

Guide to Services

Your guide to the public behavioral health system in nine counties

Crawford

Grand Traverse

Lake

Leelanau

Mason

Missaukee

Oceana

Roscommon

Wexford







Northern Lakes Community Mental Health

Serving residents in Crawford, Grand Traverse, Leelanau, Missaukee, Roscommon, Wexford Counties

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

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

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

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

Customer Service (800) 337-8598 TDD-TTY: (231) 876-3281

> Emergency/Toll Free: 1-800-922-4850 TDD/TTY (231) 876-3281

After-hours emergency call:
Third Level Crisis Intervention Services
(800) 442-7315 Voice or TDD-TTY

West Michigan Community Mental Health System

Serving residents in Lake, Mason and Oceana Counties

1090 N. Michigan Avenue Baldwin, MI 49304 (231) 745-4659

920 Diana Street Ludington, MI 49431 (231) 845-6294

105 Lincoln Street Hart, MI 49420 (231) 873-2108

Customer Service (866) 575-2894 TDD-TTY: (800) 790-8326

Emergency/Toll Free: 1-800-992-2061 TDD-TTY (800-790-8326)

After-hours emergency call:
West Michigan CMHS
(800) 992-2061
TDD-TTY call 711



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Welcome to the Northwest Community Mental Health Affiliation

The Northwest Community Mental Health Affiliation (Northwest CMH Affiliation) consists of the Community Mental Health Boards of Northern Lakes Community Mental Health (NLCMH) and West Michigan Community Mental Health System (WMCMHS).

We are the community mental health service provider for people who live in Crawford, Grand Traverse, Lake, Leelanau, Mason, Missaukee, Oceana, Roscommon and Wexford Counties. We are authorized to provide these services under a contract with the Michigan Department of Community Health (MDCH).

Everyone at some point in life needs a little help and support. That is why the Northwest CMH Affiliation provides many services for people who are having emotional difficulty, or who have a mental illness, developmental disability or substance use disorder. Our services are available to residents of our ninecounty 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, we promise that we will provide you with:

- Confidential services, 24 hours a day, 365 days a year;
- Help for your behavioral health needs. If we cannot provide the service that can help you, we will help you find a resource that can;
- 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.

We want to make sure you and your family receives the right services, at the right place, and the right time. We are here to help you make good decisions about your mental health, developmental disability or substance use disorder service needs.

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 that can help answer your questions.

Please call Customer Services at the number listed at the bottom of this page if you have questions about the topics covered in this guide or any other questions or concerns.

Thank you for giving us the opportunity to help you.

Karl Kovacs

Karl Kovacs Chief Managed Care Officer Northwest CMH Affiliation http://www.nwcmha.org Greg Paffhouse

Greg Paffhouse Chief Executive Officer Northern Lakes CMH Rich VandenHeuvel

Rich VandenHeuvel Executive Director West Michigan CMH





Information about the Northwest Community Mental Health Affiliation

The Michigan Department of Community Health (<u>www.michigan.gov/mdch</u>) contracts with particular organizations to manage, within specific geographic areas, the mental health, developmental disability and substance use disorder services for people with Medicaid.

Depending on the number of Medicaid enrollees in the area it services, this organization may be a "stand alone" Managed Care Organization (MCO), or, if the number of persons is below 20,000, organizations may join together in "Affiliations," also called Prepaid Inpatient Health Plans (**PIHP**s).

In our area, the Northwest Community Mental Health Affiliation (Northwest CMH Affiliation) is this PIHP organization. It is one of 18 organizations in Michigan which manage mental health, developmental disability and substance use disorder services for people with Medicaid. The Northwest CMH Affiliation provides these services in nine northwest Michigan counties through two Community Mental Health program affiliates. West Michigan Community Mental Health System (WMCMHS) serves individuals located in Lake, Mason and Oceana Counties. Northern Lakes Community Mental Health (NLCMH) provides services to individuals in Crawford, Grand Traverse, Leelanau, Missaukee, Roscommon, and Wexford Counties.

The Northwest CMH Affiliation manages substance use disorder services through a contract with **Northern Michigan Substance Abuse Services**. To access these services call: Northern Michigan Substance Abuse Services at (800) 686-0749 or TDD-TTY dial 711. You may also visit their web site at www.nmsas.net.

You are entitled to all information and reference material contained in this guide. It has been created in order to help you understand the services to which you may be eligible to receive. You will be offered this information initially when you start services and at least annually thereafter, but you may ask your worker or Customer Services staff for it at anytime.

Additional information about the Northwest CMH Affiliation operations and structure (i.e. organizational chart, annual report) is available at www.nwcmha.org or from your Customer Services staff.



Our Vision

Communities of informed, caring people living and working together.

Our Mission

To promote the behavioral health of our individuals, families and communities through programs that promote recovery, build resilience, create opportunity, and improve quality of life.

Office Locations, Phone Numbers and Contact Information

Grand Traverse/Leelanau Counties - Administrative Office

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

Customer Services call (231) 933-4907 or (800) 337-8598

TDD-TTY: (231) 935-3871

Wexford/Missaukee Counties

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

Customer Services call (231) 876-3246 or (800) 337-8598

TDD-TTY: (231) 876-3281

Crawford County

204 Meadows Drive 49684 Grayling, MI 49738 (989) 348-8522

Customer Services call (800) 337-8598

TDD-TTY: (231) 876-3281

Roscommon County

2715 South Townline Road Houghton Lake, MI 48629 (989) 366-8550 Customer Services call (800) 337-8598

TDD-TTY: (231) 876-3281

Emergency Service:

Weekdays between 8am - 5pm call: (231) 922-4850 or (231) 775-3463 or (800) 492-5742

After hours call Third Level Crisis Intervention Services: (800) 442-7315 Voice or TDD-TTY

All Northern Lake CMH staff (including the Executive Director, Medical Director, Recipient Rights Officer and Customer Services) can be reached by contacting any of the office numbers listed.

> Greg Paffhouse, MSW Chief Executive Officer

> Dr. David Riddle, D.O. Medical Director

Jonathan Bennett Recipient Rights Officer

In Crawford, Missaukee, Roscommon, Wexford Counties call (231) 876-3246 or (800) 337-8598 In Grand Traverse, Leelanau Counties call (231) 935-4907 or (800) 337-8598 In Lake, Mason, Oceana Counties call (866) 575-2894



Our Mission

The mission of the West Michigan Community Mental Health (CMH) System is to support behavioral health recovery and self-reliance by promoting the abilities and rights of the individuals we serve to be full and participating members of their communities.

