



**2023-2024
MEMBER HANDBOOK**



On behalf of our Board of Directors and staff, the Detroit Wayne Integrated Health Network (DWIHN) thanks you for choosing to receive your behavioral health services from us. 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 all of your services and supports.

We provide programs, supports and services to over 123,000 citizens throughout Wayne County. Individuals with mental health concerns, intellectual and developmental disabilities, children with serious emotional disturbance and persons with substance use disorder. We are committed to providing a holistic approach to care in these five areas: behavioral, economic, physical, as well as meeting their social and spiritual needs. We are doing that by collaborating with our Provider Network 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.

My pledge to you is that all DWIHN decisions 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/or ability to lead a self determined life. We are committed to maintaining quality services rooted in the integration of care.

We want to partner with you on your healthcare journey. We look forward to your feedback, experiences, concerns, successes and issues that you feel are important. Our success in delivering services is not determined by our satisfaction, but yours. We encourage you to participate in the 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 access to the healthcare you receive. I am proud to stand with you and am I committed to working alongside you as we continue to do great things at DWIHN to improve our system of care.

At any point in time should you need assistance from our 24hour Access Call Center, please contact **800-241-4949**. Anyone needing urgent behavioral health crisis services can go to our 707 Crisis Care Center on a walk-in basis at 707 W. Milwaukee in Detroit or by reaching out to our mobile crisis units at **844-IN CRISIS**.

Sincerely,
James E. White
President and CEO

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DWIHN 24-Hour Access/Crisis Information and Referral Helpline
Toll Free: 800.241.4949 • TTY: 711
Customer Service: 888.490.9698 • TTY: 711
www.dwihn.org



Dear Enrollees:

I would like to welcome you to Detroit Wayne Integrated Health Network. DWIHN offers a wide variety of services that address the needs of the people we serve: individuals with mental illnesses, substance use disorders, intellectual/developmental disabilities or children with serious emotional disturbances. Under a contract with the Michigan Department of Health and Human Services (MDHHS), DWIHN is responsible for providing supports and public behavioral health services to Wayne County residents. We strive for the highest quality of care by focusing on evidence-based practices and standards. This is accomplished through our network of skilled provider teams who work closely with you in achieving your personal goals. In supporting you with dignity and respect, we ensure that your individual needs will be honored. We look forward to partnering with you in helping us meet *our* goal of continuously improving our level of care. By addressing your questions, suggestions and concerns, we can better learn how our services can exceed your expectations.

You may contact my office by calling 313.833.2500



Sincerely,
Shama Faheem, MD
Medical Director/Chief Medical Officer



Kenya Ruth
Chairperson



Dr. Cynthia Taueg
Vice-Chairperson



Dora Brown
Treasurer

Board of Directors 2022-2023

The Detroit Wayne Integrated Health Network is a safety net organization that provides access to a full array of integrated services that facilitates individuals to maximize their level of function and create opportunities for quality of life.



William Phillips
Secretary



Karima Bentounsi



Lynne F. Carter, M.D.



Eva Garza Dewaelsche



Angelo Glenn



Jonathan C. Kinloch



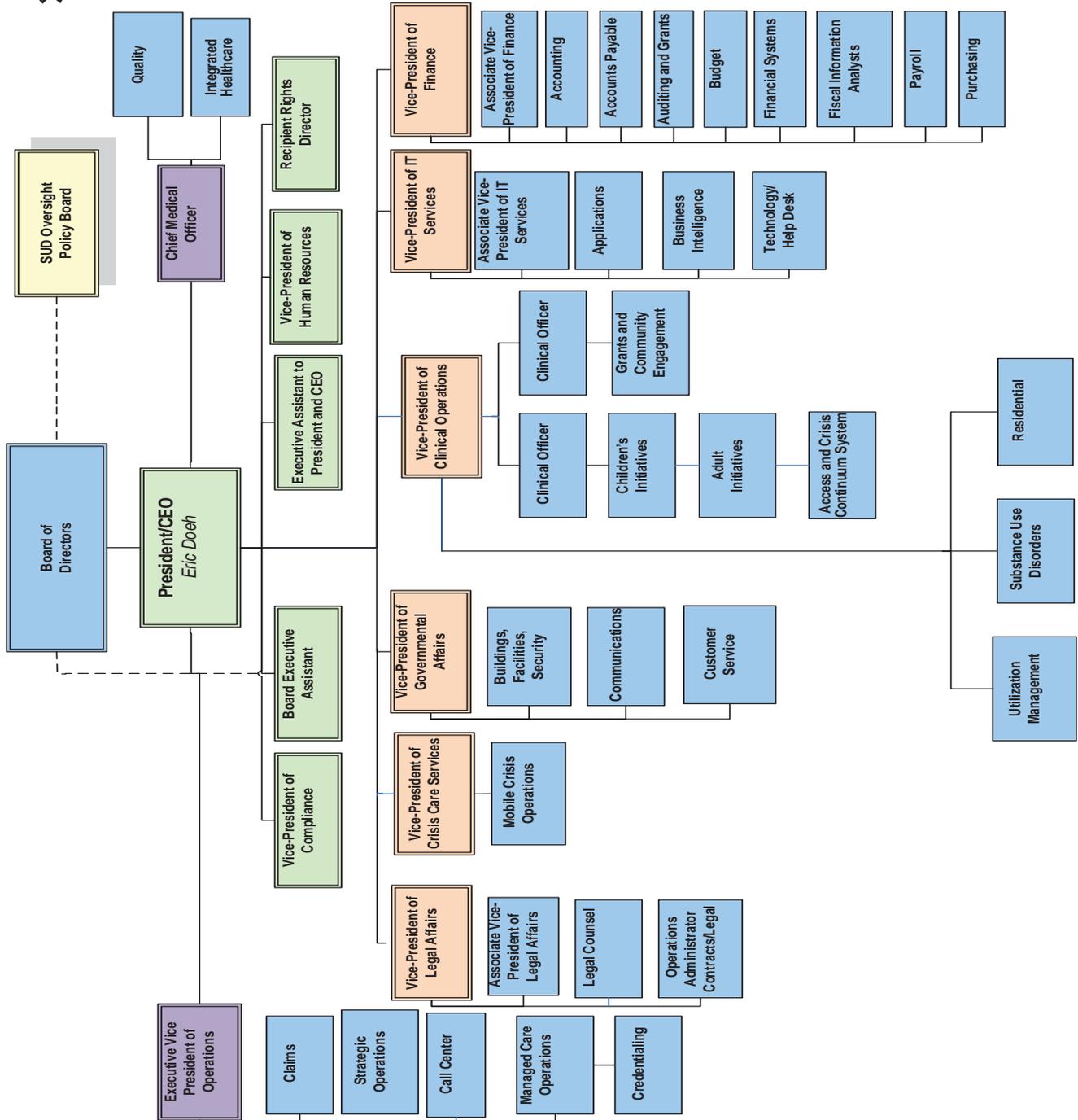
Kevin McNamara



Bernard Parker



Angela Bullock



THIS BOOK BELONGS TO...

Name: _____

Address: _____

Telephone: _____

In case of emergency contact: _____

Emergency Contact Phone: _____

My Provider is: _____

Provider Telephone: _____

My Important Phone Numbers

Name: _____

Health Plan: _____

Health Plan Telephone: _____

Care Coordinator Telephone: _____

Primary Care Provider: _____

Primary Care Provider Telephone: _____

DWIHN CUSTOMER SERVICE

707 W. Milwaukee St.

Detroit, MI 48202

Local: 313.833.3232

Toll Free: 888.490.9698

TTY: 711

Fax: 313.833.2217 or 313.833.4280

DWIHN 24-Hour Centralized Access/Crisis Information and Referral Helpline

Toll Free: 800.241.4949

The Office of Recipient Rights

Toll Free: 888.339.5595

DWIHN 24-Hour Access/Crisis Information and Referral Helpline

Toll Free: 800.241.4949 • TTY: 711

Customer Service: 888.490.9698 • TTY: 711

www.dwihn.org

WHO WE ARE

DWIHN 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)
- Individuals with Autism Spectrum Disorders (ASD)

Consistent with Michigan Law, DWIHN 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.

DWIHN provides empowerment to people within our behavioral health system, serving over 75,000 citizens in Detroit and Wayne County. DWIHN 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. DWIHN helps people who are uninsured and those with Medicaid and Medicare.

The Detroit Wayne Integrated Health Network (DWIHN) 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.

DWIHN'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, DWIHN 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.

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 DWIHN, how to obtain behavioral healthcare covered services, and your rights as a member.

DWIHN's Mission, Vision, and Values

Mission: We are a healthcare safety net organization that provides access to a full array of integrated services that facilitate individuals to maximize their level of function and create opportunities for quality of life.

Vision: To be recognized as a national leader that improves the behavioral and physical health status of those we serve, through partnerships and direct service that provide programs promoting integrative holistic health and wellness.

Values:

- 👤 We are an advocate, person-centered, family and community focused organization.
- 👤 We are an innovative, outcome, data-driven, and evidence-based organization.
- 👤 We respect the dignity and diversity of individuals, providers, staff, and communities.
- 👤 We are inclusive, 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 experience something that does not align with our mission, vision and values, call the DWIHN confidential compliance hotline at [313.833.3502](tel:313.833.3502) or email compliance@dwihn.org.

Vision
Mission
& Values

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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 need 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. DWIHN's Customer Service is also available at 888.490.9698.

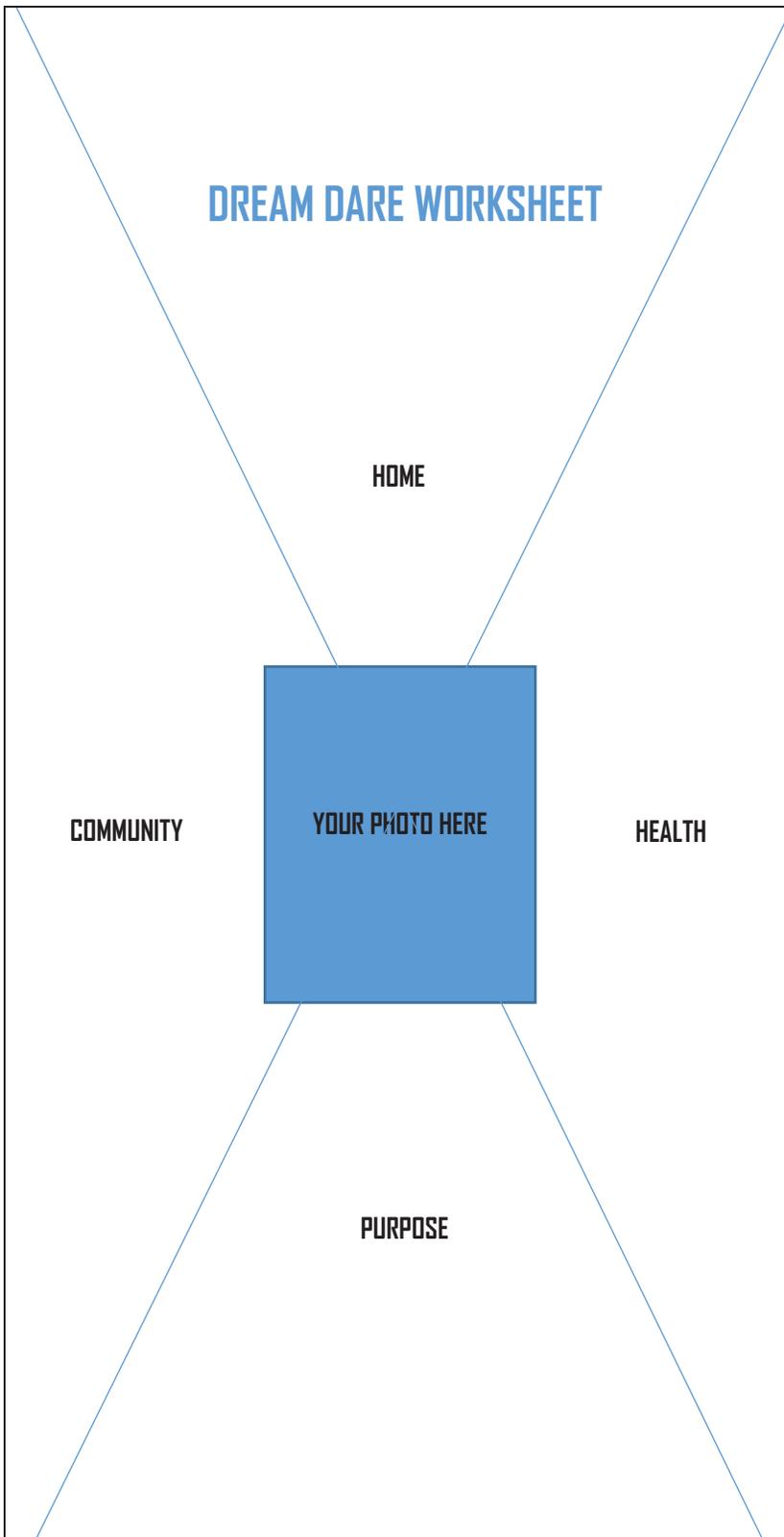
DWVHN creates this handbook with the input of our community, members, providers, and stakeholders. DWVHN updates this handbook at least annually. You should be given a copy of this handbook at the time of your intake appointment, annually and upon request. The latest version of this handbook is also available on our website, www.dwvhn.org. You may also contact your provider or DWVHN 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 DWVHN 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 DWVHN. We are here to serve you.

