

NorthCare Network

Customer Service Handbook



Community Behavioral Health & Substance Use Disorder Services



Our Mission

NorthCare Network ensures that every eligible recipient receives quality specialty mental health and substance use disorder services and supports through the responsible management of regional resources.



1230 Wilson Street
Marquette, MI 49855

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Access Process

Access to Specialty and Support Services for Individuals with Mental Illnesses or Developmental Disabilities

Specialty services are accessed through NorthCare's centralized Access System. Any consumer or individual acting on behalf of a consumer may request routine services by calling 1-888-906-9060. Individuals needing emergency care after hours or on holidays, please refer to pages 3-6 for your local county crisis phone number.

Access to Substance Use Disorder Services

To receive services or information about substance use disorder (SUD) services, contact your local SUD agency, or contact NorthCare's SUD Services Access Management Unit at 1-800-305-6564.

Information in italics throughout this handbook is mandated by the Department of Health and Human Services cannot be edited (except for the phone numbers and agency names).

If you have any questions about this Handbook, please call customer services at NorthCare Network (1-888-333-8030) or contact your local community mental health agency customer services representative. Customer services hours operate minimally eight hours daily, Monday through Friday, except for holidays.

Copper Country Community Mental Health	1-800-526-5059
Gogebic Community Mental Health	1-906-229-6120
Hiawatha Behavioral Health	1-800-839-9443
Northpointe Behavioral Health	1-800-750-0522
Pathways Community Mental Health	1-888-728-4929

If you or anyone else you know would like this handbook in an alternative, communication method, call 1-888-333-8030

About this Handbook

This handbook gives you important information about community mental health and substance use disorder services in the Upper Peninsula. In this handbook, you will find:

- Information about general services.
- Customer services information.
- Your rights as a consumer/client.
- Lists of service providers.
- Information about each Upper Peninsula community mental health agency in NorthCare's network.
- Specific Information about Upper Peninsula Substance Use Disorder (SUD) service providers in NorthCare's network.

Welcome to the NorthCare Network Affiliation

NorthCare Network is the Prepaid Inpatient Health Plan (PIHP) for the Upper Peninsula. This means NorthCare manages the Medicaid funding for the delivery system of specialty mental health and substance use disorder services in the Upper Peninsula. NorthCare contracts with Community Mental Health Service Programs (CMHSPs) to provide mental health services to adults with a severe and persistent mental illness, children with a severe emotional disturbance, and individuals with a developmental disability. NorthCare also manages the contracts with substance use disorder providers across the region to provide substance use disorder services.

The Community Mental Health Service Providers (CMHSPs) are:

- Copper Country Community Mental Health
- Gogebic Community Mental Health
- Hiawatha Behavioral Health
- Northpointe Healthcare Systems
- Pathways Community Mental Health

NorthCare Network

NorthCare Network—Prepaid Inpatient Health Plan (PIHP)

1230 Wilson Street Marquette, Michigan, 49855

Website: www.northcarenetwork.org

NorthCare Interim Chief Executive Officer: **Megan Rooney**; Medical Director: **Dr. Zakia Alavi**

Recipient Rights for Substance Use Disorders: 1-888-333-8030

Customer Services: **Kayti Lancour-Valiquette** at (906)936-6865 or 1-888-333-8030 Email:

klancour@northcarenetwork.org NorthCare Toll-Free 1-888-333-8030 / NorthCare Network Fax: 906-232-1070

