



**DWMHA**

*Your Link to Integrated Healthcare*

**2018-2019  
MEMBER HANDBOOK**





## **Detroit Wayne Mental Health Authority**

707 W. Milwaukee St.  
Detroit, MI 48202-2943  
Phone: (313) 833-2500  
[www.dwmha.com](http://www.dwmha.com)

FAX: (313) 833-2156  
TDD: (800) 630-1044 RR/TDD: (888) 339-5588

Dear Members:

On behalf of our Board Members and staff, the Detroit Wayne Mental Health Authority thanks you for choosing to receive your behavioral health services from us and we are committed to becoming your premier community mental health provider. Our goal is to assure that the people we serve have “Inclusion and Choice” when it comes to your services and supports.

My pledge to you is that all DWMHA decisions will be made in your best interest. Our system of care will provide safeguards against stigma, promote delivery of care with integrity, dignity and respect. We are also very proud to offer care that is evidenced-based and data driven which enhances the outcomes of your recovery and maintains quality of services rooted in integration of care.

DWMHA is moving away from being a “funder of care” to being a “manager of care” and we want to help you in a “holistic” way by focusing on your health in five key areas: behavioral, physical, economic, social and spiritual. We are doing that by partnering with holistic providers who can assist you in many different areas of your life so you can live and work as a productive citizen in the community of your choice.

We want to partner with you on your healthcare journey. We look forward to your feedback, experiences, concerns, success and other issues that you feel are important. Our success in delivering you services is not determined by our satisfaction, but yours. We encourage you to participate in the satisfaction surveys that may be administered from time to time. We are committed to excellence and strive to deliver programs and care that exceed your expectations.

Please keep us posted on how we can work together in helping to improve the healthcare you receive.

Sincerely,

Willie E. Brooks, Jr.  
President and CEO

### Board of Directors

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DWMHA 24-Hour Access/Crisis Information and Referral Helpline

Toll Free: 800.241.4949 • TTY: 800.870.2599

[www.dwmha.com](http://www.dwmha.com)



*Dr. Cheryl Munday  
Chairperson*



*Dr. Iris Taylor  
Vice-Chairperson*

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*The Detroit Wayne Mental Health Authority is a safety net organization that provides access to a full array of services and supports to empower persons within the Detroit Wayne County behavioral health system.*



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Smitherman, Jr., MD*



*Dr. Cynthia Taueg*



*William T. Riley, III*

## THIS BOOK BELONGS TO...

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

In case of an emergency contact: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Provider Telephone: \_\_\_\_\_

Health Plan: \_\_\_\_\_

Health Plan Telephone: \_\_\_\_\_

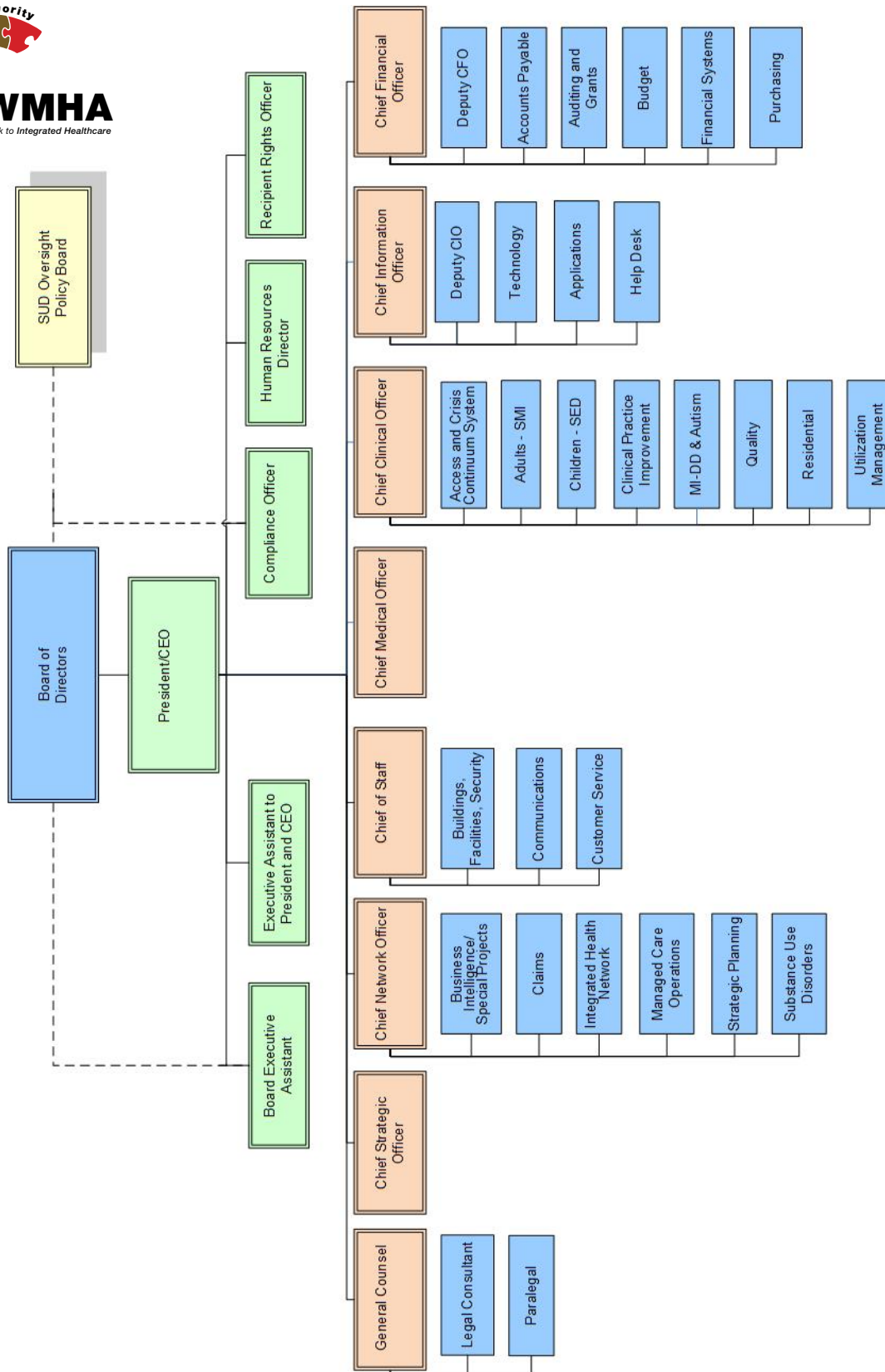
Care Coordinator Telephone: \_\_\_\_\_

Primary Care Provider: \_\_\_\_\_

Primary Care Provider Telephone: \_\_\_\_\_



# DETROIT WAYNE MENTAL HEALTH AUTHORITY ORGANIZATION CHART



## WHO WE ARE

DWMHA is the identified Prepaid Inpatient Health Plan, (PIHP) in Wayne County contracted with the Michigan Department of Health and Human Services (MDHHS) and Integrated Care Organizations (ICOs), to provide supports and services to the following populations:

- Children and adolescents with serious emotional disturbances (SED)
- Adults with severe mental illness (SMI)
- Individuals with intellectual and developmental disabilities (IDD)
- People with substance use disorders (SUD)
- Those with co-occurring disorders (COD)

Consistent with Michigan Law, DWMHA has a President/CEO who is responsible for implementing all the functions of a Community Mental Health Authority as mandated by the Michigan Mental Health Code and the Public Health Code.

DWMHA provides empowerment to people within our behavioral health system, serving over 80,000 citizens in Detroit and Wayne County. DWMHA provides and manages an array of supports, services, care and treatment that honors choice and advances the quality of life for adults with severe mental illness, individuals with intellectual and developmental disabilities, autism, persons with substance use disorders, children with serious emotional disturbance, individuals with co-occurring disorders, their families and the community. DWMHA helps people who are uninsured and those with Medicaid and Medicare.

DWMHA's contracted providers, administration and staff are committed to providing you with the best treatment and care allowed under your benefit plan. Once your eligibility is determined, DWMHA is obligated to help you achieve your health goals through an Individual Plan of Service (IPOS) and Person-Centered Plan (PCP). Utilizing these "tools of care" we are able to optimize your recovery. We will treat everyone with dignity and respect, never losing sight that behind the numbers are real people with real needs. We value diversity knowing that together we are better. We create an environment where our differences are celebrated and help to make us stronger.

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

## DWMHA's Mission, Vision, and Values

**Mission:** We are a safety net organization that provides access to a full array of services and supports to empower persons within the Detroit Wayne County behavioral health system.

**Vision:** To be recognized as a national leader that improves the behavioral and overall health status of the people in our community.

**Values:**

- ✚ We are a person-centered, family and community focused organization.
- ✚ We are an outcome, data driven and evidence-based organization.
- ✚ We respect the dignity and diversity of individuals, providers, staff and communities.
- ✚ We are culturally sensitive and competent.
- ✚ We are fiscally responsible and accountable with the highest standards of integrity.
- ✚ We achieve our mission and vision through partnerships and collaboration.

**Note:** If you see something that does not align with our mission, vision and values, call the DWMHA confidential compliance hotline at [313.833.3502](tel:313.833.3502).

Vision  
Mission  
& Values



## Table of Contents

Your Important Phone Numbers.....	9
Welcome.....	10
Purpose of this Handbook .....	11
Non-Discrimination and Accessibility .....	12
Member Rights and Responsibilities Statement .....	13
Mental Health Code Protected Recipient Rights.....	15
Confidentiality and Family Access to Information .....	16
Customer Service .....	18
Limited English Proficiency.....	19
Language Assistance .....	20
How to Access Behavioral Health Services .....	21
Non-Emergency Services .....	21
Crisis/Emergency After Hours Access to Service .....	22
Crisis Centers .....	23
Post-Stabilization Services .....	24
Intake Assessment Locations .....	25
Service Authorizations.....	27
Out of Network Services .....	27
Payment for Services.....	28
Claim and Billing Inquires.....	28
Reporting Fraud, Waste and Abuse.....	29
Service Array.....	29
Habilitation Supports Waiver (HSW).....	33
Children's Home and Community Based Services Waiver Program (CWP).....	36
Serious Emotional Disturbance Waiver (SEDW) .....	39
Flint Michigan Section 1115 Demonstration.....	41

## Table of Contents...continued

Michigan Medicaid Autism Benefit.....	40
Services for Persons with Substance Use Disorders.....	41
Complex Case Management .....	43
Person-Centered Planning .....	43
Peer Support .....	46
Drop-In Centers .....	47
Coordination of Care.....	48
Integrated Health Care Initiative for Detroit-Wayne County .....	48
Grievances .....	50
Appeals.....	50
MI Health Link Program.....	54
How To Link with DWMHA .....	56
Urgently Needed Care .....	56
MI Health Link Ombudsman .....	58
Glossary .....	59
Services Not Covered Under DWMHA .....	66
Medicaid Health Plans in Wayne County.....	67
Federally Qualified Health Centers (FQHCs).....	68
Family Support Subsidy (FSS) Program.....	70
Advocacy Groups .....	71
State Customer Service Hotline Numbers .....	74
Community Resources .....	75
DWMHA Values Your Input .....	77
Quality Improvement Program.....	77
DWMHA Anti-Stigma Campaign.....	78
Thank you.....	79

## WELCOME

The Detroit Wayne Mental Health Authority (DWMHA) recognizes that it takes an enormous amount of courage to seek help and commends you for your resiliency and spirit. We understand that the journey of recovery is an ongoing and sometimes challenging process for you, family members and friends.

We believe that each step towards wellness involves a community approach and that we are just one piece of that puzzle. As we move toward becoming your holistic provider of care, we want you to know that we will be there to guide you every step of the way.

DWMHA is pleased to welcome you, family members and those called upon to assist you with your behavioral health services available through DWMHA. You will find we are committed to providing quality behavioral health services to people of all ages and cultures. We pride ourselves on respecting your needs and protecting your rights as a member.

The Customer Service Unit is here to serve you. We want to help you understand the services and benefits in which you are entitled. The Access Center is available to assist with information on choice, opportunities, access to services, providers and community resources.

Because your satisfaction is important to us, a Customer Service Representative is available to assist you with the Grievance, Recipient Rights and Appeals processes. We also want to keep you informed. We routinely organize, coordinate, and/or support planned learning opportunities. Through DWMHA's educational and training forums we address a variety of topics that support recovery, self-determination, etc.

Please take the time to go through this handbook in its entirety and use it for future reference. You will find that it contains information about DWMHA, how to obtain behavioral healthcare covered services, and your rights as a member.



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DWMHA 24-Hour Access/Crisis Information and Referral Helpline

Toll Free: 800.241.4949 • TTY: 800.870.2599

[www.dwmha.com](http://www.dwmha.com)

## PURPOSE OF THIS HANDBOOK

This handbook was written to:

- Spread the word that there is **HOPE** for:
  - Children and adolescents with serious emotional disturbances (SED);
  - Adults with severe mental illness (SMI);
  - Individuals with intellectual and developmental disabilities (IDD);
  - Individuals with substance use disorders (SUD);
  - Individuals with Co-occurring disorders (COD);
  - Individuals with mild to moderate mental health conditions; and
  - Individuals with mild to moderate intellectual and developmental disabilities
- Help you understand who we are as your behavioral healthcare partner.
- Make it easier for you to know how to access public behavioral health care services.
- Help you to make good choices about your behavioral health care.
- Tell you about resources to help you live, learn, work and participate fully in the community.
- Tell you what your rights and responsibilities are when you are getting behavioral health care services and
- Be a companion to your Health Plan handbook.

As part of our goal to provide excellent service, this handbook is available in large print for those who need assistance or for those who are visually impaired. It may also be available in different languages and formats, including Braille. If you are in need of these special accommodations and/or assistance to help you better understand the information in this handbook, please let your service provider or case manager know. DWMHA's Customer Service is also available at 888.490.9698.

DWMHA creates this handbook with the input of our community, consumers, providers, and stakeholders. DWMHA updates this handbook at least annually. You should be given a copy of this handbook at the time of your intake appointment, annually and upon request. The latest version of this handbook is also available on our website, [www.dwmha.com](http://www.dwmha.com). You may also contact your provider or DWMHA Customer Service to request a copy of the Member Handbook.

Should you need more information than what you can find in this handbook, please contact DWMHA Customer Service at 888.490.9698. We will be happy to answer your questions and/ or mail information to you about your services. Again, welcome to DWMHA. We are here to serve you.

## DISCLAIMER

DWMHA makes every effort to ensure the accuracy of this Member Handbook. For the most current version, you may go to our website at [www.dwmha/handbook.com](http://www.dwmha/handbook.com). You should receive a copy of this handbook at the time of intake, annually and or upon request. You may also request a copy to be mailed to you or by email. If persons with disabilities are unable to access this handbook and information about DWMHA online, auxiliary aids and services will be provided upon request at no cost. To request a copy of this handbook call DWMHA's Customer Service Department at 888.490.9698 or TTY: 800.630.1044. You may also contact your provider to request a copy.

## Non-Discrimination and Accessibility

DWMHA complies with all applicable Federal civil rights laws . We does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

DWMHA provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, Braille)

We also provide free language services to people whose primary language is not English or have limited English skills, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, you may call the Customer Service Department at 888.490.9698 or TTY: 800.630.1044.

If you believe that DWMHA has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Customer Service Grievance staff at 707 W. Milwaukee St., Detroit, MI 48202, or 888.490.9698, Fax: 313.833.4280, Email: [pihpgrievances@dwmha.com](mailto:pihpgrievances@dwmha.com). If you are a person who is deaf or hard of hearing, you may contact DWMHA at TTY 800.630.1044 or MI Relay Service at 800.649.3777 or 711 to request assistance in connecting you to DWMHA. You can file a grievance in person or by mail, fax or email. If you need help in filing a grievance, please do not hesitate to contact the DWMHA Customer Service Department.

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

**U.S. Department of Health and Human Services**  
**200 Independence Avenue, SW**  
**Room 509F, HHH Building**  
**Washington, D.C. 20201**  
**Toll Free: 800.368.1019**  
**TTY: 800.537.7697**



## Member Rights and Responsibilities Statement

We are committed to maintaining a mutually respectful relationship with our members and providers. The DWMHA Members' Rights and Responsibilities statement is provided to assist you in understanding and exercising your rights while accessing behavioral health care services in Detroit-Wayne County. This statement helps to minimize potential misunderstandings and promote compliance with all applicable statutory and regulatory requirements. Understanding your rights and responsibilities will help you to make informed decisions about your healthcare. These include but are not limited to:

### You Have the Right To:

- ✚ Be provided with information about enrollee rights, responsibilities, and protections;
- ✚ Be treated with respect and recognition of your dignity and right to privacy;
- ✚ Be provided with information on the structure and operation of the Detroit Wayne Mental Health Authority (DWMHA);
- ✚ Receive information about DWMHA, its services, its practitioners and providers and rights and responsibilities;
- ✚ Be provided freedom of choice among network providers;
- ✚ A candid discussion of appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage and to freely communicate with your providers and without restriction on any information regarding care;
- ✚ Receive information on available treatment options;
- ✚ To participate in decisions regarding health care, the refusal of treatment and preferences for future treatment decisions;
- ✚ Be made aware of those services that are not covered and may involve cost sharing, if any;
- ✚ Request and receive an itemized statement for each covered service and support you received;
- ✚ Track the status of your claim in the claims process and obtain information over the telephone in one attempt or contact;
- ✚ Receive information on how to obtain benefits from out-of-network providers;
- ✚ Receive information on advance directives;
- ✚ Receive benefits, services and instructional materials in a manner that may be easily understood;
- ✚ Receive information that describes the availability of supports and services and how to access them;
- ✚ Receive information you request and help in the language or format of your choice;
- ✚ Receive interpreter services free-of-charge for non-English languages as needed;
- ✚ Be provided with written materials in alternative formats and information on how to obtain them if you are visually and/or are hearing impaired or have limited reading proficiency;
- ✚ Receive information within a reasonable time after enrollment;
- ✚ Be provided with information on services that are not covered on moral /religious basis;
- ✚ Receive information on how to access 911, emergency, and post-stabilization services as needed;
- ✚ Receive information on how to obtain referrals for specialty care and other benefits that is not provided by the primary care provider;
- ✚ Receive information on how and where to access benefits that are not covered under Detroit Wayne Mental Health Authority (DWMHA) Medicaid contract but may be available under the state health plan, including transportation;
- ✚ Receive information on the grievance, appeal and fair hearing processes;

- ✚ Voice complaints and request appeals regarding care and services provided;
- ✚ Be provided with timely written notice of any significant State and provider network-related changes;
- ✚ Make recommendations regarding the DWMHA member rights and responsibilities.