DISCLAIMER

DWVHN makes every effort to ensure the accuracy of this Member Handbook. For the most current version, you may go to our website at www.dwvhn/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 DWVHN online, auxiliary aids and services will be provided upon request at no cost. To request a copy of this handbook call DWVHN's Customer Service Department at 888.490.9698 or TTY: 711. You may also contact your provider to request a copy.

DREAM DARE WORKSHEET



Dream Dare Exercise

It is important to have hope for a future. To support your efforts, we have included the **Dream Dare Exercise**. We have found that this exercise is a creative and fun way to start making your Dreams Come True.

Using the **Dream Dare Worksheet** tear-out provided in the back of this handbook, create a dream board or collage with pictures to show what you want for your life in the areas of home, purpose, community and health. For this exercise, you will need:

- Dream Dare Worksheet
- Magazines and/or newspapers
- Photo of yourself
- Scissors
- Adhesive (e.g., glue, stapler, tape)

Instructions.

1. Paste the picture of yourself in the middle of the board
2. From the magazines gathered, cut out images that represent the dreams you have for yourself in the areas of each home, purpose, community and health
3. Use the Dream Dare form to paste the cut-outs in the most appropriate sections.

Share your completed Dream Board with your case manager, supports coordinator or care coordinator and ask:

1. for help writing the goals to achieve your identified dreams
2. to include a copy of your Dream Board in your records
3. for support tracking your progress and problem-solving along your journey

For more information, or to schedule a DWMHA Dream Dare Session, contact the Customer Services Member Engagement Unit at 313-833-2500.

DWIHN 24-Hour Access/Crisis Information and Referral Helpline

Toll Free: 800.241.4949 • TTY: 711

Customer Service: 888.490.9698 • TTY: 711

www.dwihn.org

Non-Discrimination and Accessibility

In providing behavioral health care services, Detroit Wayne Integrated Health Network (DWIHN) complies with all applicable Federal civil rights laws and does not discriminate, exclude, or treat people differently because of race, color, national origin, age, disability, or sex.

DWIHN 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)

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

- Qualified interpreters
- Information written in other languages

If you need these services, you may call the Customer Service Department at 888.490.9698 or TTY: 711 You may also email DWIHN at pihplanguage@dwihn.org or you may contact your primary service provider

If you believe that DWIHN or your service provider 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 DWIHN's Customer Service Grievance staff at 707 W. Milwaukee St., Detroit, MI 48202, or 888.490.9698, Fax: 313.833.4280, or Email: pihpgrievances@dwihn.org.

If you are a person who is deaf or hard of hearing, you may contact Detroit Wayne Integrated Health Network at TTY 711 or to request their assistance in connecting you to DWIHN. You can file a grievance in person or by mail, fax or email. If you need help in filing a grievance, DWIHN's Grievance staff is available to help you.

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

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
Toll Free: 800.368.101 TTY: 711



Member Rights and Responsibilities

We are committed to maintaining a mutually respectful relationship with our members and providers. The DWIHN 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 DWIHN;
- ✚ Receive information about DWIHN, 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;
- ✚ Be informed of the availability of an independent, external review of the UM final determinations;
- ✚ Receive information on available treatment options;
- ✚ 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 are not provided by the primary care provider;
- ✚ Receive information on how and where to access benefits that are not covered under DWIHN 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;
- ✚ Timely written notice of any significant State and provider network-related changes;
- ✚ Make recommendations regarding the DWIHN member rights and responsibilities.

DWIHN 24-Hour Access/Crisis Information and Referral Helpline

Toll Free: 800.241.4949 • TTY: 711

Customer Service: 888.490.9698 • TTY: 711

www.dwihn.org

- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation, as specified in other Federal regulations on the use of restraints and seclusion.
- To request and receive a copy of your medical records, and request that they be amended or corrected.
- A second opinion from a network provider, or arrange for you to obtain one outside the network, at no cost to you.
- Obtain mediation to resolve a complaint or conflict.
- Receive information on available treatment options and alternatives, presented in a manner appropriate to your condition and ability to understand.
- Request reports and documents that may better help you to understand your benefits, Privacy Rights, Reports, data and tools that describe the work of the DWIHN system. Documents can best be located on our website at www.dwihn.org some of those documents include, but are not limited to:
 - DWIHN's Quality Improvement Program and Annual Report
 - Notice of DWIHN's HIPPA Requirements and Privacy Practices
 - Clinical Practice Improvement Guidelines
 - ECHO Survey Results
 - Other Survey Results
 - Complex Case Management

Note: The State must ensure that you are free to exercise your rights, and that the exercise of your rights does not adversely affect the way DWIHN and its network providers or the State agency treat you.

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 DWIHN 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.
- Follow all MDHHS procedures for the required annual Medicaid enrollment and inform DWIHN of any changes in insurance status.

DWIHN 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 DWIHN's 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;
- 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.
- Provide you with a written notice of any significant State and Provider network changes at least 30 days before the intended effective date of change.
- Make a good faith effort to give written notice to you by the later of 30 calendar days prior to the effective date of a provider termination, or 15 calendar days after receipt or issuance of the termination notice.

Note: All DWIHN 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 individual 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

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www.dwihn.org

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 DWIHN 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. You can contact the DWIHN Office of Recipient Rights at 1.888.339.5595 or at TTY: 711 or Customer Service at 888.490.9698 or TTY: 711.

Polly McCalister
Director of the Office of Recipient Rights
Office of Recipient Rights
Toll Free: at 888.359.5595
TTY: 711

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. These rights will also be explained to you when you start services and then once again every year. You can find more information about your rights while getting substance abuse services in the **"Know Your Rights"** pamphlet. 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 DWIHN Customer Service at 888.490.9698.

If you receive substance abuse services, you have rights protected by the Public Health Code. These rights will also be explained to you when you start services and then once again every year. You can find more information about your rights while getting substance abuse services in the **"Know Your Rights"** pamphlet. If you are a recipient of substance use services and believe that your rights have been violated, please contact:

Gregory Lindsey, MA, CADCM
Recipient Rights Consultant
Local: 313.344.9099

Freedom from Retaliation

If you use public behavioral health 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 records or to request and receive a copy of your records. You have the right to ask to amend or correct your clinical record if there is something with which you do not agree. Please remember, though, your clinical records can only change as allowed by applicable law. Generally, information about you can only be given to others with your permission. However, there are times when your information is shared in order to coordinate your treatment or when it is required by law.

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

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

Under the Health Insurance Portability and Accountability Act (HIPAA), you will be provided with an official Notice of Privacy Practices from your community behavioral 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:

Office of Recipient Rights
707 W. Milwaukee St.
Detroit, MI 48202
Toll Free: 888.339.5595
TTY: 711

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

Note: A copy of DWIHN's full description of its Privacy Practices may be found at www.dwihn.org and is provided at the time of enrollment and is available every three years and /or upon request.

How we protect your health information

- We make sure that unauthorized people do not see or change your records.
- 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 DWIHN's Customer Service office is here to serve you and always attempts to exceed your expectations. We want to assist you in understanding the services and benefits in which you are entitled.

Because your satisfaction is important to us, Customer Service Representatives are available to assist you with all your inquires and due process needs i.e., Grievances, Appeals, State Fair Hearings, and Local Dispute Resolution. Because your feedback is important to us we routinely seek your input with our various satisfaction surveys.

Customer Service wants to keep you informed by routinely organizing coordinating, and supporting member educational opportunities that promote member engagement, inclusive, recovery and self-determination. One particular initiative is the Constituents' Voice DWIHN's member advisory group. The Constituents' Voice is made up of persons served, peers and advocates, and provides oversight to various DWIHN projects. Another initiative is our Ambassadors program which consists of individuals who participate in informing others about the supports, services and rights to which members are entitled.

DWIHN's Customer Service also makes available to you the Quarterly Member Newsletter, "Persons Points of View" and educational materials that highlight various behavioral health programs and services. These educational materials may be made available in alternative languages at no additional cost to you. As a person receiving services or a family member, there are ways in which you may become involved at DWIHN. Give Customer Service a call and we can give you details on Peer Support Specialists, Peer Mentors, Recovery Coaches, meetings, committees, advocacy programs, educational forums and focus groups. We look forward to your input, so give us a call.



Michele Vasconcellos, MSA
Director of Customer Service
707 West Milwaukee St.
Detroit, MI 48202
Local: 313.833.3232
Toll Free: 888.490.9698
TTY: 711

Centralized Access Center
24-Hour Crisis Information and Referral Helpline
Toll Free: 800.241.4949
TTY: 711



Tag Lines

You have the right to get this information in a different format, such as audio, Braille, or large font due to special needs or in your language at no additional cost.

- English:** ATTENTION: If you do not speak English, language assistance services, free of charge are available to you. 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 متوفر لك مجاناً. اتصل على الرقم **888.490.9698**
على الرTTYم: 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)

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, in writing or telephone, by contacting DWIHN 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 DWIHN 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 DWIHN. 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 to request an accommodation on behalf of yourself or a family member or a friend, you can contact DWIHN Customer Service at 888.490.9698. You will be told how to request an accommodation (this can be done over the phone, in person and/or in writing) and you will be told who at DWIHN is responsible for handling accommodation requests.

If you are a person who is hard of hearing and know sign language and need another form of communication, such as a personal communication device or Computer Assisted Realtime Translation (CART), contact the DWIHN Customer Service Department at 1.888.490-9698 or by email at pihplanguage@dwihn.org. Communication devices and CART are available at no cost to you.

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 eligibility screening to find out if you are eligible for services. The assessment also helps to identify the services that can best meet your needs. DWIHN 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 DWIHN 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 DWIHN may be a new experience. If you need our services, you may contact the Access Center to complete a telephone eligibility screening 24- hours a day, 7 days a week. 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.

DWIHN 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 DWIHN 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 DWIHN'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 DWIHN offers a large 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.

DWIHN 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 DWIHN'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 DWIHN's Customer Service Grievance staff at 888.490.9698 or TTY: 711.

DWIHN 24-Hour Access/Crisis Information and Referral Helpline

Toll Free: 800.241.4949 • TTY: 711

Customer Service: 888.490.9698 • TTY: 711

www.dwihn.org

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 “behavioral health emergency” is when a person is experiencing the following symptoms and behaviors that can reasonably be expected in the near future:

- 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
- 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. There is never a cost to you for emergency behavioral health service provided by DWIHN and or your service provider network.

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: 711

(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 DWIHN Behavioral emergency services you receive. Customer Services can answer questions about such bills.

It is important to know that when being treated in an emergency room, the emergency attending physician or provider is responsible for determining when you are stable enough to be admitted, transferred or discharged.

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:

Walk-In Crisis Centers

Children & Adolescents	Adults
<p>The Children Center Crisis Care 90 Selden Detroit, MI 48201 313.324.8557</p> <p>8 A.M.-12 A.M. (Midnight) (Monday-Friday) 8 a.m. to 4 p.m. (Saturday)</p>	<p>Community Outreach for Psychiatric Emergencies (C.O.P.E.) (For Emergency Departments Only) 33505 Schoolcraft Livonia, MI 48150 844.296.2673</p> <p>24 hours a day/ 7 days a week/ 365 days a year</p>
	<p>Team Wellness Center 6309 Mack Detroit, MI 48207 www.teamwellnesscenter.com 24-hour: 7 days/week: 365 Days/Year</p>

Intensive Crisis Stabilization

DWIHN is here to assist you with stabilizing your emergency behavioral health crisis. This entails a 24-hour, 7-day per week, crisis emergency service that is prepared to respond to persons experiencing acute emotional, behavioral, or social dysfunctions, and the provision of inpatient or other protective environment for treatment.

Intensive Crisis Stabilization Services are structured treatment and support activities provided by a multidisciplinary team and designed to provide a short-term alternative to inpatient psychiatric services. Services may be used to avert a psychiatric admission or to shorten the length of an inpatient stay when clinically indicated.

Note: When services begin, your treatment team will immediately plan for ongoing stabilization in the community along with your treatment goals.

New Oakland Child/Adolescent Family Center

Intensive Crisis Stabilization Services

877.800.1650

24 hours a day/ 7 days a week/ 365 days a year

DWIHN 24-Hour Access/Crisis Information and Referral Helpline

Toll Free: 800.241.4949 • TTY: 711

Customer Service: 888.490.9698 • TTY: 711

www.dwihn.org

Urgent Psychiatric Care

The available Urgent Psychiatric Care services include Same-Day Access Services for assessment/intake, crisis services for existing DWIHN members, psychiatric evaluations, medication reviews, crisis stabilization, Peer Support Specialists, nursing assessments, medication injections, and non-ER transport. Our intent is to offer accessible alternatives to meet the unique needs of the individuals we serve and decrease emergency department experiences. The person must have Medicaid, Medicare, General Fund, or most commercial insurance to be eligible for services.

