



Southwest Michigan
BEHAVIORAL HEALTH

Customer Handbook

Southwest Michigan Behavioral Health Prepaid Inpatient Health Plan Serving:

+ Barry County	Barry County Community Mental Health Authority
+ Berrien County	Berrien Mental Health Authority
+ Branch County	Pines Behavioral Health
+ Calhoun County	Summit Pointe
+ Cass County	Woodlands Behavioral Healthcare
+ Kalamazoo County	Kalamazoo Community Mental Health and Substance Abuse Services
+ St. Joseph County	Community Mental Health and Substance Abuse Services of St. Joseph County
+ Van Buren County	Van Buren Community Mental Health Authority



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1.0 WELCOME TO SOUTHWEST MICHIGAN BEHAVIORAL HEALTH

Southwest Michigan Behavioral Health (SWMBH) is the Prepaid Inpatient Health Plan (PIHP) for eight Michigan counties and partners with the Community Mental Health (CMH) and substance use disorder agencies of these counties. SWMBH has partnered with your Medicaid insurance to provide you with access to behavioral health and substance use/abuse services. As a health plan enrollee you are entitled to rights and have responsibilities in order to receive these services. SWMBH and its partner CMHSPs and other local providers offer behavioral health services to adults with severe and persistent mental illness, children with severe emotional disturbance, and individuals with intellectual/developmental disabilities. SWMBH also functions as the Regional Coordinating Agency to provide services to persons with substance use disorders. As the manager of services, SWMBH will make sure that services are given to you based on your needs and goals and are within the guidelines set by the state of Michigan. SWMBH makes sure that you and your family members are treated with dignity and respect at all times.

The Counties who are members of SWMBH are:

- ◻ Barry County Community Mental Health Authority (Barry County)
- ◻ Berrien Mental Health Authority (Berrien County)
- ◻ Pines Behavioral Health (Branch County)
- ◻ Summit Pointe (Calhoun County)
- ◻ Woodlands Behavioral Healthcare (Cass County)
- ◻ Kalamazoo Community Mental Health and Substance Abuse Services (Kalamazoo County)
- ◻ Community Mental Health and Substance Abuse Services of St. Joseph County (St. Joseph County)
- ◻ Van Buren Community Mental Health Authority (Van Buren County)

SWMBH also makes sure that you have a say in how, and what, is provided to you throughout the time you are receiving services in ways that you can understand. This includes people who are deaf and have a hard time hearing, those who are not able to read, and for those who do not use English as their primary language.

At SWMBH we seek to fully support the recovery of each customer by providing the supports and services you need, mixed with your own choices to help you achieve your goals and desires. Your provider will work with you to use the natural supports (such as family and friends) around you, plus provide services in order to give you a new sense of hope and the power to exercise choice and control over your own life, regardless of cost or benefits coverage.

SWMBH encourages, and actively asks for candid suggestions to improve services for our customers. You can make suggestions to your provider, directly to SWMBH, and/or to the Customer Advisory Committee.



We will make sure that:

- You are only asked for information that is needed
- People who do not need to know about your information do not see it
- The places where you get your services will keep your information private
- There is a complaint policy and process for plan members that think a provider has not kept their information private

About this Handbook:

This customer handbook gives you important information about publicly funded behavioral health, substance use disorder, and intellectual/developmental disability services available to the residents of Southwest Michigan. In this handbook you will find:

- Q Information about how to access mental health, intellectual/developmental disabilities, and/or substance abuse services
- Q Information about how to contact Customer Services for persons who are deaf or hard of hearing.

You can

utilize the Michigan Relay Center (MRC) to reach SWMBH, a CMHSP, or service provider. Please call 7-1-1 and ask Michigan Relay Center (MRC) to connect you to the number you are trying to reach.

- Q Information about specialty services for Medicaid, Healthy Michigan Plan, MI-Child and other funding sources as applicable
- Q Information about Customer Services as provided throughout SWMBH
- Q Your rights as a health plan enrollee and service recipient
- Q Information about the Community Mental Health Agencies
- Q Information about how SWMBH functions as the Regional Coordinating Agency
- Q Information about a current or up-to-date listing of the provider network from SWMBH.

You can find the provider directory by contacting SWMBH or on SWMBH's website:

www.swmbh.org

Information about CMHSP, or network Providers, addresses, phone numbers, TTYs, e-mails, and web addresses, as well as whether the provider speaks any non-English language and if they are accepting new patients is available in the Provider Directory on SWMBH's website.

If you would like a printed copy of the Provider Directory, please contact Customer Services at 1-800-890-3712.



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 Member Service 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:

Member Services Specialist
5250 Lovers Lane, Suite 200
Portage, MI 49002
P: 800-890-3712
TTY: 711
F: 269-441-1234
info@swmbh.org

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Member Services Specialist 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>.



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

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

مبرقة رسالة 1-800-890-3712 ب اتصل لك ومتاحة مجانية، لغوية، مساعدة خدمات فتوجد العربية، تتحدث كنت إن :انتبه
".(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: Nê qoftë se flisni **shqip**, keni në dispozicion shërbim falas për t'ju ndihmuar me gjuhën. Telefononi 1-800-890-3712 (TTY-teletext: 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)."

"आपन दें य*द आप हिन्दी बोलते ह, तो आपके िलए भाषा सहायता सेवाएँ मुAत म(उपलब्ध ह। 1-800-890-3712

(TTY: 711) पर कॉल कर(।"

"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** আপন যদি বাংলাভাষী হ'ন এবং যদি আপনার ভাষাগত সাহায্যের প্রয়োজন হয়, তাহলে নিখরচায় সাহায্য পতে ফোন করুনঃ 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)».



2.0 SWMBH CUSTOMER SERVICES OFFICE

Customer Service is a department made up of staff who are available to answer your questions, talk about your concerns, and make sure that you are receiving the services and supports that you need. Your local Community Mental Health agency has a person available to take your calls and assist you with questions or concerns you may have. Substance Use Disorder customers please contact SWMBH Customer Service.

<p>Barry County Community Mental Health Authority Lynn Bennett, Customer Services Representative 500 Barfield Drive Hastings, MI 49058 Agency Phone: (269) 948-8041 TTY: 711 MRC Fax: (269) 948-9319 Email: lybennett@bccmha.org Customer Service Hours M - F 8:00 a.m. – 5:00 p.m. Excluding legal holidays</p>	<p>Berrien Mental Health Authority Sharon D. Machage, Customer Service Representative 1485 M-139 Benton Harbor, MI 49022 Customer Service Toll-Free: (866) 729-8716 Agency Phone: (269) 925-0585 or (800) 336-0341 TTY: 711 MRC Fax: (269) 927-1326 Email: sdm@riverwoodcenter.org Customer Service Hours M -F 8:30 a.m. - 5:00 p.m. Excluding legal holidays</p>
<p>Pines Behavioral Health (Branch County) Kammy Ladd, Customer Service Representative 200 Vista Drive Coldwater, MI 49036 Customer Service Toll-Free: (866) 877-4636 Agency Phone: (517) 278-2129 TTY: 711 MRC Fax: (517) 279-8172 Email: kladd@pinesbhs.org Customer Service Hours M - F 9:00 a.m. - 5:00 p.m. Excluding legal holidays</p>	<p>Summit Pointe (Calhoun County CMH) Amiee Brooks, Customer Service Representative 140 W. Michigan Avenue Battle Creek, MI 49017 Customer Service Toll-Free: (877) 275-5887 Agency Phone: (269) 966-1460 TTY: 711 MRC Fax: (269) 966-2844 Email: ajb@summitpointe.org Customer Service Hours M - F 8:00 a.m. - 5:00 p.m. Excluding legal holidays</p>
<p>Woodlands BHN (Cass County CMH) Mary Munson, Customer Service Representative 960 M-60 East Cassopolis, MI 49031 Customer Service Toll-Free: (800) 323-0335 Agency Phone: (269) 445-2451 TTY: 711 MRC Fax: (269) 445-3216 Email: marym@woodlandsbhn.org Customer Service Hours M - F 8:30 a.m. - 5:00 p.m. Excluding legal holidays</p>	<p>Kalamazoo Community Mental Health/Substance Abuse Services Teresa Lewis, Customer Services Manager 2030 Portage Road Kalamazoo, MI 49001 Customer Service Toll-Free: (877) 553-7160 Agency Phone: (269) 373-6000 or (888) 373-6200 TTY: 711 MRC Fax: (269) 364-6992 Email: tlewis@kazoocmh.org Customer Service Hours M - F 8:00 a.m. - 5:00 p.m. Excluding legal holidays</p>



<p>Community Mental Health & Substance Abuse Services of St. Joseph County</p> <p>Jessica Singer, Customer Services Coordinator</p> <p>677 East Main Street, Suite A Centreville, MI 49032 Customer Services Toll-Free: (855) 203-1730 Agency Phone: (269) 467-1000 TTY: 711 MRC Fax: (269) 467-3072 Email: jsinger@stjoecmh.org</p> <p>Customer Service Hours</p> <p>M - F 8:00 a.m. – 5:00 p.m. Excluding legal holidays</p>	<p>Van Buren Community Mental Health Authority</p> <p>Sandy Thompson, Customer Service Representative</p> <p>801 Hazen Street, Suite C P.O. Box 249 Paw Paw, MI 49079 Agency Phone: (269) 657-5574 TTY: 711 MRC Fax: (269) 657-3474 Email: sthompson@vbcmh.com</p> <p>Customer Service Hours</p> <p>M - F 8:30 a.m. - 5:00 p.m. Excluding legal holidays</p>
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Customer Services at SWMBH and within each local CMH is designed to help you:

- Access community mental health and substance abuse services, regardless of cost or benefit coverage
- Understand the service array available to you
- Choose a provider to help you meet your personal goals
- Understand all of your rights as a service recipient
- Answer your questions
- Help you file a grievance if you are not happy with how your services are provided
- Help you to file an appeal if you are not receiving the services you believe you need

The SMWBH regional customer services office provides support and oversight to all the customer services activities and can provide assistance to any customer of the region. The SWMBH customer services office can connect your call to any of our local CMH Customer Services offices or any network provider agency to assist you as necessary.