Our Vision

The staff and consumers of WMCMHS will work in partnership with each other and community stakeholders to assure that all individuals living in our communities receive the professional supports and services they need to achieve their desired outcomes and progress on their Recovery journey. Ultimately, the partnerships we create together will greatly reduce the need for professional supports and services by ensuring all individuals are surrounded by strong natural support systems.

Office Locations, Phone Numbers and Contact Information

Lake County Office

1090 North Michigan Avenue Baldwin, MI 49304 (231) 745-4659 <u>Customer Services</u> (866) 575-2894 TDD-TTY (800) 790-8326

Mason County Office

920 Diana Street Ludington, MI 49431 (231) 845-6294 Customer Services (866) 575-2894 TDD-TTY (800) 790-8326

Oceana County Office

105 Lincoln Street Hart, MI 49420 (231) 873-2108 <u>Customer Services</u> (866) 575-2894 TDD-TTY (800) 790-8326

24-hour Emergency Service:

(800) 992-2061 TDD-TTY (800) 790-8326 - after hours call 711 All West Michigan CMH staff (including the Executive Director, Medical Director, Recipient Rights Officer, & Customer Services) can be reached by contacting any of the office numbers listed.

Rich VandenHeuvel, MSW Executive Director

Dr. Zia Khan, M.D. Medical Director

Emily Smiddy Clinical Director

Tina Brown
Recipient Rights Officer

Emergency and After-Hours Access to Services

Mental Health Emergency

A "mental health emergency" is when a person is experiencing a serious mental illness, or a developmental disability, or a child is experiencing a serious emotional disturbance and can reasonably be expected in the near future to harm him/herself or another, or because of his/her inability to meet his/her basic needs is at risk of harm, or the person's judgment is so impaired that he or she is unable to understand the need for treatment and that their condition is expected to result in harm to him/herself or another individual in the near future. You have the right to receive emergency services at any time, 24 hours a day, seven days a week, without prior authorization for payment of care.

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

Emergency Phone Numbers

Crawford, Missaukee, Roscommon, Wexford Counties

(800) 492-5742

TDD-TTY (231) 876-3281 after hours TDD-TTY (800) 442-7315*

Grand Traverse, Leelanau Counties

(231) 922-4850

TDD-TTY (231) 935-3871 after hours TDD-TTY (800) 442-7315*

Lake, Mason, Oceana Counties

(800) 992-2061

TDD-TTY (800) 790-8326 after hours Dial 711

*The Michigan Relay Service (711) for the hearing-impaired is an alternative 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

Post-Stabilization Services (Follow up services)

After you receive emergency mental health care and your condition is under control, you may receive mental health services to make sure your condition continues to stabilize and improve. Examples of post-stabilization services are: crisis residential, case management, outpatient therapy, and/or medication reviews.

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

- Go to the nearest Emergency Room, or
- Call the community mental health (CMH) program in the county where you are at, or
- Go to the CMH office where you normally receive services.

TO REACH YOUR LOCAL CUSTOMER SERVICES STAFF

In Crawford, Missaukee, Roscommon, Wexford Counties call (231) 876-3246 or (800) 337-8598 In Grand Traverse, Leelanau Counties call (231) 935-4907 or (800) 337-8598 In Lake, Mason, Oceana Counties call (866) 575-2894

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 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:

Mercy Hospital 400 Hobart Street Cadillac, MI 49601 (231) 876-7200

Mercy Health Services North 1100 Michigan Avenue Grayling, MI 49738 (989) 348-5461

Memorial Medical Center 1 Atkinson Drive Ludington, MI 49431 (231) 843-2591 Spectrum Health 300 N. Patterson Road Reed City, MI 49677 (231) 832-7110

Hackley Lakeshore Hospital 72 S. State Street Shelby, MI 49455 (231) 861-2156

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

Customer Services

What is Customer Services?

Customer Service is defined as the ability of an organization to constantly and consistently provide customers with what they need. We believe the job of providing good customer service and resolving customer concerns is the job of all staff rather than one department.

Who Do I Contact If I Have Concerns About My Services?

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 staff at the phone number listed at the bottom of this page.

When Can I Reach Customer Services Staff?

Customer Services staff are available Monday through Friday between the hours of 8 AM and 5 PM, except for holidays. If you need to speak with someone outside the hours of 8 AM and 5 PM, please call one of the numbers listed at the bottom of this page and leave a message. Your message should contain your name, your phone number, a brief message and a good time to contact you. A staff person will contact you on the next business day.

What Can I Expect From Customer Services Staff?

The role of the Customer Services Staff is to:

- Orient you to our system and the services available, including how to access them.
- Support and empower you in advocating for yourself.
- Listen to your concerns and help you find resolutions with the assistance of the appropriate staff.
- Answer your questions about local CMH programs and processes or refer you to the appropriate staff.
- Assist you with your grievance and appeal options.

Customer Satisfaction

We want to make sure 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 tell us how satisfied you are with our services 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

Your perspective is critical as we work to continually add value to your experience. There are a number of opportunities for you to participate in activities that assist us to improve services. If you are interested in learning more about participating in these opportunities or would like to provide us feedback on the services and supports you receive, please contact Customer Services at the number listed at the bottom of this page.

Language Assistance, Accessibility and Accommodations

Language Assistance

- If you use a TDD-TTY, please contact Customer Services at the TDD-TTY number listed on pages 3 and 4 of this guide.
- If you need a sign language interpreter, contact Customer Services at the number listed at the bottom of this page as soon as possible, so that one will be made available. Sign language interpreters are available to assist you at no cost to you.
- If you do not speak English, contact Customer Services at the number listed at the bottom of this page so that arrangements can be made to provide an interpreter for you. Language interpreters (oral interpretation services) are available to assist you at no cost to you.
- Written information is available in the prevalent non-English languages in our service area.

