

Northern Michigan Regional Entity

Guide to Behavioral

Health Services

Your guide to the public behavioral health system
in 21 counties



Alcona

Alpena

Antrim

Benzie

Charlevoix

Cheboygan

Crawford

Emmet

Grand Traverse

Iosco

Kalkaska

Leelanau

Manistee

Missaukee

Montmorency

Ogemaw

Oscoda

Otsego

Presque Isle

Roscommon

Wexford

We care about what you think...

Many opportunities exist for people served to share their suggestions for improving services. If you would be willing to serve in this way, please contact Customer Services at:

- Centra Wellness Network (877) 398-2013
- North Country Community Mental Health (877) 470-3195
- Northeast Michigan Community Mental Health (800) 968-1964
- Northern Lakes Community Mental Health (800) 337-8598
- Wellvance (844) 841-5627

or regional Customer Services toll-free at:

- Northern Michigan Regional Entity (833) 285-0050

TTY: Call 711

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.

- English:** ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-834-3393
- Albanian:** KUJDES: Në qoftë se ju flisni shqip, shërbimet e ndihmës gjuhësore, pa pagesë, janë në dispozicion për ty. Telefononi 1-800-834-3393
- Arabic:** هيبنت: إذ تتحدث العرب فإمة مد الترج متوف لك طق إتم
ا ك ث ية ن خ مة رة نا جمأ ف ل
1-800-834-3393 على الرقم
- Bengali:** দৃষ্টি আকর্ষণ: আপনি ইংরেজি, ভাষা সহায়তা সেবা, খরচা কথা বলতে পারেন, আপনার জন্য উপলব্ধ। কল
- Chinese:** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-834-3393
- German:** Achtung: Wenn Sie Deutsch sprechen, sind Sprache Assistance-Leistungen, unentgeltlich zur Verfügung. Rufen Sie 1-800-834-3393.
- Italian:** Attenzione: Se si parla italiano, servizi di assistenza di lingua, gratuitamente, sono a vostra disposizione. Chiamare 1-800-834-3393
- Japanese:** 注意: 英語を話す言語アシスタンス サービス、無料で、あなたに利用できます。(を呼び出す) 1-800-834-3393
- Korean:** 주의: 당신이 영어, 언어 지원 서비스를 무료로 사용할 수 있습니다
당신에 게. 전화 1-800-834-3393
- Polish:** UWAGI: Jeśli mówisz po Polskie, język pomocy usług, za darmo, są dostępne dla Ciebie. Wywołanie 1-800-834-3393
- Russian:** ВНИМАНИЕ: Если вы говорите по-русский, языковой помощи, бесплатно предоставляются услуги для вас. Звоните 1-800-834-3393
- Serbo-Croatian:** OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-834-3393

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-834-3393

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-834-3393

Vietnamese: Chú ý: Nếu bạn nói Tiếng Việt, Dịch vụ hỗ trợ ngôn ngữ, miễn phí, có sẵn cho bạn. Gọi 1-800-834-3393

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Welcome to the Northern Michigan Regional Entity

The Michigan Department of Health and Human Services (www.michigan.gov/mdhhs) contracts with ten organizations to manage, within specific geographic areas, the behavioral health (mental health, intellectual/developmental disability and substance use disorder) services for people with Medicaid (including the Healthy Michigan Plan). These organizations are called Prepaid Inpatient Health Plans (PIHPs).

The Northern Michigan Regional Entity (NMRE) is the PIHP for 21 northern Michigan counties. This means the NMRE manages the Medicaid funding for the behavioral health services in the region. This includes contracts with Community Mental Health Service Programs (CMHSPs) which provide mental health services to adults with a severe and persistent mental illness, children with a severe emotional disturbance, and individuals with intellectual/developmental disabilities. The NMRE also contracts with providers for Substance Use Disorder services across the region. For persons with co-occurring mental health and substance use disorders, the NMRE and the CMHSPs (also referred to as CMHs) are committed to providing integrated services.

In addition to making sure that services are available within the region, the NMRE must watch over the quality of care given to persons served as well as control costs. Each CMH and the NMRE monitors the services and providers in the region.

Everyone at some point in life needs a little help and support. It is important that you and your family receive the right care, at the right place, and at the right time. Services are available to residents of the 21-county area who have Medicaid, are uninsured, and/or are eligible for services as defined by the Michigan Mental Health Code. If you, or a family member, are eligible and in need of behavioral health services, you will be provided with:

