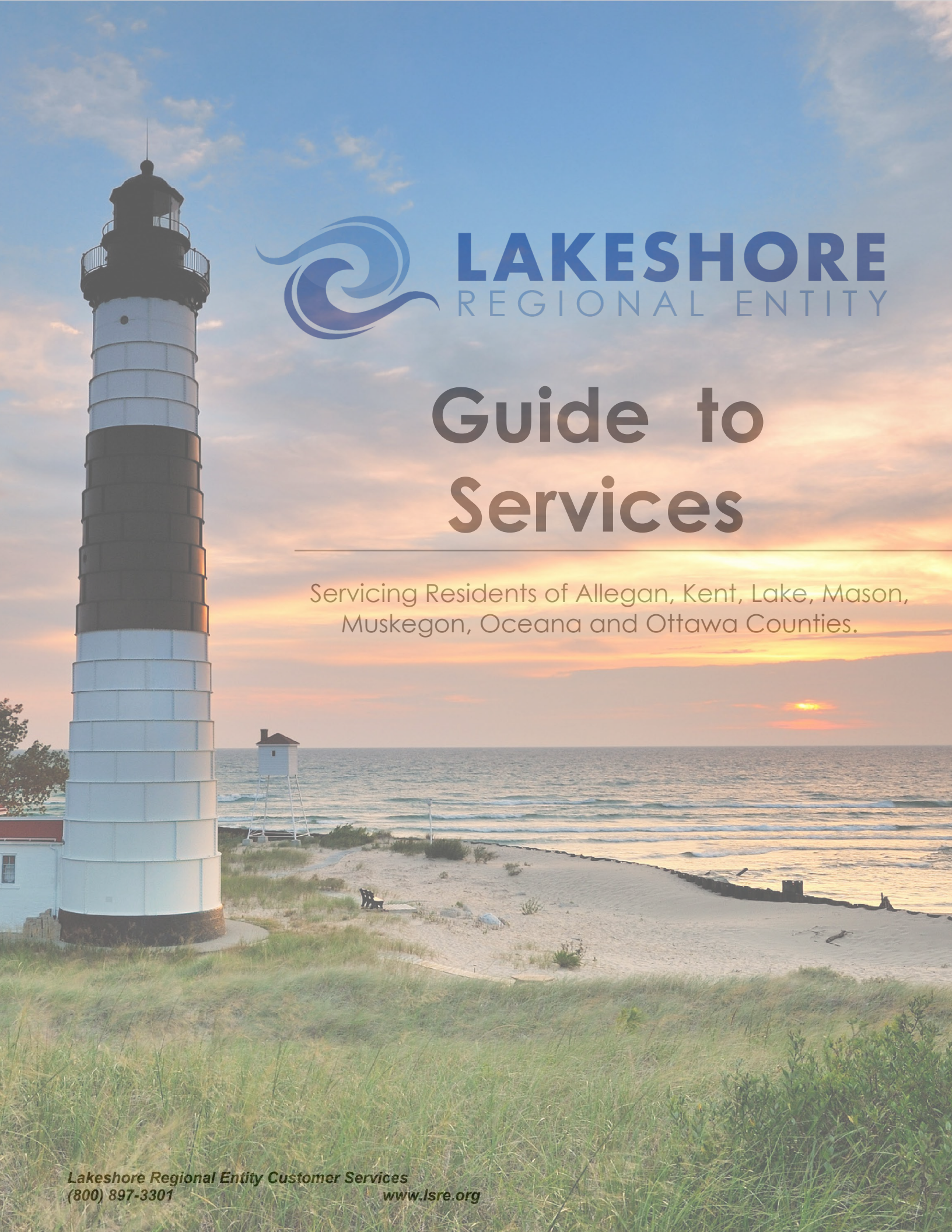

LAKESHORE
REGIONAL ENTITY

Guide to Services

Servicing Residents of Allegan, Kent, Lake, Mason, Muskegon, Oceana and Ottawa Counties.

Lakeshore Regional Entity Customer Services
(800) 897-3301 *www.lsre.org*

TABLE OF CONTENTS

This handbook was created to help you understand what we do, answer any questions you might have, and make the best use of the services that are available to you. Please be sure to read this handbook so you fully understand the services and rights available to you. We encourage you to keep it for future reference. If you have any questions or comments, please contact Lakeshore Regional Entity Customer Services at (800) 897-3301.

WELCOME TO THE LAKESHORE REGIONAL ENTITY

Lakeshore Regional Entity (LRE) serves as the Prepaid Inpatient Health Plan (PIHP) under contract with the Michigan Department of Health and Human Services to manage all Medicaid specialty services provided by the following counties: Allegan, Kent, Lake, Mason, Muskegon, Oceana, and Ottawa.

The LRE contracts with its partner Community Mental Health Services Programs (CMHSPs) and other local service providers to provide behavioral health services to adults with severe mental illness and children with emotional disturbance, substance use disorder services, and services and supports for individuals with an intellectual/developmental disability. Non-Medicaid specialty services using state general funds, federal block grants, and other funding sources may also be provided.

LRE CONTACT INFORMATION

Mary Marlatt-Dumas, Chief Executive Officer 5000 Hakes Drive, Suite 250 Norton Shores, MI 49441 (231) 769-2050	Michelle Anguiano Customer Services Manager 5000 Hakes Drive Norton Shores, MI 49441 (231) 638-9244

CUSTOMER SERVICE

Lakeshore Regional Entity (LRE) has a Customer Services Department ready to provide assistance to you. You can contact Customer Services Monday through Friday during business hours, with the exception of holidays, at 800-897-3301. If you call outside of business hours and wish to leave a message, please include your name, phone number and a brief description of the reason for your call. Customer Services will return your call within one business day.

These are just some of the ways Customer Services can help you:

- Welcome and orient you to services, benefits available and the provider network
- Provide further assistance with understanding your available benefits or any problems relating to benefits, along with any charges, co-pays, or fees
- Provide information about how to access behavioral health, substance abuse, primary health, and other community services
- Respond to any complaints or problems with the services you are receiving and provide

assistance with filing a grievance or an appeal
- Provide information about LRE operations, including the organizational chart, annual reports, board member lists, board meeting schedules, and board meeting minutes
- Provide information about Michigan Department of Health and Human Services, access standards, practice guidelines, and technical advisories and requirements

CUSTOMER SATISFACTION

We want to make sure you are satisfied with your services and supports. From time to time, we may ask you to participate in satisfaction surveys, interviews and focus groups. The answers you provide will tell us how satisfied you are with our services and the staff who provide them. Responses can be kept anonymous, and you have the right to choose not to participate or answer certain questions. Your services or supports will not change if you choose not to participate.

CUSTOMER INVOLVEMENT

Your perspective is critical as we work to continually add value to your experience. There are a number of opportunities for you to participate in activities that help us to improve services. If you are interested in learning more about participating in these opportunities, or if you would like to provide feedback on the services and supports you receive, please contact Customer Services at 800-897-3301.

LANGUAGE ASSISTANCE AND ACCOMMODATIONS

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

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

CMHSP	TTY/TDD Phone Number
OnPoint (Allegan County)	(269) 686-5313
Community Mental Health of Ottawa County	711
HealthWest	(231) 720-3280
Network180 (Kent County)	(800) 749-7720
West Michigan CMH (Lake, Mason, Oceana Counties)	(800) 790-8326

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

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

ACCESSIBILITY AND ACCOMMODATIONS

In accordance with federal and state laws, all buildings and programs of the LRE are required to be physically accessible to individuals with all qualifying disabilities. Any individual who receives emotional, visual or mobility support from a qualified/trained and identified service animal such as a dog will be given access, along with the service animal, to all buildings and programs of the

LRE. If you need more information or if you have questions about accessibility or service/support animals, contact your local CMHSP or LRE Customer Services at 800-897-3301.

If you need to request an accommodation on behalf of yourself or a family member or friend, you can contact your local CMHSP or LRE Customer Services at 800-897-3301. You will be told how to request an accommodation (this can be done over the phone, in person, and/or in writing) and you will be told who at the agency is responsible for handling accommodation requests.

If you are an individual who is hard of hearing but do not know sign language and need another form of communication, such as a personal communication device or Computer Assisted Realtime Translation (CART), your local CMHSP or LRE Customer Services at 800-897-3301 or by email at customerservice@lsre.org. Communication devices and CART are available at no cost to you.

If you need to request written information be available to you in an alternative format, including enlarged font size, audio version or in an alternate language, contact Customer Services at your local CMHSP so arrangements for translation or accommodation can be made. The information will be provided to you as soon as possible, but no later than 30 days from the date of your request. This information will be made available to you at no cost.

SAFETY GUIDELINES/RULES

- ✓ Weapons of any kind are prohibited on the grounds, in buildings or in any vehicles.
- ✓ Keep alcohol, drugs, abusive language, and damaging behavior out of the treatment setting. Appropriate actions will be taken to ensure your safety and the safety of all consumers.
- ✓ You are responsible for your personal belongings. Please keep them with you at all times.
- ✓ Your personal medications are prescribed for you only. Please keep them with you at all times when you are in the building or riding in one of our vehicles. Do not share any of your medications with anyone else.
- ✓ There is no smoking in any CMHSP building or vehicle.
- ✓ For reasons of privacy and confidentiality, we appreciate your patience as you stay in the waiting areas until staff come to greet you.

PROGRAM SPECIFIC RULES

Some programs may place restrictions on persons served. You will receive information about events, behaviors or attitudes that may lead to loss of privileges and the means by which you may regain rights or privileges that have been restricted. Talk to the staff providing your services for more information.

If you are ever terminated from services as a result of a suspected or substantiated violation of program rules, you may be able to return to service after a certain period of time or after you have demonstrated you will no longer violate the rule. Each program may have different criteria for reinstatement, and many have agreements you will be asked to sign when you start services or after an incident occurs. The staff working with you can answer questions about program rules.

EMERGENCY AND AFTER-HOURS ACCESS TO SERVICES

A "behavioral health emergency" is:

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

You have the right to receive emergency services at any time, 24 hours a day, 7 days a week, without prior authorization for payment of care. If you have a behavioral health emergency, you should seek help right away. At any time during the day or night, you can call the emergency number for your local CMHSP office:

CMHSP	Counties Served	Emergency Phone Number
OnPoint	Allegan	(269) 673-0202 or (888) 354-0596
Community Mental Health of Ottawa County	Ottawa	(616) 842-4357 Grand Haven (616) 396-4357 Holland (866) 512-4357 All other areas
HealthWest	Muskegon	(231) 722-4357 (877) 724-4440
Network180	Kent	(616) 336-3909 or (800) 749-7720
West Michigan Community Mental Health System	Lake, Mason, Oceana	(800) 992-2061

If you are having a behavioral health emergency, you can also go to your nearest hospital emergency room. A list of local hospital emergency rooms located within the Lakeshore Region is provided below.

