

## PIHP CUSTOMER SERVICES STANDARDS

### *Preamble*

***It is the function of the customer services unit to be the front door of the pre-paid inpatient health plan (PIHP), and to convey an atmosphere that is welcoming, helpful and informative. These standards apply to the PIHP and to any entity to which the PIHP has delegated the customer services function, including affiliate CMHSP(s), substance abuse coordinating agency (CA), or provider network.***

### **Functions**

- A. Welcome and orient individuals to services and benefits available, and the provider network.
- B. Provide information about how to access mental health, primary health, and other community services.
- C. Provide information about how to access the various rights processes.
- D. Help individuals with problems and inquiries regarding benefits.
- E. Assist people with and oversee local complaint and grievance processes.
- F. Track and report patterns of problem areas for the organization.

### **Standards**

- 1. There shall be a designated unit called "Customer Services."
- 2. There shall be at the PIHP a minimum of one FTE (full time equivalent) performing the customer services functions whether within the customer service unit or elsewhere within the PIHP. If the function is delegated, affiliate CMHSPs, substance abuse coordinating agencies and network providers, as applicable, shall have additional FTEs (or fractions thereof) as appropriate to sufficiently meet the needs of the people in the service area.
- 3. There shall be a designated toll-free customer services telephone line and access to a TTY number. The numbers shall be displayed in agency brochures and public information material.
- 4. Telephone calls to the customer services unit shall be answered by a live voice during business hours. Telephone menus are not acceptable. A variety of alternatives may be employed to triage high volumes of calls as long as there is response to each call within one business day.
- 5. The hours of customer service unit operations and the process for accessing information from customer services outside those hours shall be publicized.
- 6. The customer handbook shall contain the state-required topics (See P.6.3.1.1.A)
- 7. The Medicaid coverage name and the state's description of each service shall be printed in the customer handbook.
- 8. The customer handbook shall contain a date of publication and revision(s).
- 9. Affiliate CMHSP, substance abuse coordinating agency, or network provider names, addresses, phone numbers, TTYs, E-mails, and web addresses shall be contained in the customer handbook.
- 10. Information about how to contact the Medicaid Health Plans or Medicaid fee-for-service programs in the PIHP service area shall be provided in the handbook (actual phone numbers and addresses may be omitted and held at the customer services office due to frequent turnover of plans and providers).
- 11. Customer services unit shall maintain current listings of all providers, both organizations and practitioners, with whom the PIHP has contracts, the services they provide, languages they speak, and any specialty for which they are known. This list must include independent PCP facilitators. Beneficiaries shall be given this list initially and be informed annually of its availability.

12. Customer services unit shall have access to information about the PIHP including CMHSP affiliate annual report, current organizational chart, CMHSP board member list, meeting schedule and minutes that are available to be provided in a timely manner to an individual upon request.
13. Upon request, the customer services unit shall assist beneficiaries with the grievance and appeals, and local dispute resolution processes, and coordinate as appropriate with Fair Hearing Officers and the local Office of Recipient Rights.
14. Customer services staff shall be trained to welcome people to the public mental health system and to possess current working knowledge, or know where in the organization detailed information can be obtained in at least the following:
  - a. \*The populations served (serious mental illness, serious emotional disturbance, developmental disability and substance use disorder) and eligibility criteria for various benefits plans (e.g., Medicaid, Adult Benefit Waiver, MICHild)
  - b. \*Service array (including substance abuse treatment services), medical necessity requirements, and eligibility for and referral to specialty services
  - c. Person-centered planning
  - d. Self-determination
  - e. Recovery & Resiliency
  - f. Peer Specialists
  - g. \*Grievance and appeals, Fair Hearings, local dispute resolution processes, and Recipient Rights
  - h. Limited English Proficiency and cultural competency
  - i. \*Information and referral about Medicaid-covered services within the PIHP as well as outside to Medicaid Health Plans, Fee-for-Services practitioners, and Department of Human Services
  - j. The organization of the Public Mental Health System
  - k. Balanced Budget Act relative to the customer services functions and beneficiary rights and protections
  - l. Community resources (e.g., advocacy organizations, housing options, schools, public health agencies)
  - m. Public Health Code (for substance abuse treatment recipients if not delegated to the substance abuse coordinating agency)

\*Must have a working knowledge of these areas, as required by the Balanced Budget Act