### **Your Responsibilities**

- To keep appointments as scheduled or phone in advance to cancel;
- To follow your treatment plan or ask for a review of your plan;
- To let your therapist know of any changes in your condition, including any side effects of medication;
- To seek help in times of crisis;
- To keep violence, drugs, abusive language and damaging behavior away from the treatment setting in respect for others;
- To be aware of program rules and abide by them;
- To be an active participant in your treatment;
- To ask questions if you do not understand;
- To share with staff, your experience of our services, what we do well, and what we could do better;
- To provide, to the best of your knowledge, accurate and complete information regarding your medical history, including: present and past illnesses, medications, hospitalizations, etc. to DWMHA and its practitioners and providers in order to provide care;
- To follow your treatment plan of care and instructions. The plan of care is to be agreed upon by you and your provider;
- To ask questions about your care. This will help you to understand your health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible.

### **DWMHA Responsibilities**

- To provide quality behavioral health services;
- To assess and evaluate behavioral health requests in a timely manner;
- To give you a choice of providers to the extent that is possible;
- To offer you a second opinion if you request one;
- To provide you with information about your behavioral health services and your rights;
- To provide you with a written Notice of Action, when advising you of termination, reduction, denial, suspension or limit the authorization of services that you have requested and/or have been receiving;
- To provide you with information about DWMHA operations organizational structure, annual reports, etc. upon request and to notify you annually that this information is available;
- To protect the rights of individuals receiving services;
- We are required by law to maintain the privacy and security of your personal health information;
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in the notice of Privacy Practices and give you a copy;
- You may ask for a Notice of Privacy Practices from where you receive services;

- We will not use or share your information other than as described in the Notice of Privacy Practices unless you tell us we can in writing;
- You can change your mind at any time about the sharing of information, but this request should be made in writing to ensure it is documented in your request.

**Note:** All DWMHA staff, the Access Center, and Service Provider employees shall acknowledge, uphold and demonstrate knowledge of the above enrollee rights and responsibilities.

### **Mental Health Code Protected Recipient Rights**

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

- The right to be free from abuse and neglect
- The right to confidentiality
- The right to be treated with dignity and respect
- The right to treatment suited to your condition and in the least restrictive setting
- The right to a safe, sanitary, and humane treatment environment

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 once again every year. You can also ask for a copy at any time.

You may file a Recipient Rights complaint anytime if you think staff has violated your rights. You can make a rights complaint either orally or in writing. You may contact DWMHA Office of Recipient Rights to talk with a Recipient Rights Officer with any questions you may have about your rights or to get help to make a complaint.

**Office of Recipient Rights**  
**Toll Free: at 888.359.5595**  
**TTY: 888.339.5588**

If you receive substance use services, you have rights protected by the Public Health Code. Your rights specific to substance use treatment services are spelled out in the Administrative Rules for Substance Use Programs in Michigan, and in other state and federal laws. We are dedicated to providing you with quality services. We also believe that as someone who is receiving services from our program, you should know your rights. You may ask your treatment provider for a copy of the **"Know Your Rights"** pamphlet or call DWMHA Customer Service at 888.490.9698.

If you receive substance use services, you have the rights related to confidentiality specific to substance use services. If you are a recipient of substance use services and believe that your rights have been violated, please contact:

**Judy Davis, MA,CADC**  
**Recipient Rights Consultant**  
**Local: 313.344.9099**



## Freedom from Retaliation

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

## Confidentiality and Family Access to Information

You have the right to have information about your behavioral health treatment kept private. You also have the right to look at your own clinical record and add a formal statement about them if there is something with which you do not agree. Generally, information about you can only be given to others with your permission. However, there are times when your information is shared to coordinate your treatment or when it is required by law.

Family members have the right to provide information to DWMHA about you. However, without a Release of Information form signed by you, the DWMHA may not give out information about you to a family member. For minor children under the age of 18 years, parents/guardians are provided information about their child and must sign a Release of Information form before information can be shared with others.

Under the Health Insurance Portability and Accountability Act (HIPAA), you will be provided with an official Notice of Privacy Practices from your community mental health 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 Office of Recipient Rights at the phone number below:

**Kip Kliber**  
**Director of the Office of Recipient Rights**  
**707 W. Milwaukee St.**  
**Detroit, MI 48202**  
**Toll Free: 888.339.5595**  
**TTY: 888.339.5588**

## We must protect your Personal Health Information

We protect your Personal Health Information (PHI) as required by federal and state laws.

- Your PHI includes the information you gave us when you enrolled in this plan. It also includes medical records and other medical and health information.
- You have rights to get information and to control how your health information is used. We give you a written notice that tells about these rights. The notice is called the "Notice of Privacy Practice." This notice also explains how we protect the privacy of your health information.

## How we protect your health information

- We make sure that unauthorized people do not see or change your records.

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DWMHA 24-Hour Access/Crisis Information and Referral Helpline

Toll Free: 800.241.4949 • TTY: 800.870.2599

[www.dwmha.com](http://www.dwmha.com)

- In most situations, we do not give your health information to anyone who is not providing your care or paying for your care. If we do, we are required to get written permission from you first. Written permission can be given by you or by someone who has the legal power to make decisions for you.
- There are certain cases when we do not have to get your written permission first. These exceptions are allowed or required by law.
- We are required to release health information to monitoring agencies that are checking on your quality of care.
- We are required to give Medicare, Medicare Contractors (ICOs), and Michigan Medicaid your health information. If Medicare or Michigan Medicaid releases your information for research or other uses, it will be done according to federal and state laws.

### **Our Uses and Disclosures**

We may use and share your information as we:

- Help manage the healthcare treatment you receive
- Run our organization
- Pay for your health services
- Administer your health-plan
- Help with public health and safety issues
- Do research that does not identify you individually
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other governmental requests
- Respond to lawsuits and legal actions

## Customer Service

The DWMHA's Customer Service office is here to serve you. We want to help you to understand the services and benefits in which you are entitled. The Access Center is available to assist you with information on choice, opportunities, access to services, providers and community resources.



Because your satisfaction is important to us, a Customer Service Representative is available to assist you with the Grievance, Appeals, Medicaid Fair Hearings, Local Dispute Resolution process and Recipient Rights.

Customer Service also wants to keep you informed. We routinely organize, coordinate, and/or support planned learning opportunities. Through the DWMHA's Consumer Meetings, educational and training forums are provided on topics that support recovery and self-determination.

Our Member Newsletter, "Persons Points of View" and educational materials are also provided by the DWMHA. Customer Service can help you learn more about your services and behavioral health issues. These educational materials may be made available in alternative languages at no additional cost to you.

As a person receiving services or family member, there are ways in which you may become involved at the DWMHA. Give Customer Service a call and we can give you details on Peer Support Specialists, Peer Mentors, and Recovery Coaches, meetings, committees, advocacy programs, education forums and focus groups. We need your input, so give us a call.

**Michele Vasconcellos**  
**Director of Customer Service**  
707 West Milwaukee St.  
Detroit, MI 48202  
Local: 313.833.3232  
Toll Free: 888.490.9698  
TTY: 800.630.1044

**Centralized Access Center**  
**24-Hour Crisis Information and Referral Helpline**  
Toll Free: 800.241.4949  
TTY: 866.870.2599



## Limited English Proficiency (LEP)

You have the right to get this information in a different format, such as audio, Braille, or large font due to special needs or in your language at no additional cost. **If you don't speak English, language assistance services are available to you, free of charge. Call 888.490.9698 (TTY: 711)**

- Albanian:** Nëse ju nuk flisni anglisht, shërbimi i ndihmës së gjuhës është në dispozicion për ju, falas. Thërrisni 888.490.9698 (TTY: 711)
- Arabic:** إذا كنت لا تتحدث الإنجليزية ، فإن خدمات المساعدة اللغوية متوفرة لك مجاناً. اتصل على الرقم 888.490.9698 على الرقلم 771 (الهاتف النصي)
- Bengali:** আপনি যদি ইংরেজিতে কথা বলেন না, তবে বিনামূল্যে দোভাষীর সেবার সহায়তা আপনার জন্য রাখা আছে। কল করুন 888.490.9698 (TTY: 711)
- Chinese:** 如果您不讲英语, 可为您提供免费的语言帮助服务。拨打888.490.9698 (电传打字机: 711)
- German:** Wenn Sie kein Englisch sprechen, stehen Ihnen Sprachassistentendienste kostenlos zur Verfügung. Rufen Sie 888.490.9698 (TTY: 711) an.
- Italian:** Se non parli l'inglese, è disponibile un servizio di assistenza linguistica, senza costi aggiuntivi. Chiama il 888.490.9698 (TTY: 711).
- Japanese:** 英語ができなくても言語アシストがあります。サービスは無料で利用できます。888.490.9698までお電話ください(TTY:711)
- Korean:** 영어를 하지 못 하신다면, 무료 언어 지원 서비스가 가능합니다. 888.490.9698 (TTY: 711)로 전화하세요.
- Polish:** Jeśli nie znasz języka angielskiego, możesz otrzymać bezpłatne wsparcie językowe. Zadzwoń pod numer 888-490-9698 (telefon tekstowy: 711)
- Russian:** Если Вы не говорите по-английски, Вы можете воспользоваться бесплатными услугами переводчика. Позвоните по номеру 888.490.9698 (TTY: 711)
- Serbo-Croatian:** Ukoliko ne govorite engleski jezik, na raspolaganju Vam je besplatna jezična pomoć. Nazovite 888.490.9698 (TTY: 711)
- Spanish:** Si no habla inglés, los servicios de asistencia para su idioma están disponibles para usted de forma gratuita. Llame al 888.490.9698 (TTY: 711)
- Syriac:** ܐܘܨܬܘܣܬܐܘܩܝܢܐ ܗܘܐ ܠܥܘܠܡܐ ܨܘܠܬܐܘܩܝܢܐ ܡܫܠܡܐ , ܗܝܬ ܘܥܝܢܐ ܠܗܝܠܘܟܠܐ ܥܘܠܡܐ ܨܘܠܬܐܘܩܝܢܐ , ܗܝܬ ܘܥܝܢܐ ܠܗܝܠܘܟܠܐ ܥܘܠܡܐ ܨܘܠܬܐܘܩܝܢܐ (TTY: 711) 888.490.9698
- Tagalog:** Kung hindi ka nakakapagsalita ng English, mayroong serbisyong tulong sa wika para sa iyo, nang walang bayad. Tumawag sa 888.490.9698 (TTY: 711)
- Vietnamese:** Nếu bạn không sử dụng tiếng Anh, trợ lý ngôn ngữ sẽ giúp đỡ bạn, dịch vụ này miễn phí. Gọi số 888.490.9698 (TTY: 711)

## Language Assistance and Accommodations



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

If you are a person who is deaf or hard of hearing, you can utilize the Michigan Relay Center (MRC) to reach DWMHA or service provider. Please call 711 and ask MRC to connect you to the number you are trying to reach. If you prefer to use a TTY, please contact DWMHA Customer Services at the following TTY phone number at 800.630.1044.

If you need a sign language interpreter or if you do not speak English, contact the DWMHA Customer Service Office. You may contact Customer Service at 888.490.9698 so that arrangements can be made for an interpreter for you. Sign language and other language interpreters are available at no cost to you.

Services and supports for individuals that need language assistance may include:

- Qualified interpreters or access to video remote interpreting
- Open and closed captioning
- Computer-Aide Real-Time Transcription services (CART)
- Telecommunications devices for deaf persons
- Qualified readers, note takers or audio recording devices
- Screenwriter software, large print, Brailled materials or other materials to individuals who are blind or have low vision

If you need an accommodation of any nature, a request can be made by you or anyone else on your behalf. This request can be done in person, or in writing or by telephone, by contacting DWMHA Customer Service Unit at 888.490.9698 or the Access Center at 800.241.4949. You may also receive assistance with your accommodation request at no cost to you.

## Accessibility and Accommodations

In accordance with federal and state laws, all buildings and programs of the DWMHA are required to be physically accessible to individuals with all qualifying disabilities. Any individual who receives emotional, visual, or mobility support from a qualified/trained and identified service animal such as a dog will be given access, along with the service animal, to all buildings and programs of the DWMHA. If you need more information or if you have questions about accessibility or service/support animals, contact Customer Service at 888.490.9698.

If you need more information or if you have questions about accessibility or service/support animals, you may also contact your provider or the Access Center.

## How to Access Behavioral Health Care Services

If you are a Medicaid beneficiary and have an SMI, SED, IDD, SUD, or COD diagnosis, you may be eligible for some of the Mental Health Medicaid Specialty Supports and Services listed below. Before services can begin, you will take part in an assessment to find out if you are eligible for services. The assessment also helps to identify the services that can best meet your needs. DWMHA will provide information on obtaining care, which includes but is not limited to: outpatient, partial, inpatient hospitalization and other behavioral healthcare services. It is important to let you know that not all people who seek behavioral services through DWMHA are eligible and not all services are available to everyone we serve. If a service cannot help you, the community mental health system will not pay for it. Medicaid will not pay for services that are otherwise available to you from resources in the community.

Depending on your behavioral healthcare needs, your relationship with DWMHA may be a new experience. If you need our services, you may contact the Access Center to complete a telephone screening 24 hours a day, 7 days a week to complete an eligibility screening. Upon completion of the screening and you meet the eligibility requirements, you may be given a referral to receive an initial face-to-face assessment through a service provider. If you do not meet requirements to receive public behavioral health care services, you may be given a referral to community resources.

If you meet the eligibility requirements for services, you can expect the following:

- You will be assigned a Case Manager and/or a Care Coordinator who will work with you to create an Individual Plan of Service (IPOS) or treatment plan based on your health needs and goals.
  - To meet these goals, you will be connected to the supports and services you need.
  - Your IPOS or treatment plan will be reviewed and updated at least annually.
- You will continue to receive services as long as you are eligible and reside in the Wayne County service area.

DWMHA strives to ensure that warmth, welcoming, and wellness are the foundations for our individualized, person-centered, peer supported and strength-based approach to those we serve, your family, and our community.

The DWMHA Access Center is available to assist you with:

Access to Services  
Clinical Screenings for Eligibility  
Choice Opportunities

Appointment Scheduling  
Enrollment  
Information and Referral

## Non-Emergency Services

Through the DWMHA's contractual agreement with the Michigan Department of Health and Human Services, we provide a comprehensive array of behavioral health specialty and support services for those with mental illness, intellectual developmental disabilities, serious emotional disturbances, substance use disorders and co-occurring disorders.

DWMHA offers a culturally diverse network of community behavioral health care programs to provide behavioral health care services. We do our best to match you with a service location close to your residence. If you need to change your provider, you can contact your case worker or supports coordinator. You may also contact the new provider to initiate the change process.

DWMHA is committed to providing access to culturally competent behavioral health care and supports for people of all races, ethnic backgrounds, religions and gender identities and to those who have disabilities. We recognize, respect and respond to the needs and preferences of each member, value each individual's worth, and protect and preserve each individual's dignity. In the event that you cannot obtain services from a DWMHA's provider or referral for service because of moral or religious objections, or you experience restrictions on your freedom of choice, you may file a grievance by calling DWMHA's Customer Service Grievance staff at 888.490.9698 or TTY: 800.630.1044.

DWMHA provides services in collaboration with 120 providers and a Centralized Access Center.



### **Crisis/Emergency After-Hours Access to Services**

If you are experiencing a life-threatening or medical emergency and are unable to transport yourself to an emergency room, call 9-1-1 right away. A "mental health emergency" is when a person is experiencing the following symptoms and behaviors:

- a reasonable expectation that he/she could harm self or others
- the inability to meet his/her basic needs or is at risk of harm; or
- judgment is so impaired that he or she is unable to understand the need for treatment and that his/her condition is expected to result in harm to him/herself or another individual in the near future.

