

GRANTS TO HELP WITH THE OPIOID CRISIS

It seems like every day when you read the headlines you see it mentioned. Listening to the radio now includes public service announcements about it. Even the President is mentioning it. The opioid crisis continues to impact communities across the nation, including Southwest Michigan. As communities from all over the country cope with the consequences of overdoses and increases in individuals using opiates, additional funding for prevention, treatment, and recovery services are being made available. SWMBH has recently been awarded funds from two separate special state grants from the Office of Recovery Oriented Systems of Care (OROSC) at the Michigan Department of Health and Human Services (MDHHS).

The first set of opioid grants awarded to SWMBH focuses on three different programs: Prescription Drug and Opioid Overdose Prevention Program, Opioid Overdose Recovery Program, and Drug Court Peer Recovery Support Program. The prescription drug and opioid overdose prevention program will design strategies that address four factors which have contributed to the opioid epidemic: misperception of safety of opioid medications, high household availability of opioid medications, prescribing practices of physicians, and lack of resources for the disposal of household medication.

The opioid overdose recovery program will focus on helping individuals who are seen at emergency departments in Kalamazoo County for an opiate overdose.

The drug court Peer Recovery Support Program will partner with a variety of drug treatment courts in SWMBH's eight county region. This program uses recovery coaches as part of the court system to help connect and coordinate essential services to drug court participants.

The second set of opioid grants, also known as the "State Targeted Response" or "Cures Act" grant, is part of a nation-wide effort by the US government to focus on the opioid epidemic issue. The grant will focus on five different areas that include both treatment and prevention approaches. Prevention efforts will focus on harm reduction interventions (such as the use of Narcan, a medication that reverses an opioid overdose), to decrease overdose deaths, and implementation of a curriculum called Strengthening Families Program (SFP), which targets families that are affected, or are more likely to be affected, by the consequences of substance abuse.

Treatment areas of the State Targeted Response grant will focus on using motivational interviewing at medication assisted treatment programs, placing recovery coaches

in emergency departments, and expanding medication assisted treatment services. Finally, SWMBH will expand medication assisted treatment services within our region by adding additional recovery coaches to medication assisted treatment programs, helping to decrease transportation barriers to medication assisted treatment programs, and provide additional funding for medication for those individuals who do not have insurance coverage.

Opioid use disorder is one of the most serious public health challenges facing our nation, state, local communities, family members and individuals. SWMBH recognizes there are many different pathways to recovery and there is no "one size fits all" approach. These grants will provide additional valuable resources for both prevention and treatment services, while simultaneously engaging more individuals in recovery. SWMBH remains committed to working with providers, communities, and individuals to assure that recovery is possible.

Stay tuned and keep an eye out for billboard and social media messages that will be "popping up" in our region.

SWMBH Newsletter

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Printed with funds received from the Michigan Department of Health and Human Services (MDHHS)

HOME AND COMMUNITY BASED SERVICES UPDATE

On August 10, 2017, the State of Michigan received approval for its plan to ensure that all Michigan specialty service settings that receive Medicaid funding meet the intent of the federal Home and Community-Based Services (HCBS) Final Rule. The Centers for Medicaid and Medicare (CMS) stated that Michigan’s plan was approved as there was evidence to show that the state had clearly outlined the assessment and remediation process. What this means to customers and service providers: surveys and corrective action plans.

Southwest Michigan Behavioral Health (SWMBH) is in the process of sending out compliance and noncompliance letters to our residential and non-residential providers in the region. These letters are a result of the survey process for our Habilitation Supports Waiver (HSW) customers from last year. SWMBH will be working with providers to assist them in coming into compliance with the HCBS final rule. Some of the most common issues that we have seen that need remediation include:

- Needing locks on bedroom and bathroom doors for privacy
- Individuals not having the freedom to come and go from the home as they choose
- Lack of lease or Summary of Resident Rights
- Lack of documentation of choice around service provider
- Lack of documentation of choice as it pertains to room-mates and house mates



In addition to working through the non-compliance issues, SWMBH has also started a new round of surveys for those who receive skill building, supported employment or community living support services. We distributed 2087 surveys in July via email.

