

Dynamic Environment Requires Focus

Bradley P. Casemore, MHSA, LMSW, FACHE

Chief Executive Officer, Southwest Michigan Behavioral Health

Given the most fluid federal and state policy environment in decades, one must ask themselves and each other “Now What?” The simple answer is: Focus.

While the fulfillment of statutory, regulatory, and contractual obligations amongst and between all remains in force, these are the “What”.

The most important question in any important human endeavor is “Why?” Our “Why” is people.

Our duties revolve first and foremost to our primary and secondary consumers: those who receive our services and those family and friends who care for and about them. We have a simultaneous duty to our communities-at-large, those who share the homes, streets, workplaces, places of worship, and places of commerce with our consumers.

We also have a core duty to taxpayers and to the elected and appointed officials who represent us all. Communities are incredibly understanding of the notions of collaborative care and the vagaries of disease, pain, and suffering. Yet, the patience is not infinite – nor are the resources. Thus, we have a moral imperative to produce and provide the highest quality, highest value goods, services, and administrative processes.

Lastly, and often left unsaid, is our duty to each other and our agency colleagues as fellow stakeholders, contributors to the common good, and indeed as humans. We owe each other courtesy, respect, fair dealing and yes, challenging objective views with objective and logical arguments. Let’s all recommit to that and to a simple decision-making lens:

1. What is best for persons served and their family and friends?
2. What is best for taxpayers?
3. What is best for the system (to gain additional quality and service at lesser costs?)

Governance and Leadership Response to Policy Chaos

- Refine and repeatedly restate priorities and expectations
- Align philosophy, goals, objectives, and resource allocations
- Make explicit Committee, Team, and Individual roles in achieving strategic imperatives
- Assess, report, and remediate
- Encourage, support, and reward
- Celebrate successes
- Deep and broad involvement of consumers and other stakeholders



SWMBH Chief Executive Officer, Bradley P. Casemore, MHSA, LMSW, FACHE alongside United States Senator Debbie Stabenow attending Capitol Hill Briefings in Washington, D.C., in February, 2017.

SWMBH Newsletter

Table of Contents

Dynamic Environment Requires Focus	1
Agencies Working Together to Fight Opioid Abuse	2
Excellence through Integrity.....	3
SWMBH Website.....	3
SWMBH Quality Corner	4
Evaluation of Performance	5
2017 Quality Goals and Objectives.....	6
Upcoming Trainings	6
Home and Community Based Services (HCBS) Transition ...	7
Applied Behavioral Analysis..	7
My Strength - Personal Support for You ..	8
Meetings Schedule	9
Kairos Dwelling	12

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AGENCIES WORKING TOGETHER TO FIGHT OPIOID ABUSE

Southwest Michigan Behavioral Health working in conjunction with other area agencies holds first Train the Trainer session with Kalamazoo County Sheriff's Department

In ongoing efforts to help local Law Enforcement agencies better respond to Opioid Overdose Incidents in the community, Southwest Michigan Behavioral Health (SWMBH) launched a Narcan/Naloxone opioid overdose prevention Train-the-Trainer component in partnership with the Kalamazoo County Sheriff's Office, the Red Project of Grand Rapids, and the Families Against Narcotics (FAN) chapter of Southwest Michigan.

In December 2015, Southwest Michigan Behavioral Health (SWMBH) began an opioid overdose prevention program for Law Enforcement agencies in eight Counties (Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph and Van Buren) in the southwest Michigan region. This training was designed to help law enforcement personnel better recognize and respond to opioid overdose situations in the area. In addition to the training of officers, SWMBH also provided the Naloxone/Narcan medication within a rescue kit to the participating law enforcement agencies. Since the inception of the program, Law Enforcement agencies in the area have reported back 47 overdose reversals/rescues using the skills training and the Narcan/Naloxone kits provided by SWMBH through their block grant contract with the Michigan Department of Health and Human Services.