**Attachment P**

**6.3.1.1.A PIHP CUSTOMER SERVICES HANDBOOK  
REQUIRED STANDARD TOPICS**

**Final: September 2006**

Each pre-paid inpatient health plan (PIHP) must have a customer services handbook that is provided to Medicaid beneficiaries when they first come to service and periodically thereafter through their tenure as service recipients. It is suggested that they be provided the handbook annually at the time of person-centered planning. The list below contains the topics that shall be in each PIHP's customer services handbook. The PIHP may determine the order of the topics as they appear in the handbook and may add more topics. In order that beneficiaries receive the same information no matter where they go in Michigan, the topics with asterisks below must use the standard language templates contained in this requirement. PIHPs should tailor the contact information in the brackets to reflect their local operations and may add local or additional information to the templates. Information in the handbook should be easily understood, and accommodations available for helping beneficiaries understand the information. The information must be available in the prevalent non-English language(s) spoken in the PIHP's service area.

Note: It is understood that PIHPs may have quantities of handbooks in stock that do not contain all of the language herein and are reluctant to discard them. It is suggested that PIHPs review such existing handbooks to assure that all the information required by the federal Balanced Budget Act is included and if not, produce supplemental material to distribute with the old handbooks. PIHPs should draft new handbooks with the information and language contained in this document, have them available for review in the Spring of 2007, and have them ready to be printed when the old stock is exhausted, but no later than October 1, 2007.

\*Must use boilerplate language in templates (attached)

Topics Requiring Template Language (not necessarily in this order)

- \*Confidentiality and family access to information
- \*Coordination of care
- \*Emergency and after-hours access to services
- \*Glossary
- \*Grievance and appeal
- \*Language accessibility/accommodation
- \*Payment for services
- \*Person-centered planning
- \*Recipient rights
- \*Recovery
- \*Service array, eligibility, medical necessity, & choice of providers in network
- \*Service authorization

Other Required Topics (not necessarily in this order)

Access process

Access to out-of-network services

Affiliate [for Detroit-Wayne, the MCPNs] addresses and phone numbers:

Executive director

Medical director

Recipient rights officer

Customer services

Emergency

Community resource list (and advocacy organizations)

Index

Right to information about PIHP operations (e.g., organizational chart, annual report) Services not covered under contract

Welcome to PIHP

What is customer services and what it can do for the individual; hours of operation and process for obtaining customer assistance after hours?

Other Suggested Topics

Customer services phone number in the footer of each page

Safety information

## **Template #1: 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. 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 [PIHP] about you. However, without a Release of Information signed by you, the [PIHP] 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 abuse services, you have rights related to confidentiality specific to substance abuse services.

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

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

[Note to PIHP: you may add additional information to this template]

## **Template #2: Coordination of Care**

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

[Note to PIHP: you may add additional information to this template]

### **Template #3: Emergency and After-Hours Access to Services**

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:

[PIHP insert local emergency telephone numbers and place(s) to go for help]

#### **Post-Stabilization Services**

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

## **Template #4: Glossary or Definition of Terms**

### **MENTAL HEALTH GLOSSARY**

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

**Adult Benefits Waiver:** Michigan health care program for certain low-income adults who are not eligible for the Medicaid program. Contact the [Customer Services Unit] for more information. This is a narrowly defined benefit that does not entitle you to all of the services and supports described in this brochure.

**Amount, Duration, and Scope:** How much, how long, and in what ways the Medicaid services that are listed in a person’s individual plan of service will be provided.

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

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

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

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

**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 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.

**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 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. Contact the [Customer Services Unit] for more information.

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

**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 abuse supports and services that are managed by the Pre-Paid Inpatient Health Plans.

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

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

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

[Note to PIHP: you may add additional information to this template]

## **Template #5: 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 \_\_\_\_\_. You will be given detailed information about grievance and appeal processes when you first start services and then again annually. You may ask for this information at any time by contacting the [Customer Services Office]. \*

### **Appeals**

You will be given notice when a decision is made that denies your request for services or reduces, suspends or terminates the services you already receive. You have the right to file an “appeal” when you do not agree with such a decision. There are two ways you can appeal these decisions. There are also time limits on when you can file an appeal once you receive a decision about your services.

You may:

Ask for a “Local Appeal” by contacting \_\_\_\_\_ at \_\_\_\_\_.  
and/or

You can ask at any time for a Medicaid Fair Hearing before an administrative law judge (a state appeal).

Your appeal will be completed quickly, and you will have the chance to provide information or have someone speak for you regarding the appeal. You may ask for assistance from [Customer Services] to file an appeal.