Accessibility and Accommodations

- In accordance with federal and state laws, all buildings and programs of the Northwest CMH
 Affiliation are required to be physically accessible to individuals with all qualifying disabilities. Any
 individual who receives emotional, visual or mobility support from a service animal such as a dog will
 be given access, along with the service animal, to all buildings and programs of the Northwest CMH
 Affiliation. If you need more information or if you have questions about accessibility or service/support
 animals, contact Customer Services 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 at the number listed at the bottom of this page. 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 mental health treatment kept private. You also have the right to look at your own clinical records and add a formal statement about them if there is something you do not like. Generally, information about you can only be given to others with your permission or your court-appointed guardian with authority to consent. 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 Northwest CMH Affiliation about you. However, without a "Release of Information" signed by you or your court-appointed guardian with authority to consent, the Northwest CMH Affiliation may not give information about you to a family member. For minor children under the age of 18 years, parents are provided information about their child and must sign a release of information to share 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 community mental health services program. This notice will tell you all the ways that information about you can be used or disclosed. It will also include a listing of your rights provided under HIPAA and how you can file a complaint if you feel your right to privacy has been violated.

Medicaid Beneficiaries – By way of your Medicaid Medical Assistance application form with the Michigan Department of Human Services, the CMH service programs 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 relative to HIV, ARC, AIDS and other communicable diseases, behavioral or mental health services. Any necessary referral or treatment for alcohol or other drug abuse will comply with the federal confidentiality law 42 CFR Part 2.

Confidential information about you may be released when you, your guardian or your parent (if you are a minor) signs a Release of Information.

Confidential information can be released without your consent if:

- 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 the 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.

If you feel your confidentiality rights have been violated, you can call the Recipient Rights Office where you receive services: West Michigan CMH at (800) 992-2061 or Northern Lakes CMH at (231) 935-3873.

Accessing Your Records

Your local CMH keeps a record of the services you receive. You have the right to see your record. You or your guardian (or parent if you are a minor) can ask to see or get a copy of all or part of your record. There is a form to complete and sign to do so. There may be a charge for the cost of copying. If you or your legal representative believes your record contains incorrect information, you or she/he may request that your record be corrected and/or place a statement in your record. You may not remove what is already in the record.

Who Is Eligible for Services

Our services are available to adults and children in our Affiliation area who have: a serious mental illness; a developmental disability; or a substance use disorder with a co-occurring mental illness or developmental disability; and, who have Medicaid or are uninsured; and, who are eligible for services as defined by the Michigan Mental Health Code.

How to Obtain Services

The Community Mental Health Service Programs provide 24-hour telephone access to services. Please see page 5 for emergency services information. Callers will speak with a trained professional who will gather information, evaluate the urgency of the call and arrange a time for an assessment.

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 your local CMH, staff will assist you to find other agencies in the community who might be able to help.

To obtain services by county	Local Phone	Toll Free/ <u>24 Hour</u>	TDD/TTY	TDD/TTY* <u>After Hour</u>
Crawford	(989) 348-8522	(800) 492-5742	(231) 876-3281	800-442-7315
Grand Traverse	(231) 935-3238	(800)-492-5742	(231) 935-3871	800-442-7315
Lake	(231) 745-4659	(800) 992-2061	(800) 790-8326	711
Leelanau	(231) 935-3238	(800)-492-5742	(231) 935-3871	800-442-7315
Mason	(231) 845-6294	(800) 992-2061	(800) 790-8326	711
Oceana	(231) 873-2108	(800) 992-2061	(800) 790-8326	711
Missaukee	(231) 775-3463	(800) 492-5742	(231) 876-3281	800-442-7315
Roscommon	(989) 366-8550	(800) 492-5742	(231) 876-3281	800-442-7315
Wexford	(231) 775-3463	(800) 492-5742	(231) 876-3281	800-442-7315

^{*}The Michigan Relay Service (711) for the hearing-impaired is an alternative available in all counties, at all times.

In Lake, Mason, Oceana Counties call (866) 575-2894

Service Authorization

Services you request must be authorized or approved by your local CMH. Your local CMH may approve all, some, or none of your requests. You will receive notice of a decision within 14 calendar days after you have requested the service during person-centered planning, or within 3 business days if the request requires a quick decision.

Any decision that denies a service you request or denies the amount, scope or duration of the service that you request will be made by a health care professional who has appropriate clinical expertise in treating your condition. Authorizations are made according to medical necessity. If you do not agree with a decision that denies, reduces, suspends or terminates a service, you may file an appeal. (Please refer to the section on page 14 regarding Grievance and Appeals for more information.)

Payment for Services

If you are enrolled in Medicaid or Adult Benefit Waiver (ABW) and meet the criteria for the specialty mental health or ABW mental health and substance use disorder services, the total cost of your authorized mental health or substance use disorder treatment will be covered.

If you are a Medicaid beneficiary with a deductible ("spend-down"), as determined by the Michigan Department of Human Services (DHS), you may be responsible for the cost of a portion of your services.

Ability to Pay for Services

Payment is based on a sliding fee scale based on your family/individual income.

- 1. Once the ability to pay amount is verified and set, all cost above that monthly amount will be waived for a period up to one year. After one year, updated family/individual income verification must be obtained and a new ability to pay amount set.
- 2. If you do not bring verification of family/individual income upon your initial appointment, a staff person will have you complete a form whereby you consent and agree to pay for services and are charged at full cost until income verification is met.
- 3. If you choose not to disclose financial information, a staff person will inform you that you will be charged at full cost.
- 4. If you do not want your insurance company billed even though coverage is carried, you will be charged at full cost for services.
- 5. If you feel the initial ability to pay determination is unreasonable, you may complete a redetermination form. Copies of recent bills, receipts, etc., must accompany this form in order to determine if a reduction in fees is allowed. This form is submitted to the appropriate CMH worker.
- 6. If you receive ongoing services, your ability to pay determination will be updated annually by your primary worker. If you do not provide updated income verification, you will be charged at full cost for services until information is provided.

Other Insurance Plans

Make sure you inform your CMH worker of all the insurances that you are covered by as well as any changes to your insurance. The law states that if you are covered by another insurance plan they will be billed before any state funds are (including Medicaid) used to cover the services provided to you. It is important that this information is current at all times.

Keeping Us Informed

In order to serve you better, it is important that you let us know of any changes. Please keep the following in mind, please notify your:

- Local Michigan Department of Human Services (DHS) of any change in family size, income, name, or address as this may impact your Medicaid.
- CMH worker of any change of address. If you move out of the Northwest CMH Affiliation nine county area or out-of-state, we can assist you in transferring your records.
- CMH worker of any changes in your insurance coverage.
- CMH worker of any change in family size, income, name, or address as this may impact your Ability-to-Pay determination.