Please contact: Member Services Specialist

Address: 5250 Lovers Lane, Suite 200
Portage, MI 49002

Telephone: Toll Free at (800)-890-3712
TTY: 711 MRC

Hours: M-F 8 a.m. - 5 p.m. excluding Legal Holidays

Website: www.SWMBH.org

As noted, our typical hours of operation for our Customer Services office are 8 a.m. to 5 p.m. Monday-Friday; however, if you need to make contact with a customer services representative outside of those hours, please leave a confidential voice message stating your name and phone number where you can be reached. If you add the best time to reach you, we will do our best to accommodate your request. Whenever you leave a message for a customer services representative, it is the expectation of SWMBH that your call will be returned during the next business day. If you are looking for information, you may find what you are looking for on the website of your CMH or SWMBH's website at www.SWMBH.org.



3.0 CONTACTING SWMBH

Southwest Michigan Behavioral Health

Chief Executive Officer: Bradley P. Casemore, MHSA, LMSW, FACHE

Medical Director: Dr. Bangalore Ramesh, M.D.

Customer Service and Fair Hearing Coordinator: Heather Woods

5250 Lovers Lane Suite 200, Portage MI 49002

Phone: (800) 676-0423 TTY Number: 711 MRC

Non-emergent calls may be made from 8AM-8PM Monday through Friday

www.SWMBH.org

Barry County Community Mental Health Authority

Executive Director: Richard Thiemkey

Medical Director: Dr. Andrews, MD

Recipient Rights Officer: Holly Hess

Customer Service Representative: Lynn Bennett

500 Barfield Drive, Hastings, MI 49058

Phone: (269) 948-8041

TTY number: 711 MRC

www.barrycountyrecovery.com

Berrien Mental Health Authority (Berrien County)

Chief Executive Officer: Ric Compton

Medical Director: Dr. Sajja, MD

Recipient Rights Officer: Basil Scott

Customer Service Representative: Sharon D. Machage

1485 M-139, Benton Harbor, MI 49023

Phone: (269) 925-0585

TTY Number: 711 MRC

www.riverwoodcenter.org

info@riverwoodcenter.org

Pines Behavioral Health (Branch County)

Chief Executive Officer: Susan Germann

Medical Director: Dr. Zei, MD

Recipient Rights Officer: William Smith, Esq.

Customer Services Representative: Kammy Ladd

200 Vista Drive, Coldwater, MI 49036 Phone: (517) 278-2129

TTY Number: 711 MRC

www.pinesbhs.org

mail@pinesbhs.org

Summit Pointe/Behavioral Health Resources (Calhoun County)

Chief Executive Officer: Jeannie Goodrich

Medical Director: Dr. Gandy, MD

Recipient Rights Officer: Kent Rehmann

Customer Service Representative: Amiee Brooks

140 W. Michigan Avenue, Battle Creek, MI 49017

Phone: (269) 966-1460

TTY Number: 711 MRC

www.summitpointe.org

Woodlands Behavioral Healthcare Network (Cass County)

Chief Executive Officer: Kathy Sheffield

Medical Director: Dr. Mehta, MD

Recipient Rights Officer: Ann Hart

Customer Service Representative: Mary Munson

960 M-60 East, Cassopolis, MI 49031

Phone: (269)-445-2451

TTY number: 711 MRC

www.woodlandsbhn.org

Kalamazoo Community Mental Health and Substance Abuse Services

Chief Executive Officer: Jeff Patton

Medical Director: Dr. Bedi, MD

Recipient Rights Officer: Roann Bonney

Customer Service Representative: Teresa Lewis

2030 Portage Street, Kalamazoo, MI 49001

Phone: (269) 373-6000

TTY Number: 711 MRC

www.kazoocmh.org



Community Mental Health & Substance Abuse Services of St. Joseph County Interim Director: Kristine Kirsch Medical Director: Dr. Midiri, MD Recipient Rights Officer: Mike Houck Customer Service Representative: Jessica Singer 677 East Main Street, Suite A, Centreville, MI 49032 Phone: (269) 467-1000 TTY Number: 711 MRC www.stjoecmh.org	Van Buren Community Mental Health Authority Chief Executive Officer: Debra Hess Medical Director: Dr. Gajare, MD Recipient Rights Officer: Zana Smallen Customer Service Representative: Sandy Thompson 801 Hazen Street, Suite C P.O. Box 249, Paw Paw, MI 49079 Phone: (269) 657-5574 TTY Number: 711 MRC www.vbcmh.com
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4.0 ACCESSING EMERGENCY SERVICES

If you are experiencing a life-threatening or medical emergency, unable to transport yourself to an emergency room,

or if you are experiencing a life-threatening or medical emergency after hours, always call 9-1-1 right away.

A “mental health emergency” is when

- A person is experiencing symptoms and behaviors that can reasonably be expected in the near future to lead him/her to harm self or another;
- A person has the inability to meet his/her basic needs and he/she is at risk of harm;
- the person’s judgment is so impaired that he/she is unable to understand the need for treatment and that his/her condition is expected to result in harm to him/herself or another individual in the near future

You have the right to receive emergency services at any time, 24-hours a day, seven days a week, without prior authorization for payment of care.

If you have a mental health emergency you should seek help right away. You can call the emergency number for your CMH office, you can go to any hospital that offers emergency care, or call 911.

Emergency Assistance is available 24 hours a day, 7 days a week from CMH:

Barry County	269-948-8041 or 1-800-873-0511
Berrien County	269-925-0585 or 1-800-336-0341
Branch County	517-279-1193 or 1-888-725-7534
Calhoun County	269-966-1460 or 1-800-632-5449
Cass County	269-445-2451 or 1-800-323-0335
Kalamazoo County	269-373-6000 or 1-888-373-6200
St Joseph County	269-467-1000 or 1-800-622-3967
Van Buren County	269-657-5574 or 1-800-922-1418

You can walk-in to any CMH office during business hours and ask for assistance with an emergency.



Please note: If you utilize a hospital emergency room there may be health care services provided to you as part of the hospital treatment that you receive. Depending on your insurance status, you may receive a bill and may be responsible for paying the charges for some other medical services provided by the hospital. These services may not be part of the SWMBH emergency services you receive. Customer Services can answer questions about such bills.

Post-Stabilization Services

After you receive emergency mental health care and your condition is under control, you may receive ongoing mental health services to make sure your condition continues to stabilize and improve. Examples of post-stabilization services are crisis residential, case management, outpatient therapy, and/or medication reviews. Prior to the end of your emergency-level care, your local CMH will help you to coordinate your post-stabilization services.

5.0 HOW TO ACCESS SERVICES

Michigan has a managed care delivery system for mental health and substance use/abuse services. The Michigan Department of Health and Human Service (MDHHS) sets rules and regulations that we follow regarding who is eligible for services funded by federal and state funds. This includes the types of Medicaid and Healthy Michigan Plan (HMP) mental health and/or substance use/abuse services that are funded through the Southwest Michigan Behavioral Health (SWMBH) network and the eligibility criteria used to determine if someone qualifies for services.

In addition to Medicaid and HMP beneficiaries, the Community Mental Health agencies are mandated to serve individuals in need of specialty mental health services who are enrolled in the MI Child program, and/or those who meet the priority population definition in the Michigan Mental Health Code for services funded with state general funds (GF) or state block-grant (BG) funds if they have no insurance coverage for the services they seek.

Medicaid and Healthy Michigan Plan beneficiaries are entitled to get services that are medically necessary. SWMBH and our Community Mental Health agencies may refer people who are not part of our mandated service eligibility groups to other community agencies to receive services. For people who have no insurance, there is no guarantee that they will receive services if there is not sufficient general fund or block grant money to provide those services.

When you call to inquire about services provided by the SWMBH network, we can provide you with any necessary information about mental health and/or substance use disorder services. We will link you with a trained network clinician who will conduct an eligibility screening or assessment to determine what services you may qualify for.

Southwest Michigan Behavioral Health partners with a number of providers in our eight county region network. If you have questions or concerns about a provider or would like to request a current or up-to-date listing of the provider network from SWMBH, you can contact SWMBH directly or find the provider directory on SWMBH's website: www.swmbh.org

To request mental health services

Please contact the community mental service agency for the county in which you live to begin the screening and assessment process.



To request substance use/abuse services

As stated above, you are welcome to contact your local community mental health office as many of the community mental health offices offer substance use/abuse services as well. In addition, many of our network providers of these services can help link or direct you through the screening processes. There may be some services in which your eligibility screening may be conducted by the SWMBH access system directly at 1-800-781-0353. When you call about services, the agency you reach can help direct your call.

Court Ordered Treatment

If your participation in services is monitored by an Alternative Treatment Order by Probate Court (court order), your options to choose services or providers may be limited. Your Order states that you will receive/participate in treatment as recommended by the CMH/PIHP and sometimes the CMH/PIHP recommendations for you may not be what you would choose without the Order in place. Payment for services may also be limited depending on your funding source and agency policy.

Access phone numbers for the County CMH offices:

Barry County	269-948-8041 or 1-800-873-0511
Berrien County	269-925-0585 or 1-800-336-0341
Branch County	517-279-1193 or 1-888-725-7534
Calhoun County	269-966-1460 or 1-800-632-5449
Cass County	269-445-2451 or 1-800-323-0335
Kalamazoo County	269-373-6000 or 1-888-373-6200
St Joseph County	269-467-1000 or 1-800-622-3967
Van Buren County	269-657-5574 or 1-800-922-1418

Emergency services are available 24 hours per day / 7 days per week.

