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Welcome to Macomb County Community Mental Health!

We want your experience with us to be as satisfying and effective as possible. Throughout this booklet, you will find all the information you need while you receive services from MCCMH, or from any of our contract agencies. Use this booklet like a dictionary — as a resource when you have questions or want more detailed information about your services. Any time you have questions, talk with your Supports Coordinator, Case Manager or Therapist; or call the Office of Community Relations/ Customer Service.

Throughout this booklet, you will find information set off in boxes like this one. This is information that the State of Michigan specifically wants us to tell you about your Community Mental Health services. We have included more detail on each of the topics because we want to be sure that you have all the information you need to use your services and exercise your rights while you are served by MCCMH. If you have questions about anything that you read, talk to your Supports Coordinator, Case Manager or Therapist; or call the Office of Community Relations/ Customer Service.

Accreditation

MCCMH services are accredited by the **Commission on Accreditation of Rehabilitation Facilities**, usually called CARF. **CARF** is a national organization that independently reviews the services of mental health and disability service organizations. Accreditation is your assurance that the services you receive meet the highest standards of quality and effectiveness, and that your services are provided in a way that is respectful of you as a person.

Information about MCCMH

MCCMH programs and services are supported and funded by the Macomb County Board of Commissioners and the Michigan Department of Community Health, and are administered by the Macomb County Community Mental Health Board. MCCMH is governed by the **Michigan Mental Health Code**, the Michigan law that governs the delivery of public mental health services, and by the **Public Health Code**, the Michigan law that governs the delivery of public substance abuse treatment services.

If you wish, you may request additional information about the structure and operations of MCCMH by calling the Office of Community Relations. You may request information about MCCMH, its contract agencies, or your individual services, at any time.

Eligibility for Services

You may be eligible for specialty mental health, developmental disability, or substance abuse treatment services provided by MCCMH if you are a resident of Macomb County and:

- You have ever been told by a doctor that you have what is called a “serious mental illness;” or you have a history of serious mental illness, or
- You have ever been told by a doctor that you have a developmental disability or a developmental delay; or you have a history of such disability, or
- You believe you may have one of these conditions, but haven't been tested, or
- Your child has or may have one of these conditions, or
- You or a family member believe that you have a substance abuse problem, **and**
- You have Medicaid, MIChild, or other health care sponsored by the State of Michigan, or you have limited or no insurance covering your mental health or substance abuse treatment.

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The specific programs and services offered by the MCCMH network may have their own eligibility requirements, in addition to those above. Talk to your Therapist, Case Manager, or the Office of Community Relations/ Customer Service about the requirements, rights, privileges, and responsibilities within the programs that serve you.

Non-Discrimination

MCCMH is a public provider of mental health, developmental disability, and substance abuse treatment services. MCCMH cannot and does not discriminate on the basis of race, color, nationality, religious or political belief, gender, age, disability status, or relationship to a person with disabilities, or against any other legally protected group. If you believe you have been denied services or have been mistreated because of who you are, contact the MCCMH Office of Recipient Rights. You may also have the right to pursue independent legal action.

Paying 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. If you are a Medicaid beneficiary with a deductible (“spend-down”), as determined by the Michigan Department of Human Services (DHS), or an Adult Benefit Waiver (ABW) enrollee, you may be responsible for the cost of a portion of your services.

If you do not have Medicaid or other insurance, or if your insurance will not cover the cost of mental health or substance abuse treatment services that we provide and that you need to manage your illness, you will be asked to pay a fee toward the cost of your services. Your fee will be based on your income and allowable expenses.

For some services, MCCMH may require that you exhaust other resources before we will fund the service. MCCMH will not pay for services that are available to you from other resources in the community.

If you do not have insurance and we believe that you may qualify for Medicaid, we will require you to apply for it, and/ or we may help you to do so. If you have private insurance that covers our services, you will be required to use it when receiving MCCMH services.

Any fees that you are asked to pay for your services will be re-evaluated every year. If you are asked to pay a fee and you feel it is too high, you may ask to have your fees reconsidered at any time.

Communication Assistance

We want to provide services to you in the way that you can best understand and use them. If you or a family member need an American Sign Language (ASL) interpreter, or if you best use a language other than English and you would like to receive your services in your native language, you have the right to an independent interpreter to help you use mental health or substance abuse services. You may also request translation of written materials. **If you need an interpreter, one will be provided at no charge to you.**

يحقُّ لك الاستعانة بمترجم لمساعدتك في استخدام خدمات الصحة النفسية ومعالجة الادمان

Avete diritto ad un interprete indipendente che vi assista nell'uso dei servizi di salute mentale o di abuso di sostanze.

Podczas korzystania z usług służby zdrowia psychicznego lub usług w zakresie walki z nałogami masz prawo do pomocy ze strony niezależnego tłumacza.

Tiene derecho a un intérprete independiente para que le ayude a utilizar los servicios para la salud mental o para el abuso de sustancias.

If you prefer an interpreter for another language, or you prefer this information in English on tape, call

586-307-9100

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If you are a person who is deaf or hard of hearing, you can use the Michigan Relay Center (MRC) to contact MCCMH or your service provider. Please call 7-1-1 and ask MRC to connect you to the number you are trying to reach. If you prefer to use a TTY to contact us, call the Crisis Center at the following TTY phone number: 586-307-9100.

If you need a sign language interpreter, contact the Crisis Center at 586-307-9100 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, contact the Crisis Center at 586-307-9100 so that arrangements can be made for an interpreter for you. Language interpreters are available at no cost to you.

All MCCMH offices are equipped with telephone interpreter services to help us talk to you in your native language. (We will place your call on “hold” briefly while we connect to an interpreter.)

If you would like an ASL or language interpreter to help you use your services, call the Crisis Center. If you need an interpreter, the Crisis Center will make sure that one is available at all your face to face appointments with MCCMH. You may ask for interpreter or translation services at any time.

Macomb County CMH Crisis Center **586-307-9100 V/ TTY**
MCCMH Crisis Center services are available 24/ 7/ 365.

The Michigan Relay Center is also available to assist callers with hearing or speech difficulties. The Relay Center is available 24/ 7/ 365 and will help you contact any office, business, or residence, whether or not the other party has a TTY. You may contact any MCCMH office directly by using the Michigan Relay Center. To reach the Michigan Relay Center, call **7-1-1**

If Phone Calls are A Concern

MCCMH will accept collect calls at any of our offices. If the cost of a phone call is keeping you from the help you want for yourself or someone you care about, call us collect! If you prefer, we will also call you back at a number you leave for us.

Accessibility and Accommodations

In accordance with federal and state laws, all buildings and programs of MCCMH are required to be physically accessible to individuals with all qualifying disabilities. Any individual who receives emotional, visual, or mobility support from a qualified, trained, and identified service animal such as a dog will be given access, along with the service animal, to all buildings and programs of MCCMH. If you need more information or if you have questions about accessibility or service/support animals, contact the Community Relations Office/ Customer Services at 586-469-6958.

If you need to request an accommodation on behalf of yourself or a family member or a friend, you can contact the Community Relations Office/ Customer Services at 586-469-6958. 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.

We will work with you to accommodate your accessibility needs in an effective and reasonable way. If you need an accommodation and you feel that we have failed to provide it for you, you may contact the Ombudsman or the Office of Recipient Rights for assistance.

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Alternative Formats

This Member Information Handbook is available on tape for persons who prefer an alternative to printed materials. Other printed materials can also be made available on tape, or in other formats as needed. Contact your Supports Coordinator, Case Manager, or Therapist, or call the Community Relations/ Customer Services Office to request an alternative format.

Office of Community Relations

If you aren't sure who to call at MCCMH, call the Office of Community Relations. Anyone interested in the services, offices, or activities of MCCMH can call the **Office of Community Relations**. The Office of Community Relations functions as the Customer Services Office of MCCMH, as well as providing other services to the MCCMH service network and the community. In this book, you will sometimes see this office referred to as the Office of Community Relations/ Customer Service. They are one and the same office.

The Office of Community Relations is independent from the Access Center and the clinical service locations of MCCMH. The Ombudsman is also located within the Office of Community Relations. Unless you ask the Ombudsman for help solving a problem related to your services, your calls to the Office of Community Relations will not involve any of the people who provide services to you. We will not tell others that you have called, and we will not tell others whether or not you use MCCMH services.

The Office of Community Relations586-469-6958
The Ombudsman 586-469-7795

Fax for OCR and the Ombudsman: 586-469-7674
Service Hours for the Office of Community Relations and the Ombudsman:
Monday thru Friday, 8:30 a.m. to 5:00 p.m.
 Email: OCR@mccmh.net
 After Regular Business Hours: The Crisis Center586-307-9100

Becoming Involved at MCCMH

There are many ways for persons who use MCCMH services, their family members and friends, as well as interested community members, to be involved in the design, delivery, and ongoing evaluation of MCCMH services. If you would like to learn more about how you can help MCCMH improve our services, call the office of Community Relations for more information.

Crisis Center Services

The Macomb County Crisis Center offers many services to help in difficult situations. The Crisis Center is available to anyone in Macomb County 24 hours a day, seven days a week. Crisis Center services are confidential and are free. You do not need to call the Access Center or use any other MCCMH service to use Crisis Center services. Crisis Center services include:

Crisis Counseling: Trained counselors are available by phone to provide support to callers facing any situation. Counselors provide referrals to many community resources, listen to concerns, and help find solutions.

Community Education: The Crisis Center offers on-site presentations to groups in the community. Topics include suicide awareness and sexual assault prevention.

Macomb Emergency Response Group (MERG): MERG offers trained crisis teams who respond on-site to community disasters affecting groups of people. MERG helps to stabilize the work, school, or community setting by responding immediately to the stress of unexpected community crises.