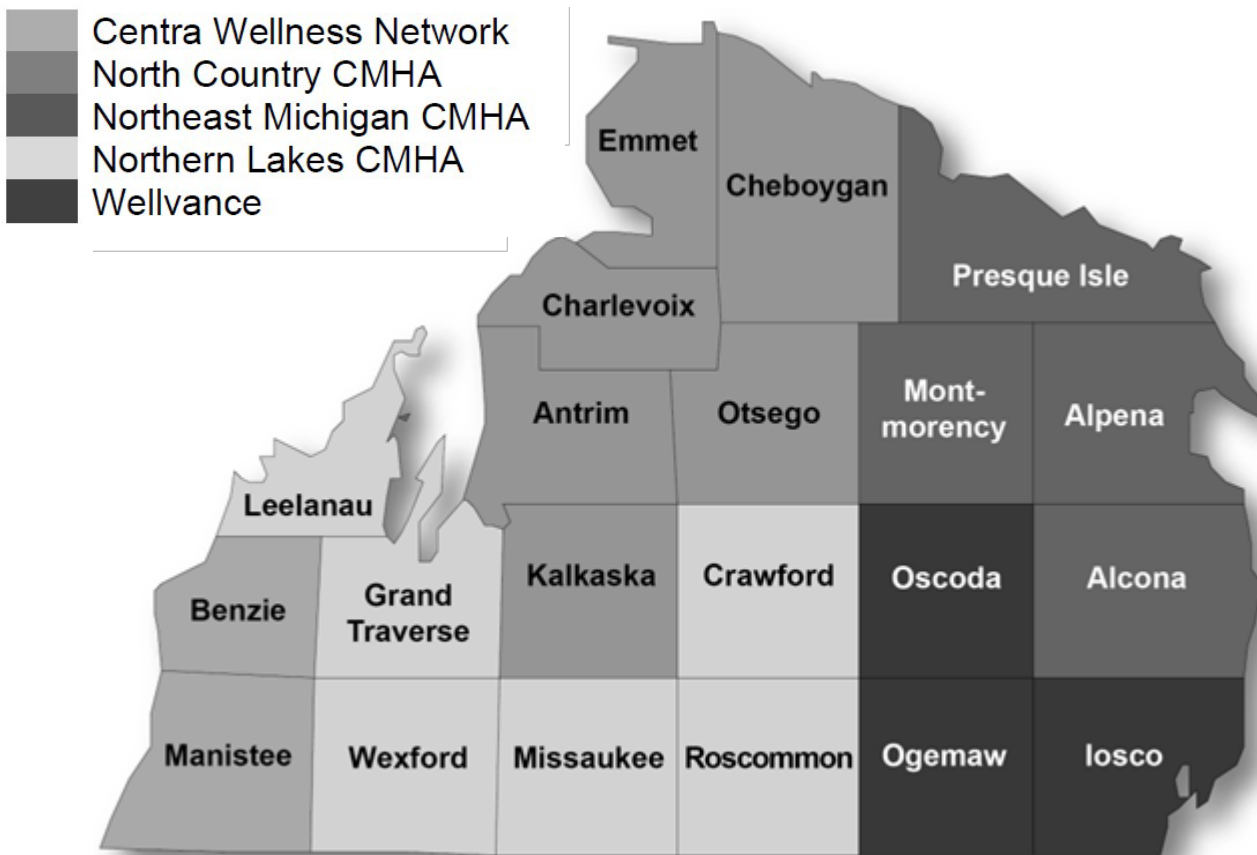
- Confidential services, 24 hours a day, 365 days a year;
- Help for your behavioral health needs;
- Person-centered planning and the opportunity to ask questions, make choices, and help decide what your plan of services will be;
- A safe, clean and comfortable setting for receiving services;
- Respectful and dignified services at all times.

It is important to read this guide carefully. Please keep it to use as a reference. It will help you understand your benefits and responsibilities while receiving behavioral health services. This guide is also useful for contacting people who can help answer

your questions.

Additional information about NMRE operations and structure (for example: organizational chart and annual report) is available at www.nmre.org or by contacting your Customer Services staff at the numbers listed at the bottom of this page.

Area Map of CMH Coverage



Alcona

311 Lake
Harrisville, MI 48740
By appointment only

Alpena

400 Johnson Street
Alpena, MI 49707
(989) 356-2161

Antrim

203 East Cayuga
Bellaire, MI 49615
(231) 533-8619

Benzie

6051 Frankfort Hwy, Ste 200
Benzonia, MI 49616
(877) 398-2013

Charlevoix

6250 M-66 North
Charlevoix, MI 49720
(231) 547-5885

Cheboygan

825 S Huron, Ste 4
Cheboygan, MI 49721
(231) 627-5627

Crawford

204 Meadows Drive
Grayling, MI 49738
(989) 348-8522

Emmet

1420 Plaza Drive
Petoskey, MI 46770
(231) 347-6701

Grand Traverse

105 Hall Street, Ste A
Traverse City, MI 49684
(231) 922-4850

Iosco

1199 W Harris Ave
Tawas City, MI 48763
(989) 362-8636

Kalkaska

625 Courthouse Drive
Kalkaska, MI 49646
(231) 258-5133

Leelanau

105 Hall Street, Ste A
Traverse City, MI 49684
(231) 922-4850

Manistee

2198 US 31 S
Manistee, MI 49660
(877) 398-2013

Missaukee

527 Cobbs Street
Cadillac, MI 49601
(231) 775-3463

Montmorency

630 Caring Street
Hillman, MI 49746
(989) 742-4549

Ogemaw

511 Griffin
West Branch, MI 48661
(989) 345-5571

Oscoda

42 N Mt Tom Road
Mio, MI 48647
(989) 826-3208

Otsego

800 Livingston Blvd
Gaylord, MI 49735
(989) 732-7558

Presque Isle

156 N Fourth Street
Rogers City, MI 49779
(989) 734-7223

Roscommon

2715 S Townline Road
Houghton Lake, MI 48629
(989) 366-8550

Wexford

527 Cobbs St
Cadillac, MI 49601
(231) 775-3463

Emergency and After-Hours Access to Services**Mental Health Emergency**

A **behavioral health emergency** is when a person is experiencing symptoms and behaviors that can reasonably be expected in the near future to lead him/her to harm him/herself or another; or because of his/her inability to meet his/her basic needs, he/she is at risk of harm; or the person's judgment is so impaired that he/she is unable to understand the need for treatment and that their condition is expected to result in harm to him/herself or another individual in the near future.

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

If you have a behavioral health emergency, you should seek help right away. At any time of the day or night call:

**CUSTOMER SERVICES Northern Michigan Regional Entity (833) 285-0050 •
Wellvance (844) 841-5627 • Centra Wellness Network (877) 398-2013 •
North Country (877) 470-3195 • Northeast (800) 968-1964 • Northern Lakes (800) 337-8598**

Emergency Phone Numbers

County	Telephone
Alcona, Alpena, Montmorency, Presque Isle	(989) 356-2161 or toll free (800) 968-1964
Antrim, Charlevoix, Cheboygan, Emmet, Kalkaska, Otsego	(877) 470-4668
Benzie, Manistee	(877) 398-2013
Crawford, Missaukee, Roscommon, Wexford, Grand Traverse, Leelanau	(833) 295-0616
Iosco, Ogemaw, Oscoda	(844) 865-5569
The Michigan Relay Service (711) for the hearing-impaired is a TTY service available in all counties at all times.	

OR

Go to your nearest Hospital Emergency Room

OR

Call **911**

OR

Poison HELP **1-800-222-1222**

During normal business hours you can call or go directly to your local community mental health office, the nearest hospital emergency room or call 911.

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

Post-Stabilization Services *(Follow-up Services)*

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

If you travel outside the county where you receive services and need mental health services, you may:

- Go to the nearest Emergency Room, or
- Call the Community Mental Health (CMH) program in the county you are in, or
- Go to the CMH office where you normally receive services.