Person-Centered Planning

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

The process begins when you determine whom, beside yourself, you would like at the person-centered planning 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 person-centered planning meetings will be held. Finally, you will decide what assistance you might need to help you participate in and understand the meetings.

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

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

You have the right to "independent facilitation" of the person-centered planning process. This means that you may request 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 developmental disabilities or serious emotional disturbances also have the right to person-centered planning. However, person-centered planning must recognize the importance of the family and the fact that supports and services impact the entire family. The parent(s) or guardian(s) of the children will be involved in pre-planning and person-centered planning using "family-centered practice" in the delivery of supports, services, and treatment to their children.

Some important information we'd like you to remember regarding your Person-Centered Plan (PCP):

- The amount, duration and scope of services you are receiving must be identified.
- You must be provided with an adequate notice at any time your plan is changed or amended.
- You have the right to review your Person-Centered Plan at any time. If you are dissatisfied with your Person-Centered Plan, a review of your Plan must be provided to you within 30 days of your request.

Topics Covered during Person-Centered Planning

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

Psychiatric Advance Directive

Under Federal law, adults have the right to develop three kinds of medical advance directives: 1)
 Durable Power of Attorney for Health Care, 2) Do Not Resuscitate Order and/or 3) Living Will.
 Adults also 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 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. See Appendix C on page 31 for
 additional information on Advance Directives.

Crisis/Support Plan

• You also have the right to develop a "crisis/support plan." A crisis/support 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/support plan would give information and direction to others about what you would like done in the time of crisis. Examples are friends or relatives to be called, preferred medicines, or care of children, pets, or bills.

Self-Determination

Self-Determination is an option for payment of medically necessary services you might request if
you are an adult beneficiary receiving mental health services in Michigan. It is a process that
would help you to design and exercise control over your own life by directing a fixed amount of
dollars that will be spent on your authorized supports and services, often referred to as an
"individual budget." You would also be supported in your management of providers, if you
choose such control.

Changing Your CMH Assigned Worker

You have the right to request a change in who provides your service(s) or supports. If you wish to change your worker, you may contact Customer Services at the numbers listed on the bottom of this page or you may discuss this with your current worker.

Coordination of Care

To improve the quality of services, the Northwest CMH Affiliation 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 those services. Being able to coordinate with all providers involved in treating you improves your chances for recovery, relief of symptoms and improved functioning. Therefore, you are encouraged to sign a "Release of Information" so that information can be shared. If you do not have a medical doctor and need one, contact Customer Services or your CMH worker and they will assist you in getting a medical provider.

Medicaid Beneficiaries - By way of your Medicaid Medical Assistance application form with the Michigan Department of Human Services, the CMH service programs 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 relative to HIV, ARC, AIDS and other communicable diseases, behavioral or mental health services. Any necessary referral or treatment for alcohol or other drug abuse will comply with the federal confidentiality law 42 CFR Part 2. If you would like other service providers that you see to know about your treatment, you may sign a "Release of Information" form to have information sent to that provider.

Recovery & Resiliency

"Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her potential." (U.S. Department of Health and Human Services)

Recovery is an individual journey that follows different paths and leads to different locations. **Recovery** is a process that we enter into and is a life long attitude. **Recovery** is unique to each individual and can truly only be defined by the individual themselves. What might be **recovery** for one person may be only part of the process for another. **Recovery** may also be defined as wellness. Mental health supports and services help people with mental illness in their recovery journeys. The person-centered planning process is used to identify the supports needed for individual recovery.

In **recovery** there may be relapses. A relapse is not a failure, rather a challenge. If a relapse is prepared for, and the tools and skills that have been learned throughout the recovery journey are used, a person can overcome and come out a stronger individual. It takes time, and that is why **Recovery** is a process that will lead to a future that holds days of pleasure and the energy to persevere through the trials of life.

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

Recovery...

- Begins when you recognize that each of us has strengths; even when you are struggling most, you
 have the tools inside you to cope.
- Is about hope. A better future is possible. You can triumph over the challenges in your life. The dreams you have are yours to achieve.
- Is unique to each individual. You're active in your own recovery processes whenever you're working towards that which is meaningful to you. You must define your own desired changes and your own paths for achieving them. Assistance is available from your worker as you determine.
- Challenges you to think about possibilities. You begin to define yourself by your hopes and dreams and by how you want to be seen instead of by your symptoms or your diagnosis.
- Allows you to focus on your life. You must be aware of and mindful of your illness, but it no longer has to be the driver of your life. It is just a part of your life experience.

The Recovery Process....

- Changes as you change. As you approach new opportunities, you overcome new challenges and move ahead on your Recovery journey.
- Recognizes symptoms and illness as "facts" of life but encourages each of you to write your own stories of possibility and success.

Steps to Begin Your Recovery Journey....

- **Identify** friends, family, and providers who support your vision for you your possibility and potential;
- **Write** your story redefine what you want for you base it on the hopes and dreams you have for yourself, not on your diagnosis or symptoms;
- **Recognize** that there is more than one path to obtaining your hopes and dreams you may choose a path that is different than the path others have chosen;
- Separate the facts of your illness from the stigma associated with it;
- Seek support from peers who are working their own recovery program;
- **Share** your Recovery story with others the power of your **Recovery** story may be just what someone else needs to discover their own possibility.

Grievance and Appeals Processes

Grievances

You have the right to say that you are unhappy with your services or supports or the staff who provide them, by filing a "grievance." You can file a grievance *any time* by calling, visiting, or writing to the Customer Services Office. Assistance is available in the filing process by contacting Customer Services at the number listed at the bottom of this page. 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 limitation on filing a grievance. You can file a grievance either orally or in writing. For those with Medicaid, your local CMH must respond to you in writing no later than 60 days from the date you filed your grievance. If you do not receive a response within 60 days, you may request an Administrative Hearing. For those with Medicare, private insurance, no insurance or with an ability to pay you can expect your local Customer Services office to respond to you in writing no later than 30 days from the date you filed your grievance. With your written consent, your provider can file a grievance or an appeal on your behalf. CMH will not take punitive action against a provider that files an appeal on behalf of the consumer.

