Customer Service Staff Training

REGION ONE

WELCOME!

Disclaimer

- The content of this training is offered based on the state Customer Service workgroup training subgroup's understanding of the Michigan Department of Health and Human Services (MDHHS) Customer Service standards. We offer the content as a guideline to assist with training Customer Service staff in the minimum standard for Customer Service functions, as based on the most recent (12/23/2025) update.

Course Overview

Functions of Customer Service

1. Welcome and orient individuals
2. Provide information how to access services and community resources
3. Provide information about how to access the various rights processes.
4. Help individuals with problems and inquiries regarding benefits.
5. Assist individuals with and oversee local complaint and grievance processes.
6. Track and report patterns of problem areas for the organization.

Customer Service Standards

The functions of Customer Service for the Prepaid Inpatient Health Plan (PIHP), Community Mental Health Service Program (CMHSPs) and provider network, are established within the MDHHS Customer Service Standards.

The MDHHS Customer Service Standards can be found at: www.Michigan.gov > View State Agencies > MDHHS Website > Keeping Michigan Healthy > Adult Behavioral Health & Developmental Disability > Mental Health > Policies & Practice Guidelines > Customer Service Standards

Customer Services Training Requirements - Standard #17

Staff shall be trained to welcome people to the public behavioral health system and to possess current working knowledge, or know where in the organization detailed information can be obtained, in at least the following:

a. *The populations served (serious mental illness, SED, developmental disability, and substance use disorder) and eligibility criteria for various benefits plans (e.g., Medicaid, Healthy Michigan Plan, MI Child)
b. *Service array (including substance abuse treatment services, medical necessity requirements, and eligibility for and referral to specialty services

Standard #17 *(continued)*

c. Person-centered planning (PCP)

d. Self-Determination

e. Recovery and Resiliency

f. Peer Specialists

g. *Grievances and Appeals, Fair Hearings, local dispute resolution processes, and Recipient Rights

Standard #17 *(continued)*

h. Limited English Proficiency (LEP) and cultural competency

i. *Information and referral about Medicaid-covered services within the PIHP as well as outside to Medicaid Health Plans, Fee-for-Services practitioners, and MDHHS

j. Organization of the Public Mental Health System

k. Balanced Budget Act relative to customer services, and beneficiary rights and protections

l. Community resources (e.g., advocacy organizations, housing options, schools, and public health agencies)

Standard #17 *(Continued)*

m. Public Health Code

n. Services available directly in ASL and services that use an interpreter

o. Process to address HCBS concerns and complaints

Welcoming…

First impressions matter

- Be present
- Make eye contact
- Say a greeting like “Hello”, “Good Morning”, or “Welcome to <agency>”

Seek to understand what the customer desires

- Services, support, crisis intervention, resources…
- Use active listening
- Ask question to clarify
- Summarize to confirm, as necessary
- Do they need LEP services or anything else to help them

Welcoming…

Explain the process

- Explain the process for receiving the services the customer seeks
- Manage expectations
- Explain the additional resources available within <agency>
- Explore any releases to assist the customer in receiving services
- Met the person where they are at to determine what they need next

Link to the next step

- *Set up the next appointment, explain options and/or outcomes*
- *Explain the who, what, and where of the next appointment*
- *Ask if there are any questions*

Thank them for coming and insert any genuine hope that came from the time together

A. Michigan Mental Health Services Populations Served

The PIHP/CMHSP service system is responsible for the public behavioral health service including substance use disorder of individuals who meet medical necessity for services and supports under the MDHHS contract.

Priority populations served by the specialty-services network of the PIHP/CMHSP system are those individuals who present with:

- Serious mental illness (SMI)
- Serious emotional disturbance (SED)
- Intellectual/Developmental disability (I/DD)
- Substance Use Disorder (SUD)

A. MHP Responsibilities

In general, Medicaid Health Plans (MHP) are responsible for outpatient mental health in the following situations:

- The beneficiary is experiencing or demonstrating mild or moderate psychiatric symptoms or signs of sufficient intensity to cause subjective distress or mildly disordered behavior, with minor or temporary functional limitations or impairment (self-care/daily living skills, social/interpersonal relations, educational/vocational role performance, etc.) and minimal clinical (self/other harm risk) instability.
- The beneficiary was formerly significantly or seriously mentally ill at some point in the past. Signs and symptoms of the former serious disorder have substantially moderated or remitted, and prominent functional disabilities or impairments related to the condition have largely subsided (there has been no serious exacerbation of the condition within the last 12 months). The beneficiary currently needs ongoing routine medication management without further specialized services and supports.

A. PIHP/CMHSP Responsibilities

In general, PIHPs/CMHSPs are responsible for outpatient mental health in the following situations:

- The beneficiary is currently or has recently been (within the last 12 months) seriously mentally ill or seriously emotionally disturbed as indicated by diagnosis, intensity of current signs and symptoms, and substantial impairment in ability to perform daily living activities (or for minors, substantial interference in achievement or maintenance of developmentally appropriate social, behavioral, cognitive, communicative or adaptive skills).
- The beneficiary does not have a current or recent (within the last 12 months) serious condition but was formerly seriously impaired in the past. Clinically significant residual symptoms and impairments exist, and the beneficiary requires specialized services and supports to address residual symptomatology and/or functional impairments, promote recovery, and/or prevent relapse.