Survivors of Suicide (SOS): Professional facilitators lead a peer support group for family and friends of persons who have died by suicide. SOS aids the healing process by providing information and resources and by allowing members to share their feelings in a non-judgmental, confidential setting.

Interpreter Services: If you or a family member would like an American Sign Language (ASL) or alternative language interpreter to use MCCMH services, the Crisis Center will arrange this for you. A specialist at the Crisis Center can also connect you to other community resources to help meet your needs.

Macomb County CMH Crisis Center 586-307-9100 V / TTY
800-442-HOPE
800-237-TALK

MCCMH Crisis Center Services are available 24/ 7/ 365.

Remember: You may call any MCCMH office “Collect,” or, if you prefer, we will call you back at any number you give us. The Crisis Center is also equipped with telephone interpreter services for those who best use a language other than English.

Mental Health Emergencies

A “mental health emergency” is when a person is experiencing symptoms and behaviors that can reasonably be expected in the near future to lead the person to harm him/herself or another, or because of his/her inability to meet his/her basic needs he/she is at risk of harm, or the person’s judgment is so impaired that he or she is unable to understand the need for treatment and that their 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. At any time during the day or night, call the nearest hospital with a psychiatric care unit (see list on the next page), or call the Crisis Center at 586-307-9100 for help deciding where to go.

Please Note: If you use a hospital emergency room, there may be health care services provided to you as part of the hospital treatment you receive. You may receive a bill for these services and may be responsible for this bill, depending on your insurance status. These services may not be part of the PIHP emergency services you receive. Customer services can answer questions about such bills.

Post Stabilization Services: After you receive emergency mental health care and your condition is under control, you may receive 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, MCCMH will help you to coordinate your post-stabilization services.

Authorization for Emergency Care

If you or someone you care about is experiencing a mental health emergency, you should seek help right away. **You do not need to call the Access Center to seek prior authorization for payment of care;** the hospital staff will do that for you.

What to do in a Mental Health Emergency

If you or someone else is experiencing a mental health emergency, seek help right away. Go to the nearest hospital with a psychiatric care unit. In Macomb County and neighboring areas, adults (A) and children (C) may be taken to:

Henry Ford Macomb, Mt. Clemens Campus 215 N. Ave., Mt. Clemens 48043	A	(586) 466-9895
Harbor Oaks Hospital 35031 Twenty-Three Mile New Baltimore 48047	A C	(586) 725-5777
BCA — StoneCrest Center 15000 Gratiot Ave., Detroit 48205	A C	(313) 245-0649
Havenwyck Hospital 1525 University, Auburn Hills 48326	A C	(248) 373-9200
Henry Ford Kingswood Hospital 10300 W. Eight Mile, Ferndale 48220	A C	(248) 398-3200
St. John Macomb Oakland, Macomb Center 11800 E. Twelve Mile, Warren 48093	A	(586) 573-5244
St. John Macomb Oakland, Oakland Center 27351 Dequindre, Madison Hts. 48071	A	(248) 967-7660
St. John Health System, Moross 22101 Moross, Detroit 48236	A	(313) 343-7000

What Happens at the Hospital

When you go to the hospital for a mental health emergency, the doctor and other hospital staff will talk to you and others about what you are feeling, seeing, or experiencing. They may ask questions or do tests to help them decide how well you understand what is going on around you. This is called a **psychiatric evaluation**. It is important for you to be as honest as possible, so that you can get the best help for you while you are at the hospital.

If you and the hospital staff decide that you do need to be in the hospital, you will stay there until your symptoms are better, usually for a few days or so. You will get medicine and treatments to help you feel better.

Hospital Alternatives and Aftercare

Sometimes, instead of being in the hospital, mental health emergencies can be treated in other kinds of settings. Hospital alternatives include:

Crisis Residential Services: Crisis residential services provide medical, psychological and other services for up to 30 days in a structured, home-like setting within the community. After a crisis residential stay, you will usually continue to receive some outpatient or community-based services to help you manage your illness.

Intensive Crisis Stabilization: Instead of being in the hospital, a specialized mental health team works with you in your home or in another community setting. While your symptoms are being stabilized, you might see the team up to every day. After you are better, you will receive some other outpatient or community services to help you manage your illness. You must have someone at home with you when you receive intensive crisis stabilization services.

Partial Hospital Services: Partial hospital services are sometimes called “Day Hospital” services. These services, like counseling, medication, and different types of therapies, are typically provided in a hospital setting, under a doctor’s supervision. Partial hospital services are provided during the day – you will go home at night.

When you are discharged (released) from the hospital, a **discharge plan** will be created with you that will outline what post-stabilization mental health services you will receive in the community to help you stay well.

What Situations are Not Mental Health Emergencies?

Some situations, though serious, are not mental health emergencies. **These situations need different kinds of treatment or response.** Some things that might look or feel like mental health emergencies but, on their own, are not, include:

- Dementia
- Seizure disorders
- Intoxication
- Homelessness
- Intentional acts of violence

Other Kinds of Emergencies

If you have an emergency, but you don't want or need to go to the hospital, there are other people and places to call for help.

If you need the police, fire department, or an ambulance, call 911.

If you would like to talk to a trained Crisis Counselor about a problem you are having, or if you aren't sure where to go for help, call the Macomb County CMH Crisis Center. The Crisis Center is available 24/7/365. All calls are confidential (private) and there is no charge for Crisis Center services.

If you would like to talk to a Crisis Counselor, call 586-307-9100 V/ TTY.

You may call the Crisis Center at any time of the day or night.

You may also call the Crisis Center collect, or use one of the toll free numbers on page 10.

If you would like information about other community resources serving Macomb County and the surrounding area, call United Way Tel-Help, 211.

211 is a regional information and referral resource center, available 24/7.

You must use a land-based phone to call 211.

Requesting Mental Health Services from MCCMH

If you would like to receive non-emergency mental health or developmental disability services from Macomb County Community Mental Health, you can either call the Access Center or go to one of our walk-in assessment locations.

The Access Center provides telephone screening that will help both you and MCCMH decide if you are eligible for our services, and, if so, which of our clinics or contract agencies might best help you. If you call the Access Center and we determine that MCCMH can help you, you will receive an appointment at one of our locations within 14 days.

If you prefer, you can visit one of our walk-in locations instead. The walk in locations can provide an immediate, same day assessment for services and referral to an appropriate provider. The walk in locations can also provide certain outpatient services immediately. **For more information about walk-in services, visit our website at www.mccmh.net and click the walk in services button for locations and times.** If you don't have web access, call the Access Center and ask for the day's walk in locations. The Office of Community Relations/ Customer services can also provide walk in assessment information.

Calling the Access Center

The Access Center586-948-0222
 Fax: 586-948-0223
 Service Inquiries: Monday thru Friday, 8:30 a.m. to 7:45 p.m.
 After Regular Business Hours: The Crisis Center 586-307-9100

Remember: You may call any MCCMH office "Collect," or, if you prefer, we will call you back at any number you give us. These offices are equipped with telephone interpreter services for those who best use a language other than English. If you use a TTY, call the Michigan Relay Center at 711 to reach any MCCMH office.

When You Call the Access Center

When you call the Access Center, we will ask questions to help us determine if you are eligible for services from MCCMH. The Access Center is responsible for reviewing and approving all requests for service from MCCMH.

Your calls to the Access Center are confidential. If your situation is an emergency, you will be directed to immediate help. If the situation is not an emergency, the Access Center will set up an appointment for you at one of our direct or contract service sites. Your first appointment will usually be within two weeks of your call. If your situation is not one that MCCMH can serve, we will help you identify other community resources that may help.

You should know that sometimes we cannot provide exactly the service you might want in exactly the ways you might want it. This is because Medicaid and other funding sources have specific rules, like **medical necessity**, that determine who can receive certain services, as well as how, how much and how long services can be provided. (This is called **“Amount, Scope and Duration”** of service.) For example, if you have insurance, you may be directed to use your insurer’s providers before receiving services from MCCMH.

All decisions about your care are made by health professionals with appropriate clinical experience for your situation. If we deny any of your requests, we must tell you why in writing, within specific time frames. If you disagree with our decisions, you have specific rights to appeal and/ or ask for a second opinion. (See pages 45-48 for detail on these rights.)

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Service Authorization

Services you request must be authorized or approved by the Access Center. The Access Center 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. If you do not agree with a decision that denies, reduces, suspends or terminates a service, you may file an appeal.

Requesting Substance Abuse Treatment Services

If you would like to receive substance abuse treatment services from Macomb County Community Mental Health, call CARE. CARE will talk with you and complete a telephone screening that will help decide if you are eligible for publicly-funded substance abuse treatment services, and, if so, what kind of treatment may best help you.

Calling CARE

To reach CARE (Community Assessment, Referral, and Education), call:

CARE 586-541-2273

Fax: 586-541-2274

Service Inquiries: Monday, Tuesday and Thursday, 8:30 a.m. to 9:00 p.m.

Wednesday and Friday, 8:30 a.m. to 5 p.m.

After Regular Business Hours: The Crisis Center586-307-9100

Remember: You may call CARE “Collect,” or, if you prefer, we will call you back at any number you give us. These offices are equipped with telephone interpreter services for those who best use a language other than English. If you use a TTY, call the Michigan Relay Center at 711 to reach CARE.

When you call CARE, we will ask some questions about where you live, your situation, and your insurance. We will talk with you about your situation, and decide together with you the best course of treatment for you, and will set up an appointment for you at a contracted treatment program. **Your calls and contacts with CARE are confidential.**

If your situation is not one that CARE can serve, we will help you identify other community resources that may help.