6.0 SERVICE AUTHORIZATIONS

Services you request must be authorized or approved by Southwest Michigan Behavioral Health or its designee.

That agency may approve all, some, or none of your requests. You will receive notice of a decision within 14 calendar days after you have requested the service during person-centered planning, or within 3 business days if the request requires a quick decision.

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

If you have questions about the authorization process, how an authorization decision is made, or want to talk to staff directly please contact Customer Services at the number at the bottom of the page.

Please note: 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.

Please call Customer Services if you have questions about the process to file an appeal. Section 15 of this handbook has more details regarding the process to file an appeal if you are not satisfied with decision about your service authorizations.

7.0 TYPES OF SERVICES AVAILABLE – SERVICE ARRAY

MENTAL HEALTH MEDICAID SPECIALTY SUPPORTS AND SERVICES DESCRIPTIONS

Note: If you are a Medicaid beneficiary and have a serious mental illness, or serious emotional disturbance, intellectual/developmental disability, or substance use disorder, you may be eligible for some of the Mental Health Medicaid Specialty Supports and Services listed below. Before services can be started, you will take part in an assessment to find out if you are eligible for services. It will also identify the services that can best meet your needs. You need to know that not all people who come to us are eligible and not all services are available to everyone we serve. If a service cannot help you, the community mental health system will not pay for it. Medicaid will not pay for services that are otherwise available to you from other resources in the community. During the person-centered planning process you will be helped to figure out the medically necessary services that you need and the sufficient amount, scope, and duration required to achieve the purpose of those services. You will also be able to choose who provides your approved supports and services. You will receive an individual plan of service that provides all of this information. In addition to meeting medically necessary criteria, services listed below marked with an underlined asterisk (*) require a doctor's prescription.

Please note that not all services listed are available at the local CMHSP; however, the CMHSP will work with you to connect you with those services.

Note: The Michigan Medicaid Provider Manual contains complete definitions of the following services as well as eligibility criteria and provider qualifications. The Manual may be accessed at

www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf.

Customer Service staff can help you access the manual and/or information from it.

7.1 Medicaid Mental Health Services

Assertive Community Treatment (ACT): Provides basic services and supports essential for people with serious mental illness to maintain independence in the community. An ACT team will provide mental health therapy and help with medications. The team may also help access community resources and supports needed to maintain wellness and participate in social, educational, and vocational activities. ACT may be provided daily for individuals who participate.

Assessment: Is conducted to determine a person's level of functioning and mental health and/or substance use/abuse treatment needs. Assessments may include a comprehensive psychiatric evaluation, psychological testing, substance abuse screening, or other assessments. Physical health assessments are not part of this PIHP service.

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

Behavior Treatment Review: If a person's illness or disability involves behaviors that they or others who work with them want to change, their individual plan of services may include a plan that talks about the behavior.



This plan is often called a “behavior treatment plan.” The behavior management plan is developed during person-centered planning and is then approved and reviewed regularly by a team of specialists to make sure that it is effective and dignified and continues to meet the person’s needs.

Clubhouse Programs: Are programs where members (customers) and staff work side by side to operate the clubhouse and to encourage participation in the greater community. Clubhouse programs focus on fostering recovery, competency, and social supports, as well as vocational skills and opportunities.

Community Inpatient Services: Are hospital services used to stabilize a mental health condition in the event of a significant change in symptoms or in a mental health emergency. Community hospital services are provided in licensed psychiatric hospitals and in licensed psychiatric units of general hospitals.

Community Living Supports (CLS): Are activities provided by paid staff that help adults with either serious mental illness or intellectual/developmental disabilities live independently and participate actively in the community. Community Living Supports may also help families who have children with special needs (such as intellectual/developmental disabilities or serious emotional disturbance).

Crisis Interventions: Are unscheduled individual or group services aimed at reducing or eliminating the impact of unexpected events on mental health and well-being.

Crisis Residential Services: Are short-term alternatives to inpatient hospitalization provided in a licensed residential setting.

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

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

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

Fiscal Intermediary Services: Help individuals manage their service and supports budget and pay providers if they are using a “self-determination” approach. Section 12.5 provides more information about these services.

Health Services: Include assessment, treatment, and professional monitoring of health conditions that are related to or impacted by a person’s mental health condition. A person’s primary doctor will treat any other health conditions they may have.

Healthy Michigan Plan: Is an 1115 Demonstration project that provides health care benefits to individuals who are: aged 19-64 years; have income at or below 133% of the federal poverty level under the Modified Adjusted Gross Income methodology; do not qualify or are not enrolled in Medicare or Medicaid; are not pregnant at the time of application; and are residents of the State of Michigan. Individuals meeting Healthy Michigan Plan eligibility requirements may also be eligible for mental health and substance abuse services. The Michigan Medicaid Provider Manual contains complete definitions of the available services as well as eligibility criteria and provider qualifications. The Manual may be accessed at: www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf.

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



Home-Based Services for Children and Families: Are provided in the family home or in another community setting. Services are designed individually for each family and can include things such as mental health therapy, crisis intervention, service coordination, or other supports to the family.

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

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

Intermediate Care Facility for Persons with Mental Retardation (ICF/MR): Provide 24-hour intensive supervision, health and rehabilitative services and basic needs to persons with intellectual/developmental disabilities.

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

Medication Review: Is the evaluation and monitoring of medicines used to treat a person's mental health condition, their effects, and the need for continuing or changing a person's medicines.

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

Nursing Home Mental Health Assessment and Monitoring: Includes a review of a nursing home resident's need for and response to mental health treatment, along with consultations with nursing home staff.

***Occupational Therapy:** Includes the evaluation by an occupational therapist of an individual's ability to do things in order to take care of him/herself every day and treatments to help increase these abilities.

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

Peer-delivered and Peer Specialist Services: Peer-delivered services such as drop-in centers are entirely run by customers of mental health services. They offer help with food, clothing, socialization, housing, and support to begin or maintain mental health treatment. Peer Specialist Services are activities designed to help persons with serious mental illness in their individual recovery journey and are provided by individuals who are in recovery from serious mental illness. Peer mentors can also help people with intellectual/developmental disabilities.

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

***Physical Therapy:** Includes the evaluation by a physical therapist of a person's physical abilities (such as the ways they move, use their arms or hands, or hold their body), and treatments to help improve their physical abilities.

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

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



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

*** Speech and Language Therapy:** Includes the evaluation by a speech therapist of a person's ability to use and understand language and communicate with others or to manage swallowing or related conditions and treatments to help enhance speech, communication, or swallowing.

Supports Coordination or Targeted Case Management: A Supports Coordinator or Case Manager is a staff person who helps write an individual plan of service and makes sure the services are delivered. His or her role is to listen to a person's goals and to help find the services and providers inside and outside the local community mental health services program that will help achieve the goals. A supports coordinator or case manager may also connect a person to resources in the community for employment, community living, education, public benefits, and recreational activities.

Supported/Integrated Employment Services: Provide initial and ongoing supports, services and training, usually provided at the job site to help adults who are eligible for mental health services find and keep paid employment in the community.

Transportation: May be provided to and from a person's home in order for them to take part in a non-medical Medicaid-covered service.

Treatment Planning: Assists the person and those of his/her choosing in the development and periodic review of the individual plan of services.

Wraparound Services for Children and Adolescents: Children with serious emotional disturbance and their families that include treatment and supports necessary to maintain the child in the family home.

7.1.1 Services for Only Habilitation Supports Waiver (HSW) and Children's Waiver Participants

Some Medicaid beneficiaries are eligible for special services that help them avoid having to go to an institution for people with intellectual/developmental disabilities or nursing home. These special services are called the Habilitation Supports Waiver and the Children's Waiver. In order to receive these services, people with intellectual/developmental disabilities need to be enrolled in either of these "waivers." The availability of these waivers is very limited. People enrolled in the waivers have access to the services listed above as well as those listed here:

Community Living Supports (CLS): Facilitates an individual's independence, productivity, and promotes inclusion and participation in the community.

Enhanced Medical Equipment and Supplies: Includes devices, supplies, controls, or appliances that are not available under regular Medicaid coverage or through other insurances.

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

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

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

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



Prevocational Services: (for HSW enrollees) Include supports, services, and training to prepare a person for paid employment or community volunteer work.

Private Duty Nursing: (for HSW enrollees) Individualized nursing service provided in the home, as necessary, to meet specialized health needs.

Specialty Services: (for Children's Waiver enrollees) Music, recreation, art, or massage therapies that may be provided to help reduce or manage the symptoms of a child's mental health condition or intellectual/developmental disability.

Specialty Services might also include specialized child and family training, coaching, staff supervision, or monitoring of program goals.

7.2 Substance Abuse Treatment Services Available through Medicaid

The Substance Abuse treatment services listed below are covered by Medicaid. These services are available through the Southwest Michigan Behavioral Health network. For more information about how to access these services, please see section 5.

Access Management: Consists of those responsibilities associated with determining administrative and clinical eligibility, managing resources (including demand, capacity, and access), ensuring compliance with various funding eligibility and service requirements, and assuring associated quality of care. Activities to carry out these responsibilities include appropriate referral and linkage to other community resources.

Compliance Monitoring: For the purpose of identifying abstinence or relapse when it is part of the treatment plan or an identified part of the treatment program (excludes laboratory drug testing).

Crisis Intervention: A service for the purpose of addressing problems/issues that may arise during treatment and could result in the beneficiary requiring a higher level of care if the intervention is not provided.

Detoxification/Withdrawal Management: For the purpose of preventing/alleviating medical complications as they relate to no longer using a substance.