Appeals

You will be given notice (see "Advance Notice" and "Adequate Notice" below) when a decision is made that denies your request for services or reduces, suspends or terminates the services you already receive. This is called an "action":

Examples of "actions" (also called adverse actions) are:

- A decision to deny or limit authorization of a requested service, including the type or level of service.
- A decision to reduce, suspend or terminate a previously authorized service.
- A decision to deny payment for a service (in whole or in part).
- A failure to make a standard authorization decision and provide notice about the decision within 14 calendar days from the date of a standard request for service.
- A failure to make an expedited authorization decision within three (3) working days from the date of receipt of a request for expedited service authorization.
- A failure to provide services within 14 calendar days of the start date agreed upon during your person centered planning meeting and as authorized.
- A failure to act within 45 calendar days from the date of a request for a standard appeal.
- A failure to act within three (3) working days from the date of a request for an expedited appeal (when an expedited appeal is approved).
- A failure to provide disposition and notice of a grievance within 60 calendar days of the date of the request.

<u>Adequate Notice</u>: A written statement provided by your CMH advising you of a decision to deny or limit authorization of Medicaid services requested. This notice must be provided to you on the same date of the "action" or when you sign your Person Centered Plan.

<u>Advance Notice</u>: A written statement provided by your CMH advising you of a decision to reduce, suspend or terminate a Medicaid service you are currently receiving. This notice must be provided to you no less than 12 calendar days before the proposed date the "action" is to take effect.

You have the right to file an "appeal" when you do not agree with such a decision. There are two ways you can appeal these decisions. There are also time limits on when you can file an appeal once you receive a decision about your services.

For people with Medicaid or Adult Benefit Waiver:

• You may ask for a "Local Appeal" by contacting Customer Services at the number listed on the bottom of this page. You have the right to request a Local Appeal up to 45 days from the date on your notice.

You will be provided with a written notice of resolution (or the result of your appeal) no later than 45 days from the date the request for a Local Appeal was made; and/or

- You can ask at any time for a Medicaid Fair Hearing before an administrative law judge (a state appeal). You have the right to request an Administrative Hearing up to 90 days from the date of any notice of action that you receive. If you receive a notice of action, you will also receive a Request for Hearing Form with a self-addressed, stamped envelope. This Request for Hearing Form may be submitted directly to the Administrative Tribunal Office in Lansing if you wish to request a hearing. You may also contact Customer Services to request a hearing or for assistance in filing your hearing request. You may ask for someone to represent you at your Administrative Hearing. Additional information about rules that govern representation at the hearing is available through Customer Services.
- If you receive an Advance Notice, you may request that your affected services be continued during the appeal/hearing process but you may be responsible for payment of these continued or reinstated services if it is determined that 1) the original decision will be upheld (in favor of the CMH decision) or 2) if you or your representative do not appear for the hearing or 3) if you withdraw your request for a hearing. If you want your services to be continued, you must request this before the effective date of the Advance Notice by contacting your worker or Customer Services at the number listed at the bottom of this page.

Note: You may request an Administrative Hearing and Local Appeal individually or at the same time. With your written permission, your provider may also request on your behalf either/both a Local Appeal and/or an Administrative Hearing.

For people with Medicare, private insurance, no insurance, or with an ability to pay:

- You may request a "Local Appeal" by contacting Customer Services Office at the number listed at the bottom of this page. You have the right to request a Local Appeal up to 45 days from the date on your notice. (Note: There are time limits on when you can file an appeal once you receive a decision about your services.)
- You will be provided with a written notice of resolution (or the result of your appeal) no later than 15 business days from the date the request for a Local Appeal was made.
- If you are not satisfied with the results of the "Local Appeal", you can request that your concerns be reviewed by the Michigan Department of Community Health.

For all people who receive services at the Northwest CMH Affiliation:

- Your appeal will be completed quickly, and you will have the chance to provide information or have someone speak for you regarding the appeal. You may ask for assistance from Customer Services to file the appeal.
- You have the right to examine your case file (including medical records and any other documents
 or records considered during the appeal process) and present evidence and allegations, in
 person or in writing, relative to your appeal. You may choose a legal representative to assist you
 with your appeal but this is not necessary.
- You may also request an expedited review if it is determined that your life, health, ability to maintain or regain maximum function is at risk. Results of an expedited review will be provided to you within three (3) business days (or within 24 hours for inpatient hospitalization).

Second Opinion Process

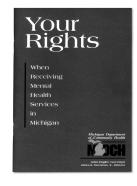
If you have been denied initial access to services or in-patient psychiatric hospitalization, you have the right to request a second opinion at no cost to you. This second opinion will be completed by a qualified health professional. A second opinion will be provided to you within 5 business days for initial denial to services or within 3 business days for an inpatient denial. You may also request an expedited review if you feel your life, health, and/or ability to maintain or regain maximum function would be at risk waiting 5 business days. To request a second opinion, simply ask your worker or call Customer Services.

Recipient Rights

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

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

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



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

If you receive substance 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 your local community mental health services program to talk with a Recipient Rights Officer with any questions you may have about your rights or to get help to make a complaint. Customer Services can also help you make a complaint. You can contact the Office of Recipient Rights at West

Michigan CMH at (800) 992-2061 or Northern Lakes CMH at (231) 935-3873 or contact Customer Services at the number listed at the bottom of this page.

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. However, appropriate actions will be taken to ensure your safety and the safety of all consumers.

Safety Guidelines / Mental Health Building Rules

- Keep drugs, abusive language, and damaging behavior out of the treatment setting in respect of others. Appropriate actions will be taken to ensure your safety and the safety of all consumers.
- Weapons of any kind are prohibited on the grounds, in the CMH buildings or in any CMH vehicle.
- You are responsible for your personal belongings. Please keep them with you at all times while you are in the building.
- Your personal medications are prescribed for you only. Keep them 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.
- There is no smoking in any CMH building or vehicle.
- For reasons of privacy and confidentiality, we appreciate your patience as you stay in the waiting areas until CMH staff come to greet you.

Service Array - Mental Health Medicaid Specialty Supports and Services Descriptions

Before services can be started, you will take part in an assessment to find out if you are eligible for services. It will also identify the services that can best meet your needs. You need to know that not all people who come to us are eligible, and not all services are available to everyone we serve. If a service cannot help you, your Community Mental Health will not pay for it Medicaid will not pay for services that are otherwise available to you from other resources in the community. You will be transitioned from your local CMH services when you no longer meet eligibility criteria or when you have met your desired changes.