B. Service Array

- Assertive Community Treatment (ACT)
- Assessment
- *Assistive Technology
- Behavior Treatment Review
- Behavioral Treatment Services/Applied Behavior Analysis
- Clubhouse Programs
- Community Inpatient Services
- Community Living Supports (CLS)
- Crisis Interventions
- Crisis Residential Services
- Early Periodic Screening, Diagnosis and Treatment (EPSDT)
- *Enhanced Pharmacy
- *Environmental Modifications
- Family Support and Training
- Fiscal Intermediary Services
- Health Services
- Home-Based Services for Children and Families
- Housing Assistance
- Intensive Crisis Stabilization
- Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) Medication

B. Service Array (continued)

- Administration
- Medication Review
- Mental Health Therapy and Counseling for Adults, Children and Families
- Nursing Home Mental Health Assessment and Monitoring
- Occupational Therapy
- Partial Hospital Services
- Peer-delivered and Peer Specialist Services
- Personal Care in Specialized Residential Settings
- *Physical Therapy
- Prevention Service Models
- Respite Care Services
- Skill-Building Assistance
- *Speech and Language Therapy
- Substance Abuse Treatment Services
- Supports Coordination or Targeted Case Management
- Supported/Integrated Employment Services
- Transportation
- Treatment Planning
- Wraparound Services for Children and Adolescents

B. Eligibility for and referral to Specialty Services

Specialty Services include:

- Music Therapies;
- Recreation Therapies;
- Equine Therapy
- Art Therapies; and
- Massage Therapies.

Specialty Services may include the following activities: Child and family training; coaching and supervision of staff; monitoring of progress related to goals and objectives; and recommending changes in the plan. This may be used in addition to the traditional professional therapy model included in Medicaid.

Services must be directly related to an identified goal in the individual plan of service and approved by the physician. Service providers must meet the Medicaid Manual provider qualifications, including appropriate licensure/certification.

B. Michigan Specialty-Level Behavioral Health Services

Individuals who meet eligibility requirements for services must meet medical necessity criteria on the basis of assessment and continued demonstration of need.

When individuals who are not beneficiaries of Medicaid request mental health or substance use disorder services and they are not part of the priority population for those services, they shall be referred to alternative services in the community or within the system of care.

B. Medical Necessity

Determination that a specific service is medically (clinically) appropriate, necessary to meet needs, consistent with the person's diagnosis, symptomology, and functional impairments, is the most cost-effective option in the least restrictive environment and is consistent with clinical standards of care. The medical necessity of a service shall be documented in the individual plan of service.

B. Medical Necessity

2.5 Medical Necessity Criteria [Medicaid Provider Manual]
The following medical necessity criteria apply to Medicaid mental health, developmental disabilities, and substance abuse supports and services.

2.5.A. MEDICAL NECESSITY CRITERIA
Mental health, developmental disabilities, and substance abuse services are supports, services, and treatment:

- Necessary for screening and assessing the presence of a mental illness, developmental disability or substance use disorder; and/or
- Required to identify and evaluate a mental illness, developmental disability or substance use disorder; and/or
- Intended to treat, ameliorate, diminish or stabilize the symptoms of mental illness, developmental disability or substance use disorder; and/or
- Expected to arrest or delay the progression of a mental illness, developmental disability, or substance use disorder; and/or
- Designed to assist the beneficiary to attain or maintain a sufficient level of functioning in order to achieve his goals of community inclusion and participation, independence, recovery, or productivity.

B. Medicaid Health Plan services and referrals

MDHHS Medicaid Provider Manual, Behavioral Health and Intellectual and Developmental Disability Supports and Services, Section **1.6 BENEFICIARY ELIGIBILITY:**

- A Medicaid beneficiary with mental illness, serious emotional disturbance or developmental disability who is enrolled in a Medicaid Health Plan (MHP) is eligible for specialty mental health services and supports when his needs exceed the MHP benefits. (Refer to the Medicaid Health Plans Chapter of this manual for additional information.) Such need must be documented in the individual's clinical record.

C. Person Centered Planning

The process used to design the individual plan of mental health support service, or treatment used to support individuals served by the CMH/PHIP system, is called “Person-centered Planning" (PCP).

Access to the PCP process is a protected right within the Michigan Mental Health Code for all individuals served.

C. Person Centered Planning

Fundamentals of PCP include the individual served:

- Deciding who should attend the planning meeting
- Deciding when and where the meeting will be held
- Deciding what assistance they require in the meeting
- Identifying the services and supports they want to receive, as well as the provider(s)

Independent Facilitation

- Requesting someone other than your primary staff to conduct your planning meeting.