In order to expand the program and to allow the participating Law Enforcement agencies to respond quickly and more effectively to their Narcan training needs (including the training of new officers), SWMBH developed, in partnership with the Red Project, Families Against Narcotics (FAN) chapter of Southwest Michigan and the Kalamazoo County Sheriff's office, a training curriculum to allow designated officers to become in-house trainers for their own agencies. The first Train-the-Trainer session was held in Kalamazoo and provided training to five (5) deputies of the Sheriff's department, who will in turn become the designated Narcan/Naloxone opioid OD Prevention trainers of their own units.

Currently 47 local law enforcement agencies in the SWMBH region, and all posts of the Michigan State Police's 5th district, participate in the Narcan/Naloxone opioid OD Prevention program started by SWMBH. SWMBH remains committed to working with law enforcement agencies in the area to address the opioid crisis within our communities. SWMBH will offer the new Train-the-Trainer curriculum to all participating agencies. Law enforcement agencies in the region that are interested in joining the SWMBH program will also have the opportunity to be trained in both the opioid overdose training and the train-the-trainer curriculum.

For more information on the SWMBH Narcan/Naloxone opioid overdose prevention Program for Law Enforcement agencies, please contact Achilles Malta (Achiles.Malta@swmb.org)

"Excellence through Integrity"

Mila C. Todd, Esq. CHC

Chief Compliance and Privacy Officer, Southwest Michigan Behavioral Health



From left to right: Chaka Darden, Mila Todd (Chief Compliance Officer) Bradley Casemore (SWMBH Executive Officer), Petra Morey, Courtney Juarez and Ruth Barrett

SWMBH's Program Integrity and Compliance Department is responsible for ensuring that the funds SWMBH is entrusted to manage are used in a manner that is consistent with applicable laws, regulations, and billing rules; and that the conduct of SWMBH staff, contractors, vendors, and providers is ethical and compliant. The Compliance Department educates staff on the confidentiality protections afforded to Protected Health Information (PHI) and investigates any potential unauthorized uses or disclosures of PHI to determine if there has been a violation of HIPAA, 42 CFR Part 2, or the Michigan Mental Health Code.

All contracted providers have an obligation to comply with the SWMBH Corporate Compliance Plan, which is prospectively approved on an annual basis by SWMBH's Board of Directors, and which can be located on SWMBH's website.

UPDATES:

- Changes to the Michigan Mental Health Code's Confidentiality provisions went into effect April 10, 2017.
- Changes to 42 CFR Part 2 went into effect March 2017.
- MI Health Link providers must comply with the Centers for Medicare & Medicaid Services Medicare Managed Care Compliance Program Guidelines. These requirements include: adopting a Code of Conduct and/or Compliance Policies; completing CMS' Fraud Waste and Abuse (FWA) training module at hire and annually thereafter; completing CMS' General Compliance Training at hire and annually thereafter; OIG/SAM exclusion screening prior to hire/contracting and monthly thereafter; communicating to employees how to report actual or suspected non-compliance and what their protections are under the Whistleblower's Protection Act; not using offshore vendors without prior authorization; downstream entity oversight; and internal operational oversight to ensure compliance is maintained with applicable laws, rules, and regulations. SWMBH will be requiring attestations of compliance in the coming months.

Remember, Compliance is EVERYONE'S responsibility. If you know of or suspect any Fraud, Waste, or Abuse of Medicaid, Medicare, or Block Grant funds, you should report that information to your local CMH Compliance Officer, or to the SWMBH Compliance Officer immediately. Reports can be made by calling the SWMBH Compliance Hotline at 1-800-783-0914.

SWMBH Website - New and Improved coming soon!

Coming this summer, SWMBH will update the SWMBH.org website! The new SWMBH.org site will feature updated technology, layout, and navigation of the sites, sections, and documents.

Why is SWMBH revamping the website? So that we can better serve you, the providers, and the community we both serve. Our current site has long needed to be updated to stay current with the needs of our providers and what we offer to the community. This update will align our public facing technology with the overarching vision and goals of SWMBH as an organization.

