

Oakland County Public Mental Health Services Handbook



5505 Corporate Dr
Troy, MI 48098
www.oaklandchn.org

Letter from the Executive Director

Welcome to the Oakland Community Health Network (OCHN). It is our sincere privilege to offer you an array of quality services that respond to the individual needs of people who have an intellectual / developmental disability, mental health illness, substance use disorder, or children with a serious emotional disturbance.

As a Prepaid Inpatient Health Plan (PIHP) under contract with the Michigan Department of Health and Human Services (MDHHS), OCHN is responsible for identifying, influencing, and delivering public mental health services to Oakland County residents. Our mission: inspire hope, empower people, and strengthen communities.

We successfully meet these important commitments through the collaborative efforts of the organizations that belong to our expert service provider network. Each is committed to giving you and your family the very best possible support. Their knowledge, dedication, and determination will serve as valuable resources to help you achieve whatever goals you desire for your life.

You should know that all actions and decisions pertaining to your well-being are directed by a comprehensive set of core values:

- We promote equality and personal choice leading toward self-directed lives.
- We are guided by the goals, needs, and desires of people we serve.
- We lead with integrity, accountability, and transparency.
- We promote and protect the rights of people served as they seek to achieve to their personal life outcomes.
- We strengthen our community by identifying needs and implementing innovative solutions.
- We collaborate in shared purpose with individuals served, staff, service providers, and the community.

If at any time you believe that your needs are not being addressed, please discuss the situation with your service provider. If you remain dissatisfied, let us know so we can help find a solution. You can share your concerns with us by calling Customer Service at 800-341-2003. More information regarding your service options is provided in this reference handbook.

We look forward to helping you attain the life of your choosing.

Sincerely,

A handwritten signature in black ink that reads "Dana Lasenby". The signature is fluid and cursive, with a long, sweeping underline that extends to the right.

Dana Lasenby, Executive Director and CEO, OCHN

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OCHN Customer Services

Customer Services focuses on helping people get the supports and services they need. Service representatives can assist with the Person-Centered Planning process, communication with providers, and help direct people when they feel lost in the system. Customer Services has information about a variety of services and resources available in the community and explains the Appeals and Grievance process when someone is not satisfied with their services. Contact Customer Services for information about OCHN services and OCHN publications such as the annual report, newsletters, organization chart, service provider directory, meeting information, and board minutes/ member lists. These can also be found online at www.oaklandchn.org.

Customer Services can be reached 8 a.m. - 5 p.m. Monday - Friday (except on holidays)
800-341-2003 or 248-858-1210 Video Conference Phone: 248-209-6902 Fax: 855-409-9462
www.oaklandchn.org

Other hours are available too. Please leave a telephone message at 800-341-2003 or e-mail customerservice@oaklandchn.org. In the message tell us a good time to reach you. We will contact you at your convenience.

If you are contacting Customer Services outside of regular business hours, please let us know the best day and time to get back with you. For urgent matters, please contact the Crisis and Resource Helpline 800-231-1127.

OCHN Contact Info:

Dana Lasenby, Executive Director and CEO.....	248-858-1210
Vasilis Pozios, M.D., Chief Medical Officer.....	248-858-1210
Kimberly Flowers, BSN, RN, MA, LPC.....	248-858-1210
Vicki Suder, Director of Rights and Advocacy.....	877-744-4878
Linda Bartaloni-Till, Customer Services.....	800-341-2003
Emergency Contact.....	988

Confidentiality and Family Access to Information

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 members have the right to provide information to OCHN about you. However, without a Release of Information signed by you, OCHN 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.

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 community health services program.

- This notice will tell you all the ways that information about you can be used or disclosed. It will also include a listing of your rights provided under HIPAA and how you can file a complaint if you feel your right to privacy has been violated.

If you feel your confidentiality rights have been violated, call Recipient Rights at 877-744-4878.

Coordination of Care

To improve service quality, OCHN wants to coordinate your physical and mental health. Persons who have mental illness and substance use disorders are welcome in the Community Mental Health network system. If you are receiving substance use services, your mental health care should be coordinated with those services. Being able to coordinate with all providers (doctors, therapists, other agencies, etc.) involved in your treatment improves your chances for recovery, relief of symptoms, and improved functioning.

Therefore, you are encouraged to sign a “Release of Information” form so that information can be shared. If you do not have a medical doctor and need one, contact Customer Services and the staff will assist you in getting a doctor.

Access to Out-of-Network Services

Access to Out-of-Network Services If there is not a provider within the OCHN network system to deliver the subspecialty services and supports that are identified during the Person-Centered Planning (PCP) process, you may go outside of the network to get the services. You can do this (at no charge or expense to you) if:

- It is a covered service.
- It is a necessary medical service or support for you.
- The amount, duration, and type of service is outlined in your Individual Plan of Service during the Person-Centered Planning process.

Non-Emergency, Emergency and After - Hours Access to Services

A “behavioral health non-emergency” is when a person is seeking routine care for an illness or condition that is not of an urgent matter. A “behavioral health emergency” is when a person experiences, symptoms, and behaviors that can reasonably be expected in the near future to harm him or herself or another; the inability to meet his/ her basic needs is at risk of harm; impaired judgement that prevents him/her to understand the need for treatment. You have the right to receive emergency services at any time, 24-hours/7 days a week, without prior authorization for payment of care. These services are available when a person is out of town or outside the OCHN network service area. You have the right to use any hospital or other setting for non-emergency, emergency care and treatment.

If you have a behavioral health crisis you should seek help right away, at any time, day, or night. OCHN's service provider agencies will provide you with emergency directions as well.

Common Ground Resource & Crisis Helpline: 800-231-1127

Provides 24 hour mental health crisis services for Oakland County residents. After-Hours Access is available at the Resource & Crisis Center at 1200 N. Telegraph Rd., Bldg. 32 E, in Pontiac, MI.

Please Note: If you utilize a hospital emergency room, there may be healthcare 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 PIHP

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 stabilized, you may receive behavioral health services to make sure your condition continues to improve. Examples of post-stabilization services are crisis residential, case management, outpatient therapy, and/or medication reviews. Prior to the end of your emergency-level care, the OCHN Network of Providers will help you to coordinate your post-stabilization services.