Medical Emergency

In a medical emergency, a person with Medicaid who has an emergency medical condition will not need to pay for the emergency services, or for tests or treatment needed to diagnose or stabilize the condition. You are also not responsible for payment of emergency medical transportation (ambulance services) if other means of transportation would endanger your health. If your coverage is not through Medicaid, you may be responsible for costs associated with the treatment you receive. Please coordinate this with the provider who sees you for your emergency.

The attending emergency room physician, or the provider actually treating you, is responsible for determining when you are sufficiently stabilized for transfer or discharge.

**If you are having a medical
emergency, go to the nearest
hospital emergency room
or call 911.**

You may go to any hospital emergency room or other setting for emergency services. Permission from Medicaid or your insurance company is not needed. Some of the emergency rooms in our area are located at:

MyMichigan Medical Center - Alpena
1501 W Chisholm
Alpena, MI 49707
(989) 356-7390

McLaren Northern Michigan
416 Connable Ave
Petoskey, MI 49770
(231) 487-4000

Munson Healthcare – Charlevoix
14700 Lake Shore Drive
Charlevoix, MI 49720
(231) 547-4024

McLaren Northern Michigan – Cheboygan
748 Main Street
Cheboygan, MI 49721
(231) 627-5601

Kalkaska Memorial Health Center
419 S Coral St
Kalkaska, MI 49646
(231) 258-7500

Munson Healthcare – Cadillac
400 Hobart Street
Cadillac, MI 49601
(231) 876-7200

Munson Healthcare – Grayling
1100 E Michigan Avenue
Grayling, MI 49738
(989) 348-5461

Munson Healthcare – Manistee
1465 East Parkdale Avenue
Manistee, MI 49660
(231) 398-1000

Munson Medical Center
1105 Sixth Street
Traverse City, MI 49684
(231) 935-5000

MyMichigan Medical Center - Tawas
200 Hemlock
Tawas City, MI 48763
(989) 362-3411

Otsego Memorial Hospital
825 N Center Avenue
Gaylord, MI 49735
(989) 731-2100

MyMichigan Medical Center – West Branch
2463 S M-30
West Branch, MI 48661
(989) 345-3660

Paul Oliver Memorial Hospital
224 Park Avenue
Frankfort, MI 49635
(231) 352-2200

If there is no hospital nearby or if you do not know where one is, call 911 for assistance.

Customer Services

The focus of Customer Services is customer satisfaction. The role of the Customer Services staff is to:

- Help you learn about services and how to access them.
- Answer your questions about CMH/PIHP programs and processes or refer you to the appropriate staff.
- Assist you with questions about eligibility and financial issues.
- Listen to your concerns and help you find resolutions with assistance of the appropriate staff.
- Assist you with your grievance and appeal options.

Concerns regarding the services you receive should be discussed with your assigned workers (i.e., case manager, therapist, etc.) directly. In addition to

discussing your concerns with your workers, additional support and assistance are available by calling Customer Services at the phone numbers listed below.

Customer Services staff are available Monday through Friday during regular business hours, except for holidays. If you need to speak with someone after hours, please call and leave a message. A staff person will contact you on the next business day.

For more information contact:

<u>Customer Services Office</u>	<u>Telephone</u>	<u>Hours</u>
Centra Wellness Network	(877) 398-2013	8:00am – 5:00pm
North Country CMHA	(877) 470-3195	8:00am – 5:00pm
Northeast Michigan CMHA	(800) 968-1964	8:00am – 5:00pm
Northern Lakes CMHA	(800) 337-8598	8:00am – 5:00pm
Northern Michigan Regional Entity	(833) 285-0050	8:00am – 5:00pm
Wellvance	(844) 841-5627	8:00am – 5:00pm

For a listing of current Customer Services staff, please see accompanying insert.

It is important that you are satisfied with the services we provide. From time to time we may ask you to participate in satisfaction surveys and/or interviews. The answers you provide will indicate how satisfied you are with the services provided and the people that provided them. You have the right to not answer the questions. The services you get will not change if you choose not to answer the questions. All answers will be kept private and confidential.

Consumer Involvement

Many opportunities exist for people served to share their suggestions for improving services. If you would be willing to serve in this way, please contact your local CMH Customer Services staff or the Northern Michigan Regional Entity (PIHP) Customer Services office at the numbers listed on the bottom of the page.

Language Assistance and Accommodations

Language Assistance

If you are a person who does not speak English as your primary language and/or who has a limited ability to read, speak or understand English, you may be eligible to receive language assistance.

If you are a person who is deaf or hard of hearing, you can use 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. If you prefer to use a TTY, please contact your Customer Services staff at the number listed at the bottom of this page.

If you need a sign language interpreter, contact Customer Services as soon as possible, so that one will be made available. Sign language interpreters are available at no cost to you.

If you do not speak English, contact Customer Services so that arrangements can be made to provide an interpreter for you. Language interpreters are available at no cost to you.

Accessibility and Accommodations

In accordance with federal and state laws, all buildings and programs of the CMHs/PIHPs are required to be physically accessible to individuals with all qualifying disabilities. Any individual who receives emotional, visual or mobility support from a qualified/trained and identified service animal, such as a dog, will be given access, along with the service animal, to all buildings and programs of the CMHs/PIHPs. If you need more information or if you have questions about accessibility or service/support animals, please contact your local or regional Customer Services staff at the number listed at the bottom of this page.

If you need to request an accommodation on behalf of yourself or a family member or a friend, you can contact Customer Services staff. 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.

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

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

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

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

At times your permission is not needed to share your mental health or substance use information. These times include:

- You are going to harm yourself and/or another person. In this case, staff may have to tell the police and the person you threatened to harm.
- Staff learns of or suspects that child abuse or neglect is happening. In this case, a report must be made to Children’s Protective Services or local law enforcement.
- Staff learns of or suspects that a vulnerable adult is being abused or neglected. In this case, Adult Protective Services must be called.
- CMH needs to get benefits for you or to get paid for the cost of treatment.
- You die, and your spouse or other close relative needs the information to apply for and receive benefits.

- A law or court order requires your information to be released.
- When state laws require that information be disclosed to a local health department due to a communicable disease.