C. Person Centered Planning

Topics covered during the PCP Process

- Review of Advance Directives
- Identifying the need for additional Crisis Planning
- Self Determination Arrangements/Individual Service Budgeting

C. Person Centered Planning

Additional Resources on Person Centered Planning:

- **MDHHS overview**: www.Michigan.gov > View State Agencies > MDHHS Website > Keeping Michigan Healthy > Adult Behavioral Health & Developmental Disability > Mental Health > Person-Centered Planning
- **For the latest PCP Practice Guideline**: www.Michigan.gov > View State Agencies > MDHHS Website > Keeping Michigan Healthy > Adult Behavioral Health & Developmental Disability > Mental Health > Policies & Practice Guidelines > Person Centered Planning Policy

D. Self Determination

Self-determination is based on four principles:

1. FREEDOM: The ability for individuals, with chosen family and/or friends, to plan a life with necessary supports, rather than purchase a program;
2. AUTHORITY: The ability for a person with a disability to control a certain sum of dollars in order to purchase these supports, with the backing of a social network or circle of friends, if needed;
3. SUPPORT: The arranging of resources and personnel -- both formal and informal -- so to assist a person with a disability to live a life in the community, rich in community associations and contributions, and;
4. RESPONSIBILITY: The acceptance of a valued role in a person's community through employment, affiliations, spiritual development, and general caring for others, as well as accountability for spending public dollars in ways that are life-enhancing.

D. Self Determination

- Self Determination (SD) is an option for payment of medically necessary services available to adult beneficiaries receiving mental health services in Michigan. It is a process that allows for personal design and exercise of control over an individual's mental health services.
- SD directs a fixed amount of dollars that will be spent on the authorized supports and services, often referred to as an "individual budget".
- The individual will also be supported in their management of providers, if they choose such control.

Link to MDHHS overview: www.Michigan.gov > View State Agencies > MDHHS Website > Keeping Michigan Healthy > Adult Behavioral Health & Developmental Disability > Developmental Disability > Self-Determination Initiative

E. Recovery and Resiliency

Mental health recovery is a journey of healing and transformation enabling a persons with a mental health problem to live in a community of their choice while striving to achieve their potential.

Recovery is…

- An individual journey that follows different paths and leads to different destinations
- A process that we enter into and is a lifelong attitude
- Unique to each individual and can only truly be defined by the individual
- May also be defined as wellness
- May have relapses

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

E. Recovery and Resiliency

Resiliency and development are the guiding principles for children with serious emotional disturbances (SED).

Resiliency is the ability to “bounce back” and is an important characteristic 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 life.

F. Types of Peers

Certified Peer Support Specialist

- For individuals with a mental illness

Peer Recovery Coach

- For individuals with a substance use disorder

Youth Peer Support

- Young adults, ages 18 through 28, with lived experience with mental health challenges as a youth and who received mental health support as a youth or young adult. (Medicaid provider manual pages 362-363)

Parent Support Partner

- Increase family involvement and engagement within the mental health treatment process to equip parents with the skills necessary to address the challenges of raising a youth with special needs, thus improving outcomes for youth with serious emotional disturbances (SED) or intellectual/developmental (I/DD).

Peer Mentoring

- For individuals with an intellectual/developmental disability

G. Grievances and Appeals, Fair Hearings, Local Dispute Resolutions and Recipient Rights

Each PIHP/CMH should define the local process for addressing Grievances and Appeals, Fair Hearings, Local Dispute Resolutions, and Recipient Rights through policy and procedures.

G. Grievances

Grievance –An expression of dissatisfaction about any matter related to services, other than a service determination (action). Possible subjects for grievances include, but are not limited to:

- Quality of care or services provided
- Aspects of interpersonal relationships between a service provider and the consumer
- Questions or concerns regarding how Advance Directives are handled
- Questions or concerns regarding consumer's identified discriminatory treatment

G. Grievances

Grievance – Can be filed by customer, parent, guardian, or legal representative.

CS office may be responsible for:

- Collecting information from customer regarding situation (may include preferred solution)
- Reviewing steps that will be followed
- Providing assistance with any forms necessary for the customer to fully participate in the local process
- Providing written acknowledgment of the grievance
- Submitting the grievance to appropriate staff within the organization who can take action to address the issue (individual cannot be previously involved in the issued being grieved nor a subordinate of that individual)

G. Grievances

Grievance – Can be filed by customer, parent of minor child, guardian, or legal representative.

CS office may be responsible for:

- Soliciting clinical opinion as the situation warrants
- Providing a written resolution to customer within 90 calendar days
  - Resolution must be written in a manner that it is easily understood (and meets needs of those who may be LEP) and must include: date of resolution; results of the grievance; information they need to know about next steps related to services; and information on how to access the Hearing Process IF the grievance was not resolved in 90 days.
- Maintaining records of the grievance for quality improvement purposes.

G. Appeals

Appeal - The requested review of a coverage Determination taken by the Authorizing agency (CMH/PIHP) to somehow limit a service request. Filed when a customer/guardian is unhappy about a decision made to limit services they are seeking: denial of service(s); limited service authorization; reduction in service(s); termination of service(s).

