Southwest Michigan
BEHAVIORAL HEALTH

Customer Handbook

Southwest Michigan Behavioral Health Prepaid Inpatient Health Plan Serving:

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

Contents

1.0 Welcome to Southwest Michigan Behavioral Health 3

2.0 Customer Service Office 8

3.0 How To Contact SWMBH 9

4.0 How to Access Emergency Services 10

5.0 How to Access Services 11

6.0 Service Authorizations 13

7.0 Service Array – Types of Services 13

8.0 Language Assistance and Accommodations 20

9.0 Coordination of Care 21

10.0 Transition of Care 22

11.0 Payment for Services 22

12.0 Accessing Out of Network Services 22

13.0 Person-Centered Planning 23

- **13.1** Medical Advance Directives 23
- **13.2** Psychiatric Advance Directive 24
- **13.3** Crisis Plan 24
- **13.4** Self-Directed Services/Choice Voucher. 24

14.0 Recovery and Resiliency 24

15.0 Privacy of Mental Health and Substance Use Service Information 25

16.0 Fraud, Waste, and Abuse 26

17.0 Grievances, Appeals, and Second Opinions 27

18.0 Mediation 30

19.0 Your Rights and Responsibilities 30

20.0 Glossary or Definition of Terms 34

21.0 Community Resources 41

22.0 Commonly Used Acronyms 42

1.0 WELCOME TO SOUTHWEST MICHIGAN BEHAVIORAL HEALTH

Southwest Michigan Behavioral Health (SWMBH) is the Prepaid Inpatient Health Plan (PIHP) for eight Michigan counties. SWMBH partners with Community Mental Health Service Provider (CMHSP) and substance use disorder agencies. SWMBH manages your Medicaid benefits to give you access to behavioral health and substance use care. As a health plan enrollee, you have rights and responsibilities in order to receive these services.

SWMBH and its partner agencies offer behavioral health services to adults with severe and persistent mental illness, children with severe emotional disturbance, and individuals with intellectual/developmental disabilities. SWMBH is also the Regional Coordinating Agency to provide services to persons with substance use disorders. SWMBH will make sure that services are given to you based on your needs and goals and are within the guidelines set by the state of Michigan. SWMBH makes sure that you and your family members are always treated with dignity and respect.

The Counties who are members of SWMBH are:

- Barry County Community Mental Health Authority (**Barry County**)
- Berrien Mental Health Authority (**Berrien County**)
- Pines Behavioral Health (**Branch County**)
- Summit Pointe (**Calhoun County**)
- Woodlands Behavioral Healthcare (**Cass County**)
- Integrated Services of Kalamazoo (**Kalamazoo County**)
- Pivotal (**St. Joseph County**)
- Van Buren Community Mental Health Authority (**Van Buren County**)

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

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

About this Handbook:

This customer handbook gives you important information about publicly funded behavioral health and substance use disorder services. In this handbook you will find:

- Information about how to access services
- Information about how to contact Customer Service with questions or concerns
- You can utilize the Michigan Relay Center (MRC) to reach SWMBH, a CMHSP, or service provider. Please call 7-1-1 and ask Michigan Relay Center (MRC) to connect you to the number you are trying to reach.
- Information about specialty services for Medicaid, Healthy Michigan Plan, MI-Child and other funding sources as applicable
- Your rights as a health plan enrollee and service recipient
- Information about the Community Mental Health Agencies
- Information about how SWMBH functions as the Regional Coordinating Agency
- Information about a current or up-to-date listing of the provider network from SWMBH.

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

www.swmbh.org/providers/provider-directory/

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

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

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

Customer Satisfaction

At SWMBH we want to make sure that you are satisfied with services. From time to time we will do satisfaction surveys over the phone, through mail, or electronically. The answers to the questions will tell us how happy you are with the services and the people that provided them. You have the right to not answer the questions. All answers will be kept private.

In providing behavioral healthcare services, Southwest Michigan Behavioral Health complies with applicable Federal and State civil rights laws and does not discriminate on the basis of race, national origin, color, sex, disability, religion, age, height, weight, familial status, partisan considerations, or genetic information. Sex-based discrimination includes, but is not limited to, discrimination based on sexual orientation, gender identification, gender expression, sex characteristics, and pregnancy. Southwest Michigan Behavioral Health does not exclude people or treat them differently because of any of these categories.

Southwest Michigan Behavioral Health:

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

If you need these services, contact Customer Services.

If you believe that Southwest Michigan Behavioral Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Customer Service
5250 Lovers Lane, Suite 200
Portage, MI 49002
P: 800-890-3712 (TTY: 711)
F: 269-441-1234
customerservice@swmbh.org

If you are an individual who is deaf or hard of hearing, you may contact the MI Relay Service at 711 to request their assistance in connecting you to Southwest Michigan Behavioral Health. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Customer Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html. You may also file a grievance electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW., Room 509F, HHH Building
Washington, D.C., 20201
1-800-368-1019.

In order to establish a methodology for identifying the prevalent non-English languages spoken by enrollees and potential enrollees throughout the State, and in each PIHP service area the list on the next page is provided. SWMBH provides taglines in the prevalent non-English languages in its particular service area included in the list on the next page.

English: If you speak English, language assistance is available for free. In addition, due to special needs, you have the right to receive information in different formats, such as audio, Braille or large print, at no additional cost. Call 1-800-890-3712 (Michigan Relay TTY: 7-1-1).

Albanian: Nëse flisni shqip, shërbimet e asistencës gjuhësore janë në dispozicion për ju pa pagesë. Gjithashtu, ju keni të drejtë të merrni informacion në një format tjetër, si audio, Braille ose font të madh, për shkak të nevojave të veçanta pa kosto shtesë. Telefononi (1-800-890-3712) (Michigan Relay TTY: 7-1-1).

Arabic: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. كما يحق لك ت

تلقي المعلومات بتنسيق مختلف، مثل الصوت أو طريقة برايل أو الخط الكبير، بسبب احتياجات ك

الخاصة دون أي تكلفة إضافية. اتصل على الرقم (1-800-890-3712 (Michigan

Relay TTY: 7-1-1).

Bengali: আপিন যিদ চীনা ভাষায় কথা বেলন, ভাষা সহায়তা পিরেষবা আপনার জন্য িবনামূেল্য উপল□। আপিন েকােনা অিতির□ খরচ ছাড়াই আপনার িবেশষ □েয়াজেনর কারেণ অিডও, ে□ইল বা বড় ি□ে□র মেতা ি ভ□ ফমর্্যাে ট তথ্যও েপেত পাের ন। কল ক□ন (িমিশগান িরেল TTY: 7-1-1)(1-800-890-3712)

Chinese: **如果您會**說中文，可以免費獲得語言説明。此外，由於特殊需要，您有

權免費接收不同格式的資訊，例如音訊、盲文或大字體。致電

（1-800-890-3712）（**密歇根州中**继 TTY: 7-1-1）

German: Wenn Sie Deutsch sprechen, steht Ihnen der Sprachassistenzdienst kostenlos zur Verfügung. Aufgrund Ihrer besonderen Bedürfnisse können Sie Informationen auch in einem anderen Format erhalten, z. B. als Audio, in Blindenschrift oder in Großdruck, ohne dass zusätzliche Kosten entstehen. Rufen Sie an (1-800-890-3712) (Michigan Relay TTY: 7-1-1).

Italian: Se parli italiano, i servizi di assistenza linguistica sono disponibili gratuitamente. Puoi anche ricevere informazioni in un formato diverso, come audio, Braille o caratteri grandi, in base alle tue esigenze speciali, senza costi aggiuntivi. Chiama (1-800-890-3712) (Michigan Relay TTY: 7-1-1).

Japanese: 日本語を話せる方は、言語支援サービスを無料でご利用いただけます。また、特別なニーズに応じて、音声、点字、拡大文字などの異なる形式で情報を受け取ることもできます。追加料金はかかりません。ミシガン リレー (1-800-890-3712) **TTY: 7-1-1** までお電話ください。

Korean: 한국어를 구사하는 경우 언어 지원 서비스를 무료로 이용할 수 있습니다. 특별한 요구 사항에 따라 오디오, 점자 또는 대형 인쇄와 같은 다른 형식으로 정보를 추가 비용 없이 받을 수도 있습니다. (1-800-890-3712) (Michigan Relay TTY: 7-1-1)로 전화하세요.

Polish: Jeśli mówisz po polsku, usługi pomocy językowej są dostępne bezpłatnie. Możesz również otrzymać informacje w innym formacie, takim jak audio, brajl lub duży druk, ze względu na Twoje szczególne potrzeby bez dodatkowych kosztów. Zadzwoń (1-800-890-3712) (Michigan Relay TTY: 7-1-1).

Russian: Если вы говорите по-русски, вам доступны бесплатные услуги языковой поддержки. Вы также можете получить информацию в другом формате, например, аудио, шрифтом Брайля или крупным шрифтом, в соответствии с вашими особыми потребностями без дополнительной платы. Позвоните (1-800-890-3712) (Michigan Relay TTY: 7-1-1).

Croatian: Ако говорите српско-хрватски, услуге језичке помоћи доступне су вам бесплатно. Такође можете добити информације у другом формату, као што су аудио, Брајево писмо или крупно писмо, због својих посебних потреба без додатних трошкова. Позовите(1-800-890-3712) (Мицхиган Релаи ТТИ: 7-1-1).

Spanish: Si habla español, tiene a su disposición servicios de asistencia lingüística gratuitos. También puede recibir información en un formato diferente, como audio, Braille o letra grande, según sus necesidades especiales, sin costo adicional. Llame al (1-800-890-3712) (TTY de Michigan Relay: 7-1-1).