By way of your Medicaid Medical Assistance application form with the Michigan Department of Health and Human Services, the CMHs are required, by law, to share necessary information between the Medicaid health plans, programs and providers, which you (or your child or ward) participate in, in order to maintain, manage and coordinate quality health care and benefits. This information may include, when applicable, information about communicable diseases or behavioral health services. Any necessary referral or treatment for alcohol or other drug abuse will comply with the federal confidentiality law 42 CFR Part 2.

How to Obtain Care / Access Process

Services are available to people who have: a serious mental illness; a serious emotional disturbance; an intellectual/developmental disability; or a substance use disorder; and who have Medicaid (including the Healthy Michigan Plan and MIChild) or are uninsured; and who are eligible for services as defined by the Michigan Mental Health Code.

The CMH Service Programs provide telephone access to services at the numbers listed below. Callers will speak with a trained professional who will gather information, evaluate the urgency of the call and arrange a time for an assessment. The PIHP (Northern Michigan Regional Entity) provides telephone access to substance use disorder services at (800) 834.3393 - 8:30 A.M. to 5:00 P.M.

There are no set limits on the amount, scope or duration of services that are available to you as services are authorized suitable to condition and medical necessity. We do not give incentives to any provider to limit your services. We work with you, during your assessment and as part of your person- centered planning process, to determine what services are appropriate to meet your needs.

If you do not qualify for services through the CMH/PIHP, staff will assist you to find other agencies in the community that might be able to help.

Service Authorization

Services you request must be authorized or approved by the NMRE or CMH. 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, 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.

Payment for Services

If you are enrolled in Medicaid and meet the criteria for specialty behavioral services, the total cost of your authorized behavioral health treatment will be covered. No fees will be charged to you.

Some members will be responsible for “Cost Sharing”. This refers to money that a member has to pay when services for 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 the Michigan Department of Health and Human Services (MDHHS) you may be responsible for the cost of a portion of your services.

Should you lose your Medicaid coverage, your CMH/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.

Michigan law requires your provider to bill all insurance companies for the services provided, including Medicaid, Medicare, and any private insurance you may have. You will be responsible for any balance not paid by your insurance company, up to your ability to pay. Your ability to pay is based on your state taxable income. If Medicare is your primary payer, the PIHP will cover all Medicare cost-sharing consistent with coordination of benefit rules.

Staff will work with you and your insurance company to make payment arrangements and answer your questions about costs and payment.

What Happens If I Move?

If you move, tell your CMH/PIHP/Provider. You may need to change to a new CMH/PIHP/Provider. Your CMH/PIHP/Provider can help you with referrals. If you are a Medicaid beneficiary, call your Department of Health and Human Services caseworker to let him/her know that you moved and provide your new address.

Person-Centered Planning

The process used to design your individual plan of behavioral health supports, service or treatment is called “Person-Centered Planning (PCP)”. PCP is your right protected by the Michigan Mental Health Code.

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

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

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

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

Children under the age of 18 with intellectual/developmental disabilities or serious emotional disturbances also have the right to PCP. However, PCP 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 PCP using “family-centered practice” in the delivery of supports, services, and treatment to their children.

Topics Covered during Person-Centered Planning

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

Advance Directives

Adults have the right, under Michigan law, to develop 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 mental health 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. You also have a right to develop a standard medical Advance Directive which lets other people know what kind of medical care you want or do not want if you cannot speak for yourself.

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

Annual Cost of Services

You are entitled to a written summary of the estimated yearly cost to the NMRE of each covered support and service you receive.

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 to have 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.

Coordination of Care

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

Recovery & Resiliency

“Recovery is a journey of healing and transformation enabling a person with a behavioral health problem to live a meaningful life in a community of his/her choice while striving to achieve his/her potential.” (Substance Abuse and Mental Health Services Administration)

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 individuals 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 mental illness and/or 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, but 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 a serious emotional disturbance. Resiliency is the ability to “bounce back” and is a characteristic important to nurture in children with a serious emotional disturbance and their families. It refers to the individual’s ability to become successful despite challenges they may face throughout their life.

Grievance and Appeals Processes

Second Opinion

If you were denied access to community mental health services, or if you were denied psychiatric inpatient hospitalization after specifically requesting this service, the Michigan Mental Health Code allows you the right to ask for a Second Opinion.

- If you have been denied community mental health services, a second opinion will be completed within five (5) business days of your request.
- If a request for psychiatric inpatient hospitalization was denied, a second opinion will be completed within 3 business days, excluding Sundays and Holidays, of making a written request.

Grievances

You have the right to say that you are unhappy with your services or supports or the staff who provide them, by filing a “grievance.” You can file a grievance **any time** by calling, visiting or writing to Customer Services. Assistance is available in the filing process by contacting 833-285-0050. In most cases, your grievance will be resolved within 90 calendar days from the date the PIHP receives your grievance, or as expeditiously as the member’s condition requires. You will be given detailed information about grievance and appeal processes when you first start services and then again annually. You may ask for this information at any time by contacting Customer Services.

- There is no time limit on when you can file a grievance.
- A provider may file a grievance on your behalf (with verified written consent by you/your legal representative).
- If you file a grievance, you will receive an acknowledgment letter. You will also receive a disposition (decision) letter in no more than 90 calendar days.

- You have access to the State Fair Hearing process when the CMH and/or SUD Provider fails to resolve the grievance and provide notice of the resolution within 90 calendar days of the date of the grievance request.

Mediation

You have the right to Mediation services. Mediation is a wonderful tool to have an unbiased party look at your case. Contact Customer Service for information.

Appeals

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

You may ask for assistance from Customer Services at your provider or the NMRE to file an appeal. You may ask for a “Local Appeal” by contacting NMRE Customer Services.

In most cases, your appeal will be completed in 30 calendar days or less, or as expeditiously as the member’s condition requires. 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. Prompt oral notice will be given on the outcome of an expedited appeal. If requested, a member can request a copy of the appeal case file and receive it within 24 hours of request. If an expedited appeal is denied, the appeal will automatically default to the local appeal process. 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 that the delay is in your best interest.