- Customers have access to appeals that are both:
  - Local – filed with/against the agency (CMH/PIHP), making the determination. Also referred to as Local Dispute Resolution
  - State - filed to either the Michigan Office of Hearings and Rules (MOAHR) for (Medicaid beneficiaries) or the Alternative Dispute Resolution Process (for individuals without Medicaid)

G. Appeals

Appeal – Can be filed by customer, parent of a minor, guardian, authorized representative.

CS office may be responsible for:

- Offering an opportunity to the customer to review documents utilized in the determination
- Offering the option of submitting information (verbally and/or in writing) to support their position
- Continue currently authorized services in appeal as necessary
- Providing written resolution to customer within 30 calendar days,
- Maintaining records of the appeal for quality improvement purposes.

G. Appeals

Appeal Resolution:

- Resolution must be written in a manner that it is easily understood (and meets the needs of those who may require language assistance) and must include:
  - Date appeal received and date of resolution
  - Resolution (outcome) of the appeal
  - Information they need to know about next steps related to services.
- If resolution is not wholly in favor of the customer, resolution must also include:
  - Information regarding accessing the appropriate state-level appeal process
  - How to request to have services continue during the state-level process, and any potential liability for the costs of those continued services.

G. Fair Hearing

State-Level Appeal Options

Administrative Fair Hearing

- Impartial state level review of a **Medicaid Beneficiary's** appeal of a service determination presided over by an Administrative Law Judge (ALJ).

MDHHS Alternative Dispute Resolution Process (ADRP)

- Impartial state level review of a **Non-Medicaid Beneficiary's** appeal presided over by MDHHS staff (typically, the Customer Services Department)

G. Fair Hearing

Medicaid Administrative Hearing Process

- Medicaid beneficiaries can request a hearing after their local appeal has been resolved and the individual is not satisfied with the results, or if a CMH/PIHP did not meet timelines for resolution of a grievance or appeal.
- The Michigan Office of Administrative Hearings and Rules (MOAHR) for MDHHS oversees hearings.
- Customers have 120 calendar days from the date of their local appeal resolution to request a Hearing on the matter.

G. Fair Hearing

Medicaid Administrative Hearing Process

- If a Hearing Request is received by MOAHR within the first 10 calendar days from the date of their local appeal resolution, they can request that their services continue until a decision is rendered.
- Parties to a hearing will be the customer or authorized representative, assigned ALJ, and the CMH/PIHP.
- CMH/PIHP must provide a written hearing summary within 7 calendar days of the scheduled hearing to all other parties.
  - This will be the focus of testimony to be provided at the hearing.

G. Fair Hearing

Medicaid Administrative Hearing Process (continued)

The ALJ has 90 calendar days to issue a written Decision & Order (D&O) regarding the matter.

- If the D&O overturns the local appeal resolution, instructions for the CMH/PIHP to carry out the order will be included
- If the customer is dissatisfied with the D&O, they can appeal to the Circuit Court, and instructions are included in the D&O.

G. Alternative Dispute-Non-Medicaid

Alternative Dispute Resolution Process

- Can be accessed after a local appeal is exhausted and the individual is not satisfied with the result.

Customers must request ADRP intervention from MDHHS within 10 days of the local appeal resolution.

- Request must include:
  - Recipient name, address, and phone number of requestor (can be parent of a minor child, legal guardian, or other authorized representative)
  - Description of the service determination being appealed
  - Description of the self-identified harm to be caused by the service determination under appeal.

G. Alternative Dispute-Non-Medicaid

Alternative Dispute Resolution Process (continued)

- Parties in ADRP are the customer/representative and the CMH.
- The ADRP review and decision will be completed no later than 15 business days after the request is received. Customer and CMH will be notified in writing.
- If ADRP overturns the CMH determination, instructions will be included in the decision letter.

G. Local Inquiries

Inquiry – A contact made to the Customer Services department (via phone, mail, e-mail, or in person) from consumers, legal representatives, family members, providers, or anyone in the community seeking information and assistance.

Inquiries can include (but are not limited to): information on benefits, services, providers, transportation options, and reasonable accommodations available to consumers. Inquiries may be elevated to a Rights Complaint, Grievance, or an Appeal.

- Customer Service assists by listening to requests, providing information, sending written information, as requested, offering the opportunity for follow-up, and tracking the intervention within the local system for recordkeeping.

G. Recipient Rights

Recipient Rights Complaint – A written or verbal statement from a customer, or anyone acting on their behalf, that is alleging a violation of the Michigan Mental Health Code protected rights cited in Chapter 7.

- Customer Service assists by reviewing ORR processes with the customer, assisting the customer to contact local ORR via internal process (warm-transfer whenever possible to avoid the individual making a second call), providing ORR with any documents or other supporting information shared with CS, tracking the complaint in the local system for recordkeeping.

G. References and Further Assistance

Section G does not include all information related to the responsibilities of CMHSPs/PIHPs regarding Grievances and Appeals, Fair Hearings, Local Dispute Resolutions, and Recipient Rights.