Provider	Contact	Address
Hegira (SMI/A) (SED/C) (SUD) Monday-Friday: 8:30 am-6:00 pm www.comcareserv.org Accepting New Patients: Yes Handicap Accessible: Yes	313.389.7500	26184 W. Outer Drive Lincoln Park, MI 48146
CNS Healthcare (SED/C) (SMI/A) (SUD) Monday- Friday: 9:00 am-9:00 pm Saturdays 9:00 am -1:00 pm www.csnhealthcare.org Accepting New Patients: Yes Handicap Accessible: Yes	313.824.5623	2900 Conner St. Bldg. B Detroit, MI 48215
The Children's Center (IDD) (SED/C) Monday-Friday: 8:00 am-8:00 pm www.thechildrenscenter.com Accepting New Patients: Yes Handicap Accessible: Yes	313.831.5535	79 Alexandrine Detroit, MI 48201

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, DWIHN will help you to coordinate your post-stabilization services. Please contact DWIHN 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 DWIHN. If you are not already enrolled with DWIHN, 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

SED/C: Serious Emotional Disturbance/Children

IDD: Intellectual and Developmental Disability

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 www.awbs.org</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 www.awbs.org</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 www.awbs.org</p>
<p>Arab American & Chaldean Council (MI/A) (SED/C) 62 W. Seven Mile Road Detroit, MI 48203 313.893.6172 TTY: 800.649.3777 www.myacc.org</p>	<p>Arab American & Chaldean Council (MI/A) (SED/C) 13840 W. Warren Dearborn, MI 48228 313.581.7287 TTY: 800.649.3777 www.myacc.org</p>	<p>The Children's Center (SED/C) 79 West Alexander Detroit, MI 48201 313.831.5535 313.831.5520 www.thechildrencenter.com</p>
<p>Central City Integrated Health (SMI/A) 10 Peterboro St. Detroit, MI 48201 313.831.3160 TTY: 888.339.5588 www.centrailcityhealth.com</p>	<p>CNS (SMI/A) 12800 E. Warren Avenue Detroit, MI 48215 313.824.8000 Access Line: 877.242.4140 www.neguidance.org</p>	<p>CNS (SMI/A) 20303 Kelly Rd. Detroit, MI 48225 313.245.7000 Access Line: 877.242.4140 www.neguidance.org</p>

DWIHN 24-Hour Access/Crisis Information and Referral Helpline

Toll Free: 800.241.4949 • TTY: 711

Customer Service: 888.490.9698 • TTY: 711

www.dwihn.org

<p>CNS (SMI/A) 2900 Conner, Building A Detroit, MI 48213 313.308.1400 Access Line: 877.242.4140 www.neguidance.org</p>	<p>Community Living Services (IDD) Town Square Plaza 35425 Michigan Avenue West Wayne, MI 48184 734.467.7600 TTY: 866.469.7600 www.comlivserv.org</p>	<p>Development Centers (SMI/A) (SED/C) 17141 Ryan Road Detroit, MI 48212 313.733.4860 www.develctrs.org</p>
<p>Development Centers (SED/C) 17321 Telegraph Road Detroit, MI 48219 313.531.2500 www.develctrs.org</p>	<p>Development Centers (SMI/A) (SED/C) 24424 W. McNichols Detroit, MI 48219 313.531.2500 www.develctrs.org</p>	<p>Goodwill Industries (SMI/A) (IDD) 3111 Grand River Avenue Detroit, MI 48208 313.964.3900 www.goodwilldetroit.org</p>
<p>Goodwill Industries (SMI/A)(IDD) 1401 Ash Detroit, MI 48201 313.931.0901 www.goodwilldetroit.org</p>	<p>The Guidance Center (SMI/A) (SED/C) (IDD) 13101 Allen Road Southgate, MI 48195 734.785.7700 TTY: 313.656.2587 www.guidance-center.org</p>	<p>The Guidance Center (Private Ins.) (SMI/A) (SED/C) (IDD) 19275 Northline Road Southgate, MI 48195 734.785.7700 www.guidance-center.org</p>
<p>Hegira Programs (SED/C)(IDD)(SUD)(SMI/A) 8623 North Wayne Road Suites 123 & 104 Westland, MI 48185 734.742.0191 www.hegira.net</p>	<p>Hegira Programs (SMI/A) (SUD) Oakdale Recovery Center 43825 Michigan Avenue, Suite 1 Canton, MI 48188 734.397.3088 www.oakdalerecoverycenter.net</p>	<p>Hegira (SMI/A) (SED/C) 26184 West Outer Drive Lincoln Park, MI 48146 313.389.7500 www.comcareserv.org</p>
<p>Lincoln Behavioral Services (SMI/A) (SED/C) 9315 Telegraph Road Redford, MI 48239 313.450.4500 Adults 313.937.9500 Children www.lbscares.com</p>	<p>Lincoln Behavioral Services (SMI/A) 14500 Sheldon Road, Suite 160-B Plymouth, MI 48170 734.459.5590 www.lbscares.com</p>	<p>MORC of Wayne County (IDD) 19805 Farmington Road Livonia, MI 48152 248.536.5085 or 866.986.2240 TTY: 248.276.8009 www.morcinc.org</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 www.nso-mi.org</p>	<p>NSO/Life Choices Program (IDD) 8600 Woodward Avenue Detroit, MI 48202 313.875.7601 TTY: 313.656.2587 www.nso-mi.org</p>	<p>Psygenics, Inc. (IDD) 11000 West McNichols, Suite 320 Detroit, MI 48221 313.340.4442 www.psygenics.com</p>

<p>Southwest Counseling Solutions (SMI/A) (IDD) 1700 Waterman Detroit, MI 48209 313.841.7474 TTY: 313.656.2587 www.swsol.org</p>	<p>Southwest Counseling Solutions Family Center (IDD/C) 5716 Michigan Avenue Detroit, MI 48210 313.963.2266 TTY: 313.656.2587 www.swsol.org</p>	<p>Spectrum Community Services (IDD) 28303 Joy Road Westland, MI 48185 734.458.8736 www.spectrum.org</p>
<p>Starfish Behavioral Health Services (IDD) (SED/C) 18316 Middlebelt Road Livonia, MI 48152 Tel: 248.615.9730 TTY: 800.649.3777 www.starfishfamilyservices.org</p>	<p>Starfish Family Services/Lifespan (IDD) (SED/C) 35300 Nankin Blvd. Suite 601 Westland, MI 48185 734.261.1842 TTY: 800.649.3777 www.starfishfamilyservices.org</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 www.starfishfamilyservices.org</p>
<p>STEP (Services to Enhance Potential) (SMI/A) (IDD) 15431 Dix-Toledo Road Southgate, MI 48195 734.718.0483 TTY: 800.649.3777 www.infor@stepcentral.org</p>	<p>STEP (Services to Enhance Potential) (SMI/A) (IDD) 2941 South Gulley Road Dearborn, MI 48124 734.718.0483 TTY: 800.649.3777 www.infor@stepcentral.org</p>	<p>Team Wellness Center (SMI/A) (IDD) (SED/C) (SUD) 2939 Russell Street Detroit, MI 48207 313.396.5300 TTY: 313.396.4270 www.teamwellnesscenter.com</p>
<p>Team Wellness Center (SMI/A) (SED/C) 14799 Dix-Toledo Southgate, MI 48195 734.324.8326 TTY: 313.396.4270 www.teamwellnesscenter.com</p>	<p>Team Wellness Center (SMI/A) (SED/C) 14799 Dix-Toledo Southgate, MI 48195 734.324.8326 TTY: 313.396.4270 www.teamwellnesscenter.com</p>	<p>University Psychiatric Group (SMI/A) (SUD) 3901 Chrysler Drive Detroit, MI 48201 313.577.1396 313.993.3964 (SUD) www.med.wayne.edu/psychiatry</p>
<p>University Psychiatric Group (SMI/A) (SED/C) 16836 Newburg Road Livonia, MI 48154 734.464.4220 www.med.wayne.edu/psychiatry</p>	<p>Wayne Center (IDD) 100 River Place Drive, Suite 250 Detroit, MI 48207 313.871.2337 TTY : 313.871.6776 www.waynecenter.org</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 DWIHN'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 through your behavioral health service provider must be authorized or approved by DWIHN, Access Center, Crisis Service Vendor or Independent Review Organization (IRO) staff who make Utilization Management (UM) decisions. Authorizations are made according to established medical necessity guidelines and/or in accordance with your medical/behavioral health diagnosis, Individual Plan of Service and other factors that may be considered. Therefore, you may be approved for all, some or none of your service requests. The decision will be made within established time frames as follows:

- Urgent requests (processed within 72 hours of receipt) -- A request for coverage of care or services where **absent a disposition within 72 hours**, application of the time frame for making routine or non-life-threatening care determinations could seriously jeopardize the life, health or safety of the enrollee/member or others, due to the enrollee/member's psychological state or, in the opinion of the practitioner, would subject the enrollee/member to adverse health consequences without the care or treatment.
- Non-urgent requests (processed within 14 days of receipt): A request for care or services for which application of the time periods for decision making **does not** jeopardize the life or health of the enrollee/member, or the enrollee/member's ability to regain maximum function, and **would not** subject the member to severe pain.

You will receive notice of decisions made about your service requests through your provider of care.

Any decision that denies a requested service by you or denies the amount, scope or duration of the service that you requested, will be made by a health care professional who has appropriate clinical expertise in treating your condition. If you do not agree with a decision that denies, reduces, suspends or terminates a service, you may file an appeal. See "Grievances and Appeals for Medicaid, Healthy Michigan, Insured, and Uninsured" or "Grievance and Appeal Processes for MI Health Link Members" in this publication.

If you have questions about the authorization process or how an authorization decision is made, you may contact the DWIHN Customer Service Department. You can request a copy of the medical necessity criteria used in relation to a specific requested service by contacting DWIHN at 888.490.9698 and this will be provided free of charge.

All DWIHN, Crisis Service Vendors, IRO and Access Center staff who make Utilization Management decisions understands the importance of ensuring that all members receive clinically appropriate, humane and compassionate services by affirming the following:

- Utilization Management decision-making is based only on appropriateness of care, service, and existence of coverage.
- DWIHN, The Access Center, Crisis Service Vendors and IROs 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.

Payment for Services

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

Some members will be responsible for “cost sharing”. This refers to money that a member has to pay when services or drugs are received. You might also hear terms like “deductible, spend-down, copayment, or coinsurance,” which are all forms of “cost sharing” responsibilities. Your Medicaid benefit level will determine if you will have to pay any cost-sharing responsibilities. If you are a Medicaid beneficiary with a deductible (“spend-down”), as determined by Michigan Department of Health and Human Services (MDHHS), you may be responsible for the cost of a portion of your services.

If Medicare is your primary payer, DWIHN will cover all Medicare cost-sharing consistent with coordination of benefit rules.

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.

Should you lose your Medicaid coverage, DWIHN 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.

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 DWIHN 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 office. If you are denied Medicaid insurance by DHS you have an appeal process that you will be asked to follow. Please contact DWIHN's Customer Service if you have any questions.



Service Array

Medicaid Specialty Supports and Service Descriptions

Note: If you are a Medicaid beneficiary and have a severe mental illness (SMI), serious emotional disturbance (SED), intellectual and developmental disability (I/DD), or substance use disorder (SUD), you may be eligible for some of the Medicaid Specialty Supports and Services listed below.

Before services can be started, you will take part in an assessment to find out if you are eligible for services. It will also identify the services that can best meet your needs.

You need to know that not all people who come to us are eligible, and not all services are available to everyone we serve. If a service cannot help you, your Community Mental Health (CMH) will not pay for it. Medicaid will not pay for services that are otherwise available to you from other resources in the community.

During the PCP process, you will be helped to figure out the medically necessary services that you need, and the sufficient amount, scope and duration required to achieve the purpose of those services. You will also be able to choose who provides your supports and services. You will receive an individual plan of service (IPOS) 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.

DWIHN's Customer Service staff can help you access the manual and/or information should you have difficulty.

Covered Services

The following benefit chart describes covered services covered by DWIHN. Covered services that need a prescription from a doctor are marked in the Benefits Chart by asterisks**.