Non-Emergency Access to Services

Oakland County residents who have Medicaid or are Medicaid eligible can be connected to public mental health services through OCHN's non-emergency ACCESS point, also located at the Resource & Crisis Center at 1200 N. Telegraph Rd., Bldg. 32 E, in Pontiac, MI. The access point includes services to people with an intellectual/developmental disability, mental illness, substance use disorder, and children with serious emotional disturbance.

Non-Emergency Contact Information:

248-464-6363, Monday & Thursday, 8 a.m. - 8 p.m., Tuesday, Wednesday, & Friday, 8 a.m. - 5 p.m.

Mental Health Glossary

Access: 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 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.
- Failure to make a standard Service 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 Service Authorization decision within seventy-two **72 hours** after 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 resolve standard appeals and provide notice within **30 calendar days** from the date of a request for a standard appeal.
- Failure of the PIHP to resolve expedited appeals and provide notice within **72 hours** from the date of a request for an expedited appeal.
- Failure of the PIHP to resolve grievances and provide notice within **90 calendar days** of the date of the request.

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

Appeal: A review of an adverse benefit determination.

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 an aim preventing or intervening in substance use or other addictions. For the purposes of this handbook, will include individuals with intellectual/developmental disabilities, adults with a mental illness, children with serious emotional disturbance and individuals with a substance use disorder.

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

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

Child and Adolescent Functional Assessment Scale (CAFAS): A valid and reliable assessment tool which provides a numerical rating of a youth's functioning across several life domains. It is utilized with youth ages 7-17 years.

Community Mental Health Services Program (CMHSP): There are 46 CMHSPs in Michigan that provide services in their local areas to people with intellectual / developmental disabilities, mental illness and substance use disorders. It may also be referred to as CMH.

Dialectical Behavior Therapy (DBT): A specific type of psychotherapy to more effectively treat borderline personality disorder and other types of mental health disorders. DBT treatment is a cognitive-behavioral approach that emphasizes the psychosocial aspects of treatment.

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 application and deductible determination are managed by the Michigan Department of Human Services - independent of the PIHP/CA service system.

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

- Primarily and customarily used to serve a medical purpose
- Not useful to a person in the absence of illness, disability, or injury
- Ordered or prescribed by a physician
- Reusable
- Stand repeated use; and
- Appropriate for use in the home

Evidence Based Practice (EBP): A process in which the practitioner combines well-researched interventions with clinical experience, ethics, person's preferences and culture to guide and inform the delivery of treatments and services.

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

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

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

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 or a provider or employee, or failure to respect 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 grievances, as well as the processes to collect and track information about them.

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

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

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

Healthy Michigan Plan An 1115 Demonstration project that provides health care benefits to individuals who are: aged 19-64 years; have income at or below 133% of the federal poverty level under the Modified Adjusted Gross Income methodology; do not qualify or are not enrolled in Medicare or Medicaid; are not pregnant at the time of application; and are residents of the State of Michigan. Individuals meeting Healthy Michigan Plan eligibility requirements may also be eligible for mental health and substance use services, as well as eligibility criteria and provider qualifications. The manual can be accessed at www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf. Customer Services staff can help you access the manual and/or information from it.

Home Health Care: 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 focus 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: Any type of care performed at a hospital when it is not expected there will be an overnight hospital stay.

Integrated or Co-occurring Mental Illness and Substance Use Disorder: Defined as both disorders at the same time. OCHN welcomes persons with both disorders and provides co-occurring capable treatment throughout the network and at every level of care.

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

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. These individuals may be eligible to receive language assistance for a particular type of service benefit or encounter.

Level of Care Utilization System (LOCUS): An assessment tool utilized by a clinician to ensure that persons with a mental health issue receive appropriate services and supports that match their treatment needs. LOCUS is an authorization system based on a common sense approach to services provided based on Utilization Management (UM) guidelines and the person's level of need.

All OCHN and provider agency practitioners and employees who make UM decisions understand the importance of ensuring people receive clinically appropriate, humane, and compassionate services of the same quality one would expect for their child, parent, or spouse by affirming the following:

- UM decision-making is based only on appropriateness of care, service, and existence of coverage.
- OCHN and its provider agencies do not reward practitioners / individuals for issuing denials of coverage or service care.
- No physicians nor any other staff making UM decisions are rewarded for issuing denials of coverage or service or reducing care which is deemed medically necessary.

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

Medicaid Managed Care Formulary (Medicaid Formulary)

The Michigan Department of Health and Human Services (MDHHS) has worked with its health plan partners to create a list of medications that all Medicaid health plans must cover. Please refer to

OCHN website at oaklandchn.org for the complete Medicaid Formulary.

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

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

MIChild: A Michigan health care program for children from low-income families. This is a limited benefit. Contact Customer Services for more information.

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

Non-Emergency: When a person is seeking routine "behavioral health" non-emergency care for an illness and/or condition that is not of an urgent matter.

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

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

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

Prepaid Inpatient Health Plan (PIHP): There are 10 PIHPs in Michigan that manage the Medicaid mental health, developmental disabilities, and substance abuse services in their geographic areas. All 10 PIHPs are also community mental health services programs.

Pre-authorization: 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.

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

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

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

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

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

Provider: Is a term used for health professionals who provide health care services. Sometimes, the term refers only to physicians. Often, however, the term also refers to other health care professionals

such as hospitals, nurse practitioners, chiropractors, physical therapists, and others offering specialized health care services.

Provider Directory: provided once a year or upon request. The Provider Directory is available to everyone on the OCHN website at www.oaklandchn.org. If you are in need of assistance using the Provider and / or Practitioner Directories, Please contact Customer Services at 800-341-2003 or by e-mail at customerservice@oaklandchn.org. Customer Services can help provide instructions on how to find practitioner information including name, telephone number, gender, discipline, specialties (if applicable), residency and board certification status (if applicable), if they are accepting new people, languages the practitioner speaks, and their office locations. In addition, Customer Services can provide instructions for searching the Provider Directory (Facility Name, Location, etc.) and any other Directory questions that you may have. This search includes locating, Inpatient Hospitals, Partial Hospitals, Outpatient, and other behavioral healthcare services. You can also request a hard copy of the directories, at any time, at no cost to you and will be issued within five (5) business days.

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

Recovery Support Program (RSP): A service model available through the OCHN provider network serving adults with mental illness. RSP is part of a range of services for individuals as they move along in their recovery. RSP supports and advances recovery, aligns services with needs, provides peer support services and focuses on the transition for persons to receive services in the community.