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

If you have a behavioral health emergency, you should seek help right away. You have the right to use any hospital or other setting for emergency care. At any time during the day or night you may also call:

#### **24-Hour Crisis Information & Referral Help Line**

**Local: 313.224.7000**

**Toll Free: 800.241.4949**

**TTY: 866.870.2599**

**(911 is also an option for obtaining assistance during an emergency)**

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

The 24-Hour Crisis/Information & Referral Line provides crisis intervention, suicide prevention, behavioral health information and referrals for services throughout Wayne County. You can be screened for emergency services at the following locations:

### Crisis Centers

<b>Children &amp; Adolescents</b>	<b>Adults</b>
<b>The Guidance Center</b> 26300 W. Outer Drive Lincoln Park, MI 48146 313.388.4630 <b>24 Hours/Day: 7 Days/week: 365 Days/Year</b>	<b>Community Outreach for                      Psychiatric Emergencies (C.O.P.E.)</b> (For Emergency Departments Only) 33505 Schoolcraft Livonia, MI 48150 844.296.2673 <b>24 Hours/Day: 7 Days/week: 365 Days/Year</b>
<b>The Children Center Crisis Care</b> 90 Selden Detroit, MI 48201 313.324.8557 <b>8 A.M.-12 A.M. (Midnight) (Monday-Friday)</b> <b>8 a.m. to 4 p.m. (Saturday)</b>	
<b>New Oakland Child/Adolescent Family Center                      Mobile Crisis Stabilization</b> 32961 Middlebelt Road Farmington Hills, MI 48334 877.800.1650 <b>24 Hours/Day: 7 Days/week: 365 Days/Year</b>	

### Post-Stabilization Services

After you receive emergency behavioral health care and your condition is under control, you should promptly receive follow up care with your behavioral health provider to make sure your condition continues to stabilize and improve. Prior to the end of your emergency-level care, DWMHA will help you to coordinate your post-stabilization services. Please contact DWMHA regarding services and assistance. Prior authorization may be required for some post-stabilization services.

Examples of post-stabilization services are:

- Crisis Residential
- Case Management
- Outpatient Therapy
- Medication Reviews



## Continuum of Care

Now that your condition has been stabilized, you must follow-up with a provider associated with DWMHA. If you are not already enrolled with DWMHA, you may contact the Access Center to speak with a representative who will explain the enrollment process. A representative can be reached 24 hours a day, 7 days a week at 800.241.4949.

### Intake Assessment Locations

#### Intake Key:

**SMI/A:** Serious Mental Illness/Adult

**IDD:** Intellectual and Developmental Disability

**SED/C:** Serious Emotional Disturbance/Children

**SUD:** Substance Use Disorder

<p>All Well-Being Services (IDD) 4401 Conner Detroit, MI 48215 313.273.4111 TTY: 313.921.9474 or 877.377.6162 <a href="http://www.awbs.org">www.awbs.org</a></p>	<p>All Well-Being Services (IDD) (SUD) (SMI/A) 1413 Field Detroit, MI 48214 313.347.2070 TTY: 313.921.9474 877.377.6162 <a href="http://www.awbs.org">www.awbs.org</a></p>	<p>All Well-Being Services (IDD) (SMI/A) 6700 Middlebelt Road Romulus, MI 48174 734.595.3640 TTY: 313.921.9474 877.377.6162 <a href="http://www.awbs.org">www.awbs.org</a></p>
<p>Arab American &amp; Chaldean Council (MI/A) (SED/C) 62 W. Seven Mile Road Detroit, MI 48203 313.893.6172 TTY: 800.649.3777 <a href="http://www.myacc.org">www.myacc.org</a></p>	<p>Arab American &amp; Chaldean Council (MI/A) (SED/C) 13840 W. Warren Dearborn, MI 48228 313.581.7287 TTY: 800.649.3777 <a href="http://www.myacc.org">www.myacc.org</a></p>	<p>The Children's Center (SMI/A) (SED/C) 79 West Alexander Detroit, MI 48201 313.831.5535 313.831.5520 <a href="http://www.thechildrencenter.com">www.thechildrencenter.com</a></p>
<p>Central City Integrated Health (SMI/A) 10 Peterboro St. Detroit, MI 48201 313.831.3160 TTY: 888.339.5588 <a href="http://www.centrailcityhealth.com">www.centrailcityhealth.com</a></p>	<p>Community Care Services (SMI/A) (SED/C) 26184 West Outer Drive Lincoln Park, MI 48146 313.389.7500 <a href="http://www.comcareserv.org">www.comcareserv.org</a></p>	<p>Community Care Services (SMI/A) 26650 Eureka Road Suite A Taylor, MI 48180 734.955.3550 <a href="http://www.comcareserv.org">www.comcareserv.org</a></p>
<p>Community Living Services (IDD) Town Square Plaza 35425 Michigan Avenue West Wayne, MI 48184 734.467.7600 TTY: 866.469.7600 <a href="http://www.comlivserv.org">www.comlivserv.org</a></p>	<p>Development Centers (SMI/A) (SED/A) 24424 W. McNichols Detroit, MI 48219 313.531.2500 <a href="http://www.develctrs.org">www.develctrs.org</a></p>	<p>Development Centers (SMI/A) (SED/C) 17141 Ryan Road Detroit, MI 48212 313.733.4860 <a href="http://www.develctrs.org">www.develctrs.org</a></p>
<p>Development Centers (SED/C) 17321 Telegraph Road Detroit, MI 48219 313.531.2500 <a href="http://www.develctrs.org">www.develctrs.org</a></p>	<p>Goodwill Industries (SMI/A) (IDD) 3111 Grand River Avenue Detroit, MI 48208 313.964.3900 <a href="http://www.goodwilldetroit.org">www.goodwilldetroit.org</a></p>	<p>Goodwill Industries (SMI/A)(IDD) 1401 Ash Detroit, MI 48201 313.931.0901 <a href="http://www.goodwilldetroit.org">www.goodwilldetroit.org</a></p>

DWMHA 24-Hour Access/Crisis Information and Referral Helpline

Toll Free: 800.241.4949 • TTY: 800.870.2599

[www.dwmha.com](http://www.dwmha.com)

<p>The Guidance Center (SMI/A) (SED/C) (IDD) 13101 Allen Road Southgate, MI 48195 734.785.7700 TTY: 313.656.2587 <a href="http://www.guidance-center.org">www.guidance-center.org</a></p>	<p>The Guidance Center (Private Ins.) (SMI/A) (SED/C) (IDD) 19275 Northline Road Southgate, MI 48195 734.785.7700 <a href="http://www.guidance-center.org">www.guidance-center.org</a></p>	<p>Hegira Programs (SED/C)(IDD)(SUD)(SMI/A) 8623 North Wayne Road Suites 123 &amp; 104 Westland, MI 48185 734.742.0191 <a href="http://www.hegira.net">www.hegira.net</a></p>
<p>Hegira Programs (SMI/A) (SUD) (SED/C) Livonia Counseling Center 37450 Schoolcraft Suite 170 Livonia, MI 48150 734.744.0170 <a href="http://www.livoniacounselingcenter.net">www.livoniacounselingcenter.net</a></p>	<p>Hegira Programs (SMI/A) (SUD) Oakdale Recovery Center 43825 Michigan Avenue, Suite 1 Canton, MI 48188 734.397.3088 <a href="http://www.oakdalerecoverycenter.net">www.oakdalerecoverycenter.net</a></p>	<p>Lincoln Behavioral Services (SMI/A) (SED/C) 9315 Telegraph Road Redford, MI 48239 313.450.4500 Adults 313.937.9500 Children <a href="http://www.lbscares.com">www.lbscares.com</a></p>
<p>Lincoln Behavioral Services (SMI/A) 14500 Sheldon Road, Suite 160-B Plymouth, MI 48170 734.459.5590 <a href="http://www.lbscares.com">www.lbscares.com</a></p>	<p>MORC of Wayne County (IDD) 19805 Farmington Road Livonia, MI 48152 248.536.5085 or 866.986.2240 TTY: 248.276.8009 <a href="http://www.morcinc.org">www.morcinc.org</a></p>	<p>Neighborhood Service Organization (SMI/A) (IDD) 882 Oakman Blvd., Suite D Detroit, MI 48238 313.961.7990 or 313.961.4890 TTY: 313.656.2587 <a href="http://www.nso-mi.org">www.nso-mi.org</a></p>
<p>Northeast Guidance Center (SMI/A) 2900 Conner, Building A Detroit, MI 48213 313.308.1400 Access Line: 877.242.4140 <a href="http://www.neguidance.org">www.neguidance.org</a></p>	<p>Northeast Guidance Center (SMI/A) 12800 E. Warren Avenue Detroit, MI 48215 313.824.8000 Access Line: 877.242.4140 <a href="http://www.neguidance.org">www.neguidance.org</a></p>	<p>Northeast Guidance Center (SMI/A) (SED/C) 20303 Kelly Rd. Detroit, MI 48225 313.245.7000 Access Line: 877.242.4140 <a href="http://www.neguidance.org">www.neguidance.org</a></p>
<p>NSO/Life Choices Program (IDD) 8600 Woodward Avenue Detroit, MI 48202 313.875.7601 TTY: 313.656.2587 <a href="http://www.nso-mi.org">www.nso-mi.org</a></p>	<p>Psygenics, Inc. (IDD) 11000 West McNichols, Suite 320 Detroit, MI 48221 313.340.4442 <a href="http://www.psygenics.com">www.psygenics.com</a></p>	<p>Southwest Counseling Solutions (SMI/A) (IDD) 1700 Waterman Detroit, MI 48209 313.841.7474 TTY: 313.656.2587 <a href="http://www.swsol.org">www.swsol.org</a></p>
<p>Southwest Counseling Solutions Family Center (IDD/C) 5716 Michigan Avenue Detroit, MI 48210 313.963.2266 TTY: 313.656.2587 <a href="http://www.swsol.org">www.swsol.org</a></p>	<p>Spectrum Community Services (IDD) 28303 Joy Road Westland, MI 48185 734.458.8736 <a href="http://www.spectrum.org">www.spectrum.org</a></p>	<p>Starfish Behavioral Health Services (IDD) (SED/C) 18316 Middlebelt Road Livonia, MI 48152 Tel: 248.615.9730 TTY: 800.649.3777 <a href="http://www.starfishfamilyservices.org">www.starfishfamilyservices.org</a></p>
<p>Starfish Family Services/Lifespan (IDD) (SED/C) 35300 Nankin Blvd. Suite 601 Westland, MI 48185 734.261.1842 TTY: 800.649.3777 <a href="http://www.starfishfamilyservices.org">www.starfishfamilyservices.org</a></p>	<p>Starfish Behavioral Health Services (IDD) (SED/C) 2700 Hamlin Drive Ste. B Inkster, MI 48141 Tel: 734.713.9500 TTY: 800.649.3777 <a href="http://www.starfishfamilyservices.org">www.starfishfamilyservices.org</a></p>	<p>STEP (Services to Enhance Potential) (SMI/A) (IDD) 15431 Dix-Toledo Road Southgate, MI 48195 734.718.0483 TTY: 800.649.3777 <a href="http://www.infor@stepcentral.org">www.infor@stepcentral.org</a></p>

<p><b>STEP (Services to Enhance Potential) (SMI/A) (IDD)</b>  2941 South Gully Road  Dearborn, MI 48124  734.718.0483  TTY: 800.649.3777  <a href="http://www.infor@stepcentral.org">www.infor@stepcentral.org</a></p>	<p><b>Team Wellness Center (SMI/A) (IDD) (SED/C) (SUD)</b>  2939 Russell Street  Detroit, MI 48207  313.396.5300  TTY: 313.396.4270  <a href="http://www.teamwellnesscenter.com">www.teamwellnesscenter.com</a></p>	<p><b>Team Wellness Center (SMI/A) (SED/C)</b>  14799 Dix-Toledo  Southgate, MI 48195  734.324.8326  TTY: 313.396.4270  <a href="http://www.teamwellnesscenter.com">www.teamwellnesscenter.com</a></p>
<p><b>Team Wellness Center-East (SMI/A) (IDD) (SED/C) (SUD)</b>  3626 Mt. Elliott  Detroit, MI 48207  313.396.5300  <a href="http://www.teamwellnesscenter.com">www.teamwellnesscenter.com</a></p>	<p><b>Team Wellness Center-East (SMI/A) (IDD) (SED/C) (SUD)</b>  6309 Mack Ave.  Detroit, MI 48207  313.396.5300  <a href="http://www.teamwellnesscenter.com">www.teamwellnesscenter.com</a></p>	<p><b>University Psychiatric Group (SMI/A) (SUD)</b>  3901 Chrysler Drive  Detroit, MI 48201  313.577.1396  313.993.3964 (SUD)  <a href="http://www.med.wayne.edu/psychiatry">www.med.wayne.edu/psychiatry</a></p>
<p><b>University Psychiatric Group (SMI/A) (SED/C)</b>  16836 Newburg Road  Livonia, MI 48154  734.464.4220  <a href="http://www.med.wayne.edu/psychiatry">www.med.wayne.edu/psychiatry</a></p>	<p><b>Wayne Center (IDD)</b>  100 River Place Drive,  Suite 250  Detroit, MI 48207  313.871.2337  TTY: 313.871.6776  <a href="http://www.waynecenter.org">www.waynecenter.org</a></p>	

**Note:** There are other locations for the **STEP** program available

### Out-Of-Network Services

When you make a request to receive services outside of DWMHA's provider network or require a service that is not available in our provider network, you must contact Utilization Management (UM) staff. They will assist with determining if the requested services meet the necessary criteria. If it does, they will locate and authorize the referral for services. This will be at no cost to you.

However, if you need a referral, but the service is not within the scope of service, we can authorize the service. The UM staff shall facilitate the referral and follow up with you to determine the outcome of the referral. Prior authorization is needed for out-of-network services.

### Service Authorizations

Services you request must be authorized or approved by DWMHA. We 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 seventy-two hours if the request requires a quick decision.

Any decision that denies a service you request or denies the amount, scope or duration of the service that you request will be made by a health care professional who has appropriate clinical expertise in treating your condition. Authorizations are made according to medical necessity. If you do not agree with a decision that denies, reduces, suspends or terminates a service, you may file an appeal.

If you have questions about the authorization process or how an authorization decision is made, you may contact the Customer Service Department. You can request a copy of the medical necessity criteria

criteria in relation to a specific requested service by contacting us at 888.490.9698 and this will be provided free of charge.

DWMHA, Crisis Service vendors and the Access Center practitioners and employees who make UM decisions understand the importance of ensuring that all people receive clinically appropriate, humane and compassionate services of the same quality that one would expect for their child, parent or spouse by affirming the following:

- ✚ UM decision-making is based only on appropriateness of care, service, and existence of coverage.
- ✚ DWMHA, The Access Center, and Crisis Service Vendors do not reward practitioners or other individuals for issuing denials of coverage or service care.
- ✚ No Physicians nor any other staff making UM decisions are rewarded for issuing denials of coverage or service or reducing the provision of care which is deemed medically necessary.
- ✚ Practitioners may freely communicate with patients about their treatment, regardless of benefit coverage limitations.

### 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 at no cost to you. If you are a **Medicaid beneficiary with a deductible (“spend-down”)**, as determined by the Michigan Department of Health and Human Services (MDHHS), you may be responsible for the cost of a portion of your services.

At the time of your first visit with your provider, you will meet with a staff person who will review the financial and insurance information that you have been asked to bring with you. This information will help to establish your ability to pay (ATP) for services.

If you lose your Medicaid coverage, DWMHA or your service provider may need to re-evaluate your eligibility for services. A different set of criteria may be applied to services that are covered by another funding source such as General Fund, Block Grant, or a third-party payer.

In some instances, our services may also include a co-pay or cost sharing arrangement depending upon your insurance coverage. We will give you information about any possible cost-sharing for mental health or substance use disorder services during the intake process.

If you are uninsured or do not have enough insurance coverage, we will help you apply for Medicaid through your local DHS office. If you need help with the application, please call DWMHA Customer Service office at 888.490.9698; we will assist you and/or link you to someone that can help you. You can also get help at your local DHS. If you are denied Medicaid DHS have an appeal process that you will be asked to follow. Please contact Customer Service if you have any questions.

## Claim and Billing Inquiries

If you are enrolled in Medicaid and meet criteria for behavioral health services, all approved services are provided at no cost to you. It is not likely that you will receive a bill for behavioral health care services for which you are eligible. For claims inquiries and billing issues, you may contact DWMHA's Customer Service unit at 888.490.9698 or TTY 800.630.1044. Representatives are available to answer your questions Monday through Friday from 8:00am to 4:30pm.

You can track the status of your claim in the claims process and obtain the following information over the phone in one attempt or contact. Information you could be able to obtain would include:

- The stage in the process
- The amount paid
- The amount approved
- Your cost
- The date it was paid

## Reporting Fraud, Waste, and Abuse

If you suspect fraud, waste or abuse within the DWMHA's behavioral healthcare system, you are encouraged to report it to DWMHA to be investigated. Your actions may help to improve the quality of the healthcare system and decrease the cost for our members, business partners, and customers. You do not need to identify yourself. Examples of health care Fraud include but are not limited to the following:

- Receiving bills for health care services you never received;
- Individuals loaning their health insurance ID card to others for the purpose of receiving health care services or prescription drugs;
- Being asked to provide health care information that is not true

To report suspected fraud, waste and abuse, you may do so by either calling the Compliance Hotline at 313.833.3502 or by E-mail: [bhooper@dwmha.com](mailto:bhooper@dwmha.com). All information received by the Compliance Officer will be treated as confidential.



## Service Array

### Medicaid Specialty Supports and Service Descriptions

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

Services listed below.

Before services can begin, 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 Agency 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 PCP, 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). Customer Service staff can help you access the manual and/or information from it.

**Access, Assessment & Referral-** helps to determine the need for substance use services and getting the individual to the right service provider.

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

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

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

**Behavior Treatment Plan-** 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 treatment 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.

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

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

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

**Community Living Supports (CLS)-** are activities provided by paid staff that help adults with either serious

mental illness or 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 disturbances).