Customers and providers have until November 17, 2017 to complete the survey. It is important to note that a provider is required to do the survey as that is the first step in coming into compliance. The survey is optional, but highly encouraged for customers.

You can find out more about the HCBS Final Rule and Michigan’s transition plan on the MDHHS website.



INPATIENT PSYCHIATRIC BED SHORTAGE

Statewide, Michigan is and has been experiencing a shortage of acute psychiatric beds in community settings for adults and children. This shortage has resulted in extended wait times with customers sitting in emergency departments sometimes for days. Often, admissions are occurring hours away from a person's home, family, and support system.

Leadership at the Prepaid Inpatient Health Plans (PIHP), Community Mental Health Services Programs (CMHSP), Michigan Department of Health and Human Services (MDHHS), advocacy and other community partners recognize the problem and negative impact on customers, hospitals, public safety, and the families. The leadership group has taken action to address the problem. Most recently the MDHHS formed a work group comprised of a variety of stakeholders who identified five areas that contribute to the bed shortage. The steering workgroup designated five sub-workgroups to work towards problem resolution:



- Physical Plant Sub-Workgroup which will focus on barriers to inpatient psychiatric services that are related to the physical plant of Michigan's state psychiatric hospitals and private psychiatric hospitals.
- Staffing and Team Based Care Sub-Workgroup which will focus on identifying challenges for hiring and retaining adequate, qualified, and appropriately trained staff to support the delivery of inpatient psychiatric services.
- Continuum of Care Sub-Workgroup which will focus on exploring ways to expand the availability of treatment options across the continuum of care in order to allow individuals to receive services in the most appropriate setting for the individual's health and wellness needs. The subworkgroup will also identify strategies for reducing potential barriers to treatment in specific residential settings.
- Interoperability Sub-Workgroup which will focus on examining whether variance in specific clinical and administrative processes across health care providers impedes information sharing and inhibits access to inpatient psychiatric services.
- Financing and Reimbursement Sub-Workgroup which will focus on identifying challenges that current financing and reimbursement methodologies create for delivering inpatient psychiatric services. The sub-workgroup will also support the work of other sub-workgroups by reviewing draft proposals and evaluating the potential impact on financing and reimbursement of service delivery.

The five sub-workgroups are slated to meet through October, 2017 and provide deliverables to the Steering workgroup by the end of October, 2017.

SWMBH Behavioral & Physical Health Collaborative Care Provider Survey

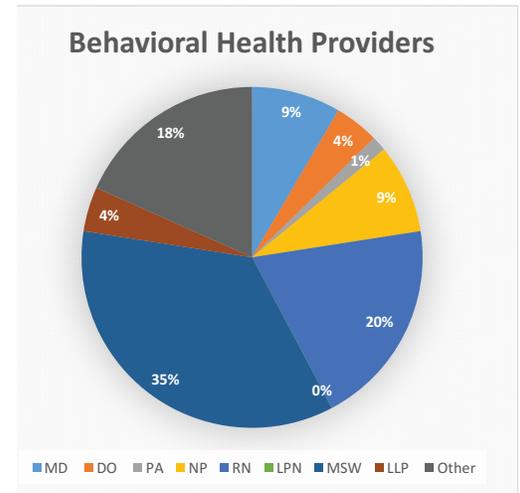
Survey was meant to assess information exchange and coordination of healthcare information between behavioral health and physical health providers. Findings will be used to guide planning of improvement initiatives and will be shared with interested stakeholders. Survey responses were collected from December 12, 2016 to February 17, 2017.

GOALS:

- Improve Patient Care through Provider Collaboration and Communication Strategy Enhancements
- Improve and Examine:
 - Accuracy of the information
 - Frequency of the information
 - Sufficiency of the information
 - Timeliness of the information

RESPONSES:

- We collected 71 behavioral health provider responses and 14 physical health provider responses.