Syriac/Latin: Ita d'netqor syriaque, ḥekmā d-lashon ḥadā b'ḥalā b'ḥulḳā. W'naḥḳit d'khanukh ḥaḳḳā ḥadīr, ʿallā d'librah ḥebrew mā b-inan d-bāzā d-laghan dakhlat l-noḳṭā, keda d'ītad, b-áudiō, b'braille aw b-lārg l-nashiqā, b-la ʿal qurbān. Tʿala (1-800-890-3712) (Michigan Relay TTY: 7-1-1).

Filipino: Kung nagsasalita ka ng Filipino, ang mga serbisyo ng tulong sa wika ay magagamit mo nang walang bayad. Maaari ka ring makatanggap ng impormasyon sa ibang format, tulad ng audio, Braille o malaking print, dahil sa iyong mga espesyal na pangangailangan nang walang karagdagang gastos. Tumawag (1-800-890-3712) (Michigan Relay TTY: 7-1-1).

Vietnamese: Nếu bạn nói tiếng Việt, bạn sẽ được cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí. Bạn cũng có thể nhận thông tin ở định dạng khác, chẳng hạn như âm thanh, chữ nổi Braille hoặc chữ in lớn, tùy theo nhu cầu đặc biệt của bạn mà không mất thêm chi phí. Gọi (1-800-890-3712) (Michigan Relay TTY: 7-1-1).

2.0 CUSTOMER SERVICE OFFICE

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

<table>
<tr><td colspan="2">Southwest Michigan Behavioral Health
Sarah Ameter, Manager of Customer Services
Heather Woods, Customer Service
Customer Service Toll-Free: (800) 890-3712 (TTY: 711)
Email: customerservice@swmbh.org
Customer Service Hours
M -F 8:00 a.m. - 5:00 p.m., Excluding legal holidays</td></tr>
<tr><td>Barry County Community Mental Health Authority
Cody Davis, Customer Service
Customer Service Toll-Free: (866) 266-4781 (TTY:711)
Email: codavis@bccmha.org
Customer Service Hours
M -F 8:30 a.m. - 5:00 p.m., Excluding legal holidays</td><td>Berrien Mental Health Authority
Leanne Adams, Customer Service
Customer Service Toll-Free: (866) 729-8716 (TTY:711)
Email: leanne.adams@riverwoodcenter.org
Customer Service Hours
M -F 8:30 a.m. - 5:00 p.m., Excluding legal holidays</td></tr>
<tr><td>Pines Behavioral Health (Branch County)
Leslie Swan, Customer Service
Customer Service Toll-Free: (866) 877-4636 (TTY:711)
Email: lswan@pinesbhs.org
Customer Service Hours
M - F 8:00 a.m. - 5:00 p.m., Excluding legal holidays</td><td>Summit Pointe (Calhoun County CMHSP)
Amy Vincent, Customer Service
Customer Service Toll-Free: (877) 275-5887 (TTY:711)
Email: #customerserviceline@summitpointe.org
Customer Service Hours
M - F 8:00 a.m. - 5:00 p.m., Excluding legal holidays</td></tr>
<tr><td>Woodlands BHN (Cass County CMHSP)
Regina Wolverton, Customer Service
Customer Service Toll-Free: (800) 323-0335 (TTY:711)
Email: reginaw@woodlandsbhn.org
Customer Service Hours
M - F 8:30 a.m. - 5:00 p.m. Excluding legal holidays</td><td>Integrated Services of Kalamazoo
Teresa Lewis, Customer Service
Customer Service Toll-Free: (877) 553-7160 (TTY:711)
Email: custserv@iskzoo.org
Customer Service Hours
M - F 8:00 a.m. - 5:00 p.m. Excluding legal holidays</td></tr>
<tr><td>Pivotal (St. Joseph County)
Amy Vincent, Customer Service
Customer Services Toll-Free: (855) 203-1730 (TTY:711)
Email: customerservice@pivotalstjoe.org
Customer Service Hours
M - F 8:00 a.m. – 5:00 p.m. Excluding legal holidays</td><td>Van Buren Community Mental Health Authority
Sandy Thompson, Customer Service
Customer Services Toll-free: (800) 922-1418 (TTY:711)
Email: customerservices@vbcmh.com
Customer Service Hours
M - F 8:30 a.m. - 5:00 p.m. Excluding legal holidays</td></tr>
</table>

Customer Services at SWMBH and within each local CMHSP is designed to help you:

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

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

If you need to make contact with customer service outside of our listed hours, please leave a confidential voice message stating your name and phone number where you can be reached. If you add the best time to reach you, we will do our best to accommodate your request. Whenever you leave a message for a customer services representative, it is the expectation of SWMBH that your call will be returned during the next business day. If you are looking for information, you may find what you are looking for on the website of your CMHSP or SWMBH's website at www.SWMBH.org.

3.0 HOW TO CONTACT SWMBH

Southwest Michigan Behavioral Health
Interim Executive Officer: Mila C. Todd, Esq., CHC, CHPC
Medical Director: Dr. Michael Redinger, M.D.
Customer Service and Fair Hearing Coordinator: Heather Woods
5250 Lovers Lane Suite 200, Portage MI 49002
Phone: (800) 676-0423; TTY: 711
Non-emergent calls may be made from 8AM-5PM Monday through Friday
www.SWMBH.org

Barry County Community Mental Health Authority	**Berrien Mental Health Authority (Berrien County)**
Executive Director: Richard Thiemkey Medical Director: Dr. Diaz Hernandez Recipient Rights Officer: Holly Hess Customer Service: Cody Davis 500 Barfield Drive, Hastings, MI 49058 Phone: (269) 948-8041; TTY: 711 Fax: (269) 948-9319 www.barrycountyrecovery.com	Chief Executive Officer: Ric Compton Medical Director: Dr. Tamer Recipient Rights Officer: Anne Simpson Customer Service: Leanne Adams 1485 M-139, Benton Harbor, MI 49023 Phone: (269) 925-0585; TTY: 711 Fax: 269-934-3440 www.riverwoodcenter.org

Pines Behavioral Health (Branch County) Chief Executive Officer: Susan Germann Medical Director: Dr. Sharma, MD Recipient Rights Officer: Tammy Spaulding Customer Service: Leslie Swan 200 Vista Drive, Coldwater, MI 49036 Phone: (517) 278-2129; TTY: 711 Fax: (517) 279-8172 www.pinesbhs.org	**Summit Pointe (Calhoun County)** Chief Executive Officer: Jeannie Goodrich Medical Director: Dr. James Gandy Recipient Rights Officer: Kent Rehmann Customer Service: Amy Vincent 175 College St., Battle Creek, MI 49037 Phone: (269) 966-1460; TTY: 711 Fax: (269) 425-3015 www.summitpointe.org
Woodlands Behavioral Healthcare Network (Cass County) Chief Executive Officer: Michael Mallory Medical Director: Dr. Diaz Recipient Rights Director: Barongiere Lovelace Customer Service: Regina Wolverton 960 M-60 East, Cassopolis, MI 49031 Phone: (269)-445-2451; TTY: 711 Fax: (269) 445-3216 www.woodlandsbhn.org	**Integrated Services of Kalamazoo** Chief Executive Officer: Jeff Patton Medical Director: Dr. Bedi, MD Recipient Rights Officer: Lisa Smith Customer Service: Teresa Lewis 610 South Burdick Street, Kalamazoo, MI 49007 Phone: (269) 373-6000; TTY: 711 Office of Recipient Rights: (269) 364 6920 Fax: (269) 364-6989 www.iskzoo.org
Pivotal (St. Joseph County) Executive Director: Cameron Bullock Medical Director: Dr. Singh, MD Recipient Rights Officer: Mike Sidener Customer Service: Amy Vincent 677 East Main Street, Suite A, Centreville, MI 49032 Phone: (269) 467-1000; TTY: 711 Fax: (269) 467-3072 www.pivotalstjoe.org	**Van Buren Community Mental Health Authority** Chief Executive Officer: Debra Hess Medical Director: Dr. Gajare, MD Recipient Rights Officer: Candice Kinzler Customer Service: Sandy Thompson 801 Hazen Street, Suite C, Paw Paw, MI 49079 Phone: (269) 657-5574; TTY: 711 Fax: (269) 657-3474 www.vbcmh.com

4.0 HOW TO ACCESS EMERGENCY SERVICES

A "behavioral health emergency" is when

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

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

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

If you have a life-threatening or medical emergency and cannot transport yourself to a hospital, always call 9-1-1 right away.

At any time during the day or night, call:

Barry County	**269-948-8041 or 1-866-266-4781**
Berrien County	**269-925-0585 or 1-800-336-0341**
Branch County	**517-278-2129 or 1-888-725-7534**
Calhoun County	**269-966-1460 or 1-800-632-5449**
Cass County	**269-445-2451 or 1-800-323-0335**
Kalamazoo County	**269-373-6000 or 1-888-373-6200**
St Joseph County	**269-467-1000 or 1-800-622-3967**
Van Buren County	**269-657-5574 or 1-800-922-1418**

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

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

Post-Stabilization Services

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

5.0 HOW TO ACCESS SERVICES

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

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

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

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

Southwest Michigan Behavioral Health partners with a number of providers in our region. You have the freedom to choose from our network of providers in this region. ***You can find the provider directory by contacting SWMBH or on SWMBH's website: www.swmbh.org/providers/provider-directory/***

To request mental health services

Please contact the community mental health service agency for the county in which you live to begin the screening and assessment process. Emergency services are available 24 hours per day / 7 days per week.