State Fair Hearing

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

You can ask for a State Fair Hearing only after receiving notice that the service decision you appealed has been upheld. You can also ask for a State Fair Hearing if you were not provided your notice and decision regarding your appeal in the time frame required. You have 120 calendar days from the date of the notice of your appeal resolution to file a request for a State Fair Hearing.

You can file for a State Fair Hearing by writing to:

**MICHIGAN OFFICE OF ADMINISTRATIVE HEARINGS AND RULES
(MOAHR) PO BOX 30763 LANSING MI 48909
Fax (517) 763-0146**

You can request a hearing to be conducted quickly by calling: Toll-free (800) 648-3397. The hearing is held by an Administrative Law Judge from MAHS, a branch of the state government.

You can contact your local customer service office listed below or Michigan Administrative Hearings System (MAHS) to request a State Fair Hearing Request form or to ask for assistance in completing the form. If you request a hearing before services are scheduled to be changed, your services may continue until a judge makes a ruling on your case.

Benefit Continuation

If you are receiving a Michigan Medicaid service that is reduced, terminated, or suspended before your current service authorization, and you file your appeal within 10 calendar days (as instructed on the Notice of Adverse Benefit Determination), you may continue to receive your same level of services while your internal appeal is pending. You will need to state in your appeal request that you are asking for your services 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 you ask for one within 10 calendar days. You will need to state in your State Fair Hearing request

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**CUSTOMER SERVICES Northern Michigan Regional Entity (833) 285-0050 •
Wellvance (844) 841-5627 • Centra Wellness Network (877) 398-2013 •
North Country (877) 470-3195 • Northeast (800) 968-1964 • Northern Lakes (800) 337-8598**

that you are asking for your service(s) to continue.

If your benefits are continued, you can keep getting the service until one of the following happens: 1) you withdraw the appeal or State Fair Hearing request; or 2) all entities that got your appeal decide “no” to your request. If your benefits were not continued during the appeal process, your benefits must be reinstated within 72 hours of an ALJ decision overturning the local appeal.

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

Recipient Rights

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

Some of your rights include:

- The right to be free from abuse and neglect.
- The right to confidentiality.
- The right to be treated with dignity and respect.
- The right to treatment suited to condition.
- The right to refuse treatment unless the law requires it and a court orders it.
- The right to participate in your own health care.
- The right to information on treatment options and alternatives presented in a way you can understand.

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

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

If you receive substance use disorder services, you have rights protected by the Public Health Code. These rights will also be explained to you when you start services and then once again every year. You can



find more information about your rights while getting substance use disorder services in the *Know Your Rights* pamphlet.

You may contact the CMH/PIHP to talk with a Recipient Rights Officer with any questions you may have about your rights or to get help to make a complaint. Customer Services can also help you make a complaint. You can contact the Office of Recipient Rights or Customer Services.

Local Recipient Rights Offices

Wellvance	(800) 763-9518
Centra Wellness Network	(877) 398-2013
North Country CMHA	(800) 281-0481
Northeast Michigan CMHA	(800) 968-1964
Northern Lakes CMHA	(800) 337-8598
Northern Michigan Regional Entity	(833) 285-0050

For a current listing of the names of Recipient Rights Officers, please see the accompanying insert.

Freedom from Retaliation

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

Recipient Responsibilities

You are encouraged to play an active role in your recovery. You can help enable the best outcomes by:

- Keeping your appointments.
- Being on time for your appointments.
- Following through with treatment during sessions and between sessions.
- Asking questions when you don't understand or agree with any part of your care.
- Reporting changes in the way you feel or problems that you are having with the treatment.
- Keeping drugs, abusive language, and damaging behavior out of the treatment setting and respecting others. (Appropriate actions will be taken to ensure your safety and the safety of all consumers.)

- Keeping your personal belongings with you at all times while you are in the building.
- Keeping your personal medications with you at all times when in the building or riding in one of our vehicles. Do not share any of your medications with anyone else.

Please note:

- There is no smoking in any CMH building or vehicle.
- Weapons of any kind are prohibited on the grounds, in the CMH buildings or in any CMH vehicle.

Service Array - Medicaid Specialty Supports and Services Descriptions

Note: If you are a Medicaid beneficiary and have a serious mental illness, serious emotional disturbance, intellectual/developmental disability or substance use disorder, you may be eligible for some of following Medicaid Specialty Supports and Services.

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

During the person-centered planning process, you will be helped to figure out the medically necessary services that you need, and the sufficient amount, scope and duration required to achieve the purpose of those services. You will also be able to choose who provides your supports and services. With your treatment team, you will develop and receive an individual plan of services that provides all this information.

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

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

The Manual may be accessed at http://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_42542_42543_42546_42553-87572--,00.html

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

Out of Network Providers

If you have Medicaid and have a provider outside our network, we will work with them if they meet our guidelines for credentials, billing, and other factors. You may request an out-of-network provider simply by asking your worker or you may contact Customer Services. There will be no cost to beneficiaries for medically necessary services provided outside of the CMH network. A list of CMH providers, to include the services they provide, languages they speak, and any specialty for which they are known will be provided to you. This list is available initially and annually thereafter. The Provider list is also available at any time upon request. (Note: If there is a significant change in the information contained within this guide or in the choice of providers available, we will make reasonable efforts to notify those impacted in writing within 15 days.)

Specialty Supports and Services

Services for Persons with Behavioral/Mental Health Needs

Adult Benefit Waiver: Michigan state program for low income residents which provides basic medical care. Also known as the Adult Medical Program (AMP), or County Health Plan.

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 may also help access community resources and supports needed to maintain wellness and participate in social, educational and vocational activities. ACT may be provided daily for individuals who participate.

Assessment includes a comprehensive psychiatric evaluation, psychological testing, substance use disorder 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 the CMH/PIHP services.

***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.

Autism Related Services are for beneficiaries who are less than 21 years of age who are diagnosed with Autism Spectrum Disorder. The benefit includes Applied Behavioral Analysis services at two different levels: Comprehensive Behavioral Intervention (CBI) is a more intense level of services (16-25 hours per week); Focused Behavioral Intervention (FBI) is a less intense level of services (5-15 hours per week).

Behavioral Health Home provides comprehensive care management and coordination of services to individuals with select serious mental illness/serious emotional disturbance diagnosis. Individuals will work with a team of providers to develop a person-centered health action to plan to best manage their care.