Early Intervention: Includes stage-based interventions for individuals with substance use disorders and individuals who may not meet the threshold of abuse or dependence but are experiencing functional/social impairment as a result of use.

Family Therapy: Face-to-face counseling with the beneficiary, significant other and/or traditional or nontraditional family members.

Group Therapy: Face-to-face counseling with three or more beneficiaries and can include didactic lectures, therapeutic interventions/counseling, and other group-related activities.

Individual Treatment Planning: The beneficiary must be directly involved with developing the plan that must include Recovery Support Preparation/Relapse Prevention Activities.

Individual Therapy: Face-to-face counseling services with the beneficiary.

Intensive Outpatient (IOP): Is a service that provides more frequent and longer counseling sessions each week and may include day or evening programs.

Medication Assisted Treatment: This may include Methadone Treatment or other medication assisted treatment. Methadone is an opioid medication used in the treatment and recovery of opioid dependence to prevent withdrawal symptoms and opioid cravings, while blocking the euphoric effects of opioid drugs. In doing so, methadone stabilizes the individual so that other components of the recovery experience, such as counseling and case management, are maximized in order to enable the individual to reacquire life skills as



the individual moves toward a substance-free lifestyle. Such services are monitored by a doctor as well as nursing services and lab tests.

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

Peer Recovery and Recovery Support: To support and promote recovery and prevent relapse through supportive services that result in the knowledge and skills necessary for an individual's recovery. Peer recovery programs are designed and delivered primarily by individuals in recovery and offer social, emotional, and/or educational supportive services to help prevent relapse and promote recovery.

Referral/Linking/Coordinating of Services: For the purpose of ensuring the follow-through with identified providers, to address other needs identified as part of the assessment and/or to establish the beneficiary with another provider and/or level of care.

Residential Treatment: Intensive therapeutic services which include overnight stays in a staffed licensed facility.

Substance Abuse Prevention Services: A set of services and activities designed to educate and empower individuals, develop systems, reduce access of substances to minors, change conditions, create personal attributes, and promote attitudes.

The purpose of these services and activities is to promote healthy behaviors, delay the age of first use, reduce consumption, and support recovery. SA Prevention services are provided in a variety of settings through education (school, community), media, community-based activities/collaborations, advocacy for change in institutional/ community practices, referral to other health services, and through other activities leading to development of skills in critical domains of life.

Targeted Case Management: A Case Manager is a staff person who helps write an individual plan of service and makes sure the services are delivered. His or her role is to listen to a person's goals and to help find the services and providers inside and outside substance abuse services programs that will help achieve their goals. A case manager may also connect a person to resources in the community for employment, community living, education, public benefits, and recreational activities.

Women's Specialty Services and Supports: Include enhanced supports for pregnant women or women caring for dependent children to assist them in obtaining treatment for substance use disorders and attending physical health appointments.

7.3 Healthy Michigan Plan Mental Health and Substance Abuse Services for Enrollees

Healthy Michigan Plan mental health and substance use disorder coverage is limited both in scope and amount to those that are medically necessary and conform to the professional accepted standards of care consistent with the Michigan Mental Health Code. An assessment will determine your medical necessity for mental health and/or substance use disorder services from the SWMBH service system. A Healthy Michigan Plan enrollee may be required to pay a co-pay for these services. Customer Service staff can help you access information regarding services available through Healthy Michigan. You can follow this link to learn more: www.michigan.gov/healthymichigan. You can also call the Beneficiary Helpline at 1-800-642-3195.

7.3.1 Mental Health Services

Healthy Michigan Plan covers Inpatient and Outpatient Mental Health Services. Please contact the access department of your local community mental health office as identified in Section 5 of this handbook. You can discuss what services may be available to you from the CMH system. Your Healthy Michigan Plan may have



other services and providers available to you outside of the CMH system depending on the current severity of your situation.

7.3.2 Substance Abuse Services

Healthy Michigan Plan covers Inpatient and Outpatient Substance Use Disorder Services. As identified in Section 5 of this handbook, you can call your local CMH or any network service providers to discuss what services may be available to you. There may be some services in which your eligibility will be determined directly by the SWMBH Access System and you are welcome to call SWMBH SUD Access at 800-781-0353.

7.4 Medicaid Health Plan or Healthy Michigan Plan Medical Services

If you receive Medicaid you may be entitled to additional medical services that are not listed previously in this handbook. Services necessary to maintain your physical health are provided or ordered by your primary care doctor. If you receive Community Mental Health services, your local community mental health services program will work with your primary care doctor to coordinate your physical and mental health services. If you do not have a primary care doctor, your local community mental health services program can help you find one.

Note: Home Help Program is another service available to Medicaid beneficiaries who require in-home assistance with activities of daily living and household chores. In order to learn more about this service, you may call the local Michigan Department of Health and Human Services' (MDHHS) number below or contact your CMH Customer Services Office in section 2 of this handbook for assistance.

Barry County MDHHS (269) 948-3200	Berrien County MDHHS (269) 934-2000
Branch County MDHHS (517) 279-4200	Cass MDHHS (269) 445-0200
Calhoun County MDHHS (269) 966-1284	Kalamazoo MDHHS (269) 337-4900
St. Joseph MDHHS (269) 467-1200	Van Buren County MDHHS (269) 621-2800

MEDICAID HEALTH PLAN SERVICES/HEALTH CARE SERVICES

If you are enrolled in a Medicaid Health Plan, the following types of healthcare services are available to you when your medical condition requires them:

- | | | |
|-------------------|--------------------|----------------------|
| Q Ambulance | Q Immunizations | Q Physical and |
| Q Chiropractic | (shots) | Occupational |
| Q Doctor Visits | Q Lab and X-ray | Therapy |
| Q Family Planning | Q Nursing Home | Q Prenatal Care and |
| Q Health Checkups | Care | Delivery |
| Q Hearing Aids | Q Medical Supplies | Q Surgery |
| Q Hearing and | Q Medicine | Q Transportation to |
| Speech Therapy | Q Mental Health | Medical Appointments |
| Q Home Healthcare | | Q Vision |



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

MEDICAID HEALTH PLAN	CUSTOMER SERVICES	WEB SITE
McLaren Health Plan	1-888-327-0671	www.mclarenhealthplan.org
Meridian Health Plan of Michigan	1-888-437-0606	www.mhplan.com
Molina Healthcare of Michigan	1-888-898-7969	www.molinahealthcare.com
Priority Health Choice	1-888-975-8102	www.priority-health.com
Aetna Better Health of Michigan	1-866-316-3784	www.aetnabetterhealth.com/michigan
United Healthcare Community Plan	1-800-903-5253	www.uhccommunityplan.com
Blue Cross Complete of Michigan	1-800-228-8554	www.mibluecrosscomplete.com

For a listing of Health Plans by county please go to the internet and use this address:

www.michigan.gov/documents/mdch/MHP_Service_Area_Listing_326102_7.pdf

If you have questions or need help call Medicaid at (800) 642-3195

Healthy Michigan Plan:

If you have Healthy Michigan Plan, you may be entitled to other medical services not listed previously in the handbook. Services necessary to maintain your physical health are provided or ordered by your primary care doctor. If you receive Community Mental Health services, your local CMH program will work with your primary care doctor to coordinate your physical and mental health services. If you do not have a primary doctor, your local CMH can help you find one.

If you are enrolled in Healthy Michigan Plan, the following are some, but not all healthcare services available to you when your medical condition requires them:

- Ambulance for emergencies
- Doctor visits
- Family Planning
- Health Check ups
- Immunizations (shots)
- Lab and X-ray
- Medical supplies
- Medicine
- Prenatal care and delivery

Healthy Michigan Plan is available through your local Health Department or Department of Health and Human Services (MDHHS). If you would like more information or have questions about Healthy Michigan Plan covered services you can go to this website www.michigan.gov/healthymichiganplan or you can call the Beneficiary Help Line at 1-800-642-3195. If you need additional assistance regarding Healthy Michigan Plan contact Customer Services for assistance.



8.0 ACCESSIBILITY AND ACCOMMODATIONS TO PARTICIPATE IN SERVICES

Language Assistance

If you are a person who is deaf or hard of hearing, you can utilize the Michigan Relay Center (MRC) to reach SWMBH, a CMHSP, or service provider. Please call 7-1-1 and ask MRC to connect you to the number you are trying to reach. More information about MRC is available at www.michiganrelay.com.

Your service providing agency may also have TDD or TTY equipment available if you would prefer to contact the agencies directly. Please let us know your preferred contact method.

If you need a sign language interpreter, contact your Customer Services Representative as listed in Section 2 of this handbook as soon as possible so that one will be made available. Sign language interpreters are available at no cost to you.

If you do not speak English, if English is not your primary language, or if you need any other language accommodations with materials or information provided to you, contact your Customer Services office at the number provided in Section 2 of this handbook. Arrangements can be made for assistance and/or an interpreter to be available for you. Language interpreters are available at no cost to you.

We work with a variety of providers and agencies to offer interpretation and translation services. If our written materials are not available in your language, we will provide verbal translation of the materials in a language you understand. Some of our materials may be available in Braille or audiotape.

Accessibility and Accommodations

In accordance with federal and state laws, all buildings and programs of Southwest Michigan Behavioral Health are required to be physically accessible to individuals with all qualifying disabilities. Any individual who receives emotional, visual, or mobility support from a qualified/trained service animal such as a dog or miniature horse will be given access, along with the service animal, to all buildings and programs of Southwest Michigan Behavioral Health. If you need more information or if you have questions about accessibility or service/support animals, contact Customer Services at the number provided in Section 2 of this handbook.