Rehabilitation Services and Devices: Health care services that help a person keep, get back, or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt, or disabled. This 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.

Services Handbook: A guide to the information and resources available to the people and families served by OCHN and the public mental health system in Oakland County. The Handbook and materials can be provided in other written formats such as large print, other languages, including Braille or audio. This assistance and language services will be provided upon request at no cost. If

you are in need of these special accommodations and/or assistance to help you better understand the information in this handbook, please let your service provider, support coordinator or case manager know. Customer Service is also available at 800.341.2003.

A copy of the Handbook is provided at time of an intake appointment, annually and upon request. The Handbook is also available on our website at oaklandchn.org. Anyone may also contact Customer Service to request a copy of the Service Handbook.

When/if a major change is made (something is added or deleted) to the OCHN Services Handbook a written notice is given to each person served at least 30 days before the effective date of the change takes place.

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

Serious Emotional Disturbance (SED): Defined by the Michigan Mental Health Code, as 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. Further, it has resulted in functional impairment that substantially interferes with or limits the child's role or functioning in family, school or community activities.

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

Supports Intensity Scale (SIS): An assessment tool that evaluates practical support requirements of a person with an intellectual or developmental disability.

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 CMHSP, or PIHP denial, reduction, suspension or termination of Medicaid services. State administrative law judges who are independent of the Michigan Department of Health and Human Services perform the reviews.

Substance Use Disorder (or substance abuse): Is defined in the Michigan Public Health Code to mean the taking of alcohol or other drugs at dosages that place an individual's social, economic, psychological, and physical welfare in potential hazard, or to the extent that an individual loses the

power of self-control as a result of the use of alcohol or drugs, or while habitually under the influence of alcohol or drugs, endangers public health, morals, safety, or welfare, or a combination thereof.

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.

Grievance and Appeals Processes

All people receiving services and applicants for services have the right to orally or in writing request a Local Appeal, Grievance and / or file a Recipient Rights Complaint, separately or all at the same time.

Should you require any cultural accommodations or interpreter services, arrangements can be made to accommodate your needs, for example: hearing impaired or non-English speaking. Please contact OCHN Customer Services Office at 800-341-2003 or TDD: 7-1-1 for assistance. Language assistance is provided at no cost to you.

With the written consent from you as the Medicaid beneficiary, a service provider or another authorized representative can act on your behalf to file a Local Appeal or Grievance to OCHN. You will be asked to provide written permission for the person you would like to be your authorized representative. You can submit this information to OCHN in any way or manner most convenient for you such as by fax, postal mail, text message, or by an e-mail. Your service provider may file a Grievance or request a State Fair Hearing (after the resolution of the Local Appeal) on your behalf because the State of Michigan permits a provider to act as the beneficiary's authorized representative. Punitive action may not be taken by OCHN against a provider who acts on your behalf when they have your written consent to do so.

Grievances

You have the right to say that you are unhappy with your services and/or supports, or the staff who provide them, by filing a "grievance." You, your guardian, your legal representative or a parent of a minor child can file a grievance any time by calling, visiting, or writing to Customer Services. In most cases, your grievance will be resolved within 90 calendar days from the date the PIHP receives your grievance. You will be given detailed information about the grievance and appeal process When you first start services and then again annually. In all cases, the PIHP may extend the time for resolving your Grievance by 14 calendar days if you request an extension, or if the PIHP can show that additional information is needed, and a delay is in your best interest. You may ask for this information at any time by contacting Customer Services at 800-341-2003. If your grievance is not resolved within 90 calendar days, you or your representative can request a State Medicaid Fair Hearing.

Appeals

You will be notified when a decision is made denying your request for services or reduces, suspends, or terminates services you already receive. This notice is called an "Adverse Benefit Determination." You have the right to file an "appeal" when you don't agree with a decision. If you want to ask for an appeal, orally or in writing, it has to be done within 60 calendar days from the date of the Adverse Benefit Determination.

You may ask for a Local Appeal by:

1. File a Local Appeal by completing the Local Appeal Request Form that you received with your Due Process Notice/Letter.
2. File a Local Appeal electronically/online:

- Go to www.oaklandchn.org, select the Recipient Rights tab at the top of the page
 - Select the “Local Appeals Form” link
 - Answer all form questions and the hit submit. You will then receive a confirmation e-mail that your appeal has been received.
3. Ask for assistance with filing a “Local Appeal” by contacting Customer Services at 800-341-2003. 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. OCHN will provide you written notice of the Local Appeal Expedited Resolution, and will also make reasonable efforts to provide oral notice. If the request for the Local Expedited Appeal is denied, OCHN will try to give you prompt oral notices, and will follow-up with written notice within 2 calendar days. At this time, the appeal transfers to the standard time frame, 30 calendar days. You have the right to file a Grievance if you disagree.

In all cases, the PIHP may extend the time for resolving your appeal by 14 calendar days if you request an extension, or if the PIHP can show that additional information is needed and a delay is in your best interest. If OCHN needs to extend the time frame of the Local Appeal, written notice will be provided of the reason within 2 calendar days. If you disagree with the decision, you have the right to file a Grievance.

State Fair Hearing

You can ask for a state fair hearing only after receiving notice that the adverse benefit determination 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 time frame required. There are time limits on when you can file an appeal once you receive a decision about your local appeal. The Enrollee has 120 calendar days from the date of the applicable notice of resolution to file for a State Fair Hearing.

For more information about the Medicaid Fair Hearing process:

- Call the State Office of Administrative Hearings and Rules toll free at 877-833-0870. Your request for a hearing must be in writing and be signed by you or your legal guardian. During the Fair Hearing process you may represent yourself or you may have a friend, relative, lawyer, or another person that you authorize represent you.
- Written information can be mailed to: Michigan Administrative, Hearings System Department of Health and Human Services, P.O. Box 30763, Lansing, MI 48909-9951.
- If you have questions, or need help completing the Hearing Request form, please call Customer Services at 800-341-2003.

Benefit Continuation: If you are receiving a Michigan Medicaid service that is reduced, terminated, or suspended before your current service authorization ends, 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 authorized services while your appeal is pending. You will need to state in your appeal request that you are asking for your service(s) to continue.

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 asked for within 10 calendar days. State in your State Fair Hearing request that you are asking for your service(s) to continue.