Follow-up: About 14 days after you call CARE, you may receive a call back. This follow-up will give us a chance to answer any questions you may have after your first call, and to find out how the referral is working for you. About three months after your treatment, CARE may call you back to find out how you felt about your contact with CARE and your treatment provider.

Planning Your Services at MCCMH

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 process begins when you determine who, besides yourself, you would like at the person-centered planning meetings, such as family members or friends, and what staff from MCCMH or its contract agencies 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 are your hopes and dreams, and will be helped to develop goals or outcomes you want to achieve. The people attending this meeting will help you decide what supports, services or 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.

You have the right to “independent facilitation” of the person-centered planning process. This means that you may request someone other than MCCMH staff conduct your planning meetings. You have the right to choose from available independent facilitators.

Children under the age of 18 with developmental disabilities or 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.

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.

Psychiatric Advance Directive

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

If you do not believe that you have received appropriate information regarding Psychiatric Advance Directives from MCCMH, please contact the MCCMH Ombudsman, 586-469-7795, for assistance in filing a grievance.

Crisis Plan

You also have the right to develop a “**crisis plan.**” A crisis plan is intended to 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, and care of children, pets, or bills.

Self Determination

Self-Determination is an option for payment of medically necessary services you might request if you are an adult beneficiary receiving 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.

Your participation is critical to the development of your services using person-centered planning. To encourage and support your participation, you are entitled to:

- **Choose the facilitator for the meeting.** The facilitator’s job is to make sure the meeting goes smoothly, and to make sure that everyone is heard. The facilitator may also take notes of the meeting, or may appoint someone to do that.
- **Talk about plans for unexpected situations.** At your PCP, you should be offered the opportunity to develop a crisis plan, an advance directive for mental health care, or both.
- **Learn about different ways to manage your services.** At your PCP, you should be offered the chance to choose self-determination as an option for managing your services. Self-determination offers an alternative option for arranging and paying for your mental health services and supports.
- **Visit, practice, or otherwise “try out” the services that you are considering, whenever possible.**
- **Refuse treatment alternatives or medication that you do not want, unless your services are court-ordered.**
- **Think about your plan before you sign it.** Make sure that everything is covered the way you intended it to be.
- **Get a copy of your completed plan.** Your facilitator should follow up with you to make sure you receive a copy of your plan within 15 days after it is completed.
- **Receive your services:** You should receive your services within 14 days of the agreed upon start date for each service. (Start dates may vary by service.)
- **Meet with your Case Manager or Supports Coordinator regularly** to talk about the progress you are making toward your goals, and about your satisfaction with your services.
- **Change your plan** when you need to.

Psychiatric Advance Directives and Advance Crisis Planning

You can help make events like an unexpected hospitalization easier on yourself and those you care about by making your preferences about crisis care known in advance. Under Michigan law, adults with mental health conditions have the right to use either or both a psychiatric advance directive and/ or an advance crisis plan to help do this.

A **psychiatric advance directive** is a legal document in which you name someone else, called a patient advocate, who is authorized to make psychiatric care decisions for you if you are unable to make them yourself. In your advance directive, you may also outline your preferences about various types of treatment. You may also choose to have an advance directive for physical health care, or you can combine the two.

Since it is a legal document, there are important things to know about your psychiatric advance directive. For example, your designated patient advocate must agree to serve **before** you are in a crisis situation. Your patient advocate can't be someone who provides services to you, or who works for an organization that provides your services. Your patient advocate will do the best that he or she can to follow your preferences, but may have to do something different if it means you will get care that is better for the situation you are in at the time. You may change your advance directive, or your designated patient advocate, at any time.

A **crisis plan** is not legally binding, but can be effective in helping you and those around you recognize and respond to an unexpected turn in your illness. You can use a crisis plan to describe to others the changes in your symptoms or behavior that might lead to a crisis, and to tell others what is helpful to you when you are in crisis.

Your Case Manager, Supports Coordinator, or other MCCMH clinician should tell you about psychiatric advance directives and advance crisis planning during your Person-Centered Planning meeting. Your MCCMH clinician will help you develop these plans, if you want them to do so. You can also ask others to help.

Whether you use an advance directive or an advance crisis plan, or both, you should make decisions about your care while you are well. Talk through your plans with the people who are closest to you, including your designated patient advocate, if you choose to have one. Put your preferences in writing. Give copies to your MCCMH Therapist or Case Manager, to the doctors who provide your care, and to your patient advocate.

For more information about advance directives for mental health care, talk to your MCCMH Therapist, Case Manager, or Supports Coordinator, call the Office of Community Relations/ Customer Service, or call an advocacy organization like ARC Macomb or Michigan Protection and Advocacy Service.

Choosing a Facilitator

The PCP facilitator's job is to make sure that the meeting flows smoothly, and that everyone, especially you, is heard. The facilitator should treat everyone with respect and consideration, and should be able to stop the meeting if you need a break. A PCP facilitator should also meet with you ahead of time (sometimes this is called a "pre-planning" meeting) to learn from you what you want to have covered in your Person-Centered Plan.

There are many possibilities for facilitating your PCP:

- You may choose an **Independent Facilitator**. An Independent Facilitator is a person who has been trained to support others as a PCP facilitator. He or she may work for an agency, such as an advocacy agency, or may work independently, but they don't work for MCCMH or any of the agencies who will provide your services. An Independent Facilitator may or may not know you personally. Independent Facilitators are paid to facilitate your meetings, and aren't involved in your services in any other way.
- You might choose a **Peer Facilitator**. A Peer Facilitator is a person with mental illness or developmental disability who has been trained to support others as a PCP facilitator. The Peer Facilitator may or may not know you personally. Peer Facilitators are paid to facilitate your meetings, and aren't involved in your services in any other way.
- You may also choose to facilitate your planning meeting yourself, or to have a family member or friend of your choice facilitate your meeting. Before

choosing this option, you should think about how objective you or a loved one can be about your needs, and how you will feel if the conversation becomes difficult in any way.

- You may choose to have your Supports Coordinator, Case Manager, or other staff person facilitate your meeting for you.

If you would like a list of current peer facilitators or a list of current independent facilitators, ask your Therapist or Case Manager, or call the Office of Community Relations/ Customer Services.

Paying for Your Service Planning

Person-Centered Planning, sometimes called “**Treatment Planning**” or “**Service Planning**,” is a service provided by all public mental health agencies. If you receive Medicaid, your treatment planning will be paid for by Medicaid. If you don’t receive Medicaid and are paying for part of your services, your treatment planning will be covered by the monthly fee you pay for your services. Whether or not you receive Medicaid, using an Independent Facilitator or a Peer Facilitator will not add to your cost for services.

Problems with Your Plan

If you don’t like the way your PCP turns out, or if you don’t get the services your plan says you should get, or if the services don’t work the way you expected, tell us! Your MCCMH Case Manager or Supports Coordinator can help. Or, if you prefer, you can call the MCCMH Ombudsman for help with concerns about your person-centered plan. If you aren’t happy with the contents of your plan and we can’t help you resolve your concerns informally, you may file a grievance or request a fair hearing or alternative dispute resolution. The Ombudsman or the Office of Recipient Rights will help you.

Self-Determination

Self-determination is a model of service delivery that allows you, the person receiving mental health or developmental disability services, to direct the purchase of your approved services yourself, using a fixed amount of Medicaid dollars. Other public funds may also be used. Your **individual budget**, the amount of funds available to you for purchase of your services, is determined by your person-centered plan. **Self-determination is an available choice for any adult who receives public mental health services. It is an option for payment of medically necessary services you receive as a beneficiary of mental health services in Michigan.**

Self-determination is meant to provide persons who use public services more direct control over their own lives. Five principles define self-determination:

- **Freedom:** Your ability, with the help of people you choose, to develop your own lifestyle, and to organize and receive needed supports in ways that are meaningful and effective for you.
- **Authority:** Your ability to control a certain sum of dollars on your own behalf, to purchase supports as needed, and to re-arrange services, supports and funds to meet your needs.
- **Support:** Services and supports, both formal and informal, to help you live a rich, active life in the community, according to your own values.
- **Responsibility:** Your acceptance of a valued, contributing role in community life, including acceptance of the responsibility for proper use of public funds. This may include participation in education, employment, volunteer work, caring for others, or spiritual and personal development, in ways consistent with your own values and desires.
- **Confirmation:** Your acceptance of a leadership role in the community, including participation in improvements to the public service system and through active citizenship participation.

How Self-Determination Works

Self-determination offers an alternative option for payment of the approved services you have requested. Using self-determination, **you control** a fixed amount of resources (money and other tools) to organize your services and meet your needs. **You work directly with providers** to arrange the ways your services are delivered. You choose and pay your providers yourself, using Medicaid and /or other public funds, up to your approved amount. As your needs change, or in order to make better use of your budget, you can change supports, change how and when you use certain services, and change your providers when your needs change.

Self-determination starts with person-centered planning. First, decide what goals are most important to you — where you would like to live, what you would like to do during the day, and how you would like to connect to the community. Then, decide who can help and support you in those goals. We will help you think about other sources of support, too — such as public entitlements, private and non-profit agencies, personal networks, and your personal skills — that can contribute to building the life you want. All of these things will work together to help meet your needs.

Your goals and your individual budget will be set up for a defined period of time. You will be required to use public funds in ways that are consistent with laws and regulations. (For example, services paid for by Medicaid must still be medically necessary.) If you wish, you may use a **fiscal intermediary** to help you. A fiscal intermediary is a person who helps you manage your budget and pay your providers if you are using a self-determination approach. Your support team, including the staff at MCCMH who work with you, will also help you stay on track with your budget and goals, and will help you make changes if needed.