SWMBH Provider Communication & Access to Services Survey

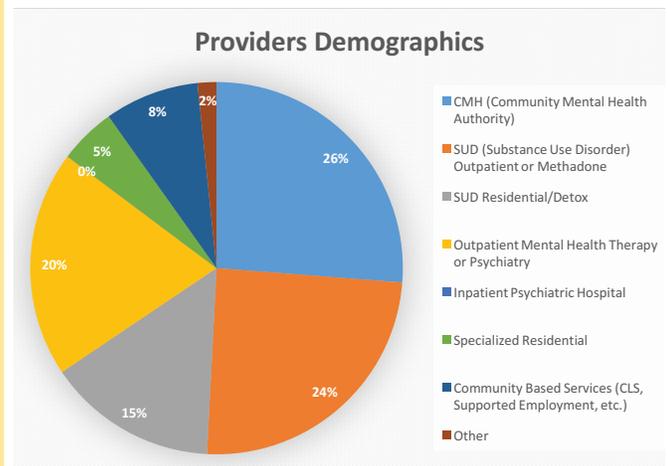
Survey was meant to help identify and improve provider communication, access and follow-up with practitioners in the network. Findings of this survey will be used to guide planning of improvement initiatives. Survey responses were collected from April 7, 2017 to May 15, 2017.

GOALS:

- Examine and improve practitioner experience based on assessment of data:
 - UM Process:
 - Communication
 - Timeliness of Care:
 - Access to Routine Appointments
 - Access to Urgent Appointments
 - Access to Emergency Appointments
 - Technical Assistance
 - SWMBH Business Processes

RESPONSES:

- We collected 41 provider responses with 76% of providers having a contract with SWMBH to provide MI Health Link services.



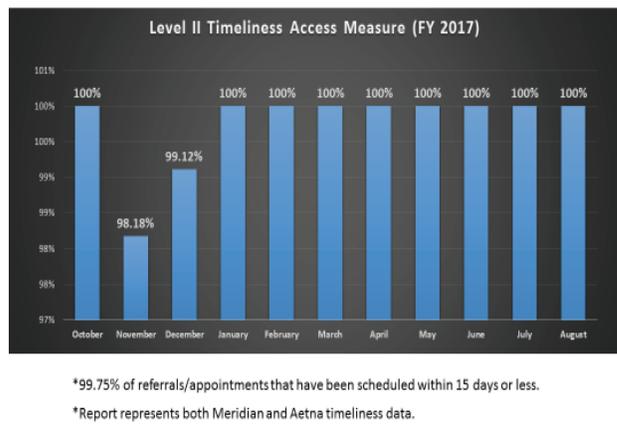
You can read more about the survey as well as the results on our website <http://www.swmbh.org/index.php/forms>. Hard copies are available upon request.

Upcoming Surveys

If you are contacted regarding one of the surveys below, please consider giving your feedback. All information is kept confidential. We value your feedback and take your answers seriously and your feedback will be used to improve future services and programs.

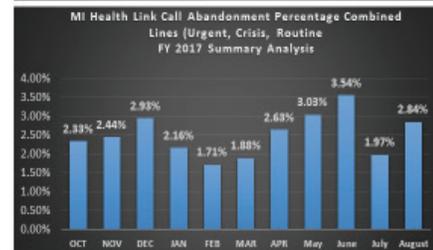
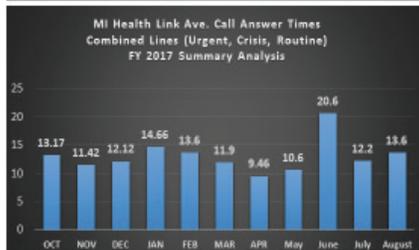
- ▶ Coordination of Care Survey--February/March, 2018
- ▶ Provider Access & Communication Results--March/April, 2018
- ▶ Person in Recovery Survey (RSA-r)—December, 2017

MI Health Link-Level II Timeliness Access Measure-2017



MI Health Link Key Performance Metrics

MI Health Link Call Center Metrics and Analysis (August FY 2017)



- ▶ Call Answer Time is: 30 seconds or less
- ▶ Call Abandonment Percentage: 5% or below
- ▶ Total Call Volume: No standard or target
- ▶ The represented averages represent MI Health Link combined call center lines
- ▶ (*Member Services, Crisis and Urgent*)
- ▶ Call Data Source – Cisco Unity Call Reporting System – Supervisor CSQ Reports

NEW SWMBH WEBSITE

The new Southwest Michigan Behavioral Health website launched on September 22nd!