Access phone numbers for the County CMHSP offices:

Barry County	**269-948-8041 or 1-866-266-4781**
Berrien County	**269-925-0585 or 1-800-336-0341**
Branch County	**517-278-2129 or 1-888-725-7534**
Calhoun County	**269-966-1460 or 1-800-632-5449**
Cass County	**269-445-2451 or 1-800-323-0335**
Kalamazoo County	**269-373-6000 or 1-888-373-6200**
St Joseph County	**269-467-1000 or 1-800-622-3967**
Van Buren County	**269-657-5574 or 1-800-922-1418**

To request substance use services

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

If you are seeking treatment at the request of the Michigan Department of Corrections (MDOC), you will need to call SWMBH's access system directly for screening and/or referrals. You can reach us at 1-800-781-0353.

Court Ordered Treatment

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

6.0 SERVICE AUTHORIZATIONS

Services you request must be authorized or approved by Southwest Michigan Behavioral Health or its designee. That agency may approve all, some, or none of your requests. You will receive notice of a decision within 14 calendar days after you have requested the service during person-centered planning, or within 72 hours if the request requires a quick (expedited) 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.

There may be times when we will speak with a provider who asks for services on your behalf. We will also make sure that long-term services and supports are based on your current needs assessment and person-centered plan. We will not deny or reduce your care solely based on a diagnosis or condition.

Please note: SWMBH does not use financial incentives to encourage barriers to care and services and/or decisions that result in underutilization. We do not reward practitioners or other individuals conducting utilization review for issuing denials of coverage or service. All utilization decision- making is based only on the existence of coverage and appropriateness of care and service. Clinical decisions are based on the clinical features of the individual case and medical necessity criteria.

7.0 SERVICE ARRAY – TYPES OF SERVICES

MENTAL HEALTH MEDICAID SPECIALTY SUPPORTS AND SERVICES DESCRIPTIONS

Note: If you are a Medicaid beneficiary and have a SMI, SED, I/DD, or a SUD, you may be eligible for some of the Medicaid Specialty Supports and Services listed below. Before services can be started, you will take part in an assessment to find out what your needs are and if you are eligible for services. Not all individuals who come to us are eligible for services. Not all services are available to everyone we serve. During the PCP process, you and your treatment team will be supported to determine what services are medically necessary for you. The amount, scope, and duration of the services needed to achieve your goals will be determined. You will also be able to choose who provides your support and services. You will receive an IPOS that provides all this information. Medicaid will not pay for services that are not medically necessary or otherwise available to you from other resources in the community. In addition to meeting medically necessary criteria, services listed below marked with an underlined asterisk (*) require a doctor's prescription. **Not all services listed are available at the local CMHSP; however, the CMHSP will work with you to connect you with those services.**

Note: The Michigan Medicaid Provider Manual contains complete definitions of the following services as well as eligibility criteria and provider qualifications. The Manual may be accessed at https://www.michigan.gov/mdhhs/doing-business/providers/providers/medicaid/policyforms/medicaid-provider-manual

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

Medicaid Mental Health Specialty Supports and Services

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

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

Applied Behavior Analysis: Services for children under 21 years of age with Autism Spectrum Disorders (ASD).

Behavior Treatment Review: If an individual's illness or disability involves behaviors that they or others who work with them want to change, their IPOS may include a plan that talks about the behavior. The plan is often called a "behavior treatment plan." The behavior treatment plan is developed during PCP and then is then approved and reviewed regularly by a team of specialists to make sure that it is effective and dignified and continues to meet the individual's needs.

Clubhouse Programs (Psychosocial Rehabilitation Program): 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 support, as well as vocational skills and opportunities.

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

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

Crisis Residential Services: For children or adults are short-term alternatives to inpatient hospitalization provided in a licensed residential setting.

Early Periodic Screening, Diagnosis and Treatment (EPSDT): Provides comprehensive and preventative healthcare services for children under the age of 21 who are enrolled in Medicaid. Early Periodic Screening, Diagnosis and Treatment is key to ensuring that children and adolescents receive appropriate preventative, dental, mental health, and specialty services. While transportation to EPSDT corrective or ameliorative specialty services is not a covered service under this waiver, the PIHP must assist beneficiaries in obtaining necessary transportation either through MDHHS or through the beneficiary's Medicaid health plan.
Early Periodic Screening, Diagnosis and Treatment services include screening services; vision and hearing services; lead screening; immunizations/vaccines for children; and other necessary health care services, diagnostic services, and treatment. Michigan's Medicaid autism services and Parent Support Partners are a few services under EPSTD authority.

Health Services: Include assessment, treatment, and professional monitoring of health conditions that are related to or impacted by an individual's behavioral health condition. An individual's primary doctor will treat any other health conditions they may have.

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

Intensive Crisis Stabilization Services: Is a short-term alternative to inpatient hospitalization. Intensive crisis stabilization services are structured treatment and support activities provided by a behavioral health crisis team in the person's home or in another community setting. This could include a mobile response team but also includes other crisis interventions.

Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID): Provide 24-hour intensive supervision, health and rehabilitative services and basic needs to individuals with developmental disabilities.

Intensive Care Coordination and Wraparound (ICCW): Is an evidence-informed approach to ensuring

comprehensive coordination and holistic planning for children, youth, young adults, and their families with the most intensive needs. Intensive Care Coordination with Wraparound is an EPSDT state plan service when delivered to children, youth, and young adults under 21 years of age.

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

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

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

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

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

Outpatient 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.

Parent Support Partners (PSP): Parent Support Partners is a peer-delivered service for parents and caregivers of youth with SED or I/DD, including Autism. Parent Support Partners is designed to support parents and caregivers through connection of lived experience and non-judgmental support to find their voice in advocating for their child and family.

Peer-Directed and Operated Support Services: Peer-delivered services such as drop-in centers are entirely run by consumers of behavioral health services. They offer help with food, clothing, socialization, housing, and support to begin or maintain behavioral health treatment.

Peer Mentoring Services: Peer Mentoring services provide adults with intellectual and developmental disabilities with opportunities to support, mentor and assist beneficiaries to achieve community inclusion and participation, independence, and productivity. Peer Mentors are individuals with intellectual and developmental disabilities who have a unique skill level from their experience in utilizing services and supports to achieve their goals.

Peer Specialist Services: Peer Specialist services are activities designed to help individuals with SMI in their individual recovery journey and are provided by individuals who are in recovery from SMI. 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-Direct Service Models: Utilize individual, family, dyadic, and group interventions designed to reduce the incidence of behavioral, social, emotional or cognitive dysfunction and increase the infant, toddler, or child's behavioral functionality, resilience, and optimal mental health, reducing the need for individuals to seek more intensive treatment through the public mental health system.

Private Duty Nursing Services: Are skilled nursing interventions provided to beneficiaries age 21 and older, up to a maximum of 16 hours per day, to meet an individual's health needs that are directly related to their developmental disability. (HSW)

***Speech, Hearing 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 Use Treatment Services: (See descriptions following the behavioral health services)
Supports Coordination or Targeted Case Management: Is a staff person who helps write an IPOS and makes sure the services are delivered. His/her role is to listen to an individual's goals and to help find the services and providers inside and outside the local CMHSP/PIHP that will help achieve the goals. A supports coordinator or case manager may also connect an individual to resources in the community for employment, community living, education, public benefits, and recreational activities.
Transportation: May be provided to and from an individual's home in order for them to take part in a non-medical Medicaid-covered service.
Treatment Planning: Assists the individual and those of his/her choosing in the development and periodic review of the IPOS.
Telemedicine: Means the use of an electronic media to link beneficiaries with health care professionals at different locations.
Youth Peer Support: Is a peer-delivered service for youth and young adults. It is designed to support youth and young adults with a SED/SMI through shared activities and interventions in the form of non-judgmental support, connection through lived experience, and supporting self-advocacy.

Services for individuals who meet additional criteria and/or are enrolled in the 1915 (i) State Plan Amendment (iSPA), the Habilitation Supports Waiver (HSW), the Children's Waiver Program (CWP) or the Serious Emotionally Disturbance Waiver (SEDW).

Some Medicaid beneficiaries are eligible for special community-based services that if not available would require them to live in a hospital or other facility. To receive these services, individuals need to be enrolled in of these waivers. The availability of these waivers is very limited.
1915 (i) State Plan: The iSPA is provided to Medicaid beneficiaries who are any age and have I/DD, SMI, SED and SUD have substantial functional limitations and are at risk of not increasing or maintaining sufficient level of functioning in order to achieve their individual goals of independence, recovery, productivity, or community inclusion and participation.
Habilitation Supports Waiver: Provides community-based services to people with I/DD if not for the availability and provisions of HSW services would otherwise require the level of care services provided in an ICF.
Children's Waiver Program: Provides community-based services to beneficiaries under age 18 who, if not for the availability and provisions of CWP services, would otherwise require the level of care and services provided in an ICF/IID. The goal of the CWP is to enable beneficiaries with developmental disabilities who have significant needs, who meet the CWP eligibility requirements to live with their parents or legal guardians, and to fully participate in their communities.
Serious Emotional Disturbance Waiver: Provides home and community-based services to children, youth, and young adults under age 21 who, if not for the availability and provisions of SEDW services, would otherwise require hospitalization in our state psychiatric hospital. The goal of the SEDW is to enable beneficiaries with SED who have significant needs and who meet the SEDW eligibility requirements to live in their home and community instead of receiving hospital level of care.