You may choose to explore or use a self-determination arrangement at any time. If you would like to learn more about self-determination, talk to your MCCMH Therapist or Case Manager, or call the Office of Community Relations/ Customer Service. We will give you more information, and help you start the process.

The Philosophy of Recovery

Recovery & Resiliency

“Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her potential.”

Recovery is an individual journey that follows different paths and leads to different locations. Recovery is a process that we enter into and is a life long attitude. Recovery is unique to each individual and can truly only be defined by the individual themselves. What might be recovery for one person may be only 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 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. It takes time, and that is why **Recovery** is a process that will lead to a future that holds days of pleasure and the energy to persevere through the trials of life.

Resiliency and development are the guiding principles for children with 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.

Recovery is a philosophy that guides mental health service delivery in Michigan. Recovery and resiliency are often supported by relationships with others who have faced common experiences. For information on self-help and support groups, or about peer-delivered supports and services, talk to your Therapist or Case Manager, or call the Office of Community Relations/ Customer Service.

Choosing and Changing Providers

If you receive Medicaid, you have the right to choose and/or change the person or agency that provides the services approved for you in your person-centered plan. At MCCMH, you also have the right to choose and change providers of your approved services if you do not receive Medicaid. When we are working with you to develop your services, we will provide you with a list of all the providers on our panel who offer the services you need. You also have the right to information about all available services and providers offered by MCCMH, if you request it.

The provider you choose must be on our panel. If you choose a service provider who is not on our panel, we will work with you either to add the provider to our panel or to find an acceptable service from one of our established providers. **You may not find a provider on your own** and ask MCCMH to pay for services the non-panel provider has already provided to you.

Our provider panel is updated regularly. If we make a change to our provider network that impacts you, we will send you a letter describing the change before it happens.

You may view a list of our providers, including substance abuse treatment providers, on our website, www.mccmh.net. Look in the “Our Services” section and choose “Complete list of Providers.” If you don’t have web access, call the Office of Community Relations/ Customer Services for a printed copy.

For help choosing or changing providers, contact your Therapist, Case Manager or Supports Coordinator, or call the Office of Community Relations/ Customer Service. If you are receiving substance abuse treatment services and you want to change providers, call CARE.

Medicaid-Covered Mental Health Services

Note: If you are a Medicaid beneficiary and have a serious mental illness, or serious emotional disturbance, or developmental disabilities, 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, your Community Mental Health 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 you need and the sufficient amount, scope and duration required to achieve the purpose of those services. You will also be able to choose who provides your supports and services. You will receive an individual plan of service that provides all of this information.

In addition to meeting medically necessary criteria, services listed below marked with an asterisk * require a doctor's prescription.

Note: The Michigan Medicaid Provider Manual contains complete definitions of the following services, as well as eligibility criteria and provider qualifications. The Manual may be accessed at www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf. The MCCMH Office of Community Relations/ Customer Service can help you access the Manual and/or information from it.

Any time you have questions about your services, or other services that might help you, ask your Therapist, Case Manager, Supports Coordinator, or call the Office of Community Relations/ Customer Service for more information.

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 includes a comprehensive psychiatric evaluation, psychological testing, substance abuse screening, or other assessments conducted to determine a person's level of functioning and mental health treatment needs. Physical health assessments are not part of this MCCMH 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 treatment plan is developed during person-centered planning and then is approved and reviewed regularly by a team of specialists to make sure that it is effective and dignified, and continues to meet the person's needs.

Clubhouse Programs are programs where members (consumers) and staff work side by side to operate the clubhouse and to encourage participation in the greater community. Clubhouse programs focus on fostering recovery, competency, and social supports, 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 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 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 a person's 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 developmental disabilities. Family Skills Training is education and training for families who live with and care for a family member who is eligible for the Children's Waiver Program.

Fiscal Intermediary Services help individuals manage their service and supports budget and pay providers if they are using a "self-determination" approach.

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

Home-Based Services for Children and Families are provided in the family home or in another community setting. Services are designed individually for each family, and can include things like 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.

Infant Mental Health Services: These services and supports include mental health intervention for new, at-risk parents, designed to help parent and baby bond in the early stages of the relationship. Supports include help with community resources and education about baby's development.

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 developmental disabilities.

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

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

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

***Occupational Therapy** includes the evaluation by an occupational therapist of an individuals' ability to do things in order to take care of themselves every day, and treatments to help increase these abilities.

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

Peer-delivered and Peer Specialist Services Peer-delivered services such as drop in centers are entirely run by consumers of 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 help people with developmental disabilities.

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

***Physical Therapy** includes the evaluation by a physical therapist of 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.

Substance Abuse Treatment Services (descriptions follow the mental health services, and can be found on pages 39-40.)

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 that 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 of 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 with serious emotional disturbance and their families that include treatment and supports necessary to maintain the child in the family home.

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

Some Medicaid beneficiaries are eligible for special services that help them avoid having to go to an institution for people with 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 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 previously, as well as those listed on this page and the next.

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Waiver spaces are granted to each County by the Department of Community Health. If you may be eligible, MCCMH will help you apply when spaces are available.

Goods and Services (for HSW Enrollees) is a non-staff service that replaces the assistance that staff would be hired to provide. Goods and Services are available only to individuals participating in self-determination arrangements

when the individual budget is lodged with a fiscal intermediary. Goods and services must increase independence, facilitate productivity, or promote community inclusion and substitute for human assistance to the extent that individual budget expenditures would otherwise be made for human assistance.

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

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

Personal Emergency Response devices (for HSW enrollees) help 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) is individualized nursing service provided in the home, as necessary to meet special health needs.

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

Home Help

Note: The **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 Human Services at the number below, or contact the Community Relations/ Customer Service Office for assistance. In Macomb County, apply for Adult Home Help at:

41227 Mound Road (S. of 18 Mile)
Sterling Hts., MI 48314
586-254-8048

Early Childhood Autism Services

The State of Michigan has developed a new set of services for young children diagnosed with Autism Spectrum Disorder (ASD). The new benefit will offer Applied Behavioral Analysis Services, as well as other related services, to children diagnosed with Autism Spectrum Disorder who are Medicaid or MICHild Eligible. Children with ASD will be eligible for the service from age 18 months to five years.

What is Applied Behavioral Analysis (ABA)?

Applied Behavioral Analysis (ABA) is intensive, behaviorally-based treatment that uses various techniques to bring about meaningful and positive changes in the communication, social interaction, and repetitive behaviors that are typical of autism. Each child will have an individualized Behavior Intervention Plan that breaks down desired skills into manageable steps to be taught. The ABA provider will use a variety of behavioral interventions. ABA emphasizes positive social interactions and enjoyable learning of skills.

ABA behavioral treatment is designed for the needs of each child. It is expected to include 5-20 hours of direct intervention per week. Services are expected to be provided either in the home or in a clinic setting, or a combination of these settings.

Parents / guardians must agree to participate actively in ABA treatment. Caretaker involvement in ABA treatment is critical, since caretakers are expected to carry on the treatment when the ABA provider is not in the home. Parent training is part of the ABA service.

How can your Child get the Service?

To receive Applied Behavioral Analysis services, your child will have to be screened for the service. Either your child's doctor or the MCCMH Access Center can help start the screening process. Call the Access Center at the number on the next page, or fax an already completed screening to our Access Center.

The State requires that one of two special screening tools, either the M-CHAT (Modified Checklist for Autism in Toddlers) or the SCQ (Social Communication Questionnaire), be used to determine if your child may have autism, and to access the Applied Behavioral Analysis Benefit.

When we have a positive screening, we will contact you to set up a more complete evaluation. The evaluation process may require one to two visits. We want to make sure we get a complete and accurate picture of your child's needs, so that any services we set up for him or her will be helpful. In the process, you will also be provided with a Case Manager, who will help find other services, supports and resources that may help your child and family.

If you are concerned that your child may have autism and you aren't sure how to talk about it with the doctor, a shorter version of the M-CHAT is available on our website. ([www.mccmh.net/our services/ autism benefit.](http://www.mccmh.net/our_services/autism_benefit)) Print the tool and make any notes you wish about your child's behavior. Take it with you to the doctor to start a conversation about autism. Remember that a positive M-CHAT or SCQ screening is not a diagnosis.

If your child is diagnosed with autism spectrum disorder, he or she will **not** need to qualify for other developmental disability or mental health services from MCCMH in order to qualify for the ABA benefit. If your child has ASD but has other conditions that may limit the effectiveness of ABA, or if it simply isn't effective for him or her, we will help you get other MCCMH services that may work better for your child. If your child does not have an ASD diagnosis, but may need other developmental or mental health services, MCCMH will help you to get those services.

The Early Childhood Autism benefit is still developing and changing. Look at our website, [www.mccmh.net/Our Services/Autism Benefit](http://www.mccmh.net/Our_Services/Autism_Benefit), for current information. If you don't have web access, contact the Community Relations Office for help.

Calling the Access Center

The Access Center586-948-0222
Fax: 586-948-0223
Service Inquiries: Monday thru Friday, 8:30 a.m. to 7:45 p.m.
The Michigan Relay Center (TTY Access) 711

After Regular Business Hours: The Crisis Center 586-307-9100

Adult Benefits Waiver (ABW)

In addition to Medicaid, the State of Michigan offers other health services for residents who need help paying for health care. One such program is the “**Adult Benefits Waiver.**” ABW offers limited health care services to adults with low incomes who do not qualify for Medicaid. ABW does not provide all the services covered by Medicaid.

ABW is a limited-enrollment program. Contact your local DHS office to find out when enrollment is open and how to apply, or call the Community Relations/ Customer Service Office for more information.

If you are receiving MCCMH services funded through Adult Benefit Waiver (ABW), the array of services available to you is defined by State requirements for this program.