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

Detroit Wayne Integrated Health Network Benefit Chart

Mental Health Services **Requires a Doctor's Prescription	What you must pay
<p>Assertive Community Treatment Provides basic services and supports essential for people with serious mental illness to maintain independence in the community. An ACT team will provide mental health therapy and help with medications. The team may also help access community resources and supports needed to maintain wellness and participate in social, educational and vocational activities. ACT may be provided daily for individuals who participate.</p>	\$0
<p>Assessment Is conducted to determine a person's level of functioning and mental health and/or substance use/abuse treatment needs. Assessments may include a comprehensive psychiatric evaluation, psychological testing, substance abuse screening, or other assessments. Physical health assessments are not part of this PIHP service.</p>	\$0
<p>**Assistive Technology Includes adaptive devices and supplies that are not covered under the Medicaid Health Plan or by other community resources. These devices help individuals to better take care of themselves, or to better interact in the places where they live, work, and play.</p>	\$0
<p>Behavior Treatment Review If a person's illness or disability involves behaviors that they or others who work with them want to change, their individual plan of services 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 and dignified, and continues to meet the person's needs.</p>	\$0
<p>Behavior Treatment Services/ Applied Behavior Analysis Are services for children under 21 years of age with Autism Spectrum Disorders (ASD).</p>	\$0
<p>Biofeedback Therapy Is a mind-body technique that involves using visual or auditory feedback to teach individuals to recognize the physical signs and symptoms of stress and anxiety</p>	\$0
<p>Clubhouse Programs Are programs where members (peers) 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.</p>	\$0
<p>Community Inpatient Services</p>	\$0

Are hospital services used to stabilize a mental 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 disturbance).	\$0
Crisis Interventions Are unscheduled individual or group services aimed at reducing or eliminating the impact of unexpected events on behavioral health and well-being.	\$0
Crisis Residential Services Are short-term alternatives to inpatient hospitalization provided in a licensed residential setting.	\$0
Diagnostic Psychological and Neuropsychological Test Are a series of test, assessments and evaluations to assist in appropriate diagnosing and treatment of an individual.	\$0
Early Periodic Screening, Diagnosis and Treatment (EPSDT) EPSDT provides a comprehensive array of prevention, diagnostic, and treatment services for low-income infants, children and adolescents under the age of 21 years, as specified in Section 1905(a)(4)(B) of the Social Security Act (the Act) and defined in 42 U.S.C. § 1396d(r)(5) and 42 CFR 441.50 or its successive regulation. The EPSDT benefit is more robust than the Medicaid benefit for adults and is designed to assure that children receive early detection and care, so that health problems are averted or diagnosed and treated as early as possible. Health plans are required to comply with all EPSDT requirements for their Medicaid enrollees under the age of 21 years. EPSDT entitles Medicaid and Children's Health Insurance Program (CHIP) enrollees under the age of 21 years, to any treatment or procedure that fits within any of the categories of Medicaid-covered services listed in Section 1905(a) of the Act if that treatment or service is necessary to "correct or ameliorate" defects and physical and mental illnesses or conditions. This requirement results in a comprehensive health benefit for children under age 21 enrolled in Medicaid in addition to the covered services listed above, Medicaid must provide any other medical or remedial care, even if	\$0

<p>the agency does not otherwise provide for these services or provides for them in a lesser amount, duration, or scope (42 CFR 441.57).</p> <p>While transportation to EPSDT corrective or ameliorative specialty services is not a covered service under this waiver, DWIHN must assist beneficiaries in obtaining necessary transportation either through the Michigan Department of Health and Human Services or through the beneficiary's Medicaid health plan.</p>	
<p>Electroconvulsive Therapy (ECT) Is a medical treatment most commonly used in patients with severe major depression or bipolar disorder that has not responded to other treatment.</p>	\$0
<p>**Enhanced Pharmacy Includes doctor-ordered non-prescription 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.</p>	\$0
<p>**Environmental Modifications Are physical changes to a person's home, car, or work environment that are of direct medical or remedial benefit to the person. Modifications ensure access, protect health and safety, or enable greater independence for a person with physical disabilities. Note: all other sources of funding must be explored first, before using Medicaid funds for environmental modifications.</p>	\$0
<p>Extended Observation Bed (or 23-Hour Stay Units)- Are used to stabilize a behavioral 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.</p>	\$0
<p>Family Psychotherapy (with member present and the primary purpose is treatment of the individual's condition)</p>	\$0
<p>Family Psychotherapy (without the member present, is medically reasonable and necessary, and the primary purpose is treatment of the individual's condition)</p>	\$0
<p>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.</p>	\$0
<p>Fiscal Intermediary Services Help individuals manage their service and supports budget and pay providers if they are using a "self-determination" approach.</p>	\$0

Group Psychotherapy Is a form of psychotherapy that involves one or more therapist working with several individuals at the same time.	\$0
Health Services Include assessment, treatment, and professional monitoring of health conditions that are related to or impacted by a person's mental health condition. A person's primary doctor will treat any other health conditions they may have.	\$0
Home-based Services for Families Are provided in the family home or in another community setting. Services are designed individually for each family, and can include things like mental health therapy, crisis intervention, service coordination, or other supports to the family.	\$0
Housing Assistance Is assistance with short-term, transitional, or one-time-only expenses in an individual's own home that his/her resources and other community resources could not cover.	\$0
Hypnotherapy Is a type of nonstandard or complementary and alternative medicine treatment which uses guided relaxation, intense concentration that focuses attention on achieving a heightened state of awareness.	\$0
Individual Psychotherapy Is one type of psychotherapy in which a trained professional helps an individual work through personal issues they have been facing. Also known as talk therapy	\$0
Individualized Activity Therapy Part of a Partial Hospitalization Program (PHP) and that is not primarily recreational or diversionary.	
Inpatient Behavioral Health Care (Behavioral Health Care services that require a hospital stay)	\$0
Intensive Crisis Stabilization Short-term alternative to inpatient hospitalization. Intensive crisis stabilization services are structured treatment and support activities provided by a behavioral health crisis team in the person's home or in another community setting.	\$0
Interactive psychotherapy Group therapy for people with intellectual and psychiatry disability.	\$0
Intermediate Care Facility for Persons with Intellectual Developmental Disability (ICF/MR/Developmental Disability) Provide 24-hour intensive supervision, health and rehabilitative services and basic needs to persons with developmental disabilities.	\$0
Medication Administration Is when a doctor, nurse, or other licensed medical provider gives an injection, or an oral medication or topical medication.	\$0

Medication Review	\$0
The evaluation and monitoring of medicines used to treat an individual's behavioral health condition, their effects, and the need for continuing or changing their medicines.	
Mental Health Therapy and Counseling for Adults, and Families	\$0
Includes therapy or counseling designed to help improve functioning and relationships with other people.	
Nursing Home Mental Health Assessment and Monitoring	
Includes a review of a nursing home resident's need for and response to mental health treatment, along with consultations with nursing home staff.	
**Occupational Therapy	\$0
Includes the evaluation by an occupational therapist of an individuals' ability to do things in order to take care of themselves every day, and treatments to help increase these abilities.	
Partial Hospitalization Services	\$0
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	\$0
Peer-delivered services such as drop-in centers are entirely run by members of mental health services. They offer help with food, clothing, socialization, housing, and support to begin or maintain mental health treatment. Peer Specialist services are activities designed to help persons with mental illness in their individual recovery journey and are provided by individuals who are in recovery from mental illness. Peer Mentors help persons with developmental disabilities.	
Personal Care in Specialized Services	\$0
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.	
Pharmacologic Management Refers to treating a disease or illness with medication, and it is based on the science of drugs	
Psychiatric Diagnostic Interviews An interview in which a mental health professional explores an individuals' presenting problem, current situation and background, with the aim of formulating a diagnosis and prognosis as well as developing a treatment program.	
Psychoanalysis Is a type of treatment based on the theory that an individual's present is shaped by their past.	\$0
**Physical Therapy	\$0
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.	

<p>Prevention Service Models (such as Infant Mental Health, School Success, etc.) Use both individual and group interventions designed to reduce the likelihood that individuals will need treatment from the public mental health system.</p>	\$0
<p>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.</p>	\$0
<p>Skill-Building Assistance Includes supports, services and training to help a person participate actively at school, work, volunteer, or community settings, or to learn social skills they may need to support themselves or to get around in the community.</p>	\$0
<p>**Speech and Language Therapy Includes the evaluation by a speech therapist of a person's ability to use and understand language and communicate with others or to manage swallowing or related conditions, and treatments to help enhance speech, communication or swallowing.</p>	\$0
<p>Supports Coordination or Targeted Case Management A Care Coordinator or Case Manager is a staff person who helps write an individual plan of service and makes sure the services are delivered. His or her role is to listen to a person's goals, and to help find the services and providers inside and outside the local community mental health services program that will help achieve the goals. A care coordinator or case manager may also connect a person to resources in the community for employment, community living, education, public benefits, and recreational activities.</p>	\$0
<p>Supported/Integrated Employment Services Provides initial and ongoing supports, services and training, usually provided at the job site, to help adults who are eligible for mental health services find and keep paid employment in the community.</p>	\$0
<p>Transportation May be provided to and from a member's home for non-medical Medicaid-covered services.</p>	\$0
<p>Treatment Planning Assists the person and those of his/her choosing in the development and periodic review of the individual plan of services.</p>	\$0
<p>Wraparound Services for Children and Adolescents Necessary treatment and support for members that are diagnosed with a serious emotional disturbance and their families to maintain the child in the family home.</p>	\$0

Services for Only Habilitation Wavier and Children’s Waiver Participants

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

Goods and Services (for HSW enrollees) is a non-staff service that replaces the assistance that staff would be hired to provide. This service, used in conjunctions with a self-determination arrangement, provides assistance to increase independence, facilitate productivity, or promote community inclusion.	\$0
Non-Family Training (for Children’s Waiver enrollees) is customized training for the paid in-home support staff who provide care for a child enrolled in the Waiver.	\$0
Out-of-home Non-Vocational Supports and Services (for HSW enrollees) is assistance to gain, retain or improve in self-help, socialization or adaptive skills.	\$0
Personal Emergency Response devices (for HSW enrollees) Are used to help an individual maintain independence and safety, in his/her own home or in a community setting. These are devices that are used to call for help in an emergency.	\$0
Prevocational Services (for HSW enrollees) Includes supports, services and training to prepare a person for paid employment or community volunteer work.	\$0
Private Duty Nursing (for HSW enrollees) Is individualized nursing service provided in the home, as necessary to meet specialized health needs.	\$0
Specialty Services (for Children’s Waiver enrollees) Are music, recreation, art, or massage therapies that may be provided to help reduce or manage the symptoms of a child’s behavioral health condition or developmental disability. Specialty services might also include specialized child and family training, coaching, staff supervision, or monitoring of program goals.	\$0

Services for Persons with Substance Use Disorders

The substance use treatment services listed below are covered by Medicaid. These services are available through DWIHN. For access or assistance call the **24-hour Access Center Toll Free at 1-800.241.4949**.

Substance Use Disorder – Medicaid	What you must pay
Access, Assessment and Referral (AAR) Determines the need for substance abuse services and will assist in getting to the right services and providers.	\$0
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.	\$0
Methadone and LAAM Treatment Is provided to people who have heroin or other opiate dependence. The treatment consists of opiate substitution monitored by a doctor as well as nursing services and lab tests. This treatment is usually provided along with other substance abuse outpatient treatment.	\$0
Outpatient Treatment Includes therapy/counseling for the individual, and family and group therapy in an office setting.	\$0
Residential Treatment Is intensive therapeutic services which include overnight stays in a staffed licensed facility.	\$0
Sub-Acute Detoxification Is medical care in a residential setting for individuals who are withdrawing from alcohol or other drugs.	\$0

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

Note: **Home Help Program** is another service available to Medicaid beneficiaries who require in-home assistance with activities of daily living, and household chores. In order to learn more about this service, you may call the local Michigan Department of Human Services (DHHS) number below or contact the DWIHN Customer Service Office at 888.490.9698 for assistance.

DHHS

Wayne County Central Office
2040 W. Grand Blvd.
Detroit, MI 48202
313.934.4400

Substance Use Disorder-Medicare

The Access Center determines the Substance Use services and will assist in finding members the right provider	What you must pay
<p>Outpatient Substance Use Disorder Services</p> <p>DWIHN will pay for treatment services that are provided in the outpatient department of a hospital. If you, have been discharged from an inpatient stay for the treatment of drug substance use or if you require treatment but do not require the level of services provided in the inpatient hospital setting.</p>	\$0
<p>Psychotherapy</p> <p>Psychotherapy is a type of treatment that can help individuals experiencing a wide array of mental health conditions and emotional challenges. Psychotherapy can help not only alleviate symptoms, but also, certain types of psychotherapies can help identify the psychological root causes of one's condition so a person can function better and have enhanced emotional well-being and healing.</p>	\$0
<p>Patient Education Regarding Diagnosis and Treatment- Is working with an individual to provide them with the knowledge and skills to understand a diagnosis and the treatment it requires</p>	\$0
<p>Prescription Drugs Administered during a hospital stay or injected at a doctor's office</p> <ul style="list-style-type: none"> • This may include Methadone if provided in a hospital setting but not an outpatient clinic 	\$0
<p>Outpatient Prescription Drugs covered under Part D except Methadone for the treatment of substance use disorder.</p>	\$0
<p>Structured Assessment and Brief Intervention (SBIRT)</p> <p>Assessment to quickly determine the severity of substance use and identify the appropriate level of treatment. Brief intervention or advice focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change. Referral to treatment provides those identified as needing more extensive treatment with access to specialty care.</p>	\$0

Claim and Billing Inquiries

If you are enrolled in Medicaid and meet criteria for behavioral health services, all approved services are which you are eligible. For claims inquiries and billing issues, you may contact DWIHN'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

Fraud, waste and abuse uses up valuable Michigan Medicaid funds needed to help children and adults access health care. Everyone can take responsibility by reporting fraud and abuse. Together we can make sure taxpayer money is used for individuals who really need help. Examples of Medicaid Fraud include but are not limited to the following:

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

Or When Someone:

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

Or When a Health Care Provider Falsely Charges For:

- Missed appointments
- Unnecessary medical tests
- Telephoned services

If you think someone is committing fraud, waste or abuse, you may report it to DWIHN's Corporate Compliance Officer at 313.833.3502 or email concerns to www.compliance@dwmha.com or report them at www.dwihn.org. On the [Home](#) page, click the tab [For Providers](#), scroll down to [Quality & Compliance](#) and click [Compliance](#). On this page, you are given the options for Reporting Fraud, Waste and Abuse. You may report anonymously through any of the above methods.

Your report will be confidential, and you may not be retaliated against.