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

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

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

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

Crisis Interventions are unscheduled individual, or group services aimed at reducing or eliminating the impact of unexpected events on 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). 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(r)(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- covered 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 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).

While transportation to EPSDT corrective or ameliorative specialty services is not a covered service under this waiver, the PIHP must assist beneficiaries in obtaining necessary transportation either through the Michigan Department of Health and Human Services or through the beneficiary's Medicaid health plan.

***Enhanced Pharmacy** includes doctor-ordered nonprescription or over-the-counter items (such as vitamins or cough syrup) necessary to manage your health condition(s) when a person's Medicaid Health Plan does not cover these items. **In addition to meeting medically necessary criteria, this service requires a doctor's prescription.*

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

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

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

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 they may have.

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

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

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

Medication Administration is when a doctor, nurse or other licensed medical provider gives an injection, 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 consultations with nursing home staff.

***Occupational Therapy** includes the evaluation by an occupational therapist of an individuals' ability to do things in order to take care of themselves every day and treatments to help increase these abilities. **In addition to meeting medically necessary criteria, this service requires a doctor's prescription.*

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 and Peer Specialist Services. Peer-delivered services such as drop-in centers are entirely run by consumers of behavioral health services. They offer help with food, clothing, socialization, housing and support to begin or maintain behavioral health treatment. Peer 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 intellectual/developmental disabilities.

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

***Physical Therapy** includes the evaluation by a physical therapist of a person's physical abilities (such as the ways they move, use their arms or hands or hold their body) and treatments to help improve their physical abilities. **In addition to meeting medically necessary criteria, this service requires a doctor's prescription.*

Prevention Service Models (such as Infant Mental Health and School Success) 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 a person participate actively at school, work, volunteer or community settings, or to learn social skills they may need to support themselves or to get around in the community.

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

Substance Use Disorder Treatment Services: *Descriptions follow the Mental/Behavioral Health Services Section (page 28).*

Supports Coordination or Targeted Case Management: A Supports Coordinator or Case Manager is a staff person who helps write an individual plan of services (IPOS, also known as a PCP) and makes sure the services are delivered. His/her role is to listen to a person's desired changes and/or goals and to help find the services and providers inside and outside the CMH that will help achieve the desired changes and/or 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 them to take part in a non- medical Medicaid-covered service.

Treatment Planning assists the person and those of his/her choosing in the development and periodic review of the individual plan of services (IPOS, also known as a PCP).

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 Only for Persons on the Habilitation Supports Waiver (HSW) and Children's Waiver Program (CWP)

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

Enhanced Medical Equipment and Supplies (for HSW enrollees) must help the person to increase their abilities to perform activities of daily living; or to perceive, control or communicate with the environment.

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

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

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

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

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

Private Duty Nursing (for HSW enrollees) is individualized nursing services 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.

Services For Persons with Substance Use Disorders

The Substance Use Disorder treatment services listed below are covered by Medicaid. These services are available through the PIHP by contacting (800) 834-3393.

Access, Assessment and Referral (AAR) determines the need for substance use disorder services and will assist in getting to the right 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 (Levomethadyl Acetate) Treatment is provided to people who have heroin or other opiate dependence. The treatment consists of opiate substitution monitored by a doctor as well as nursing services and lab tests. This treatment is usually provided along with other substance use disorder outpatient treatment.

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

Substance Use Disorder (SUD) Health Home: A care approach centered on whole-person wellness (person centered) that provides comprehensive care management and care coordination for all beneficiaries who are diagnosed with substance use disorder and choose to participate.

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

Other Medicaid Medical Services

If you receive Medicaid, you may be entitled to other medical services not listed above. Services necessary to maintain your physical health are provided or ordered by your primary care doctor. If you receive community mental health or substance use disorder services, your PIHP/CMH/Provider 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 CMH can help you find one.

Department of Health and Human Services Offices

Home Help Program is another service available to Medicaid beneficiaries who require in-home assistance with activities of daily living, and household chores. In order to learn more about this service, you may call Customer Services at the number listed at the bottom of this page or the local **Michigan Department of Health and Human Services** number below, for assistance.

<u>County</u>	<u>DHHS Phone Number</u>
Alcona	(989) 362-0300
Alpena	(989) 354-7200
Antrim	(231) 533-8664
Benzie	(231) 882-1330
Charlevoix	(231) 348-1600
Cheboygan	(231) 627-8500
Crawford	(989) 348-7691
Emmet	(231) 348-1600
Grand Traverse	(231) 941-3900
Iosco	(989) 362-0300
Kalkaska	(231) 258-8606
Leelanau	(231) 941-3900
Manistee	(231) 723-8375
Montmorency	(989) 785-4218
Missaukee	(231) 779-4500
Ogemaw	(989) 345-5135
Oscoda	(989) 826-4000
Otsego	(989) 732-1702
Presque Isle	(989) 734-2108
Roscommon	(989) 366-2300
Wexford	(231) 779-4500

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

If you already are enrolled in one of the health plans listed below you can contact the health plan directly for more information about the services listed above including any cost sharing and available transportation. If you are not enrolled in a health plan or do not know the name of your health plan, you can contact Customer Services for assistance.

<u>Medicaid Health Plan*</u>	<u>Phone Number</u>	<u>Counties Served</u>
Blue Cross Complete	(800) 228-8554	All counties in the NMRE Region
McLaren Health Plan	(888) 327-0671	All counties in the NMRE Region
Molina Healthcare of Michigan	(888) 898-7969	All counties in the NMRE Region
Priority Health Choice	(888) 975-8102	All counties in the NMRE Region

*As of October 1, 2024 – The listings are provided as an informational service only and are subject to change. To check on the monthly status of the Medicaid health plans, please refer to: http://www.michigan.gov/mdhhs/0,5885,7-339-71547_4860---,00.html

Non-Discrimination and Accessibility

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

origin, age, disability or sex.

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

NMRE provides free language services to people whose primary language is not English or have limited English skills, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact your CMHSP's Customer Services staff at the number listed at the bottom of the page.