\*[Note to PIHPs: you may add detailed information about grievance and appeals to this template. In that case you may wish to modify this last sentence.]

## **Template #6: Language assistance and accommodations**

### **Language Assistance**

If you use a TTY, please contact [customer services] at the following TTY phone number: (number).

If you need a sign language interpreter, contact the [customer services office] at (number) as soon as possible so that one will be made available. Sign language interpreters are available at no cost to you.

If you do not speak English, contact the [customer services office] at (number) so that arrangements can be made for an interpreter for you. Language interpreters are available at no cost to you.

[Note to PIHP: you should add in the handbook any other language assistance they have available]

### **Accessibility and Accommodations**

In accordance with federal and state laws, all buildings and programs of the (PIHP name) 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 (PIHP name). If you need more information or if you have questions about accessibility or service/support animals, contact [customer services] at (phone number).

If you need to request an accommodation on behalf of yourself or a family member or a friend, you can contact [customer services] at (phone). 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.

[Note to PIHP: you may add additional information to this template. To accommodate multiple affiliates, CAs or provider networks, it is acceptable to format names and numbers in the most logical way]

### **Template #7: Payment for Services**

**If you are enrolled in Medicaid and meet the criteria for the specialty mental health and substance abuse services, the total cost of your authorized mental health or substance abuse treatment will be covered.**

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.

[Note to PIHP: you may add additional information to this template]

## **Template #8: 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 [name of PIHP] you would like to attend. You will also decide when and where the person-centered planning meetings will be held. Finally, you will decide what assistance you might need to help you participate in and understand the meetings.

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

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

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

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

### **Topics Covered during Person-Centered Planning**

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

#### **Psychiatric Advance Directive**

Adults have the right, under Michigan law, to 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.

### **Crisis Plan**

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

### **Self-determination**

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

[Note to PIHP: you may add additional information to this template]

**Template #9: Recipient Rights**

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

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

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

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

If you receive substance abuse services, you have rights protected by the Public Health Code. These rights will also be explained to you when you start services and then once again every year. You can find more information about your rights while getting substance abuse services in the “Know Your Rights” pamphlet.

You may contact 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 or Recipient Rights at: or Customer Services at:

\_\_\_\_\_.

**Freedom from Retaliation**

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

[Note to PIHP: you may add additional information to this template]

## **Template #10: Recovery & Resiliency**

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

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

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

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

[Note to PIHP: you may add additional information to this template]

## **Template #11: Service Array MENTAL HEALTH MEDICAID SPECIALTY SUPPORTS AND SERVICES DESCRIPTIONS**

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

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

During the person-centered planning process, you will be helped to figure out the medically necessary services 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 [www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf](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 abuse 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.

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

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

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

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

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

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

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

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

**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)** provide 24-hour intensive supervision, health and rehabilitative services and basic needs to persons with developmental disabilities. The state of Michigan has one ICF/MR called the Mt. Pleasant Center.

**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 individual's ability to do things in order to take care of themselves every day, and treatments to help increase these abilities.

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

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

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

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

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

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

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

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

**Substance Abuse Treatment Services (descriptions follow the mental health services)**

**Supports Coordination or Targeted Case Management:** A Supports Coordinator or Case Manager is a staff person who helps write an individual plan of service and makes sure 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.

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

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

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

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

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

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

**Specialty Services (for Children's Waiver enrollees)** are music, recreation, art, or massage therapies that may be provided to help reduce or manage the symptoms of a child's mental health condition or 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 Abuse treatment services listed below are covered by Medicaid. These services are available through [PIHP or SA Coordinating Agency]

**Access, Assessment and Referral (AAR)** determines the need for substance abuse 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 abuse outpatient treatment.

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

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

If you 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.

Note: **Home Help Program** is another service available to Medicaid beneficiaries who require in-home assistance with activities of daily living, and household chores. In order to learn more about this service, you may call the local Michigan Department of Human Services' number below or contact the [Customer Services Office] for assistance.  
[Name and phone number of the local MDHS]

### **Medicaid Health Plan Services**

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

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

Transportation to medical appointments  
Vision

If you 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 are not enrolled in a health plan or do not know the name of your health plan, you can contact the [Customer Services Office] for assistance.

[List of health plans and contact numbers]

### **Template #12: Service Authorization**

Services you request must be authorized or approved by [the PIHP or its designee]. That agency may approve all, some or none of your requests. You will receive notice of a decision within 14 calendar days after you have requested the service during person-centered planning, or within 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.

[Note to PIHP: you may add additional information to this template]