If you request that your services continue during the appeal process, OCHN has the right to ask you

to repay the cost of these services, if the appeal or State Fair Hearing:

- Upholds the original decision,
- You withdraw your appeal or State Fair Hearing request,
- If you or your legal representative does not attend the hearing.

State policy will determine if you will be required to repay the cost of any continued benefits.

How to Request Mediation - An option to filing an appeal & Grievance

Contact the Oakland Mediation Center at: 1-844-3-MEDIATE (1-844-363-3428), or Email at behavioralhealth@mediation-omc.org

Language Assistance and Accommodations

Language Assistance: If you are a person who is deaf or hard of hearing, you can utilize the Michigan Relay Center (MRC) to reach your PIHP, CMHSP or service provider. Please call 7-1-1 and ask MRC to connect you to the number you are trying to reach. Also, a Public Video Phone is available at the OCHN building.

If you need a sign language interpreter, contact Customer Services at 800-341-2003 as soon as possible and 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 800-341-2003 so that arrangements can be made for an interpreter. Language interpreters are available at no cost to you.

All OCHN service provider agencies must inform and provide you with an interpreter if you request one, at no cost to you. Some written materials are available in Spanish, Arabic, or large print. For print materials not available in your language, OCHN or the agency where you are receiving services and supports will provide you an interpreter to read you the material, at no cost to you.

Accessibility and Accommodations: In accordance with federal and state laws, all buildings and programs of OCHN 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 OCHN buildings and programs. If you need more information or if you have questions about accessibility or service/support animals, contact Customer Services at 800-341-2003.

If you need to request an accommodation on behalf of yourself, a family member, or a friend, you can contact Customer Services at 800-341-2003. 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.

Important Safety Information

Smoking is prohibited within the Oakland Community Health Network administration building. You will find ashtrays on the outside of the building in designated smoking areas. After you have started working with your service provider, you will be given information about the provider's safety precautions, procedures, and other specific guidelines pertaining to that service site. For the health and safety of the people served, OCHN's administration building and each service provider site has evacuation maps, fire extinguishers, and first aid kits.

If you have any questions about safety issues or procedures, please ask the staff person working with you or contact OCHN's Customer Services. In the event of a drill or actual emergency situation,

everyone is expected to cooperate with the directions that are given by authorized staff members and emergency workers.

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 treatment will be covered. No fees will be charged to you and no claims need to be submitted. Individuals served in the OCHN network are eligible for Medicaid and do not have a limit on benefits, therefore are not discharged or transferred due to benefits being exhausted. Some people 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 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 MDHHS, you may be responsible for the cost of a portion of your services. Should you lose your Medicaid coverage, your PIHP/provider 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, the PIHP will cover all Medicare cost-sharing consistent with coordination of benefit rules. If you lose your Medicaid, OCHN and its providers will assist you to reapply for Medicaid or other forms of coverage. If you are unable to obtain Medicaid, OCHN providers will assist you to transition to a provider in the community such as CCBHC.

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 and protected by the Michigan Mental Health Code. The process begins when you determine whom, beside yourself, you want to attend your Person-Centered Planning meetings, such as family members or friends and what staff from your provider agency. You will also decide when and where the Person-Centered Planning meetings are held. Finally, you will decide what assistance you might need to help you participate in and understand the meetings. During Person-Centered Planning you will be asked what are your hopes and dreams, as well as receive assistance to develop goals or outcomes that you want to achieve. The people attending this meeting will help you decide what supports, services, or treatment you need, who you want to provide this service, how often you need the service, and where it will be provided. You have the right under federal and state laws to a choice of providers.

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

You have the right to “independent facilitation” of the Person-Centered Planning process. This means that you may request that someone other than OCHN’s core provider agency’s staff conduct your planning meetings. You have the right to choose from available independent facilitators.

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

Topics Covered during Person-Centered Planning

During Person-Centered Planning, you will be informed about psychiatric advance directives, crisis planning, and self-determination (see the descriptions below). You have the right to choose to develop any, all or none of these.

Psychiatric Advance Directive: Adults have the right, under Michigan law, to 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 do not believe you have received appropriate information regarding Psychiatric Advance Directives from your PIHP, please contact the Customer Services office to file a grievance.

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.

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

Advance Directive

One important area in which people exercise independence is in choosing mental and other health treatments they receive. Unfortunately, due to illness, people may become unable to make informed choices about their care. Although it is difficult to confront these issues, by doing so you can help ensure your future wishes are honored. The decision whether to have an Advance Directive is up to you. Once you determine your wishes, the next step is relatively simple and inexpensive or free, and can be part of your Person-Centered Planning process.

What is an Advance Directive?

A written, legal document that allows individuals to specify their wishes for psychiatric treatment or other treatment if they are unable to do so. Michigan Law and Public Act 2004, 532 along with 42 CFR 422.18- “Information on Advance Directives” supports:

- The designation of a health care advocate to represent an individual should he/she be unable to make their wishes known.
- A plan now for a time in the future when you may be unable to advocate or plan for yourself.
- The right to make health care decisions must be returned to a person as soon as their ability to make such decisions has returned.

Professionals and workers must listen to the choices you have outlined in your Advance Directive document.

How does an Advance Directive relate to your treatment?

If you prefer, your case manager or clinician will assist you in connecting to a resource to help develop your Advance Directive. With your permission, your Advance Directive can be copied and made available to your case manager. Your case manager will help you distribute your Advance Directive document to all caregivers and health care professionals identified in your document and within the surrounding agencies. The provision of treatment, care and services is not dependent on or determined by whether or not a person has an executed advance directive.

Who can assist you in developing your Advance Directive?

- Ask any **Core Provider Agency** for more information about Advance Directives
- **Michigan Protection and Advocacy Services, Inc.** at 800-288-5923.
- **OCHN Customer Services** toll-free at 800-341-2003.

How do you obtain more information on Advance Directives?

- Visit: www.michigan.gov and/or www.michbar.org/elderlaw

Recipient Rights

Every person who receives public behavioral health services has certain rights protected by the Michigan Mental Health Code and the Code of Federal Regulations. Some of your rights include:

- The right to be free from abuse and neglect
- The right to confidentiality
- The right to be treated with dignity and respect
- The right to treatment suited to condition
- The right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation
- The right to participate in decisions about health care, including the right to refuse treatment

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 receiving services, and then once again every year. You can also ask for this booklet at any time.