What is changing? We are updating the look and feel of the site. You will be able to search and find the information you need much quicker, easier, and more intuitively than ever before! The organization and layout of SWMBH information will be vastly improved so that in addition to making it easier for you to find the information you need, we can also offer more and better information. You will be able to see -- quickly and easily -- the training materials we offer, forms you need to download, and any other information you need from SWMBH!

We will be keeping the content on our current site updated as we continue to build the new website, so you won't miss anything during this process. We look forward to rolling out our new website this summer and we know you are too!

SWMBH Quality Corner

What is NCQA – MBHO accreditation and what will it mean to our Region?

Southwest Michigan Behavioural Health (SWMBH) is the Prepaid Inpatient Health Plan (PIHP) for the eight Michigan counties of Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph and Van Buren and is in partnership with the Community Mental Health (CMH) agencies of these counties. SWMBH, in partnership with the CMH's and local providers, including you, provide health services to adults with severe and persistent mental illness, children with severe emotional disturbance, individuals with developmental disabilities and individuals with substance use disorders. SWMBH is also one of 4 PIHP's participating in the Duals Demonstration MI Health Link Project. Our Integrated Care Organization partners are Meridian Health Plan and Aetna Better Health of Michigan.

In our mission to assure regional, health status improvements, quality, value, trust and Community Mental Health Service Providers (CMHSP) participant success, SWMBH is pursuing Managed Behavioral Healthcare Organization (MBHO) Accreditation with The National Committee for Quality Assurance (NCQA) for the Michigan Health Link Medicare business line.

Accreditation will demonstrate our region's commitment to following industry best-practices of providing high-quality care, access and consumer protections. Achieving NCQA – MBHO Accreditation is also a SWMBH Board approved goal.

MBHO Accreditation emphasizes:

- Commitment to Quality
- Care coordination to reduce fragmented care, especially for people with special needs.
- Complex case management, a challenge for managed care initiatives where complex cases are common.
- Data exchange between health plans and behavioral health-care organizations, to support clinical quality and patient experience measurement and improvement by the MBHO.

Provider Surveys-Improve Collaboration & Communication

In order to improve patient care through provider collaboration and communication, SWMBH is conducting several surveys including the Behavioral & Physical Health Collaborative Care Provider Survey, which just ended, and currently the Provider Communication and Access to Services Survey.

1. 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 until February 17, 2017. Look for the finalized results and analysis in our next newsletter.
2. Provider Communication and Access to Services survey. This survey is currently underway. The Provider Communication and Access to Services survey is meant to help identify and improve provider communication, access and SWMBH's follow-up with practitioners in the network. Findings of this survey will be used to guide planning of improvement initiatives for coordination of access and follow-up and will be shared with our providers, customers and all other interested stakeholders.

If you are interested in taking the Provider Communication and Access to Services Survey, please contact heather.snedden@swmbh.org or jonathan.gardner@swmbh.org. We will be collecting responses up until May 15, 2017.

Quality Assurance Performance Improvement and Utilization Management 2016 Program Evaluation

- Evaluation Period: October 1, 2015- September 30, 2016

The Michigan Department of Health and Human Services (MDHHS) requires that each specialty Prepaid Inpatient Health Plan (PIHP) has a documented Quality Assessment and Performance Improvement Program (QAPI). As part of Southwest Michigan Behavioral Health's (SWMBH) benefit management organization responsibilities, the SWMBH QAPI Department conducts an annual QAPI Evaluation to assure it is meeting all contractual and regulatory standards required of the Regional Entity, including its PIHP responsibilities.