More Information can be found at:

- www.Michigan.gov > View State Agencies > MDHHS Website > Keeping Michigan Healthy > Adult Behavioral Health & Developmental Disability > Mental Health > Policies & Practice Guidelines
- www.Michigan.gov > View State Agencies > MDHHS Website > Keeping Michigan Healthy > Assistance Programs > Medicaid > Medicaid Fair Hearings
- www.Michigan.gov > View State Agencies > LARA Website > Bureaus > Michigan Office of Administrative Hearings and Rules > Benefit Services Hearings > FAQS and Forms

H. Language Assistance

The Office of Civil Rights (OCR) has found that effective LEP programs do the following:

1. **Identify Individuals with LEP who need language assistance**
2. **Offer Language Assistance through**:
    a. Oral language interpretation
    b. Translation of written materials
    c. Sign Language interpretation

3. **Provide Staff training**
4. **Ensure the right to free language assistance for individuals with LEP**
5. **Monitor and update the LEP Program, as necessary**

H. Language Assistance

Title VI of the Federal Civil Rights Act of 1964

Americans with Disabilities Act of 1990

Patient Protections section 1557 of the Affordable Care Act

- Health and Human Services providers are responsible under these Federal Laws to assist people with Limited English Skills by:
  - Eliminating **unintentional barriers** to services
  - Ensuring individuals with LEP can **effectively access** critical health and social services
  - Providing language **assistance at no cost** to persons with LEP
  - Ensuring access to care is standardized – regardless of LEP status for any customer
  - Ensuring that **customers are not discriminated against** based on LEP status (among other factors)

H. Cultural Competency

Cultural competency is defined as the supports and services provided by the Contractor (both directly and through contracted providers), which must demonstrate an ongoing commitment to linguistic and cultural competence that ensures access and meaningful participation for all people in the service area. Such commitment includes acceptance and respect for the cultural values, beliefs, and practices of the community, as well as the ability to apply an understanding of the relationships of language and culture to the delivery of supports and services.

H. Language Assistance

"**LEP**" or **Limited English Proficiency** refers to an individual who cannot speak, read, write, or understand the English language at a level that permits him/her to communicate effectively with health care or social service providers.

The PIHP/CMHSP system must ensure ***effective communication*** with individuals who are considered LEP so as to facilitate meaningful access to and participation in services.

H. Language Assistance

Important terms related to meeting the needs of LEP customers:

- **Interpretation** is the act of listening to something in one language and translating and transmitting it in another language.
- **Translation** is the replacement of a written text from one language into an equivalent written text in another language.
- **Vital documents** are those that require translation because the document has information that affects access to, retention in, or termination or exclusion from program services or benefits.

H. Language Assistance

Prohibited Practices:

- Providing services that are limited in scope/lower in quality or efficacy
- Lacking translation for vital documents
- Unreasonable delays in the delivery of services
- Failing to inform persons with LEP of their right to receive at no cost interpretation services
- Requiring Persons with LEP to provide their own interpreter, because family/friend interpreters may not be able to clearly translate the emotional context of behavioral health/substance use disorder issues.

H. Language Assistance

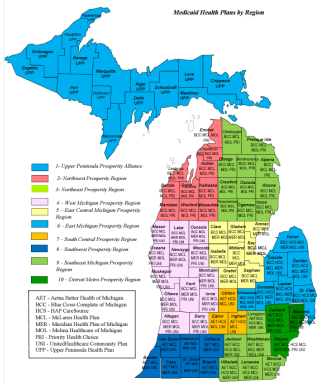
- Each PIHP/CMHSP should evaluate local practice against the Federal Laws cited here, applicable accreditation standards, MDHHS contract requirements, and local community needs.
- Meaningful Language Access Act 241: Translate vital documents when populations exceed 3% is a change from 5%.
- Contact your local PIHP/CMHSP provider to learn more about local translation processes and available translation providers.

I. Medicaid Health Plan Referrals

MEDICAID HEALTH PLAN	CUSTOMER SERVICES	WEB SITE
AET - Aetna Better Health of Michigan	1-866-316-3784	www.aetnabetterhealth.com/michigan
BCC - Blue Cross Complete of Michigan	1-800-228-8554	www.mibcn.com
HCS – HAP Care Source	1-833-230-2053	www.caresource.com/mi
MCL - McLaren Health Plan	1-888-327-0671	www.mclarenhealthplan. org
MER - Meridian Health Plan of Michigan	1-888-437-0606	www.mhplan.com
MOL - Molina Healthcare of Michigan	1-888-898-7969	www.molinahealthcare.com
PRI - Priority Health Choice	1-888-975-8102	www.priority-health.com
UNI - United Healthcare Community Plan	1-800-903-5253	www.uhccommunityplan.com
UPP – Upper Peninsula Health Plan	1-800-835-2556	www.uphp.com