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. You will help develop and receive an individual plan of services (also known as a person-centered plan) that provides all of this information.

If you have Medicaid and have a provider outside our network, we will work with them if they are willing to become part of our network and 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 CMHSP 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. (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.)

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

The Service Array described in this section is subject to change. <u>In addition, some services may not be available for individuals who have a Medicaid deductible and/or Non-Medicaid status. Please consult with your worker for more information.</u>

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

Mental Health Medicaid Specialty Supports and Services

Note: If you are a Medicaid beneficiary and have a serious mental illness, or serious emotional disturbance, or developmental disabilities, or substance use disorder, you may be eligible for some of Mental Health Medicaid Specialty Supports and Services listed below.

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

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

Assessment includes a comprehensive psychiatric evaluation, psychological testing, substance use disorder screening, or other assessments except for physical health, conducted to determine a person's level of functioning and mental health treatment needs.

*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. *In addition to meeting medically necessary criteria, this service requires a doctor's prescription.

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

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

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

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

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

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

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

Extended Observation Beds (or 23-hour stay units) are used to stabilize a mental health emergency when a person needs to be in the hospital for only a short time. An extended observation bed allows hospital staff to observe and treat the person's condition for up to one day before they are discharged to another community-based outpatient service or admitted to the hospital.

Family Skills Training is education and training for families who live with and or care for a family member who is eligible for specialty services or the Children's Waiver Program.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

*Speech and Language Therapy includes the evaluation by a speech therapist of a person's ability to use and understand language and communicate with others or to manage swallowing or related conditions, and treatments to help enhance speech, communication, or swallowing. *In addition to meeting medically necessary criteria, this service requires a doctor's prescription.

Substance Use Disorder Treatment Services (descriptions follow the mental health services)

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

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

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

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

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

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

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

Chore Services (for Habilitation Supports Waiver enrollees) are provided by paid staff to help keep the person's home clean, and safe.

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 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 by contacting:

Northern Michigan Substance Abuse Services, Inc.

2090 West M-32, Suite C P.O. Box 1278 Gaylord, MI 49735 1-800-686-0749 or (989) 732-1791 TTY 711 https://www.nmsas.net/

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 counseling for the individual, and family and group therapy in an office setting.

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

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

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

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

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 services, your local community mental health services program will work with your primary care doctor to coordinate your physical and mental health services. If you do not have a primary care doctor, your local community mental health services program will help you find one.

<u>Note</u>: 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 on the bottom of this page or the local **Michigan Department of Human Services' (DHS)** number below for the county you live in, for assistance.

County	DHS Phone Number
Crawford	(989) 348-7691
Grand Traverse	(231) 941-3900
Lake	(231) 745-8159
Leelanau	(231) 941-3900
Mason	(231) 845-7391
Missaukee	(231) 779-4500
Oceana	(231) 873-7251
Roscommon	(989) 275-5107
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 of 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 at the number listed on the bottom of this page.

You may contact Customer Services or the Medicaid health plans directly.

Medicaid Health Plan*	Phone/E-mail	Counties Served
CareSource 2900 West Road, Suite 201 East Lansing, MI 48823	(800) 390-7102 (800) 649-3777 TTY www.caresource.com	Grand Traverse Leelanau Mason
Great Lakes Health Plan 26957 Northwestern Highway Suite 400 Southfield, MI 48033	(800) 903-5253 www.glhp.com	Oceana
Health Plan of Michigan 777 Woodward Ave., Ste. 600 Detroit, MI 48226	(313) 324-3700 (888) 437-0606 (800) 649-3777 TTY www.hpmich.com	Crawford Grand Traverse Lake Mason Missaukee Oceana Roscommon Wexford
McLaren Health Plan G3245 Beecher Rd., Ste. 200 Flint, MI 48532	(888) 327-0671 (800) 787-3224 TTY www.mclarenhealthplan.org	Roscommon
Molina Healthcare of Michigan 100 W. Big Beaver Rd., Ste. 600 Troy, MI 48084	(248) 925-1700 (888) 898-7969 (800) 649-3777 TTY www.molinahealthcare.com	Crawford Grand Traverse Lake Mason Missaukee Oceana Roscommon Wexford
Priority Health Gov't. Programs 1231 E. Beltline NE Grand Rapids, MI 49525-4501	(616) 942-0954 (888) 975-8102 (888) 551-6761 TTY www.priority-health.com	Grand Traverse Leelanau

^{*}As of December 1, 2010 - 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/documents/mdch/MHP_Service_Area_Listing_326102_7.pdf

Services for Adult Benefits Waiver (ABW) Participants

Note: If you are an ABW beneficiary and have a serious mental illness, or serious emotional disturbance, or developmental disabilities, or substance use disorder, you may be eligible for some of the Mental Health ABW Supports and Services listed below. Before services can be started, you will take part in an assessment to find out if you are eligible for services. It will also identify the services that can best meet your needs. You need to know that not all people who come to us are eligible, and not all services are available to everyone we serve. If a service cannot help you, your Community Mental Health will not pay for it. ABW 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. You will receive an individual plan of service that provides all of this information.

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

Note: The Michigan Medicaid Provider Manual contains complete definitions of the following services as well as eligibility criteria and provider qualifications. The Manual may be accessed at http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf.

Assessment includes a comprehensive psychiatric evaluation, psychological testing, substance use disorder screening, or other assessments except for physical health, conducted to determine a person's level of functioning and mental health treatment needs.

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

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

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

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

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

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

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

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

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

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

Services for ABW Participants with Substance Use Disorders

The Substance Use Disorder treatment services listed below are covered by Medicaid. These services are available through Northern Michigan Substance Abuse Services (NMSAS).

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 counseling for the individual, and family and group therapy in an office setting.

Methadone 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.

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

County Health Plan 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 services, your local community mental health services program will work with your primary care doctor to coordinate your physical and mental health services. If you do not have a primary care doctor, your local community mental health services program will help you find one.

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

- Ambulance for emergencies
- Doctor visits
- Family planning
- Health check ups
- Immunizations (shots)

- Lab and X-ray
- Medical supplies
- Medicine
- Prenatal care and delivery

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. If you do not know the name of your health plan, you can contact Customer Services Staff for assistance.