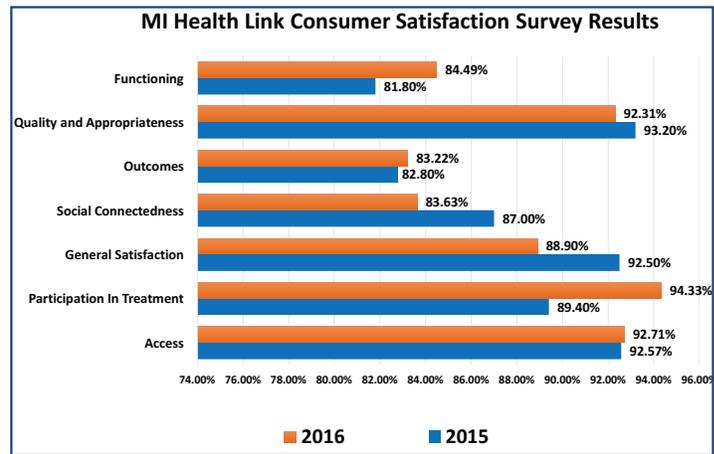
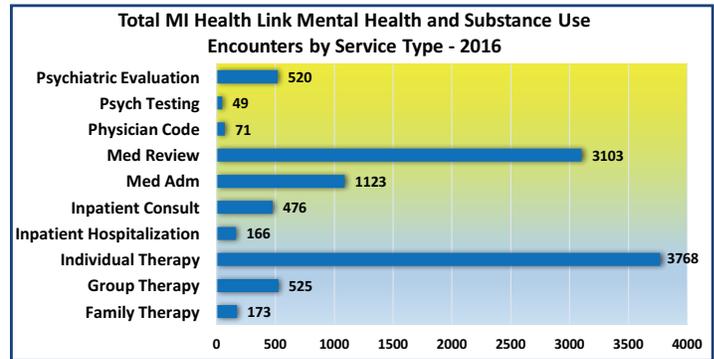
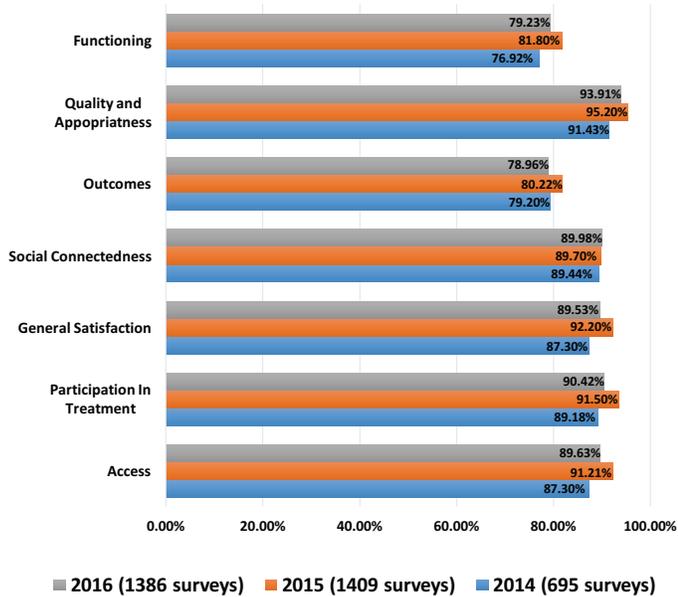
Quality Performance Activities and Results

Key Performance Indicator	Results
Michigan Mission Based Performance Indicators (MMBPIS)	The Region met 62/68 indicators at the State indicated benchmark of 95% or better. 98.4% average indicator score was achieved.
Medicaid Verification	The Region achieved a 97.7% Compliance Rate. 835 claims were reviewed and 19 were defective.
Consumer Satisfaction	SWMBH received 1690 total consumer responses during the 2016 survey process. There was a 2.65% improvement over the 2015 results.
Recovery Self - Assessment (RSA-r)	Scores by Year: 2014 = 4.24 2015=4.29 2016= 4.30
Critical Incidents – Event Reporting	Total Ave. Incidents by Year: 2014 = 23.44 2015 = 22.42 2016= 18.41
Grievances and Appeals	Total G&A's : 2014 = 374 3Q's 2015 = 561 2016= 389
Jail Diversion Data	Total Diversions: 2014 = 779 2015 = 608 2016 = 533
Behavioral Health Treatment Episodes Data Sets (TEDs) Submissions and Accuracy	Goal: 90% Result: 92.2% of TEDs records were submitted and accepted by the State.
Encounter Accuracy and Accepted Submissions to the State	Goal: 99.8% Result: 99.9% of encounters were submitted and accepted by the State.
Performance Improvement Projects	Consumers who are diabetic with mental health diagnosis and treated for diabetes within 12 months: 2014 Baseline: 52.31% 2016 Result: 85.06%
MI Health Link Consumer Satisfaction	2015 Total Ave Score: 88.46% 2016 Total Ave Score: 88.51%