You may file a Recipient Rights complaint at any time if you think staff violated your rights. Rights complaints can be submitted in writing or orally.

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 receiving 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.

You may contact your local community behavioral health services program to talk with a Recipient Rights Officer about your questions or to get help to make a complaint. Customer Services can also help you make a complaint. You can contact:

Office of Recipient Rights at 877-744-4878 or Customer Services at 800-341-2003

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. Under no circumstances will the public behavioral health system use seclusion or restraint as a

means of coercion, discipline, convenience or retaliation.

Recovery & Resiliency

Recovery is a journey of healing and transformation enabling a person with a mental health/substance abuse 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 truly only be defined by the individual themselves. What might be recovery for one person may be only part of the process for another.

Recovery may also be defined as wellness. Behavioral health supports and services help people with a 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. It takes time, and that is why

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

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

Mental Health Medicaid Specialty Supports and Services Descriptions

Note: If you are a Medicaid beneficiary and have a serious mental illness, or serious emotional disturbance, or developmental disabilities, or substance use disorder, you may be eligible for some of the Medicaid Specialty Supports and Services listed. Additional service information, including how to refer yourself or a loved one, can be found on OCHN’s website at www.oaklandchn.org.

Before services can be started, you will take part in an assessment to find out if you are eligible for services. It will also identify the services that can best meet your needs. You need to know that not all people who come to OCHN are eligible, and not all services are available to everyone we serve. If a service cannot help you, your Community Mental Health will not pay for it. Medicaid will not pay for services otherwise available from other community resources.

During the Person-Centered Planning process you will receive help determining your medically necessary services and the sufficient amount, scope, and duration required to achieve the purpose of those services. You be able to choose who provides your supports and services, and receive an individual plan of service. In addition to meeting medically necessary criteria, services listed below marked with an asterisk (*) require a doctor’s prescription.

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

mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf Customer Service staff can help you access the manual and/or information from it.

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 behavioral health therapy and help with medications. The team also helps access community resources and supports needed to maintain wellness and participate in social, educational, and vocational activities. An ACT team provides integrated treatment for persons with co-occurring mental health illness and substance use disorders. ACT services 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.

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

Behavior Treatment Review is provided if a person's illness or disability involves behaviors that he/she or others who work with them want to change. Their individual plan of services may include a plan that talks about the behavior. This plan is often called a "behavior treatment plan." The plan is developed during Person-Centered Planning and is regularly approved and reviewed by a team of specialists to ensure that it is effective, dignified, and continues to meet the person's needs.

Behavior Treatment Services/Applied Behavior Analysis are services for children under 21 years of age with Autism Spectrum Disorders (ASD).

Clubhouse Programs are programs where members (people receiving services) and staff work side by side to operate the clubhouse and to encourage participation in the greater community. Clubhouse programs focus on fostering recovery, competency, and social supports, as well as employment skills and opportunities.

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

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

Complex Case Management (CCM) is a complementary service provided by OCHN. The goal of the program is to improve care coordination between individuals, their healthcare providers, and other supports. It is specifically used to help individuals with physical and behavioral health conditions who are enrolled with a Medicaid Health Plan. These people may have a high risk for hospitalization and/or healthcare complications. CCM does not replace services and supports provided by the OCHN provider network. Visit www.oaklandchn.org for more information on CCM services.

Crisis Intervention 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 are short-term alternatives to inpatient hospitalization provided in a licensed residential setting.

Early Periodic Screening, Diagnosis and Treatment (EPSDT) provides a comprehensive array of prevention, diagnostic, and treatment services for low-income infants, children, and adolescents under the age of 21 years, as specified in Section 1905(a)(4)(B) of the Social Security Act (the Act) and defined in 42 U.S.C. 1396d(5)(5) and 42 CFR 441.50 or its successive regulation.

The EPSDT benefit is more robust than the Medicaid benefit for adults and is designed to assure that children receive early detection and care, so that health problems are averted or diagnosed and treated as early as possible. Health plans are required to comply with all EPSDT requirements for their Medicaid enrollees under the age of 21 years. EPSDT entitles Medicaid and Children's Health Insurance Program (CHIP) enrollees under the age of 21 years to any treatment or procedure that fits within any of the categories of Medicaid-coverage services listed in Section 1905(a) of the Act if that treatment or service is necessary to "correct or ameliorate" defects and physical and mental illnesses or conditions.

This requirement results in a comprehensive health benefit for children under age 21 years enrolled in Medicaid in addition to the covered services listed above. Medicaid must provide any other medical or remedial care, even if the agency does not otherwise provide for these services or provides for them in a lesser amount duration or scope (42 CFR 441.57).

***Enhanced Pharmacy** includes doctor-ordered, nonprescription or over-the-counter items (such as vitamins or cough syrup) necessary to manage health condition(s) when these items are not covered by a person's Medicaid Health Plan.

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

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

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

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

Home-Based Services for Children and Families are provided in the family home or in another

community setting. Services are designed individually for each family, and can include mental health therapy (including treatment for co-occurring behavioral health and substance use disorders), crisis intervention, service coordination, or other supports to the family.

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

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

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

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

Medication Review is the evaluation and monitoring of medicines used to treat a person'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 includes therapy or counseling designed to help improve functioning and relationships with other people.

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

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

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

Peer-delivered, Peer Specialist, and Peer Mentor Services. Peer-delivered services such as drop-in centers are entirely run by people receiving behavioral health services. They offer help with food, clothing, socialization, housing, and support to begin or maintain behavioral health treatment.

Peer Specialist services are activities designed to help persons with serious mental illness in their individual recovery journey and are provided by individuals who are in recovery from serious mental illness. Peer mentors help people with developmental disabilities.

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

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

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

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

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

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

Substance Use Treatment Services: All providers in the OCHN service network are licensed substance use treatment programs that includes treatment for co-occurring mental health and substance use disorders. These services are managed by OCHN's Substance Use Prevention and Treatment team.

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

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

Transportation may be provided to and from a person's home in order for him/her to take part in a non-medical Medicaid covered service.

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

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

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

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

- **Goods and Services (for HSW enrollees)** is a non-staff service that replaces the assistance that staff would be hired to provide.
- **Non-Family Training (for Children's Waiver enrollees)** is customized training for paid, in-home support staff who provide care for a child enrolled in the Waiver.
- **Out-of-home Non-Vocational Supports and Services (for HSW enrollees)** is assistance to gain, retain, or improve in self-help, socialization, or adaptive skills.