This new site takes advantage of modern web technologies and features an updated look and feel that is more intuitive and easier to navigate.

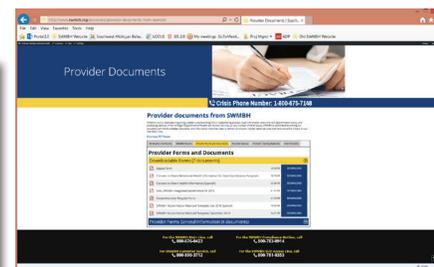
The website is now easily navigated with menus across the top and specific areas highlighted on the home page. Important SWMBH phone numbers are listed on every page – at the top and bottom of each page. An easy to use site search function is also available across the top of each page on the site.



The Provider page is organized into different sections, and all provider documents are located in the provider document library, categorized so you can easily find the document you are looking for!

Policies, forms, provider manual, and provider training material are all here, easily viewable or downloadable with a click on the section you want!

Check out the new site at <http://www.swmbh.org>





Georgie Braithwaite
Veteran Navigator

Georgie joined the United States Army National Guard in 2012 at age 17. She attended training at Fort Leonard Wood, Missouri as a Chemical, Biological, Radiological, and Nuclear Specialist. Georgie is presently a Chemical Officer in the National Guard.

She earned a Bachelor of Science in Psychology from Western Michigan University. During Georgie's clinical internship, she worked in the Department of Veteran's Affairs with a focus on PTSD and substance abuse.



**Sarah Hirsch, LPC, MHSP,
MA, MBA/HCM**
Chief Clinical Officer

Sarah has twenty eight years of clinical, management and executive experience and accomplishments in behavioral health, hospitals and health systems, managed care, integrated care, healthcare data analytics, provider quality, and strategic planning. She holds Master's degrees in Clinical Psychology/ Health Psychology, Marriage-Family Psychotherapy and an MBA in Healthcare Management.

She is a member of Duke University's Integrative Medicine Leadership community, and an influential advocate for healthcare delivery transformation and the development of medical neighborhoods which meet the holistic health, wellness and social support needs for individuals and local communities.

Sarah's knowledge, skills and abilities will complement and extend our region's depth and pace of mutually agreed objectives.



Robert Moerland
Chief Information Officer

Robert Moerland recently joined SWMBH as the Chief Information Officer (CIO). He is a proven senior-level executive, bringing over 20 years of honed business and technical leadership working with organizations of varying size and complexity. His strengths are creating and executing strategies that align technology for a competitive advantage, specializing in transition management to bring value and solutions from technology innovations.

Rob's recent experiences include CIO for Louisiana Public Health Institute (LPHI), located in New Orleans, LA., and as the CIO for Kalamazoo Community Mental Health and Substance Abuse Services (KCMHSAS) when they were a PIHP. Rob has a Bachelor of Science degree in Computer Science from Grand Valley State University, and received a Master's in Information Systems Management from Ferris State University.

HELPFUL INFORMATION YOU NEED TO KNOW

Southwest Michigan Behavioral Health is committed to providing behavioral health and substance abuse services in compliance with all federal rules throughout Michigan Department of Health and Human Services (MDHHS). SWMBH does not use financial incentives to encourage barriers to care and services and/or decisions that result in underutilization.

SWMBH does not reward practitioners, or other individuals conducting utilization review for issuing denials of coverage or service. All utilization management decision-making is based only on the existence of coverage and appropriateness of care and service. Clinical decisions are based on the clinical features of the individual case and the medical necessity criteria.

SWMBH uses Beacon Medical Necessity criteria. You can find the criteria at this link:

<https://www.beaconhealthoptions.com/providers/beacon/handbook/clinical-criteria/>. Hard copies are available upon request.

