1-906-223-1848
Pine Rest - Telehealth (private insurance)	1-866-852-4001
Refuge Healing Center	1-906-263-0064

Sault Tribal Health and Human Services	1-906-643-8689
Self Reflection - Escanaba (virtual)	1-906-553-2219
UP Health Systems Outpatient Behavioral Health	1-906-225-3985
UP North Psychological Services	1-906-440-6763
Stephanie Soblaskey	1-906-643-1592
VA Medical Center	1-906-253-9383
Weber & Devers Psychological Services	1-906-635-7270

SUBSTANCE ABUSE

AA & NA Meeting Information	1-906-240-9897
Alcona Health Center - Pickford	1-906-647-2217
Great Lakes Recovery Outpatient	1-906-228-9699
Harbor Hall - Cheboygan	1-231-597-9235
Great Lakes Recovery - Men's New Hope	1-906-635-5542
Northcare Network access to SUD services	1-800-305-6564
Sault Tribe Substance Abuse	1-906-643-8689
Women's New Hope	1-906-635-2522

OTHER

Anishnaabek Community Services	1-906-643-8689
Community Action Agency	1-906-643-8595
Community Health Action Coalition	1-906-643-7253
MDHHS	1-906-643-9550
Dial Help Text Line	1-906-356-3337
Diane Peppler Resource Center	1-906-643-0498
EUP Home Health and Hospice	1-906-635-1568
Evergreen Living Center (long-term care)	1-906-643-0427
Hessel Tribal Center	1-906-484-2727
H.O.M.E. - Housing Assistance	1-906-643-6239
Home Visiting LLG - LeAnn	1-906-341-6951 (ext. 521)
Hope Chest Hotline (24/7)	1-906-643-6780
Hope Chest Thrift Store & Food Pantry	1-906-643-7360
LSSU Accessibility Department	1-906-635-2355

Legal Services of Northern Michigan	1-906-632-3361
LMAS District Health Department	1-906-643-1100
Love INC - Food Pantry	1-906-477-1050
Mackinac County Housing Commission	1-906-586-3414
Mackinac Straits Hospital and Physicians	1-906-643-8585 or 1-906-643-0466
Michigan Rehabilitation Services (MRS)	1-800-562-7860
Michigan Works!	1-906-643-8158
Nehemiah Project Homeless Shelter - Petoskey	1-231-347-0363
Salvation Army	1-906-632-6521
Sault Ste. Marie Housing Commission	1-906-635-5841
Social Security Administration	1-855-285-6007
St. Vincent DePaul's - Cedarville	1-906-484-1366
UPCAP - Services for Older Adults	1-906-786-4701
Veterans Affairs	1-906-643-9411

State of Michigan & National Resources

Abuse & Neglect Reporting	1-855-444-3911
Adoption (MARE)	1-800-589-6273
Adult Foster Care Payments	1-800-979-4662
Adult Foster Care Ombudsman	1-800-292-7852
Adult Home Help/Chore Services	1-800-979-4662
AIDS Program	1-877-342-2437
Bridge Card (EBT) - Customer Service	1-888-678-8914
Cash Assistance	1-855-ASK-MICH
Cash Assistance	1-855-275-6424
Child and Adult Licensing info	1-866-685-0006
Child Daycare, Child/Adult Foster Care	1-866-685-0006
Child and Adult Licensing complaints	1-866-856-0126
Child Care billing questions	1-866-990-3227
Child Care Payments	1-866-990-3227
Child Support Payments - MiSDU	1-877-464-3324
Children's Foster Care payments	1-800-444-5364

Children's Special Health Care Services	1-800-359-3722
Community Resources & Referrals - MI United Way	211