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

Pre-vocational Services (for HSW enrollees) include supports, services and training to prepare a person for paid employment or community volunteer work.

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

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

Substance Use Disorder Services

The Substance Use treatment services listed are covered by Medicaid. **Access, Assessment and**

Referral (AAR) determines the need for substance use services and will assist in getting people to the appropriate services and providers.

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

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

Methadone and LAAM Treatment is provided to people who have heroin or other opiate dependence. Treatment consists of opiate substitutions monitored by a doctor, as well as nursing services and lab tests. Treatment is usually provided with other substance use outpatient services.

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

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

Integrated Dual Disorder Treatment (IDDT) is an ACT level program that provides intensive psychiatric treatment, clinical services, intensive case management, other supports and evidence based services (similar to the ACT model) for persons with severe mental illness and substance use disorders.

For more information on waiver services, included HSW, CWP, State Plan Amendment (iSPA), and SEDW, please see the accompanying waiver services handout.

If you have 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 Community Mental health Services, your local community mental health services program 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 community mental health services program will help find one.

Note: Home Help Program is another service available to Medicaid beneficiaries who require in-home assistance with activities of daily living and household chores. To learn more about this service, call the Michigan Department of Health & Human Services or contact OCHN at 800-341-2003.

Medicaid Health Plan Services

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

- Ambulance
- Chiropractic
- Doctor visits
- Family planning
- Health check ups
- Hearing aids
- Hearing and speech therapy
- Home Health Care
- Immunizations (shots)
- Lab and X-ray
- 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, 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 Customer Services at 800-341-2003 for assistance.

Oakland County Medicaid Health Plans (June/2019)

Aetna Better Health of Michigan 1333 Gratiot Avenue / Ste. 400, Detroit, MI 48207
866-316-3784 www.aetnabetterhealth.com/michigan

Blue Cross Complete of Michigan 600 E. Lafayette Blvd., Mail code 1508, Detroit, MI 48226
800-228-8554 / TTY: 888-987-5832 www.mibluexcrosscomplete.com

Harbor Health Plan 3663 Woodward Ave/Ste 120, Detroit, MI 48201
800-543-0161 www.harborhealthplan.com

McLaren Health Plan G 3245 Beecher Road, Suite 200, Flint, MI 48532
888-327-0671 www.mclarenhealthplan.org

Meridian Health Plan of Michigan, Inc. 777 Woodward Ave, Ste 600, Detroit, MI 48226
313-324-3700 / 888-437-0606 www.mhplan.com

Molina Healthcare of Michigan 880 West Long Lake Rd, Troy, MI 48098
248-925-1700 / 888-898-7969 www.molinahealthcare.com

Total Health Care 3011 W. Grand Blvd., Suite 1600, Detroit MI 48098
313-871-2000 / 800-826-2862 www.totalhealthcareonline.com

United Healthcare Community Plan 26957 Northwestern Highway Suite 400, Southfield, MI 48033
248-559-5656 or 800-903-5253 www.uhccommunityplan.com

OCHN Contracted Hospitals

Ascension Providence Rochester 1101 W. University Dr., Rochester, MI 48307
248-652-5000 www.healthcare.ascension.org

Ascension Macomb-Oakland Hospital - Warren Campus 11800 E. 12 Mile Rd, Warren MI 48093
586-573-5000 www.healthcare.ascension.org

Ascension Macomb-Oakland Hospital - Madison Heights Campus 27351 Dequindre Rd,
Madison Heights, MI 48071 248-967-7000 www.healthcare.ascension.org

Ascension St. John Providence Hospital 16001 W. Nine Mile Rd, Southfield, MI 48075
248-849-3000 www.healthcare.ascension.org

Ascension St. John Mack and Moross 22101 Moross Rd, Detroit, MI 48236
313-343-4000 www.healthcare.ascension.org

Behavioral Center of Michigan 4050 E. 12 mile Rd, Warren, MI 48092
866-673-3100 www.behavioralcenter.com

Behavioral Centers of America (StoneCrest Center) 1500 Gratiot Ave., Detroit, MI 48205
313-307-4967 www.stonecrestcenter.com

Havenwyck 1525 University Dr., Auburn Hills, MI 48326
248-373-9200 www.havenwyckhospital.com

PHC (Harbor Oaks Hospital) 35031 23 Mile Rd., New Baltimore, MI 48047
586-684-4870 www.harboroaks.com

Henry Ford Kingswood Hospital 10300 Eight Mile Rd., Ferndale, MI 48220
248-398-3200 www.henryford.com/locations/kingswood

McLaren Oakland 50 N. Perry, Pontiac, MI 48342
248-620-5600 www.mclaren.org/oakland

New Oakland Child-Adolescent and Family Center 6549 Town Center Dr., Clarkston, MI 48346
248-640-6400 www.newoakland.org

Oakland Physicians Medical Center (Pontiac General) 461 W. Huron, Pontiac, MI 48341
248-857-7200 www.pontiacgeneral.com

Safehaus 21056 Dean St., Warren, MI 48071
586-806-4678 www.safehaus123.com

Second Opinions for denial of inpatient psychiatric hospitalizations are made directly to Common Ground at 800-231-1127.

Service Authorization

Services you request must be authorized or approved by OCHN 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 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. All services provided through the public mental health system must be approved through OCHN's Utilization Management process.

Emergency Services: No prior authorization or 'approval' is necessary before you contact any OCHN staff or contract provider in the network to ask for help in an emergency.

An "emergency" occurs when you might have a thought or feeling that you cannot control on your own, which could put you and your health at risk if you do not get help right away. In case of an emergency, contact **911** at any time, call Common Ground toll free at 800-231-1127, or go to the nearest hospital emergency room.

Please Note: If you utilize a hospital emergency room, there may be healthcare 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 paying depending on your insurance status. These services may not be part of your PIHP emergency services Customer Services can answer questions about such bills.

Fraud, Waste, and Abuse

Fraud, waste and abuse uses up 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 ensure taxpayer money is used for people who 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-named drugs
- Giving or accepting something of value (cash, gifts, services) 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
- Telephone services

If you think someone is committing fraud, waste, or abuse, you may report it to Corporate Compliance. You may e-mail concerns to (e-mail) or report them anonymously on OCHN's website at www.oaklandchn.org and select the "Contact Us" link.