You may also report concerns about fraud, waste and abuse directly to Michigan's Office of Inspector General (OIG):

Online: www.michigan.gov/fraud

Call: 855-MI-FRAUD (643-7283) (voicemail available for after hours)

Send a Letter: Office of Inspector General
PO Box 30062
Lansing, MI 48909

When you make a complaint, make sure to include as much information as you can, including details about what happened, who was involved (including their address and phone number), Medicaid identification number, date of birth (for beneficiaries), and any other identifying information you have.

Children's Initiatives

DWIHN provides a comprehensive and integrated array of services/supports which inspires hope and promotes recovery/self-determination. Children, youth and families with co-occurring mental health, substance abuse and physical health conditions receive services within a system of care that is:

Community-Based The Children's System of Care focuses on services with the focus of services as well as system management resting within a supportive, adaptive infrastructure of structures, processes, and relationships at the community level.

Family-Centered Families have a primary decision-making role in the care of their own children as well as the policies and procedures governing care for all children in their community.

Youth-Guided Young people have the right to be empowered, educated, and given a decision-making role in the care of their own lives. This includes giving young people a sustainable voice and then listening to that voice.

Culturally and Linguistically Responsive Organizations, programs, and services are relevant and unique to each individual and family's cultural, linguistic, and social needs.

Trauma-Informed When organizations, programs, and services are based on an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate, so that these services and programs can be more supportive and avoid re-traumatization.

Refer to the Children's Initiative website for more information <https://www.dwihn.org/childrens-initiatives>.

WAIVER SERVICES

Habilitation Supports Waiver (HSW) Program

A program aimed to assist individuals with developmental disabilities in the acquisition of skills that will facilitate their independence, productivity and promote inclusion and participation in the community. The HSW operates under Section 1915 (c) of the Social Security Act, in order to provide specified home and community-based services designed to enroll 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 (c) waiver. The services and supports are provided under the auspices of the PIHP (DWIHN) under contract with Michigan Department of Health and Human Services (MDHHS) and must be specified in the beneficiary plan of services developed through the Person-Centered Planning (PCP) process.

To be eligible the child must:

- Have a developmental disability (as defined by Michigan law) no age restrictions;
- Be Medicaid eligible and enrolled;
- Reside in a community setting or will reside in a community setting;
- Would otherwise require level of services similar to an Intermediate Care Facility/Individual w/Intellectual Disability (ICF/IID);
- Choose to participate in the HSW instead of ICF/IID services; and
- Once enrolled, receive at least one (1) HSW service a month.

The array of services available to persons with intellectual developmental disabilities who meet the eligibility criteria for the HSW include: community living supports, enhanced medical equipment, enhanced pharmacy, environmental modifications, family training, goods and services, out-of-home non-vocational habilitation, Personal Emergency Response System (PERS), prevocational services, Private Duty Nurse (PDN), supported employment, respite care, and supports coordination.

The HSW is available from all IDD providers. Consult with your Supports Coordinator.

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

The children's waiver program (CWP) makes it possible for Medicaid to fund home and community-based services for children with intellectual and/or developmental disabilities who are under the age of 18 when they otherwise wouldn't qualify for Medicaid funded services.

To be eligible the child must:

- Have an intellectual and/or developmental disability (as defined in the Michigan state law), be less than 18 years of age and in need of habilitation services;
- Reside with 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 the child;
- Be at risk of being placed into an ICF/IID (intermediate care facility for individuals with intellectual disabilities) facility because of the intensity of the child's care and the lack of needed support, or the child currently resides in an ICF/IID facility but, with appropriate community support, could return home;
- Family income must be above Medicaid limits when viewed as a family of one (applying for the waiver will waive the parent's income thus making them Medicaid eligible); and
- Have intellectual or functional limitations that indicates the child would be eligible for health, habilitative and active treatment services provided at the ICF/IID level of care. Habilitative services were designed to assist individuals in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to reside successfully in home and community-based settings. Active treatment includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services. Active treatment is directed toward the acquisition of the behaviors necessary for the child to function with as much self-determination and independence as possible, and the prevention or deceleration of regression or loss of current optimal functional status.

The array of services available for children who meet the eligibility criteria for the CWP include: community living supports, enhanced transportation, environmental accessibility adaptations, family training), non-family training (previously called psychological/behavioral treatment), fencing, respite care, specialized medical equipment and supplies, specialty services and financial management services/fiscal intermediary services.

Three providers deliver services to children and youth on this waiver in Wayne county they are: **The Guidance Center, Neighborhood Service Organization and Community Living Services.** For more information please contact DWIHN and ask to speak to the I/DD Clinical Specialist in Children Initiative.

Serious Emotional Disturbance (SED) Waiver Program:

The SED Waiver program provides services that are enhancements or additions to the Medicaid State Plan coverage for children through age 20 who have an SED. MDHHS operates the SED waiver through contracts with the Community Mental Health Service Programs (CMHSP's). The SED Waiver is administered by the CMHSP in partnership with other community agencies. SED waiver services are intended for children with an SED who are at risk of hospitalization, had multiple placements or are youth/families who need additional supports/services in order to maintain the young person in the home.

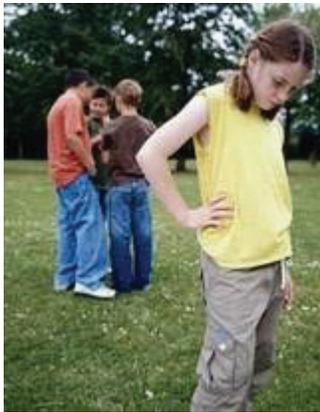
To be eligible, the child must:

- Be under the age of 18 when initially approved for the waiver, but can remain in the waiver until age 21 if all eligibility requirements continue to be met;
- Reside with birth/adoptive parents or resides in foster care and is either a Temporary Court Ward (TCW) or a Permanent Court Ward (PCW);
- Meet current MDHHS criteria for state psychiatric hospital for children or at risk of state psychiatric hospitalization

The child must have at least one (1) of the following:

- Severe psychiatric signs and symptoms;
- Disruption 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;
- Demonstrate serious functional limitation that impair his/her ability to function in the community (functional criteria is identified using the Child and Adolescent Scale [CAFAS] or the Preschool and Early Childhood Functional Assessment Scale [PECFAS]).
 - For children 12 or younger, CAFAS score of 90 or greater
 - For children 13-18, CAFAS score of 120 or greater
 - For children 3-6, elevated PECFAS subscale scores in at least one (1) of these areas: self-harm behaviors, mood/emotions, thinking/communicating or behaviors towards others
 - Youth can remain in the SED Waiver even if their CAFAS or PECFAS score drops during the one (1) year commitment.

Note: Youth who have an Intellectual and /or Development Disability (I/DD) are not eligible for the SED waiver.



Each child must have a comprehensive IPOS that specifies the services and supports the child and his/her family will receive. The IPOS is 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 child's health and safety, as part of their regular contact with the child and family.

The array of services available to those who meet eligibility criteria for the SED Waiver include: wraparound, respite, family supports and training, therapeutic activities, child therapeutic foster care, home care training-non-family, transitional services, therapeutic overnight camp, overnight health and safety supports and family home care training.

Wayne County SED Waiver Providers:

Black Family Development Inc.
2995 E. Grand Blvd.
Detroit, MI 48202
313.758.0150

Development Centers Inc.
17421 Telegraph Rd.
Detroit, MI 48219
313.531.2500

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

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 0-21 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 including the scope and duration of direct service hours per week depending on medical necessity and parent/guardian agreement. These services are intensive and can be provided either in the home, clinic or community setting. ABA interventions involve parent/guardian training and participation as it is critical progress and maintenance.

How to Access ABA Services?

A person will need to be referred by a physician. The DWIHN Access Center can help start this process by calling: 800.241.4949. *Additional information on the DWIHN Autism Benefit can found at: www.dwihn.org.*

Complex Case Management

DWIHN 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, and 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 email us at pihpccm@dwi hn.org 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.

Coordination of Care

To improve the quality of services, Detroit Wayne Integrated Health Network (DWIHN) wants to coordinate your behavioral health care with your medical provider who cares for your physical health. If you are also receiving substance use services, your mental health care should be coordinated with those services.

Being able to coordinate with all providers involved in treating you improves your chances for recovery, relief of symptoms, improved functioning, and your 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.

DWIHN 24-Hour Access/Crisis Information and Referral Helpline

Toll Free: 800.241.4949 • TTY: 711

Customer Service: 888.490.9698 • TTY: 711

www.dwi hn.org

Person-Centered Planning

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

The process begins with pre-planning when you:

- determine whom, besides yourself, you would like at the PCP meetings, such as family members or friends, and what staff from your service provider.
- decide when and where the person-centered planning meetings will be held.
- 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
- learn to develop goals or outcomes you want to achieve
- decide what supports, services or treatment you need
- decide who you would like to provide this service
- decide how often you need the service, and
- decide where the service 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 DWIHN 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 (PCP) meeting if you want to talk about changing your IPOS.

You have the right to "independent facilitation" of the PCP process. This means that you may request that someone other than your service provider staff conduct your PCP 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 DWIHN's Customer Service for more information.

What is Independent Facilitation?

By Michigan law, all individuals who receive community mental health services, or members, have the right to get their Individual Plan of Service (IPOS) created using the Person Centered-Planning (PCP) process which includes the unique needs and desires of each person. DWIHN allows members to hire or select someone they trust such as a independent Facilitator to guide the PCP process with them.

Who does Independent Facilitation?

Independent Facilitation is done by someone chosen by you. Ideally, the person chosen is trained and has the skills and abilities to work with you and others that you want to involve, to think and talk about how you might achieve your unique needs and desires.

Why use an Independent Facilitator?

An independent Facilitator assist by:

- Identifies your strengths and needs.
- Makes sure you are heard and understood.
- Keeps the meeting on track.
- Locates available community resources and services.
- Uses tools to uncover your plans.
- Records and reports meeting discussions.

How to find an Independent Facilitator?

- You may reach out to DWIHN's Customer Service Department by calling 1.888.490.9698 or visit us at www.dwihn.org.
- Visit our online Provider Directory for a list of Independent Facilitators, or
- Search the Michigan Department of Health and Human Services website at <https://ddi.wayne.edu/ifmap>.

Children and PCP

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

Topics Covered during PCP

During PCP, you will be told about: 1.) psychiatric advance directives, 2.) a crisis plan, and 3.) 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 gives information and direction to others about what you would like done in the time of a 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.

If you do not believe you have received appropriate information regarding Psychiatric Advance Directives your service provider, please contact DWIHN's Customer Service at 1.888.490.9698 or TTY 711.

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/substance use disorder in their recovery journeys. The person-centered planning process is used to identify the supports needed for individual recovery.

In recovery there may be relapses. A relapse is not a failure, rather a challenge. If a relapse is prepared for, and the tools and skills that have been learned throughout the recovery journey are used, an individual 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 (SED) 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 Category	Description
Parent Support Partner (PSP)	A trained parent with first-hand experience navigating public child serving agencies and raising a child with mental health or developmental challenges. Support provided to a family by a PSP will focus on increasing confidence and competence in parenting skills, increasing the parent's knowledge to navigate systems and partner with service providers, and empower the parent to develop sustainable, natural support networks after formal service delivery has ended. Parent Support Partners, serving as an equal member of the treatment team, will assist in identifying goals within the Person Centered/Family Centered Plan that will support the parent to develop the new skills, resources, and confidence in parenting a child with serious emotional disturbance (SED) and/or intellectual developmental disabilities (I/DD).
Peer Support Specialist (PSS)	An individual with a lived experience and journey in receiving public mental health services and supports. They are employed in a variety of settings including member run organizations, employment, psychosocial rehabilitation programs, housing outreach, supports coordination and integrated behavioral health and primary care. They provide direct services to support others with health navigation, accessing resources, and supporting a person-centered recovery journey to achieve community inclusion and participation, independence, recovery and resiliency.
Peer Recovery Coach (PRC)	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.
Peer Mentor	A person with a developmental disability who has learned problem solving strategies, how to be a self-advocate, how to live a self-determined life, and knows how to access services and resources in the community. 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.
Veterans Peer	A Veteran peer support specialist is an individual who has served in the U.S. Military and has a mental health and/or co-occurring condition, who has been trained to help others identify and achieve specific life and recovery goals. They help fellow Veterans navigate the VA system, facilitate support groups, and provide information on community resources while actively being engaged in their own recovery.

Peer Category	Description
Youth Peer Support Specialist	Young adult between 18 and 26 years of age who supports youth with a serious emotional disturbance through shared activities and interventions. The goals of Youth Peer Support include: 1) supporting youth empowerment, and 2) assisting youth in developing skills to improve their overall functioning and quality of life, and, working collaboratively with others involved in delivering the youth's care. Youth Peer Support services can be in the form of direct support, information sharing and skill building.

For information about becoming a peer, i.e., someone with lived experience and trained to support others having the same condition, visit the website that follows:

https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4871_4877_48561-84396--,00.html

How does one become certified as a peer?

In Michigan, there are a number of peer certification programs. The process and training vary 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 Integrated Health Network. Peer services, both certified and non-certified, are billable under Healthy Michigan and Medicaid. To learn more, go to:

<http://www.mdch.state.mi.us/dch-Medicaid/manuals/MedicaidProviderManual.pdf>

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 members. Peer 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 members who are in crisis
- Replace fears and stigmas with hope

How can one get peer services?