Ascension Borgess Allegan Hospital 555 Linn St Allegan, MI 49010 (269) 673-8424	**Borgess Medical Center** 1521 Gull Rd Kalamazoo, MI 49048 (269) 226-7000	**Borgess-Lee Memorial Hospital** 420 W High St Dowagiac, MI 49047 (269) 782-8681
Bronson Methodist Hospital 601 John St Kalamazoo, MI 49007 (269) 341-7654	**Trinity Health Shelby** 72 South State St Shelby, MI 49455 (231) 861-2156	**Holland Hospital** 602 Michigan Ave Holland, MI 49423 (616) 392-5141
Trinity Health Muskegon Hospital 1500 E Sherman Blvd Muskegon, MI 49444 (231) 672-3916	**Trinity Health Grand Rapids** 200 Jefferson St SE Grand Rapids, MI 49503 (616) 685-6000	**Trinity Health Medical Center** 2373 64th St SW Byron Center, MI 49315 (616) 685-3910

Metro Health Hospital 5900 Byron Center Ave SW Wyoming, MI 49519 (616) 252-7200	**Trinity Health Grand Haven** 1309 Sheldon Rd Grand Haven, MI 49417 (616) 842-3600	**Corewell Health Blodgett Campus** 1840 Wealthy St SE Grand Rapids, MI 49506 (616) 774-7740
Corewell Health Butterworth Campus 100 Michigan St NE Grand Rapids, MI 49503 (616) 391-1680	**Corewell Health Gerber Hospital** 212 S Sullivan Ave, Fremont, MI 49412, (231) 924-1300	**Corewell Health Helen DeVos Children's Hospital** 100 Michigan St NE Grand Rapids, MI 49503 (616) 391-9000
Corewell Health Ludington Hospital 1 Atkinson Dr Ludington, MI 49431 (231) 843-2591	**Corewell Health Reed City Hospital** 300 N Patterson Rd Reed City, MI 49677 (231) 832-3271	**Corewell Health Zeeland Community Hospital** 8333 Felch St Zeeland, MI 49464 (616) 772-4644
	Sturgis Hospital 916 Myrtle St Sturgis, MI 49091 (269) 651-7824	

In a "medical emergency," if you have Medicaid, you will not need to pay for emergency services, or for tests or treatment needed to diagnose or stabilize the emergency medical condition. You are also not responsible for payment of ambulance services if other means of transportation would endanger your health. If you do not have Medicaid, you may be responsible for costs associated with the treatment you receive. You may go to any hospital emergency room or other setting for emergency services.

Please note: If you utilize a hospital emergency room, there may be health care services provided to you as part of your 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 PIHP emergency services you receive. Customer Services can answer questions about such bills.

POST STABILIZATION SERVICES

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

OUT OF COUNTY EMERGENCY MENTAL HEALTH CARE

If you have Medicaid, carry your card with you at all times. You are covered for emergency behavioral health services anywhere within the State of Michigan. If you have a behavioral health emergency while you are outside of the county where you receive services, you should contact the CMHSP where you are at during the time of the emergency or go to the nearest hospital emergency room. The CMHSP where you are during the emergency will contact your local CMHSP to arrange for your care.

SERVICE ELIGIBILITY

Michigan has a managed care delivery system for behavioral health and substance use disorder services. The Michigan Department of Health and Human Services (MDHHS) sets rules and regulations we must follow. This includes the types of services that are provided, and the criteria used to determine if someone qualifies to receive services.

Services are available to adults and children in our affiliation area who have a serious mental illness, intellectual/developmental disability, serious emotional disturbance, and/or substance use disorder; and, who have Medicaid, or are uninsured; and who are eligible for services as defined by the Michigan Mental Health Code.

FLINT WATER CRISIS: WHO IS ELIGIBLE FOR THIS COVERAGE?

Anyone under the age of 21 or any pregnant woman who was served by water from the Flint water system since April 2004 – and whose family incomes are 400% or less of the federal poverty level. Children born to a woman served by the Flint water system during this period also are part of this eligible group. 400% of the federal poverty level is $47,520 for one person, or $97,200 for a family of four. Others in this group with incomes greater than 400% of the federal poverty can apply for Medicaid health coverage through a “buy-in” option.

MEDICAL NECESSITY

Services authorized for treatment of a behavioral health and/or substance use disorder concern must be medically necessary. You will participate in a screening of your needs to identify the type of services you might be eligible to receive. This means the services to be provided are needed in order to ensure there is appropriate screening, referral, and treatment of mental illness, substance abuse disorder, serious emotional disturbance or intellectual/developmental disability.

Medical necessity also means that the amount (how much of a service you get), scope (who provides the service and how), and duration (how long the service will last) of your services are enough to meet your needs.

Medicaid recipients are guaranteed to receive services that are medically necessary. For people who have no insurance, the services that may be provided depend upon the amount of general fund dollars the agency has available. The LRE must provide services to as many people as possible within the financial resources that are available. Sometimes people will be placed on a waiting list if there is not enough money to provide services and they do not qualify for Medicaid.

ACCESSING SERVICES

For individuals seeking supports and services for mental illness, intellectual/developmental disability, serious emotional disturbance, and/or substance abuse, it all starts with a phone call to your local CMHSP. All calls are private and confidential. Trained and licensed clinicians will talk with you to determine your needs and eligibility.

Each service offered through the CMHSP has criteria established by MDHHS. Staff may suggest one or more of the services based on your needs. If you do not qualify for services, our staff will help you to find other agencies in the community who might be able to help.

To access behavioral health or substance abuse services, please contact your local CMHSP using the contact information listed on the next several pages of this handbook.

ONPOINT (ALLEGAN COUNTY)

540 Jenner Drive
Allegan, MI 49010

www.onpointallegan.org

Voice: (269) 673-6617 / (800) 795-6617
24 Hour Crisis: (269) 673-0202 / (888) 354-0596
Customer Services: (877) 608-3568 / (269) 686-5124
TDD/TTY: (269) 686-5313
Fax: (269) 673-2738

Mark Witte **Chief Executive Officer** **(269) 673-6617**	**Richard Tooker, M.D.** **Medical Director** **(269) 673-6617**	**Kelsey Newsome** **Recipient Rights Director** **(269) 628-5715**

OUR VISION
Improving the lives of people in Allegan County through exceptional behavioral health and homelessness services.

OUR MISSION
An inclusive community with integrated behavioral health services and safe, affordable housing for all.

OUR CORE VALUES
Integrity, Inclusivity, Honor, Equality, Humility, Innovation, Teamwork, Cultural Competence.

HOURS OF OPERATION:
8:00 am - 5:00 pm, Monday, Tuesday, Wednesday, Friday (Except Holidays)
8:00 am – 7:00 pm Thursday
Emergency/Crisis Services Hours of Operation: 24 Hours / 365 Days a Year

LOCATION:
540 Jenner Drive
Allegan, MI 49010

PHONE:
Access Center: (269) 673-6617or (888) 354-0596

All Other Services:

Services for Persons with Developmental Disabilities	(269) 673-6617 or (800) 795-6617
Children Family Services	
Adult Services	
Substance Use Disorder Services (SUD)	
Assertive Community Treatment (ACT)	

COMMUNITY MENTAL HEALTH OF OTTAWA COUNTY

12265 James Street
Holland, MI 49424
www.miottawa.org/CMH

Voice: (616) 494-5545
24-Hour Crisis: (866) 512-4357
Customer Service: (616) 494-5545
TDD/TTY: 711
Fax: (616) 393-5687

Dr. Michael Brashears **Chief Executive Officer** **(616) 494-5545**	**Dr. David Franzblau** **Medical Director** **(616) 494-5453**	**Briana Fowler** **Recipient Rights Director** **(616) 393-5763**

OUR MISSION

Community Mental Health of Ottawa County partners with people with mental illness, intellectual/developmental disabilities, substance use disorders and the broader community to improve lives and be a premier mental health agency in Michigan.

OUR VISION

Community Mental Health of Ottawa County strives to enhance quality of life for all residents.

HOURS OF OPERATION:

8:00 AM – 5:00 PM – Monday, Wednesday, Thursday, Friday
8:00 AM – 7:00 PM – Tuesday (Excluding Holidays)

LOCATIONS:

Ottawa County Access Center 12265 James St Holland, MI 49424 (616) 393-5681 Holland Area (877) 588-4357 All Other Areas (877) 588-4357 Substance Use Disorder Services	**Services for Individuals with Intellectual/Developmental Disabilities** 12263 James St Holland, MI 49424 (616) 392-8236
Outpatient Mental Health Services 12265 James St Holland, MI 49424 (616) 392-1873	**Outpatient Mental Health Services** 1111 Fulton St Grand Haven, MI 49417 (616) 842-5350
Assertive Community Treatment (ACT) 12265 James St Holland, MI 49424 (616) 393-4426	

HEALTHWEST

376 E Apple Ave
Muskegon, MI 49442
www.healthwest.net

Voice: (231) 724-1111
24-Hour Crisis: (231) 722-4357 (HELP)
Customer Services: (231) 720-3201
customer.services@healthwest.net
TDD/TTY: (231) 720-3280
Fax: (231) 724-1300

Rich Francisco **Executive Director** **(231) 724-1111**	**Gregory Green, M.D.** **Medical Director** **(231) 724-3699**	**Linda Wagner** **Recipient Rights Officer** **(231) 724-1107**

OUR MISSION
To be a leader in integrated health care, inspiring hope and wellness in partnership with individuals, families, and the community. Diversity, Development, Integrity and Excellence.

OUR VISION
Building a healthier, more informed, and inclusive community through innovation and collaboration.

HOURS OF OPERATION:
8:00 AM – 7:00 PM – Monday – Thursday
8:00 AM – 5:00 PM - Friday
To request services, walk in at least one hour prior to office closure or call: 231-722-HELP

Our mental health warmline is here for you 24/7, 231-722-HELP

- Support groups
- Domestic violence
- Psychological First Aid debriefing after a traumatic event
- Request services
- Mental health crisis
- Substance use concern
- Request a mobile response
- Someone to talk to

LOCATIONS:
HealthWest Main Building
376 E Apple Ave
Muskegon, MI 49442
(231) 724-1111

NETWORK180

790 Fuller Avenue NE
Grand Rapids, MI 49503
www.network180.org

Voice/24-Hr Crisis: (616) 336-3909 / (800) 749-7720
Customer Services: (866) 411-0690 *or*
(616) 855-5206
TDD/TTY: (800) 649-3777
Fax: (616) 336-3593

William Ward, **Executive Director** **(616) 336-3909**	**Scott Monteith, M.D.** **Behavioral Health Medical Director** **(616) 336-3909**	**Michelle Richardson** **Recipient Rights Officer** **(616) 336-3909**

OUR MISSION

Inspiring hope, improving mental health, supporting self-determined lives, and encouraging recovery.