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 (643-7286) (voice mail is available 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 other identifying information you have.

Community Resources

Department of Health & Human Services - Oakland County Central Administration Office

5111 Woodward Avenue, Pontiac MI 48342-2134

Information Phone: 248-975-4800; Fax: 248-975-4855

Children's Service Administration

Child and Family Services, 51111 Woodward Avenue, Pontiac MI 48342

Information Phone: 248-975-5700; Fax: 248-975-4855

Saginaw Street District Office, 235 N. Saginaw, Pontiac MI 48342-2134

Information Phone: 248-975-5200; Fax: 248-451-1783

Madison Heights District Office, 30755 Montpelier, Madison Heights MI 48071

Information Phone: 248-583-8700; Fax: 248-583-8841

Southfield District Office, 25260 W. 8 Mile Rd, Southfield MI 48033

Information Phone: 248-262-6400; Fax: 248-669-7672

Report Abuse & Neglect - 24/7 Hotline

Children's & Adult Protective Services Toll-free at 855-444-3911

Person Receiving Services/Advocacy Groups

Alcoholics Anonymous: www.aa-semi.org *Oakland:* 248-332-3521 or Toll Free: 877-337-0611
www.theagapecenter.com/AAinUSA/Michigan.htm

Arc Michigan - Developmental Disabilities: 800-292-7851 - www.arcmi.org

Arc of Oakland County: 248-816-1900 - www.hearcoakland.org

Autism Society of America: Oakland County 248-631-4612 - www.asaoakland.org

Bazelon Center for Mental Health Law and Policy: 202-467-5730 - www.bazelon.org

Begin Ending Stigma Today (BEST) 248-858-1210 - www.oaklandchn.org (Pressroom/Brochures)

Centers for Independent Living: Oakland/Macomb: 586-268-4160 - www.dnom.org

Depression and Bi-Polar Support Alliance: Toll Free: 800-826-3632 - www.dbsalliance.org

Emotions Anonymous: www.emotionsanonymous.org

Epilepsy Foundation of Michigan: 248-351-7979 or 800-377-6226
www.epilepsyfoundation.org/Michigan

The Kaiser Family Foundation: 202-347-5270 - www.kff.org

Michigan Protection and Advocacy Service: 800-288-5923 - www.mpas.org

United Cerebral Palsy Metro Detroit: 800-827-4843 or 248-557-5070
www.ucpdetroit.org Michigan: www.ucpmichigan.org

NAMI: National Alliance on Mental Illness: 800-331-4264

NAMI of Oakland County - 248-706-0591 www.nami.org

NAMI Metro Detroit (Wayne, Oakland, Macomb Counties) 248-348-7197

Narcotics Anonymous: Detroit Area: 248-543-7200 *Helpline:* 313-736-9226
www.michigan-na.org/metro_detroit_region/ *Statewide:* 248-544-2010 www.michigan-na.org

National Empowerment Center: 800-769-3728 - www.power2u.org

OCD Foundation of Michigan: 313-438-3293 / 734-466-3105
www.ocdmich.org - e-mail: ocdmish@aol.com

United Way For SE Michigan: 313-226-9200 www.uwsem.org - Link to 211 on the homepage

Websites: State & Federal Resources

Department of Health and Human Services/Centers for Medicare & Medicaid: www.cms.hhs.gov

Limited English Proficiency Guidance in Federal Register: www.hhs.gov/ocr

MDHHS, Links to County Offices: www.michigan.gov/dhs/0,1607,7-124-5461---,00.html

Medicaid Provider Manual: mdch.state.mi.us/dch-medicare/manuals/MedicaidProviderManual.pdf

Michigan Department of Community Health: www.michigan.gov/mdch

Michigan Department of Human Services: www.michigan.gov/dhs

Michigan Mental Health Code: www.michigan.gov/documents/mentalhealthcode_113313_7.pdf

Michigan Public Health Code: [http://www.legislature.mi.gov/\(S\(vc553f45chhlwg45uv1bviyl\)\)/mileg.aspx?page=getobject&objectname=mcl-Act-368-of-1978](http://www.legislature.mi.gov/(S(vc553f45chhlwg45uv1bviyl))/mileg.aspx?page=getobject&objectname=mcl-Act-368-of-1978)

Michigan Rehabilitation Services: www.michigan.gov/mrs

Michigan Legislative Web site (Allows user to look up pending bills and Michigan Compiled Laws by number): www.legislature.mi.gov

Michigan Association of Community Mental Health Boards: www.macmhb.org

National Institute of Mental Health: www.nimh.nih.gov

Substance Abuse and Mental Health Services Administration: www.samhsa.gov

These websites are provided as informational service only and do not constitute an endorsement.

Treatment Programs

Catholic Charities of SE Michigan			
Royal Oak			248-548-4044
Eastwood Clinics Counseling Services			
Novi	248-465-4335	Royal Oak	248-288-9333
Easter Seals Michigan			
Adult Mental Health, Southfield			248-372-6800
Adult Services, Pontiac			248-706-3450
Family Services North, Auburn Hills			248-475-6300
Family Services South, Southfield			248-483-7804
Meridian Health Services			248-406-0104
Milford Counseling			248-529-6383
Oakland Family Services			
Berkley	248-544-4004	Pontiac	248-858-7766
Walled Lake			248-624-3812
Personalized Nursing LIGHT House			
Farmington Hills			734-451-7800
Sacred Heart Rehabilitation Center			
Madison Heights			248-658-1116
Domiciliary Intensive (DIOP) & Domiciliary Outpatient (DOP)			
Personalized Nursing LIGHT House			734-451-7800
Turning Point Recovery Center			248-334-7760

Intensive Outpatient

Easterseals - Pontiac			248-706-3450
Milford Counseling			248-529-6383
Oakland Family Services (Women / PRISM)			248-858-7766
Oakland Family Services - Walled Lake			248-624-3812
Sacred Heart - Madison Heights			248-658-1116
Personalized Nursing LIGHT House			734-451-7800

Medication Assisted Treatment

Sacred Heart Rehabilitation Center			248-658-1116
Therapeutics			248-525-6832
Meridian Health Services			248-499-6017

Withdrawal Management

Eastwood Recovery Center			
Hegira Programs/Oakdale Recovery Center			
Meridian Health Services			
Personalized Nursing LIGHT House			
Sacred Heart Rehabilitation Center			
Salvation Army Harbor LIGHT / Detroit			