Mental Health and Substance Abuse Services for Adult Benefits Waiver

Enrollees: Individuals enrolled in the Adult Benefits Waiver (ABW) may be eligible for mental health and substance abuse services such as those listed below and on the next page. An assessment will determine the medical necessity for the services. The ABW Enrollee may be required to pay a co-pay for these services.

Mental Health Services

- Crisis Interventions for mental health-related emergency situations and conditions
- Identification, assessment, and diagnostic evaluation to determine your mental health status, condition, and specific needs
- Inpatient hospital psychiatric care for beneficiaries with mental illness who require care in a 24-hour medically structured and supervised facility
- Other medically necessary mental health services
- Psychotherapy or counseling (individual, family, or group) when indicated
- Interpretation or explanation of results of psychiatric examination, other medical examinations and procedures, or other accumulated data, to family or other responsible persons, or advising them on how to assist the beneficiary
- Pharmacological management, including prescription, administration, and review of medication use and effects
- Specialized Community Mental Health clinical and rehabilitation services, including Case Management, psychosocial interventions, and other community supports, as medically necessary, and when used as an approved alternative to more restrictive care or placement.

Substance Abuse Services

- Initial assessment, diagnostic evaluation, referral, and patient placement
- Outpatient treatment
- Federal Food and Drug Administration (FDA) approved pharmacological supports for Levo-Alpha-Acetyl Methadol (LAAM) and Methadone only, or
- Other substance abuse services, that may be provided at the discretion of MCCMH to enhance outcomes.

Non-Medicaid Mental Health Services

If you do not receive Medicaid, you may still receive services from Macomb County Community Mental Health. This is true if you do not have medical insurance at all, or if your medical insurance does not pay for services that you need to manage a psychiatric emergency or pay for medicines you need to manage your mental illness. These services are funded through the Michigan's General Fund, and are called "General Fund" or "GF" Supported Services.

If you are receiving MCCMH services and you do not have Medicaid, we will require you to apply for Medicaid. It is worthwhile for you to apply for Medicaid, since Medicaid covers an array of services that otherwise may not be available to you.

If you are receiving services and you do not have Medicaid or other insurance, you will be asked to pay a fee toward the cost of your services. Your fee will be based on your income and allowable expenses.

You should also know that when you do not have Medicaid, your grievance and appeal rights are different from those of Medicaid recipients. If we have to place you on a waiting list for a specific service, you may appeal our decision if you feel that waiting for services puts you at a health and safety risk. Read pages 47-50 of this booklet carefully for more information about your grievance and appeal rights, or call the Office of Community Relations/ Customer Service for help.

MCOSA

Macomb County Community Mental Health is the designated coordinating agency for substance abuse services in Macomb County. The Macomb County Office of Substance Abuse (MCOSA) is the division of MCCMH that manages substance abuse services. MCCMH subcontracts with community agencies to provide publicly-funded substance abuse prevention and treatment services to people with Medicaid and others in Macomb County who qualify for publicly-funded treatment services.

For service users, MCOSA provides recipient rights services and consumer complaint resolution.

Substance Abuse Treatment Services

This page and the next list the Medicaid-covered substance abuse treatment services that may be available to you. Remember that **you will not be eligible for all the services listed** — the services you will receive will be based on your individual needs. You must meet **medically-necessary** criteria for any Medicaid-covered services. Medical necessity means that the service is needed to manage an identified medical issue.

The Substance Abuse treatment services listed below are covered by Medicaid. These services are available through MCCMH/MCOSA:

Access, Assessment and Referral (AAR) determines the need for substance abuse services and will assist in getting to the right services and providers. In Macomb County, screening is coordinated by CARE.

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

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

Methadone and LAAM Treatment is provided to people who have heroin or other opiate dependence. The treatment consists of opiate substitution monitored by a doctor as well as nursing services and lab tests. This treatment is usually provided along with other substance abuse outpatient treatment.

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

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

If you would like to learn about Substance Abuse Treatment services, call CARE. If you would like to resolve a concern about your substance abuse treatment services, call MCOSA.

CARE (Substance Abuse Treatment Access).586-541-2273
Website: www.careofsem.com
Call CARE to find out the locations and times of its various services.

The Macomb County Office of Substance Abuse.586-469-5278
22550 Hall Road, Clinton Township 48036
Website: www.mcosa.net

If you need help after regular business hours, call the Crisis Center, 586-307-9100.

Additional Services

These services and supports offered by MCCMH, in addition to Medicaid-Covered services, may be available to you.

Remember: You may call any MCCMH office “Collect,” or, if you prefer, we will call you back at any number you give us. These offices are equipped with telephone interpreter services for those who best use a language other than English. If you use a TTY, call the Michigan Relay Center at 711 to reach any MCCMH office.

Consumer-Run Drop-In Centers: Drop-In Centers are peer-operated. They offer help with food, clothing, socialization, housing, and support to begin or maintain mental health treatment. Participation is free and voluntary. You don’t need to be part of any other treatment or service to go to the Drop-In Centers.

Liberties586-954-1590
22754 Macomb Industrial Drive, Clinton Township 48036

Liberties South586-779-8092
26345 Gratiot, Roseville 48066

Hours of Operation: Hours for both the Drop-In Centers vary by day and season. Weekend and evening activities are available. Call for more information.

After Regular Business Hours: The Crisis Center586-307-9100

Family Support Subsidy Program: Family Support Subsidy payments provide financial assistance to families with children in special education programs for autism (**AI**), severe multiple impairment (**SXI**), and some children in programs for cognitive impairment (**CI**). The Family Support Subsidy Coordinator at MCCMH will help with the application process. Family Support Subsidy payments are made directly by the Department of Community Health.

Family Support Subsidy Coordinator 586-469-5950
VerKuilen Building, 21885 Dunham Road, Suite I, Clinton Township 48036
Hours of Operation: 8:30 a.m. to 5 p.m. Monday thru Friday
After Regular Business Hours: The Crisis Center586-307-9100

PATH Housing Project: Homeless Assistance Programs may include start-up funds to find a home, connections to mental health or substance abuse treatment, and case management supports. Participants must agree to remain actively involved in mental health and/ or substance abuse treatment services. Homeless assistance programs are grant funded. This support is available to adults who are both homeless and mentally ill. To learn more about homeless assistance programs, contact:

PATH Housing586-466-8704
Hours of Operation: 8:30 a.m. to 5 p.m., Monday thru Friday.
After Regular Business Hours: The Crisis Center586-307-9100

Assessment for Nursing Home Placement: A mental health assessment is required by law for anyone entering a nursing home. These assessments are provided by MCCMH staff who specialize in services for older adults. If treatment is needed, it may be provided by MCCMH or by another provider chosen by the family. The nursing home will arrange for the assessment.

OBRA Assessment Team586-469-7792
FIRST North
43740 Groesbeck Hwy., Clinton Township 48036

Clinic Hours of Operation: 8:30 a.m. to 5 p.m. Monday thru Friday
Assessments by appointment.
After Regular Business Hours: The Crisis Center586-307-9100

Your Physical Health Care

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

Medicaid Health Plan Services

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

- Ambulance
- Chiropractic
- Doctor visits
- Family planning
- Health check ups
- Hearing aids
- Hearing and speech therapy
- Home Health Care
- Immunizations (shots)
- Lab and X-Ray
- Medical supplies
- Medicine
- Mental health (Limit of 20 outpatient visits)
- Nursing Home Care
- Physical and Occupational therapy
- Prenatal care and delivery
- Surgery
- Transportation to medical appointments
- Vision

If you already are enrolled in one of the health plans listed on the next page, you can contact your 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 call the Office of Community Relations/ Customer Service for assistance.

Coordination of Care

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

Enrolling in Medicaid

If you would like to enroll in Medicaid, learn about different Medicaid Health Plans in Macomb County, or change your Medicaid Health Plan, contact **Michigan Enrolls: 1-888-367-6557**.

If you do not have insurance and we believe that you may qualify for Medicaid, MCCMH may require you to apply for it, and/ or we may help you to do so.

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Medicaid Spend-Down

Some people whose monthly incomes might otherwise be too high to qualify for Medicaid may qualify if they have high monthly medical expenses. In this case, a deductible known as a “**spend-down**” is applied. In a spend-down, the medical expenses that you incur during a month are subtracted from your income during that month. If the remaining income meets the State’s Medicaid eligibility level, you qualify for Medicaid benefits for the remainder of the month. MCCMH services qualify as medical expenses against a spend-down.

To see if you qualify for Medicaid using a spend-down, contact your local DHS office or call the Community Relations/ Customer Services Office for more information.

Medicaid Health Plans

In Macomb County, these health plans serve persons who receive Medicaid. If you aren't sure which health plan covers you, look on the back of your MIHealth Card for the name and number of your Health Plan.

If you are covered by a Medicaid Health Plan, you have information rights, appeal rights, and other rights related to the services provided by your health plan. These rights are separate from and in addition to the rights you have while you receive services from MCCMH. If you have questions about the additional services covered by your Medicaid Health Plan, contact the Customer Services Office for your health plan at the number provided.

McClaren Health Plan

G-3245 Beecher Rd., Suite 200
Flint, MI 48532
1-888-327-0671
www.mclarenhealthplan.org

Molina Healthcare of Michigan

100 W. Big Beaver, Suite 600
Troy, MI 48084
1-888-898-7969
www.molinahealthcare.com

Meridan Health Plan of Michigan

777 Woodward Ave. Suite 600
Detroit, MI 48226
1-888-437-0606
www.mhplan.com

Total Health Care

3011 W. Grand Blvd., Suite 1600
Detroit, MI 48202
1-800-826-2862
www.totalhealthcareonline.com

Midwest Health Plan

5050 Schaefer Road
Dearborn, MI 48126
1-888-654-2200
www.midwesthealthplan.com

United Healthcare Community Plan

26957 Northwestern Hwy., Suite 400
Southfield, MI 48033
1-800-903-5253
www.uhccommunityplan.com

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Changes in Health Plans

Medicaid Health Plans change periodically. For the most current information about Medicaid services, and Medicaid Health Plans, or if you have questions about your Medicaid coverage, call the **Medicaid Helpline: 1-800-642-3195**.