- Include the service in the Individual Plan of Services
- Contact Access Center at 800.241.4949
- Contact the community-based centers directly

Trauma Informed Care

Do you know your Adverse Childhood Experiences (ACE) score?

The ACE score is a way to describe the level of stress or trauma that one experienced as a child. Through years of research, the Center for Disease Control (CDC) uncovered a link between childhood trauma (e.g., sexual abuse, loss of caretaker, etc.) and the chronic health conditions (e.g., depression, heart disease, lung cancer) and/or social risk factors (e.g., incarceration, mental illness, addiction, etc.) that individuals face as adults. Take the short quiz below to learn your ACE score.

Prior to your 18th birthday:

1. Did a parent or other adult in the household often or very often... Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt?
No___If Yes, enter 1 __
2. Did a parent or other adult in the household often or very often... Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?
No___If Yes, enter 1 __
3. Did an adult or person at least 5 years older than you ever... Touch or fondle you or have you touch their body in a sexual way? or Attempt or actually have oral, anal, or vaginal intercourse with you?
No___If Yes, enter 1 __
4. Did you often or very often feel that ... No one in your family loved you or thought you were important or special? or Your family didn't look out for each other, feel close to each other, or support each other?
No___If Yes, enter 1 __
5. Did you often or very often feel that ... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
No___If Yes, enter 1 __
6. Were your parents ever separated or divorced?
No___If Yes, enter 1 __
7. Was your mother or stepmother: Often or very often pushed, grabbed, slapped, or had something thrown at her? or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
No___If Yes, enter 1 __
8. Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?
No___If Yes, enter 1 __
9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
No___If Yes, enter 1 __
10. Did a household member go to prison?
No___If Yes, enter 1 __

Now add up your "Yes" answers: This is your ACE Score _____

Now that you've got your ACE score, share it with your service provider and request support and treatment that can help.

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Customer Service: 888.490.9698 • TTY: 711

www.dwihn.org

Tips for interacting with people who have a disability

Most people with a disability do not consider themselves as limited and do not like being referred to by a label. Consider that people with disabilities have a difference or are differently abled, and most importantly, they are people first. It is best to avoid labels when referring to individuals who have a disability, regardless of the type of difference (e.g., addiction, cognitive, mobility, etc.) a person has. What follows are some tips on interacting with people who have a disability:

- When speaking with a person with a disability, talk directly to the person, not to a companion, friend, or interpreter who might be present
 - If the person has a speech impairment and you are having difficulty understanding what he or she is saying, ask the person to repeat, rather than pretending to understand. Listen carefully and repeat what you think you heard in order to insure good communication.
 - If you believe that a person with a disability needs assistance, offer assistance. But then wait for your offer to be accepted before you try to help.
 - If you are speaking with a person who is blind, identify yourself at the beginning of the conversation and communicate your departure when you leave. Don't be afraid to use common expressions such as "See you later!"
 - If you wish to get the attention of a person who is deaf, gently tap him or her on the shoulder or arm. Look directly at the person and speak clearly in a normal tone of voice. Keep your hands away from your face, and use short, simple sentences. Speak to the person, not the interpreter, if there is one. Many deaf people cannot read lips.
 - Don't touch, speak to, or distract a service animal.
- Disability Services.
- If other students inquire about a student with a disability, respond with a positive remark such as "He or she is okay" or "He or she will let us know if we need to do anything." Don't reveal any information to anyone about the student with the disability unless the student or Disability Services requests you to.
 - Act naturally with students with disabilities as you do with all students. This is the best advice of all.

Taken from the <http://www.cccti.edu/DS/Documents/LanguageOfDisabilities.pdf>

Language Preferred by Individuals with a Disability

Do Not Prefer	Prefer
Consumer	Member
Retarded/Mentally Retarded/Retard	Intellectual Disability
Handicap/Disabled/Crippled	Person with a disability
Manipulative	Getting their needs met
High Functioning/Low Functioning	{State the individual's abilities}
Crazy/Looney Tunes/Yellow Bus	Individual with a psychiatric (or mental) illness
Dumb/Mute	Individual who is not able to speak
Hearing impaired	Deaf
The blind	Individual who is visually impaired or blind
Substance Abuser	Addict/Individual with a substance use issue
Confined to a wheelchair	Individual who uses a wheelchair/wheelchair user

Clubhouse

Clubhouses are organized communities that provide services in a unique restorative type of setting. Clubhouses are tailored to help support members with mental illness rejoin in society through education, employment, learning responsibility and other interaction like building friendships. Within the DWIHN system, Clubhouses have a professional skilled director that is guided by the psycho-social model, but also allows for clubhouse members to participate in the engagement of members, make clubhouse rules and participate in mutual support of different activities of the Clubhouse. Clubhouses are evidenced-based and has demonstrated success for many members. If you are interested in services offered by a Provider, you can inquire with your supports coordinator to locate a Clubhouse that may have a space for you, as you must be a member and assigned to services to attend a Clubhouse.

Drop-In Centers

What is a Drop In Center?

Drop-in centers are a service for members who want to enjoy peer-guided programming, but does not require a particular type of service. This type of center is called Drop-In because any DWIHN member can walk- in without previous care or services from them and participate in the activities. There is no prescribed treatment of services, but rather is geared toward peer support, help or assistance in accessing other services, and to participate in social activities.

Currently there are three locations available, call them to find out about their hours of operation and inquire about their events calendar.

Our Place

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

Harvest Retreat

8904 Woodward Ave.
Detroit, MI 48202
313.365.7211

Perfect Place

21501 Goddard Road
Taylor, MI 48180
313.686.536

Grievances

You have the right to say you are unhappy with your covered services or supports or the staff who provide them by filing a "grievance." A grievance is defined as "the Enrollee's expression of dissatisfaction about Detroit Wayne Integrated Health Network (DWIHN) and/or their Service Provider services issues, other than an Adverse Benefit Determination.

Possible subjects for grievances include, but are not limited to, quality of care or services provided, aspects of interpersonal relationships between you and the service provider, failure to respect your rights regardless of whether additional action is requested, or your dispute regarding an extension of time proposed by DWIHN to make a service authorized decision."

You can file a Medicaid or General Fund grievance at any time by calling, visiting or writing DWIHN.

To file a MI Health Link grievance, you must do so within 60 calendar days from the date of the incident. DWIHN's Customer Service Grievance staff is available to assist you with the grievance process. In most cases, your Medicaid grievance will be resolved within 90-calendar days from the date that DWIHN or your provider receives your grievance. If you are an uninsured/underinsured member, your grievance will be resolved within 60 calendar days. If you are a MI Health Link member, your grievance will be resolved within 30 calendar days.

You will be given detailed information about the grievance process when you first start services and then again annually. You may request assistance in filing a grievance or ask for this information at any time by contacting DWIHN Customer Service Office at:

DWIHN Customer Service
707 W. Milwaukee St.
Detroit, MI 48202
Local: 313.833.3232
Toll Free: 888.490.9698
TTY: 711

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 defined as “a review by DWIHN of an Adverse Benefit Determination”. You have appeal rights regarding any covered service we provide. You will be given notice when a decision is made that denies your request for services or reduces, suspends or terminates the services you already receive. This notice is called an “Adverse Benefit Determination”. A Notice of Adverse Benefit Determination is a written letter that explains a decision about your services. You have the right to file an “appeal” when you do not agree with such a decision. If you would like to ask for an appeal, you will have to do so within 60-calendar days from the date on the Adverse Benefit Determination for Medicaid or MI Health Link covered services.

You may ask for a “Local Appeal” by contacting DWIHN Customer Service Office at 888.490.9698 or TTY: 711. Even if you did not receive a Notice of Adverse Benefit Determination, you may have the right to file an appeal.

You will have the chance to provide information in support of your appeal, and to have someone speak for you regarding the appeal if you would like.

In most cases, your appeal will be completed within 30 calendar days or less. If you request and meet the requirements for an “expedited appeal” (fast appeal), your appeal will be decided within 72 hours after we receive your request. In all cases, DWIHN may extend the time for resolving your appeal by 14 calendar days if you request an extension, or if DWIHN can show that additional information is needed and that the delay is in your best interest.

You may ask for assistance from DWIHN Customer Services to file an appeal.

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. 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.

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

Ask for a Local Appeal/Local Dispute Resolution by contacting DWIHN Customer Service at 888.490.9698. There are two type of local appeal/local dispute resolution requests.

- **Standard Appeal** should be resolved within 30 calendar days. If you believe that waiting for the standard timeframe would jeopardize your ability to attain, maintain, or regain maximum function, you can request for your appeal to be considered for a quicker fast or “expedited” appeal.
- **Expedited Appeals** are decided within 72 hours. If you or your provider believe that your behavioral health could be seriously harmed by waiting up to 30 calendar days for a decision, you, your authorized representative, legal guardian and/or your provider can request an expedited appeal. **Please note** that if your request for an “expedited” appeal is denied, we will contact you by phone and in writing within 2 calendar days. If we accept your appeal as “expedited” we will resolve it within 72 hours.

Appeals can be filed orally or in writing within 60 calendar days after the date of an Adverse Benefit Determination or Notice of Denial of Medical Coverage. These notices explain to you how to file an appeal and what the deadlines are for filing an appeal. Should you choose to have your services continued during the appeal process, you have ten (10) calendar days from the mailing date on the letter to contact DWIHN to make your request known.

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. A determination will be made as quickly as possible, but no longer than 30 calendar days from the date you filed the appeal.

Should you require any physical accommodations or interpreter services, regarding the addressing of your Appeal, arrangements can be made to accommodate your needs, i.e. hearing impaired and non-English speaking. Please contact DWIHN Customer Service Office at 888.490.9698 or 313.833.3232 or TTY: 711 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 DWIHN can demonstrate the delay is in your best interest. DWIHN will give you written notice of the reason for the extended time frame within two (2) business days and inform you of the right to file a grievance if you disagree with that decision.

- DWIHN will continue your benefits if the following conditions apply: (within 60 calendar days from the date on the ABD notice);
- 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 a continuation of benefits

At your request, DWIHN 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 DWIHN mails the Notice of Appeal Denial/Notice of Appeal Decision;
- A State Fair Hearing office 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 DWIHN. Medicare's External Appeal organization is called the Independent Review Entity (IRE). Medicaid's External Appeal is a State Fair Hearing through Michigan Office of Administrative Hearing and Rules (MOAHR).

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 MOAHR. 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 MOAHR within 10 calendar days from the date of the Notice of Appeal Denial/Notice of Appeal Decision.

If DWIHN reverses the decision or the decision is reversed by the Administrative Law Judge, DWIHN must pay for services provided while the appeal was pending. The disputed services will be provided /authorized within 72 hours of the decision. **Please note you may be required to pay the cost of the services if the denial is upheld. DWIHN will inform you of our decision in writing. State policy will determine if you will be required to repay the cost of any continued benefits.**

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: 711**.

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 DWIHN 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 DWIHN. Your service provider or Customer Service Appeals staff can help you to complete this form and send it to MOAHR. The provider and/or Customer Service Appeals staff will help you through the entire process. If you request a hearing, DWIHN 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. DWIHN will also be responsible for presenting the position of the service provider or DWIHN during the hearing. This request must be in writing. You may contact the State office at:

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

Benefit Continuation

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

If your benefits are continued and your appeal is denied, you will also have the right to ask for your benefits to continue while a State Fair Hearing is pending if you ask for one within 10 calendar days. You will need to state in your State Fair Hearing request that you are asking for your service(s) to continue.

If your benefits are continued, you can keep getting the service(s) until one of the following happens: 1) you withdraw the appeal or State Fair Hearing request; or 2) all entities that received your appeal decide "no" to your request or 3) you did not file a request to have your benefits continued timely.

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

Mediation

An individual receiving services from DWIHN has the right to request a mediation related to their behavioral health services, planning services, and DWIHN supports. DWIHN is required to share with the individual their right to mediation when they initially receive services and then annually after that or as requested. DWIHN is also required to share with the individual their right to mediation when local dispute resolution process, local appeals process, or State Fair Hearing is requested.

If mediation is requested, DWIHN (and the identified Clinically Responsible Service Provider (CRSP) or Service Provider) must participate.

Cases that cannot be mediated include: assisted outpatient treatment plans, Recipient Rights investigations, medical necessity, State Fair Hearings or the role of CMH/PIHP staff as experts.

Individuals interested in the mediation process (or their legal representative) can contact 1-844-3-MEDIATE to start the process or email behavioralhealth@mediation-omc.org.

Residential Services

Residential Services are available for individuals diagnosed with severe mental impairment (SMI) and/or Intellectual-Developmental Disability (I/DD). In order for an individual to receive these services, they must be Medicaid eligible.

Residential services can be accessed with a referral from the following:

- Clinically Responsible Service Provider (CRSP)
- ED or Inpatient Hospital
- Jail
- State Psychiatric Facility
- Michigan Department of Health and Human Services (MDHHS)

The aforementioned are responsible for completing a Referral Checklist identifying all the necessary documents needed to initiate the referral.