OUR VISION

- Promoting community inclusion, combating stigma, and emphasizing prevention.
- Welcoming, accessible, and responsive services in support of the cultures, traditions, and values of all members of our community.
- Creating comprehensive, innovative, and effective services in partnership with provider agencies and the people we serve.
- Being an organization that is valued as a community resource, providing collaborative leadership, and providing compassionate and effective services.

OUR VALUES

- The worth and dignity of all persons.
- Diversity and cultural competence – respect and appreciation for the ideas, customs, ethnicity, and traditions of all members of the community.
- Innovative and responsive services that encourage people to reach their potential.
- Upholding the public trust with integrity and accountability.

OFFICE LOCATIONS

Access Center & Clinical	**Administration/Training**	**Behavioral Health Crisis Center**
790 Fuller Avenue NE Grand Rapids, MI 49503 (616) 336-3909 or (800) 749-7720	82 Ionia Ave. SE Suite 305 Grand Rapids, MI 49503 (616) 336-3909	260 Jefferson St. SE Grand Rapids, MI 49503 (616) 336-3909

HOURS OF OPERATION:

Administrative Hours of Operation: 8:00 AM - 5:00 PM – Monday – Friday (Except Holidays)
Access Center & Clinical Hours of Operation: 8:00 AM-8:00 PM Monday-Friday,
For Adult Crisis go to the Behavioral Health Crisis Center or contact Mobile Crisis.
For Youth Crisis Services, contact Mobile Crisis for after hours (616) 333-1000.

WEST MICHIGAN COMMUNITY MENTAL HEALTH SYSTEM

920 Diana Street
Ludington, MI 49431
www.wmcmhs.org

24-Hour Crisis: (231) 845-6294 / (800) 992-2061
Substance Use Disorder Services: (800) 992-2061
Customer Services: (800) 992-2061
TDD/TTY: (800) 790-8326
Fax: (231) 845-7095

Julia Rupp **Chief Executive Officer** **231-845-6294**	**Michael Hunt, MD** **Medical Director** **(231) 845-6294**	**Kara Rose** **Recipient Rights Officer** **(231) 845-6294**

OUR MISSION

To partner in coordinating and providing high quality care for children, adults and families experiencing mental illness, intellectual/developmental disabilities and substance use disorders.

OUR VISION

- Provide outstanding integrated care to support recovery, person-centered planning, and outcomes for the people we serve.
- Advocate for innovative systems of care that support people with complex needs in leading meaningful lives in our communities.
- Partner in helping to address the needs of our communities.

OFFICE LOCATIONS / HOURS OF OPERATION

Lake County Office 1090 N Michigan Ave Baldwin, MI 49304 (231) 745-4659 or (800) 992-2061	**Mason County Office** 920 Diana St Ludington, MI 49431 (231) 845-6294 or (800) 992-2061
Oceana County Office 105 Lincoln St Hart, MI 49420 (231) 873-2108 or (800) 992-2061	**Hours of Operation:** • **Mason:** M, W, Th, F 8:00 - 5:00; T 8:00 - 7:00 PM • **Lake:** Mon - Fri 8:00 AM – 5:00 PM • **Oceana:** M, W, Th, F 8:00 AM – 5:00 PM; W 7:00 AM – 6:00 PM

WMCMH GATHERING SITES / HOURS OF OPERATION

Dimensions Unlimited 910 Conrad Industrial Drive Ludington, MI (231) 843-7380	**Progressions Work Center** 101 S Water St Hart, MI 49420 (231) 873-6496
Integrations 645 Michigan Avenue Baldwin, MI (231) 690-4815	**Hours of Operation:** • Dimensions: Mon-Fri 8:00 AM – 4:00 PM • Progressions: Mon-Fri 8:00 AM – 4:00 PM • Baldwin: Mon-Fri 8:00 AM – 4:00 PM

SERVICE AUTHORIZATION

Services you request must be authorized or approved by the LRE or its designee. That agency may approve all, some or none of your requests. You will receive notice of a decision within 14 calendar days after you have requested the service during person-centered planning, or within 72 hours if the request requires a quick decision.

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

IF YOU HAVE MEDICAID

- You are eligible for a specific set of services based on medical necessity.
- The list of Medicaid services available is explained in the "Medicaid Specialty Supports and Services Medicaid Beneficiaries" section of this handbook.
- You cannot be put on a waiting list for a service considered "medically necessary" unless you are in agreement.

IF YOU DO NOT HAVE MEDICAID (GENERAL FUND)

- The list of services is not as large as it is for those who have Medicaid. The list of services available for those who do not have Medicaid is explained in the "Services for Individuals who do not have Medicaid" section of this handbook.
- For individuals who do not have Medicaid, there is a Wait List for services when the agency does not have enough General Fund dollars.

PRIORITY FOR SERVICES

Some individuals receive priority for services. This means that the LRE must meet their needs first and after that the LRE can fund services for other people who meet criteria for treatment.

YOU WILL GET PRIORITY FOR BEHAVIORAL HEALTH SERVICES:

- If you have Medicaid.
- If you are in an urgent or emergency need.
- If you have no insurance and you have the most severe forms of serious mental illness, serious emotional disturbance or developmental disability.

YOU WILL GET PRIORITY FOR SUBSTANCE USE DISORDER SERVICES

- If you have Medicaid.
- If you are pregnant and you inject drugs.
- If you are pregnant and you have a substance use disorder.
- If you inject drugs.
- If you are a parent and your child was removed from the home, or may soon be removed from the home, under the Michigan Child Protection Laws.

PAYMENT FOR SERVICES

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

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

Make sure you inform your CMHSP and/or service provider of all the insurances you are covered by, as well as any changes to your insurance. The law states if you are covered by another insurance plan that insurance will be billed before any state funds, including Medicaid, can be used to cover the services provided to you. It is important your insurance information is kept current at all times. If you fail to provide insurance information you may be at risk of being charged for services.

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

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

If you do not have insurance, payment is based on what you can afford. When you begin treatment, we will work with you to determine what your costs will be. If you believe your fee is beyond your means, we will offer to review your personal and family budget to reassess the fee. Please read your payment agreement for additional details related to your ability to pay. Please notify us of any changes in your status, income, or insurance. If you do not provide the information needed to determine your ability to pay, you may be at risk of being charged the full amount for services.

YOUR RIGHTS AND RESPONSIBILITIES

You have the right to know the costs of your services. You have the right to request a review of your fee when your income situation changes. You also have the right to appeal your assessed fee.

You should bring your Medicaid or insurance information to each visit. You will be asked to provide financial information and document your income. You are required to make payments at the time of your service unless you have made other arrangements. You must attend all scheduled appointments or call to cancel at least 24 hours in advance.

SERVICE ARRAY

MEDICAID SPECIALTY SUPPORTS AND SERVICES DESCRIPTIONS

Note: If you are a Medicaid beneficiary and have a serious mental illness, serious emotional disturbance, intellectual/developmental disability and/or substance use disorder, 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 individuals who come to us are eligible, and not all services are available to everyone we serve. If a service cannot help you, your CMH will not pay for it. Medicaid will not pay for services that are otherwise available to you from other resources in the community. .

During the 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 that provides all of this information.

By way of your Medicaid Medical Assistance application form with the Michigan Department of Health and Human Services, CMHSPs are required, by law, to share necessary information between the Medicaid Health Plans, programs and providers that you (or your child or ward) participate in as necessary to maintain, manage, and coordinate quality health care and benefits. Any necessary referral or treatment for alcohol or other drug abuse will comply with the federal confidentiality law 42 CFR Part 2.

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 MedicaidProviderManual.pdf (state.mi.us) Customer Services staff can help you access the manual and/or specific information from it.

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

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

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

Autism Services provides coverage of Behavioral Health Treatment (BHT) services, including Applied Behavioral Analysis (ABA), for eligible children under 21 years of age with Autism

Spectrum Disorders (ASD) within the region within the guidelines set forth in the EPSDT Behavioral Health Treatment Benefit.

All children, including children with ASD, must receive EPSDT services that are designed to assure that children receive early detection and preventive care, in addition to medically necessary treatment services to correct or ameliorate any physical or behavioral conditions, so that health problems are averted or diagnosed and treated as early as possible.

BHT services prevent the progression of ASD, prolong life, and promote the physical and mental health and efficiency of the child. Medical necessity and recommendation for BHT service is determined by a physician, or other licensed practitioner working within their scope of practice under state law. Direct patient care services that treat or address ASD under the state plan are available to children under 21 years of age as required by the EPSDT benefit.

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

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

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

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

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

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

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

Early Periodic Screening, Diagnosis and Treatment (EPSDT):
EPSTD 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 EPSTD 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 service listed in Section 1905(a) of the Act if that treatment or service is necessary to "correct or ameliorate" defects in physical and mental illnesses or conditions.

This requirement results in a comprehensive health benefit for children under age 21 enrolled in Medicaid. In addition to the covered services listed above, Medicaid must provide any other medical or remedial care, even if the agency does not otherwise provide for these services or provides for them in a lesser amount, duration, or scope (42 CFR 441.57).

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

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

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

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

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

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

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

Home and Community Based Services Rule (HCBS) Medicaid services that are funded through/identified by the HCBS rule are required to meet specific standards developed to ensure

waiver participants experience their home, work and community environments in a manner that is free from restriction. Settings that provide HCBS must not restrict movement in the home or community and must be provided in a setting that is consistent with settings and services non-Medicaid individuals frequent including home setting, employment opportunities and access to the greater community.

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

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

Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) provides 24-hour intensive supervision, health and rehabilitative services and basic needs to persons with intellectual/developmental disabilities.

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

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

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

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

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

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

Peer-Delivered and Peer Specialist Services: Peer-Delivered services such as drop-in centers are entirely run by consumers of behavioral health services. They offer help with food, clothing, socialization, housing, and support to begin or maintain behavioral health treatment. Peer Specialist services are activities designed to help persons with serious mental illness in their individual recovery journey and are provided by individuals who are in recovery from serious mental illness. There may also be Peer Specialist Services available for individuals who have an intellectual/developmental disability, substance use disorder, and/or families of children with serious emotional disturbance.

Personal Care in Specialized Residential Settings assists adults with mental illness or intellectual/developmental disabilities with activities of daily living, self-care, and basic needs,

while they are living in a specialized residential setting in the community.

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

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

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

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

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

Substance Abuse Treatment Service (See descriptions following the behavioral health services)

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

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

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

Treatment Planning assists the person and those of his or her choosing in the development and periodic review of the individual plan of service.

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

SERVICES FOR HABILITATION SUPPORTS WAIVER (HSW) AND CHILDREN'S WAIVER (CW) PARTICIPANTS

Some Medicaid beneficiaries with an intellectual/developmental disability are eligible for special programs that support them to remain in their home community and prevent them from moving to an institution for individuals with intellectual/developmental disabilities or a nursing home. These special programs are called the Habilitation Supports Waiver and the Children's Home and Community Based Services Waiver. In order to receive special services under these waivers, individuals with an intellectual/developmental disability need to be enrolled in either of these waivers. The availability of these waivers is very limited. Individuals enrolled in the waivers may be eligible for 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 conjunction with a self-determination arrangement, provides assistance to increase independence, facilitate productivity or promote community inclusion.