You will find SWMBH's Clinical Practice Guidelines on our website

http://www.swmbh.org/images/A._Consumerism_Practice_Guidelines.pdf. SWMBH's three clinical practice APA guidelines are: bipolar, substance use, and major depressive disorder. Hard copies are available upon request.

SCREENING TOOLS

Behavioral Health Screening

Programs: We are committed to providing a comprehensive integrated process that ensures persons served by SWMBH and its provider network receive high quality, timely, medically necessary, and clinically appropriate behavioral healthcare in the most cost effective manner with uniform benefit application. SWMBH's Behavioral Health Screening program utilizes two nationally recognized instruments to accomplish this: **the Level of Care Utilization System (LOCUS)** and **the American Society of Addiction Medicine Patient Placement Criteria (ASAM-PPC)**.

The **LOCUS** is a widely-used level of care tool in which a clinician assesses through a screening interview in a standard and consistent way a customer's mental health and/or addiction needs across six dimensions. The dimensions cover Risk, Functioning, Co-Morbidity, Stress, Support, Treatment History, and Engagement. Once scored, the LOCUS provides a recommendation for the level of care a customer should receive and determination of continued care needs.

Under the **ASAM-PPC**, clinicians evaluate each customer's severity along 6 biopsychosocial dimensions: Acute

Intoxication and/or Potential for Withdrawal; Biomedical Conditions or Complications; Emotional, Behavioral, or Cognitive Conditions and Complications; Readiness to Change; Potential for Relapse; and Recovery Environment. A fixed combination rule then indicates which level of care is most likely to succeed for that customer, ranging from early intervention to medically managed hospital inpatient therapy. This instrument also gives clinicians a way to standardize treatment planning, integrate care, and drive continued service planning to ensure our customers are receiving the right services at the right time.

ABOUT HEALTHWISE

Healthwise is a nonprofit organization founded in 1975 with the mission to help people make better health decisions. More than 100 million times a year people like you use Healthwise® information to take an active role in their health. The best formula for making health decisions is to combine the most reliable medical facts with your personal feelings.

Put more simply: Medical Information + your Information = Better Health Decisions. Your decisions influence your overall well-being as well as the quality and cost of your care. By taking an active role in your health, you are likely to be happier with the care you receive and the results you achieve. The field of medicine changes constantly. Each day headlines reveal new ways to diagnose, treat, or prevent health problems. Healthwise® Knowledgebase content is regularly updated to keep pace with the changes in medicine and medical practice. This information does not replace the advice of a doctor.

To learn more go to: <http://www.swmbh.org/index.php/customers> and click on Health A-Z.



MI HEALTH LINK (MHL)

The MI Health Link program offers an integrated approach to health care. The MI Health Link program is offered to individuals who:

- Have full Medicare and full Medicaid
- Are 21 years of age or older
- Live in one of SWMBH's eight service areas (Barry County, Berrien County, Branch County, Calhoun County, Cass County, Kalamazoo County, St Joseph County and Van Buren County)

Patients can call Michigan ENROLLS toll-free at 1-800-975-7630 to:

- enroll in a MI Health Link health plan
- change to a different MI Health Link health plan
- disenroll from MI Health Link
- opt-out of MI Health Link

Enrollment into a MI Health Link health plan is effective the first day of the next month if you call **before** the last five days of the month.

MHL Benefits after enrollment include:

- All health care covered by Medicare and Medicaid, no copayments, no deductibles
- Care Coordinator, Integrated Care Team, Person centered care, Access to 24/7 Nurse Advice
- For behavioral health services call Southwest Michigan Behavioral Health at 800-675-7148.
- Access to dental and vision services
- Network of Physicians and specialists
- Emergency and urgent care
- Hospital stays and surgeries
- Diagnostic testing and lab services
- Skilled nursing and rehabilitation services
- Transportation for medical emergencies and medical appointments

Additional services available for patients that meet the level of care requirements:

- Home health services, equipment and medical supplies
- Long Term Supports and Services (LTSS), Personal care
- Equipment to help with activities of daily living
- Private duty nursing, Home modifications, Personal emergency response system
- Home delivered meals, Community transition services, Chore services
- Adult day program, Respite, Nursing home care