Utilization Management Performance Activities and Results

Key Performance Indicator	Results
Fair Hearings	15/15 or 100% of Administrative Fair Hearings were decided in SWMBH's favor during the measurement period.
Inter-rater reliability	Case #3 and Case # 6 – all ten individuals determined the same level of care would be authorized for the case – 100% agreement on the Inter-rater reliability for Beacon-Value Options 2016 Medical Necessity Criteria. Case #9 had 80% reliability on the 8/10 case managers chose the same SUD level of care (based on ASAM) and provided the MNC for such.
Adequate Timely Access to Services Call Center	All required call performance metrics stayed within acceptable ranges during 2016. Please find the current breakdown of call metric averages for 2016: <ul style="list-style-type: none"> • Call Abandonment Rate: 2.41% • Call Answer Time: 12.60 seconds • Average Incoming Calls per Month: 668 calls • Average Outgoing Calls per Month: 1,260 calls
Access and Authorizations for Services Level II Assessments	During 2016 a total of 1480 Initial Level II Assessments were completed. 99.16% of Level II Assessments achieved the Timeliness Standard of follow-up within (15 days).
Hospitalization with Behavioral Health Diagnosis Tracking and Analysis	Within the SWMBH population, eligibles with Severe Mental Illness (SMI) have two times as many medical hospitalizations and ER visits as their counterparts who do not have a Severe Mental Illness (SMI) diagnosis. <ul style="list-style-type: none"> • SWMBH eligibles with Severe Mental Illness (SMI) are twice as likely to have a chronic health condition (61.3% vs 29.4%) compared to those without Severe Mental Illness (SMI). • About a quarter (34.3%) of eligibles without an IDD diagnosis had a chronic health condition while nearly three quarters (70%) of the IDD population had at least one chronic condition.

CUSTOMER SATISFACTION SURVEY RESULTS
Mental Health Statistics Improvement Program (MHSIP)
2016 Comparison By Year Results



2017 Quality Goals and Objectives

The following recommendations for FY 2017 have been identified

- Improve standardized reporting structures by automating and simplifying current data collection for metrics including: MMBPIS, Critical Incidents, BTRC and Jail Diversion Data.
- Work with Clinical RUMCP Committee to implement and monitor interventions for 2 new Performance Improvement Projects.
- Work with Clinical RUMCP Committee to provide analysis of data trends and intervention outcome improvement strategies; while implementing best practice interventions and strategies.
- Further development and understanding of current individual CMHSP needs and develop collaborative strategies and plan to achieve them.
- Continue to implement Managed Information Business Intelligence strategies to communicate data and report access to external and internal stakeholders.
- Implement a Regional long-term Evidence Based Practice Value Plan in collaboration with Utilization Management and Provider Network.

SWMBH sponsors trainings on topics that are pertinent to high quality delivery of services throughout our system of care. Many times trainings are provided to implement evidence based practices within our provider community as well as to provide needed skills to our provider staff with the highest quality tools and methods for assisting customers in their recovery.



Upcoming Trainings:

- 1) Advanced Supervisory Training for Trauma Informed Systems of Care - May 18, 2017
- 2) Social Work Ethics, Pain Management and Human Trafficking – May 24th, June 2nd and August 31st
- 3) Recovery Coach Training – June 5-9, 2017
- 4) Engagement – Motivational Interviewing with Dr. Mee Lee July 19, 2017 or July 20, 2017
- 5) Matrix Core SUD Training July 25-26, 2017.

If you would like to register for a training, please e-mail traininginfo@swmbh.org

Home and Community Based Services (HCBS) Transition

In 2014, the Centers for Medicare and Medicaid Services published a new set of rules for the delivery of Home and Community Based Services through Medicaid waiver programs. These rules aim to improve the experience of individuals in these programs by enhancing access to the community, promoting the delivery of services in more integrated settings, and expanding the use of person-centered planning.