Individuals enrolled in these programs have access to the services listed above as well as those listed here as specified:
Children's Therapeutic Family Care provides an intensive therapeutic living environment for a child with challenging behaviors. (SEDW)
Community Living Supports (CLS) are activities provided by paid staff that help adults with either SMI 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 SED). (iSPA, SEDW, CWP, HSW)

***Enhanced Pharmacy** includes doctor-ordered nonprescription or over-the-counter items (such as vitamins or cough syrup) necessary to manage health condition(s) when an individual's Medicaid Health Plan does not cover these items. (iSPA, HSW)

***Enhanced Medical Equipment and Supplies/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. (iSPA, HSW, CWP)

***Environmental Modifications** are physical changes to an individual's home environment that are of direct medical or remedial benefit to the individual. Modifications ensure access, protect health and safety, or enable greater independence for an individual with physical disabilities. Note that all other sources of funding must be explored first before using Medicaid funds for environmental modifications. (HSW, CWP)

Family Support and Training provides family-focused assistance to family members relating to and caring for a relative with SMI, SED, or developmental disabilities. "Family Skills Training" is education and training for families who live with and or care for a family member who is eligible for the CWP. (iSPA, HSW)

Fencing may be approved with documentation that it is essential to achieve the outcomes specified in the child's IPOS and necessary to meet a child's health and safety needs. Authorization for fencing is for a maximum of 200 feet of standard chain link fence and one gate. (CWP)

Financial Management Services help individuals who choose to self-direct or use choice voucher to manage their service and supports budget and pay providers. (iSPA, SEDW, CWP, HSW)

Goods and Services is to promote individual control over and flexible use of the individual budget by the HSW beneficiary using arrangements that support self-determination and facilitate creative use of funds to accomplish the goals identified in the IPOS through achieving better value or an improved outcome. Goods and services can be services, equipment, or supplies not otherwise provided through either the HSW, the State Plan or iSPA that address an identified need through the PCP process. (HSW)

Housing Assistance provides supports to preserve the most independent living arrangement and/or assist the individual in locating the most integrated option appropriate to the individual. Housing Assistance provides supports in assessing housing needs and preferences, assistance with finding and securing housing, assisting with securing documentation, submitting applications and securing deposits, and locating furnishings. (iSPA)

Home Care Training – Non-Family is customized training for the paid in-home support staff who provide care for a beneficiary enrolled in one of the waivers. (CWP, HSW, SEDW)

Home Care Training – Family for SEDW (called **Family Training** for CWP) provides treatment interventions and support intervention plans specified in the IPOS and includes updates as necessary to safely maintain the beneficiary at home.

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

Overnight Health and Safety Supports is the need for someone to be present to prevent, oversee, manage, direct, or respond to a beneficiary's disruptive, risky, or harmful behaviors during the overnight hours. Overnight Health and Safety Support is indicated for an individual who is non-self-directing, confused, has a cognitive impairment, or whose physical functioning is such that they are unable to respond appropriately in an emergency. It is further indicated for beneficiaries who have inconsistency in, or an inability to, regulate sleep patterns. (HSW, CWP and SEDW)

Parent Support Partner is peer support provided by a trained peer one-on-one or in group for assistance with identifying coping strategies for successfully caring for or living with an individual with a SED or I/DD. (SEDW)

Personal Emergency Response System helps an individual 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. (iSPA, HSW**)**
Private Duty Nursing services are skilled nursing interventions provided to beneficiaries age 21 and older, up to a maximum of 16 hours per day, to meet an individual's health needs that are directly related to their developmental disability. (HSW).
Respite Care Services provide short-term relief to the unpaid primary caregivers of individuals eligible for specialty services. Respite provides temporary alternative care, either in the family home or in another community setting chosen by the family. (iSPA, CWP, SEDW, HSW)
Skill-Building Assistance includes supports, services, and training to help an individual 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. (iSPA)
Specialty Services are music, equine, 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. (CWP)
Supported Employment – Individual Supported Employment provides training activities provided in typical business, industry, and community settings for groups of two to six workers with disabilities paying at least minimum wage. The purpose of funding for this service is to support sustained paid employment and work experience that leads to individual competitive integrated employment. Supported employment services for small groups must promote integration into the workplace and interaction between workers with disabilities and individuals without disabilities in those workplaces. (HSW, iSPA)
Supported Employment – Small Group Employment provides training activities provided in typical business, industry, and community settings for groups of two to six workers with disabilities paying at least minimum wage. The purpose of funding for this service is to support sustained paid employment and work experience that leads to individual competitive integrated employment. Supported employment services for small groups must promote integration into the workplace and interaction between workers with disabilities and individuals without disabilities in those workplaces. (HSW, iSPA)
Therapeutic Overnight Camp is a group recreational and skill building service in a MDHHS licensed camp with staff trained in working with beneficiaries with SED. (SEDW)
Therapeutic Services are music, equine, recreation, or art therapies that may be provided to help reduce or manage the symptoms of a child's mental health condition. Specialty services might also include specialized child and family training, coaching, staff supervision, or monitoring of program goals. (SEDW)
Vehicle Modification include adaptations or alterations to an automobile or van that is the beneficiary's primary means of transportation in order to accommodate the special and medical needs of the beneficiary. (iSPA, HSW, CWP)

Services for Persons with Substance Use Disorders

The substance use treatment services listed below are covered by Medicaid. These services are available through the Southwest Michigan Behavioral Health network.

SUD Access and Screening: Determines the need for substance use services and will assist in getting to the right services and providers.

SUD Outpatient Treatment: Includes therapy/counseling for the individual, family, and group therapy.

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

SUD 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.

Medication for Opioid Use Disorders (MOUD): Is offered to individuals with an opioid use disorder. This service is monitored by a physical and nursing staff and may be combined with clinical services and supports.

Medication Assisted Treatment (MAT): Is offered to individuals with an alcohol use disorder or an opioid use disorder to support their recovery and is medically monitored and can be combined with clinicals services and supports.

Withdrawal Management: Is a clinical or medically monitored process that helps people safely stop using drugs or alcohol while reducing pain, discomfort, and dangerous withdrawal symptoms.

SUD Residential Treatment: Is an intensive therapeutic service which includes overnight stays in a staffed licensed facility.

Peer Recovery Coaching: Is a service that assists an individual in their recovery process by removing barriers, assisting with recovery planning, and reducing the likelihood of relapse.

Substance Use Disorder Health Home: A care management and care coordination primary care Health Home benefit called the Substance Use Disorder Health Home (SUDHH) (previously referred to as the Opioid Health Home [OHH]). The goals of the program are to ensure seamless transition of care and to connect eligible beneficiaries with needed clinical and social services.

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

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

Medicaid Medical Services

If you receive Medicaid, you may be entitled to other medical services not listed above. Services necessary to maintain your physical health are provided or ordered by your primary care doctor. If you receive CMHSP services, your local CMHSP will work with your primary care doctor to coordinate your physical and behavioral health services. If you do not have a primary care doctor, your local CMHSP can help you find one. If you receive Healthy Michigan Plan, you may have other services and providers available to you outside of the CMHSP system depending on the current severity of your situation.

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

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

MEDICAID HEALTH PLAN SERVICES

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

- Ambulance
- Chiropractic
- Doctor Visits
- Family Planning (enrollees do not need a referral from your doctor for this care)
- Health Checkups
- Hearing Aids
- Hearing and Speech Therapy
- Home Health Care
- Immunizations (shots)
- Lab and X-ray
- Nursing Home Care
- Medical Supplies
- Medicine
- Mental Health (limit of 20 outpatient visits)
- Physical and Occupational Therapy
- Prenatal Care and Delivery
- Surgery
- Transportation to Medical Appointments
- Vision

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

MEDICAID PLAN	PHONE	ADDRESS	WEB SITE
McLaren Health Plan	1-888-327-0671	G 3245 Beecher Road Flint, MI 48532	www.mclarenhealthplan.org
Meridian Health Plan of Michigan	1-888-437-0606	1 Campus Martius Suite 700 Detroit, MI 48226	www.mimeridian.com
Molina Healthcare of Michigan	1-888-898-7969	880 West Long Lake Road Troy, MI 48098	www.molinahealthcare.com
Priority Health Choice	1-888-975-8102	1231 E. Beltline NE Grand Rapids, MI 49525	www.priorityhealth.com
Aetna Better Health of Michigan	1-866-316-3784	28588 Northwestern Hwy Suite 380 B Southfield, MI 48034	www.aetnabetterhealth.com/michigan
United Healthcare Community Plan	1-800-903-5253	3000 Town Center, Suite 1400 Southfield, MI 48075	www.uhccommunityplan.com
Blue Cross Complete of Michigan	1-800-228-8554	4000 Town Center, Suite 1300 Southfield, MI 48075	www.mibluecrosscomplete.com

8.0 LANGUAGE ASSISTANCE AND ACCOMMODATIONS

Language Assistance

If you are a person who does not speak English as your primary language and/or who has a limited ability to read, speak or understand English, you may be eligible to receive language assistance. If you are a person who is deaf or hard of hearing, you can utilize the Michigan Relay Center (MRC) to reach SWMBH, a CMHSP, or service provider. Please call 7-1-1 and ask MRC to connect you to the number you are trying to reach. More information about MRC is available at https://hamiltonrelay.com/michigan/index.html. Your service providing agency may also have TDD or TTY equipment available if you would prefer to contact the agencies directly. Please let us know your preferred contact method.

If you need a sign language interpreter, contact Customer Services as listed in Section 2 of this handbook as soon as possible so that one will be made available. Sign language interpreters are available at no cost to you. If you do not speak English, contact Customer Services at the number provided in Section 2 of this handbook so that arrangements can be made for an interpreter for you. Language interpreters are available at no cost to you.

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

Accessibility and Accommodations

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

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

If you are a person who is hard of hearing but do not know sign language and need another form of communication, such as a personal communication device or Computer Assisted Realtime Translation (CART), contact Customer Services at the number provided in Section 2 of this handbook. Communication devices and CART are available at no cost to you.