If you need to request an accommodation on behalf of yourself or a family member or a friend, you can contact Customer Services. You will be told how to request an accommodation (this can be done over the phone, in person, and/or in writing) and you will be told who at the agency is responsible for handling accommodation requests.

Cultural Sensitivity

The goal of Southwest Michigan Behavioral Health and its affiliated CMHSPs is to provide culturally sensitive services to all customers of all our services. We recognize that cultural issues are not limited to ethnicity, but may also include religious, disabilities, rural, or other issues. Our staff members are trained to respect the unique values and norms that shape individuals seeking mental health treatment. If you feel that a provider is not being sensitive to your culture and you would like to file a grievance, please find the list of Customer Services Representatives in section 2 of this handbook.



Member Satisfaction

At Southwest Michigan Behavioral Health we want to make sure that you are satisfied with services. From time to time we will do satisfaction surveys over the phone or through the mail. The answers to the questions will tell us how happy you are with the services and the people that provided them. You have the right to not answer the questions. The services you receive will not change depending on whether or not you choose to answer. All answers will be kept private and confidential.

When You Are Away From Home

If you travel outside the counties of Southwest Michigan Behavioral Health and are in need of services, call your local Community Mental Health Agency or Southwest Michigan Behavioral Health Customer Services at (800)-890-3712 for assistance. Also see Section 11.0 Accessing out of Network Services.

9.0 COORDINATION WITH HEALTH CARE

To improve the quality of services, SWMBH wants to coordinate your care with the medical provider(s) who cares for your physical health. If you are also receiving substance abuse services, your mental health care should be coordinated with those services. Being able to coordinate your care with all of the providers involved in treating you improves your chances for recovery, relief of symptoms, and improved functioning. Therefore, you are encouraged to sign a “Release of Information” so that information can be shared. If you do not have a medical doctor and need one, contact the Customer Services staff of your local CMHSP and the staff can assist you in getting a medical provider.

Typically, we will contact your medical doctors when you start services, are hospitalized for a psychiatric emergency, have a change in medications we prescribe, or have a change in the services we are providing to you.

10.0 PAYMENT FOR SERVICES

If you are enrolled in Medicaid and meet the criteria for the specialty mental health and substance abuse services the total cost of your authorized mental health or substance abuse treatment will be covered. No fees will be charged to you. Provider compensation information is available upon request.

If you are a Medicaid beneficiary with a deductible (“spend-down”), as determined by the Michigan Department of Human Services (MDHHS) or a Healthy Michigan Plan enrollee, you may be responsible for the cost of a portion of your services.

Emergency mental health services do not need to be pre-authorized. All other services must be pre-authorized.

If you are having a mental health emergency during regular business hours, walk into your local CMH, go to your local emergency room, or call 911. Your local Community Mental Health agency is financially responsible for your emergent and urgently needed mental health service.

For more information regarding Emergency Services and payment, go to the “Emergency and after-hours access to services” in Section 4 of this handbook.



11.0 ACCESSING OUT OF NETWORK SERVICES

There may be times in which there are no providers in the SWMBH network that are able to provide you with a service that you need. If there is a service that is a covered Medicaid or Healthy Michigan Plan (HMP) benefit and it is medically necessary for you, SWMBH and your CMHSP will work with you to find a provider out of our network to provide the service. This will be at no cost to you.

If you are not a Medicaid or HMP beneficiary, a request for an out-of-network service provider may require approval from the administration of your CMHSP office.

If you feel that your needs require services from an out of network provider, please contact your local CMHSP or the SWMBH Customer Services representative as noted in section 2 of this handbook.

12.0 PERSON-CENTERED PLANNING

The process used to design your individual plan of mental health supports, service, or treatment is called “Person-Centered Planning (PCP).” PCP is your right protected by the Michigan Mental Health Code. The document created is called an Individual Plan of Service (IPOS). If you are receiving services for a substance use disorder, your IPOS may be titled an “Individual Treatment Plan.”

The process begins when you determine whom, beside yourself, you would like at the person-centered planning meetings, such as family members or friends, and what staff you would like to attend. You will also decide when and where the person-centered planning meetings will be held. Finally, you will decide what assistance you might need to help you participate in and understand the meetings.

During person-centered planning, you will be asked what your hopes and dreams are, as well as be helped to develop goals or outcomes you want to achieve. The people attending this meeting will help you decide what supports, services, or treatment you need, who you would like to provide this service, how often you need the service, and where it will be provided. You have the right, under federal and state laws, to a choice of providers.

After you begin receiving services, you will be asked from time to time how you feel about the supports, services or treatment you are receiving and whether changes need to be made. You have the right to ask at any time for a new person-centered planning meeting if you want to talk about changing your plan of service.

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

What if I cannot get the services I asked for?

If your CMH or provider agency cannot give you a specific service, there may be another service or support to help you to reach your goals. Together, you can talk about options.

**Are there limits on Person-Centered Planning?**

The services offered by your CMH or provider agency are set by best practice guidelines. From the services available, you will be offered a variety of service choices; however, there may be limits on some of your choices:

- Q Your choices must not do harm to you or someone else
- Q Your choices must not be illegal

Topics Covered During Person-Centered Planning

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

12.1 Independent Facilitation

You have the right to “independent facilitation” of the person-centered planning process.

This means that you may request that someone other than the staff working with you conduct your planning meetings. An Independent Facilitator is a person trained to lead meetings. You have the right to choose from available independent facilitators. The Independent Facilitator will meet with you to plan the meeting topics and to understand the types of things you want and do not want to talk about. If you are interested in Independent Facilitation, you can ask the staff working with you or Customer Services for more information.

12.2 Medical Advance Directives

This is also referred to as Durable Power of Attorney for Health Care. A medical advance directive is a tool in which you appoint another individual to make medical treatment decisions for you when you lose the ability to speak for yourself. The types of decisions they can make include hospital care, medications, and organ donation.

12.3 Psychiatric Advance Directive

Michigan law provides the right for adults to make decisions about medical care, including the right to accept or refuse medical or surgical treatment, as well as the right to make an advance directive. Adults have the right, under Michigan law, to a psychiatric advance directive. A psychiatric advance directive is a tool in which you appoint another individual to make mental healthcare decisions for you in the future, should you lose the ability to make decisions for yourself. If you are interested in creating a psychiatric advance directive we can help you understand what it is and also help you to get these documents. Directives do not change your right to quality health care benefits. The only purpose is to let others know what you want if you can't speak for yourself. Southwest Michigan Behavioral Health does not have any moral objections and will not create any limitations to implementing an advance directive; however, there may be providers in our network who do. Please talk to your provider about their policies on advance directives.

All Advance Directive decisions are voluntary. If you do create a psychiatric advance directive, you should give copies to:

- Q All providers caring for you;
- Q People you have named as a Medical or Mental Health Patient Advocate; and



^Q Family members or trusted friends who could help your doctors and behavioral health providers make choices for you if you cannot make those choices.

If you do not believe you have received appropriate information regarding Psychiatric Advance Directives from the SWMBH network, please contact the Customer Services office to file a grievance.

12.4 Crisis Plan

You also have the right to develop a “crisis plan.” A crisis plan is intended to give direct care if you begin to have problems in managing your life or you become unable to make decisions and care for yourself. The crisis plan would give information and direction to others about what you would like done in the time of crisis. Examples are friends or relatives to be called, preferred medicines, or care of children, pets, or bills.

12.5 Self-Determination

Self-determination is an option of direction and payment of medically necessary services you might request if you are an adult beneficiary receiving mental health services in Michigan. It is a process that would help you to design and exercise control over your own life by directing a fixed amount of dollars that will be spent on your authorized supports and services, often referred to as an “individual budget.” You would also be supported in your management of providers, if you choose such control. If you would like more information about self-determination, speak with your service provider(s) or contact your local Customer Services Office with questions.



13.0 RECOVERY AND RESILIENCY

Recovery is an individual journey that follows different paths and leads to different locations. Recovery is a process that we enter into and is a lifelong journey. Recovery is unique to each individual and can only truly be defined by the individual themselves.

What might be recovery for one person may only be part of the process for another.

Recovery may also be defined as wellness. Mental health supports and services help people with mental illness in their recovery journeys. The person-centered planning process is used to identify the supports needed for individual recovery.

In recovery there may be relapses. A relapse is not a failure, rather it should be seen as a challenge. If a relapse is prepared for and the tools and skills that have been learned throughout the recovery journey are used, a person can overcome and come out a stronger individual.

Recovery takes time and that is why it is a process that will lead to a future that holds days of pleasure and the energy to persevere through the trials of life.

Peer Support Specialists/Recovery Coaches may be a part of your Recovery. If you have more questions about this service please contact your local CMH.

Resiliency and development are the guiding principles for children with serious emotional disturbance. Resiliency is the ability to “bounce back” and is a characteristic important to nurture in children with serious emotional disturbance and their families. It refers to the individual’s ability to become successful despite challenges they may face throughout their life.

Self-Management Resource Tools are resources and tools that can be used in a variety of ways and cover a variety of topics designed to enhance your quality of life. Depending on your situation you may find different tools helpful in your life. By discussing this with CMH staff and case workers you can have help identifying what resources could benefit your life. Other ways to find out about resources is to look for posters, brochures, and asking customer service at both CMH and SWMBH. This handbook is also designed to be a resource.



14.0 PRIVACY OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICE INFORMATION

The agencies authorizing and/or providing services to you must follow laws and requirements about confidentiality and privacy. These laws and other requirements include:

- Q Michigan Mental Health Code for Mental Health Services
- Q Rule 42 of the Central Federal Register (42 CFR Part 2) for Substance Abuse Services
- Q Health Insurance Portability and Accountability Act (HIPAA)

Confidentiality. You have the right to have information about your mental health treatment kept private. You also have the right to look at your own clinical records. If you receive mental health services you may add a formal statement about them if there is something with which you do not agree. Generally, information about you can only be given to others with your permission; however, there are times when your information is shared in order to coordinate your treatment or when it is required by law. If you receive substance abuse services, you have rights related to confidentiality specific to substance abuse services.