In response, the Michigan Department of Health and Human Services (MDHHS) has developed a statewide transition plan to bring its waiver programs into compliance with the new regulations while continuing to provide vital services and supports to Michigan citizens. The MDHHS webpage on HCBS can be found at this link: http://www.michigan.gov/dhhs/0,5885,7-339-71547_2943-334724--,00.html. The transition plan will require participation, involvement, and

action from SWMBH providers serving adults in the following service areas: Community Living Supports in provider-owned and controlled settings, Supported Employment, and Skill Building.

Providers who support individuals on the Habilitation Supports Waiver in the service areas listed above have already completed surveys assessing compliance with the HCBS rules. We thank you for your cooperation with the survey process! Corrective action plan requests and heightened scrutiny processes will be coming from SWMBH and/or MDHHS in the upcoming days and weeks for providers who did not demonstrate 100% compliance during the survey process.

The next phase of the transition plan is to ensure that “B3” service providers are ready for implementation of HCBS. Providers who support individuals who

receive any of the services listed above, but are not on the Habilitation Supports Waiver (“B3 Services”) will soon receive surveys to assess compliance with the HCBS rules. Applicable “B3” services include: Skill Building, Supported Employment and Community Living Skills in provider owned or controlled settings. The survey requests will come through your email. Please take care to complete the survey fully and accurately.

SWMBH and our participant CMHs are available to assist providers in achieving compliance, so please do not hesitate to contact your local provider network representative or SWMBH’s HCBS Lead, Rhea Freitag at 269-488-6833, if you have any questions.

Applied Behavioral Analysis – What it Means For You

Jarrett Cupp, MA, LLPC – Behavioral Health Services and Waiver Specialist

As of March 27, 2014 the Centers for Disease Control and Prevention reported that in the United States 1 in 68 children (1 in 42 boys and 1 in 189 girls) are diagnosed with autism spectrum disorder (ASD). Here in Michigan, during the 2015-2016 school year, 18,746 students met eligibility as a student with ASD. In 2012, Lt. Governor Calley, a well-known champion for Autism advocacy, led Michigan in becoming the 30th state to enact autism insurance reform requiring insurance coverage for Applied Behavioral Analysis (ABA), Speech and Occupational Therapy for children diagnosed with Autism. In April 2013, the 1915i Waiver became effective. This targets children between the ages of 18 months to 5 years old for early intervention treatment via ABA therapy. Most recently, the Autism EPSDT Benefit became effective January 1, 2016. This expanded the original benefit to guarantee children up to the age of 21 intensive ABA treatment.

Southwest Michigan Behavioral Health’s role is to enroll these children into the Autism EPSDT Benefit, monitor the quality of their treatment, act as a waiver expert/liaison between the CMHSP/Provider and MDHHS and coordinate trainings for our clinicians. Every waiver case in our eight counties, currently at 249, crosses our Behavioral Health Services and Waiver Specialist for an initial approval/denial, annual re-evaluation determination and behavioral treatment plan review. To monitor a child’s progress, we have developed a tool that collects encounter data in our warehouse. It references it to what is approved by the state to ensure that a child is meeting their approved treatment amount. Michigan Department of Health and Human Services (MDHHS) requires that a child receives a +/- 25% variance of their approved hourly treatment a week. Finally, to ensure that the children of our eight counties are getting the best possible care, SWMBH arranges a variety of ASD-related workshops, trainings on various diagnostic instruments, and trainings on new and current ABA treatments.

Personal Support for You!

Southwest Michigan Behavioral Health introduces **myStrength**

We all struggle with our moods at times. Anxious or depressive thoughts can weigh us down. Some of us may struggle with drugs or alcohol. Seeking help and focusing on your mental health is important.

Now you can use web and mobile tools to help you get better and stay mentally strong.

myStrength is confidential—just for you. It offers personalized resources to improve your mood. Learning to use myStrength's tools can help overcome the challenges of drug and alcohol abuse.



myStrength's proven web and mobile resources can help strengthen your mind, body and spirit.