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

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

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

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

Private Duty Nursing (for HSW enrollees aged 21 and over) is individualized skilled nursing interventions service provided in the home, as necessary to meet specialized health needs.

Specialized Medical Equipment and Supplies (for Children's Waiver enrollees) are durable medical equipment, environmental safety and control devices, adaptive toys, activities of daily living (ADL) aids, and allergy control supplies that assist a child in increasing his ability to perform activities of daily living or more fully participate in his environment.

Specialty Services (for Children's Waiver enrollees) are music, recreation, art or massage therapies that may be provided to help reduce or manage the symptoms of a child's mental health condition or intellectual/developmental disability. Specialty services might also include specialized child and family training, coaching, staff supervision or monitoring of program goals.

SERVICES FOR PERSONS WITH SUBSTANCE USE DISORDERS (SUD)

The substance abuse treatment services listed below are covered by Medicaid. These services are available through the PIHP.

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

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

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

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

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

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

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 CMH services, your local CMHSP will work with your primary care doctor to coordinate your physical and behavioral health services. If you do not have a primary care doctor, we 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. To learn more about this service, you may call your local county Department of Health and Human Services office at the number listed below, or you can contact LRE Customer Services at 800-897-3301.

Local County Department of Health and Human Services

County	Phone Number
Allegan	(269) 673-7700
Kent	(616) 248-1000
Lake	(231) 745-8159
Mason	(231) 845-7391
Muskegon	(231) 733-3700
Oceana	(231) 873-7251
Ottawa	(616) 394-7200

MEDICAID HEALTH PLAN SERVICES

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

- Ambulance
- Chiropractic
- Doctor Visits
- Family Planning
- Nursing Home Care
- Medical Supplies
- Medicine
- Mental Health (limit of 20 outpatient visits)

- Health Check Ups
- Hearing Aids
- Hearing and Speech Therapy
- Home Health Care
- Immunizations (shots)
- Lab and X-ray
- Physical and Occupational Therapy
- Prenatal Care and Delivery
- Surgery
- Transportation to Medical Appointments
- Vision

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

Medicaid Health Plan	Counties Covered	Contact Information
CareSource 2900 West Rd East Lansing, MI 48823	Allegan	(800) 390-7102 www.caresource.com
McLaren Health Plan G-3245 Beecher Road Flint, MI 48532	Kent, Mason, Muskegon, Ottawa	(888) 327-0671 www.mclarenhealthplan.org
Meridian Health Plan 777 Woodward Ave, Suite 700 Detroit, MI 48226	Allegan, Kent, Lake, Mason, Oceana, Muskegon, Ottawa	(888) 437-0606 www.mhplan.com
Molina Healthcare 880 West Long Lake Road Troy, MI 48098	Allegan, Kent, Lake, Mason, Oceana, Muskegon, Ottawa	(888) 898-7969 www.molinahealthcare.com
Priority Health 1231 East Beltline Ave. NE Grand Rapids, MI 49525-4501	Allegan, Kent, Mason, Muskegon, Ottawa	(800) 942-0954 www.priorityhealth.com
UnitedHealthcare Community Plan 2600 W Michigan Ave Kalamazoo, MI 49006	Allegan, Kent, Oceana, Muskegon, Ottawa	(866) 645-0317 www.uhccommunityplan.com

SERVICES FOR INDIVIDUALS WHO DO NOT HAVE MEDICAID

Individuals who do not have Medicaid may be placed on waiting lists for services if there are not enough General Fund dollars available. Once authorized for services covered under General Funds, individuals must apply for Medicaid in order to continue receiving Community Mental Health funded services. Individuals who do not have Medicaid may receive the following behavioral health services if determined medically necessary, if there are enough General Fund dollars:

- Development of an individual plan of service
- Planning, linking, coordinating, follow-up, and monitoring to assist an individual in gaining access to services
- Specialized training, treatment, and support, including therapeutic clinical interactions, socialization and adaptive skill and coping skill training, health and

rehabilitative services, and pre-vocational and vocational services
- Recipient Rights services
- Mental health advocacy
- Prevention

Individuals who do not have Medicaid may receive the following substance abuse services if determined medically necessary, and if the LRE has sufficient funding.

- Outpatient Treatment
- Detoxification
- Residential Services
- Pharmacological Supports (Methadone)
- Prevention
- Acupuncture may be used as an adjunct therapy with any of the above

COORDINATION OF CARE

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

RECIPIENT RIGHTS

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

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

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

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

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

You may contact your local community behavioral health services program (CMHSP) to talk with a Recipient Rights Officer with any questions you may have about your rights or to get help to make a complaint. LRE Customer Services Unit can also help you make a complaint. You can contact the CMHSP Office of Recipient Rights CMHSP Customer Services Unit at:

CMHSP	Recipient Rights	Customer Service
OnPoint (Allegan County)	(269) 628-5715	(877) 608-3568 *or* *(269) 686-5124*
CMH of Ottawa County	(616) 393-5763	(616) 494-5545
HealthWest	(231) 724-1107	(231) 720-3201
Network180	(616) 336-3909	(616) 855-5206 *or* (866) 411-0690
West Michigan CMH System	(800) 992-2061	((800) 992-2061

FREEDOM FROM RETALIATION

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

You may contact your local Office of Recipient Rights at the number listed below to talk with a Recipient Rights Officer about any questions you may have about your rights or to get help to make a complaint. You can also contact Customer Services for help with making a complaint.

CMHSP	Phone Number
OnPoint (Allegan County)	(269) 628-5715
CMH of Ottawa County	(616) 393-5763
HealthWest	(231) 724-1107
Network180	(616) 336-3765
West Michigan CMH	(231) 845-6294

CONFIDENTIALITY AND FAMILY ACCESS TO INFORMATION

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

Confidential information about you may be released when you, your guardian or your parent (if you are a minor) signs a release of information. Confidential information can be released without your consent if:

- You are going to harm yourself and/or another person. In this case, staff may have

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

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

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

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

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

ACCESSING YOUR RECORDS

Your service provider keeps a record of the care you receive. You have the right to look at your own clinical records. You or your guardian (parent if you are a minor) can ask to see or get a copy of all or part of your record. Your request must be in writing. There may be a charge for the cost of copying.

If you or your legal representative believes your record contains incorrect information, you or she/he may request that your record be amended or corrected. You may not remove what is already in the record, but you have the right to add a formal statement.

If you are denied access to your record, you, or someone on your behalf should contact your local Office of Recipient Rights.

MEDIATION

The Recipient or Recipient's Representative

1) Has the right to request mediation at any time for a dispute related to service planning or providing services or supports by a CMHSP or CMHSP contracted provider.
2) Has the right to be notified of their right to request and have access to mediation at the time services or supports are initiated and annually after that

GRIEVANCE AND APPEALS PROCESSES

GRIEVANCE

You have the right to say you are unhappy with your services or supports, or the staff who provide them, by filing a ***grievance***. You can file a grievance *any time* by visiting, writing to, or calling the LRE Customer Services Department at 800-897-3301 or by contacting your local CMHSP. Assistance is available in the filing process by contacting LRE Customer Services Department or your local CMHSP. In most cases, your grievance will be resolved within 90-calendar days from the date the PIHP or CMHSP receives your grievance. You will be given detailed information about grievance and appeals processes when you first start services and then again annually. You may ask for this information at any time by contacting the LRE Customer Services Department or your local CMHSP.

APPEALS

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

You may ask for a local appeal by contacting LRE's Customer Services Department at 800-897-3301 or your local CMHSP.

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 in 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, the LRE may extend the time for resolving your appeal by 14-calendar days if you request an extension, or if the LRE can show that additional information is needed and that the delay is in your best interest.

You may ask for assistance from the LRE Customer Services Department or your local CMHSP to file an appeal.

STATE FAIR HEARING

There are two types of state level appeals – State Fair Hearing and Alternative Dispute Resolution Process.

If you have Medicaid, you have the right to an impartial review by a state level administrative law judge if, after exhausting the local appeals process you; 1) receive notice that the LRE or local CMHSP has upheld an Adverse Benefit Determination; or 2) the LRE or local CMHSP fails to adhere to the notice and timing requirements for resolution of Grievances and Appeals. You may request a state fair hearing at that time.

You have 120 calendar days from the date of the applicable notice of resolution to file a request for a State Fair Hearing. If you believe your life, health or well-being will be in danger by waiting for the hearing to take place, you can ask for an expedited hearing. The Michigan Office of Administrative Hearings and Rules will decide whether to grant your request for an expedited hearing.

Fair hearing requests must be in writing and signed by you or an authorized person. During the hearing, you can represent yourself or have another person represent you. This person can be anyone you choose. This person may also request a hearing for you. You must give this person written permission to represent you. You may provide a letter or a copy of a court order naming this person as your guardian or conservator.

To request a hearing, you may complete the Request for Hearing form, or you may submit your hearing request in writing on any paper to and mail or fax it to:

Michigan Administrative Hearing System
Department of Health and Human Services
PO Box 30763
Lansing, MI 48909-9951

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

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

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 Benefits Determination), you may continue to receive your same level of services while your internal appeal is pending. You will need to state in your local appeal request that you are asking for services to continue

If your benefits are continued and your appeal is denied, you will also have the right to ask for your benefits to continue while a State Fair Hearing is pending if you ask for one in ten 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 until one of the following happens: 1) you withdraw the appeal or State Fair Hearing request; or 2) all entities that got your appeal decide “no” to your request.

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

PIHP Appeal Process Timing:
The Enrollee has 60 calendar days from the date of the notice of Adverse Benefit Determination to request an Appeal. 42 CFR 438.402(c)(2)(ii).

Standard Appeal Resolution (timing): The PIHP must resolve the Appeal and provide notice of resolution to the affected parties as expeditiously as the Enrollee's health condition requires, but not to exceed 30 calendar days from the day the PIHP receives the Appeal.

If a request for expedited resolution is granted, the PIHP must resolve the Appeal and provide notice of resolution to the affected parties no longer than 72 hours after the PIHP receives the request for expedited resolution of the Appeal. 42 CFR 438.408.

Extension of Timeframes: The PIHP may extend the resolution and notice timeframe by up to 14 calendar days if the Enrollee requests an extension, or if the PIHP shows to the satisfaction of the State that there is a need for additional information and how the delay is in the Enrollee's interest. 42 CFR 438.408(c).

ALTERNATIVE DISPUTE RESOLUTION PROCESS

If you do not have Medicaid, you can ask for an Alternative Dispute Resolution through the Michigan Department of Health and Human Services. This can only be done **after** you have completed a Local Appeal and you do not agree with the written results of that decision. You may submit your request in writing and mail it to:

MDHHS - Program Development, Consultation, and Contracts Division
Behavioral Health and Developmental Disabilities Administration
ATTN: Request for DHHS Level Dispute Resolution
Lewis Cass Building - 6th Floor 3
20 South Walnut Street
Lansing, MI 48913

SECOND OPINIONS

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

- If initial access to all behavioral health services was denied, a Second Opinion will be completed within 5 business days of making the request.
- If a request for psychiatric inpatient hospitalization was denied, a Second Opinion will be completed within 3 business days of making the request.