**Crisis Interventions-** are unscheduled individual or group services aimed at reducing or eliminating unexpected events affecting behavioral health and well-being

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

**Enhanced Outpatient Program (EOP)-** offers a program for individuals that need behavioral health therapy more than once per week but does not require an intensive outpatient program.

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

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

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

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

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

**Home Help Therapy-** offers a program for individuals that need contact more than once per week but do not require an intensive out-patient program, sometimes entailing group sessions.

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

**Home Help Therapy-** using supports to aid in treatment of individuals to help them and their families deal with, and in some cases, recovery from mental illness.

**Housing Assistance-** is assistance with short-term, transitional, or one- time only expenses in your own home that your resources and other community resources could not cover.

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

**Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)-** provide 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-** the evaluation and monitoring of medicines used to treat a person's behavioral health condition, their effects, and the need for continuing or changing their medicines.

**Methadone & LAAM Treatment-** treatment program administered to opiate-dependent individuals to lessen the feeling of drug dependency.

**Michigan Medicaid Provider Manual** - contains complete definitions of the available services as well as eligibility criteria and provider qualifications. The Manual may be accessed at:

[www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProvidermanual.pdf](http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProvidermanual.pdf) Customer Service staff can help you to access the manual and/or information.

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

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

**\*Occupational Therapy-** includes the evaluation by an occupational therapist of an individual's ability to do things in order to take care of themselves every day, and treatments to help increase these abilities.

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

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

**Personal Care in Specialized Residential Settings-** 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 behavioral health system.

**Respite Care Services-** provide short-term relief to the unpaid primary caregivers of people eligible for



specialty services. Respite provides temporary alternative care, either in the family home, or in another community setting chosen by the family.

**Services for Persons with Substance Use Disorders-** a variety of preventions and supportive services enabling individuals to lessen their substance use dependency, located at behavioral health and rehabilitation centers and other community settings.

**Skill-Building Assistance-** includes supports, services and training to help a person participate actively at school, work, volunteer, or community settings, or to manage swallowing or related conditions, and treatments to help enhance speech, communication or swallowing.

**\*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 help enhance speech, communication or swallowing.

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

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

**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 the 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.

**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 in the development and periodic review of their individual plan of services.

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

## Habilitation Supports Waiver (HSW)

The Habilitation Supports Waiver Program (HSW) is a program aimed to assist persons with developmental disabilities in the acquisition of skills that will facilitate their independence, productivity and promote inclusion and participation in the community.

The HSW beneficiaries may also receive other Medicaid state plan or additional/B3 services. The HSW operates under Section 1915 (c) of the Social Security Act, in order to provide specified home & community-based services to designated enrolled participants who would otherwise require intermediate care facility for Individuals with Intellectual Disability (ICF/IID) Level of Care. The HSW operates concurrently with the 1915(b) waiver.

## Eligibility:

To be eligible you must:

- Have an intellectual disability (no age restrictions)
- Reside in a community setting
- Be Medicaid eligible and enrolled
- Need the level of services similar to an ICF/IID
- Once enrolled, receive at least one HSW service per month

## Covered HSW Waiver Services:

**Community Living Supports (CLS)** - facilitate an individual's independence, productivity, and promote inclusion and participation. The supports can be provided in the beneficiary's residence (licensed facility, family home, own home or apartment) and in community settings (including, but not limited to, libraries, city pools, camps, etc.), and may not supplant other waiver or state plan covered services (e.g., out-of-home non-vocational habilitation, Home Help Program, personal care in specialized residential, respite).

**Enhanced Medical Equipment and Supplies** - include devices, supplies, controls, or appliances that are not available under regular Medicaid coverage or through other insurances. All enhanced medical equipment and supplies must be specified in the plan of service, and must enable the beneficiary to increase his abilities to perform activities of daily living; or to perceive, control, or communicate with the environment.

**Enhanced Pharmacy** - physician-ordered, nonprescription "medicine chest" items as specified in the beneficiary's support plan.

**Environmental Modifications** - physical adaptations to the home and/or workplace required by the beneficiary's support plan that are necessary to ensure the health, safety, and welfare of the beneficiary, or enable him to function with greater independence within the environment(s) and without which the beneficiary would require institutionalization.

**Family Training** - training and counseling services for the families of beneficiaries served on the waiver. For purposes of this service, "family" is defined as the family members who live with or provide care to the beneficiary in the HSW, and may include parent, spouse, children, relatives, foster family, unpaid caregivers, or in-laws.

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

**Out-of-home Non-Vocational Supports and Services**- Is assistance to gain, retain, or improve in self-help, socialization or adaptive skills.

**Personal Emergency Response Devices**- 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** – include supports, services and training to prepare a person for paid employment or community volunteer work.

**Private Duty Nursing (PDN)** - services are skilled nursing interventions provided to individuals age 21 and older, up to a maximum of 16 hours per day, to meet an individual's health needs that are directly related to

his developmental disability. The individual receiving PDN must also require at least one of the following habilitative services, whether being provided by natural supports or through the waiver:

- Community living supports
- Out-of-home non-vocational habilitation
- Prevocational or supported employment

**Respite Care** - services are provided to a waiver eligible beneficiary on a short-term, intermittent basis to relieve the beneficiary’s family or other primary caregiver(s) from daily stress and care demands during times when they are providing unpaid care. Relief needs of hourly or shift staff workers should be accommodated by staffing substitutions, plan adjustments, or location changes and not by respite care.

- "Short-term" means the respite service is provided during a limited period of time (e.g., a few hours, a few days, weekends, or for vacations).
- "Intermittent" means the respite service does not occur regularly or continuously. The service stops and starts repeatedly or with periods in between.
- "Primary" caregivers are typically the same people who provide at least some unpaid supports daily.
- "Unpaid" means that respite may only be provided during those portions of the day when no one is being paid to provide the care, i.e., not a time when the beneficiary is receiving a paid State Plan (e.g., home help) or waiver service (e.g., community living supports) or service through other programs (e.g., school).

**Supports Coordination** - works with the waiver beneficiary to assure all necessary supports and services are provided to enable the beneficiary to achieve community inclusion and participation, productivity, and independence in home and community-based settings.

**Supported Employment** – the combination of ongoing support services and paid employment that enables the beneficiary to work in the community. For purposes of this waiver, the definition of “supported employment” is:

- Community-based services, taking place in integrated work settings where workers with disabilities work alongside people who do not have disabilities.
- For beneficiaries with severe disabilities who require ongoing intensive supports such as job coach, employment specialist, or personal assistant.
- For beneficiaries who require intermittent or diminishing amounts of supports from a job coach, employment specialist or personal assistant.

### HSW Service Providers

Community Living Services  
35425 W. Michigan Ave.  
Wayne, MI 48184-1687  
734.467.7600

The Guidance Center  
19275 Northline Rd.  
Southgate, MI 48195  
734.785.7718

NSO-Life Choices  
8600 Woodward Ave.  
Detroit, MI 48202  
313.875.7601

Wayne Center  
100 River Place Drive  
Detroit, MI 48207  
313.871.2337

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DWMHA 24-Hour Access/Crisis Information and Referral Helpline

Toll Free: 800.241.4949 • TTY: 800.870.2599

[www.dwmha.com](http://www.dwmha.com)

All Well Being (AWB)  
1423 Field Avenue  
Detroit, MI 48214  
313.825.2419

Goodwill Industries  
3111 Grand River  
Detroit, MI 48208  
313.964.3900

STEP  
2491 S. Gulley Rd.  
Dearborn, MI 48124  
313.278.3040

Wayne Center  
100 River Place Drive  
Detroit, MI 48207  
313.871.2337

## Children's Home and Community Based Services Waiver Program (CWP)

The Children's Waiver Program is an intensive in-home, active treatment and support program, designed to assist families in the care and treatment of their children with a developmental disability to allow them to remain in the family home, develop skills, and eventually become more independent. The CWP is based on legislation found in Title XIX of the Social Security Act. This legislation allows the state to provide waiver services to eligible children with a developmental disability who, without waiver services, would be at risk for out-of-home placement.

The CWP enables Medicaid to fund necessary home and community-based services for children with developmental disabilities who reside with their birth or legally adoptive parent(s) or with a relative who has been named legal guardian under the laws of the State of Michigan, regardless of their parent's income.

### Eligibility

The following eligibility requirements must be met:

- The child must have a developmental disability (as defined in Michigan state law), be less than 18 years of age and in need of habilitation services.
- The child must have a score on the Global Assessment of Functioning (GAF) Scale of 50 or below.
- The child must reside with his birth or legally adoptive parent(s) or with a relative who has been named the legal guardian under the laws of the State of Michigan, provided that the relative is not paid to provide foster care for that child.
- The child is at risk of being placed into an Intermediate Care Facility/Individuals with Intellectual Developmental Disabilities (ICF/IDD) facility because of the intensity of the child's care and the lack of needed support, or the child currently resides in an ICF/IDD facility but, with appropriate community support, could return home.
- The child's parents are able to maintain their child at home with home and community-based services.
- Safe and appropriate care can be provided in the birth/adoptive home or home of legal guardian at a cost less than that in an ICF/MR facility for that same child.
- The child must meet, or be below, Medicaid income and asset limits when viewed as a family of one (the parent's income is waived).

## Covered CWP Waiver Services

The following waiver services may be provided to a child enrolled in the CWP when the service is identified in the child's Individual Plan of Services and Supports.

**Community Living Supports (CLS)** - provides assistance to the family in the care of their child, while facilitating the child's independence and integration into the community. The supports, as identified in the POS, are provided in the child's home and may be provided in community settings when integration into the community is an identified goal. Skills development related to activities of daily living such as bathing, eating, dressing, personal hygiene, household chores and safety skills may be included. It may also promote mobility, sensory-motor, communication, socialization and relationship-building skills, and participation in leisure and community activities. These supports must be provided directly to or on behalf of the child enabling the child to attain or maintain their maximum potential. The supports listed above may serve to reinforce skills or lessons addressed in school, therapy, or other settings.

**Enhanced Transportation** - transportation costs may be reimbursed when separately specified in the individual plan of services and provided by people other than staff performing CLS, in order to enable a child served by the CWP to gain access to waiver and other community services, activities and resources. Transportation is limited to local distances, where local is defined as within the child's county or a bordering county.

**Environmental Accessibility Adaptations (EAA)** - include those physical adaptations to the home, specified in the IPOS that are necessary to ensure the health, welfare and safety of the child, or enable them to function with greater independence in the home and without which the child would require institutionalization. Home adaptations may include the installation of ramps, widening of doorways, modification of bathroom facilities or installation of specialized electric and plumbing systems that are necessary to accommodate the medical equipment and supplies necessary for the welfare of the child. In the event that DCH/CWP staff determines that the home cannot be made accessible within the existing structure and all other housing options have been exhausted, home additions may be considered.

**Family Training/Didactic Services** -this service provides training and counseling services for the families of children served by the CWP. For purposes of this service, "family" is defined as the persons who live with or provide care to a child served by the CWP and may include a parent or siblings. "Family" does not include individuals who are employed to care for the child. Training includes instruction about treatment regimens and use of equipment specified in the IPOS and shall include updates as necessary to safely maintain the child at home. It is also a counseling service directed to the family and designed to improve and develop the family's skills in dealing with the life circumstances of parenting a child with special needs.

**Fencing** - may be approved with documentation that it is essential to achieve the outcomes specified in the child's individual plan of services and necessary to meet a child's health and safety needs

**Financial Management Services/Fiscal Intermediary Services** - is an independent legal entity organization or individual that acts as the fiscal agent of the CMHSP for the purpose of assuring fiduciary accountability for the funds authorized to purchase specific services identified in the consumer's individual plan of service (IPOS). The fiscal intermediary receives funds from the CMHSP and makes payments

authorized by the consumer's parent or guardian, as the consumer's representative. The fiscal intermediary acts as an employer agent when the consumer's representative directly employs staff or other service providers.

**Non-Family Training** - this service provides coaching, supervision and monitoring of CLS staff by professional staff (LLP, MSW, or QIDP). The professional staff will work with parents and CLS staff to implement the plan that addresses services designed to improve the child's social interactions and self-control by instilling positive behaviors in the place of behaviors that are socially disruptive, injurious to the child or others, or that cause property damage.

**Respite Care** –services that are provided to the child on an intermittent or short-term basis because of the absence or need for relief of the parent. Respite is intended to support the parent who is the primary caregiver. This service can be provided in the child's home, foster home, group home, licensed respite care facility, licensed camp, or the home of a friend or relative. Parents or guardians may not be considered a provider nor be reimbursed for this service. In addition to the maximum monthly respite allocation of 96 hours, vacation respite can be used up to 14 days per year. Respite provided in an institution (i.e., ICF/MR, nursing home, or Child Caring Institute [CCI]) is not covered by the CWP.

When a child requires skilled nursing interventions on a 24-hour basis the maximum daily amount that one nurse can provide is 16 hours. When the family is not available to provide the additional 8 hours of care a second nurse will be required to cover the remainder of the 24-hour period.

**Specialized Medical Equipment and Supplies** - include durable medical equipment, environmental safety and control devices, adaptive toys, activities of daily living (ADL) aids, and allergy control supplies that are specified in the child's individual plan of services. This service is intended to enable the child to increase his abilities to perform ADLs or to perceive, control, or communicate with the environment in which the child lives.

**Specialty Services** – are music, recreation, art, or massage therapies that may be provided to help reduce or manage to symptoms of a child's mental health condition or developmental disability. Specialty services might also include specialized children and family training, coaching, staff supervision, or monitoring of program goals.

#### Specialty Services Include:

- Art Therapies
- Music Therapies
- Massage Therapies
- Recreation Therapies

#### CWP Service Providers:

The Guidance Center  
734.785.7718

NSO  
313.875.7601

CLS  
734.467.7600

## Serious Emotional Disturbance Waiver (SEDW)

The Children's SED waiver provides services that are enhancements or additions to Medicaid State Plan coverage for children through age 20 who have an SED. The MDHHS operates the SEDW through contracts with the Community Mental Health Service Programs (CMHSP's). The SEDW is a fee-for-service program administered by the CMHSP in partnership with other community agencies.

SED Waiver services are intended for children with a Serious Emotional Disturbance (SED) who are at risk of hospitalization, had multiple placements or are youth/families who are in need of additional supports/services in order to maintain the young person in the home.

### Eligibility

The child must:

- Be under the age of 18 when initially approved for the waiver, but can remain in the waiver until age 21 if other eligibility requirements are met
- Reside with birth/adoptive parents as a Temporary Court Ward (TCW), reside in foster care as a TCW/Permanent Court Ward (MCI), or have completed the adoption process through the Child Welfare system
- Have an SED and meet inpatient psychiatric hospitalization criteria
- Have a primary DSM Axis I diagnosis
- At risk of inpatient hospitalization

The child must have at least one of the following:

- Severe psychiatric signs and symptoms
- Disruptions of self-care and independent function
- Harm of self or others
- Drug/medication complications or co-existing general mental condition requiring care
- Special consideration: If substance use, psychiatric condition must be primary diagnosis
- Youth who have an IDD are not eligible for the SED Waiver
- The child must demonstrate serious functional limitations that impair his/her ability to function in the community (functional criteria is identified using the Child and Adolescent Functional Assessment Scale [CAFAS] or Preschool and Early Childhood Functional Assessment Scale [PECFAS]) CAFAS score of 90 or greater for children 12 or younger; or CAFAS score of 120 or greater for children 13 to 18 PECFAS score that is elevated.

**Youth can remain in the SED waiver even if their CAFAS or PECFAS score drops during the one-year commitment.**

### Covered SED Waiver Services

Each child must have a comprehensive Individualized Plan of Service (IPOS) that specifies the services and supports that the child and his/her family will receive. The IPOS is to be developed through the Wraparound planning process. Each child must have a Wraparound Facilitator who is responsible to assist the child/family in identifying, planning and organizing the Child and Family Team, developing the IPOS and coordinating service delivery, as well as the health and safety of the child, as part of their regular contact with the child and family, with oversight from the Community Team.

**Child Therapeutic Foster Care**-Child Therapeutic Foster Care (CTFC) is an evidence-based practice. It provides an intensive therapeutic living environment for a child with challenging behaviors. Important components of CTFC include:

- Intensive parental supervision
- Positive adult-youth relationships
- Reduced contact with children with challenging behaviors
- Family behavior treatment skills

**Community Living Supports (CLS)** - are used to increase or maintain personal self-sufficiency, thus facilitating a beneficiary's achievement of his/her goals of community inclusion and remaining in their home. The supports may be provided in the beneficiary's home or in community settings (including, but not limited to, libraries, city pools, camps, etc.)

**Family Supports and Training** - this service is provided by a peer-parent who has completed specialized training. It is a family-focused service provided to families (birth or adoptive parents, siblings, relatives, foster family, and other unpaid caregivers) of children with SED for the purpose of assisting the family in relating to and caring for a child with SED. The services target the family members who are caring for and/or living with a child receiving waiver services. The service is to be used in cases where the child is hindered or at risk of being hindered in their ability to achieve goals of: performing activities of daily living; improving functioning across life domain areas; perceiving, controlling or communicating with the environment in which they live; or improving their inclusion and participation in the community or productive activity, or opportunities for independent living.

**Home Care Training, Non-Family** -this service provides coaching, training, supervision and monitoring of Community Living Supports (CLS) staff by clinicians. Professional staff work with CLS staff to implement the consumer's POS, with focus on services designed to improve the child's/youth's social interactions and self-control by instilling positive behaviors instead of behaviors that are socially disruptive, injurious to the consumer or others, or that cause property damage.