2-1-1 is the health and human service equivalent of

9-1-1 to give or get help dial 211

Customer Service	1-855-275-6424
Disability Ombudsman - MPAS	1-800-288-5923
Domestic Violence Helpline	1-800-799-7233
Early On	1-800-327-5966
Intervention services for infants and toddlers with disabilities and their families	1-800-327-5966
EBT-Electronic Benefit Transfer	1-888-678-8914
Elder care services for the elderly -	1-800-677-1116
Covers all of USA. Help with transportation, meals, etc.	1-800-677-1116
Energy Assistance	1-855-275-6424
Food Assitance	1-855-ASK-MICH
Fraud Reporting—DHS	1-855-275-6424
Home Heating Tax Credit Status	1-800-222-8558
Mandated Reporter Hotline	1-517-636-4486
Medicaid Customer Help - MSA/MDHHS	1-855-444-3911
Medicaid Provider Help - MSA/MDHHS	1-800-642-3195
Medicare	1-800-292-2550
Michigan Crisis and Access Line (MiCAL)	**1-844-44MiCAL (64225)**
MiChild - MDHHS	1-800-MEDICARE
MiChild - MDHHS	1-888-633-4227
MI Enrolls - Medicaid Managed Care	1-888-988-6300
MI HR -	1-888-367-6557
Employment information for state of MI	1-877-766-6447
MI RX -	1-877-766-6447
Drug Discount program for low-income	1-888-367-6557
Nursing Home Complaints - DCIS	1-888-367-6557
Payment Information -	1-800-882-6006 or 1-800-242-2873
Children's Foster Care, Model Payments, Unclaimed Property	1-800-444-5364
Public Service Commission	1-800-444-5364
Rehabilitation Services (Michigan)	1-800-292-9555

Relay Center for Deaf and Hard of Hearing	1-800-605-6722
Safe Delivery of Newborns	1-800-649-3777
Sexual Assault Helpline	1-866-733-7733
Social Security Administration	1-800-656-4673
Safe Sleep-	1-800-772-1213
Resources and information about infant safe sleep.	1-800-331-7437
State SSI Supplement	1-800-331-7437
TAX statements for Adult home help	1-855-275-6424
TAX statements for child care providers	1-800-292-2550
THAW fund - The Heat & Warmth Fund	1-800-444-5364
Ticket to Work -	1-800-866-8429
For disabled persons. Thru MI ReHab.	1-800-605-6722
Tuition Incentive Program (TIP) - Treasury Dept.	1-800-950-6227
Unemployment Insurance Agency	1-888-447-2687

Welfare Debt Collection	1-866-500-0017
Welfare Fraud reporting	1-800-419-3328
WIC - Women, Infants & Children	1-800-222-8558 or 1-800-225-5942

AIDS

AIDS Hotline	1-800-FOR-AIDS or 1-800-367-2437
American Social Health Association: Sexually Transmitted Disease Hotline:	1-800-227-8922
CDC AIDS Information	1-800-232-4636
AIDS Info: Treatment, Prevention and Research	1-800-HIV-0440 or 1-800-448-0440
National AIDS Hotline	1-800-342-AIDS or 1-800-342-2437

ALCOHOL

Alcohol Hotline	1-800-331-2900
Al-Anon for Families of Alcoholics	1-800-344-2666
Alcohol and Drug Helpline	1-800-821-4357
Alcohol Treatment Referral Hotline	1-800-252-6465
Alcohol & Drug Abuse Hotline	1-800-729-6686
Families Anonymous	1-800-736-9805
National Council on Alcoholism and Drug Dependence Hopeline	1-800-622-2255

CHILD ABUSE

Child Protection Hotline (LA County DCFS) - Within CA	1-800-540-4000
Outside CA	1-213-283-1960
Judge Baker Children's Center – Child Abuse Hotline	1-800-792-5200
Child Help USA National Child Abuse Hotline	1-800-422-4453
Covenant House	1-800-999-9999

CRISIS AND SUICIDE

Girls & Boys Town National Hotline	1-800-448-3000
National Hopeline Network	1-800-SUICIDE
National Hopeline Network	1-800-784-2433
National Suicide Prevention Lifeline	1-800-273-TALK
National Suicide Prevention Lifeline	1-800-273-8255
National Youth Crisis Hotline	1-800-442-HOPE
National Youth Crisis Hotline	1-800-442-4673

DOMESTIC VIOLENCE

National Domestic Violence Hotline	1-800-799-7233
National US Child Abuse Hotline	1-800-422-4453

MEDICAL

American Association of Poison Control Centers	1-800-222-1222
America Social Health: STD Hotline	1-800-227-8922

OTHER

Shoplifters Anonymous	1-800-848-9595
Eating Disorders Awareness and Prevention	1-800-931-2237
San Francisco Sex Information:	1-415-989-7374
Teen Help Adolescent Resources	1-800-840-5704