You will be given detailed information about grievance and appeal processes when you first start services and then again annually. You may ask for this information at any time by contacting Customer Services at 800-897-3301.

PERSON-CENTERED PLANNING

The process used to design your individual plan of behavioral health supports, service or

treatment is called “Person-Centered Planning (PCP).” Person-Centered Planning is your right protected by the Michigan Mental Health Code.

The process begins when you determine whom, besides yourself, you would like at the person-centered planning meetings, such as family members or friends, and what staff you would like to attend. You will also decide when and where the person-centered planning meetings will be held. Finally, you will decide what assistance you might need to help you participate in and understand the meetings.

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

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

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

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

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

TOPICS COVERED DURING PERSON-CENTERED PLANNING

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

Psychiatric Advance Directive

Adults have the right under Michigan law to a **“psychiatric advance directive.”** A psychiatric advance directive is a tool for making decisions before a crisis in which you may become unable to make a decision about the kind of treatment you want and the kind of treatment you do not want. This lets other people, including family, friends, and service providers, know what you want when you cannot speak for yourself. If you choose to create a psychiatric 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

For more information about advance directives, please refer to the section entitled *A Guide to Advance Directives and Guardianships in Michigan* located in the back of this handbook. If you do not believe you have received appropriate information regarding psychiatric advance directives, please contact Customer Services to file a grievance.

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 if you become unable to make decisions and care for yourself. The crisis plan would give information and direction to others about what you would like done in the time of crisis. Examples are listing friends or relatives to be called, preferred medications or care of children, pets, or bills.

Self-Determination

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

RECOVERY AND RESILIENCY

"Recovery is a journey of healing and transformation enabling a person with a mental health/substance abuse 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 individual themselves. What might be recovery for one person may be only part of the process for another. Recovery may also be defined as wellness. Behavioral health supports and services help people with a 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, a person can overcome and come out a stronger individual. It takes time, and that is why **Recovery** is a process that will lead to a future that holds days of pleasure and the energy to persevere through the trials of life.

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

OUT-OF-NETWORK SERVICES

Please contact your local CMHSP when making a request to receive services outside of the Lakeshore Regional Entity Provider Network.

REPORTING SUSPECTED FRAUD, WASTE OR ABUSE

Fraud, Waste and Abuse uses up valuable Michigan Medicaid funds needed to help children and adults access healthcare. Everyone can take responsibility by reporting suspected Medicaid fraud, waste, and/or abuse. Together we can make sure taxpayer money is used for people who really need help.

If you suspect fraud, waste, or abuse within the Lakeshore Regional Entity behavioral healthcare system, you are encouraged to report it to MDHHS Office of Inspector General (OIG) and/or the Lakeshore Regional Entity to be investigated. Your actions may help to improve the quality of the healthcare system and decrease the cost for our members, business partners, and customers. You do not need to identify yourself.

Examples of 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 value (cash, gifts, services) in return for medical services (e.g.: kickbacks)
- Falsifying cost reports

Or when someone:

- Lies about 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 your concerns anonymously to LRE Corporate Compliance at:

- On-line http://www.lsre.org/contact-us
- E-mail compliance@lsre.org
- Call the LRE Compliance Hotline at 1-800-420-3592; or FAX: 231-769-2075
- Send a letter to:

  Corporate Compliance

Lakeshore Regional Entity
5000 Hakes Drive, Suite 250
Norton Shores, MI 49441

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.

- On-line at www.michigan.gov/fraud
- Call 1-855-MIFRAUD (1-855-643-7283) - voicemail available for after hours
- Send a letter to:

  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.

ENROLLEE RIGHTS AND RESPONSIBILITIES

To be provided with information about enrollee rights and protections.

1. To be treated with respect and recognition of their dignity and right to privacy.
2. To be provided with information on the structure and operation of the Lakeshore Regional Entity (LRE) and its Community Mental Health Services Programs (CMHSP).
3. To receive information about LRE and its CMHSPs' services, practitioners and providers, and rights and responsibilities.
4. To be provided freedom of choice among network providers.
5. To a candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage and to freely communicate with their providers and without restriction on any information regarding care.
6. To receive information on available treatment options.
7. To participate in decisions regarding health care, the refusal of treatment and preferences for future treatment decisions.
8. To be made aware of those services that are not covered and may involve cost sharing if any.
9. To receive information on how to obtain benefits from out-of-network providers.
10. To receive information on advance directives.
11. To receive benefits, services and instructional materials in a manner that may be easily understood.
12. To receive information that describes the availability of supports and services and how to access them.
13. To receive information in non-English languages as needed.
14. To receive interpreter services free-of-charge for non-English languages as needed.
15. To be provided with written materials in alternative formats and information on how to obtain them for those who are visually and or are hearing impaired or have limited reading proficiency.
16. To receive information within a reasonable time after enrollment.
17. To be provided with information on services that are not covered on moral /religious basis.

18. To receive info on how to access 911, emergency, and post-stabilization services as needed.
19. To receive information on how to obtain referrals for specialty care and other benefits that is not provided by the primary care provider.
20. To receive information on how and where to access benefits that are not covered under LRE's Medicaid contract but may be available under the state health plan, including transportation.
21. To receive information on the grievance, appeal and fair hearing processes.
22. To voice complaints and request appeals regarding care and services provided.
23. To be provided with timely written notice of any significant State and provider network related changes.
24. To make recommendations regarding the member's rights and responsibilities.
25. To supply information (to the extent possible) that LRE and its CMHSPs' assigned providers and practitioners need to provide care.
26. To follow plans and instructions for care that they have agreed to with their practitioners. To understand their health problems and participate in developing mutually agreed upon treatment goals to the degree possible.

TAG LINES

In order to establish a methodology for identifying the prevalent non-English languages spoken by enrollees and potential enrollees throughout the State, and in each PIHP entity service area the list below is provided. Each PIHP must provide tag lines in the prevalent non-English languages in its particular service area included in the list below.

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.

ATTENTION: If you speak English, language assistance services are available to you free of charge. Call 1-800-897-3301 (TTY: 1-231-740-0098).

Albanian: KUJDES: Nëse flisni anglisht, shërbimet e asistencës gjuhësore, pa pagesë, janë në dispozicionin tuaj. Telefono 1-800-897-3301 (TTY: 1-231-740-0098

Arabic: تنبيه: إذا كنت تتحدث الإنجليزية ، فإن خدمات المساعدة اللغوية متاحة لك مجانا. دعا 1-800-897-3301 (TTY: 1-231-740-0098)

Bengali: **মনোযোগ: আপনি যদি ইংরেজিতে কথা বলেন, ভাষা সহায়তা পরিষেবাদি বিনামূল্যে, আপনার কাছে উপলব্ধ। কল** 1-800-897-3301 (TTY: 1-231-740-0098)

Chinese: **注意：如果您會說英語，可以免費獲得語言協助服務 叫** 1-800-897-3301 (TTY: 1-231-740-0098)

German: Achtung: Wenn Sie Englisch sprechen, sind Sprache Assistance-Leistungen, unentgeltlich zur Verfügung. Rufen Sie. 1-800-897-3301 (TTY: 1-231-740-0098)

Italian: Attenzione: Se si parla inglese, servizi di assistenza di lingua, gratuitamente, sono a vostra disposizione. Chiamare 1-800-897-3301 (TTY: 1-231-740-0098)

Japanese: 注意: 英語を話す言語アシスタンス サービス、無料で、あなたに利用できま を呼び出す 1-800-897-3301 (TTY: 1-231-740-0098)

Korean: 주의: 당신이 영어, 언어 지원 서비스를 무료로 사용할 수 있습니다 당신에 게. 전화. 1-800-897-3301 (TTY: 1-231-740-0098)

Polish: UWAGI: Jeśli mówisz po angielsku, język pomocy usług, za darmo, są dostępne dla Ciebie. Wywołanie 1-800-897-3301 (TTY: 1-231-740-0098)

Russian: ВНИМАНИЕ: Если вы говорите по-английски, языковой помощи, бесплатно предоставляются у с л у г и для вас. Звоните 1-800-897-3301 (TTY: 1-231-740-0098)

Serbo-Croatian: OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite (TTY- Telefon za osobe sa oštećenim govorom ili sluhom:). 1-800-897-3301 (TTY: 1-231-740-0098)

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-897-3301 (TTY: 1-231-740-0098)

Syriac: ܙܘܗܪܐ ܐܢ ܐܢܬ ܡܡܠܠ ܐܬܘܪܝܐ ܡܫܡܫܢܘܬܐ ܕܥܘܕܪܢܐ ܒܠܫܢܐ، ܟܐ ܐܡܬܚܝܢ ܠܘܟ
ܒܠܫܢܐ، ܐܬܘܪܝܐ ܘܐܢ ܐܢܬ ܡܫܡܫܢܘܬܐ ܕܠܫܢܐ ܘܐܢ ܡܠܟܐ ܕܠܚܘܕ ܠܡܚܝܢ
ܡܬܪܝܐ. ܐܢܬ ܠܗ ܡܢܝܢܐ 1-800-897-3301 (TTY: 1-231-740-0098)

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-897-3301 (TTY: 1-231-740-0098)

Vietnamese: Chú ý: Nếu bạn nói tiếng Anh, Dịch vụ hỗ trợ ngôn ngữ, miễn phí, có sẵn cho bạn. Gọi 1-800-897-3301 (TTY: 1-231-740-0098)

GLOSSARY

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

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

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

- Denial or limited authorization of a requested services, including determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting, or effectiveness of a covered benefit.
- Reduction, suspension, or termination of a previously authorized service
- Denial, in whole or in part, of any 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 from 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.
- Denial of the enrollee's request to dispute a financial liability, including cost-sharing, copayments, premiums, deductibles, coinsurance, and other enrollee financial responsibility.

Amount, Scope Duration and Frequency: Terms to describe the way Medicaid services listed in a person's individual plan of service will be provided:

- Amount: How much service (number of units of service)
- Duration: How long the service will be provided (the length of time of the expected service)
- Scope: Details of service (who, where, and how the service is provided)
- Frequency: How often/when service(s) occur (e.g., daily, weekly, monthly, quarterly)

Appeal: A review of an Adverse Benefit Determination.

Applied Behavioral Analysis (ABA): A therapy based on the science of learning and behavior. It applies understanding of how behavior works in real situations. The goal is to increase behaviors that are helpful and decrease behaviors that are harmful or affect learning. ABA is performed by a board-certified behavior analyst (BCBA).