If you believe that your CMHSP 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 your CMHSP's Customer Services staff at the number listed at the bottom of the page or by contacting the NMRE Customer Services staff by phone at 833-285-0050, or by email at customerservices@nmre.org, by fax at 989-448-7078, or by mail at 1999 Walden Drive, Gaylord, MI 49735.

If you are a person who is deaf or hard of hearing, you may contact your CMHSP at the MI Relay Service at 711 to request their assistance in connecting you to your CMHSP. You can file a grievance in person or by mail, fax or email. If you need help in filing a grievance, your CMHSP's Grievance Coordinator 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, DC 20201
Toll Free: 1-800-368-1019

APPENDIX A

GLOSSARY (Definition of Terms)

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

Acronym: A word formed from the initial letters of a series of words. For example, “CMHSP” is the acronym for “Community Mental Health Services Program.”

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

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

Amount, Duration and Scope: Terms to describe how much, how long and in what ways the Medicaid services that are listed in a person's Individual Plan of Services (IPOS, also known as a PCP) will be provided.

Appeal: A review of an adverse benefit determination.

Applied Behavioral Analysis (ABA): A therapy which encourages positive behaviors and discourages negative behaviors in order to improve a variety of skills. ABA therapy is considered to be an evidence-based treatment by the U.S. Surgeon General and by the American Psychological Association. “Evidence-based” means

that ABA therapy has passed scientific tests for its usefulness, quality, and effectiveness. ABA is the only treatment modality currently covered under Behavioral Health Treatment (BHT = ABA).

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

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

Coordinating Agency (CA): In Michigan, the 10 Prepaid Inpatient Health Plans (PIHP) serve as the Coordinating Agencies for Substance Use Disorder Services.

Centra Wellness Network/CWN: The Community Mental Health Services Program (CMHSP) that serves Benzie and Manistee Counties.

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

Comprehensive Behavioral Intervention (CBI): A structured Applied Behavior Analysis program used for reducing intrusive, disruptive behaviors and/or stereotypic autistic behaviors and for improving socially acceptable behaviors and communication skills delivered at an amount of 16-25 hours per week.

Co-Occurring: A term used when an individual has co-existing mental health and substance use disorders.

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

Customer: Customer includes all Medicaid eligible individuals located in the defined service area who are receiving or may potentially receive covered services and supports. The following terms may be used within this definition: clients, recipients, beneficiaries, consumers, individuals, or Medicaid Eligible.

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

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

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

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

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

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

Focused Behavioral Intervention (FBI): Includes a variety of ABA “established treatments” to increase functional communication, independent self-care tasks, receptive language, expressive language, play behaviors, social skills, imitation and/or any additional behaviors that will enable the child to more readily integrate with typically developing peers delivered at an amount of 5-15 hours per week.

Grievance: Expression of dissatisfaction about any matter other than an adverse benefit determination. Grievances may include, but are not limited to, the quality of care or services provided, and aspects of interpersonal relationships such as rudeness of a provider or employee, or failure to respect 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 CMH/PIHP to make an authorization decision.

Grievance and Appeal System: The processes the CMH/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 Care Plan: A benefit your employer, union, state, or other group sponsor provides to you to pay for your health care services

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

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

Healthy Michigan Plan (HMP): 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 Health Michigan Plan eligibility requirements may also be eligible for behavioral health services. The Michigan Medicaid Provider Manual contains complete definitions of the available services as well as eligibility criteria and provider

qualifications. The Manual may be accessed at: [Medicaid Provider Manual \(michigan.gov\)](https://www.michigan.gov/medicaid-provider-manual). Customer Services can help you access the manual and/or information from it.

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

Hospice Services: Care designed to give supportive care to people in the final phase of a terminal illness and 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 outpatient instead of inpatient even if an overnight stay is involved.

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

Intellectual Disability (ID) or Developmental Disability (DD): Is 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.

Individuals with Limited English Proficiency: Individuals who cannot speak, write, read, or understand the English language at a level that permits them to interact effectively with health care providers and social service agencies.

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

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.

CMHs/PIHPs are unable to authorize (pay for) or provide services that are not determined as medically necessary for you.

Michigan Department of Health and 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/or substance use disorders

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 health care program for children who are under age 19 administered by the MDHHS. It is for the low-income uninsured children of Michigan's working families. MIChild has a higher income limit than U-19 Medicaid. There is only an income test. There is a \$10 per family monthly premium for MIChild. The \$10 monthly premium is for all the children in one family. The child must be enrolled in a MIChild health and dental plan to receive services. Beneficiaries receive a comprehensive package of health care benefits including vision, dental, and mental health services. Contact [Customer Services] for more information.

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

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

North Country Community Mental Health Authority (NCCMHA): The Community Mental Health Services Program (CMHSP) that serves Antrim, Charlevoix, Cheboygan, Emmet, Kalkaska, and Otsego Counties.

Northeast Michigan Community Mental Health Authority (NEMCMHA): The Community Mental Health Services Program (CMHSP) that serves Alcona, Alpena, Montmorency, and Presque Isle Counties.

Northern Lakes Community Mental Health Authority (NLCMHA): The Community Mental Health Services Program (CMHSP) that serves Crawford, Grand Traverse, Leelanau, Missaukee, Roscommon, and Wexford Counties.

Northern Michigan Regional Entity (NMRE): PIHP Region 2, serving the 21-counties located in Michigan's northern lower peninsula.

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

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

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

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

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

Prepaid Inpatient Health Plan (PIHP): An organization that manages the Medicaid mental health, intellectual/developmental disabilities, and substance use disorder services in its geographic area under contract with the State. There are 10 PIHPs in Michigan and each one is organized as a Regional Entity or a Community Mental Health Services Program according to the Mental Health Code.

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

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

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

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

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

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

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

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

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

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

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

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

Substance Use Disorder (SUD 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.

Wellvance: The Community Mental Health Services Program (CMHSP) that serves Iosco, Ogemaw, and Oscoda Counties.

APPENDIX B

Community Resources and Advocacy Organizations

If you would like information about community services, please contact your CMH worker or Customer Services at the number listed on the bottom of this page. The advocacy groups and state / federal resources are listed as an informational service only and are subject to change.