Licensed and Unlicensed Settings

Licensed homes (formerly known as adult foster care homes) provide 24- hour staffing. Usually, these homes are shared by 6 individuals or less with varying needs. Services are outlined by the Individualized Plan of Service (IPOS). Services received within a licensed setting include:

- Community Living Supports (CLS)
 - o Meal preparation
 - o Laundry
 - o Housekeeping
 - o Behavioral Concerns
 - o Socialization
 - o Health and Safety
 - o Money Management
 - o Medications
 - o Medical and mental health appointments
 - o Stress Management
- Personal Care Supports (PCS)
 - o Feeding
 - o Toileting
 - o Hygiene and Grooming
 - o Complex Care Needs
 - o Medical and mental health appointments
 - o Medications

Individuals living in their own homes, rented homes/apartments or family homes are identified as living in unlicensed settings. In these settings, individuals are eligible for CLS services from DWIHN's contracted staffing agencies. In these types of settings, individuals are not eligible for PCS supports; however, should there be personal care needs, then an application to Home Help through the State of Michigan will provide service providers with some reimbursement to meet the individual's needs.

Note: Whether a member resides in a licensed or unlicensed setting, they will be responsible for paying room and board or rent by using their SSI allotment. DWIHN will reimburse the contracted licensed service provider or the staffing agency for all staffing hours that address CLS and PCS services.

CLS and PCS Hour Determination

The number of staffing hours individuals require are usually determined with the completion of the Residential Assessment by a Residential Care Specialist (RCS) who will meet with members, families and support systems identified based on the individual's situation to conduct an assessment.

Assessments identify possible areas where the individual would require assistance to meet their identified needs. CLS supports are meant to assist members to become as independent as possible to meet their basic needs. The ultimate goal is to support individuals move into the least restrictive environment, where CLS services may be needed but to a lesser degree over time. It should be noted that in some cases, in unlicensed settings, CLS services will be necessary at higher levels with overnight staffing needs. In these cases, the CRSP case manager/therapist is to support the staffing agent apply for the Habilitation Waiver (HAB) which will reimburse for these overnight services. The HAB Waiver must be in place for DWIHN to reimburse for the overnight hours should there be health and safety concerns. If PCS services are needed in the unlicensed setting, then application for Home Help should be completed to receive reimbursement for these services

In licensed settings both PCS and CLS will be assessed and hours determined based on information provided by individuals and their support system.

Part of the assessment process includes identifying the individuals' choice of living arrangements – i.e., home versus apartment; location; willingness to share a room or need for a single bedroom, etc.

Identification of Licensed Home or Staffing Agency

Once the member's assessment is completed, a Residential Care Coordinator (RCC) or broker is assigned who keeps the member's choices in mind when identifying a licensed setting or a staffing agency that can accommodate the individual needs. It is during this time that individuals can visit an identified home and/or meet the staffing agent. Once an agreement is made, the decision on when to move into the home or initiate CLS services will be determined.

Authorization for CLS and/or PCS Services

All request for residential services in a licensed or unlicensed setting are authorized by DWIHN's Residential Department. The Residential Authorization staff reviews incoming authorization request by utilizing set standards for approval within established time frames. The review process involves the following:

- The Residential Authorization staff reviews incoming authorization requests.
- Staff review authorizations in the order that they are received.
- Staff allow for up to 14 days to review the authorization for approval or to return the submitted authorizations for additional information, allowing 48-72 hours to make updates and resubmit.
- Member's chart is reviewed for the following clinical documentation:
 - o Primary Designation
 - o BH CRSP
 - o Treatment Plans
 - o Current LOCUS Scores
 - o Medicaid Eligibility/Insurance
 - o Home Help
 - o HAB Waiver
 - o Behavior Treatment Plans
 - o Progress Notes
 - o Biopsychosocial Assessment
 - o Medical Documentation
 - o Incident Reports
- Medical Necessity Documentation
- Active Treatment Plan
- All members must have an active Treatment Plan for an authorization to be approved. If a member does not have an active Treatment Plan, this may cause a lapse in services. The authorization will be returned to the requestor with a request for an Interim IPOS or an updated IPOS to be completed.
- Residential Assessment: Residential Assessment is reviewed for completion, accuracy and assessed hours.

Omnibus Reconciliation (OBRA)

Omnibus Reconciliation (OBRA) is for any individual pursuing nursing home admission in Wayne County. Individuals are evaluated to determine whether a nursing facility is the most appropriate place for them to reside. In order to qualify for this placement, a Pre-admission (PASRR) assessment is done to assure that all persons with a serious mental illness and/or intellectual/developmental disability seeking admission to a nursing facility are considered. This assessment, is required upon initial nursing home placement and on an annual basis to assure that continued nursing home placement and/or specialized mental health services is needed. Should you have questions regarding DWIHN's OBRA program please contact 248-817-7602.



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 Integrated Health Network (DWIHN) 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 DWIHN 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 DWIHN

You have a great advantage as a participant of the MI HEALTH LINK program in Wayne County. The DWIHN 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, AmeriHealth of Michigan, Meridian Complete (Formerly called: Fidelis Secure Care), HAP Empowered or Molina Healthcare. 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
- No prescription access
- Abuse/violence/alcoholism/drug use
- Economic problems causing anxiety/depression
- Loneliness
- Family problems

Service Authorization

Services you request must be authorized or approved by your service provider. That agency may approve all, some, or none of your requests. You will receive notice of a decision within 14 calendar days after you have requested the service during PCP, or within 72 hours if the request requires an expedited 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 by contacting:

DWIHN Customer Service
707 W. Milwaukee St.
Detroit, MI 48202
Local: 313.833.3232
Toll Free: 888.490.9698
TTY: 711

Out of Network

There may be times in which there are no providers in the DWIHN 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, DWIHN 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 DWIHN's Customer Service 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 to the previous pages 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 attempt 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

Services Not Covered Under DWIHN

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 DWIHN's 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 or you may contact the Beneficiary Help Line at 800.642.3195. You may contact DWIHN's 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 DWIHN's 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>Aetna Better Health of Michigan 1333 Gratiot, Suite 400 Detroit, MI 48207 866.316.3784 http://aetnabetterhealth.com/michigan</p>	<p>Blue Cross Complete of Michigan 20500 Civic Center Drive Southfield, MI 48076 800.228.8554 http://www.mibcn.com</p>
<p>HAP Empowered 4700 Schaefer Road, Suite 340 Dearborn, MI 48126 313.581.3700 Toll Free 888.654.2200 http://www.midwesthealthplan.com</p>	<p>Meridian Health Plan of Michigan, Inc. 777 Woodward Avenue, Suite 600 Detroit, MI 48226 313.324.3700 Toll Free 888. 437.0606 http://www.mhplan.com</p>
<p>Molina Healthcare of Michigan 100 W. Big Beaver Road, Suite 600 Troy, MI 48084 248.925.1700 Toll Free 888.898.7969 http://www.molinahealthcare.com</p>	<p>McLaren Health Plan G 3245 Beecher Road Flint Mi 48532 http://www.mclarenhealthplan.org</p>
<p>Priority Health Choice 1231 E. Beltline NE Grand Rapids, MI 49525-4501 http://www.priorityhealth.com</p>	<p>United Healthcare Community Plan 26957 Northwestern Highway, Suite 400 Southfield, MI 48033 248.559.5656 Toll Free 800.903.5253 http://www.uhccommunityplan.com</p>

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

Federally Qualified Health Centers (FQHCs)

<p>ADVANTAGE HEALTH CENTERS 60 East Warren St Detroit, MI 48201 313.416.6262 Mon-Fri 8:00 am -4:30 pm</p>	<p>ADVANTAGE HEALTH CENTER FOCUS HOPE 1355 OAKMAN BLVD DETROIT, MI 48238 WAYNE 313-416-6262 Mon-Fri 8:00 am – 5:00 pm</p>	<p>ADVANTAGE HEALTH CENTERS 4777 E OUTER DRIVE DETROIT, MI 48238 WAYNE 313-416-6200 Mon-Fri 8:30 am – 5:00 pm</p>
<p>ADVANTAGE HEALTH CENTERS BELL CENTER 1234 PORTER STREET DETROIT, MI 48226 WAYNE 313-416-6262 Mon-Fri 8:00 am- 5:00 pm</p>	<p>ADVANTAGE HEALTH CENTERS 15400 WEST MCNICHOLS DETROIT, MI 48223 WAYNE 313-416-6262 Mon Fri 8:00 am-5:00 pm</p>	<p>AMERICAN INDIAN HEALTH & FAMILY SERVICES OF SE MI 4880 LAWNSDALE ST DETROIT, MI 48210 WAYNE 313-846-3718 Mon-Tues, Wed, Fri 9:00 am – 5:00 pm, Thurs 8:30 am – 7:00 pm</p>
<p>CHASS -COMMUNITY HEALTH & SOC SVCS CT 5635 W FORT DETROIT, MI 48209 313-849-3920 Mon-Fri 8:00 am-5:00 pm Sat 8:00 am -12 pm</p>	<p>COALITION OF TEMPORARY SHELTER ROTATIONAL 26 PETERBORO DETROIT, MI 48201 313-831-3777</p>	<p>COVENANT COMMUNITY CARE INC 5716 MICHIGAN AVENUE, SUITE 1100 DETROIT, MI 48210 313-554-1095 Mon-Tues 8:00 am – 8:00 pm Wed, Thru, Fri 8:00 am – 5:00 pm</p>
<p>DCHC -DR. FELETA WILSON HEALTH CENTER 6550 WEST WARREN DETROIT, MI 48210 WAYNE 313-897-7700 Mon 10:00 am – 6:00 pm, Tues, Wed, Thurs, Fri, 9:00 am- 5:00 pm</p>	<p>DCHC -DR. SOPHIE WOMACK HEALTH CENTER Formerly-EASTSIDE HEALTH CENTER 7900 KERCHEVAL DETROIT, MI 48214 WAYNE 313-921-5500 Mon, -Fri 8:30 am - 5:00 pm</p>	<p>DCHC -NOLAN FAMILY HEALTH CENTER 111 WEST 7 MILE ROAD DETROIT, MI 48203 WAYNE 313-369-2600 Mon, Tues, Wed, Fri.– 8:30 am – 5:00 pm Thur. 9:30 am – 6:00 pm</p>

DWIHN 24-Hour Access/Crisis Information and Referral Helpline

Toll Free: 800.241.4949 • TTY: 711

Customer Service: 888.490.9698 • TTY: 711

www.dwihn.org

<p>Dr. RUDY BARBA PSYCHIATRIC SERVICES 101 UNION ST PLYMOUTH, MI 48170 WAYNE 734-926-6605</p>	<p>FORT STREET PRESBYTERIAN CHURCH ROTATIONAL 631 W. FORT STREET DETROIT, MI 48226 313-961-4533</p>	<p>HEALTH CENTERS DETROIT FOUNDATION, INC 7633 EAST JEFFERSON, SUITE 340 DETROIT, MI 48214 313-822-9801 Mon-Fri, 8:30 am -5:30 pm</p>
<p>HCD-GREENFIELD HEALTH CENTER 23077 GREENFIELD RD SOUTHFIELD, MI 48075 313-822-9801 (Option #3) Mon- Fr 8:30 am-5:30 pm, Alternating Saturdays 8:30 am -12:30 pm</p>	<p>HCD- UNIVERSITY HEALTH CENTER 4101 ST. ANTOINE SUITE 7-A DETROIT, MI 48201 313-745-4091 Mon-Fri 8:30 am - 5:30 pm</p>	<p>INSTITUTE FOR POPULATION HEALTH 19830 JAMES COUZENS FWY DETROIT, MI 48235 WAYNE 313-309-9350 Wed – Fri 8:00 am – 5:00 pm Walk-ins are welcomed</p>
<p>LATINO FAMILY SERVICES ROTATIONAL 3815 FORT STREET DETROIT, MI 48216 313-279-3232</p>	<p>OPERATION GET DOWN ROTATIONAL 10100 HARPER AVE DETROIT, MI 48213 313-.921-9422</p>	<p>SALVATION ARMY ROTATIONAL 1627 W. FORT ST DETROIT, MI 48216 313-965-7760</p>
<p>THE CHILDREN'S CENTER 79 WEST ALEXANDRINE STREET DETROIT, MI 48201 WAYNE 313-831-5535 Mon-Thurs 8:00 am – 8:00 pm, Fri 8:00 am- 5:00 pm, Sat 8:00 am – 2:00 pm</p>	<p>THE GUIDANCE CENTER 13101 ALLEN RD SOUTHGATE, MI 48195 WAYNE 734-785-7700 Mon – Fri 8:30 am – 5:00 pm</p>	<p>THE WELLNESS PLAN-GATEWAY HEALTH CENTER 2888 W GRAND BLVD DETROIT, MI 48202 WAYNE 313-875-4200 Mon, Tues, Fri, - 8:30 am – 5:00 pm Wed, Thru – 8:30 am – 7:00 pm</p>
<p>THE WELLNESS PLAN-EAST AREA HEALTH CENTER 4909 EAST OUTER DRIVE DETROIT, MI 48234 WAYNE 313-366-2000 Mon-Friday 8:00 am- 8:00 pm Sat. 10:00 am – 6:00 pm Sun 10:00 am – 4:00 pm</p>	<p>THEA BOWMAN COMMUNITY HEALTH CENTER 15400 W. MCNICHOLS DETROIT, MI 48235 313.835.5990 M, T, TH, F: 8:30 am-5:00 pm Wednesday: 11:00 am-7:00 pm</p>	<p>WALLER HEALTHCARE FOR THE HOMELESS CENTER 60 E WARREN AVE DETROIT, MI 48201 313.416.6261 Mon-Fri: 8:30 am- 4:30 pm</p>

<p>WCHC-HAMTRAMCK HEALTH CENTER 9021 JOSPEH CAMPAU ST HAMTRAMCK, MI 48212 WAYNE 313-871-1926 Mon, Tue, Thurs, Fri 9:00 am – 5:30 pm, Wed 11:00 am – 7:30 pm, Sat 9:00 am – 1:00 pm</p>	<p>WESTERN WAYNE SOUTHWEST CENTER 25650 OUTER DRIVE LINCOLN PARK, MI 48146 WAYNE 313-383-1897 Mon-Thurs 8:00 am – 6:00 pm, Fri 8:30 – 5:30 pm</p>	<p>WESTERN WAYNE FAMILY HEALTH CENTER 26650 EUREKA ROAD, SUITE C TAYLOR, MI 48180 WAYNE 734- 941-4991 Mon-Thurs 8 am – 6:00 pm, Fri – 8:00 am – 5:00 pm</p>
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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 DWIHN’s Customer Service at 888.490.9698 or 313.833.3232.