Cultural Sensitivity

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

9.0 COORDINATION OF CARE

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

Usually, we contact your medical doctors when you start services, are hospitalized for a mental health emergency, have a change in medications we prescribe, or have a change in the services we provide to you. For services we provide, you will be assigned to a person or team to help coordinate your care. You will be given information on how to contact them. We will help coordinate the care you get from us and community resources you are linked with. If you need Long-Term Supports and Services (LTSS), we will assess your care needs, available services, and make a care plan with you through the person-centered planning process. Your

care needs will be reviewed at least every 12 months or sooner if your care needs change.

10.0 TRANSITION OF CARE

If you are moving between providers, funding sources, or to a new service area, you should have support offered. This support is usually given if you are leaving a hospital stay, if you move outside our region, if you receive Fee-For-Service care, or with some community providers.

The goal is to continue your care smoothly between settings. We want to limit barriers to getting the care you need. You must get medically needed care without delay. You can call your local mental health agency for transition options. Substance Use Disorder customers should call SWMBH.

If you are moving outside our region, we must make sure you can get the same type of services you had before. You can keep your current provider for 90 days if they are not part of your new region's provider list. After this time, your care will move to a provider in your new region.

The sending and receiving regions must speak openly about your care needs. We must provide records on time if requested. These records may be about your service history, assessments, and care plans. We should make a transition plan with you and your providers. You will not need to pay for care costs related to the transition of care between providers.

11.0 PAYMENT FOR SERVICES

If you are enrolled in Medicaid and meet the criteria for the specialty behavioral health and substance use services the total cost of your authorized behavioral health or substance use treatment will be covered. No fees will be charged to you. Some members will be responsible for "Cost sharing". This refers to money that a member has to pay when services or drugs are received. You might also hear terms like "deductible, spend-down, copayment, or coinsurance," which are all the forms of "cost sharing". Your Medicaid benefit level will determine if you will have to pay any cost-sharing responsibilities. If you are a Medicaid beneficiary with a deductible ("spend-down"), as determined by the Michigan Department of Health and Human Services (MDHHS) you may be responsible for the cost of a portion of your services. A Healthy Michigan Plan (HMP) enrollee may be required to pay a co-pay for services at times.

Should you lose your Medicaid coverage, SWMBH or your local CMHSP may need to re-evaluate your eligibility for services. A different set of criteria may be applied to services that are covered by another funding source such as General Fund, Block Grant, or a third-party payer. If Medicare is your primary payer, SWMBH will cover all Medicare cost-sharing consistent with coordination of benefit rules.

12.0 ACCESSING OUT OF NETWORK SERVICES

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

If you are not a Medicaid or HMP beneficiary, a request for an out-of-network service provider may require approval from the administration of your CMHSP office. If you feel that your needs require services from an out of network provider, please contact your local CMHSP or the SWMBH Customer Services representative as noted in section 2 of this handbook.

When You Are Away From Home

If you travel outside the counties of Southwest Michigan Behavioral Health and are in need of services, call your local CMHSP or SWMBH Customer Services at (800)- 890-3712 for assistance.

13.0 PERSON-CENTERED PLANNING

The process used to design your individual plan of behavioral health supports, service, or treatment is called "Person-Centered Planning (PCP)." PCP is your right protected by the Michigan Mental Health Code. The document created is called an Individual Plan of Service (IPOS) or an Individual Treatment Plan.

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

During PCP, you will be asked what your hopes and dreams are, as well as be helped to develop goals or outcomes you want to achieve. The people attending this meeting will help you decide what supports, services, or treatment you need, who you would like to provide this service, how often you need the service, and where it will be provided. You have the right, under federal and state laws, to a choice of providers. After you begin receiving services, you will be asked from time to time how you feel about the supports, services or treatment you are receiving and whether changes need to be made. You have the right to ask at any time for a new PCP meeting if you want to talk about changing your plan of service.

You have the right to "**independent facilitation**" of the PCP process. This means that you may request that someone other than the staff working with you conduct your planning meetings. You have the right to choose from available independent facilitators.

Children under the age of 18 with developmental disabilities or SED also have the right to PCP, known as **Family Driven, Youth Guided Planning**. Family Driven, Youth Guided 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 planning process using family-centered practice in the delivery of supports, services, and treatment to their children. As children grow into youth, the planning process transitions to being more youth driven and family guided in order to prepare that youth for adulthood.

What if I cannot get the services I asked for?

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

Are there limits on Person-Centered Planning?

The services offered by your CMHSP or provider agency are set by best practice guidelines. From the services available, you will be offered a variety of service choices; however, there may be limits on some of your choices. For example, your choices must not do harm to you or someone else and your choices must not be illegal.

Topics Covered During Person-Centered Planning

During person-centered planning, you will be told about psychiatric advance directives, a crisis plan, and self-directed services (also known as Choice Voucher for individuals under 18). You have the right to choose to develop any, all, or none of these.

13.1 Medical Advance Directives

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

13.2 Psychiatric Advance Directive

Adults have the right, under Michigan law, to a "psychiatric advance directive". A psychiatric advance directive is a tool for making decisions before a crisis in which you may become 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 are interested in creating a psychiatric advance directive we can help you understand what it is and also help you to get these documents. Directives do not change your right to quality health care benefits. SWMBH does not have any moral objections and will not create any limitations to implementing an advance directive; however, there may be providers in our network who do. Please talk to your provider about their policies on advance directives.

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

- All providers caring for you;
- People you have named as a Medical or Mental Health Patient Advocate; and
- Family members or trusted friends who could help your doctors and behavioral health providers make choices for you if you cannot make those choices.

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

13.3 Crisis Plan

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

13.4 Self-Directed Services/Choice Voucher

Self-Directed Services is an option for payment of medically necessary services you might request if you receive behavioral 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.

14.0 RECOVERY AND RESILIENCY

Recovery is a journey of healing and transformation enabling a person with a mental health or substance use 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 lifelong attitude. Recovery is unique to each individual and can only truly be defined by the individual themselves. What might be recovery for one person may only be part of the process for another. Recovery may also be defined as wellness. Behavioral health supports and services help people with mental illness/substance use disorder 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. Recovery takes time and that is why it is a process that will lead to a future that holds days of pleasure and the energy to persevere through the trials of life. Peer Support Specialists/Recovery Coaches may be a part of your Recovery. If you have more questions please contact your local CMHSP.

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

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

15.0 PRIVACY AND FAMILY ACCESS TO YOUR INFORMATION

Agencies who approve or give services to you must follow laws and requirements about confidentiality and privacy. These laws and other requirements include:

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

Confidentiality. You have the right to have information about your behavioral health treatment kept private. You also have the right to look at your own clinical records or to request and receive a copy of your records. You have the right to ask us to amend or correct your clinical record if there is something with which you do not agree. Please remember, though, your clinical records can only be changed as allowed by applicable law. 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 Access to Information. Family members have the right to provide information to SWMBH and/or your local CMHSP about you. However, without a Release of Information signed by you or your guardian, the SWMBH network may not give information about you to a family member. For minor children under the age of 18 years, parents/guardians are provided information about their child and must sign a release of information before information can be shared with others.

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

Under HIPAA (Health Insurance Portability and Accountability Act), you will be provided with an official Notice of Privacy Practices from your CMHSP. 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.

We must follow our Notice of Privacy Practices and give you a copy of it. SWMBH's Notice of Confidentiality and Privacy Practices is available on our website at www.swmbh.org/ members/member-documents-from-swmbh. You can also ask for a copy be mailed or emailed to you by calling 1-800-890-3712 or emailing customerservice@swmbh.org.

We may use and share your information as we:

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

Our Responsibilities

- We will let you know quickly if a breach occurs that may have compromised the privacy or security of your information
- We will not use or share your information other than as described in the Notice of Privacy Practices unless you tell us we can in writing
- If you change your mind about the use or sharing of your information, you also need to put it in writing. You may change your mind at any time.

16.0 FRAUD, WASTE AND ABUSE

Fraud, waste and abuse uses valuable Michigan Medicaid funds needed to help children and adults access health care. Everyone can take responsibility by reporting fraud and abuse. Together we can make sure taxpayer money is used for people who really need help.

Examples of Medicaid Fraud

- Billing for medical services not actually performed
- Providing unnecessary services
- Billing for more expensive services
- Billing for services separately that should legitimately be one billing
- Billing more than once for the same medical service
- Dispensing generic drugs but billing for brand-name drugs
- Giving or accepting something of value (cash, gifts, services) in return for medical services, (i. e., kickbacks)
- Falsifying cost reports

Or When Someone:

- Lies about their eligibility
- Lies about their medical condition
- Forges prescriptions
- Sells their prescription drugs to others
- Loans their Medicaid card to others

Or When a Health Care Provider Falsely Charges For:

- Missed appointments
- Unnecessary medical tests
- Telephoned services

If you think someone is committing fraud, waste or abuse, you may report it to Corporate Compliance. You may email concerns to swmbhcompliance@swmbh.org, or report them anonymously by phone or in writing at:

Southwest Michigan Behavioral Health
Attn: Chief Compliance and Privacy Officer
5250 Lovers Lane, Suite 200
Portage, MI 49002
Phone: (800) 783-0914

Your report will be confidential, and you may not be retaliated against.
You may also report concerns about fraud, waste and abuse directly to Michigan's Office of Inspector General (OIG):

Online: www.michigan.gov/fraud
Call: 855-MI-FRAUD (643-7283) (voicemail available for after hours)

Send a Letter: Office of Inspector General
PO Box 30062
Lansing, MI 48909

When you make a complaint, make sure to include as much information as you can, including details about what happened, who was involved (including their address and phone number), Medicaid identification number, date of birth (for beneficiaries), and any other identifying information you have.