Under HIPAA (Health Insurance Portability and Accountability Act), you will be provided with an official Notice of Privacy Practices from your community mental health services program. This notice will tell you all the ways that information about you can be used or disclosed. It will also include a listing of your rights provided under HIPAA and how you can file a complaint if you feel your right to privacy has been violated.

Family Access to Information. Family members have the right to provide information to SWMBH and/or your local CMHSP about you; however, without a Release of Information signed by you/your guardian, the SWMBH network may not give information about you to a family member. For minor children under the age of 18 years, parents/guardians are provided information about their child and must sign a Release of Information before information can be shared with others.

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

Your Information. Your Rights. Our Responsibilities.

Your Rights

- Q Receive a copy of your health and claims records – you may be charged a fee for the cost of copying your records
- Q Correct your health and claims records – we can deny your request for certain reasons, but must give you a written reason for our denial
- Q Request confidential communication
- Q Ask us to limit the information we share – we are not required to agree to such requests
- Q Get a list of those with whom we've shared your information
- Q Get a copy of the Notice of Privacy Practices from organizations providing services to you
- Q Choose someone to act for you
- Q File a complaint if you believe your privacy rights have been violated



- Q We are required by law to maintain the privacy and security of your protected health information
- Q We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information
- Q We must follow the duties and privacy practices described in the Notice of Privacy Practices and give you a copy of it
- Q You may ask for a Notice of Privacy Practices from where you receive services
- Q We will not use or share your information other than as described in the Notice of Privacy Practices unless you tell us we can in writing
- Q If you change your mind about the use or sharing of your information, you also need to put it in writing. You may change your mind at any time

Our Uses and Disclosures

We may use and share your information as we:

- Q Help manage the health care treatment you receive
- Q Run our organization
- Q Pay for your health services
- Q Administer your health plan
- Q Help with public health and safety issues
- Q Do research
- Q Comply with the law
- Q Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Q Address workers' compensation, law enforcement, and other government requests
- Q Respond to lawsuits and legal actions

All employees and providers in the SWMBH network, board members of SWMBH, and each Community Mental Health Service Provider are responsible for making sure the agency's compliance efforts are working. It is required that these people report suspected compliance violations to the Compliance and Privacy Officer. If you suspect a compliance violation you can also report it by calling the number below or sending your complaint in writing to the address below.

What is a compliance violation?

Examples of compliance violations include, but are not limited to:

- Q Intentional deception or misrepresentation by a provider
- Q Practices by providers that result in unnecessary costs or improper payments; improper claims; billing irregularities; waste
- Q Member abuse
- Q Disrespect shown to a member or their family member(s)
- Q Offering pay for referrals
- Q Falsification of claims and records



If you have questions regarding Privacy or Compliance issues please call the SWMBH Program Integrity Office at (800)-783-0914.

You can also mail it to:

Southwest Michigan Behavioral Health

Attn: Chief Compliance and Privacy Officer

5250 Lovers Lane, Suite 200

Portage, MI 49002

15.0 FILING A GRIEVANCE OR AN APPEAL

You will be offered (given) detailed information about grievance and appeal processes when you first start services and then again annually. Anytime you have a question, concern, want more information, or want to file a grievance or appeal, please call our Customer Services staff. You can also ask to review our policies and procedures about grievances and appeals at any time.

Grievances

You have the right to say that you are unhappy with your services, supports, or the staff who provide them, by filing a “grievance.” Examples of grievances include but are not limited to: if you are not happy with an aspect of how an office is run, or if you are having a problem with the staff working with you and you want a new provider. You will be notified in writing of the outcome of the grievance you file within 90 calendar days. If you do not receive a response within 90 calendar days, your grievance is then considered *deemed exhausted* and you are allowed to file an appeal.

You can file a grievance any time by calling, visiting, or writing to your local CMHSP or SWMBH Customer Services Office as noted in Section 2 of this handbook. You may also get more information or file a grievance through your local CMH or SWMBH websites. Assistance is available in the filing process by asking Customer Services for help when you contact them.

Appeals

You will be given an adverse benefit determination when a decision is made that denies your request for services or reduces, suspends, or terminates the services you already receive. You have the right to file an appeal when you do not agree with such a decision. Your appeal will be completed quickly and you will have the chance to provide information or have someone speak for you regarding the appeal. You may ask for assistance from Customer Services to file an appeal.

As part of an appeal, you will have the chance to provide information to the CMH. You can also ask for information about your case while the appeal is going on – including information from your case record and other information that may be used to make a decision about your appeal. You have the right to request documents relevant to your appeal, free of charge.

If you are not a beneficiary of Medicaid or HMP, your state appeal rights will be explained to you at the conclusion of your local appeal. State process dictates that all local processes must be exhausted prior to a state appeal – also known as the Alternative Dispute Resolution Process.

Authorized Representative

You may have someone speak for you regarding the appeal as your authorized representative.



- Q This person can be anyone you choose
- Q You must give this person written permission to represent you. You will be asked to write and sign a note or letter saying this person has your permission to represent you. Please note: if you want your service provider to appeal on your behalf, you will need to give them written permission
- Q If the person representing you is your legal guardian, you may be asked to provide a copy of the court order naming this person as your guardian
- Q You do not need any written permission if this person is your spouse or attorney

Customer Services can assist you if you want to appoint a representative for an appeal.

Local Appeals (CMHSP/SWMBH level)

You or your representative must request a “Local Appeal” within 60 calendar days from the date of the written adverse benefit determination regarding the services you requested that were denied, reduced, suspended, or terminated. You or your representative may request a “Local Appeal” verbally over the phone or in writing. A determination will be made as quickly as possible, but no longer than 30 calendar days from the date you filed the appeal. You may also request for your case to be considered for a quicker or “expedited” appeal if you believe that waiting for the standard time would jeopardize your ability to attain, maintain, or regain maximum function. **Please note that if your request for an “expedited” appeal is denied, we will call and write you within 2 calendar days. If we accept your appeal as “expedited,” we will resolve it within 72 hours.**

State Fair Hearing for Medicaid and HMP beneficiaries

You or your representative may request a Medicaid Fair Hearing only after receiving notice that the CMHP/PIHP is upholding the adverse benefit determination. This request must be submitted within 120 calendar days from the date of the adverse benefit determination being upheld. Forms to request a Medicaid Fair Hearing are available at your local Community Mental Health Center and at SWMBH. Your service provider or Customer Services Specialist can help you to complete this form and send it to the state office. The provider and/or or Customer Services Specialist will help you through the entire process.

If you do request a hearing, aside from your local CMH and/or service provider, SWMBH will become involved in the hearing and act as the “Hearing Officer” to ensure that all of your rights are protected and that each step of the hearing process is carried out properly. SWMBH will also be responsible for presenting the position of the CMHSP/ SWMBH during the hearing.

You may contact the Michigan Administrative Hearing System (MAHS) to be considered for a quicker or “expedited” hearing for your appeal if you feel waiting the standard time will jeopardize your ability to attain, maintain, or regain maximum function. This request must be in writing.

You may contact the state office at: **Michigan Administrative Hearing System**
P.O. Box 30763
Lansing, MI 48909

Phone: (877) 833-0870 Fax: (517) 373-4147

Continuing Services during an Appeal



If your appeal is about changes to services you are currently receiving, you have the right to have those services continue being provided while you appeal the decision of your local CMH or SWMBH. The CMH/PIHP **must** continue Medicaid services previously authorized while the PIHP appeal and/or State Fair Hearing are pending **if**:

- You or your representative specifically requests to have the services continued within 10 calendar days; and
- You, your representative, or provider files the appeal timely; and
- The appeal involves the termination, suspension, or reduction of a previously authorized course of treatment
- The services were ordered by an authorized provider; and
- The original period covered by the original authorization has not expired

When the CMH/SWMBH continues or reinstates your services while the appeal is pending, services must be continued until one of the following occurs:

- You or your representative withdraws the appeal
- **Ten calendar** days pass after the CMH/SWMBH mails the adverse benefit determination of your appeal, *unless* you, or your representative within the **10 calendar day** timeframe, has requested a State Fair Hearing with continuation of services until a State Fair Hearing decision is reached
- A State Fair Hearing officer issues a hearing decision adverse to you or your representative
- The time period or service limits of the previously authorized service has been met

You may be asked to pay for a portion of the services you received during the appeal process if the appeal outcome upholds the decision you are appealing. This is **NOT** always true, but if you need to pay, you will be notified of the amount.

16.0 RIGHTS AND RESPONSIBILITIES OF SERVICE RECIPIENTS

Recipient Rights

Every person who receives public mental health services has certain rights. The Michigan Mental Health Code protects some rights.

Some of your rights include:

- ◻ The right to be free from abuse and neglect
- ◻ The right to confidentiality
- ◻ The right to be treated with dignity and respect
- ◻ The right to treatment suited to your condition
- ◻ The right to make recommendations regarding the provider's member rights and responsibilities policy

More information about your many rights is contained in the booklet titled "Your Rights." You will be given this booklet and have your rights explained to you when you first start services and then once again every year. You can also ask for this booklet at any time.



You may file a Recipient Rights complaint any time if you think staff has violated your rights. You can make a rights complaint either orally or in writing.

You may contact your local Community Mental Health Services Program to talk with a Recipient Rights Officer with any questions you may have about your rights or to get help to make a complaint. Customer Services can also help you make a complaint. You can contact the Office of Recipient Rights at your local Community Mental Health agency or Customer Services at the numbers listed in Section 2 of this handbook.