MiChild

MiChild is a health insurance program sponsored by the State of Michigan. MiChild provides healthcare coverage to uninsured children of working families who do not qualify for Medicaid. It covers a range of healthcare services for children, including mental health, developmental disability, and substance abuse services. MiChild does not provide all the services covered by Medicaid.

To learn more about MiChild and find out if your children qualify, call the **MiChild Helpline: 1-888-988-6300**.

Resolving Concerns about Your Services

Grievances

You have the right to say that you are unhappy with your services or supports or the staff who provide them, by filing a “grievance.” You can file a grievance *any time* by calling, visiting, or writing to the Ombudsman. Assistance is available in the filing process by contacting the Ombudsman. You will be given detailed information about grievance and appeal processes when you first start services and then again annually. You may ask for this information at any time by contacting the Community Relations/ Customer Services Office.

Appeals

You will be given written notice 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. There are two ways you can appeal these decisions. There are also time limits on when you can file an appeal once you receive a decision about your services.

You may:

- Ask for a “Local Appeal” by contacting the Ombudsman at 586-469-7795 and/ or
- You can ask at any time for a Medicaid Fair Hearing before an Administrative Law Judge (a state appeal).

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 the Ombudsman to file an appeal.

The rest of this section provides detailed information about how to make the best use of your grievance, appeal, and second opinion rights when you use or apply for services from Macomb County Community Mental Health. Read this section carefully, or call the Office of Community Relations/ Customer Services for help.

We want to work with you to make sure that your experiences with MCCMH are effective, satisfying, and problem-free. From time to time, concerns about your services may arise. **You have the right, at any time, to tell us if you are dissatisfied** with anything about your services or about your experience with MCCMH. You may do so in a number of ways:

- **Informal Resolution:** If you are unhappy with something about your services or your experience with MCCMH, we encourage you to tell us. Talk to your therapist, case manager or supports coordinator, or their supervisors, to see if your concern can be resolved right in the clinic. However, **you don't have to do this** if it makes you uncomfortable. You may try talking while you use other formal methods, too.
- If you are receiving MCCMH services and you are dissatisfied, **you may file a grievance**. A **grievance** is a formal expression of dissatisfaction with something about your service delivery or your experience with one of our staff, contractors, or service sites. You may file a grievance verbally or in writing. When you file a grievance, MCCMH must acknowledge your concern in writing and must work with you to resolve it within 60 days.
- If you are requesting MCCMH services for the first time, or you are requesting hospitalization, and your request is denied, **you may request a Second Opinion**. A **second opinion** is a review of the decision made. Usually, a second opinion is provided by the Executive Director, by the MCCMH Medical Director, or by his or her designee. Second opinions must be complete within five days for new service requests, or three days or less for hospitalization. You must request a second opinion in writing.
- **Anyone who uses MCCMH services may request a Local Appeal**. A Local **Appeal** is a formal request for a review of an action made by MCCMH. You may file an Appeal if you do not agree with our decision to reduce, suspend, or terminate your services, or if you don't agree with the contents of your person-centered plan (your plan of service), or if you don't agree with our decisions about your eligibility for Family Support Subsidy payments. If you do not have Medicaid and are paying for part of the cost of your services, but you don't agree with the fee we set for you, you may also file an appeal. Your appeal will be heard by someone in Macomb County who was not involved in the original decision. You must request an appeal in writing, within 45 days of the action.

- **If you receive Medicaid, you may request a Medicaid Fair Hearing.** A **Medicaid Fair Hearing** is a state level review of a decision we have made to deny, reduce, terminate or suspend your Medicaid-covered services. An Administrative Law Judge who is independent of both the Department of Community Health and MCCMH will hear the review. You must request a Medicaid Fair Hearing in writing, within 90 days of the action. If you receive Medicaid, you may file a grievance, request a Local Appeal and request a Fair Hearing all at the same time.
- **If you do not receive Medicaid** and you are not satisfied with the results of your Local Appeal, you may use the **Alternative Dispute Resolution Process (ADRP)**. This is a hearing of your concern by the Department of Community Health in Lansing. You must request ADRP in writing, within 10 days after receiving the results of your local appeal. If you do not receive Medicaid, you must attempt to resolve your concerns first informally or through a grievance, then using the Local Appeal Process, then by using the Alternative Dispute Resolution Process. Decisions reached through ADRP are advisory only — they are non-binding on MCCMH.

Notification in Writing: Whenever MCCMH makes a decision to deny, reduce, terminate or suspend services you have requested or that you have already been receiving, we must provide you with written notice of the action and the reasons for our decision. Along with the letter, we must provide you with written explanation of your options for appealing our decision. We must also provide a written acknowledgement of your concern when you file a grievance about any issue. We must provide these notices within specific time frames, so that you have an opportunity to respond. When your grievance, appeal, hearing, or ADRP is completed, you will receive a letter explaining how your concern has been resolved, as well as any further rights you may have.

Continuing Your Services: If you request an Appeal or a Medicaid Fair Hearing, you may request that your services continue as they are until the end of the authorization period or until the Hearing has occurred, whichever comes first. You must request continuation of your services in addition to your request for an Appeal or Fair Hearing, and within the same timeframes. If you request continuation of your services and the Hearing Officer agrees with the decision of MCCMH, you may be required to pay for services you received while the Appeal or Hearing was in process.

Reviewing Your Records: If you request an Appeal, Medicaid Fair Hearing, or Alternate Dispute Resolution Process, you have the right to review your records in advance of the Appeal, Hearing, or ADRP. You may also request review of your records at any time.

Expedited Requests: Both Medicaid and non-Medicaid consumers may request an expedited appeal, if waiting for a standard appeal would cause serious harm or would seriously reduce your ability to function. If you receive Medicaid, you may also request an Expedited Medicaid Fair Hearing. Expedited requests will be resolved within three business days. MCCMH may deny your request for an expedited appeal, if we do not agree that waiting will cause harm. If we deny your request for an expedited appeal, your appeal will be heard within standard time frames.

Representation and Witnesses: When you request an Appeal, a Medicaid Fair Hearing, or Alternative Dispute Resolution Process, you are entitled to bring information and witnesses and/ or to have representation to help you.

Recipient Rights: Any time you file a grievance, request a second opinion, request a Medicaid Fair Hearing, or request Alternative Dispute Resolution, you may also file a Recipient Rights Complaint with the Office of Recipient Rights.

Help with Your Concerns

If you want to resolve your concern informally or file a grievance, the MCCMH Ombudsman is available to help you. The Ombudsman is located in the Office of Community Relations. The Ombudsman will work with you and the people involved in your concern to find a satisfactory solution.

If you want to request a Second Opinion, request a Local Appeal, request a Medicaid Fair Hearing, or use the Alternative Dispute Resolution Process, the Ombudsman will help you. The Ombudsman will help you with any paperwork that has to be done, or with anything else you need to make your request.

The Ombudsman 586-469-7795

Fax: 586-469-7674

Hours of Operation: 8:30 a.m. to 5:00 p.m. M-F.

After Regular Business Hours: The Crisis Center 586-307-9100

Remember: You may call any MCCMH office “Collect,” or, if you prefer, we will call you back at any number you give us. These offices are equipped with telephone interpreter services for those who best use a language other than English. If you use a TTY, call the Michigan Relay Center at 711 to reach any MCCMH office.

Office of 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 condition

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

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

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.

You may contact MCCMH 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 586-469-6528 or the Community Relations/ Customer Service office at 586-469-6958.

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.

Making a Recipient Rights Complaint

You may make a Recipient Rights complaint at any time if you believe your rights have been violated. You may make a Recipient Rights complaint either verbally or in writing. Others may also make Recipient Rights complaints on your behalf. To make a Recipient Rights complaint, or to learn more about your rights, call:

The Office of Recipient Rights586-469-6528
22550 Hall Road, Clinton Township 48036
Fax: 586-466-4131
Hours of Operation: 8:30 a.m. to 5:00 p.m. M-F, and by appointment.

Remember: You may call any MCCMH office “Collect,” or, if you prefer, we will call you back at any number you give us. These offices are equipped with telephone interpreter services for those who best use a language other than English. If you use a TTY, call the Michigan Relay Center at 711 to reach any MCCMH office.

Substance Abuse Recipient Rights

Every person who receives alcohol or drug abuse treatment services has certain rights protected by law. Your rights specific to substance abuse treatment services are spelled out in the Administrative Rules for Substance Abuse Programs in Michigan, and in other State and Federal laws.

Some of your rights include:

- the right to confidentiality (privacy)
- the right to be free from abuse and neglect
- the right to services that meet your needs
- the right to be treated with dignity and respect

You have many other rights when you receive substance abuse treatment.

Resolving Concerns about Substance Abuse Services

If you have concerns about substance abuse treatment services provided by your Medicaid plan, you may file a written or verbal complaint. The complaint will be resolved quickly and informally.

If you have Medicaid and you have concerns about the quality, type, or amount of services authorized or provided to you, you may also choose to file a local grievance, request a second opinion, request a local appeal, or request a Medicaid Fair Hearing. If you do not have Medicaid, you have other options for resolution. See pages 47-50 for detail about these options for resolution.