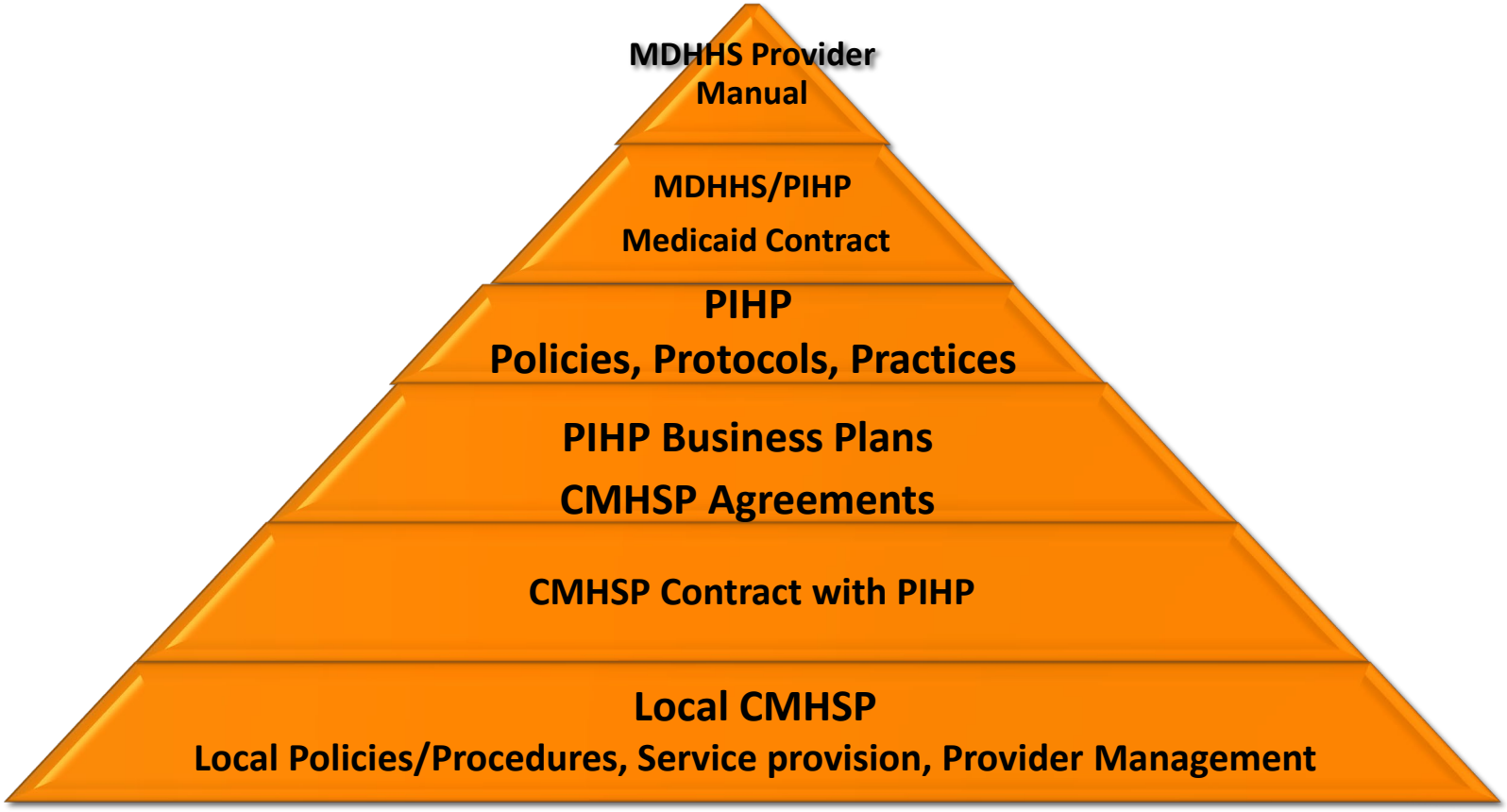
- List of Medicaid Health Plans Contact and Service Listing