Transportation

If you have Medicaid, transportation assistance is available through your MDHHS office or Medicaid Health Plan (MHP). You may discuss your needs with your community mental health services provider who may be able to assist you in arranging transportation.

Ride Share Programs

Antrim County Transportation
Bay Area Transportation Authority
Benzie Bus
Cadillac Wexford Transit Authority
Charlevoix County Transit
Crawford County Transportation Authority
EMGO (Emmet County)
Friendship Center Transit
Iosco County Transit
Kalkaska County Transit
Manistee County Transportation, Inc.
O-CATS
Ogemaw County Public Transit
Otsego County Bus System
Roscommon County Transit Authority
Straits Regional Ride Bus System
Thunder Bay Transportation Authority

Phone Number

(231) 533-8644
(231) 941-2324
(231) 325-3000
(231) 779-0123
(231) 582-6900
(989) 348-5409
(231) 597-9262
(231) 347-3211
(989) 362-6681
(231-258-6808
(231) 723-6525
(989) 826-5078
(989) 345-5790
(989) 732-6224
(989) 366-5309
(866) 731-1204
(989) 354-2487

State and Federal Resources

Medicaid Helpline	(800) 642-3195
Medicare Helpline (including Parts B and D)	(800) 633-4227
Michigan Department of Health and Human Services	(517) 373-3740
Social Security Administration	(800) 772-1213

**CUSTOMER SERVICES Northern Michigan Regional Entity (833) 285-0050 •
Wellvance (844) 841-5627 • Centra Wellness Network (877) 398-2013 •
North Country (877) 470-3195 • Northeast (800) 968-1964 • Northern Lakes (800) 337-8598**

Disability Resources

Disability Network Northern Michigan	(231) 922-0903
Disability Connection	(866) 322-4501
Michigan Rehabilitation Services	(877) 901-9179

Consumer Advocacy Groups

Arc Michigan	(800) 292-7851	The Arc Michigan - The Arc
Association for Children's Mental Health	(517) 372-4016	Home - ACMH (acmh-mi.org)
Autism Support of Michigan	(800) 223-6722	Autism Support of Michigan (autism-mi.org)
Depression and Bipolar Support Alliance	(800) 826-3632	DBSA - Depression and Bipolar Support Alliance (dbsalliance.org)
Disability Network Michigan	(517) 339-0539	Home - Disability Network / Michigan (dnmichigan.org)
Disability Rights Michigan	(800) 288-5923	Home - Disability Rights Michigan (drmich.org)
Michigan Disability Rights Coalition	(800) 760-4600	Michigan Disability Rights Coalition – Nothing About Us Without Us (mymdrc.org)
MI Statewide Independent Living Council	(800) 808-7452	MISILC
National Alliance on Mental Illness (NAMI)	(800) 950-6264	NAMI National Alliance on Mental Illness
NAMI Michigan	(800) 331-4246	NAMI Michigan Michigan's Voice on Mental Illness
National Suicide Prevention Lifeline	988	988 Lifeline - If you need emotional support, reach out to the national mental health hotline: 988.
OCD Foundation of Michigan	(734) 466-3150	The OCD Foundation of Michigan (ocdmich.org)

Schizophrenia and Psychosis Action Alliance	(800) 493-2094	S&PAA - Schizophrenia & Psychosis Action Alliance (sczaction.org)
United Cerebral Palsy - Michigan	(800) 828-2714	MI-UCP Disability Nonprofit Michigan

Websites: State and Federal Resources

Balanced Budget Act	eCFR :: 42 CFR Part 438 -- Managed Care
Centers for Medicare and Medicaid	Home - Centers for Medicare & Medicaid Services CMS
Community Mental Health Association of Michigan (CMHAM)	Home • CMHAM - Community Mental Health Association of Michigan
Limited English Proficiency Guidance	Limited English Proficiency (LEP) HHS.gov
Michigan Medicaid Provider Manual	MedicaidProviderManual.pdf (state.mi.us)
Michigan Department of Health and Human Services (MDHHS)	Michigan Department of Health & Human Services
MDHHS Link to County Offices	County Offices (michigan.gov)
Michigan Legislative Website	Home - Michigan Legislature
Michigan Mental Health Code	mcl-chap330.pdf (mi.gov)
Michigan Public Health Code	MCL - Act 368 of 1978 - Michigan Legislature
Michigan Rehabilitation Services	LEO - Michigan Rehabilitation Services
National Institute of Mental Health	National Institute of Mental Health (NIMH) - Transforming the understanding and treatment of mental illnesses (nih.gov)
Substance Abuse and Mental Health Services Administration (SAMHSA)	SAMHSA - Substance Abuse and Mental Health Services Administration

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 make sure taxpayer money is used for people who really need help.

Examples of Medicaid Fraud

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

Or when someone:

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

Or when a Health Care Provider falsely charges for:

- Missed appointments
- Unnecessary medical tests
- Telephoned services

If you think someone is committing fraud, waste, or abuse, you may report it to Corporate Compliance. You may call NMRE customer services, may email concerns to mhesselink@NMRE.org, or report them anonymously on the PIHP website.

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).

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 numbers), Medicaid ID number, date of birth, and any other identifying information you have.

Corporate Compliance

Northern Michigan Regional Entity believes that an effective compliance program provides a way for reducing fraud and abuse while improving operational quality, improving the quality of health care, and ensuring healthcare dollars are spent efficiently. The NMRE's compliance program effectively demonstrates a strong commitment to honest and responsible conduct; the increased likelihood of identification and prevention of criminal and unethical conduct; and a program that educates and encourages employees to report potential problems.

If you suspect any violation of state or federal laws by NMRE or the Community Mental Health where you receive services, or if you want more information regarding the compliance program, you are asked to contact the Compliance Officer at NMRE or your local CMHSP. You can also call the confidential Compliance Hotline at: 1-866-789-5774.

**Northern Michigan Regional Entity
1999 Walden Drive
Gaylord, Michigan 49735**

**Phone: 800.834.3393
Fax: 989.448.7078
TTY: 711**

www.nmre.org

Mission Statement

To develop and implement sustainable managed care structures to efficiently support, enhance, and deliver publicly funded behavioral health and substance use disorder services.

Vision Statement

A healthier regional community living and working together.

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