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

For Substance Abuse services every provider has a Recipient Rights Advisor on staff. You can contact your provider with any questions you may have about your rights or to get help to make a complaint. You can access all complaint options with the Office of Recipient Rights or Customer Services independently, or both at the same time.

Freedom from Retaliation

If you use public mental health or substance abuse services, you are free to exercise your rights and to use the rights protection system without fear of retaliation, harassment, or discrimination. In addition, under no circumstances will the public mental health system use seclusion or restraint as a means of coercion, discipline, convenience, or retaliation.

Customer Rights and Responsibilities

Southwest Michigan Behavioral Health is committed to providing you the best service based upon your needs, regardless of cost or benefit coverage. As a customer, you have certain rights and responsibilities and it is important that you understand them.

You have the right:

- Q To be treated with respect and dignity
- Q To convenient and timely access to services
- Q To get help fast and in a respectful way
- Q To use any hospital or other setting for emergency care
- Q To be given information about your benefits, any limitations with the service network, and any cost that you will have to pay
- Q To be involved in deciding what services you will receive and to decide whether family members and others should be involved
- Q To have assistance in locating and obtaining additional available community resources such as: shelter, food, clothing, medical care, legal assistance, educational opportunities, recreational opportunities, inpatient services, residential services, psychiatric services, dental services, rehabilitative services, vocational services, transportation services, case management to provide access to needed services, family planning and health information services, and other necessities of life. Referral assistance to available family planning and health information



services will be provided upon request. Receiving mental health services does not depend on requesting or not requesting family planning or health information services

- ^QTo be candidly informed of services that you may receive and know who is available to provide services
- ^QTo receive information on available treatment options, alternatives, as well as expected treatment outcomes
- ^QTo be informed about your diagnoses and how they relate to your life situation/behaviors
- ^QTo choose who will provide your service(s), as well as to request a change in your service provider(s) if you are not satisfied
- ^QTo have interpretation services provided for you at no cost if English is not your chosen language or you have hearing impairments
- ^QTo refuse services and be told about the possible outcomes of that decision
- ^QTo express preferences about future treatment decisions
- ^QTo be aware of and use advocates, (people who will help you make your opinions known) whenever you feel they are needed
- ^QTo be free from restraint or seclusion as coercion, discipline, provider convenience, or retaliation
- ^QTo receive services in a safe, clean, and caring place
- ^QTo express a complaint/file a grievance about SWMBH, its providers and/or the quality of care that you receive and to have that grievance addressed in a timely manner
- ^QTo personally review mental health information in your record, if you have not been appointed a guardian. If a part of the information in your record would be harmful to you or others, the information believed to be harmful may be withheld and you will be told this has been done. You can appeal this decision. You have the right to access all information in your record entered after March 28, 1996. If you or your legal representative believes that your record contains incorrect information, you may insert a statement to clarify the information. You may not remove what is already in the record.
- ^QA customer who is a child has the right to be represented by a parent, legal guardian, or custodial agency in the development or revision of the plan of care
- ^QTo have all of your needs handled in a confidential way. Your written permission will always be needed to release any information about you, except when:
 - Medicaid or the State asks for clinical information
 - There is suspected abuse or neglect (child or adult), as mandated by State law
 - You or someone else is determined to be in immediate danger
- ^QTo file an appeal with SWMBH as the PIHP, CMHSP, and/or Michigan Department of Health and Human Services
- ^QTo have a provider, on your behalf and with written consent, file an appeal with the PIHP and/or CMHSP



- Q To have a second opinion from a qualified health professional, within our provider network, or out of our provider network, at no cost to you if/when you are denied initial access to services or if you are denied inpatient hospitalization
- Q To receive practice guidelines upon request
- Q To additional information upon request concerning:
 - The structure and operation of SWMBH as the PIHP - including annual reports, current organizational charts, CMHSP board member list, meeting schedules, and minutes
 - Any physician incentive plans SWMBH or your local CMHSP are engaged in
 - To request a current or up-to-date listing of the provider network, you may contact SWMBH directly or you may find the provider directory on SWMBH's website: www.swmbh.org

Southwest Michigan Behavioral Health does not prohibit health care professionals from discussing health status, medical care, treatment options (including alternative treatment that may be self-administered), as well as risks, benefits, and consequences of treatment or non-treatment.

Other information that is available to you includes:

- Q The Southwest Michigan Behavioral Health Affiliation Provider Directory
- Q The amount, duration, and scope of your benefits/services as identified in your Person Centered Plan document
- Q Recipient Rights literature
- Q Notice of Privacy Practices
- Q The structure and operation of the Southwest Michigan Behavioral Health Affiliation and/or any local CMH

You have the responsibility:

- Q To provide honest and complete information to those providing services
- Q To present your Medicaid card and/or other insurance coverage prior to receiving services
- Q To keep scheduled appointments and let the office know if you will be delayed or unable to keep your appointment, if possible, at least 24 hours in advance
- Q To let us know of a change in name, address, or insurance coverage
- Q To make payments for services on time
- Q To pay all charges that have been determined you may owe on time
- Q To ask candid questions about your services and keep asking until you fully understand
- Q To follow the plan of care you chose and agreed upon with your practitioner, while understanding what might happen if you choose not to follow the plan
- Q To understand your health problems and participate in developing mutually agreed-upon treatment goals with your practitioner
- Q To know what medication you are taking, why you are taking it, the proper way to take it, and possible side effects of that medicine
- Q To express your opinions, concerns, or complaints in a constructive manner



Q Smoke only in designated areas. Buildings are smoke free and smoking areas are identified.

Please ask staff if you need help to locate a smoking area

Q Treat others with respect and work cooperatively with others

Q For the health and safety of customers each program site has evacuation maps, fire extinguishers, and first aid kits available if they are needed. If you have any questions please ask the staff working with you. Staff can review safety precautions, procedures, and rules with you. In the event of a drill or actual emergency situation, everyone is expected to cooperate with directions that are given

All of our service agencies have a set of program rules regarding actions, behaviors, and attitudes. Such rules are available to you when you start services with an agency and any time you may ask for them later.

Rules may include situations like:

Q Making threats against staff

Q Destroying property

Q Bringing illegal drugs to appointments

Q Bringing illegal weapons to your appointments

If you are ever terminated from services as a result of a suspected or substantiated violation of program rules, you may be able to return to services after a certain period of time or after you have demonstrated you will no longer violate the rule. Each program may have different criteria for reinstatement and many have “agreements” you may be asked to sign either when you start or after an incident occurs. The staff working with you can answer questions about program rules. You are also welcome to contact Customer Services with rule questions at any time.

17.0 GLOSSARY OR DEFINITION OF TERMS

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

Action (Adverse Action): Is a decision that negatively impacts your ability to get a service, or the amount of the service you want, when you want it. It may also mean that SWMBH or its affiliated CMHSP’s did not make a decision about what services you would receive, or did not begin to provide you the services you were authorized, within certain time frames.

Adverse Benefit Determination: A formal written document used to communicate that an organization is taking an Action with regard to the services a person is asking for or currently receiving. The Adverse Benefit Determination provides the person served with the information and tools they need to Appeal an Action they do not agree with. This can also include a written notice telling you of a decision to deny or limit authorization of Medicaid services requested, which you are given at the time you request a service, or at the time of signing your Individual Plan of Services/Supports.

Amount, Duration, and Scope: How much, how long, and in what ways the Medicaid services that are listed in a person’s individual plan of service will be provided.



- Denial or limited authorization of a requested service, including determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting, or effectiveness of a covered benefit.
- Reduction, suspension, or termination of a previously authorized service.
- Denial, in whole or in part, of payment for a service.
- Failure to make a standard authorization decision and provide notice about the decision within **14 calendar days** from the date of receipt of a standard request for service.
- Failure to make an expedited authorization decision within **72 hours** from the date of receipt of a request for expedited service authorization.
- Failure to provide services within **14 calendar days** of the start date agreed upon during the person centered planning and as authorized by the PIHP.
- Failure of the PIHP to act within **30 calendar days** from the date of a request for a standard appeal.
- Failure of the PIHP to act within **72 hours** from the date of a request for an expedited appeal.
- Failure of the PIHP to provide disposition and notice of a local grievance/complaint within **90 calendar days** of the date of the request.

Amount, Duration, and Scope: Terms to describe how much, how long, and in what ways the Medicaid services that are listed in a person's individual plan of service will be provided.

Appeal: A review of an adverse benefit determination.

Authorization of Services: The process of SWMBH and its affiliated CMHSP's, when we decide whether or not you will receive a service based on whether it is medically necessary. See Sections 5 and 6.

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

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

CA: An acronym for Substance Abuse Coordinating Agency. The CA's in Michigan manage services for people with substance use disorders. SWMBH functions as the CA for the 8 counties in our service area.

CMHSP: An acronym for Community Mental Health Services Program. There are 46 CMHSPs in Michigan that provide services in their local areas to people with mental illness and intellectual/developmental disabilities. All of our 8 affiliated county agencies are CMHSPs. You may also see the acronym CMHSP and/or CMH throughout this handbook.

Deductible (or Spend-Down): A term used when individuals qualify for Medicaid coverage even though their countable incomes are higher than the usual Medicaid income standard. Under this process, the medical expenses that an individual incurs during a month are subtracted from the individual's income during that month. Once the individual's income has been reduced to a state-specified level, the individual qualifies for Medicaid benefits for the remainder of the month.



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

- Are primarily and customarily used to serve a medical purpose;
- Are not useful to a person in the absence of illness, disability, or injury;
- Are ordered or prescribed by a physician
- Are reusable;
- Can stand repeated use, and
- Are appropriate for use in the home.

Emergency Services/Care: Covered services that are given by a provider trained to give emergency services and needed to treat a medical/behavioral emergency.