If you believe that your substance abuse recipient rights have been violated, you may also file a Recipient Rights Complaint.

To learn more about your rights when you receive substance abuse treatment services, contact:

The Macomb County Office of Substance Abuse.586-469-5278
22550 Hall Road, Clinton Township, MI 48036
Hours of Operation: 8:30 a.m. to 5 p.m. Monday thru Friday
After Regular Business Hours: The Crisis Center586-307-9100

Which Office to Call

Remember! You can call either the MCCMH Office of Recipient Rights or MCCMH/ MCOSA to talk to a Rights Advisor with any questions you may have about your rights, or to get help filing a complaint. The Office of Community Relations/ Customer Services can also help you. If you have a concern about your services and you aren't sure whether to call the Office of Community Relations, the Ombudsman, the Office of Recipient Rights, or MCOSA, call any of these offices. We will help you sort it out.

Confidentiality

Confidentiality and Family Access to Information

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 and 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.

Family members have the right to provide information to MCCMH about you. However, without a Release of Information signed by you, MCCMH may not give information about you to a family member. For minor children under the age of 18 years, parents/ guardians are provided information about their child and must sign a release of information before information can be shared with others.

If you receive substance abuse services, you have rights related to confidentiality specific to substance abuse services.

Under 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.

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

Keeping your treatment information private is called **confidentiality**. Generally, information about you can only be given to others with your permission. You must sign a “**Release of Information**” to tell us who you want us to talk to about your treatment, and what information we can share. Sometimes this is simply called a “release.”

The Office of Recipient Rights will help you understand how confidentiality works for you, and will help you resolve any concerns about your confidentiality.

If you are receiving substance abuse treatment services, information about your alcohol or drug treatment is kept strictly confidential, as protected under federal law. The treatment program will give you a written statement that describes the federal confidentiality law and the exceptions to that protection. The treatment program or MCOSA can answer questions you have about the confidentiality of your substance abuse treatment records.

Confidentiality and Your Family

Except as required by law, we cannot tell anyone, even your family members, that you receive services from us, unless you give us permission. But, if you receive public mental health or developmental disability services, your family members may provide information to MCCMH about you to help with your treatment. Even if they do so, we cannot give information about you or your care to a family member without a Release of Information signed by you. Sign a release of information to tell us if there is anyone you want us to talk with about your treatment. Parents with legal and physical custody may give and receive information about their minor children (under the age of 18). Parents must sign a release to allow us to share their child's information with others. The legally appointed guardian(s) of adults may also give and receive information about those for whom they have responsibility, and may authorize release of information to others.

HIPAA

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There are many laws that govern your privacy. One is **HIPAA**, the Health Insurance Portability and Accountability Act. HIPAA gives you specific rights to privacy, including notice about where and when your information is shared, and the right to request communication in certain ways or places.

We will send you a new notice if we change our privacy practices, or you may ask for a Privacy Notice at any time. Information about HIPAA is posted at every MCCMH service location.

Access to Your Records

You have the right to look at your own clinical records and to add a formal statement about them, if you wish. HIPAA and the Michigan Mental Health Code provide you the right to read and add to your MCCMH records. You may add a statement to your records if you want to challenge their accuracy, completeness, timeliness or relevance. A statement you make to challenge your record will become part of your record, but it will not change the record.

If you are a competent adult (the court has not appointed a guardian for you), information entered into your record **after March 28, 1996 may not** be withheld from you. If you have a guardian, or you are requesting that your records be released to other parties, MCCMH may deny or restrict disclosure of information in your record that could be detrimental to you or another person. If we deny the request, we must state why in writing.

We are permitted up to 30 days to fulfill the request to see or add to the record. We may also charge a small fee for copying your records. If you are denied access to your record, you or someone on your behalf may appeal the decision to the MCCMH Office of Recipient Rights.

Ethics of Service

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MCCMH strives to provide its services within the framework of the highest ethical standards. Some important things for you to know about what you can expect while you are treated by MCCMH or its contractors include:

- You and your family can expect to be treated with dignity and respect at all times by all MCCMH direct and contract staff.
- Services will be provided in the least restrictive environment appropriate for you. Your services will be provided in safe, sanitary, and humane ways. You will not be subject to abuse, neglect, mistreatment or deliberate injury.
- MCCMH services are provided by staff who are professionally trained and appropriately licensed within their disciplines. Each staff person is required

to uphold the ethical standards of his/ her profession, as well as those of MCCMH. MCCMH staff may not misrepresent their qualifications, education, licensure, or credentials to you or anyone else.

- MCCMH staff who provide your services cannot initiate or maintain personal, social, or sexual relationships with you or your family members, even with your consent. This is so that those who provide your services can remain objective, and so that you are not placed in any uncomfortable or compromising situation. MCCMH staff cannot use their professional relationships with you for their personal gain or advantage.
- Aside from your fees, we cannot accept money or items of value from you in exchange for the services provided by MCCMH, and cannot use relationships with you for personal financial gain or business interests outside of MCCMH.

If you have questions about confidentiality, access to your records, or the ethics of your service delivery, you may contact the Office of Recipient Rights. If you believe that your confidentiality has been violated or access to your records has been incorrectly denied, contact the Office of Recipient Rights. Call:

The Office of Recipient Rights586-469-6528
22550 Hall Road, Clinton Township 48036
Fax: 586-466-4131
Hours of Operation: 8:30 a.m. to 5:00 p.m. M-F, and by appointment.

Remember: You may call any MCCMH office “Collect,” or, if you prefer, we will call you back at any number you give us. These offices are equipped with telephone interpreter services for those who best use a language other than English. If you use a TTY, call the Michigan Relay Center at 711 to reach any MCCMH office.

Contacting MCCMH

The following is a list of the addresses, phone numbers, and websites you might need to contact MCCMH.

You may call any MCCMH office “Collect,” or, if you prefer, we will call you back at any number you give us. These offices are equipped with telephone interpreter services for those who best use a language other than English. If you use a TTY, call the Michigan Relay Center at 711 to reach any MCCMH office.

Hours of Operation: Unless otherwise noted, all Macomb County CMH offices are available during regular business hours, 8:30 a.m. to 5:00 p.m., Monday thru Friday. MCCMH offices and clinics are closed on Government/ Bank holidays.

Macomb County CMH Crisis Center 586-307-9100 V / TTY
800-442-HOPE
800-237-TALK

MCCMH Crisis Center Services are available 24/ 7/ 365.

The MCCMH Administrative Office. 586-469-5275
22550 Hall Road, Clinton Township 48036
Website: www.mccmh.net
Fax: 586- 469-7674

The Access Center586-948-0222
Fax: 586-948-0223

The Office of Community Relations586-469-6958
The Ombudsman 586-469-7795
Fax for OCR and the Ombudsman: 586-469-7674
Email for OCR and the Ombudsman:OCR@mccmh.net

The Office of Recipient Rights586-469-6528
22550 Hall Road, Clinton Township 48036
Fax: 586-466-4131

The Macomb County Office of Substance Abuse.586-469-5278
22550 Hall Road, Clinton Township 48036
Website: www.mcosa.org

CARE (Substance Abuse Treatment Access).586-541-2273

Website: www.careofsemi.org

Call CARE to find out the locations and times of its various services.

Emergency Psychiatric Services — Adults

Henry Ford Macomb, Mt. Clemens Campus, 215 N. Ave, Mt. Clemens
586-466-9895

Emergency Psychiatric Services — Children

Harbor Oaks Hospital, 35031 Twenty-three Mile, New Baltimore
586-725-5777

Havenwyck Hospital, 1525 University, Auburn Hills 800-401-2727

Henry Ford Kingswood Hospital, Ferndale248-398-3200

Remember: Hospital services for emergencies are available 24/ 7/ 365.
See page 12 for additional options and information about hospitalization.

Arab-American and Chaldean Mental Health Services

Arab-American Chaldean Council586-939-5016

34628 Dequindre, Suite 2, Sterling Heights 48310

Fax: 586-939-5194

Hours of Operation: 8:30 a.m.- 4:30 p.m.

Contact the Access Center for information about other culturally-based services available through MCCMH.

Assessment for Nursing Home Placement

OBRA Program586-469-7792

43740 Groesbeck Hwy., Clinton Township 48036

Fax: 586-469-7662

Hours of Operation: Assessments by appointment

Clinic availability: 8:30 a.m.- 5:00 p.m.

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Clubhouse Programs

Crossroads Clubhouse586-759-9100

27041 Schoenherr Rd., Warren 48088

Fax: 586-759-9176

Hours of Operation: 8:30 a.m.- 4:30 p.m.

Friendship House Clubhouse586-465-4780

277 N. Groesbeck Hwy., Mt. Clemens 48043

Fax: 586-465-4811

Hours of Operation: 8:30 a.m.- 4:30 p.m.

Consumer-Run Drop-In Centers

Liberties North 586-954-1590
22754 Macomb Industrial Drive, Clinton Township 48036

Liberties South 586-779-8092
26345 Gratiot, Roseville 48066

Hours of Operation: Hours for both Liberties North and South vary slightly by season. Liberties also holds special events for weekends and holidays. Call either location for more specific information about hours and activities.

Family Support Subsidy Program 586-469-5950
VerKuilen Building, 21885 Dunham Road, Suite I
Clinton Township 48036

Homeless Assistance Programs 586-466-8704
Location confidential.

After Regular Business Hours

If you need help after regular business hours (in the evenings, through the night, or on weekends and holidays), call the Crisis Center. The Crisis Center will help you with your concern, or will connect you to another source of help.

If you need help after regular business hours, call 586-307-9100 V/ TTY.