**Respite** - services provided to beneficiaries unable to care for themselves that are furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care.

**Transitional Services** - is a one-time only expense to assist beneficiaries returning to their family home and community while the family is in the process of securing other benefits (e.g., SSI) or resources (e.g. governmental rental assistance and/or home ownership programs) that may be available to assume these obligations and provide needed assistance.

**Therapeutic Activities** - a therapeutic activity is an alternative service that can be used in lieu of, or in combination with, traditional professional services. The focus of therapeutic activities is to interact with the child to accomplish the goals identified in the IPOS. The IPOS ensures the child's health, safety and skill development and maintains the child in the community. Services must be directly related to an identified goal in the IPOS. Providers are identified through the wraparound planning process and participate in the development of an IPOS based on strengths, needs, and preferences of the child and family. Therapeutic activities may include the following: child and family training, coaching and supervision, monitoring of progress related to goals and objectives, and recommending changes to the IPOS. Services provided under Therapeutic Activities include music therapy, recreation therapy, and art therapy.



progress related to goals and objectives, and recommending changes to the IPOS. Services provided under Therapeutic Activities include music therapy, recreation therapy, and art therapy.

**Therapeutic Overnight Camp** - a group recreational and skill building service in a camp setting aimed at meeting the goal(s) detailed in the beneficiary's IPOS. A session can be one or more days and nights of camp. Room and Board costs are excluded from the SEDW payment for this service.

**Wraparound Services** - a highly individualized planning process facilitated by specialized supports coordinators. Wraparound utilizes a Child and Family Team, with team members determined by the family often representing multiple agencies and informal supports. The Child and Family Team creates a highly individualized Wraparound plan with the child/youth and family that consists of mental health specialty treatment, services and supports covered by the Medicaid mental health state plan, waiver, B3 services, and other community services and supports.

### SED Waiver Service Providers:

#### Southwest Counseling Solutions

5716 Michigan Ave  
Detroit, MI 48210  
313.963.2266

#### The Children's Center

79 Alexandrine  
Detroit, MI 48201  
313.831.5535

#### The Guidance Center

26300 Outer Drive  
Lincoln Park, MI 48146  
313.388.4630

### Flint Michigan Section 1115 Demonstration

If you are a former resident of Flint and or planning to move to Wayne County from Flint, Medicaid coverage is available in Flint to cover children up to age 21 and pregnant women as part of the ongoing efforts to help people affected by the Flint water crisis. On March 3, 2016, the CMS approved Michigan's application to establish a five-year Medicaid demonstration, entitled "Flint Michigan Section 1115 Demonstration" in response to the public health emergency of lead exposure related to the Flint water system. The demonstration expanded coverage for pregnant women and children and created new targeted case management services for beneficiaries exposed to the Flint water supply.

#### Eligibility:

Those eligible for coverage include children up to the age of 21 and are being served, or who were served, by Flint's water system between April 2014 and a future date when the water system is deemed safe. Pregnant women and their children also will be made eligible. Coverage is available to all income levels. Individuals with income over 400 percent of the federal poverty level - which is \$47,520 for one person or \$97,200 for a family of four - will need to buy into the program in order to receive full Medicaid benefits.

## Michigan Medicaid Autism Benefit



Autism Spectrum Disorder (ASD) is a developmental disability caused by a problem in the brain. Scientists do not know yet exactly what causes ASD, which can impact a person's functioning in different ways. People may have problems with social, behavioral, and communication skills. Many people also have different ways of learning, paying attention, or reacting to things. ASD begins during early childhood and lasts throughout a person's lifetime. A person with an ASD might:

- Not respond to their name by 12 months
- Not play "pretend" games by 18 months
- Avoid eye contact and want to be alone
- Have trouble understanding other people's feelings or talking about their own feelings
- Repeat words or phrases over and over
- Give unrelated answers to questions
- Get upset by minor changes
- Have obsessive interest
- Flap their hands, rock their body, or spin in circles
- Have unusual reactions to the way things sound, smell, taste, look or feel

### Eligibility

The State of Michigan now offers Applied Behavior Analysis (ABA) Services to individuals who:

- Have an ASD Diagnosis
- Are 0-20 years of age
- Are Medicaid Eligible
- Meet Medical Necessity Criteria

### What is Applied Behavior Analysis?

ABA is an intensive, behaviorally-based treatment that uses various techniques to bring about meaningful and positive changes in the communication, social interaction, and repetitive/restrictive behaviors that are typical of ASD. Each enrollee will have an individualized ABA Treatment Plan that breaks down desired skills into manageable steps to be taught. Each Plan is designed for the individualized needs of each person and will include an average of 5 to 25 hours of direct interventions per week depending on a medical necessity and parent/guardian agreement. These services are intensive and can be provided either in the home or in a clinic setting. ABA interventions involve parent/guardian training and participation. Parent/guardian involvement is critical to seeing noticeable progress.

**How to Access ABA Services?** A person will need to be screened. The DWMHA Access Center can help start this process by calling: 800.241.4949. *Additional information on the DWMHA Autism Benefit can found at:* [www.dwmha.com](http://www.dwmha.com)

## Services for Persons with Substance Use Disorder Services

The Substance use treatment services listed below are covered by Medicaid. These services are available through the Detroit Wayne Mental Health Authority. For additional information on how to access these services, you may contact the Detroit Wayne Mental Health Access Center at 800.241.4949.

**Access, Assessment and Referral-** determines the need for substance abuse services and will assist in getting to the right services and providers.

**Access Management** - consists of those responsibilities, associated with determining administrative and clinical eligibility, managing resources (including demand, capacity, and access), ensuring compliance with various funding eligibility and service requirements, and assuring associated quality of care. Activities to carry out these responsibilities include appropriate referral and linkage to other community resources.

**Compliance Monitoring-** is for the purpose of identifying abstinence or relapse when it is part of the treatment plan or an identified part of the treatment program (excludes laboratory drug testing).

**Crisis Intervention-** a service for the purpose of addressing problems/issues that may arise during treatment and could result in the beneficiary requiring a higher level of care if the intervention is not provided.

**Detoxification/Withdrawal Monitoring-** for the purpose of preventing/alleviating medical complications as they relate to no longer using a substance.

**Early Intervention-** includes stage-based interventions for individual with substance use disorders and individuals who may not meet the threshold of abuse or dependence but are experiencing functional/social impairment as a result of use.

**Family Therapy-** face to face counseling with the beneficiary and the significant other and/or traditional or nontraditional family members.

**Group Therapy-** face to face counseling with three or more beneficiaries, and can include didactic lectures, therapeutic interventions/counseling, and other group related activities.

**Individual Treatment Planning-** the beneficiary must be directly involved with developing the plan that must include Recovery Support Preparation/Relapse Prevention Activities

**Individual Therapy-** face to face counseling services with the beneficiary.

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

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

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

**Peer Recovery and Recovery Support-** to support and promote recovery and prevent relapse through supportive services that result in the knowledge and skills necessary for an individual's recovery. Peer recovery programs are designed and delivered primarily by individuals in recovery and offer social, emotional and/or educational supportive services to help prevent relapse and promote recovery.

**Pharmacological and Alternative Therapies-** this may include Methadone treatment or other medication assisted treatment. Methadone is an opioid medication used in the treatment and recovery of opioid dependence to prevent withdrawal symptoms and opioid cravings, while blocking the euphoric effects of opioid drugs. In doing so, methadone stabilizes the individual so that other components of the recovery experience, such as counseling and case management, are maximized in order to enable the individual to reacquire life skills as the individual moves toward a substance-free lifestyle. Such service is monitored by a doctor as well as nursing services and lab tests.

**Referral/Linking/Coordinating of Services-** for the purpose of ensuring the follow-through with identified providers, to the address other needs identified as part of the assessment and/or to establish the beneficiary with another provider and/or level of care.

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

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

**Substance Abuse Prevention Services-** a set of services and activities designed to: educate and empower individuals, develop systems, reduce access to minors, change conditions, create personal attributes and promote attitudes. The purpose of these services and activities is to promote healthy behaviors, delay the age of first use, reduce consumption and support recovery. SA Prevention services are provided in a variety of settings through education (school, community), media, community-based activities/collaborations, advocacy for change in institutional/community practices, referral to other health services and through other activities leading to development of skills in critical domains of life.

**Targeted Case Management-** a Staff 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 substance abuse services program that will help achieve their goals. A case manager may also connect a person to resources in the community for employment, community living, education, public benefits, and recreational activities.

**Women's Specialty Services and Supports-** include enhanced supports for pregnant women or women caring for dependent children to assist them in obtaining treatment for substance use disorders and attending physical health appointments.

## Complex Case Management

DWMHA offers a Complex Case Management program for eligible individuals who may be helped by more intensive coordination of care and services. The Complex Case Management program is intended to help people with complex behavioral health conditions connect with needed services and resources.

The Complex Case Manager will work closely with you or your family member in the development of a comprehensive plan of care, which coordinates the following:

- Therapeutic services (therapy, medication management, case management)
- Community and Psychosocial supports (education/support regarding illness, coordination with support system, other support services)
- Coordination of care between medical and behavioral physicians and clinicians
- Recovery and Resiliency Services (peer support, development of a crisis/recovery plan, life planning activities)
- Other services, as appropriate (legal, shelter, other basic needs)

Complex Case Management program goals:

- Movement to recovery
- Enhanced wellness
- Building resiliency through self-care and empowerment

Criteria for acceptance into the Complex Case Management program:

- Presence of complex behavioral health condition(s), which require a greater level and intensity of services
- History of intensive behavioral health service utilization over the past 12 months
- Willingness to actively participate in the program as program is voluntary

If you believe that you or a family member meet the criteria and would benefit from our Complex Case Management program, please contact 888.490.9698 or [pihpccm@dwmha.com](mailto:pihpccm@dwmha.com) for more information. This program is offered free of charge to members. Our Complex Case Management team looks forward to partnering with you or your family member on the path to recovery and wellness.

## Person-Centered Planning

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

The process begins when you determine whom, besides yourself, you would like at the PCP meetings, such as family members or friends, and what staff from the DWMHA. You also will 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 learn 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 behavioral health care providers. Also, at the time of PCP and/or at least annually, your service provider shall ensure that you are given an itemized statement of the estimated cost to DWMHA for each covered support and service that you receive.

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 PCP. An Independent Facilitator is a person trained to lead meetings. This means that you may request that someone other than the DWMHA staff conduct your planning meetings. You have the right to choose from available independent facilitators. The Independent Facilitator will meet with you to plan the meeting topics and to understand the type of things you want and do not want to talk about. If you are interested in Independent Facilitation, you can ask the staff working with you or Customer Service for more information.

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

### Topics Covered Under PCP

During PCP, 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.

**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.

**Medical Advance Directives-**This is also referred to as Durable Power of Attorney for Health Care. An advance directive is a tool for you to use to tell people of your wishes for your care. Some of the decisions you can make include: living wills, do not resuscitate orders, or decisions about tissue or organ donations.

**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 occurs where you may become unable to make choices about the kind of treatment you want and do not want. This lets other people, including family, friends, and service providers, know what you want when you cannot speak for yourself.

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

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

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

## Recovery and Resiliency

Recovery is a journey of healing and transformation enabling a person with a behavioral health/substance use problem to live a meaningful life in a community of his or her choice while striving to achieve his or her potential.”

**Recovery** is an individual journey that follows different paths and leads to different locations. Recovery is a process that we enter into and is a lifelong attitude. Recovery is unique to each individual and can truly only be defined by the individuals themselves. What might be recovery for one person may be only part of the process for another. Recovery may also be defined as wellness. Behavioral health supports and services help people with mental illness 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.

## Peer Support

Peer Support is an evidence-based mental health model of care. It uses trained Peer Support Specialists to assist individuals with their recovery and self-determination goals.

**Peer Support Specialists** – are mental health consumers who have progressed in their own recovery and/or are in the process of leading self-determined lives. They have completed a state Peer Support Training and Certification program. Peer Support Specialists use their life experiences along with their training, to provide professional peer support guidance to mental health consumers.

Peer Support Specialists work collaboratively with the provider team to ensure that the peer support mission and goals are achieved. In Detroit Wayne County, Peer Support Specialists have been employed in various areas of the service provider network. For more information on Peer Support, or on how to become a Peer Support Specialist or Peer Mentor, you may contact DWMHA’s Customer Service at 888.490.9698 or TTY: 800.630.1044. They are responsible for supporting, mentoring and helping consumers achieve community inclusion, participation, independence, recovery, resiliency, and productivity.

**Peer Mentoring** - Peer mentoring is a model of Peer Support for individuals with intellectual and developmental disabilities. It provides essential services that promote self-determination and allow peers to become the authors of their own lives.

A Peer Mentor is someone who has been trained and can relate through their own life experience. Peer Mentors have faced barriers related to employment, transportation, housing and person-centered planning. They also understand the barriers in learning the system and know how to make it work in education, overall wellness and family relationships. Peer Mentors offer the benefit of their experiences, passing along encouragement and support to help others construct their own advocacy to bring about the changes they want for their lives.

The essence of the Peer Mentor program is guidance toward greater self-advocacy, empowerment and personal responsibility.

**Peer Recovery Coaches** – A peer recovery coach is an individual who has lived experience in receiving services and/or supports for a substance use condition. They serve as a guide to initiate, achieve and sustain long-term recovery from addiction including medication assisted, faith based, 12 step and other pathways to recovery. Recovery coaches provide connections in navigating recovery supportive systems and resources including professional and non-professional services.

## What are Peer Services?

Peer support services are an evidence-based mental health model of care which involves qualified persons who are trained to use their personal experiences with a disability to help others.

Peer support services come in different forms. Most peers work for providers and are a regular part of the treatment team to support consumers. Peer support services are also accessible via peer-run community-based organizations such as drop-in centers and recovery centers. Such sites also exist for veterans and parents.

Peers can provide a host of services. They can help you to:

- Explore and understand the service system
- Develop good self-care skills
- Gain skills to live, learn, work, and participate more fully in the community
- Access community services or supports
- Create crisis plans and provide support to consumers who are in crisis
- Replace fears and stigmas with hope

Peer services are billable under Healthy Michigan and Medicaid. To learn more, go to:  
<http://www.mdch.state.mi.us/dch-medicare/manuals/MedicaidProviderManual.pdf>

## How can one get peer support services?

- Include the service in the Individual Plan of Services
- Contact Well Place/Pioneer at 800.241.4949
- Contact the community-based centers directly

**How does one become certified as a peer?** In Michigan, there are a number of peer certification programs. The process and training varies depending on the peer's background and job responsibilities. Each certification program is state operated in partnership with the local PIHPs, e.g., Detroit Wayne Mental Health Authority. For more information about the different state programs, go to:



### Parent Support Partners

[http://www.dwmha.com/files/4814/6791/4610/ParentSupport.Brochure.v2\\_Jan2014.pdf](http://www.dwmha.com/files/4814/6791/4610/ParentSupport.Brochure.v2_Jan2014.pdf)

### Peer Mentors

[http://www.michigan.gov/mdhhs/0,5885,7-339-71550\\_2941\\_4868\\_4897-222317--,00.html](http://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868_4897-222317--,00.html)

### Peer Support Specialists, Peer Recovery Coaches and Veteran Peers, visit:

[http://www.michigan.gov/mdhhs/0,5885,7-339-71550\\_2941\\_4871\\_4877\\_48561-84396--,00.html](http://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4871_4877_48561-84396--,00.html)Peer Support Specialist

Youth Peer Support Specialist is a service that is provided by young people ages 18-26 who have lived experience receiving mental health services, and who are willing and prepared to use their experience to support others. Youth Peer Support Specialists provide support to qualifying youth through shared activities and interventions.

<http://www.acmh-mi.org/get-information/acmh-projects/youth-peer-support/>

## Drop-In Centers

Drop-in Centers are non-clinical settings. Each is run by and for people with mental illness and co-occurring disorders. These peer-operated settings are an evidence-based practice and further a billable Medicaid service (Medicaid Provider Manual, 2014 Substance Abuse Mental Health Services Administration, 2011).

Drop-in Centers support participants in many ways. They provide opportunities for people to learn about recovery, take on new responsibilities or new roles, make discoveries about themselves, and make new friends. Drop-in Centers are based on the philosophy that when people feel accepted for who they are, they begin to think about themselves differently, learn new ways to handle problems, and make positive changes. In this way, drop-in centers are valued for renewing hope, supporting people to embrace new experiences, and increasing members' sense of well-being.

Drop-in Centers are run by people who received mental health services. As service providers, the peers who run drop-in centers have the authority and responsibility for all oversight and decision-making on daily operations, finances, staffing, as well as rules and regulations that govern the locations.

Drop-in Center staff take a different approach to "helping" rather than traditional mental health services with clinical professionals. Drop-in centers help people with psychiatric disabilities to attain their goals by emphasizing personal strength and resolve. They focus on growth and well-being, self-help, and personal choice and responsibility. Members discover that helping others is often a way of helping themselves. There are two Drop-in Centers in Wayne County:

#### **Our Place**

12285 Dixie St., Ste.100  
Redford, MI 48239  
313.543.3393

#### **Perfect Place**

21501 Goddard Road  
Taylor, MI 48180  
313.686.5363

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DWMHA 24-Hour Access/Crisis Information and Referral Helpline

Toll Free: 800.241.4949 • TTY: 800.870.2599

[www.dwmha.com](http://www.dwmha.com)

## Coordination of Care

To improve the quality of services, Detroit Wayne Mental Health Authority wants to ensure your behavioral health care is coordinated with your physical health care. If you are also receiving substance abuse services, your mental health care should be coordinated with those services as well. Improved coordination increases your chances for recovery, relief of symptoms and ability to live the life you want to live.