<u>County</u>	County Health Plan	<u>Phone</u>	Toll-Free Phone
Crawford	Tencon Health Plan	(989) 348-7691	(888) 327-0671
Grand Traverse	Coalition Health Access Program (CHAP)	(231) 941-3900	(866) 291-8691
Lake	Tencon Health Plan	(231) 745-8159	(888) 327-0671
Leelanau	Coalition Health Access Program (CHAP)	(231) 941-3900	(866) 291-8691
Mason	Tencon Health Plan	(231) 845-7391	(888) 327-0671
Missaukee	Tencon Health Plan	(231) 779-4500	(888) 327-0671
Oceana	Tencon Health Plan	(231) 873-7251	(888) 327-0671
Roscommon	Central Health Plan	(989) 366-9166	(866) 360-1509
Wexford	Tencon Health Plan	(231) 779-4500	(888) 327-0671

APPENDIX A

MENTAL HEALTH 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 mental 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."

Adult Benefits Waiver: A special Michigan Medicaid program for certain low-income adults who are not eligible for the standard Medicaid program. Contact your Customer Services at the number listed at the bottom of this page for more information. This is a narrowly defined benefit that entitles you to only to the ABW services described in this guide.

Amount, Duration, and Scope: How much, how long, and in what ways the Medicaid services that are listed in a person's person-centered plan will be provided.

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

CA: An acronym for Substance Use Disorder Coordinating Agency. The CAs in Michigan manage services for people with substance use disorders. Northern Michigan Substance Abuse Services is the CA for the Northwest CMH Affiliation.

CMHSP: An acronym for Community Mental Health Services Program. There are 46 CMHSPs in Michigan that provide services in their local areas to people with mental illness and developmental disabilities. Northern Lakes CMH and West Michigan CMH are each a CMHSP.

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.

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

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

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

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

Medically Necessary: A term used to describe one of the criteria that must be met in order for a beneficiary to receive Medicaid or ABW 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.

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 developmental disabilities, by local community mental health services programs and in state facilities.

MIChild: A Michigan health care program for low-income children who are not eligible for the Medicaid program. This is a limited benefit. For more information contact Customer Services at the number listed at the bottom of this page or your local Department of Human Services Office (see page 28 for telephone information).

PIHP: An acronym for Prepaid Inpatient Health Plan. There are 18 PIHPs in Michigan that manage the Medicaid or ABW mental health, developmental disabilities, and substance use disorder services in their geographic areas. All 18 PIHPs are also community mental health services programs. The Northwest CMH Affiliation is a PIHP.

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

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

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

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

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

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

APPENDIX B

COMMUNITY RESOURCE LIST AND ADVOCACY ORGANIZATIONS

The Northwest CMH Affiliation maintains listings and connections to many community resources and advocacy organizations to meet needs and requests. If you would like information about the community services, please contact your CMH worker or Customer Services at the number listed on the bottom of this page.

If you live in Mason and Oceana Counties, you may call **211** to see what resources are available to you. Information may also be obtained from their website at **http://call-211.org**. If you live in Lake, Grand Traverse, Leelanau, Missaukee, or Wexford Counties you may call toll free at **1-877-211-LAKE (5253)** to see what resources are available to you. 211 Services may become available in the other counties served by the Northwest CMH Affiliation. Please contact the toll-free number 877-211-5253 or go to the 211 website to see if this service is available in your county.

Other advocacy groups and state / federal resources are also listed. The listings are provided as an informational service only and are subject to change. The resource listing does not constitute an endorsement.

Community Resources

Department of Human Services (DHS by county)	
Crawford(989) 34	8-7691
Grand Traverse(231) 94	1-3900
Lake(231) 74	5-8159
Leelanau(231) 94	
Mason(231) 84	5-7391
Missaukee(231) 77	'9-4500
Oceana(231) 87	'3-7251
Roscommon(989) 27	′5-5107
Wexford(231) 77	'9-4500
Disability Resources	
Disability Network Northern Michigan(231) 92	2-0903
Disability Connection	2-4501
Michigan Rehabilitation Services(877) 90	11-9179
Service Agencies	
Five Cap Inc. (Mason)(231) 75	7-3785
Five Cap Inc. (Lake)(231) 74	15-4617
Northeast Michigan Community Service Agency (Crawford)(800) 63	3-3335
Northwest Michigan Community Action Agency(800) 63 (Grand Traverse, Leelanau, Missaukee, Roscommon, Wexford)	2-7334
Staircase Youth Services (Lake, Mason, Missaukee, Wexford)(888) 26	7-6086
Legal Services	
Legal Services of Northern Michigan (Crawford, Roscommon)(888) 64	
Legal Services of Northern Michigan (Gr. Traverse, Leelanau, Missaukee, Wexford)(888) 94 Legal Aid of West Michigan (Lake, Mason and Oceana)(800) 96	

Transportation Bay Area Transportation Authority (BAT Cadillac Wexford Transit Authority (CW Crawford County Transportation Authority (Bat Cudington Mass Transportation Authority (Coeana Council on Aging	(231) 779-0123 (989) 348-5409 (231) 846-1231 (231) 873-4461 (989) 366-5309	
State and Federal		(000) 040 0405
Medicaid Helpline	·······	(800) 642-3195
Medicare Helpline (including Part B & D)	(800) 633-4227
	inistration	
Social Security		(800) 772-1213
W. I. ''. O		
Websites: Consumer Advocacy Groups	AA/-14-	Dhara
Alaskalias Arasarras Chaharrida	Website	<u>Phone</u>
Alcoholics Anonymous Statewide	www.theagapecenter.com/AAinUSA/Michigan.htm	(212) 870-3400
ARC Michigan	www.ARCMI.org	(800) 292-7851
Autism Society of Michigan	www.autism-mi.org	(800) 223-6722
Bazelon Center for Mental Health Law & Policy	www.bazelon.org/	(202) 467-5730
Depression and Bi-Polar Support Alliance	www.dbsalliance.org	(800) 826-3632
Disability Network Michigan	http://www.dnmichigan.org/	(517) 339-0539
Eating Disorders	www.edenclub.org	(810) 523-8206
Emotions Anonymous	www.emotionsanonymous.org	(651) 647-9712
Epilepsy Foundation of Michigan	www.epilepsyfoundation.org/Michigan	(616) 454-7979
Kaiser Family Foundation	www.kff.org	(650) 854-9400
Michigan Protection and Advocacy Service	www.mpas.org	(800) 288-5923
Mich. Statewide Independent Living Council	http://www.misilc.org/	(800) 808-7452
National Alliance on Mental Illness	www.nami.org	(800) 950-6264
National Alliance on Mental Illness - Michigan	www.namimi.org	(800) 331-4264
National Suicide Prevention Lifeline	www.suicidepreventionlifeline.org	(800) 273-8255
Narcotics Anonymous Statewide	http://www.michigan-na.org/main.htm	(231) 726-6262
National Empowerment Center	www.power2u.org/index.html	(800) 769-3728
OCD Foundation of Michigan	www.ocdmich.org	(313) 438-3293
Schizophrenics Anonymous	www.sanonymous.org	(810) 557-6777
United Cerebral Palsy - Michigan	www.ucp.org/ucp_local.cfm/87	(800) 828-2714
United Way - Statewide	www.uwmich.org	(517) 371-4360