17.0 GRIEVANCES, APPEALS, AND SECOND OPINIONS

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." Examples of grievances include but are not limited to: if you are not happy with an aspect of how an office is run, or if you are having a problem with the staff working with you and you want a new provider. You can file a grievance *any time* by calling, visiting, or writing to your local Customer Services Office. Assistance is available in the filing process by contacting your local Customer Services office as noted in Section 2 of this handbook. In most cases, your grievance will be resolved within 90-calendar days from the date the CMHSP or SWMBH receives your grievance. 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 Customer Services staff.

Appeals

You will be given notice when a decision is made that denies your request for services or reduces, suspends, or terminates the services you already receive. This notice is called an "Adverse Benefit Determination". You have the right to file an "appeal" when you do not agree with such a decision. If you would like to ask for an appeal, you will have to do so within 60-calendar days from the date on the Adverse Benefit Determination. You may ask

for a "Local Appeal" by contacting your local CMHSP or SWMBH Customer Services office as noted in Section 2 of this handbook. You will have the chance to provide information in support of your appeal, and to have someone speak for you regarding the appeal if you would like.

In most cases, your appeal will be completed in 30 calendar days or less. If you request and meet the requirements for an "expedited appeal" (fast appeal), your appeal will be decided within 72-hours after we receive your request.

You may request an expedited appeal. Please note that if your request for an expedited appeal is denied, we will write you within 2 calendar days. In all cases, your local CMHSP or SWMBH may extend the time for resolving your appeal by 14 calendar days if you request an extension, or if the CMHSP or SWMBH can show that additional information is needed and that the delay is in your best interest.

You may ask for assistance from Customer Services at your CMHSP or SWMBH to file an appeal.

You can also ask for information about your case while the appeal is going on – including information from your case record and other information that may be used to decide your appeal. You have the right to receive documents relevant to your appeal, free of charge. If you are not a beneficiary of Medicaid or HMP, your state appeal rights will be explained to you after your local appeal. All local processes must be exhausted before to a state appeal – also known as the Alternative Dispute Resolution Process.

Authorized Representative

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

- This person can be anyone you choose
- You must give this person written permission to represent you. You will be asked to write and sign a note or letter saying this person has your permission to represent you. Please note: if you want your service provider to act on your behalf, you will need to give them written permission
- If the person representing you is your legal guardian, you may be asked to provide a copy of the court order naming this person as your guardian
- For minor children under the age of 18 years, parents/guardians can act as your authorized representative without needing written permission

State Fair Hearing for Medicaid and HMP beneficiaries

You must complete a local appeal before you can file a state fair hearing. However, if your local CMHSP or SWMBH fails to adhere to the notice and timing requirements, you will be deemed to have exhausted the local appeal process. You may request a State Fair Hearing at that time.

You can ask for a state fair hearing only after receiving notice that the service decision you appealed has been upheld. You can also ask for a state fair hearing if you were not provided your notice and decision regarding your appeal in the timeframe required. There are time limits on when you can file a state fair hearing once you receive a decision about your local appeal. This request must be submitted within 120 calendar days from the date of the notice of appeal resolution being upheld. Forms to request a Medicaid Fair Hearing are available at your local CMHSP and SWMBH. The request must be made in writing. You may ask for assistance from Customer Services at your CMHSP or SWMBH to file a state fair hearing.

If you do request a hearing, SWMBH will become involved in the hearing and act as the "Hearing Officer" to ensure that your rights are protected and that each step of the hearing process is carried out properly. SWMBH will also be responsible for presenting the position of the CMHSP and SWMBH during the hearing.

You may contact the Michigan Office of Administrative Hearings and Rules (MOAHR) to be considered for a quicker or "expedited" hearing for your appeal if you feel waiting the standard time will jeopardize your ability to attain, maintain, or regain maximum function.

You may contact the state office at:

Michigan Office of Administrative Hearings and Rules (MOAHR)
P.O. Box 30763 Lansing, MI 48909
Phone: (800) 648-3397 Fax: (517) 763-0146

Continuing Services during an Appeal

If you are receiving a Michigan Medicaid service that is reduced, terminated, or suspended before your current service authorization, and you file your appeal within 10 calendar days (as instructed on the Notice of Adverse Benefit Determination), you may continue to receive your same level of services while your internal appeal is pending. You will need to state in your appeal request that you are asking for your service(s) to continue. We will then continue your services pending the appeal if the services were ordered by an authorized provider agency and if the original period of the authorization has not expired. If your benefits are continued and your appeal is denied, you will also have the right to ask for your benefits to continue while a State Fair Hearing is pending if you ask for one within 10 calendar days. You will need to state in your State Fair Hearing request that you are asking for your service(s) to continue.

If your benefits are continued, you can keep getting the service until one of the following happens: 1) you withdraw the appeal or state fair hearing request; or 2) all entities that got your appeal decide "no" to your request; or 3) you fail to request a State Fair Hearing and continuation of benefits within 10 days of a local level appeal resolution being mailed; or 4) the time period or service limits of the previously authorized service have expired or have been met.

NOTE: If your benefits are continued because you used this process, you may be required to repay the cost of any services that you received while your appeal was pending if the final resolution upholds the denial of your request for coverage or payment of a service. State policy will determine if you will be required to repay the cost of any continued benefits.

Second Opinion Rights

You have the right to ask for a "second opinion." A second opinion means having a second qualified person (such as a clinician or doctor) review your case. This is to figure out if they agree with the decision of the first staff.

- The Michigan Mental Health Code gives you some second opinion rights. This covers denials for access to all mental health services at your local mental health agency. This is sometimes called a front-door denial. You can also ask for a second opinion when you are denied for an inpatient mental health hospital stay.
- The Code of Federal Regulations also gives you some second opinion rights. These second opinions are related to other service issues. This may include when you do not agree with a diagnosis or prescribed medications. They may relate to specific types of treatment or how therapy is used to address your mental health needs.

For more information or to request a second opinion, please call your local community mental health agency and ask for their customer service team. For substance use customers, call Southwest Michigan Behavioral Health at 1-800-890-3712.

18.0 MEDIATION

Mediation Services

You have the right to get mediation services from a neutral 3rd party. You have the right to ask for mediation at any time for a dispute about to service planning or provided services or supports by a CMHSP or contracted provider. You should be told of your right to mediation at the time services are started and annually after that. You can ask for mediation at the same time a local grievance, appeal, or Medicaid Fair hearing process is happening. You have the right to ask that these other dispute processes be paused unless prohibited by law or if there is suspected or apparent violation as rights as defined by the Michigan Mental Health Code. Mediation does not apply to disputes about medical necessity decisions or recipient rights.

For mediation, call Oakland Mediation Center at 1-844-3-MEDIATE (1-844-363-3428) between 9am-5pm, Monday-Friday. You can also email behavioralhealth@mediation-omc.org.

19.0 YOUR RIGHTS AND RESPONSIBILITIES

Recipient Rights

Every person who receives public behavioral health services has certain rights. The Michigan Mental Health Code protects some rights. Some of your rights include:

- The right to be free from abuse and neglect
- The right to confidentiality
- The right to be treated with dignity and respect
- The right to treatment suited to your condition

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

You may file a Recipient Rights complaint any time if you think staff has violated your rights. You can make a rights complaint either orally or in writing. You may contact your local behavioral health services program to talk with a Recipient Rights Officer with any questions you may have about your rights or to get help to make a complaint. Customer Services can also help you make a complaint. You can contact the Office of Recipient Rights at your local Community Mental Health agency or Customer Services at the numbers listed in Section 2 of this handbook.

If you receive substance use 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 use services in the “Know Your Rights” pamphlet.

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

Freedom from Retaliation

If you use public behavioral health or substance use 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 behavioral health system use seclusion or restraint as a means of coercion, discipline, convenience, or retaliation.

Customer Rights and Responsibilities

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

You have the right:

- To be treated with respect and dignity
- To convenient and timely access to services
- To get help fast and in a respectful way
- To use any hospital or other setting for emergency care
- To be given information about your benefits, any limitations with the service network, and any cost that you will have to pay
- To be involved in deciding what services you will receive and to decide whether family members and others should be involved
- To have assistance in locating and obtaining additional available community resources such as: shelter, food, clothing, medical care, legal assistance, educational opportunities, recreational opportunities, inpatient services, residential services, psychiatric services, dental services, rehabilitative services, vocational services, transportation services, case management to provide access to needed services, family planning and health information services, and other necessities of life. Referral assistance to available family planning and health information services will be provided upon request. Receiving mental health services does not depend on requesting or not requesting family planning or health information.
- To be candidly informed of services that you may receive and know who is available to provide services
- To receive information on available treatment options, alternatives, as well as expected treatment outcomes
- To be informed about your diagnoses and how they relate to your life situation/behaviors
- To choose who will provide your service(s), as well as to request a change in your service provider(s) if you are not satisfied
- To have interpretation services provided for you at no cost if English is not your chosen language or you have hearing impairments
- To refuse services and be told about the possible outcomes of that decision
- To express preferences about future treatment decisions
- To be aware of and use advocates, (people who will help you make you opinions known) whenever you feel they are needed
- To be free from restraint or seclusion as coercion, discipline, provider convenience, or retaliation
- To receive services in a safe, clean, and caring place
- To personally review mental health information in your record, if you have not been appointed a guardian. If a part of the information in your record would be harmful to you or others, the information believed to be harmful may be withheld and you will be told this has been done. You can appeal this decision. You have the right to access all information in your record entered after March 28, 1996. If you or your legal representative believes that your record contains incorrect information, you may insert a statement to clarify the information. You may not remove what is already in the record.