Enrollee Rights: Federal Rights and protections afforded to participants of Medicaid Health Plans – such as the SWMBH PIHP – from the Balanced Budget Act of 1997.

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

Flint 1115 Demonstration Waiver The demonstration waiver expands coverage to children up to age 21 years and to pregnant women with incomes up to and including 400 percent of the federal poverty level (FPL) who were served by the Flint water system from April 2014 through a state-specified date. This demonstration is approved in accordance with section 1115(a) of the Social Security Act, and is effective as of March 3, 2016 the date of the signed approval through February 28, 2021. Medicaid-eligible children and pregnant women who were served by the Flint water system during the specified period will be eligible for all services covered under the state plan. All such persons will have access to Targeted Case Management services under a fee for service contract between MHDDS and Genesee Health Systems (GHS). The fee for service contract shall provide the targeted case management services in accordance with the requirements outlined in the Special Terms and Conditions for the Flint Section 1115 Demonstration, the Michigan Medicaid State Plan and Medicaid Policy.

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

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

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

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



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

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

http://www.michigan.gov/mdhhs/0,4612,7-132-2945_42542_42543_42546_42553-87572--,00.html

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

Healthy Michigan Plan: The Healthy Michigan Plan is a new category of eligibility authorized under the Patient Protection and Affordable Care Act and Michigan Public Act 107 of 2013 that began April 1, 2014.

Healthy Michigan Plan Beneficiary: An individual who has met the eligibility requirements for enrollment in the Healthy Michigan Plan and has been issued a Medicaid card.

Home Health Care: Is supportive care provided in the home. Care may be provided by licensed healthcare professionals who provide medical treatment needs or by professional caregivers who provide daily assistance to ensure the activities of daily living (ADLs) are met.

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

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

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

Intellectual/Developmental Disability: Is defined by the Michigan Mental Health code and means either of the following: (a) If applied to a person older than five years, a severe chronic condition that is attributable to a mental or physical impairment or both, and is manifested before the age of 22 years; is likely to continue indefinitely; and results in substantial functional limitations in three or more areas of the following major life activities: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency; and reflects the need for a combination and sequence of special, interdisciplinary, or generic care, treatment or other services that are of lifelong or extended duration; (b) If applied to a minor from birth to age five, a substantial developmental delay or a specific congenital or acquired condition with a high probability of resulting in a developmental disability.



Integrated Health Care: The comprehensive monitoring and improvement of patient health through collaboration between previously separate health organizations; or providing holistic care for a person.

Limited English Proficient (LEP): Means potential enrollees and enrollees who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English may be LEP and may be eligible to receive language assistance for a particular type of service, benefit, or encounter.

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

Medically Necessary: A term used to describe one of the criteria that must be met in order for a beneficiary to receive Medicaid services. It means that the specific service is expected to help the beneficiary with his/her mental health, intellectual/developmental disability, or substance use (or any other medical) condition. Some services assess needs and some services help maintain or improve functioning. The SWMBH Network is unable to authorize (pay for) or provide any services to you that are not determined to be medically necessary for you.

Michigan Mental Health Code: The state law that governs public mental health services provided to adults and children with mental illness, serious emotional disturbance, and intellectual/developmental disabilities by local community mental health services programs and in-state facilities.

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

Network: Is a list of the doctors, other health care providers, and hospitals that a plan has contracted with to provide medical care/services to its members.

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

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

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

PIHP: An acronym for Prepaid Inpatient Health Plan. There are 10 PIHPs in Michigan that manage the Medicaid mental health, intellectual/developmental disabilities, and substance abuse services in their geographic areas. Each PIHP is organized as a Regional Entity or a Community Mental Health Services Program according to the Mental Health Code. Southwest Michigan Behavioral Health is the PIHP that covers the 8 counties of Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, and Van Buren Counties.



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

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

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

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

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

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

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

Recipient Rights: The Rights afforded to individuals receiving public mental health or substance abuse services in accordance with constitutional rights and the Michigan Mental Health Code and/or Public Act 368 of 1978.

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

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

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

Specialty Supports and Services: A term that means/defines Medicaid-funded mental health, intellectual/developmental disabilities, and substance abuse supports and services that are managed by the Pre-Paid Inpatient Health Plans (PIHPs).

SED: An acronym for Serious Emotional Disturbance, and as defined by the Michigan Mental Health Code, means a diagnosable mental, behavioral, or emotional disorder affecting a child that exists or has existed during the past year for a period of time sufficient to meet diagnostic criteria specified in the most recent Diagnostic and Statistical Manual of Mental Disorders; and has resulted in functional impairment that substantially interferes with or limits the child's role or functioning in family, school, or community activities.

Serious Mental Illness: Is defined by the Michigan Mental Health Code to mean a diagnosable mental, behavioral, or emotional disorder affecting an adult that exists or has existed within the past year for a period of time sufficient to meet diagnostic criteria specified in the most recent



Diagnostic and Statistical Manual of Mental Disorders; and that has resulted in functional impairment that substantially interferes with or limits one or more major life activity.

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

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

State Fair Hearing: A state level review of beneficiaries' disagreements with a CMHSP or PIHP denial, reduction, suspension, or termination of Medicaid services. State administrative law judges who are independent of the Michigan Department of Health and Human Services perform the reviews.

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

Triple Aim of Healthcare Improvement: Improving the experience of care, improving the health of populations, and reducing per capita costs of health care.

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



18.0 COMMUNITY RESOURCES

If you would like to know more about the resources that are available in your community you can contact your local CMH or SWMBH Customer Services office as outlined in Section 2 of the Customer Handbook.

Each community also participates in the United Way 2-1-1 Community Information and Referral Service. You can call 2-1-1 to find more resource information.

ORGANIZATION, ENTITY	PHONE #
National Alliance on Mental Illness (NAMI)	800-950-6264 or www.nami.org
The Arc of Michigan	800-292-7851
Michigan Rehabilitation Services	877-901-9187
Depression and Bipolar Support Alliance	800-826-3632
Disability Network Southwest Michigan	269-345-1516
Michigan Commission for the Blind	800-292-4200
Autism Society of Michigan	800-223-6722 or 517-882-2800
Brain Injury Association of Michigan	800-444-6443
Learning Disability Association of Michigan	517-319-0370
United Cerebral Palsy of Michigan	800-828-2714 or 517-203-1200
Association for Children's Mental Health	517-372-4016 or 888-226-4543
Michigan Protection and Advocacy Services (MAPAS)	800-288-5923
Michigan Association of County Veteran Counselors	616-632-5722
Social Security Administration	800-772-1213
CARES (AIDS and HIV services)	800-663-2437
Poison Control Center	800-222-1222
Western Michigan Legal Services	888-783-8190
American Red Cross	800-733-2767
Section 8 Housing	To apply for Vouchers – 517-241-8986 For existing Vouchers – 517-373-9344
Alcoholics Anonymous Hotline	269-467-1107
Narcotics Anonymous Hotline	800-230-4085
Celebrate Recovery	269-273-8723
Area Agency on Aging	www.n4a.org
Unemployment Claims number	866-500-0017
Crisis/Suicide Hotline	National Suicide Prevention Lifeline: 800-784-2433 or 800-273-8255



	For Deaf or hard of hearing: 800-799-4889 Or text "Hello" to 741-741 to reach the Crisis Text Line
Michigan Disability Rights Coalition	800-760-4600
Michigan Centralized Intake for Abuse/Neglect	855-444-3911
Centers for Disease Control	800-232-4636
Gay and Lesbian National Hotline	888-843-4564
Healthcare Reform (interpreters available on phone)	800-318-2596 www.healthcare.gov/chat

19.0 COMMONLY USED ACRONYMS

ACT: Assertive Community Treatment

ADA: Americans with Disabilities Act

ADL: Activities for Daily Living

AFC: Adult Foster Case

Auth.: Payment Authorization for Services

BCCMHA: Barry County Community Mental Health Authority

BH: Behavioral Health

CEO: Chief Executive Officer

CFO: Chief Financial Officer

CMH: Community Mental Health

CMHSASSJC: Community Mental Health and Substance Abuse Services of St. Joseph County

CMHSP: Community Mental Health Service Provider

CMS: Center for Medicare and Medicaid Services

COFR: County of Financial Responsibility

COO: Chief Operating Officer

CS: Customer Service

DBT: Dialectical Behavioral Therapy

DPOA: Durable Power of Attorney for Healthcare Decisions

EBP: Evidence Based Practice

EMR: Electronic Medical Record



HAB: Habilitation Supports Waiver

HHS: United States Department of Health and Human Services

HIPPA: Health Insurance Portability and Accountability Act

HMO: Health Maintenance Organization

ICO: Integrated Care Organization

IPOS: Individual Plan of Service

KCMHSAS: Kalamazoo Community Mental Health and Substance Abuse Services

LMSW: Licensed Master Social Worker

LOC: Level of Care

LOCUS: Level of Care Utilization System

MACMHB: Michigan Association of Community Mental Health Boards

MCA: Medicaid

MCO: Managed Care Organization

MDHHS: Michigan Department of Health and Human Services

MHP: Medical Health Plan

MRS: Michigan Rehabilitation Services

OMT: Opioid Maintenance Therapy

PCP: Person Centered Planning // Primary Care Physician

PIHP: Prepaid Inpatient Health Plan

ROSC: Recovery Oriented Systems of Care

SA: Substance Abuse

SED: Serious Emotional Disturbance

SIS: Supports Intensity Scale

SMI: Seriously Mentally Ill

SP: Summit Pointe

SPMI: Severely and Persistently Mentally Ill

SUD: Substance Use Disorder

UM: Utilization Management

VBCMh: Van Buren Community Mental Health

To see a comprehensive list of acronyms, please visit our website: www.SWMBH.org



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