Assertive Community Treatment (ACT): A program that offers treatment, rehabilitation, and support services using a person-centered, recovery-based approach to individuals who have

been diagnosed with severe and persistent mental illness. Individuals receive ACT services including assertive outreach, mental health treatment, health, vocational, integrated dual disorder treatment, family education, wellness skills, community linkages, and peer support from a mobile, multidisciplinary team in community settings.

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 Michigan Medicaid program.

Community Mental Health Services Program (CMHSP): There are 46 CMHSPs in Michigan that provide services in their local areas to individuals with mental illness and developmental disabilities. May also be referred to as CMH.

Community Living Supports (CLS): Services used to increase or maintain personal self-sufficiency, facilitating an individual's achievement of his or her goals of community inclusion and participation, independence, or productivity. The supports may be provided in the participant's residence or in community settings including, but not limited to, libraries, city pools, camps, etc.

Co-payment: A co-payment (sometimes called "co-pay") is a set dollar amount you are required to pay as your share of the cost for a medical service or supply. [Insert Health Plan Name] does not require you to pay a copayment or other costs for covered services under the Medicaid or Healthy Michigan Plan program.

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 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 MDHHS – independent of the PIHP service system.

Developmental Disability: Is defined by the Michigan Mental Health code as either of the following: (a) If applied to an individual older than five (5) years, a severe chronic condition that is attributable to a mental or physical impairment or both, and is manifested before the age of 22 years; is likely to continue indefinitely; and results in substantial functional limitations in three or more areas of the following major life activities: self-care, receptive and expressive language, learning, mobility, self- direction, capacity for independent living, and economic self-sufficiency; and reflects the need for a combination and sequence of special, interdisciplinary, or generic care, treatment or other services that are of lifelong or extended duration and are individually planned and coordinated; (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.

Durable Medical Equipment: 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 items which:

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

Emergency Medical Condition: An illness, injury, symptom, or condition so serious that a reasonable individual would seek care right away to avoid severe harm.

Emergency Medical Transportation: Ambulance services for an emergency medical condition.

Emergency Room Care: Care given for a medical emergency when you think that your health is in danger.

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

Enrollee: A Medicaid beneficiary who is currently enrolled in a PIHP in each managed care program.

Excluded Services: Health care services that your health insurance or plan does not pay for or cover.

Flint 115 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 individuals 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 other than an adverse benefit determination. Grievances may include, but are not limited to, the quality of care or services provided, and aspects of interpersonal relationships such as rudeness of a provider or employee, or failure to respect beneficiary's rights regardless of whether remedial action is requested. Grievance includes a beneficiary's right to dispute an extension of time proposed by the 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.

Habilitation Supports Waiver (HSW): Is an intensive home and community based, active treatment and support program, designed to assist individuals with severe intellectual/developmental disabilities to live independently with supports in their community of choice. This program is designed as a community-based alternative to living in a group home. The Habilitation Supports Waiver is based on legislation found in Title XIX of the Social Security Act. This legislation allows the state to provide waiver services to a targeted population who, without waiver services, would be at risk for out-of-home placement.

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

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

Healthy Michigan Plan: This plan provides health care benefits to individuals who are: aged 19-64 years; have income at or below 133% of the federal poverty level under the Modified Adjusted Gross Income methodology; do not qualify or are not enrolled in Medicare or Medicaid; are not pregnant at the time of application; and are residents of the State of Michigan. Individuals meeting Healthy Michigan Plan eligibility requirements may also be eligible for behavioral health services. The Michigan Medicaid Provider Manual contains complete definitions of the available services as well as eligibility criteria and provider qualifications. The Manual may be accessed at: Healthy Michigan Plan Customer Service staff can help you access the manual and/or information from it.

Home and Community Based Services (HCBS): A range of services that help individuals with functional or cognitive limitations live in their homes or communities.

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

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

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

Individual Plan of Service (IPOS): Is the written details of the supports, activities, and resources required for an individual to achieve personal goals. The IPOS is developed to put into words decisions and agreements made during a person-centered process of planning and information gathering.

Intellectual Disability: Is defined in the Michigan Mental Health Code as a condition showing before the age of 18 years that is characterized by significantly subaverage intellectual functioning and related limitations in 2 or more adaptive skills and that is diagnosed based on the following assumptions: (a) Valid assessment considers cultural and linguistic diversity, as well as differences in communication and behavioral factors. (b) The existence of limitation in adaptive skills occurs within the context of community environments typical of the individual's age peers and is indexed to the individual's particular needs for support. (c) Specific adaptive skill limitations often coexist with strengths in other adaptive skills or other personal capabilities. (d) With appropriate supports over a sustained period, the life functioning of the individual with an intellectual disability will generally improve.

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

Long Term Services and Supports (LTSS): Care provided in the home, in community-based settings, or in facilities, such as nursing homes for older adults and individuals with disabilities who need support because of age; physical, cognitive, developmental, or chronic health conditions; or other functional limitations that restrict their ability to care for themselves. They are a range of services to help individuals live more independently by assisting with personal and healthcare needs and activities of daily living, such as eating, taking baths, managing medication, grooming, walking, getting up and down from a seated position, using the toilet, cooking, driving, getting dressed, and managing money.

Michigan Department of Health and Human Services (MDHHS): This state department, located in Lansing, oversees public-funded services provided in local communities and state facilities to people with mental illness, developmental disabilities, and substance use disorders.

Medically Necessary: A term used to describe one of the criteria that must be met for a beneficiary to receive Medicaid services. It means that the specific service is expected to help the beneficiary with his or her mental health, intellectual/developmental disability or substance use or any other medical condition. Some services assess needs, and some services help maintain or improve functioning. PIHPs are unable to authorize (pay for) or provide services that are not determined as medically necessary for you.

Michigan Mental Health Code: The state law that governs public mental health services provided to adults and children with mental illness, serious emotional disturbance, and developmental disabilities by local CMHSPs and in-state facilities.

MIChild: A Michigan health care program for low-income children not eligible for the Medicaid program. This is a limited benefit. Contact Customer Services for more information.

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

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

Participating Provider: Is the general term used for doctors, nurses, and other individuals who

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

Person-Centered Planning (PCP): Is a process to help an individual plan their services and support the life they choose. It tells the wants and interests for a desired life and the supports (paid and unpaid) to achieve it. Person-centered planning documents identify the needs and desires of the individual and how services and supports will be used to meet these goals. A process directed by the individual and supported by others selected by the individual. It focuses on desires, dreams, and meaningful experiences. The individual decides when, how, and by whom direct support service is provided.

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

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

Plan: Is a plan that offers health care services to members that pay a premium.

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 change.

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

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

Primary Care Physician: A doctor who provides both the first contact for 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: Is a term used for health professional 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. Sometimes it refers to the organization providing services to someone.

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

Referral: A written order from your primary care doctor for you to see a specialist or get certain medical services. In many health plans, you need to get a referral before you can get medical care from anyone except your primary care doctor. If you do not get a referral first, the plan may not pay for the services.

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

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

Respite: Care that provides short-term relief for primary caregivers, giving them time to rest, travel or spend time with other family and friends. The care may last anywhere from a few hours to several weeks at a time. Respite care can take place at home, in a health care facility, or at an adult day care center.

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

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

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

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

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

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 MDHHS perform the reviews.

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

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.

NON-DISCRIMINATION AND ACCESSIBILITY

In providing behavioral health services, Lakeshore Regional Entity (LRE) complies with all applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. LRE does not exclude or treat individuals differently because of race, color, national origin, age, disability, or sex.

Lakeshore Regional Entity 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)

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

- Qualified interpreters
- Information written in other languages

If you need these services, contact LRE Customer Services at (800) 897-3301 or your local CMHSP.

If you believe that LRE 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:

Lakeshore Regional Entity
Attn: Customer Services
5000 Hakes Drive, Suite 250
Holland, MI 49441
Phone No. (800) 897-3301
Fax No. 231-769-2075
Email: customerservice@lsre.org.

If you are an individual who is deaf or hard of hearing, you may contact the MI Relay Service at 711 to request their assistance in connecting you to Lakeshore Regional Entity. You can file a grievance in person, by phone, mail, fax, or email. If you need help in filing a grievance, LRE

Customer Services 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: OCR Home | HHS.gov

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: 1-800-368-1019

ADVOCACY ORGANIZATIONS AND RESOURCES

The following chart provides contact information for local, state, and national advocacy agencies and organizations. If you would like more information about specific resources that may be available in your local community, contact your local CMHSP or Customer Services at 800-897-3301.

You can also contact 2-1-1's Community Information and Referral Service for information about help with food, housing, employment, health care, counseling, and more.

Agency/Organization	Website	Phone Number
Alcoholics Anonymous	www.aa.org	Visit website for local meeting information
American Red Cross	www.redcross.org	(800) 382-6382
ARC Michigan	www.arcmi.org	(800) 292-7851
Association for Children's Mental Health	www.acmh-mi.org	(800) 782-0883
Autism Society of Michigan	www.autism-mi.org	(800) 223-6722
Brain Injury Association of Michigan	www.biami.org	(800) 444-6443
Bureau of Services for Blind Persons	www.michigan.gov/lara	(800) 292-4200
Childhelp USA: National Child Abuse Hotline	www.childhelpusa.org	(800) 422-4453
Depression and Bipolar Support Alliance	www.dbsalliance.org	(800) 826-3632
Disability Advocates Kent County	www.disabilityadvocates.us	(616) 949-1100
Disability Connection/West Michigan (Lake, Mason, Muskegon & Oceana Counties)	www.dcilmi.org	(231) 722-0088
Disability Network/Lakeshore (Allegan & Ottawa Counties)	www.dnlakeshore.org	(616) 396-5326
Disability Rights Michigan	www.drmich.org	(800) 288-5923
Emotions Anonymous	www.emotionsanonymous.org	(651) 647-9712
Eating Disorders Anonymous	www.eatingdisordersanonymous.org	Visit website for local meeting information in your area
Epilepsy Foundation of Michigan	www.epilepsymichigan.org	(800) 377-6226
Learning Disabilities Association of Michigan	www.ldaofmichigan.org	(616) 284-1650
Medicaid Helpline	www.medicaid.gov	(800) 642-3195

Medicare Helpline	www.medicare.gov	(800) 633-4227
Michigan Department of Health and Human Services	www.michigan.gov/mdhhs	See MDHHS website for phone numbers.
Michigan Disability Rights Coalition	www.copower.org	(800) 578-1269
Michigan Rehabilitation Services	www.michigan.gov/mrs	(800) 605-6722
Michigan Statewide Independent Living Council	www.misilc.org	(800) 808-7452
Narcotics Anonymous Hotline	www.michigan-na.org	(800) 230-4085
National Alliance on Mental Illness of Michigan	www.namimi.org	(517) 485-4049
National Down Syndrome Society	www.ndss.org	(800) 221-4602
National Empowerment Center	www.power2u.org	(800) 769-3728
National Multiple Sclerosis Society	www.nationalmssociety.org	(800) 344-4867
National Parent Helpline	www.nationalparenthelpline.org	(855) 427-2736
National Rehabilitation Information Center	www.naric.com	(800) 346-2742
National Suicide Prevention Lifeline	www.suicidepreventionlifeline.org	(800) 273-8255
Schizophrenics and Related Disorders Alliance of America	www.sardaa.org	(866) 800-5199
Social Security Administration	www.ssa.gov	(800) 772-1213
United Cerebral Palsy Association of Michigan	www.ucpmichigan.org	(800) 828-4843
Veterans Administration	www.va.gov	(800) 698-2411

A Guide to Guardianships and Advance Directives in Michigan

This booklet provides an overview of the different types of guardianships and advance directives that are available in Michigan.