Therefore, you are encouraged to sign a "Release of Information" to ensure that all your meaningful health information can be shared with your providers.

**If you do not have a medical doctor and need one, contact the Access Center (Toll Free) at 800.241.4949, and the staff will assist you in getting a medical provider.**

## Integrated Health Care Initiative for Detroit-Wayne County

### Mission

To facilitate coordinated and integrated mental health, substance use, and physical health care for persons with severe mental illness/co-occurring mental illness and substance use disorders, intellectual and developmental disabilities, and serious emotional disturbances.

### Person-Centered Vision

Integrated Health Care is a holistic approach to the overall well-being of an individual, incorporating coordinated and integrated health care services for physical health, mental health, substance use, and developmental disabilities. In Detroit-Wayne County, integrated health care will serve as a no-wrong door approach to the health care system, giving individuals and family members comprehensive and easy access to recovery-oriented supports and services from health care professionals who are welcoming and trained to deliver integrated health care that meet the individual's needs. By using a "whole body health and wellness" approach, medical and behavioral health professionals will work together as a team, to improve the overall health and well-being of each individual.

## Regular Check-ups are Important

### Why are Check-Ups Important?

Having a regular health exam or check-up may help to detect a problem before it starts. Early detection and intervention increases your chances of living a long, healthy life. There are a number of factors that impact your health care needs including your family history, age, and lifestyle choices (i.e. level of physical activity, smoking, stress level, etc.). Check-ups are an opportunity to work with your health professional to develop a strategy that addresses your current health issues and prevents future health problems.

### Where Can I Go for Health Services?

Your regular health care provider is the best place to go for your health care services. If you do not have one, the link below provides other options:

Detroit Wayne Mental Health Authority (DWMHA)

[www.dwmha.com](http://www.dwmha.com)

## What Health Services and Screenings are Recommended?

- Breast and Cervical Cancer Early Detection
- Cholesterol
- Colorectal Cancer Screening
- High Blood Pressure
- Immunization Schedules
- Oral Health for Adults
- Prostate Cancer Screening
- Skin Cancer: Basic Information
- HIV/AIDS
- Viral Hepatitis

## How Can I Prepare for My Appointment?

Write down all of your medical problems, and also the names and the dosages of the medications you're taking.

Source: Centers for Disease Control and Prevention (2015). Regular Check-Ups are Important.

<https://www.cdc.gov/family/checkup>

## The Importance of Taking your Medication as Prescribed

Medication is frequently prescribed as a part of treatment for behavioral health conditions. It is important to follow your doctor's instructions and if you have questions or concerns to call your doctor before you stop taking your medication. Remembering to take your medications can be challenging, particularly if you have multiple medications or if they are taken throughout the day.

Here are some tips to help you remember your medication:

1. Use a pillbox - A weekly pill box with compartments for each day is one of the best ways to remember to take your medications.
2. Use electronic reminders such as text message reminders, timers, dispensers and applications. Most cell phones allow for text message alerts that can be programmed as daily reminders.
3. Align with a daily task - Take your medication at the same time you do a daily activity like eating breakfast or brushing your teeth.
4. Set an alarm - Setting an alarm on your phone for each day at a specific time is a great way to remind yourself to take your medications at the same time each day.
5. Turn off autopilot - Taking your medication can become routine. Try to make it a point of noticing when you take your medications. Before taking your pill give yourself a mental reminder by saying to yourself, "I am taking my Monday pill now".
6. Keep it in sight - Leave your medication in an area that is easy to spot. If you can see it, you may remember to take it.

Ask for help from friends and family - You may need a little help. Having someone to support you with your medical care is a great way to stay on track.

It is very important that you do not stop taking your medication without consulting your doctor. If you suddenly stop taking your medication you are putting yourself at risk of side effects or worsening your symptoms.

## Grievances

You have the right to say you are unhappy with the services and supports you are receiving by filing a grievance. A grievance is an expression of dissatisfaction about any matter other than an adverse benefit determination. Grievances may include, but are not limited to, the quality of care or services provided, and aspects of interpersonal relationships such as rudeness or a provider or employee, or failure to respect your rights regardless of whether remedial action is requested. Grievance also includes your right to dispute an extension of time proposed by DWMHA to make an authorization decision.

DWMHA take all complaints and grievances seriously and are committed to responding to them in an appropriate and timely manner. Grievances are investigated and will be resolved within 90 calendar days. An acknowledgement letter will be mailed to you no later than five (5) calendar days of receipt of your grievance. If your grievance is not resolved within 30 calendar days, a status letter will be mailed to you. However, you can request an expedited resolution and you have the right to have your grievance resolved as quickly as possible should your condition warrant immediate attention. DWMHA will assist you with these determinations. If your grievance is not resolved within 90 calendar days, you may file a State Fair Hearing request. Individuals who are uninsured or underinsured have 60 calendar days for their grievance to be resolved.

If you wish to have someone else (family member, guardian, friend, provider or any authorized representative) file a grievance or request a State Fair Hearing on your behalf, you may do so. However, written authorization is required to have a representative to speak on your behalf. The individual that you choose to represent you must be at least 18 years of age or older. Therefore, a grievance or State Fair Hearing submitted by a representative without written authorization will not be processed until we receive proper documentation. You have the right to file a grievance, an appeal, and/or a recipient rights complaint at the same time. You can file a grievance at any time by calling, visiting or writing DWMHA. Assistance is available in the filing process by contacting:

**DWMHA Customer Service**  
707 W. Milwaukee St.  
Detroit, MI 48202  
Local: 313.833.3232  
Toll Free: 888.490.9698  
TTY: 800.630.1044

**MI Health Link members may also file an external grievance with Medicare by calling 800.Medicare or 800.633.4227.**

## Appeals/Local Dispute Resolutions

An appeal is a formal request for Medicaid/MI Health Link consumers to review an “action/adverse benefit determination” or decision related to your services. A local dispute resolution request is a request to review a decision made to deny, terminate, reduce or suspend services for an individual that is considered uninsured/underinsured.

You will be given notice when a decision is made that denies your request for services or reduces, suspends or terminates services you already receive. You have the right to file an appeal/local dispute resolution when you do

not agree with such a decision. There are time limits on when you can file an appeal once you have received a decision about your services.

**To file an appeal/local dispute resolution, you may:**

Ask for a Local Appeal/Local Dispute Resolution by contacting DWMHA Customer Service at 888.490.9698. There are two type of local appeal/local dispute resolution requests. A **standard request** should be resolved within 30 calendar days. If you or your provider believe that your health could be seriously harmed by waiting up to 30 calendar days for a decision, you, your authorized representative, your legal guardian and/or your provider can request an **expedited appeal**. Expedited appeals are decided within 72 hours. For Medicaid members, you have 60 calendar days from the mailing date on the notice of adverse benefit determination to file an appeal. For Medicaid members, should you chose to have your services continued during the appeal process, you have ten (10) calendar days from the mailing date on the letter to contact DWMHA to make your request known. If you are an uninsured/underinsured member, you have 30 calendar days from the date of the adverse benefit determination to request a local dispute resolution review.

Should you wish to have someone else to file an appeal on your behalf, you may do so. The individual that you choose to represent you must be at least 18 years of age or older. However, your written authorization is required to have a representative to speak on your behalf. Therefore, should an appeal be submitted by a representative without your written authorization, it will not be processed until we receive proper documentation.

You, your legal guardian, your authorized representative or your provider (if you have given written permission to do so) can request an appeal/local dispute resolution. The request for a “Local Appeal”/Local Dispute Resolution can be submitted verbally (either over the phone or in person) or in writing. Your oral request for appeal is used to establish the earliest filing date. However, if your request is not expedited and you call DWMHA to verbally request an appeal, the request must be followed up in writing. A determination will be made as quickly as possible, but no longer than 30 calendar days from the date you filed the appeal. You may also request for your appeal to be considered for a quicker fast or “expedited” appeal if you believe that waiting for the standard timeframe would jeopardize your ability to attain, maintain, or regain maximum function. Please note that if your request for an “expedited” appeal is denied, we will call and write you within 2 calendar days. If we accept your appeal as “expedited,” we will resolve it within 72 hours.

Should you require any physical accommodations or interpreter services, arrangements can be made to accommodate your needs, i.e. hearing impaired and non-English speaking. Please contact DWMHA Customer Service Office at 888.490.9698 or 313.833.3232 or TTY: 800.630.1044 for assistance.

An additional 14 calendar days are allowed, to obtain medical records or other important medical information if you request the extension, or if the Plan can demonstrate the delay is in your best interest.

DWMHA will continue your benefits if the following conditions apply:

- You or your representative file the appeal timely;
- The appeal involves the termination, suspension, or reduction of a previously authorized course of treatment;
- The services were ordered by an authorized provider;
- The original period covered by the original authorization has not expired; and
- You request an extension of benefits

At your request, DWMHA will continue or will reinstate your benefits while the appeal is pending. The benefits will be continued until one of the following occurs:

- You withdraw the appeal
- Ten (10) calendar days pass after DWMHA mails the Notice of Appeal Denial/Notice of Appeal Decision;
- A State Fair Hearing Administrative Law Judge issues a hearing decision adverse to you;
- The time period or service limits or a previously authorized service has been met.

If your appeal is for Medicare services, you are entitled to all five levels of a Medicare appeal:

- Medicare Administrative Contractor
- Independent Review Organization
- Administrative Law Judge (OMHA)
- Medicare Appeals Council Review
- Judicial Review

If your appeal is for Medicaid services, you are entitled to three levels of appeals.

- Local Appeal
- State Fair Hearing/Administrative Hearing
- Third Judicial Circuit Court

An External Appeal is the second appeal, which is reviewed by an independent organization that is not connected to DWMHA. Medicare's External Appeal organization is called the Independent Review Entity (IRE). Medicaid's External Appeal is a State Fair Hearing through the Michigan Administrative Hearing System (MAHS).

There are two ways to make an External Appeal for Medicaid services: Fair Hearing and/or External Review. You have the right to request a Fair Hearing from the Michigan Administrative Hearing System (MAHS). A Fair Hearing is an impartial review of a decision. You must ask for a Fair Hearing within 120 calendar days from the date on the Notice of Appeal Denial/Notice of Appeal Decision that told you that a Medicaid covered service was denied, reduced, suspended, or stopped. For continuation of benefits during a State Fair Hearing, you must file your State Fair Hearing request with MAHS within 10 calendar days from the date of the Notice of Appeal Denial/Notice of Appeal Decision.

If DWMHA reverses the decision or the decision is reversed by the Administrative Law Judge, DWMHA must pay for services provided while the appeal was pending. The disputed services will be provided within 72 hours of the decision. You may be required to pay the cost of the services if the denial is upheld. DWMHA will inform you of our decision in writing.

If you have questions about the appeal process or if you would like to request an appeal, please contact our Customer Service Office at **Toll Free: 888.490.9698 or TTY: 800.630.1044**

### **State Fair Hearing (Medicaid or MI Health Link enrollees only)**

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

You can ask for a state fair hearing only after receiving notice that the service decision you appealed has been upheld. You can also ask for a State Fair Hearing if you were not provided your notice and decision regarding your appeal in the timeframe required. There are time limits on when you can file an appeal once you receive a decision about your local appeal.

To be eligible for a hearing, you must submit your written request within 120 days from the date of the notice of appeal denial/notice of appeal decision or notice of failure to resolve grievance within 90 calendar days. Forms to request a State Fair Hearing are available at your service provider and at DWMHA. Your service provider or Customer Service Appeals staff can help you to complete this form and send it to MAHS. The provider and/or Customer Service Appeals staff will help you through the entire process. If you request a hearing, DWMHA will become involved in the hearing and act as the "Hearing Officer" to ensure that all of your rights are protected and each step of the hearing process is carried out properly. DWMHA will also be responsible for presenting the position of the service provider or DWMHA during the hearing. This request must be in writing. You may contact the state office at:

**Michigan Administrative Hearing System**  
**For the Department of Health and Human Services**  
**P.O. Box 30763 Lansing, MI 48909**  
**Toll Free: 877. 833.0870**  
**Fax: 517. 373.4147**

**You have the right to continue to receive benefits while your hearing is pending. However, you must put in a request to MAHS within 10 calendar days of the mailing of Notice of Appeal Decision/Appeal Denial. Please note that you may be responsible for payment for these continued services.**

If you are **not** a beneficiary of Medicaid or Healthy Michigan Plan, your state appeal rights will be explained to you at the conclusion of your Local Appeal. The State dictates that all local processes must be exhausted prior to a state appeal which is also known as the Alternative Dispute Resolution Process.



# MI HEALTH LINK

Linking Medicare and Medicaid for you



## What is MI Health Link?

MI Health Link is a health care option for Michigan adults, ages 21 and over, who are enrolled in both Medicare and Medicaid. You are eligible for these enhanced services because you are dually eligible to receive Medicare and Medicaid benefits. The goal of MI Health Link is to provide seamless access to high quality care through coordination of services currently covered separately by Medicare and Medicaid. MI Health Link offers the opportunity to coordinate the integration of health care services for physical health, mental health, substance use disorders, intellectual and developmental disorders.

You are enrolled in the MI HEALTH LINK in Wayne County only. Should you move out of state or out of the Wayne County jurisdiction you will become dis-enrolled from the MI HEALTH LINK program with notice and will have to contact your health plan to find out if the county you moved to participates in the program. Below describes your Medicare and Medicaid eligibility.

MI Health Link offers a broad range of medical and behavioral health services, pharmacy, home and community-based services and nursing home care, all in a single program designed to meet individual needs.

### Medicare

Medicare is the Federal Health Insurance program that generally covers care for:

- Persons 65 years of age or older
- Persons under 65 with certain disabilities and
- Persons with end-stage renal disease known usually as kidney failure

### Medicaid

Medicaid is a program that is funded through the federal government through the State of Michigan that helps people with limited income and limited resources pay for long term supports, services and medical costs. It also covers extra services and prescriptions not covered by Medicare. Since each state is issued funding from the federal government, each state has the ability to set guidelines about who qualifies for Medicaid and how one's personal resources or income may count toward a person's eligibility. The State of Michigan determines who is eligible for Medicaid and what benefits are offered through the plan. The Detroit Wayne Mental Health Authority (DWMHA) offers the plan to those persons who are deemed eligible and participate in the MI Health Link program also known as the Medicare-Medicaid Dual Eligible Program.

Your eligibility for DWMHA MI Health Link is already determined. You are a participant in the program because you:

- enrolled in the program or;
- took no action during open enrollment or;
- already have Medicare Part A, Part B and Part D and;
- already have full Michigan Medicaid benefits and;
- are **not** a participant in hospice care and;
- a participant in the MI Choice Waiver Program and;
- are **not** a participant of the all-inclusive Care for the Elderly known as PACE

## How You Link With DWMHA

You have a great advantage as a participant of the MI HEALTH LINK program in Wayne County. The DWMHA and your health plan will work together to help make your Medicare and Medicaid benefits work best for you. You will recognize your health plan by the name of services like Aetna Better Health, AmeriHealth of Michigan, Michigan Complete Health (Formerly called: Fidelis Secure Care), HAP Midwest, or Molina. Sometimes people may refer to your health plan as an ICO that means Integrated Care Organization, but it is still your health plan.

You do not pay extra for this coordinated benefit of service, two agencies will be coordinating your care. MI Health Link enrollees will be issued one card for your Medicare and Michigan Medicaid services. You must show this card each time you receive services or prescriptions, so remember to have it with you when you go to your appointments.

As long as you are enrolled in the MI Health Link plan, you do not need to use your red, white, and blue Medicare card or your Michigan Medicaid card to receive services. Keep those cards in a safe place in case you need them later. In this plan there is:

- No deductible or co-pays when you receive services from one of our designated providers or pharmacies.
- A Care Coordinator at your health plan who will help you work through a personal care plan based on your health goals. They will be prepared to offer you choices about care and level of services.
- A Care Coordinator who will make sure you are receiving the maximum care for your benefit and will assist you in obtaining the array of services that best fits your needs.
- Access to home-based supports and services that will assist you with your health goals and to help you be independent, upon approval.
- Community-based supports that will help you to maintain your health and recovery, upon approval.

### Urgently Needed Care

Urgently needed care is care you get for a sudden onset or change of symptoms or condition that isn't an emergency but needs attention immediately. For example, you might have a flare-up of an existing condition and need to have it treated right away.

In most situations, we will cover urgently needed care. Always contact your provider or the Access Center at **800.241.4949**.

If you can't get to a network provider, we will cover urgently needed care you get from an out-of-network provider, if it is deemed medically necessary by a qualified specialist.

When you are outside the service area, you might not be able to get care from a network provider. In that case, our plan will cover urgently needed care you get from any provider.

Our plan does **not** cover urgently needed care or any other care that you get outside the United States.

Contact the Access Center Crisis Line for any of the following reasons:

- Suicidal thoughts
- Information on mental health/illness

- Substance abuse/addiction relapse
- To help a friend or loved one seek services
- Relationship problems or Domestic Abuse
- Abuse/violence/alcoholism/drug use
- Economic problems causing anxiety/depression
- Loneliness
- Family problems
- No prescription access

### Service Authorizations

Services you request must be authorized or approved by your Care or Supports Coordinator. Your provider has the capacity to determine the level of care you need at a particular time.