COMPLEX CASE MANAGEMENT PROGRAM

Designed to help organize and coordinate services for members with complex physical and behavioral health conditions; work through physical and behavioral health obstacles or barriers; navigate often confusing multiple service pathways and secure necessary physical health, behavioral health and community services. The overall goal of Complex Case Management is to help members move towards optimum health, improved functional capability and a better quality of life. Complex Case management is available to members who have co-morbid behavioral health and physical conditions and needs. Criteria for Enrollment includes, but is not limited to:

One or more Behavioral Health diagnoses and at least one of the following criteria:

- 2 or more psychiatric inpatient (IP) admissions in the past 6 months
- High emergency department (ED) use
- 4 or more chronic medical diagnoses
- A combination of IP admissions/high ED use along with a less severe mental illness

Criteria for SUD/Withdrawal Management/Residential Treatment:

- 2 or more withdrawal management or substance use disorder (SUD) treatments in the past 12 months
- 2 or more chronic medical conditions

Complex Case Management offers SWMBH members the opportunity to talk with a Registered Nurse in order to:

- Assess physical and behavioral health needs
- Establish member-centered goals to address needs
- Identify barriers and solutions to help achieve goals
- Identify additional community resources that are available

If you have a customer who is appropriate for the Complex Case Management Program, please contact SWMBH Customer Services at 1-800-890-3712 with your referral.

VETERAN SERVICES

SWMBH Veteran Navigator:

Georgie Braithwaite

Email: Georgie.braithwaite@swmbh.org
Phone: 269-488-6853
Veteran Crisis Line: 1-800-273-8255
Press 1

County Veteran Service Officers

Barry: Patrick Jansens

Phone: 269-945-1296
Website: http://www.barrycounty.org/veterans_affairs/index.php

Berrien: Lee G. Lull

Phone: 269-983-7111, ext. 8224
Website: BerrienCounty.org/veterans/

Branch: Charles Scott

Phone: 517-279-4322
Website: co.branch.mi.us/departments/30

Cass: Thomas Green

Phone: 269-445-4472
Website: CassCountyMI.org/VeteransAffairs.aspx

Calhoun: Aaron Edlefson

Phone: 269-969-6735
Website: CalhounCountyMI.gov/government/veterans_affairs/

Kalamazoo: Mike Hoss

Phone: 269-373-5361
Website: KalCounty.com/hcs/veterans.htm

St. Joseph: Stoney A. Summey

Phone: 269-467-5512
Website: Stjosephcountymi.org/veterans/

Van Buren: David Hagen

Phone: 269-270-4822
Website: vbco.org/veterans_affairs.asp

Communication received from members or providers after normal business hours are returned on the next business day and communications received after midnight on Monday-Friday with exception of holidays are responded to on the same business day.

Check out the SWMBH Provider Manual and Provider Directory, on our SWMBH website: www.swmbh.org. Each contains information about SWMBH policies and procedures as well as information on topics such as clinical criteria, utilization management, provider appeals process, and other helpful material. You will also find our provider responsibilities and customer rights and responsibilities statements on our website. Hard copies of all provider responsibilities and customer rights and responsibilities are available upon request.

We use our Quality Assurance Performance Improvement Program to ensure that we are meeting all contractual and regulatory standards that are required of the PIHP. Our quality department monitors, evaluates, and works on improving systems and processes for the region. We work to promote and support best practice operations and systems that promote optimal benefits in service areas of accessibility, acceptability, value, impact and risk management for all our customers.

To find out what our quality department is up to look for our articles in each of the quarterly newsletters or you can go to our website www.swmbh.org that has our quality activities along with our annual evaluation.

You can also call us at: 1-800-676-0423 to get more information.