Websites: State and Federal Resources

Balanced Budget Act: www.gpoaccess.gov/cfr/index.html. Type 42CFR438 into the "Quick Search" line.

Use this site for any Federal law, with the number

Centers for Medicare and Medicaid: www.cms.hhs.gov/

Limited English Proficiency Guidance: http://www.hhs.gov/ocr/civilrights/resources/specialtopics/lep/

Medicaid Provider Manual: http://1.usa.gov/mR8YRo

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

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

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

Links to County Offices: http://1.usa.gov/DzrSf

Michigan Legislative Website (Allows user to look up pending bills and Michigan Compiled Laws by

Number): www.legislature.mi.gov

Michigan Mental Health Code: http://www.michigan.gov/documents/mentalhealthcode 113313 7.pdf

Michigan Public Health Code: http://1.usa.gov/jQjLLI

Michigan Rehabilitation Services: www.michigan.gov/mrs (Links to local offices on the homepage.)

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

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

APPENDIX C

INFORMATION ABOUT ADVANCE DIRECTIVES

The following is additional information about different types of Advance Directives and options you may have when making decisions regarding your future care.

We all value the right to make our own decisions about our medical and mental health care, but there may come a time when we can't understand or express our choices due to an incapacitating accident or illness. Under Federal and State Law, every adult age 18 years or older who is legally competent (does not have a guardian appointed for medical decisions) and "of sound mind" has the right to create an Advance Directive. An Advance Directive is a legally binding written document that allows you to make your decisions for care and treatment known in advance to ensure that these will be honored if you are unable to speak for yourself. The decision to create or not create an Advance Directive is entirely voluntary. Your services will not be affected either way.

Under Michigan Law, there are two basic types of Advance Directives:

- 1. The Michigan Estates and Protected Individual's Code allows you to create an **Advance Directive for Medical and/or for Mental Health Care.** In these documents you designate another trusted individual, called a "Patient Advocate," to act as your agent who will be empowered to make care or treatment decisions on your behalf based on your previously stated wishes during a time when you are unable to give informed consent.
- A Durable Power of Attorney for Health Care is a document in which you direct your patient advocate, in writing, to consent or refuse to consent to certain types of medical care based on your previously stated wishes. In order for the patient advocate to make these decisions on your behalf, your physician and at least one other physician or licensed psychologist must first examine you and determine that you are unable to give informed consent to medical decisions. You have the right to revoke your patient advocate's authority at any time. The patient advocate's authority is also suspended when you are again able to give informed consent.
- A Durable Power of Attorney for Mental Health Care also known as an Advance Directive for Mental Health Care, or a Psychiatric Advance Directive (PAD), is a document in which you direct your patient advocate, in writing, to consent or refuse to consent to certain types of mental health/psychiatric care based on your previously stated wishes. In order for your patient advocate to make decisions on your behalf, a physician and a mental health professional of your choosing (who can be a physician, psychologist, registered nurse or masters-level social worker) must examine you and determine that you are unable to give informed consent to mental health care decisions. You have the right to revoke your patient advocate's authority at any time, unless you have chosen to waive this right in your Advance Directive for Mental Health Care. The patient advocate's authority is also suspended when you are again able to give informed consent.
- 2. A **Do-Not-Resuscitate Order (DNR)** is a document created under the Michigan Do Not Resuscitate Procedures Act that allows you to direct, in writing, that you will not be resuscitated in the event you stop breathing or your heart stops. A DNR is not legally binding in a hospital, a nursing home, Adult Foster Care Home, or a mental health facility owned or operated by the Department of Community Health.

If you already have an Advance Directive or choose to create one in the future, we ask that you provide a copy to place in your records at the Northwest CMH Affiliation so your treating professionals are aware of it.

We encourage you to learn more about Advance Directives. More information is available upon your request, including referral information about other agencies who may be able help you develop an http://northernlakescmh.com/aamental-health-information/links-to-other-helpful-resources/ and click on Psychiatric Advance Directives under State information. You may also choose to discuss Advance Directives with your mental health workers.

Information about Advance Directives will reflect changes in State law as soon as possible, but not later than 90 days after the effective date of the change. Information with these changes will be provided to you. Grievances concerning noncompliance with Advance Directive requirements may be filed with Customer Services.

Northern Lakes Community Mental Health

Serving residents in Crawford, Grand Traverse, Leelanau, Missaukee, Roscommon, Wexford Counties

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

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

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

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

Customer Service (800) 337-8598 TDD-TTY: (231) 876-3281

Emergency/Toll Free: 1-800-922-4850 TDD/TTY (231) 876-3281

After-hours emergency call:
Third Level Crisis Intervention Services
(800) 442-7315 Voice or TDD-TTY

West Michigan Community Mental Health System

Serving residents in Lake, Mason and Oceana Counties

1090 N. Michigan Avenue Baldwin, MI 49304 (231) 745-4659

920 Diana Street Ludington, MI 49431 (231) 845-6294

105 Lincoln Street Hart, MI 49420 (231) 873-2108

Customer Service (866) 575-2894 TDD-TTY: (800) 790-8326

Emergency/Toll Free: 1-800-992-2061 TDD-TTY (800-790-8326)

After-hours emergency call:
West Michigan CMHS
(800) 992-2061
TDD-TTY call 711