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If Phone Calls are A Concern

MCCMH will accept collect calls at any of our offices. If the cost of a phone call is keeping you from the help you want for yourself or someone you care about, call us collect! If you prefer, we will also call you back at a number you leave for us.

Community Resources

These local community agencies may provide additional support, information, or services to help with your needs. These agencies are not part of MCCMH. Phone numbers were verified at the time of printing; however, agencies change phone numbers without notice to MCCMH. Hours and services vary by agency. If you have trouble reaching any of these services, call the Crisis Center for the new phone number.

Mental Health

Agoraphobics in Motion (AIM)	248-547-0400
Depression and Bi-Polar Support Alliance (DBSA)	248-677-3380
NAMI Macomb	586-817-1925
Schizophrenics Anonymous (SA) (At Liberties North)	586-954-1590

Developmental Disabilities

ARC Macomb	586-469-1600
Autism Society of Michigan	800-223-6722
Epilepsy Foundation of Michigan	800-377-6226
United Cerebral Palsy Assn. of Metro-Detroit	800-827-4843

Addiction Support Groups

Alcoholics Anonymous	877-337-0611
Al-Anon Family Groups	888-425-2666
Michigan Gambling Helpline	800-270-7117
Narcotics Anonymous	248-543-7200
NAR-Anon Family Groups	586-447-2868
Dual-Recovery Anonymous (persons diagnosed with mental illness and substance abuse — at Liberties South.)	586-777-8094

Other Resources

MCCMH Crisis Center The Crisis Center can direct callers to over 400 community resources for a wide variety of situations.	586-307-9100 V/TTY/Collect
Michigan Protection and Advocacy Service	800-288-5923
United Way Tel-Help (Referral to other services.)	211
The Michigan Relay Center	711

Glossary of Terms

This is a list of some of the important words and phrases used in this booklet. If you have other questions about what is in this booklet, ask your Therapist or Case Manager, or call the Office of Community Relations.

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.

Adult Benefits Waiver: Michigan health care program for certain low-income adults who are not eligible for the Medicaid program. Contact the Community Relations/ Customer Service Office for more information. This is a narrowly defined benefit that does not entitle you to all of the services and supports described in this handbook. The ABW service array is described on pages 37-38 of this booklet.

Adult Home Help Program is a service that is available to some Medicaid beneficiaries who need in-home assistance with activities of daily living and household chores. **Adult Home Help is a service of DHS, not of the local Community Mental Health Program.** Contact your local DHS Office for more information or to see if you qualify. See page 34 for information.

Advance Directive for Mental Health Care: Also known as a “**Psychiatric Advance Directive**” is a legal document in which you name someone else, called a Patient Advocate, who is authorized to make medical care decisions for you if you are unable to make them yourself.

Alternative Dispute Resolution Process: If you do not receive Medicaid, this is the process used to request a hearing of your concerns about MCCMH services by the Department of Community Health in Lansing. The Community Relations/ Customer Services Office will help you make this 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 formal request for a review of an action made by MCCMH. You may file an Appeal if you do not agree with our decision to reduce, suspend, or terminate your services, or if you don’t agree with the contents of your person-centered plan (your plan of service), or if you don’t agree with our

decisions about your eligibility for Family Support Subsidy payments. If you do not have Medicaid and are paying for part of the cost of your services, but you don't agree with the fee we set for you, you may also file an appeal.

Applied Behavioral Analysis: Applied Behavior Analysis (ABA) is intensive, behaviorally-based treatment that uses various techniques to bring about meaningful and positive changes in the communication, social interaction, and repetitive behaviors that are typical of autism. Learn more about early childhood autism services on pages 35-36.

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

CA: An acronym for Substance Abuse Coordinating Agency. The CAs in Michigan manage services for people with substance use disorders.

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

Commission on Accreditation of Rehabilitation Facilities, usually called CARF: **CARF** is a national organization that independently reviews the services of mental health and disability service organizations. MCCMH is accredited by CARF.

Confidentiality: Privacy. If you are receiving services from MCCMH, you have the right to have information about your services kept private.

Coordination of Care: When MCCMH talks with your primary doctor to make sure that your physical and mental health care, including all the medicines you take and any other treatments you receive, work together well.

Deductible (or Spend-Down): A term used when individuals qualify for Medicaid coverage even though their countable incomes are higher than the usual Medicaid income standard. Under this process, the medical expenses that an individual incurs during a month are subtracted from the individual's income during that month. Once the individual's income has been reduced to a state-specified level, the individual qualifies for Medicaid benefits for the remainder of the month. Medicaid applications and deductible determinations are managed by the Michigan Department of Human Services (DHS) - independent of the MCCMH service system.

Developmental Disability: As defined by the Michigan Mental Health Code 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.

Discharge Plan: A plan created with you before you leave the hospital that will outline what mental health services you will receive in the community to help you stay well.

DSM: The Diagnostic and Statistical Manual of Mental Disorders. This handbook used by physicians lists the diagnostic criteria for various forms of mental illness and emotional disturbance.

Fair Hearing: A state level review of beneficiaries' disagreements with MCCMH's denial, reduction, suspension or termination of Medicaid covered services. State Administrative Law Judges who are independent of the Michigan Department of Community Health perform the reviews.

Family-Centered Planning/ Family-Centered Practice: Service planning that includes the goals, hopes and needs of the whole family. Most often used when children receive MCCMH services.

Fiscal Intermediary: A person who helps you manage your budget and pay your providers if you are using a self-determination approach.

Grievance: An expression of dissatisfaction with something about your service delivery or your experience with one of our staff, contractors, or service sites.

General Fund (GF) Services: These are MCCMH mental health or developmental disability services available to persons who do not receive Medicaid or do not have other insurance. These services are funded through Michigan's General Fund.

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

Independent Facilitator: An independent facilitator is a person who has been trained to support others as a PCP facilitator. He or she is not connected to MCCMH or the agencies that provide your services. Independent facilitators are paid to facilitate PCP meetings, but don’t provide other services to you.

Individual Budget: The amount of funds available to you for purchase of your services if you are using a self-determination approach. Your individual budget is determined by your person-centered plan.

Individual Plan of Service: The written plan that provides you with the detailed information about the approved services you will receive from MCCMH and who will provide them. Your Individual Plan of Service is also known as your Person-Centered Plan, and is developed using the Person-Centered Planning model.

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

Medicaid-Covered Services: The healthcare services paid for by Medicaid. A list of Medicaid covered services provided by MCCMH is found on pages 28-34 of this booklet.

Medicaid Health Plans (MHPs): The health insurance providers authorized by the State of Michigan to manage health services for Medicaid beneficiaries.

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, developmental disability or substance use (or any other medical) condition. Some services assess needs and some services help maintain or improve functioning. MCCMH is unable to authorize (pay for) or provide services that are not determined as medically necessary for you.

Michigan Mental Health Code: The state law that governs public mental health services provided to adults and children with mental illness, serious emotional disturbance, and persons with developmental disabilities by local

community mental health services programs and in state facilities.

Michigan Public Health Code: One of many laws that govern the delivery of publicly-funded substance abuse treatment services, and other health/ medical services in Michigan.

Michigan Relay Center provides telephone relay service to callers with hearing or speech difficulties. The Relay Center is available 24/ 7/ 365 and will help you contact any office, business, or residence, whether or not the other party has a TTY. You may contact any MCCMH office directly by using the Michigan Relay Center. To reach the Michigan Relay Center, call 7-1-1.

MIChild: a Michigan healthcare program for low-income children who are not eligible for the Medicaid Program. This is a limited benefit. Contact the Community Relations/ Customer Services Office for more information.

Office of Community Relations: An information resource for service users, their families and friends, and the whole community who want to learn about MCCMH. The Office of Community Relations functions as the Customer Services office for MCCMH.

Office of Recipient Rights (ORR): The Office of Recipient Rights is the place at MCCMH that will help you learn about your rights. ORR will help you learn about your rights or file a Recipient Rights complaint.

Ombudsman: The Ombudsman is the person at MCCMH who will help you use informal dispute resolution processes, or will help you with a grievance. The Ombudsman is part of the Office of Community Relations.

Peer Facilitator: A Peer Facilitator is a person with mental illness or developmental disability who has been trained to support others as a Person-Centered Planning (PCP) facilitator. Peer facilitators are paid to facilitate PCP meetings, but don't provide other services to you.

Person-Centered Planning: The process we use to design your services. PCP is based on your goals, strengths, abilities, and choices. PCP should build on your ability to be part of your community, and help you achieve your goals. Your person-centered plan defines what services you will get from MCCMH.

PIHP: An acronym for Prepaid Inpatient Health Plan. There are 18 PIHPs in Michigan that manage the Medicaid mental health, developmental disabilities, and substance abuse services in their geographic areas. All 18 PIHPs are also community mental health services programs.

Psychiatric Evaluation: Questions or tests to help a doctor understand what you are feeling, seeing, or experiencing, and how well you understand what is going on around you. An evaluation is done before you receive treatment.

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.

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.

Release of Information: A form that tells MCCMH who you want us to talk to about your treatment, and what information we can share or receive. Sometimes this is simply called a “release.”

Second Opinion: A review of the decision made by MCCMH about your request for hospitalization or your initial request for MCCMH services. Second opinions are provided by the MCCMH Executive Director, the Medical Director, or someone they authorize to do the review.

Self-determination: A model of service delivery that allows the person receiving mental health or developmental disability services to direct the purchase of approved services using a fixed amount of Medicaid dollars. Other public funds may also be used. Self-determination is an option for any adult who receives public mental health services.

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

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 function impairment that substantially interferes with or limits one or more major life activities.

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.

Treatment Planning / Service Planning: The development and review of your individual plan of services. At MCCMH, treatment/ service planning is done using the person-centered planning model.