- Medicaid Health Plans Map by Region

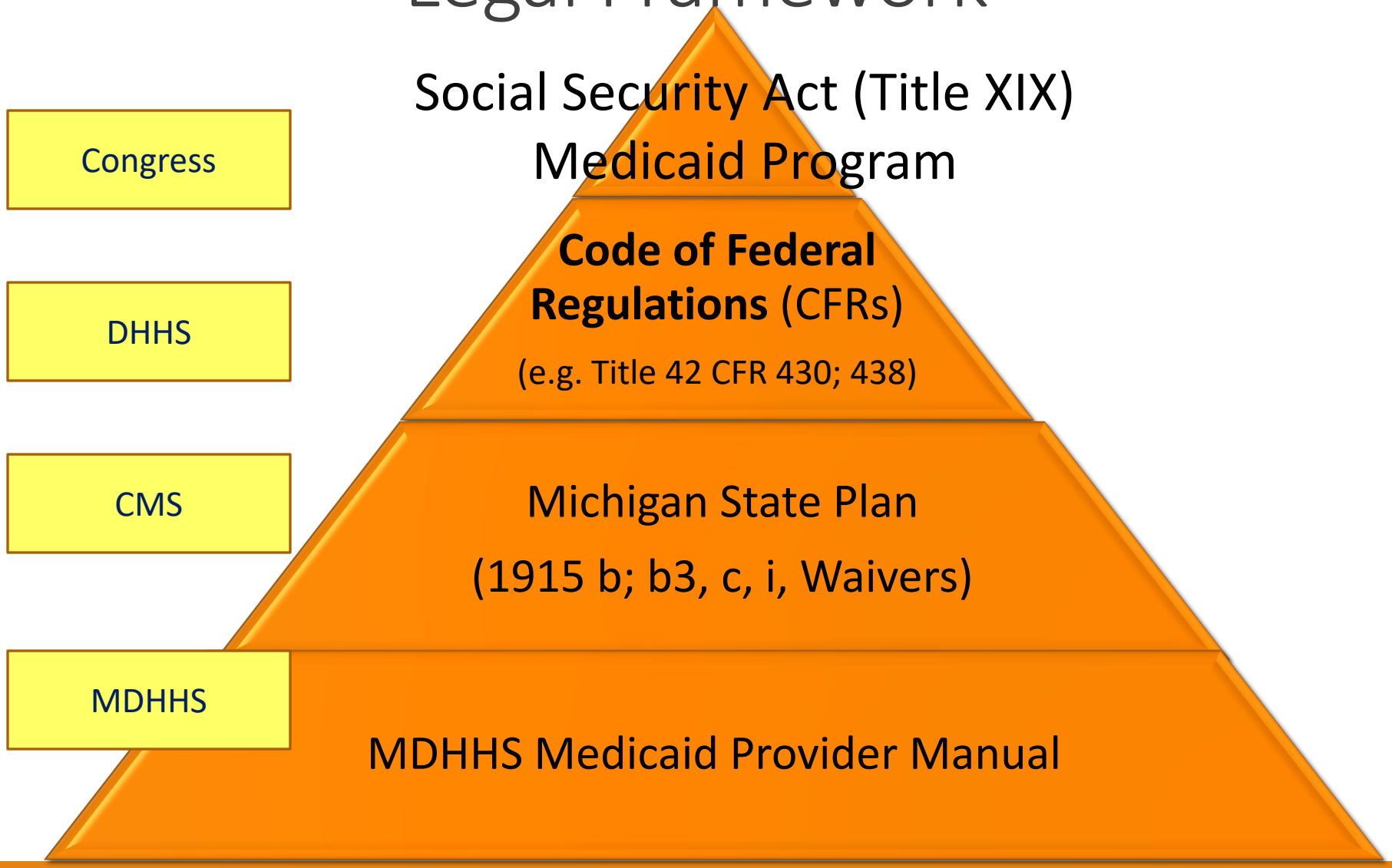


J. Medicaid Program Legal Framework

Michigan Public Behavioral Health System



J. Medicaid Program Legal Framework



K. Federally Defined Customer Service Functions

The Balanced Budget Act establishes Customer Service functions that PIHP/CMHSP are responsible for meeting for persons served:

- Establish Grievance and Appeal procedures appropriate to meet federal and state guidelines, ensuring:
  - Offering assistance to customers at all steps of the process(es)
  - Issues are addressed by staff who are equipped with credential and title to make decisions
  - Providing adequate and appropriate Resolution to issue(s)
  - Collecting data and using the information to improve service provision
- Informational material must be prepared in languages and formats that are easily understood
- Provide notification of contracted provider termination to all individuals served by that provider
- Treatment service options are presented to customers for informed choice

L. Community Resources

Customer Service assists individuals with community resources such as:

1. Advocacy organizations
2. Housing options
3. Local school district information
4. Public Health information
5. Benefit enrollment assistance

M. Public Health Code Act 368 of 1978

The Michigan Public Health Code Act 368 of 1978 includes specific substance use disorder services provisions, such as:

- Licensing of Facilities: The act regulates the licensing of facilities that provide substance use disorder services.
- Certification of Workers: It includes provisions for certifying substance use staff.
- Prevention and Control: The act aims to prevent and control diseases and disabilities, including substance use disorders.
- Regulation and Administration: It provides guidelines for administering and regulating health services related to substance use disorders.

Search "*Public Health Code Act 368 of 1978*" for more information.

N. American Sign Lanaguage

Each PIHP/CMHSP shall maintain a current listing of all providers, practitioners, and organizations regarding their cultural and linguistic capabilities, including American Sign Language.

MDHHS Information on Deaf & Hard of Hearing Applicant Accommodations:

- www.Michigan.gov > View State Agencies > MDHHS Website > Inside MDHHS > Legal > Equal Opportunity > Deaf & Hard of Hearing Applicant Accommodations

O. Home and Community-Based Services (HCBS)

Local Level

Issues go through Recipient Rights or the grievance process.

Compliance/Program Integrity Related Issues

Complaints come through Compliance Office,from the Office of Inspector General (OIG)

State Level

Home and Community-Based Services (HCBS) customer service by calling (844) 275-6324.