SIGN UP TODAY

1. Visit www.myStrength.com
2. On the myStrength.com home page, click on "Sign-up."
3. Enter the appropriate **Access Code** from the list below.
4. Complete the myStrength sign-up process with a brief Wellness Assessment and personal profile.
5. **Go Mobile!** Using the access code below, get the myStrength app for iOS and Android devices at www.mystrength.com/mobile

- | | | |
|-------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> SWMBarry | <input type="checkbox"/> SWMCalhoun | <input type="checkbox"/> SWMStJoe |
| <input type="checkbox"/> SWMBerrien | <input type="checkbox"/> SWMCass | <input type="checkbox"/> SWMVanBuren |
| <input type="checkbox"/> SWMBranch | <input type="checkbox"/> SWMKalamazoo | <input type="checkbox"/> SWMBH |



The health club for your mind™

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PPF-MPCI-SWMBH

“
What **myStrength**
users are saying
”

It's nice to have self-guided help that is so accessible.

I love how personal myStrength is for me.

myStrength gives back some of the 'light' I had lost.

The mood tracker is fantastic!

I love that myStrength is available 24 hours a day.

Southwest Michigan Behavioral Health Board Meetings Schedule

(January 2017--December 2017)

January 8, 2017 -- 9:30am to 11:00
February 12, 2017 -- 9:30am to 11:00
March 11, 2017 -- 9:30am to 11:00
April 8, 2017 -- 9:00am to 10:30am
May 2017 -- Board Retreat (TBD)
May 13, 2017 -- 9:00am to 10:30
June 10, 2017 -- 9:00am to 10:30

July 8, 2017 -- 9:00am to 10:30
August 12, 2017 -- 9:00am to 10:30
September 9, 2017 -- 9:00am to 10:30
October 14, 2017 -- 9:00am to 10:30
November 11, 2017 -- 9:00am to 10:30
December 9, 2017 -- 9:30am to 11:00



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

www.SWMBH.org

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

Southwest Michigan Behavioral Health Board Roster

Barry County

Robert Nelson
Robert Becker (Alternate)

Berrien County

Edward Meny
Nancy Johnson (Alternate)

Branch County

Tom Schmelzer -- Chair
Jon Houtz (Alternate)

Calhoun County

Jim Blocker
Kathy-Sue Dunn (Alternate)

Cass County

Robert Wagel
Mary "Mae" Myers (Alternate)

Kalamazoo County

Moses Walker
Patricia Guenther (Alternate)

St. Joseph County

VACANT
VACANT

Van Buren County

Susan Barnes - Secretary
Angie Dickerson (Alternate)

2017 Southwest Michigan Behavioral Health (SWMBH) Substance Use Disorder Oversight Policy Board (SUDOPB) Member Roster

Barry County

Ben Geiger
VACANT

Berrien County

Michael Majerek
Debra Panozzo

Branch County

Randall Hazelbaker-Chair
VACANT

Calhoun County

Steve Frisbie
Kathy-Sue Dunn

Cass County

Tara Smith
Robert Wagel-Vice Chair

Kalamazoo County

VACANT
VACANT

St. Joseph County

Kathy Pangle
Allen Balog

Van Buren County

Richard Godfrey
Paul Schincariol

SWMBH SUD Staff and Support

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Achilles Malta, BA, CPS
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269-488-6925

Michelle Jorgboyan
Senior Operations Specialist
Michelle.Jorgboyan@swmbh.org
269-488-6845



Principal Office: 5250 Lovers Lane, Portage, MI 49002

Phone: 800-676-0423

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

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>.

"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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Kairos Dwelling

Kairos Dwelling located at 2945 Gull Road in Kalamazoo is dedicated to providing compassionate care to individuals and families that are terminally ill at no expense to the family. Funded primarily through the generous donations of community members and businesses. Southwest Michigan Behavioral Health was pleased to donate a check from our "Jeans day" collected each Friday to bring hope to families across Michigan. Pictured left to right Cathy of Kairos Dwelling and Ruth of Southwest Michigan Behavioral Health.