### Out of Network

There may be times in which there are no providers in the DWMHA network that are able to provide you with a service that you need. If that service is covered by Medicare or Michigan Medicaid benefit and it is medically necessary for you, DWMHA and your health plan will work with you to find a provider outside of our network to provide the service. This will be at no cost to you. If you feel that your needs require services from an out-of-network provider, please contact your Care Coordinator or the DWMHA Customer Service representative at **888.490.9698**, Monday through Friday, 8:00 a.m. to 4:30 p.m.

If you go to an out-of-network provider, the provider must be eligible to participate in Medicare and/or Michigan Medicaid. We cannot pay a provider who is not eligible to participate in Medicare and/or Michigan Medicaid. If you go to a provider who is not eligible to participate in Medicare, you must pay the full cost of the services you get. Providers must tell you if they are not eligible to participate in Medicare.

### Payment for Services

If you are enrolled in **MI Health Link** and meet the criteria for your authorized behavioral health services, your treatment will be covered at no cost to you.

### Covered Services

To review a complete list of covered services, please refer back to pages 30 through 46 of this handbook. Please see your ICO health plan handbook for a complete list of pharmacy benefits, medication list and additional health plan covered services.

**All services, except emergency services, are subject to prior authorization by either you or your provider.**

## MI Health Link Ombudsman

The MI Health Link Ombudsman (MHLO) serves as an advocate and problem-solver for beneficiaries enrolled in MI Health Link. All of the services are free, and all beneficiary information is kept confidential. The Ombudsman can:

- Answer questions about MI Health Link
- Help solve problems with care, services, and benefits
- Connect beneficiaries to other resources
- Assist with grievances and appeals, and
- File complaints

They also work with health plans, Pre-Paid Inpatient Health Plans (that offer behavioral health services), the Michigan Department of Health and Human Services, and the federal government to spot issues, identify best practices, and offer solutions that will help make the MI Health Link program work better for beneficiaries.

MHLO is a project of the Michigan Elder Justice Initiative and their partners at the Counsel and Advocacy Law Line, two free legal services programs for low income Michiganians. They provide most of their assistance to beneficiaries through both a toll-free hotline and through email responses to questions and problems.

**MI Health Link Ombudsman**  
**Toll Free: 888.746.6456**  
**TTY: 711**  
**Monday – Friday 8 A.M. to 5 P. M.**  
[help@MHLO.org](mailto:help@MHLO.org)

## Glossary of Terms

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

**Adequate Notice-** consumers have the right to receive an Adequate Notice of Action, which is a written statement advising the consumer to deny or limit authorization of Medicaid services requested.

**Advance Notice of Action-** a written notice advising the beneficiary of a decision to reduce, suspend or terminate services currently provided. Advance Notice is to be provided or mailed at least 12 calendar days prior to the proposed date the action is to take effect.

**Adverse Benefit Determination-** a decision that adversely affects a Medicaid beneficiary's claim for services due to:

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

**Amount, Duration, and Scope-** terms to describe how much, how long, and in what ways the Medicaid services that are listed in a person's individual plan of service will be provided

**Anti-Stigma-** the elimination of social stigma or discrimination associated with mental illness

**Appeal-** a review of an adverse benefit determination.

**Autism Spectrum Disorder (ASD)-** a serious neurodevelopmental disorder that impairs an individual's ability to communicate and interact with others. It also includes repetitive behaviors, interests and activities.

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

**Beneficiary-** an individual who is eligible for and enrolled in the Medicaid program in Michigan.

**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. May also be referred to as CMH.

**Crisis Screening Centers-** ensures immediate help in person or by phone for individuals experiencing a mental health crisis.

**Customer Service-** enhances the relationship between the community and Authority as well as between the individual and the Authority by providing grievance assistance, information and training. It also coordinates planned learning opportunities. These opportunities and services include access to various rights processes, advocacy programs, educational forums, grievance and appeals assistance.

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

**Detroit Wayne Mental Health Authority (DWMHA)-** a community mental health services program established and administered pursuant to provision of State Mental Health Code, for the purpose of providing a comprehensive array of mental health services appropriate to the condition of individuals who are residents of Wayne County or individuals in Wayne County requiring emergent or urgent services, regardless of the ability to pay.

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

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

**Emergency Services/Care-** covered services that are given by a provider trained to give emergency services and needed to treat a medical/behavioral emergency

**Enrollee-** a member or recipient who is currently enrolled in a program managed by DWMHA, Pre-Paid Inpatient Health Plan (PIHP), or a given managed care program. Member, consumer, enrollee, recipient, client or patient are sometimes all used to describe the participant of the plan.

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

**Extended Observation Beds (or 23-Hour Stay Units)**- 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 he or she is discharged to another community-based outpatient service or admitted to a hospital.

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

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

**Habilitation Services and Devices**- health care services and devices that help a person keep, learn, or improve skills and functioning for daily living

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

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

**Healthy Michigan Plan**- a 1115 Demonstration project that provides health care benefits to individuals who are: age 19-64 years; have income at or below 133% of the federal poverty level under the modified Adjusted Gross Income Methodology; do not qualify or are not enrolled in Medicare or Medicaid; are not pregnant at the time of application; and are residents of the State of Michigan. Individuals meeting Health Michigan Plan eligibility requirements may also be eligible for mental health and substance abuse services. The Michigan Medicaid Provider Manual contains complete definitions of the available services as well as eligibility criteria and provider qualifications. The Manual may be accessed at:

[http://www.michigan.gov/mdhhs/0,4612,7-132-2945\\_42542-42543\\_42546\\_42553-87572--,00.html](http://www.michigan.gov/mdhhs/0,4612,7-132-2945_42542-42543_42546_42553-87572--,00.html)

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

**Home Health Care**- is supported care provided in the home. Care may be provided by licensed healthcare professionals who provide medical treatment needs or by professional caregivers who provide daily assistance to ensure the activities of daily living (ADL) are met.

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

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

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

**Individual Plan of Service (IPOS)**- a personalized treatment plan addressing the needs of the person served and their family members. This treatment plan is developed through the person-centered planning process. The person-centered planning process is a process for planning and supporting the person receiving services that builds upon the person's capacity to engage in activities that promote community and that honors the person's preferences, choices and abilities. The person-centered planning process involves family members, friends and professionals as the person desires or requires.

**Integrated Care Organization (ICO)**- your health plan, the organization responsible for your health benefit under the MI Health Link program.

**Integrated Health Care (IHC)**- a holistic approach to the overall well-being of an individual. Integrated Health Care is when healthcare professionals consider all health conditions at the same time and coordinate benefits to best serve the participant's overall health and wellness.

**Integrated or Co-Occurring Mental Illness and Substance Use Disorder**- defined as both disorders at the same time. DWMHA welcomes persons with both disorders and provides co-occurring capable treatments throughout the networks and at every level of care.

**Intellectual and Developmental Disability (I/DD)**- 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; or generic care, treatment or other services that are of special, interdisciplinary, or generic care, treatment or other services that are of lifelong or extended duration. **(b)** If applied to a minor from birth to age five, a substantial developmental delay or a specific congenital or acquired condition with a high probability of resulting in a developmental disability.

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

**MDHHS**- an acronym for Michigan Department of Health and Human Services. 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. DWMHA is unable to authorize (pay for) or provide services that are not determined as medically necessary for you.

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

**MIChild**- a Michigan healthcare 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.



**MI P.A.T.H. (PERSONAL ACTION TOWARD HEALTH)**- a program designed to assist people in adopting healthier lifestyles by taking responsibility for their own health choices. Group meetings are organized to discuss and acquire the tools and skills needed to manage various health problems and lead more productive lives.

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

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

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

**Physician Services**- refers to the services provided by an individual licensed under state law to practice medicine or osteopathy.

**PIHP**- an acronym for Pre-Paid Inpatient Health Plan. Detroit Wayne Mental Health Authority is the PIHP for MI Health Link. A PIHP is an organization that manages the Medicaid Mental Health, developmental disabilities, and substance abuse services in their geographic area under contract with the State. There are ten (10) PIHPs in Michigan and each one is organized as a Regional Entity or a Community Mental Health Services Program according to the Mental Health Code.

**Potential Member**- person who may voluntarily elect to enroll in a given managed care program but is not yet an enrollee.

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

**Premium**-an amount to be paid for an insurance policy, a sum added to an ordinary price or charge

**Prescription Drugs**- are pharmaceutical drugs that legally require a medical prescription to be dispensed. In contrast, over-the-counter drugs can be obtained without a prescription

**Prescription Drug Coverage**- is a stand-alone insurance plan, covering only prescription drugs

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

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

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

**Public Health Code-** an act to protect and promote the public health; to codify, revise, consolidate, classify, and add to the laws relating to public health; to provide for the prevention and control of diseases and disabilities; to provide for the classification, administration, regulation, financing, and maintenance of personal, environmental, and other health services and activities.

**Recipient Rights-** those rights guaranteed to persons receiving mental health services by the Michigan Mental Health Code and the Public Health Code.

**Recovery:** a journey of healing and change that allows a person to live a meaningful life in a community of their choice while working toward their full potential.

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

**Resiliency-** 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.

**Serious Mental Illness (SMI)** - as defined by the Michigan Mental Health Code, means 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 has resulted in function impairment that substantially interferes with or limits one or more major life activities.

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

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

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

**Specialized Medical Equipment and Supplies-** specialized medical equipment and supplies include durable medical equipment, environmental safety and control devices, adaptive toys, activities of daily living (ADL) aids, and allergy control supplies that are specified in the child’s individual plan of services.

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

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

**Stigma-** a form of discrimination. It is one of the leading reasons individuals with mental illness do not seek treatment for their condition.

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

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

**Youth Peer Support** - organization designed to support youth with a serious emotional disturbance through shared activities with the Youth Peer Support Specialist. The goals of YPS include empowering youth, developing skills to improve overall functioning and quality of life and working collaboratively with others involved in delivering the youth's care. YPS services are provided by a trained youth peer support specialist, one-on-one or in a group, for youth who are resolving conflicts, enhancing skills to improve their overall functionality, integrating with community, school and family and/or transitioning into adulthood.

## Services Not Covered Under DWMHA

If you have Medicaid or a Healthy Michigan Plan, you may be entitled to other medical services not listed previously in this handbook. Services that are necessary to maintain your physical health are provided or ordered by your primary care doctor. If you receive Community Behavioral Health services, your local CMH program will work with your primary doctor to coordinate your physical and behavioral health services. If you do not have a primary doctor, you can contact the Access Center to help you find one.

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
- Medical Supplies
- Medicine
- Mental Health (limit of 20 outpatient visits)
- Nursing Home Care
- Physical and Occupational Therapy
- Prenatal Care and Delivery
- Physical & Occupational Therapy
- Surgery
- Transportation to Medical Appointments
- Vision

If you are enrolled in Medicaid or a health plan 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 DWMHA Customer Service at 1.888.490.9698 for assistance.

Healthy Michigan Plans are available through your local Health Department or Department of Health and Human Services. If you would like more information or have questions about Healthy Michigan Plan covered services, you may visit this website [www.michigan.gov/healthymichiganplan](http://www.michigan.gov/healthymichiganplan) or you may contact the Beneficiary Help Line at 800.642.3195. You may contact the Access Center for additional assistance regarding the Healthy Michigan Plan.

## Medicaid Health Plans in Wayne County

If you are enrolled already in one of the health plans listed below you can contact the health plan directly for more information about services. If you are not enrolled in a health plan or do not know the name of your health plan, you can contact the Access Center (Toll Free) at 800.241.4949 for assistance.

The following list shows Medicaid Health Plans available to Wayne County residents:

### Medicaid Health Plans

<p><b>Aetna Better Health of Michigan</b> 1333 Gratiot, Suite 400 Detroit, MI 48207 866.316.3784 <a href="http://aetnabetterhealth.com/michigan">http://aetnabetterhealth.com/michigan</a></p>	<p><b>Blue Cross Complete of Michigan</b> 20500 Civic Center Drive Southfield, MI 48076 800.228.8554 <a href="http://www.mibcn.com">http://www.mibcn.com</a></p>
<p><b>HAP Midwest Health Plan, Inc.</b> 4700 Schaefer Road, Suite 340 Dearborn, MI 48126 313.581.3700 <b>Toll Free</b> 888.654.2200 <a href="http://www.midwesthealthplan.com">http://www.midwesthealthplan.com</a></p>	<p><b>Harbor Health Plan</b> 4707 St. Antoine, Suite 5 South Detroit, MI 48201 866.420.6782 <a href="http://www.harborhealthplan.com">http://www.harborhealthplan.com</a></p>
<p><b>Meridian Health Plan of Michigan, Inc.</b> 777 Woodward Avenue, Suite 600 Detroit, MI 48226 313.324.3700 <b>Toll Free</b> 888.437.0606 <a href="http://www.mhplan.com">http://www.mhplan.com</a></p>	<p><b>Molina Healthcare of Michigan</b> 100 W. Big Beaver Road, Suite 600 Troy, MI 48084 248.925.1700 <b>Toll Free</b> 888.898.7969 <a href="http://www.molinahealthcare.com">http://www.molinahealthcare.com</a></p>
<p><b>Total Health Care</b> 3011 W. Grand Blvd., Suite 1600 Detroit, MI 48202 313.871.2000 <b>Toll Free</b> 800.826.2862 <a href="http://www.totalhealthcareonline.com">http://www.totalhealthcareonline.com</a></p>	<p><b>United Healthcare Community Plan</b> 26957 Northwestern Highway, Suite 400 Southfield, MI 48033 248.559.5656 <b>Toll Free</b> 800.903.5253 <a href="http://www.uhccommunityplan.com">http://www.uhccommunityplan.com</a></p>

\*\* Please call to obtain and/or confirm business hours. \*\*

## Federally Qualified Health Centers (FQHCs)

**Advantage Health Centers – Sliding Scale:** Medicaid Accepted

**Transportation:** Bus Tickets and Limited Cab Vouchers

<p><b>Advantage Family Health Center</b> 4777 East Outer Drive Detroit, MI 48234 313.416.6200 M, T, Th, F: 8am- 5pm Wednesday: 11am-7pm <i>On-site internal medicine specialty clinic</i></p>	<p><b>Thea Bowman Community Health Center</b> 15400 W. McNichols Detroit, MI 48235 313.835.5990 M, T, Th, F: 8:30am – 5pm Wednesday: 11am-7pm</p>	<p><b>Waller Health Care for the Homeless Center</b> 60 E. Warren Avenue Detroit, MI 48201 313.416.6261 Monday-Friday: 8am- 4:30pm</p>
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### The following Advantage sites are rotational

<p><b>Coalition on Temporary Shelter</b> 26 Peterboro Detroit, MI 48201 313.831.377</p>	<p><b>Fort Street Presbyterian Church</b> 631 W. Fort Street Detroit, MI 48226 313.961.4533</p>	<p><b>Latino Family Services</b> 3815 Fort Street Detroit, MI 48216 313.279.3232</p>
<p><b>Operation Get Down</b> 10100 Harper Avenue Detroit, MI 48213 313.921.9422</p>	<p><b>Salvation Army</b> 1627 W. Fort Street Detroit, MI 48216 313.965.7760</p>	

### Community Health & Social Services-Sliding Scale: Appointments Preferred

<p><b>CHASS Midtown Center</b> 7436 Woodward Avenue Detroit, MI 48202 313.556.9907 M, T, Th: 12pm-8pm W, F: 8:30am-5pm</p>	<p><b>CHASS Southwest Center</b> 5635 W. Fort Street Detroit, MI 48209 313.849.3920 Under 60 years old; walk-in; free M, W, Th, F: 8am-5pm; Tues. 8am-8pm</p>	<p><b>CHASS Western International Center</b> 1500 Scotten Detroit, MI 48209 313.849.5504 Call for hours</p>
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### Covenant Community Care-Sliding Scale: Appointments Preferred

<p><b>Covenant Community Care</b> 559 W. Grand Blvd. Detroit, MI 48216 313.554.1095 M, W, Th: 8am-8pm T, F: 8am-5pm; Saturday: 8am-1pm</p>	<p><b>Southwest Solutions</b> 1700 Waterman Detroit, MI 48209 313.841.1699 M, Th, F: 8am-4pm T, W: 8am-8pm</p>
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**Detroit Community Health Connection-Sliding Fee Scale; Appointments Preferred**

<p><b>Bruce Douglas Health Center</b> 6550 W. Warren Detroit, MI 48210 313.897.7700 <b>Medical:</b> Monday 10am- 6pm T, W, Th, F: 8:30am-5pm <b>Dental:</b> T, W, Th, F: 8:30am-5pm</p>	<p><b>East Riverside Health Center</b> 13901 E. Jefferson Detroit, MI 48215 313.822.0900 M, W, Th, F: 8:30am-5pm Tuesday: 10am-6pm</p>	<p><b>Eastside Health Center</b> 7900 Kercheval Detroit, MI 48214 313.921.5500 <b>Medical:</b> M, T, Th, F: 8:30am-5pm Wednesday: 10am-6pm <b>Dental:</b> M, T, F: 8:30am-5pm Wednesday: 9:30am-6pm</p>
<p><b>Nolan Family Health Center</b> 111 W. Seven Mile Road Detroit, MI 48203 313.369.2600 <b>Medical:</b> M, T, W, F: 8:30am-5pm Thursday: 10am-6pm <b>Dental:</b> M, Th, F: 8:30am-5pm</p>	<p><b>Woodward Corridor Family Medical Center</b> 611 Martin Luther King Jr. Blvd. Detroit, MI 48201 313.832.6300 Monday-Friday: 8:30am-5pm</p>	

**Health Centers Detroit Medical Group**

<p><b>HCD</b> 7633 E. Jefferson, Suite 340 Detroit, MI 48214 313.822.9801 (Option #2) Monday-Friday: 8:30am-5:30pm</p>	<p><b>HCD – Advance Building</b> 23077 Greenfield Road, Suite 400 Southfield, MI 48075 313.822.9801 (Option #3) Monday-Friday: 8:30am-5:30pm Alternating Saturdays: 8:30am-12:30pm</p>	<p><b>HCD – University Health Center</b> 4101 St. Antoine, Suite 7-A Detroit, MI 48201 313.745.4091 Monday-Friday: 8:30am-5:30pm</p>
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**Wellness Plan Health Centers**

<p><b>TWP – East Area Medical Center</b> 4909 E. Outer Drive Detroit, MI 48234 313.366.2000 Monday-Friday: 9am-5pm</p>	<p><b>TWP - Gateway Medical Center</b> 2888 W. Grand Blvd. Detroit, MI 48202 313.875.4200 Monday-Friday: 9am-5pm</p>	<p><b>TWP – Northwest Medical Center</b> 21040 Greenfield Oak Park, MI 48237 248.967.6500 Monday-Friday: 9am-5pm</p>
<p><b>Western Wayne Family Health Center – Inkster</b> 2700 Hamlin Ct. Inkster, MI 48141 313.561.5100 M, T, W, Th: 9am-6pm Friday: 9am-1pm</p>	<p><b>Western Wayne Family Health Center – Taylor</b> 26650 Eureka Road, Suite C Taylor, MI 48180 313.561.5100 Monday-Friday: 9am-5pm</p>	<p><b>Western Wayne Family Health Center – Lincoln Park</b> 25650 W. Outer Drive Lincoln Park, MI 48146 313.383.1897 Monday-Thursday 9am-6pm Friday 9am-5pm</p>

DWMHA 24-Hour Access/Crisis Information and Referral Helpline

Toll Free: 800.241.4949 • TTY: 800.870.2599

[www.dwmha.com](http://www.dwmha.com)

## Family Support Subsidy (FSS) Program

The Michigan Family Support Subsidy Program (FSSP) was established with the passing of Public Act #249 of 1983, the Family Support Subsidy Act.