Additional Customer Services Information:

Customer Services often assists individuals by providing information on topics such as:

- Advance Directives
- Mediation
- MiCAL 988
- Additional customer-oriented assistance

Advance Directives

Medical Care Advance Directives

Also referred to as Durable Power of Attorney for Health Care. This advance directive is a tool to outline healthcare decisions. Some of the decisions that can be made include, living wills, do not resuscitate (DNR) orders, or decisions about tissue or organ donation.

Psychiatric Advance Directives

Under Michigan law, adults have the right to establish a Psychiatric Advance Directive - also referred to as Durable Power of Attorney for Mental Health Care. This tool assists in making decisions before a mental health-related crisis occurs. It allows individuals to identify their preferred treatment in an crisis situation.

Advance Directives

When should Directives be established:

The time to develop an Advance Directive Plan and identify a Patient Advocate is when any Individual is well and not struggling with symptoms of their physical and/or mental illnesses. When the Individual is of “sound mind”.

Topics to be explored include health care procedures and treatments that the Individual has strong feelings about – like certain medications, feeding tubes, electroconvulsive therapy (ECT), etc.

- The Directive should include decisions about as many physical and/or mental health services and treatments the individual wants to actively have the opportunity to plan for.

When being developed, Individuals should discuss their desires with family, friends, spiritual leader(s), physicians and others who offer valued support and input.

How do Advance Directive laws apply?

Educational Requirements of Law:

- Staff must be educated regarding Advance Directives

Information Requirements of Law:

- Customers are to be asked at access/enrollment and periodically if they have executed any Advance Directives
- Customers are to be provided written information and opportunity to ask questions regarding Advance Directives at access/enrollment and upon their request

Documentation Requirements of Law – added prominently to customer "chart"

- Record of date(s) written information was offered
- Copy of any Advance Directives executed – including dates, powers of and contact information of Patient Advocate
- Record of coordination of care with other providers regarding the Advance Directive that may be in place.

How do Advance Directive laws apply?

PIHP/ CMHSP's and Contract Providers shall honor:

- Valid Durable Powers of Attorney as presented for medical and psychiatric care.
- Decisions made by identified Patient Advocates – unless unable or otherwise not required by law.
- Decisions regarding terminal care of a patient, made by a legally designated patient advocate, if a person is terminally ill, including requests for hospice care.
- A valid Do-Not-Resuscitate Order when required to do so by Michigan law.

How do Advance Directive laws apply?

PIHP/CMHSP's are not bound to follow expressed desires of directive(s) if any of the following apply:

- In the mental health professional's opinion, compliance is not consistent with generally accepted community practice standards of treatment.
- The treatment requested is not reasonably available.
- Compliance is not consistent with applicable law.
- Compliance is not consistent with court ordered treatment.
- In the mental health professional's opinion, there is psychiatric emergency endangering life and compliance is not appropriate under the circumstances

Advance Directive – Further Information

Please reference www.michbar.org and search for *Elder Law* for information regarding: Healthcare Powers of Attorney.

Please also see Psychiatric Advance Directive on the MDHHS website. This site maintains information regarding Psychiatric Advance Directives.

Mediation

Responsibilities of the CMHSP System:

- Must notify a recipient or recipient's representative of the right to request mediation at the time of services or supports are initiated and annually after that.
- Must notify a recipient or recipient's individual representative of the right to request mediation at the time that the CMHSPs or service provider's local dispute resolution process, local appeals process, or state Medicaid fair hearing is requested.
- Must designate a staff person(s) from customer services as a point of contact for the mediation center in mediation matters.
- The CMHSP or contracted service provider must participate in mediation if mediation is requested.

Meditation in Mental Health Dispute Resolution Technical Requirement
Last Revision Date: August 16, 2022

Oakland Mediation Center – Mediation Services In Oakland County (mediation-omc.org)

MiCAL 988

Do you need someone to talk to?
Are you experiencing feelings of depression or anxiety?
Are you worried about a loved one's mental health?
Are you or someone you know struggling with an addiction or substance use disorder?

No matter what you're dealing with, there is no wrong reason to call.

CALL OR TEXT
988

Our crisis counselors are prepared to help you get the support you need.

Free, confidential, and available 24/7.
Currently serving all Michiganders.

MICAL-988


You are worried about someone
You need to talk
You feel overwhelmed
WHEN SHOULD I CONTACT 988?
You are experiencing emotional distress
You are struggling

Additional customer-oriented activities

- Facilitate Consumer Advisory Meetings
- Host Focus Groups & Town Hall Meetings
- Coordinate and participate in Community Education-focused events to promote Hope and Recovery
- Advocate for Consumers and serve as a systems navigator to Behavioral Health and SUD.
- Participate in activities to reduce stigma and discrimination faced by those with mental illnesses, intellectual/developmental disabilities, or substance use disorders

Questions?

NORTHCARE NETWORK CUSTOMER SERVICES

1-888-333-8030