PREGNANCY

Planned Parenthood Hotline	1-800-230-PLAN
Planned Parenthood Hotline	1-800-230-7526

RAPE AND SEXUAL ASSAULT

Rape, Abuse, and Incest National Network (RAINN)	1-800-656-HOPE or 1-800-656-4673
National Domestic Violence/Child Abuse/ Sexual Abuse	1-800-799-7233
Abuse Victim Hotline	1-866-662-4535

RUNNING AWAY

National Runaway Switchboard	1-800-231-6946
National Hotline for Missing & Exploited Children	1-800-843-5678
Child Find of America	1-800-426-5678

SUBSTANCE ABUSE

Poison Control	1-800-222-1222
National Institute on Drug Abuse Hotline	1-800-662-4357
Cocaine Anonymous	1-800-347-8998
National Help Line for Substance Abuse	1-800-262-2463

Glossary

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

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 in part, of payment for service.
- Failure to make a standard authorization decision and provide notice about the decision within **14 calendar days** from the date of receipt of a standard request for service.
- Failure to make an expedited authorization decision within **72 hours** from the the date of receipt of a request for expedited service authorization.
- Failure to provide services within **14 calendar days** of the start date agreed upon during the person-centered planning and as authorized by the PIHP.
- Failure of the PIHP to act within **30 calendar days** from the date of a request for a standard appeal.
- Failure of the PIHP to act within **30 calendar days** from the date of a request for a standard appeal.
- Failure of the PIPH to act within **72 hours** from the date of a request for an expedited appeal.
- Failure of the PIHP to provide disposition and notice of a local grievance/complaint within **90 calendar days** of the date of the request.

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

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

Appeal: A review of an adverse benefit determination.

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

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

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

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 MDHHS - Independent of the PIHP service system.

Durable Medical Equipment: Any equipment that provides therapeutic benefits to a person in need because of certain medical conditions and/or illnesses. Durable Medical Equipment (DME) consists of items which:

- are primarily and customarily used to serve a medical purpose,
- are not useful to aperson 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 that are given by a provider trained to give emergency services and needed to treat a medical/behavioral emergency.

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

Flint 1115 Demonstration Waiver: The demonstration waiver expands coverage to children up to age 21 years and to pregnant women with incomes up to and including 400 percent of the federal poverty level (FPL) who were served by the Flint water system from April 2014 through a state-specified date. This demonstration is approved in accordance with section 1115(a) of the Social Security Act and is effective as of March 3, 22016, the date of the signed approval through February 28, 2021. Medicaid-eligible children and pregnant women who were served by the Flint water system during the specified period will be eligible for all services covered under the state plan. All such individuals will have access to Targeted Case Management services under a fee-for-service contract between MDHHS and Genesee Health Systems (GHS). The fee-for-service contract shall provide the targeted case management services in accordance with the requirements outlined in the Special Terms and Conditions for the Flint Section 1115 Demonstration, the Michigan Medicaid State Plan, and Medicaid Policy.

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

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

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

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

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

Healthy Michigan Plan: Is an 1115 Demonstration project that provides health care benefits to individuals who are: aged 19-64 years; have income at or below 133% of the federal poverty level under the Modified Adjusted Gross Income methodology; do not qualify or are not enrolled in Medicare or Medicaid; are not pregnant at the time of application; and are residents of the State of Michigan. Individuals meeting Healthy Michigan Plan eligibility requirements may also be eligible for behavioral health services. The Michigan Medicaid Provider Manual contains complete definitions of the available services as well as eligibility criteria and provider qualifications. Customer Services can help you access the Medicaid Provider 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 the activities of daily living (ADLs) are met.

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

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

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

Intellectual/Developmental Disability: Defined by the Michigan Mental Health Code as either of the following: (a) If applied to an individual older than five (5) years, a severe chronic condition that is attributable to a mental or physical impairment or both, and is manifested before the age of 22 years, is likely to continue indefinitely; and results in substantial functional limitations in three or more areas of the following major life activities: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency; and reflects the need for a combination and sequence of special, interdisciplinary, or generic care, treatment or other services that are of lifelong or extended duration; (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): Potential enrollees and enrollees who do not speak English as their primary language and who have limited ability to read, write, speak, or understand English may be LEP and may be eligible ot receive language assistance for a particular type of service, benefit, or encounter.