Long Term Residential

Turning Point Recovery Center			248-334-7760
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Short Term Residential

Eastwood Recovery Center			248-864-5200
Hegira Programs/Canton			734-397-3088
Meridian Health Services			248-599-8999
Personalized Nursing LIGHT House			

Madison Heights (men) 248-850-1600	Dearborn (women) 313-274-7879
Sacred Heart Rehabilitation Center	810-392-2167
Salvation Army Harbor Light / Detroit	313-361-6136
Turning Point Recovery Center	248-334-7760

Recovery Housing

Milford Counseling Sober Living Homes	248-529-6383
Turning Point Recovery Center	248-858-7515
Sacred Heart Recovery & Wellness Services	248-658-1116

Women's Specialty Treatment

Oakland Family Services	248-858-7766
Sacred Heart Rehabilitation Center/Clearview	810-392-2167

Prevention Programs

Alliance of Coalitions for Healthy Communities	248-221-7101
Arab-American Chaldean Council	248-559-1990
Catholic Charities of SE MI Hispanic Outreach	248-338-4250
Common Ground Sanctuary	248-547-2260
Holly Area Community Coalition	248-328-3135
North Oakland Community Coalition	248-520-3786
Oakland County Health Division	248-858-4670
Student Leadership Services, Inc.	248-706-0757

OCHN Wants You to Know

Oakland Community Health Network (OCHN) offers many resources. This communication is about how things work at OCHN and how to access services. Upon enrollment, one receives the following from OCHN annually and upon request.

- Member Handbook
- Provider Directory
- Members Rights and Responsibilities Statement
- Covered and non-covered benefits and services
- How to obtain care and coverage when you are outside of OCHN service area
- Benefit restrictions that apply to services obtained outside of OCHN service area
- Co-payments and deductibles
- How to submit a claim, if needed
- How to obtain language assistance
- Availability of TTY services
- How to obtain outpatient care, partial and inpatient hospitalizations and other services
- How to obtain emergency care, when to directly access emergency care or use 911 services
- How to obtain care after normal business hours
- How to obtain subspecialty care
- How to obtain a list of network providers
- How to appeal a decision that adversely affects coverage, benefits or your relationship with OCHN
- How to file a complaint, grievance and recipient rights violation
- Information about OCHN's Complex Case Management Program
- Information about OCHN's Quality Improvement program, including goals and annual results are available on our website: www.oaklandchn.org

OCHN Affirmative Statement

Oakland Community Health Network (OCHN), Managed Care Provider Networks (MCPN's), Crisis Service Vendors, and Access Center practitioners and employees who make Utilization Management (UM) decisions commit to the importance of ensuring that all consumers receive clinically appropriate, humane and compassionate services of the same quality that one would expect for their child, parent, or spouse by affirming the following:

- UM decision-making is based only on appropriateness of care, service, and existence of coverage.
- OCHN, the Access Center, Crisis Service Vendors, and MCPNs do not reward practitioners or other individuals for issuing denials of coverage or service care.
- No physicians or any other staff making UM decisions are rewarded for issuing denials of coverage or service or reducing the provision of care which is deemed medically necessary.
- Practitioners may freely communicate with members about their treatment, regardless of benefit coverage limitations

For more information, or to request a handbook or provider directory:

- Call or visit: your Behavioral Healthcare Provider
- Online: go to OCHN's website, www.oaklandchn.org
- Call: OCHN Customer Service at 800.341.2003

OCHN Members' Rights and Responsibilities Statement

We are committed to maintaining a mutually respectful relationship with our members and providers. The OCHN Members' Rights and Responsibilities statement is provided to assist you in understanding and exercising your rights while accessing behavioral health care services in Oakland County. This statement helps to minimize potential misunderstandings and promote compliance with all applicable statutory and regulatory requirements. Understanding your rights and responsibilities will help you to make informed decisions about your healthcare.

You have the right to:

- Receive information about OCHN, its services, its practitioners, and providers, and Your Rights and Responsibilities.
- Be treated with respect and recognition of your dignity and the right to privacy.
- Participate with Practitioners in making decisions about your health care.
- A candid discussion of appropriate or medically necessary treatment options for your conditions, regardless of cost, or benefit coverage, and to freely communicate with your providers without restriction on any information regarding care.
- Voice complaints or appeals about OCHN or the care provided.
- Make Recommendations regarding OCHN's members' Rights and Responsibilities policy.

You have a responsibility to:

- Provide, to the best of your knowledge, accurate and complete information regarding your medical history, including present and past illnesses, medications, hospitalizations, etc. to OCHN and its practitioners and providers in order to care for you.

- Follow your treatment plan of care and instructions. The plan of care is to be agreed upon by you and your provider.
- Ask questions about your care. This will help you to understand your health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible.

For additional information and a complete list of our members' Rights and Responsibilities statement, you may contact Customer Services at 800.341.2003.

Wellness Tools for You

- Health management tools help you keep track of your health
- A secure tool to track your personal health record
- A free health and wellness app



www.myStrength.com / Access code OCCMHA

Non-Discrimination and Accessibility

In providing behavioral healthcare services, OCHN complies with all applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. OCHN does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

OCHN provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, Braille).

OCHN provides free language services to people whose primary language is not English or have limited English skills, such as qualified interpreters and information written in other languages and formats (large print, audio, accessible electronic, Braille) If you need these services, contact OCHN's Customer Services at 800-341-2003.

If you believe that OCHN 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 Services at 800-341-2003.

If you are a person who is deaf or hard of hearing, you may contact **248-209-6902**. Video conference phone is available. You may also contact MI Relay Service at 800-649-3777 or 711 to request their assistance in connecting you to OCHN. You can file a grievance in person or by mail, fax or e-mail.

If you need help in filing a grievance, OCHN 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. Toll Free: 800-368-1019.

You have the right to get this information in a different format, such as audio, Braille, or large font due to special needs or in your language at no additional cost. Call 800-341-2003 (TTY users call 711).

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Oakland Community Health Network
5505 Corporate Dr
Troy, MI 48098

Administration
248-858-1210
Video Conference Phone Available

Customer Services
800-341-2003

Recipient Rights
877-744-4878

Non-emergency Access
248-464-6363

Suicide & Crisis Lifeline
988

www.oaklandchn.org



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Oakland Community Health Network does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

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