For more information on any of our programs please contact:

- Customer Service: 1-800-890-3712
- MI Health Link Member Services: 1-800-676-5814
- MI Health Link Ombudsman: 1-888-746-6456
- MI Health Link 24 Hour Access/Crisis: 1-800-675-7148
- SWMBH Substance Use Disorder Access Line: 1-800-781-0353
- TTY: 711 (MRC)
- Compliance Hot Line: 1-800-783-0914

SOUTHWEST MICHIGAN BEHAVIORAL HEALTH BOARD MEETINGS SCHEDULE

(JANUARY 2017--DECEMBER 2017)

January 13, 2017 -- 9:30am to 11:00am

February 10, 2017 -- 9:30am to 11:00am

March 10, 2017 -- 9:30am to 11:00am

April 14, 2017 -- 9:30am to 11:00am

May 12, 2017 -- 9:30am to 10:30am

***Bay Pointe Inn – 11456 Marsh Rd., Shelbyville, MI**

May 12, 2017 – Board Retreat 10:30am--4:30pm

June 9, 2017 -- 9:30am to 11:00am

July 14, 2017 -- 9:30am to 11:00am

August 11, 2017 -- 9:30am to 11:00am

September 8, 2017 -- 9:30am to 11:00am

Public Budget Meeting

*7107 Elm Valley Dr., Kalamazoo, MI

October 13, 2017 -- 9:30am to 11:00am

November 10, 2017 -- 9:30am to 11:00am

December 8, 2017 -- 9:30 am to 11:00am

All scheduled meetings take place at the Principal Office, unless otherwise communicated.*

*Principal Office Located at 5250 Lover's Lane, Suite 200, Portage, MI, 49002

All SWMBH Board Meetings are subject to the Open Meetings Act 1976 PA 267, MCL 15.261-15.275

SOUTHWEST MICHIGAN BEHAVIORAL HEALTH BOARD ROSTER

Barry County

Robert Nelson

Robert Becker (Alternate)

Calhoun County

Jim Blocker

Kathy-Sue Dunn (Alternate)

St. Joseph County

Anthony Heiser

Timothy Carmichael (Alternate)

Berrien County

Edward Meny – Vice Chair

Nancy Johnson (Alternate)

Cass County

Robert Wagel

Mary “Mae” Myers (Alternate)

Van Buren County

Susan Barnes - Secretary

Angie Dickerson (Alternate)

Branch County

Tom Schmelzer – Chair

Jon Houtz (Alternate)

Kalamazoo County

Moses Walker

Patricia Guenther (Alternate)

2017 SOUTHWEST MICHIGAN BEHAVIORAL HEALTH (SWMBH) SUBSTANCE USE DISORDER OVERSIGHT POLICY BOARD (SUDOPB) MEMBER ROSTER

Barry County

Ben Geiger

VACANT

Calhoun County

Steve Frisbie

Kathy-Sue Dunn

St. Joseph County

Kathy Pangle

Allen Balog

Berrien County

Michael Majerek

Debra Panozzo

Cass County

Tara Smith

Robert Wagel-Vice Chair

Van Buren County

Richard Godfrey

Paul Schincariol

Branch County

Randall Hazelbaker-Chair

VACANT

Kalamazoo County

VACANT

VACANT

SWMBH SUD Staff and Support

Bradley P. Casemore, MHSA, LMSW, FACHE

Executive Officer

Brad.Casemore@swmbh.org

269-488-6956

Achilles Malta, BA, CPS

SUD Prevention Specialist

Achilles.Malta@swmbh.org

269-488-6925

Joel Smith, LMSW

Manager of Substance Use Services Prevention & Treatment

Joel.Smith@swmbh.org

269-488-6958

Michelle Jorgboyan

Senior Operations Specialist

Michelle.Jorgboyan@swmbh.org

269-488-6845

"ATENCIÓN: Si habla **español**, hay servicios gratuitos de asistencia con el idioma para usted. Llame al 1-800-890-3712 (TTY: 711)".

"انتبه: إن كنت تتحدث العربية، فتوجد خدمات مساعدة لغوية، مجانية، ومتاحة لك. اتصل بـ 1-800-890-3712 (رسالة مبرقة: 711)".

"ACHTUNG: Sollten Sie **deutsch** sprechen, steht Ihnen ein Sprachenhilfe-Service kostenlos zur Verfügung. Sie können uns unter folgender Telefonnummer erreichen: +1-800-890-3712 (TTY: 711)."