- To receive a copy of your health and claims records – you may be charged a fee for the cost of copying your records.
- A customer who is a child has the right to be represented by a parent, legal guardian, or custodial agency in the development or revision of the plan of care
- To have all of your needs handled in a confidential way. You can request confidential communication. You can ask us to limit the information we share – we are not required to agree to such requests. You can ask for a list of those with whom we've share your information. Your written permission will always be needed to release any information about you, except when:
    - Medicaid or the State asks for clinical information
    - There is suspected abuse or neglect (child or adult), as mandated by State law
    - You or someone else is determined to be in immediate danger
- To express a complaint/file a grievance about SWMBH, its providers and/or the quality of care that you receive and to have that grievance addressed in a timely manner
- To file an appeal with SWMBH as the PIHP, CMHSP, and/or Michigan Department of Health and Human Services
- To have a provider, on your behalf and with written consent, file an appeal with the PIHP and/or CMHSP
- To have a second opinion from a qualified health professional, within our provider network or out of our provider network, at no cost to you. To request a second opinion, contact your local customer service office (see Section 2 of Handbook).
- To receive practice guidelines upon request
- To additional information upon request concerning:
    - The structure and operation of SWMBH as the PIHP - including annual reports, current organizational charts, CMHSP board member list, meeting schedules, and minutes
    - Any physician incentive plans SWMBH or your local CMHSP are engaged in
    - To request a current or up-to-date listing of the provider network, you may contact SWMBH directly or you may find the provider directory on SWMBH's website: www.swmbh.org

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

Other information that is available to you includes:

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

You have the responsibility:

- To provide honest and complete information to those providing services
- To present your Medicaid card and/or other insurance coverage prior to receiving services
- To keep scheduled appointments and let the office know if you will be delayed or unable to keep your appointment, if possible, at least 24 hours in advance
- To let us know of a change in name, address, or insurance coverage
- To make payments for services on time
- To pay all charges that have been determined you may owe on time
- To ask candid questions about your services and keep asking until you fully understand
- To follow the plan of care you chose and agreed upon with your practitioner, while understanding what might happen if you choose not to follow the plan
- To understand your health problems and participate in developing mutually agreed-upon treatment goals with your practitioner
- To know what medication you are taking, why you are taking it, the proper way to take it, and possible side effects of that medicine
- To express your opinions, concerns, or complaints in a constructive manner
- Smoke only in designated areas. Buildings are smoke free and smoking areas are identified. Please ask staff if you need help to locate a smoking area
- Treat others with respect and work cooperatively with others
- For the health and safety of customers each program site has evacuation maps, fire extinguishers, and first aid kits available if they are needed. If you have any questions please ask the staff working with you. Staff can review safety precautions, procedures, and rules with you. In the event of a drill or actual emergency situation, everyone is expected to cooperate with directions that are given

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

- Making threats against staff
- Destroying property
- Bringing illegal drugs to appointments
- Bringing illegal weapons to your appointments

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

20.0 GLOSSARY OR DEFINITION OF TERMS

Access: Your ability to get needed care and services.

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

Adverse Benefit Determination: A decision that adversely impacts a Medicaid beneficiary's claim for services due to:

- Denial or limited authorization of a requested service, including determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting, or effectiveness of a covered benefit.
- Reduction, suspension, or termination of a previously authorized service.
- Denial, in whole or in part, of payment for a service. A denial, in whole or in part, of a payment for a service solely because the claim does not meet the definition of a "clean claim" is not an adverse benefit determination.
- Failure to make a standard authorization decision and provide notice about the decision within **14 calendar days** from the date of receipt of a standard request for service.
- Failure to make an expedited authorization decision within **72 hours** from the date of receipt of a request for expedited service authorization.
- Failure to provide services within **14 calendar days** of the start date agreed upon during the person centered planning and as authorized by the PIHP.
- Failure of the PIHP to act within **30 calendar days** from the date of a request for a standard appeal.
- Failure of the PIHP to act within **72 hours** from the date of a request for an expedited appeal.
- Failure of the PIHP to provide disposition and notice of a local grievance/complaint within **90 calendar days** of the date of the request.
- For a resident of a rural area with only one Managed Care Organization (MCO), the denial of the Enrollee's request to exercise his/her right, under § 438.52(b)(2)(ii), and to obtain services outside the network.
- Denial of the enrollees request to dispute a financial liability, including cost-sharing, copayments, premiums, deductibles, coinsurance, and other enrollee financial responsibility.

Amount, Duration, Scope, and Frequency: Terms to describe the way Medicaid services listed in a person's individual plan of service (IPOS) will be provided.

- Amount: How much service (number of units of service)
- Scope: Details service (who, where, and how the service is provided)
- Duration: How long the service will be provided (the length of time of the expected service)
- Frequency: How often/when service(s) occur (e.g., daily, weekly, monthly, quarterly)

Appeal: A review of an adverse benefit determination.

Applied Behavioral Analysis (ABA): A therapy based on the science of learning and behavior. It applies understanding of how behavior works to real situations. The goal is to increase behaviors that are helpful and decrease behaviors that are harmful or affect learning. ABA is performed by a board-certified behavior analyst (BCBA).

Assertive Community Treatment (ACT): A program that offers treatment, rehabilitation, and support services using a person-centered, recovery-based approach to individuals who have been diagnosed with severe and persistent mental illness. Individuals receive ACT services including assertive outreach, mental health treatment, health, vocational, integrated dual disorder treatment, family education, wellness skills, community linkages, and peer support from a mobile, multidisciplinary team in community settings.

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

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

Behavioral Health Home: Provides comprehensive care management and care coordination services to beneficiaries with a select serious mental illness/SED. The goals of the benefit are to ensure seamless transition of care and to connect eligible beneficiaries with needed clinical, behavioral, and social services.

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

Community Mental Health Services Program (CMHSP): There are 46 CMHSPs in Michigan that provide services in their local areas to people with mental illness and intellectual/developmental disabilities. May also be referred to as CMH. All of our 8 affiliated county agencies are CMHSPs.

Community Living Supports (CLS): Services used to increase or maintain personal self-sufficiency, facilitating an individual's achievement of his goals of community inclusion and participation, independence, or productivity. The supports may be provided in the participant's residence or in community settings including, but not limited to, libraries, city pools, camps, etc.

Coordinating Agency (CA): The Coordinating Agencies in Michigan manage services for people with substance use disorders. SWMBH functions as the CA for the 8 counties in our service area.

Co-payment: A copayment (sometimes called "co-pay") is a set dollar amount you are required to pay as your share of the cost for a medical service or supply. [Insert Health Plan Name] does not require you pay a copayment or other costs for covered services under the Medicaid or Healthy Michigan Plan program.

Children's Waiver Program (CWP): Provides community-based services to beneficiaries under age 18 who, if not for the availability and provisions of CWP services, would otherwise require the level of care and services provided in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID). The goal of the CWP is to enable beneficiaries with developmental disabilities who have significant needs and who meet the CWP eligibility requirements to live with their parents or legal guardians and to fully participate in their communities.

Cultural Competency: Is an acceptance and respect for difference, a continuing self-assessment regarding culture, a regard for and attention to the dynamics of difference, engagement in ongoing development of cultural knowledge, and resources and flexibility within service models to work toward better meeting the needs of minority populations.

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 Health and Human Services – independent of the PIHP service system.

Developmental Disability: Is defined by the Michigan Mental Health code as either of the following: (a) If applied to a person older than five (5) 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 and are individually planned and coordinated; (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.

Durable Medical Equipment (DME): Any equipment that provides therapeutic benefits to a person in need because of certain medical conditions and/or illnesses. Durable Medical Equipment (DME) consists of items which: Are primarily and customarily used to serve a medical purpose; Are not useful to a person in the absence of illness, disability, or injury; Are ordered or prescribed by a physician; Are reusable; Can stand repeated use, and Are appropriate for use in the home.

Emergency Medical Condition: An illness, injury, symptom, or condition so serious that a reasonable person would seek care right away to avoid severe harm.

Emergency Medical Transportation: Ambulance services for an emergency medical condition.

Emergency Room Care: Care given for a medical emergency when you think that your health is in danger.

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

Enrollee: a Medicaid beneficiary who is currently enrolled in a PIHP in a given managed care program.

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

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

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

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

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

Habilitation Supports Waiver (HSW): Is an intensive home and community based, active treatment and support program, designed to assist individuals with severe developmental disabilities to live independently with supports in their community of choice. This program is designed as a community-based alternative to living in a group home. The Habilitation Supports Waiver is based on legislation found in Title XIX of the Social Security Act. This legislation allows the state to provide waiver services to a targeted population who, without waiver services, would be at risk for out-of-home placement.

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

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

Healthy Michigan Plan (HMP): Is an 1115 Demonstration project that provides health care benefits to individuals who are: aged 19-64 years; have income at or below 133% of the federal poverty level under the Modified Adjusted Gross Income Methodology; do not qualify or are not enrolled in Medicare or Medicaid; are not pregnant at the time of application; and are residents of the State of Michigan. Individuals meeting Healthy Michigan Plan eligibility requirements may also be eligible for behavioral health services. The Michigan Medicaid Provider Manual contains complete definitions of the available services as well as eligibility criteria and provider qualifications. The Manual may be accessed at: https://www.michigan.gov/mdhhs/doing-business/providers/providers/medicaid/policyforms/medicaid-provider-manual. Customer Services staff can help you access the manual and/or information from it.