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

Medically Necessary: A term used to describe one of the criteria that must be met for a beneficiary to receive Medicaid services. It means 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. PIHPs are unable to authorize (pay for) or provide services that are not determined as medically necessary for you.

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

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

Network: A list of the doctors, other health care providers, and hospital that a plan has contracted with to provide medical care/services to it's members.

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

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

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

PIHP: An acronym for Prepaid Inpatient Health Plan. A PIHP is an organization that manages the Medicaid mental health, developmental disabilities, and substance abuse services in their geographic area under contract with the State. There are 10 PIHPs in Michigan and each one is organized as a Regional Entity or a CMHSP according to the Mental Health Code.

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

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

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

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

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

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

Provider: A term used for health professionals who provide health care services. Sometimes, the term refers only to physicians. Often, the term also refers to other health care professionals such as hospitals, nurse practitioners, chiropractors, physical therapists, and others offering specialized health care services.

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

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

Resiliency: The ability to "bounce back". This is a characteristic important to nurture in children with SED and their families. It refers to the individual's ability to become successful despite challengers they may face throughout their life.

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

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

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

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

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

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

Language Translation

To establish a methodology for identifying the prevalent non-English languages spoken by enrollees and potential enrollees throughout the State, and in each PIHP entity service area, the list below is provided. Each PIHP must provide tag lines in the prevalent non-English languages in its particular service area included in the list below.

You have the right to get this information in a different format, such as audio, Braille, or large font due to special needs or in your language at no additional cost.

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call

Albanian: KUJDES: Në qoftë se ju flisni anglisht, shërbimet e ndihmës gjuhësore, pa pagesë, janë në dispozicion për ty. Telefononi

Arabic: تنبيه: إذا كنت تتحدث العربية فإن خدمة الترجمة متوفرة لك مجاناً فقط إتصل على الرقم

Bengali: দৃষ্টি আকর্ষণ: আপনি ইংরেজি, ভাষা সহায়তা সেবা, নিখরচা কথা বলতে পারেন, আপনার জন্য উপলব্ধ. কল

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電

German: Achtung: Wenn Sie Englisch sprechen, sind Sprache Assistance-Leistungen, unentgeltlich zur Verfügung. Rufen Sie.

Italian: Attenzione: Se si parla inglese, servizi di assistenza di lingua, gratuitamente, sono a vostra disposizione. Chiamare

Japanese: 注意: 英語を話す言語アシスタンス サービス、無料で、あなたに利用できま を呼び出す)

Korean: 주의: 당신이 영어, 언어 지원 서비스를 무료로 사용할 수 있습니다 당신에 게. 전화.

Polish: UWAGI: Jeśli mówisz po angielsku, język pomocy usług, za darmo, są dostępne dla Ciebie. Wywołanie

Russian: ВНИМАНИЕ: Если вы говорите по-английски, языковой помощи, бесплатно предоставляются услуги для вас. Звоните

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

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al

Syriac: [illegible]

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa

Vietnamese: Chú ý: Nếu bạn nói tiếng Anh, Dịch vụ hỗ trợ ngôn ngữ, miễn phí, có sẵn cho bạn. Gọi

Non-Discrimination and Accessibility

In providing behavioral healthcare services, [PIHP name] complies with all applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. [PIHP Name] does not exclude individuals or treat them differently because of race, color, national origin, age, disability, or sex.

[PIHP name] provides free aids and services to individuals with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, Braille)
- [PIHP name] provides free language services to individuals whose primary language is not English or have limited English skills, such as:
  - Qualified interpreters
  - Information written in other languages.

If you need these services, contact [Organization's Contact Person, Department, and Title] at [Organization's telephone number].

If you believe that [PIHP name] has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: [Organization's Contact Person] at [Organization's Address, Telephone Number, Fax Number, and Email].

If you are an individual who is deaf or hard of hearing, you may contact [Organization name] at [Organization's TTY Telephone Number] or MI Relay Service at 711 to request their assistance in connecting you to [Organization name]. You can file a grievance in person or by mail, fax, or email. If you need help in filing a grievance, [Organization's Grievance Coordinator] is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

You may also file a grievance electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
Toll Free: 1-800-368-1019