"请注意: 如果您说中文, 您可以利用我们免费提供的语言帮助服务。详情请致电 1-800-890-3712 (TTY: 711)。”

"OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-890-3712 (TTY- 711)."

"UWAGA: Jeśli mówi Pan/Pani **po polsku**, oferujemy bezpłatną pomoc językową. Proszę zadzwonić pod numer 1-800-890-3712 (TTY/tel. dla niesłyszących: 711)."

"VINI RE: Në qoftë se flisni **shqip**, keni në dispozicion shërbim falas për t'ju ndihmuar me gjuhën. Telefononi 1-800-890-3712 (TTY-teletekst: 711)."

"ATTENZIONE: Si parla **italiano**, servizi gratuiti di assistenza linguistica, sono a vostra disposizione. Chiamare 1-800-890-3712 (TTY: 711)."

"TALA: Kung kayo ay nagsasalita ng **Tagalog**, ang serbisyo ng tulong sa wika (language assistance services), ay available upang magamit ninyo, nang walang bayad. Tumawag sa 1-800-890-3712 (TTY: 711)."

"ध्यान दें: यदि आप **हिन्दी** बोलते हैं, तो आपके लिए भाषा सहायता सेवाएँ मुफ्त में उपलब्ध हैं। 1-800-890-3712 (TTY: 711) पर कॉल करें।"

"주의: 귀하가 **한국어**를 할 경우, 한국어 언어 지원 서비스를 무료로 사용할 수 있습니다. 1-800-890-3712 (TTY 문자 전화기: 711)로 전화하십시오."

"LƯU Ý: Nếu quý vị nói **tiếng Việt**, các dịch vụ hỗ trợ ngôn ngữ được cung cấp cho quý vị miễn phí. Vui lòng gọi số 1-800-890-3712 (TTY: 711)".

"আপনার দৃষ্টি আকর্ষণ করছি: আপনি যদি বাংলা ভাষী হন এবং যদি আপনার ভাষাগত সাহায্যের প্রয়োজন হয়, তাহলে নিখরচায় সাহায্যপেতে ফোন করুন: ১-৮০০-৮৯০-৩৭১২ (TTY: 711) 1-800-890-3712 (TTY: 711)."

ご注意: 日本語で対応しているアシスタンスサービスを無料でご用意しております。

1-800-890-3712 (TTY: 711)へお電話下さい。

«ВНИМАНИЕ! Если вы говорите на **русском** языке, вам предоставляется бесплатное языковое обслуживание. Звоните по тел.: 1-800-890-3712 (телефон с текстовым выходом: 711)».

Providers have the ability to leave messages and/or electronically communicated service determinations requests 24 hours a day, 7 days per week. Communication received from members or providers after normal business hours are returned on the next business day and communications received after midnight Monday-Friday with exception of holidays are responded to on the same business day. Providers can request to obtain a copy of the criterion on which utilization management decisions are based on, as well as utilization management written policies and procedures. If you have any questions, please contact a Care Management Specialist at 1-800-676-0423 and follow the prompts.

SWMBH does not use financial incentives to encourage barriers to care and services and/or decisions that result in underutilization.

SWMBH does not reward practitioners or other individuals conducting utilization review for issuing denials of coverage or service. All utilization management decision-making is based only on the existence of coverage and appropriateness of care and service. Clinical decisions are based on the clinical features of the individual case and medical necessity criteria.



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You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Ashley Esterline 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 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
1-800-368-1019, 1-800-537-7697
(TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Southwest Michigan Behavioral Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Southwest Michigan Behavioral Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Southwest Michigan Behavioral Health:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Ashley Esterline, Member Triage and Engagement Specialist.

If you believe that Southwest Michigan Behavioral Health 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:

Ashley Esterline, LLMSW

Member Triage and Engagement Specialist

5250 Lovers Lane, Suite 200, Portage, MI 49002

P: 800-890-3712 TTY: 711 F: 269-441-1234 Ashley.Esterline@swmbh.org