You also have the right to appeal the decisions of DWIHN 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 Customer Service **Family Support Subsidy, 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 DWIHN's Access Center and referral for other he

Michigan Advocacy Groups

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

Local Advocacy Groups

<p>Alzheimer's Association 25200 Telegraph Road, Suite 100 Southfield, MI 48033 248.351.0280 800.272.3900 www.alz.org/index.asp</p>	<p>American Indian Services 1110 Southfield Road Lincoln Park, MI 48146 313.388.4100 www.amerinserv.org</p>	<p>Arab Chaldean Council 62 West Seven Mile Road Detroit, MI 48203 313.893.6172 www.myacc.org</p>
<p>Disability Network 5555 Conner Detroit, MI 48213 313.923.1655 www.dnwayne.org</p>	<p>Latino Family Services 3815 West Fort Street Detroit, MI 48216 313.841.7380 www.latinofamilyservices.org</p>	<p>LGBT Detroit 20025 Greenfield Rd. Detroit, MI 48235 313.397.2127 www.lgbtdetroit.org</p>
<p>Michigan Disabilities Rights Coalition 3498 East Lake Lansing Rd, Suite 100 East Lansing, MI 48823 800.578.1269 www.copower.org/mdrc/MDRC</p>	<p>NAMI Detroit P. O. Box 852 Northville, MI 48167 313.505.4478 www.namidetroit@gmail.com</p>	<p>The Arc Detroit 51 Hancock Detroit, MI 48201 313.831.0202 arcdetroit.org</p>
<p>The Arc Dearborn/Dearborn Heights 22450 Park Street Dearborn, MI 48127 313.562.1787 www.thearcdearborn.org</p>	<p>The Arc Grosse Pointe/Harper Woods 20475 Sunningdale Park Grosse Pointe Woods, MI 48236 586.457.8588 www.thearcgphw.org</p>	<p>The Arc Northwestern Wayne 26049 Five Mile Road Redford, MI 48239 313.532.7915 www.thearcnw.org</p>
<p>The Arc Western Wayne County 2257 South Wayne Road Westland, MI 48186 734.729.9100 www.thearcww.org</p>	<p>The Arc Downriver 1028 Oak Street Wyandotte, MI 48192 734.283.0710 arciver@sbcglobal.net</p>	<p>Ruth Ellis Center 77 Victor Street Highland Park, MI 48203 313.252.1950 www.ruthelliscenter.Org</p>

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.

DWIHN
313.344.9099

Protective Services MDHHS Hot Lines

Adult Protective Services (APS)
855.444.3911

Child Protective Services (CPS)
855.444.3911

Transportation Resources

Modivcare formerly 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

Homelessness or Housing Crisis
Coordinated Assessment Model (CAM)
313.305.0311

Disability Network Wayne County
313.923.1655
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

Salvation Army
www.salvationarmyusa.org

Social Security Administration
Toll Free: 800-772-1213
TTY: 800.325.0778
www.ssa.gov

Detroit Health Department
100 Mack Ave.
Detroit, MI 48217
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

Community Housing Network
5505 Corporate Dr. Ste. 300
Troy, MI 48084

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 Member 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



The DWIHN Anti-Stigma Campaign

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

DWIHN 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 members.

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 DWIHN's Anti-Stigma Campaign, contact DWIHN's Customer Service at 313.833.3232 or 888.490.9698.



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 of Adverse Benefit Determination - Written statement advising the Enrollee of a decision to deny or limit authorization of Medicaid services requested, which notice must be provided to the Medicaid Enrollee on the same date the Adverse Benefit Determination takes effect

Advance Notice of Adverse Benefit Determination- a written notice advising the beneficiary of a decision to reduce, suspend or terminate Medicaid services currently provided, which notice must be provided/mailed to the Medicaid Enrollee at least 10 calendar days prior to the proposed date the Adverse Benefit Determination 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 by DWIHN of an Adverse Benefit Determination.

Authorization of Services – the processing of requests for initial and continuing service delivery.

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.

Central Registry Clearance: Michigan's central registry is mandated by the Child Protection Law and serves as a list of perpetrators of child abuse and neglect. Central registry information is confidential; therefore, by law, the Department of Health and Human Services cannot provide this information to anyone other than those listed in the Child Protection Law (MCL 722.627). The individual seeking employment must request the information and the results must be sent to the requesting individual only. The application may be obtained from the Department of Health and Human Services website (www.michigan.gov/mdhhs) by clicking on the following: Adult & Children's Services > Abuse & Neglect > Forms and Publication

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.

Co-Occurring: Having one or more disorders relating to the use of alcohol and/or other drugs of abuse as well as one or more mental disorders. **Coordination of Care:** All mechanisms and procedures for organizing collaboration between physicians, other clinical professionals and their designees, and other persons providing services to consumers, within the DWMHA's array of contractors, MHP's, and Substance Use Disorder providers, in the provision of services to consumers and families mutually served, in order that the consumer experience their services as integrated and their providers as an integrated team. The concept of coordination of care includes, but is not limited to, sharing of relevant information such as diagnosis, course of treatment, medication and side effects, and recommendations regarding treatment/services/supports for a specific person and/or family who is receiving services. It also includes mechanisms and procedures for providers in different settings to be able to collaborate sufficiently to ensure that the individuals and families receive consistent communications about all their issues regardless of where they are receiving service.

Crisis Interventions: an unscheduled individual or group service aimed at reducing or eliminating unexpected events affecting behavioral health and well-being.

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

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

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

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 Integrated Health Network (DWIHN) - 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 (DME)- any equipment that provides therapeutic benefits to a person in need because of certain medical conditions and/or illnesses. Durable Medical Equipment (DME) consists of 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

Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT): A Medicaid supported child health program for children, adolescents, and young adults under the age of 21. These services include the following: health and developmental history, developmental/behavioral assessment, physical examination, blood pressure, immunization, health education, nutritional assessment, hearing, vision and dental assessments, lead toxicity, and appropriate counseling for parents/guardians regarding these health issues for their children, adolescents, or young adult.

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 DWIHN, Pre-Paid Inpatient Health Plan (PIHP), or a given managed care program. Member, enrollee, recipient, client or patient are sometimes all used to describe the participant of the plan.

Evidence Based Practice (EBP): a body of scientific knowledge about treatment practices and their impact on children with emotional or behavioral disorders. The phrase refers to treatment approaches, interventions and services which have been researched and shown to make positive difference for children.

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

Expedited Appeal - the expeditious review of an Adverse Benefit Determination, requested by an Enrollee or the Enrollee's provider, when the appropriate party determines that taking the time for a standard resolution could seriously jeopardize the Enrollee's life, physical or mental health, or ability to attain, maintain, or regain maximum function. If the Enrollee requests the expedited review, the PIHP determines if the request is warranted. If the Enrollee's provider makes the request, or supports the Enrollee's request, the PIHP must grant the request.

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.

Family-Centered/Youth-Guided: Family-centered care means that families have a primary decision-making role in the care of their own children, as well as in the policies and procedures governing care for all children in their community, state, tribe, territory, and nation. Youth-guided means that young people have the right to be empowered, educated, and given a decision-making role in their own care, as well as the policies and procedures governing the care of all youth in the community, state, and nation. A youth-guided approach views youth as experts and considers them equal partners in creating system change at the individual, state, and national level (SAMHSA).

Family Member: A parent, step-parent, guardian, spouse, sibling, child, or grandparent of a primary consumer or an individual upon whom a primary consumer is dependent for at least 50% of his or her Financial support.

Flint 1115 Demonstration Waiver -The demonstration waiver expands coverage to children up to age 21 years and to pregnant women with incomes up to and including 400 percent of the federal poverty level (FPL) who were served by the Flint water system from April 2014 through a state-specified date. This demonstration is approved in accordance with section 1115(a) of the Social Security Act, and is effective as of March 3, 2016 the date of the signed approval through February 28, 2021. Medicaid eligible children and pregnant women who were served by the Flint water system during the specified period will be eligible for all services covered under the state plan. All such persons will have access to Targeted Case Management services under a fee for service contract between MDHHS and Genesee Health Systems (GHS). The fee for service contract shall provide the targeted case management services in accordance with the requirements outlined in the Special Terms and Conditions for the Flint Section 1115 Demonstration, the Michigan Medicaid State Plan and Medicaid Policy.

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) – This legislation is 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 behavioral health services. The Michigan Medicaid Provider Manual contains complete definitions of the available services as well as eligibility criteria and provider qualifications. The MPM may be accessed at:

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 MPM and/or information from it.

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

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

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.

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

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.

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

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. DWIHN welcomes persons with both disorders and provides co-occurring capable treatments throughout the networks and at every level of care.

Intellectual/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 (DD).

Limited English Proficiency (LEP)- means potential beneficiaries and beneficiaries 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. The beneficiary 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 individuals with mental illness, developmental disabilities and substance use disorders.

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

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.

Multi-System Youth (Children): This term describes children who are known to or recipients of services in more than one of the following public social programs: child welfare, juvenile justice, and mental health. The movement of these children between systems cause for an increased need for planned coordination of care.

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

Non-Participating Provider- a provider or facility that is not employed, owned or operated by the DWIHN 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 beneficiaries an extra amount. Participating providers are also called network providers.

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.

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 Integrated Health Network 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 (CMHSP) 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 an individual 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.

Qualified Child Mental Health Professional: A person who is trained and has one (1) year of experience in the examination, evaluation, and treatment of minors and their families and who is either a physician, psychologist, licensed or limited licensed master's social worker, licensed or limited licensed professional counselor, or registered nurse; or a person with at least a Bachelor's degree in a mental health-related field from an accredited school who is trained and has three (3) years of supervised experience in the examination, evaluation, and treatment of minors and their families; or a person with at least a Master's degree in a mental health-related field from an accredited school who is trained and has one (1) year of experience in the examination, evaluation, and treatment of minors and their family. Core 43 Training Requirements include at a minimum Person/Family-Centered Planning, Recipient Rights, HIPAA, Grievance, Appeals, Limited English Proficiency, Infection Control, Cultural Competence, and Co-Occurring Disorders, in addition to the 24-hours annually of child specific training. The core trainings may cover both training requirements if they are specific to children and their families (i.e., Family-Centered Planning, Co-Occurring Disorders for Children and/or Adolescents).

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 an individual 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 Emotional Disturbance (SED) – 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.

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

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 (PIHPs).

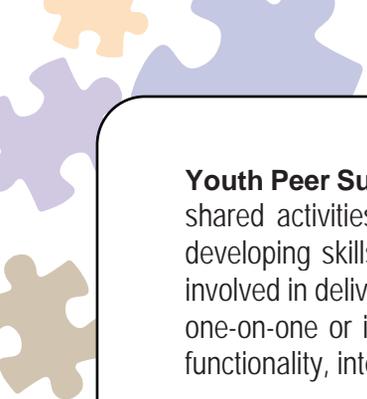
State Fair Hearing- a state level review of beneficiaries' disagreements with CMHSP, or PIHP denial, reduction, suspension or termination of Medicaid services. State administrative law judges who are independent of the Michigan Department of Health and Human Services perform the reviews.

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

System of Care: Approach that provides an organizational framework and philosophy to better structure the delivery of mental health services and to improve the effectiveness of the interventions used to meet the complex and changing needs of children with serious mental health problems and their families (2011). The system of care approach involves collaboration across agencies, providers, and families to improve access and expand the array of high quality services and supports that are home and community-based, individualized, coordinated, family-driven and youth-guided, and culturally and linguistically competent.

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.



Detroit Wayne Integrated Health Network

707 W. Milwaukee St.

Detroit, MI 48202

313.344.9099

www.dwihn.org

DWIHN Customer Service

Toll Free: 888.490.9698

Local: 313.833.3232

TTY line: 711

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

DWIHN Crisis Call Center

1 (844) 462-7474

24/7/365

DWIHN Mobile Crisis Unit

707 W Milwaukee

Detroit MI 48202

1 (844) 462- 7474

C.O.P.E.

(For Emergency Departments Only)

844.296.2673

Office of Recipient Rights

Toll Free: 888.339.5595

National Suicide Prevention Lifeline

1-800-273-8255

www.suicidepreventionlifeline.org