This is intended only as a summary of guardianship and advance directives as they exist in Michigan. This is not intended to provide legal advice for your specific situation.

GUARDIANSHIPS

The first few pages of this booklet will look at the different words and phrases which are used to describe guardians. Then, with a common understanding of the role of a guardian, we will look closer at Advance Directives and the role of a Patient Advocate.

Guardianships can be known by many words and phrases:

- Advance Directive
- Conservator
- Court as Guardian
- Durable Power of Attorney (DPA)
- Guardian Ad Litem (GAL)
- Guardian as Fiduciary
- Health Care Proxy
- Limited Guardianship
- Loco Parentis
- Michigan DNR
- Partial Guardianship
- Patient Advocate
- Plenary Guardianship
- Standby Guardian
- Temporary Guardian
- Testamentary Guardian

WHAT IS A GUARDIANSHIP?

A guardianship is a relationship created by the Court. A guardian can be either a person or an organization. The guardian is given the power to make decisions about the care of another person. The court appoints a guardian when the person is legally unable to make some of their own decisions. It is important that you read your Court documents to understand what type of power your guardian has.

WHAT POWERS CAN A COURT GRANT YOUR GUARDIAN?

A court can grant your guardian the power to:

- make health care decisions for you,
- determine where you live,
- arrange services for you,
- receive money belonging to you, and
- use your money for your care.

WHAT IS A CONSERVATOR?

A conservator is a type of guardian that is responsible for your financial affairs. A guardian can also have the powers of a conservator.

WHAT IS A PLENARY GUARDIAN?

A plenary guardian is someone who has the legal rights and powers of a full guardian over you, or your property, or both you and your property.

WHAT IS A PARTIAL GUARDIAN?

A partial guardian is someone who has less than all the legal rights and powers of a full guardian. The partial guardian's rights, powers and duties are clearly written in a court order. A partial guardian can also be known as a Limited Guardian.

A partial guardian is only granted those powers and only for the amount of time necessary to provide for your specific needs.

A court order creating a partial guardianship will clearly explain the powers and duties of the

partial guardian. This will permit the legally incapacitated individual to care for himself and his property as much as their ability will allow.

A legally incapacitated individual who has a partial guardian keeps all their legal and civil rights except those that have been specifically granted to the partial guardian by the court.

When a court appoints a partial guardian, it means that the court has decided you cannot make certain decisions. But it is important to understand the court's order. You keep the power to make decisions unless the court gives that power to your guardian.

WHAT IS A GUARDIAN AD LITEM?

Guardian ad litem is a person appointed by the Court to examine a specific question and report to the Court. Guardian ad litem does not have authority to make decisions for the individual.

WHAT IS A STANDBY GUARDIAN?

A standby guardian becomes a guardian when the original guardian dies or is not able to work as a guardian anymore. The powers and duties of the standby guardian are the same as those of the original guardian.

WHAT IS A TESTAMENTARY GUARDIAN?

A testamentary guardian is appointed by a parent or guardian of their minor or adult child with a developmental disability. This appointment would be made through the parents' or guardian's will.

WHAT IS A TEMPORARY GUARDIAN?

A temporary guardian is a guardian whose authority is for a short time only. The temporary guardian is usually appointed in an emergency.

WHAT IS PERSON IN LOCO PARENTIS (INSTEAD OF THE PARENT)?

A person in loco parentis is a person, not the parent or guardian of a child or minor, who has legal custody of the child or minor and is providing support and care for the child or minor.

WHAT DOES 'COURT AS GUARDIAN' MEAN?

The Court may be a temporary guardian under emergency circumstances if necessary for the welfare or protection of an individual if no other guardian has been appointed. The Court may appoint a temporary guardian if it prefers to.

WHO MAY FILE A PETITION FOR GUARDIANSHIP AND WHAT IS CONTAINED WITHIN IT?

A petition for guardianship may be filed by an interested person or entity, or by the individual. The petition needs to describe the relationship and interest of the petitioner, as well as the name, date of birth and place of residence of the individual. The petition must describe the facts and reasons for the need for guardianship. It should also provide the names and addresses of the individual's current guardian and the individual's heirs.

HOW LONG WILL A GUARDIANSHIP LAST?

The court decides how long a guardianship will last. A partial guardian is not appointed for longer than five years. When that five-year term expires, a new petition for guardianship may be filed.

WHAT DOES IT MEAN IF THE GUARDIAN HAS FIDUCIARY DUTIES?

When the court appoints a plenary guardian of the estate or a partial guardian with powers or duties for real or personal property, that guardian is considered a fiduciary. A fiduciary has rights and powers which would normally belong to you. The fiduciary must make decisions that benefit you. A fiduciary must not let anything interfere with making good decisions for you.

CAN A GUARDIAN PLACE AN INDIVIDUAL INTO A HOSPITAL?

A guardian does not have the power to place you into a hospital unless the court has specifically given the guardian that power.

Before the court authorizes placing someone into a hospital, the court will examine the appropriateness of the placement. The court will talk with your CMHSP to make sure the placement offers appropriate treatment and residential programs to meet your needs.

WHO HAS THE POWER TO CONSENT TO SURGERY FOR A CONSUMER?

A consumer of mental health services cannot have surgery performed upon him or her unless consent is obtained from one of the following:

CONSUMER:	if they are over 18 and do not have a guardian for medical purposes,
GUARDIAN:	if the guardian is legally empowered to execute consent to surgery,
PARENT:	who has legal and physical custody of the consumer, if the consumer is less than 18 years of age,
PATIENT ADVOCATE:	under a Durable Power of Attorney for health care.

WHO HAS THE POWER TO CONSENT TO ELECTROCONVULSIVE THERAPY (ECT)?

A consumer shall not be given ECT or a procedure intended to produce convulsions or coma unless consent is obtained from one of the following:

CONSUMER:	if they are over age 18 and do not have a guardian for medical purposes,
GUARDIAN:	if the guardian is legally empowered to execute consent to such a procedure,
PARENT:	who has legal and physical custody of the consumer, if the consumer is less than 18 years of age,
PATIENT ADVOCATE:	under a Durable Power of Attorney for health care.

CAN THE GUARDIAN AUTHORIZE MEDICAL TREATMENT?

Yes. A guardian can authorize certain medical treatment for you. For example, a guardian can authorize routine or emergency medical treatment.

Also, your guardian can authorize surgery or extraordinary procedures when the procedure is ordered by the court. Your guardian must consult with your physician. Your guardian must act in good faith and not be negligent.

WHAT IS AN EXTRAORDINARY PROCEDURE?

An extraordinary procedure can include things like sterilization, including vasectomy; abortion; organ transplants from the ward to another person; and experimental treatment.

WHO CAN MAKE DECISIONS ABOUT THE DONATION OF BODY PARTS?

Sometimes people want to donate their body or organs when they die. A competent adult may make a gift of all or a physical part of his or her body effective upon the individual's death.

Other individuals who may make such a decision are:
Guardian

- Parent
- Patient Advocate - an adult son or daughter
- Spouse
- Adult Child - an adult brother or sister
- Adult brother or sister

ADVANCE DIRECTIVES

WHAT IS AN ADVANCE DIRECTIVE?

As individuals we all value the right to make our own choices. We all want to choose our own health care treatment. But when we become sick, we may not be able to make some choices. An advance directive may help us with those choices. If we create an advance directive when we are healthy, it will help other people understand our choices when we are not healthy. An advance directive helps people understand the choice they want to make.

WHAT ARE THE ADVANTAGES TO HAVING AN ADVANCE DIRECTIVE?

Each of us has our own values, wishes, and goals. An advance directive provides you with assurance that your personal wishes or desires concerning medical and mental health treatment will be honored when you are unable to express them. Having an advance directive may also prevent the need for a guardianship imposed through Probate Court.

DO I HAVE TO HAVE AN ADVANCE DIRECTIVE?

No. The decision to have an advance directive is purely voluntary. No family member, hospital or insurance company can force you to have an advance directive. No one can tell you what your advance directive should say if you decide to write one. You cannot be denied health care services because of your choice about an advance directive.

WHAT IF I CHOOSE NOT TO HAVE AN ADVANCE DIRECTIVE?

An advance directive is voluntary. Someday you may not be able to make your own choices, but choices may still have to be made for you. Health care providers may make choices for you that do not like. Perhaps the Court will need to appoint a guardian to make choices for you. However, a hospital, nursing home or hospice provider cannot deny you services because you do not have an advance directive.

WHAT IF MY ADVANCE DIRECTIVE IS NOT FOLLOWED?

You may file a grievance by Contacting Customer Services.

WHEN SHOULD I REVIEW MY ADVANCE DIRECTIVE?

Medical technology is always changing. The choices you make may also change. You should review your advance directive about once a year. When you review your advance directive,

you may choose to keep it the same. You may choose to write a new advance directive. You may choose not to have an advance directive anymore. If you keep your original advance directive, you should put your initials and date at the bottom of it.

WHAT ARE THE RESPONSIBILITIES OF HEALTH CARE PROVIDERS?

Health care providers must tell you about your rights.

- You have the right to consent to health care treatment.
- You have the right to refuse health care treatment.
- You have the right to create an advance directive.
- A health care provider cannot force you to create an advance directive.
- If you create an advance directive, the health care provider needs to put a copy in your medical record.

ARE THERE DIFFERENT TYPES OF ADVANCE DIRECTIVES?

Yes. There are three types of advance directives, and each type accomplishes something different. It is important to understand the difference between these three types.

1) A **Durable Power of Attorney for Health Care** allows you to appoint someone to make decisions for you if you have a health care crisis. That person can be called an **agent**, a **patient advocate,** or a **proxy**. These three names mean the same thing. Michigan courts will honor a durable power of attorney for health care.
2) A **Living Will** tells health care providers and the courts about your health care choices if you are not able to tell them yourself. Living wills usually deal with specific situations. Living wills may not be very helpful in all situations. Michigan Courts may look at a living will, but the courts do not have to follow what a living will says.
3) A **Do-Not-Resuscitate Order** says that you do not want anyone to attempt to help you if your breathing and heartbeat stops. This can also be called a **DNR.**

PATIENT ADVOCATE

WHAT IS MY DECISION MAKER CALLED?

That person is known as your **Patient Advocate.** He could also be called your **agent** or your proxy. These names mean the same thing.

WHO CAN I APPOINT AS MY PATIENT ADVOCATE?