If you would like more information or have questions about Healthy Michigan Plan covered services you can go to www.michigan.gov/healthymichiganplan or call the Beneficiary Help Line at 1-800-642-3195.

Home and Community Based Services (HCBS) Rule: Medicaid services that are funded through/identified by the HCBS Rule are required to meet specific standards developed to ensure waiver participants experience their home, work, and community environments in a manner that is free from restriction. Settings that provide HCBS must not restrict movement or freedoms related to choice and inclusion in the home and/or community and must be provided in a setting that is consistent with the settings and services non-Medicaid individuals frequent including home settings, employment opportunities and access to the greater community.

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

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

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

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

Individual Plan of Service (IPOS): Is the written details of the supports, activities, and resources required for a person to achieve personal goals. The IPOS is developed to put into words decisions and agreements made during a person-centered process of planning and information gathering.

Intellectual Disability: Is defined in the Michigan Mental health Code as a condition showing before the age of 18 years that is characterized by significantly subaverage intellectual functioning and related limitations in 2 or more adaptive skills and that is diagnosed based on the following assumptions: (a) Valid assessment considers cultural and linguistic diversity, as well as differences in communication and behavioral factors. (b) The existence of limitation in adaptive skills occurs within the context of community environments typical of the individual's age peers and is indexed to the individual's particular needs for support. (c) Specific adaptive skill limitations often coexist with strengths in other adaptive skills or other personal capabilities. (d) With appropriate supports over a sustained period, the life functioning of the individual with an intellectual disability will generally improve.

Integrated Health Care: The comprehensive monitoring and improvement of patient health through

collaboration between previously separate health organizations; or providing holistic care for a person.

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

Long Term Services and Supports (LTSS): Care provided in the home, in community-based settings, or in facilities, such as nursing homes for older adults and people with disabilities who need support because of age; physical, cognitive, developmental, or chronic health conditions; or other functional limitations that restrict their ability to care for themselves. They are a range of services to help people live more independently by assisting with personal and healthcare needs and activities of daily living, such as eating, taking baths, managing medication, grooming, walking, getting up and down from a seated position, using the toilet, cooking, driving, getting dressed, managing money.

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

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

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

MIChild: A Michigan health care program for low-income children who are not eligible for the Medicaid program. This is a limited benefit. Contact your local customer service unit for more information.

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

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

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

Person Centered Planning (PCP): A process to help an individual plan their services and support the life they choose. It tells the wants and interests for a desired life and the supports (paid and unpaid) to achieve it. Person-centered planning documents identify the needs and desires of the individual and how services and supports will be used to meet these goals. A process directed by the individual and supported by others selected by the individual. It focuses on desires, dreams, and meaningful experiences. The individual decides when, how, and by whom direct support service is provided. Family Driven Youth Guided practices are used for planning with children, youth, and families.

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

Prepaid Inpatient Health Plan (PIHP): An organization that manages the Medicaid mental health, intellectual/developmental disabilities, and substance use services in their geographic area under contract with the State. There are 10 PIHPs in Michigan and each one is organized as a Regional Entity or a Community Mental Health Services Program according to the Mental Health Code. Southwest Michigan Behavioral Health is the PIHP that covers the 8 counties of Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, and Van Buren.

Plan: A plan that offers health care services to members that pay a premium.

Post-stabilization Care Services: As defined in 42 CFR 438.114(a), covered specialty services specified in this Contract that are related to an emergency medical condition and that are provided after a beneficiary is stabilized in order to maintain the stabilized condition, or, under the circumstances described in 42 CFR 438.114(e), to improve or resolve the beneficiary's condition.

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

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

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

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

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

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

Provider: An individual or entity/organization engaged in the delivery, ordering, or referring of services.

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

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

Referral: A written order from your primary care doctor for you to see a specialist or get certain medical services. In many health plans, you need to get a referral before you can get medical care from anyone except your primary care doctor. If you don't get a referral first, the plan may not pay for the services.

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

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

Respite: Care that provides short-term relief for primary caregivers, giving them time to rest, travel, or spend time with other family and friends. The care may last anywhere from a few hours to several weeks at a time. Respite care can take place at home, in a health care facility, or at an adult day care center.

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

Serious Emotional Disturbance (SED): 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 Emotional Disturbance Waiver (SEDW): Provides home and community-based services to children, youth, and young adults under age 21 who, if not for the availability and provisions of SEDW services, would otherwise require hospitalization in our state psychiatric hospital. The goal of the SEDW is to enable beneficiaries with SED who have significant needs and who meet the SEDW eligibility requirements to live in their home and community instead of receiving hospital level of care.

Serious Mental Illness (SMI): Defined by the Michigan Mental Health Code to mean a diagnosable mental, behavioral, or emotional disorder affecting an adult that exists or has existed within the past year for a period of time sufficient to meet diagnostic criteria specified in the most recent Diagnostic and Statistical Manual of Mental Disorders; and that has resulted in functional impairment that substantially interferes with or limits one or more major life activities.

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

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

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

Substance Use Disorder (SUD): 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.

Transition of Care (TOC): Is the movement of an enrollee from one setting of care to another.

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

Vital Documents: Printed or electronic documents that provide important information necessary to access or participate in services, programs, and activities of a covered entity, which include at a minimum provider directory, enrollee handbooks, appeals and grievance notices, and denial and termination notices.

(MCL Act 241 of 2024 LEP)

21.0 COMMUNITY RESOURCES

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

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

ORGANIZATION, ENTITY	PHONE #
National Alliance on Mental Illness (NAMI)	800-950-6264 or www.nami.org
The Arc of Michigan	800-292-7851
Michigan Rehabilitation Services	800-605-6722
Depression and Bipolar Support Alliance	800-826-3632
Disability Network Southwest Michigan	269-345-1516 (Kalamazoo) 269-985-0111 (Calhoun and Berrien)
Michigan Bureau of Services for Blind Persons	800-292-4200
Autism Society of Michigan	517-882-2800
Brain Injury Association of Michigan	800-444-6443
Learning Disability Association of Michigan	616-284-1650
United Cerebral Palsy of Michigan	800-827-4843 or 517-203-1200
Association for Children's Mental Health	517-372-4016 or 888-226-4543
Disability Rights Michigan	800-288-5923 or 517-487-1755
Michigan Association of County Veteran Counselors	810-989-6945
Social Security Administration	800-772-1213
CARES (AIDS and HIV services)	269-381-2437 (Kalamazoo) 269-927-2437 (Benton Harbor)
Poison Control Center	800-222-1222
Legal Aid of Western Michigan	269-344-8113
American Red Cross	800-733-2767
Section 8 Housing	To apply for Vouchers – 517-241-8986 For existing Vouchers – 517-373-9344
Substance Abuse and Mental Health Services Administration (SAMHSA) Hotline	1-800-662-4357
Narcotics Anonymous Hotline	800-230-4085
Michigan Gambling Helpline	800-270-7117
Area Agency on Aging	800-677-1116
Unemployment Claims number	866-500-0017
Crisis/Suicide Hotline	**Call or Text: 988** Chat: 988lifeline.org Or text "Hello" to 741-741 to reach the Crisis Text Line

Michigan Disability Rights Coalition	800-578-1269
Michigan Centralized Intake for Abuse/Neglect	855-444-3911
Centers for Disease Control	800-232-4636
LGBT National Hotlines	National Hotline: 888-843-4564 Youth Talkline: 800-246-7743 Coming Out Support/Senior Hotline: 888-688-5428
Healthcare Reform	800-318-2596
National Domestic Violence Hotline	800-799-7233

22.0 COMMONLY USED ACRONYMS

ADA: Americans with Disabilities Act
ADL: Activities for Daily Living
AFC: Adult Foster Case
Auth.: Payment Authorization for Services
BH: Behavioral Health
CCBHC: Certified Community Behavioral Health Clinic
CEO: Chief Executive Officer
CFO: Chief Financial Officer
CFR: Code of Federal Regulations
CMH: Community Mental Health
CMHSP: Community Mental Health Service Provider
CMS: Center for Medicare and Medicaid Services
COFR: County of Financial Responsibility
COO: Chief Operating Officer
CS: Customer Service
DBT: Dialectical Behavioral Therapy
DPOA: Durable Power of Attorney for Healthcare Decisions
DRM: Disability Rights of Michigan
EBP: Evidence Based Practice
EMR: Electronic Medical Record
HHS: United States Department of Health and Human Services
HIPAA: Health Insurance Portability and Accountability Act
HMO: Health Maintenance Organization
IPOS: Individual Plan of Service
LMSW: Licensed Master Social Worker
LOC: Level of Care
LOCUS: Level of Care Utilization System
MCO: Managed Care Organization
MDHHS: Michigan Department of Health and Human Services
MHP: Medical Health Plan
MPM: Medicaid Provider Manual
MRS: Michigan Rehabilitation Services
OHH: Opioid Health Home
OMT: Opioid Maintenance Therapy
PCP: Person Centered Planning
PIHP: Prepaid Inpatient Health Plan
ROSC: Recovery Oriented Systems of Care
SED: Serious Emotional Disturbance
SMI: Seriously Mentally Ill
SPMI: Severely and Persistently Mentally Ill
SUD: Substance Use Disorder
SWMBH: Southwest Michigan Behavioral Health
UM: Utilization Management

NOTES

Customer Handbook Revision History
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Customer Handbook
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Update to Section 6.0 (page 13)

6.0 SERVICE AUTHORIZATIONS

Services you request must be authorized or approved by Southwest Michigan Behavioral Health or its designee. That agency may approve all, some, or none of your requests. You will receive notice of a decision within 7 calendar days after you have requested the service during person-centered planning, or within 72 hours if the request requires a quick (expedited) decision.