The program is designed to provide financial help for families who are caring for children 17 years of age and younger, reside in the family home and have severe disabilities. A child must have one of the following diagnoses:

Cognitive Impairment (severe); Severe Multiple Impairment; Autism (school must verify child's special education programming).

The School's Special Education programs must have one of the following classroom programs for students:

- Classroom program for students with Cognitive Impairment (R340.1738).
- Classroom program for Severe Multiple Impairment (R340.1748).
- Classroom program for students with Autism (R340.1758a or R340.1785b).

**For additional information regarding Family Support Subsidy enrollment, you may contact a DWMHA Customer Service Representative at 888.490.9698 or 313.833.3232.**

You also have the right to appeal the decisions of the Authority by doing so in writing. You will need to state the reasons the family should be eligible for the subsidy. Appeal requests are to be sent to **Family Support Subsidy Appeals Officer, 707 West Milwaukee St., Detroit, MI 48202**. If you have any questions, please call Customer Service Family Support Subsidy Representatives at the above number.

Appeals must be submitted within 30 days of date of denial. Otherwise, any right to appeal is waived. Parties will be given a reasonable notice of the hearing, indicating a statement of the date, time, place and nature of the hearing.

Children aging out of the Family Subsidy Program will be informed on the processes and procedure for accessing intellectual and developmental disabilities services through the DWMHA Access Center and referral for other healthcare.



## Advocacy Groups

The Constituents' Voice (CV) is the DWMHA "consumer" (aka members) advisory group. It was established in 2014 under the direction of the President/CEO to advance community inclusion, i.e., the personal sense of valued participation and interaction in everyday life. In addition to advocating for the rights of people with disabilities, the CV provides oversight and direction to support people served to achieve a personal goal to live, learn, work, and recreate in general society. The group meets under the direction of Donna Coulter, PhD. Individuals interested in joining or supporting the CV's efforts should contact Dr. Coulter via email at [dcoulter@dwmha.com](mailto:dcoulter@dwmha.com).

**The National Alliance on Mental Illness (NAMI)** is a group of family members of those with serious mental illness. Its mission is three-fold:

- To support those with mental illness and their families
- To provide coping mechanisms in the daily struggle with the devastating consequences of those illnesses
- To educate the general public and those with mental illness and their families about mental illnesses.

NAMI's goals are to dispel the ignorance and pervasive stigma relating to these brain disorders and to advocate for more research and an improved system of mental health services across the nation.

NAMI is a non-profit organization dedicated to improving the lives of all people. To obtain information regarding annual events, contact **NAMI Michigan Conference (Toll Free) at 800.331.4264**.



## Michigan Advocacy Groups

<p><b>Alcoholics Anonymous</b> P.O. Box 2843 Southfield, MI 48037 877.337.0611 24 Hour Hotline 313.831.5550 <a href="http://www.thegapcenter.com">www.thegapcenter.com</a></p>	<p><b>The Arc Michigan</b> 1325 S. Washington Lansing, MI 48906 800.292.7581 <a href="http://www.arcmi.org">www.arcmi.org</a></p>	<p><b>Association for Children's Mental Health (ACMH)</b> 6017 W. St. Joseph Hwy Suite 200 Lansing, MI 48917 888.AMCH.KID (226.4543) 517.372.4016 <a href="http://www.acmh-mi.org">www.acmh-mi.org</a></p>
<p><b>Citizens for Better Care</b> 6501 W. St. Joseph Hwy. Suite 211 Lansing, MI 48917 Phone: 517.886.6797</p>	<p><b>Epilepsy Foundation of Michigan</b> 20300 Civic Center Drive Suite 250 Southfield, MI 48076 800.377.6226 248.351.7979 <a href="http://www.epilepsymichigan.org">www.epilepsymichigan.org</a></p>	<p><b>Michigan Disabilities Rights Coalition</b> 3498 E. Lake Lansing Road Suite 100 East Lansing, MI 48823 800.760.4600 517.333.2477 <a href="http://www.copower.org/mdrc/MDRC">www.copower.org/mdrc/MDRC</a></p>
<p><b>Michigan Protection and Advocacy Services, Inc.</b> 106 W. Allegan Suite 300 Lansing, MI 48933 517.487.1755</p>	<p><b>National Alliance for Mental Illness (NAMI Michigan)</b> 921 N. Washington Lansing, MI 48906 800.331.4264 517.485.4049 <a href="http://www.nami.org">www.nami.org</a></p>	<p><b>Narcotics Anonymous</b> 726 Livernois Ferndale, MI 48220 800.467.2452 248.543.7200 <a href="http://www.na.org">www.na.org</a></p>
<p><b>Schizophrenics Anonymous</b> 403 Seymour Lansing, MI 48912 800.482.9534 <a href="http://www.sanonymous.org">www.sanonymous.org</a></p>	<p><b>United Cerebral Palsy- Michigan</b> 3401 East Saginaw Suite 216 Lansing, MI 800.828.2714 <a href="http://www.ucp.org">www.ucp.org</a></p>	<p><b>United Way for Southeastern Michigan</b> 660 Woodward Ave. Suite 300 Detroit, MI 48226 313.226.9200 <a href="http://www.uwsem.org">www.uwsem.org</a></p>

## Local Advocacy Groups

<p><b>Alzheimer's Association</b>                  25200 Telegraph Road, Suite 100                  Southfield, MI 48033                  248.351.0280                  800.272.3900  <a href="http://www.alz.org/index.asp">www.alz.org/index.asp</a></p>	<p><b>American Indian Services</b>                  1110 Southfield Road                  Lincoln Park, MI 48146                  313.388.4100  <a href="http://www.amerinserv.org">www.amerinserv.org</a></p>	<p><b>Arab Chaldean Council</b>                  62 West Seven Mile Road                  Detroit, MI 48203                  313.893.6172  <a href="http://www.myacc.org">www.myacc.org</a></p>
<p><b>Disability Network</b>                  5555 Conner                  Detroit, MI 48213                  313.923.1655  <a href="http://www.dnwayne.org">www.dnwayne.org</a></p>	<p><b>Latino Family Services</b>                  3815 West Fort Street                  Detroit, MI 48216                  313.841.7380  <a href="http://www.latinofamilyservices.org">www.latinofamilyservices.org</a></p>	<p><b>Michigan Disabilities Rights Coalition</b>                  3498 East Lake Lansing Rd,                  Suite 100                  East Lansing, MI 48823                  800.760.4600 or                  517.333.2477  <a href="http://www.copower.org/mdrc/MDRC">www.copower.org/mdrc/MDRC</a></p>
<p><b>The Arc Dearborn/Dearborn Heights</b>                  22450 Park Street                  Dearborn, MI 48127                  313.562.1787  <a href="http://www.thearcdearborn.org">www.thearcdearborn.org</a></p>	<p><b>The Arc Downriver</b>                  1028 Oak Street                  Wyandotte, MI 48192                  734.283.0710  <a href="mailto:arciver@sbcglobal.net">arciver@sbcglobal.net</a></p>	<p><b>The Arc Western Wayne County</b>                  2257 South Wayne Road                  Westland, MI 48186                  734.729.9100  <a href="http://www.thearcww.org">www.thearcww.org</a></p>
<p><b>The Arc Detroit</b>                  51 Hancock                  Detroit, MI 48201                  313.831.0202  <a href="http://arcdetroit.org">arcdetroit.org</a></p>	<p><b>The Arc Northwestern Wayne</b>                  26049 Five Mile Road                  Redford, MI 48239                  313.532.7915  <a href="http://www.thearcnw.org">www.thearcnw.org</a></p>	<p><b>The Arc Grosse Pointe/Harper Woods</b>                  20475 Sunningdale Park                  Grosse Pointe Woods, MI 48236                  586.457.8588  <a href="http://www.thearcgphw.org">www.thearcgphw.org</a></p>



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## State Customer Service Hotline Numbers

**Medicaid Customer Services Hotline**  
800.642.3195

**Michigan Enrolls Hotline**  
888.367.6557

**Mental Health & Substance Abuse Administration Customer Services Number**  
517.241.5066

## Department of Health and Human Services (DHHS)

### DHHS

#### Wayne County Central Office

3040 W. Grand Blvd.

Detroit, MI 48202

313.934.4400

Office Hours: Monday – Friday, 8 a.m. – 5:00 p.m.

#### DWMHA

313.344.9099

## Protective Services MDHHS Hot Lines

**Adult Protective Services (APS)**  
855.444.3911

**Child Protective Services (CPS)**  
855.444.3911

## Transportation Resources

### LogistiCare

866.569.1902

(To get a ride to your medical appointment)

Call at least 2 days before you need a ride. When you call have your Medicaid ID, and the name, address and phone number of your medical Provider ready.

**Please Note:** LogistiCare is an independent organization.

## Community Resources

Community Housing Network  
570 Kirts Blvd.  
Suite 231  
Troy, MI 48084

Disability Network Wayne County  
313.923.1655  
[info@dnwayne.org](mailto:info@dnwayne.org)

Michigan Rehabilitation Service/Michigan Works  
517.335.5858  
TTY: 888.605.6722

Michigan Department of Health and Human Services  
517.373.3740  
TTY: 800.649.3777  
[www.michigan.gov/dhs](http://www.michigan.gov/dhs)

Salvation Army  
[www.salvationarmyusa.org](http://www.salvationarmyusa.org)

Social Security Administration  
Toll Free: 800.772.1213  
TTY: 800.325.0778  
[www.ssa.gov](http://www.ssa.gov)

Detroit Health Department  
3245 E. Jefferson Ave.  
Suite 100  
Detroit, MI 48207  
313.876.4000

Wayne County Health Department  
33030 Van Born Rd.  
Romulus, MI 48174  
734.727.7100

Wayne County Regional Educational Service Agencies  
33500 Van Born Rd.  
Wayne, MI 48184  
734.334.1300  
[www.resa.net](http://www.resa.net)

Homelessness or Housing Crisis  
Coordinated Assessment Model (CAM)  
313.305.0311

## Community Mental Health Services In Surrounding Counties

### **Oakland Community Health Network**

5505 Corporate Drive  
Troy, MI 48098  
Customer Service 800.341.2003  
24 hr. Crisis Line 800.231.1127 or 248.456.0909  
Access: Common Ground Sanctuary  
800.231.1127

Phone: 248.858.1210  
Fax: 248.975.9758

### **Monroe County CMH Authority**

P.O. Box 726  
1001 S. Raisinville Rd.  
Monroe, MI 48161-0726  
24 hr. Crisis Line: 800.886.7340 or 734.243.7340  
Access: 734.243.7340 or 800.886.7340

Phone: 734.243.3371  
Fax: 734.243.5564

### **Macomb County CMH Services**

22550 Hall Road  
Clinton Township, MI 48036  
24 hr. Crisis Line: 586.307.9100 Consumer  
Access: 586.948.0222 M-F: 8:30 a.m.-5:00p.m.  
Emergency Psychiatric Services: 586.948.0206 24 hr. (24-hour available)

Phone: 586.469.5275  
Fax: 586.307.9100

### **Washtenaw Community Mental Organization**

555 Towner, P.O. Box 915  
Ypsilanti, MI 48197  
24 hr. Crisis Line: 734.996.4747  
Access: 734.544.6726  
TTY: 800.649.3777

Phone: 734.544.3000  
Toll Free: 800.440.7548  
Fax: 734.544.6732

## DWMHA Values Your Input

At DWMHA, your opinion matters. DWMHA collects information from a variety of sources to learn about your needs and the services we provide. These sources include but are not limited to, annual member and provider surveys, grievance and appeal feedback, member events and meetings, along with general feedback from members and providers.



From time to time, we will seek your feedback about services that you have received. The information you provide is very important to let us know what is working and what is not. The results are used to make informed decisions about our services and processes. Your feedback helps to identify opportunities for improvement in the quality and delivery of our services. Please take a moment and give us your feedback.

Periodically there are groups of people who meet to provide feedback about their satisfaction, the effectiveness, and the efficiency of our services. Members of these groups may include individuals receiving mental health/substance use disorder services (or those who have in the past), family members, advocates, community members, and/ or service providers. Below is an example of a group you may get involved with, and there may be more as needed. There may be other opportunities for involvement.

If you would like information about DWMHA's Quality Improvement Program, including goals, initiatives and annual results please contact DWMHA or go to our website at [www.dwmha.com](http://www.dwmha.com).

**Constituents Voice (CV)** is an Independent Advisory Group for DWMHA. The group voices concerns of people receiving services, family members, and advocates regarding mental health related issues, i.e. specifically as they relate to people with intellectual and developmental disabilities, serious mental illness and substance use. CV is also responsible for informing the Executive Director of DWMHA about its concerns. The group makes recommendations to the CEO and the Board of Directors.

The Constituent Voice's primary goals are: Outreach, Education, and Communication. These consist of hosting forums that encourage participation and offer support on issues that affect the everyday lives of people.





## The DWMHA Anti-Stigma Campaign

*Artwork Courtesy of:  
A Place of Our Own Clubhouse*

DWMHA continues its effort in eliminating Stigma through its Anti-Stigma Campaign in collaboration with MDHHS, Community Mental Health Agencies and Substance Use Providers.

### **What is Stigma?**

Stigma is a form of discrimination. It is one of the leading reasons individuals with mental illness do not seek treatment for their condition.

### **What Everyone Should Know About Stigma**

- Stigmatizing behavior can be viewed as discrimination or harassment.
- Stigma may cause individuals with mental illness to feel isolated in a community.
- Stigma may result in individuals feeling a lack of social support, positive social roles, coping and problem-solving skills.
- It is important that healthcare providers avoid using stigmatizing behaviors towards consumers.

### **What Can You Do?**

- Educate yourself on Stigma.
- Recognize that stigmatizing behavior is not normal or acceptable anywhere.
- Seek professional help for your mental illness.
- Request a Peer Support person to partner with while obtaining mental health services.
- Do not get upset, remain calm when someone says something demeaning; just show them with dignity that their comment was inappropriate.
- Report Stigma if you or someone you know is a victim.

**If you would like more information about DWMHA's Anti-Stigma Campaign, contact DWMHA Customer Service at 313.833.3232 or 888.490.9698.**



## THANK YOU

Thank you for your interest in DWMHA. We look forward to delivering behavioral health services that demonstrate:

- Staff Competency
- Respect
- Dignity and Fairness for all people receiving services

Together we can assure that each person achieves an improved level of independence, better coping skills, and new growth through evaluation, treatment and focused rehabilitation.



*This handbook is available in English, Spanish and Arabic.  
Other language translations available upon request through the  
Access Center by calling (Toll Free) 800.241.4949.*

*It is made available during the New Enrollee Orientation process and during your annual IPOS and  
upon your request.*

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## **Detroit Wayne Mental Health Authority**

707 W. Milwaukee St.

Detroit, MI 48202

313.344.9099

[www.dwmha.com](http://www.dwmha.com)

### **DWMHA Customer Service**

**Toll Free:** 888.490.9698

**Local:** 313.833.3232

**TTY:** 800.630.1044

**Fax:** 313.833.2217 or 313.833.4280

Monday through Friday 8:00 am – 4:30 pm

### **24-Hour Centralized Access Center**

Crisis Information and Referral Help Line

**Toll Free:** 800.241.4949

**Local:** 313.224.7000

**TTY Line:** 866.870.2599

### **C.O.P.E.**

**(For Emergency Departments Only)**

844.296.2673

Office of Recipient Rights

**Toll Free:** 888.339.5595

**TTY Line:** 888.339.5588