Your patient advocate can be any adult. Your patient advocate could be your spouse. Or your patient advocate could be an adult child or friend.

WHEN CAN THE PATIENT ADVOCATE ACT IN MY BEHALF?

Your patient advocate makes health care choices for you only when you are unable to. You make your own choices as long as you are able to.

WHAT POWERS CAN I GIVE MY PATIENT ADVOCATE?

You can give your patient advocate complete power to make decisions for you. You can give your patient advocate power to accept or refuse medical treatment for you. This can include arrangements for home health care or day care. It can also include decisions about nursing home care. You can give your patient advocate as much power as you want.

WILL MY PATIENT ADVOCATE BE ABLE TO CONSENT TO A FORCED

ADMINISTRATION OF MEDICATION?
Sometimes a doctor may want you to take medication against your will. Sometimes a doctor may want to have you go into a hospital against your will. Your patient advocate cannot give permission for these things unless you have given him that power.

WILL MY PATIENT ADVOCATE HAVE POWER TO HANDLE MY FINANCIAL AFFAIRS?
Your patient advocate can handle your money and use your money to pay bills. If you want your patient advocate to handle your money, you should speak with a lawyer.

POWER OF ATTORNEY

WHAT IS A POWER OF ATTORNEY?
A Power of Attorney is a legal document. You would use it to give someone the power to make legal decisions for you. They can make your financial decisions. They can make health care decisions for you. Or, they can make both kinds of decisions for you.

DURABLE POWER OF ATTORNEY (DPA)

WHAT IS A DURABLE POWER OF ATTORNEY FOR HEALTH CARE?
A durable power of attorney for health care is a legal document. You use it to give someone the power to make medical and/or mental health treatment and other personal care decisions for you, some of which include living wills, DNR orders or decisions about tissue or organ donation. It is also referred to as a **Medical Care Advance Directive**.

A durable power of attorney for health care may also be called a **health care proxy**. The person you appoint to make decisions for you is your **patient advocate** or **agent**. Your patient advocate makes health care decisions for you if you are not able to make them yourself.

WHAT IS A DURABLE POWER OF ATTORNEY FOR MENTAL HEALTH CARE?
It is a tool used to make decisions before a crisis happens which may cause you to become unable to make a decision about the kind of mental health treatment you want or do not want. This lets other people, including family, friends, and service providers know what you want when you cannot speak for yourself. It is also referred to as a **Psychiatric Advance Directive.**

IS A DURABLE POWER OF ATTORNEY FOR HEALTH CARE LEGALLY BINDING IN MICHIGAN?
Yes. Michigan law gives you the right to appoint a patient advocate. Your patient advocate helps make health care decisions for you when you are not able to make them yourself.

WHO MAY CREATE A DURABLE POWER OF ATTORNEY FOR HEALTH CARE?
To make a durable power of attorney, you must be an adult. You must also be legally competent.

HOW DO I MAKE A VALID DURABLE POWER OF ATTORNEY FOR HEALTH CARE?
A valid durable power of attorney for health care must have three things.

- The paper must be in **writing.**
- You need to **sign the paper.**
- You need to have **two witnesses.***

The witnesses cannot be related to you, your patient advocate cannot be a witness, and the witnesses cannot be employed by your health care provider.

DOES THE DURABLE POWER OF ATTORNEY FORM HAVE TO LOOK A CERTAIN WAY?
No. There are many organizations with free forms you can use. Or you could create your own form. Make sure you type or print clearly (see websites in the back of this booklet).

CAN I WRITE MY HEALTH CHOICES OUT ON MY DURABLE POWER OF ATTORNEY FORM?
Yes. For example, you might describe the type of care you want when you are not able to make decisions. You might say that you do not want to be placed in a nursing home. You may say that you prefer a specific placement if it becomes necessary. Your patient advocate has a duty to try to follow your wishes.

IS IT IMPORTANT TO EXPRESS MY WISHES IN THE DURABLE POWER OF ATTORNEY FOR HEALTH CARE DOCUMENT?
Yes. Your wishes cannot be followed if someone does not know about them. It is harder for your advocate to do their job if they do not know what your wishes are.

WHAT IF I DO NOT EXPRESS ANY SPECIFIC WISHES?
If you do not tell your advocate what you want, he has to use his best judgment. A probate court may have to help decide what decisions are made for you.

ONCE I SIGN A DURABLE POWER OF ATTORNEY FOR HEALTH CARE, MAY I CHANGE MY MIND?
Yes, absolutely.

- You may want to choose a different patient advocate.
- You may change your mind about some choices in your document.
- You can sign a new document as long as you are of sound mind.
- If you create a new document, you should destroy the old one.
- You can cancel your durable power of attorney for health care any time you want and in any way you are able to.

WHAT IF THERE IS A DISPUTE ABOUT HOW MY DURABLE POWER OF ATTORNEY FOR HEALTH CARE SHOULD BE CARRIED OUT?
If someone disagrees with the choices your patient advocate makes, the probate court may get involved. If the court believes your patient advocate is not doing their job properly it can remove the patient advocate.

LIVING WILL

WHAT IS A LIVING WILL?
A living will is used to tell caregivers and family members what kind of health care you want. Living wills are used when a person is not able to communicate their choices about their health care.

IS A LIVING WILL LEGALLY BINDING IN MICHIGAN?
No. Living wills are not legally binding in Michigan. You are allowed to have a living will. However, the courts do not have to obey the directions of a living will.

WHAT IS THE MAIN DIFFERENCE BETWEEN A DURABLE POWER OF ATTORNEY FOR HEALTH CARE AND A LIVING WILL?

A living will is like a durable power of attorney but a living will does not create a patient advocate. A living will only talk about what your decisions for health care are.

A living will only works during an end-of-life illness or during permanent unconsciousness. A durable power of attorney for health care can work even if you are only temporarily unable to make your own health care decisions.

CAN MY DURABLE POWER OF ATTORNEY FOR HEALTH CARE BE SIMILAR TO A LIVING WILL?

Yes. Your durable power of attorney can be very similar to a living will. You can guide the choices your patient advocate will make for you. It is a good idea to give your patient advocate written instructions.

DO-NOT-RESUSCITATE ORDER (DNR)

WHAT IS A DO-NOT-RESUSCITATE ORDER (DNR)?

A DNR is a special kind of advance directive. Some people do not want any special care made to prolong their life. A DNR tells care givers not to give you extra care if your heart stops or if your breathing stops.

WHO MAY COMPLETE A DNR?

You may complete a DNR if you are **older than 18 and competent** (in other words, the Court has not declared you incompetent). You should also discuss this with your doctor.

WHERE DO I GET A DNR FORM?

The forms are available from most hospices.

WHAT HAPPENS TO THE DNR FORM AFTER I SIGN IT?

You should keep the DNR form where you can find it. It should become part of your medical record. You should tell your family that you signed a DNR. Tell them where to find it. You may also choose to wear a DNR bracelet.

CAN I BE FORCED TO SIGN A DNR?

No, absolutely not.

- No one can force you to sign a DNR statement.
- No one can refuse to provide treatment because you signed a DNR statement.
- No one can refuse to provide treatment because you would not sign a DNR statement.

CAN I CHANGE MY MIND AFTER I SIGN A DNR FORM?

Yes. Like any type of advance directive, you can change your mind. You may cancel your DNR at any time and in any way you can.

CAN MY INSURANCE COVERAGE BE CHANGED IF I SIGN A DNR?

No. Your insurance will not change because you create a DNR. Your insurance will not change because you choose not to create a DNR.

HAVE DNRS RECENTLY CHANGED?

Yes. In the past you could only have a DNR if you were in the hospital. Now you can have a DNR outside of the hospital. You may choose to wear a DNR bracelet. The bracelet lets people know what your choices are.

CAN A GUARDIAN OF AN ADULT WARD SIGN AN ADVANCE DIRECTIVE UNDER THE MICHIGAN DO-NOT- RESUSCITATE (DNR) PROCEDURE ACT?

Outside of a hospital (i.e., nursing home, home for the aged, adult foster care facility, assisted living, hospice residence, or the individual's private residence) a guardian may consent to a DNR order for the individual they are legally responsible for.

Three prerequisites must be in place before a guardian may sign a DNR order for an individual located outside a hospital:

1) The Court must have granted the guardian the baseline authority to consent to a DNR order.
2) The guardian must visit the individual within 14 days before signing a DNR order and must attempt to discuss the proposed order with the individual if meaningful communication is possible.
3) The guardian must personally discuss the medical indications for the DNR order with the individual's attending physician.

The guardian is to use the "best interest" standard to decide whether to sign a DNR order, as informed by the medical opinion of the attending physician and what the guardian can glean about the individual's wishes.

The guardian must give a copy of the DNR order to the attending physician and to the administrator of any facility where the individual resides. If the individual lives in a private residence, the guardian must ensure a copy of the DNR order is available in the home.

The DNR order is effective for one year, at which time the guardian must reconsider it after again visiting the individual and talking with the individual's attending physician.

The guardian may revoke the DNR order at any time.
Anyone who questions whether the DNR order was properly executed may petition the court for a judicial assessment of its validity.

WHERE SHOULD A DNR BE KEPT?

- Your patient advocate should have a copy of the document.
- Your doctor should have a copy.
- You should keep a copy for your personal records.
- Let your caregivers know who you have chosen as your patient advocate.
- Also let your family members know who you have chosen as your patient advocate.
- A copy of your DNR should be kept in your medical record.

IS IT IMPORTANT TO BE SPECIFIC WHEN I WRITE MY END-OF-LIFE INSTRUCTIONS?

It is very important to be as specific as possible when listing what treatments you do not want. If you are not very clear, there is a danger that a vague description will be misunderstood, and you may be denied treatment that you do want.

You should review your choices with your patient advocate to make sure your choices are understood.

FOR MORE INFORMATION REGARDING ADVANCE DIRECTIVES, CONTACT:

State Bar of Michigan at:
http://www.michbar.org/

Blue Cross Blue Shield of Michigan at:
Advance Directives | bcbsm.com

Hospice of Michigan at:
http://www.hom.org/?s=advance+directive

Michigan Department of Health and Human Services at:
http://www.michigan.gov/mdch

The Will to Live Project (click on “Will to Live”) at:
http://www.nrlc.org/euthanasia/willtolive/

FOR MORE INFORMATION REGARDING GUARDIANSHIP OPTIONS, CONTACT YOUR LOCAL PROBATE COURT.

LAKESHORE REGIONAL ENTITY

5000 Hakes Drive, Suite 250
Norton Shores, Michigan 49441

Main Line:	(231) 769-2050
Main Fax:	(231) 769-2071
Toll Free Fax	(888) 409-9320
Customer Service Toll Free:	(800) 897-3301
TTY	711
Compliance Line:	(800) 420-3592
Compliance Fax:	(231) 769-2075

Hours of operation: 8:00 a.m. – 5:00 p.m.
Monday – Friday
(except for holidays)

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