Confidential Corporate Compliance Hotline Number: 1-844-260-0003

NorthCare Access: 1-888-906-9060 / NorthCare TTY: Dial 711

Contact Information for NorthCare Providers

County	Emergency (After Hours/ Holidays)	Business Hours	Tdd/tty	Customer Services
Alger (Pathways)	1-888-728-4929	(906) 387-3611 8am - 5pm	Dial 711	(906) 233-1201 or 1-888-728-4929 8am - 5pm
Baraga (Copper)	1-800-526-5059	(906) 524-5885 8am – 4:30pm	(906) 482-8037	1-800-526-5059 8am - 5pm
Chippewa (Hiawatha)	1-800-839-9443	(906) 632-2805 8am - 5pm	(906) 632-5539	(906) 632-2805 or 1-800-839-9443 8am - 5pm
Delta (Pathways)	1-888-728-4929	(906) 786-6441 8am - 5pm	Dial 711	(906) 233-1201 or 1-888-728-4929 8am - 5pm
Dickinson* (Northpointe) *Central Time Zone	1-800-750-0522	(906) 774-0522 8am - 4pm CENTRAL	Dial 711	1-800-750-0522 8am - 4pm (Central)
Gogebic* (Gogebic) *Central Time Zone	1-800-348-0032	(906) 229-6120 8am - 4:30pm CENTRAL	Dial 711	(906) 229-6120 8am – 4:30pm (Central)
Houghton (Copper)	1-800-526-5059	(906) 482-9404 8am - 5pm	(906) 482-8037	1-800-526-5059 8am - 5pm

Iron* (Northpointe) *Central Time Zone	1-800-750-0522	(906) 265-5126 8am - 4pm CENTRAL	Dial 711	1-800-750-0522 8am - 4pm (Central)
Keweenaw (Copper)	1-800-526-5059	(906) 337-5810 8am – 5pm	(906) 482-8037	1-800-526-5059 8am - 5pm
Luce (Pathways)	1-888-728-4929	(906) 293-3284 8am - 5pm	Dial 711	(906) 233-1201 or 1-888-728-4929 8am - 5pm
Marquette (Pathways)	1-888-728-4929	(906) 225-1181 8am - 5pm	Dial 711	(906) 233-1201 or 1-888-728-4929 8am - 5pm
Mackinac (Hiawatha)	1-800-839-9443	(906) 643-8616 8am - 5pm	(906) 632-5539	(906) 632-2805 or 1-800-839-9443 8am - 5pm
Menominee* (Northpointe) *Central Time Zone	1-800-750-0522	(906) 863-7841 8am - 4pm CENTRAL	Dial 711	1-800-750-0522 8am - 4pm (Central)
Ontonagon (Copper)	1-800-526-5059	(906) 884-4804 8:00am – 4:30pm	(906) 482-8037	1-800-526-5059 8am - 5pm
Schoolcraft (Hiawatha)	1-800-839-9443	(906) 341-2144 8am - 5pm	(906) 632-5539	(906) 632-2805 or 1-800-839-9443 8am - 5pm

Copper Country Community Mental Health	
Executive director: Michael Bach	Medical Director: Kristen McArthur, M.D.
Recipient Rights: Sarah Rousseau 1-800.526.5059	
Customer Service: Sarah Rousseau 1-800.526.5059	
www.cccmh.org	

Copper Country Regional Offices			
Baraga County 15644 Skanee Rd L’Anse, MI 49946 (906) 524-5885 1-800-526-5059 TDD/TTY: (906) 482-8037 Hours: 8 am to 4:30 pm	Houghton County 901 West Memorial Houghton, MI 49931 (906) 482-9400 1-800-526-5059 TDD/TTY: (906) 482-8037 Hours: 8 am to 5 pm	Keweenaw County 56938 Calumet Ave. Calumet, MI 49913 (906) 337-5810 1-800-526-5059 TDD/TTY: (906) 482-8037 Hours: 8 am to 4:30pm	Ontonagon County 515 Quartz Street Ontonagon, MI 49953 (906) 884-4804 1-800-526-5059 TDD/TTY: (906) 482-8037 Hours: 8 am to 4:30pm

Gogebic Community Mental Health	
Executive director: Melissa Hall	Medical Director: Stephanie Burrows, M.D.
Recipient Rights: Kristina Potesta (906) 229-6104	
Customer Service: Kristina Potesta (906) 229-6104	
www.gccmh.org	

Gogebic County Regional Office

103 West U.S.HWY 2
Wakefield, MI 49968
(906) 229-6120
TTY: Dial 711

Hiawatha Behavioral Health	
Executive director: Daniel McKinney	Medical Director: David Meeker, D.O.
Recipient Rights: Elizabeth Eidenier (906)635-3715 or 1-800-839-9443	
Customer Service: Jennifer Sweet (906) 632-2805 or 1-800-839-9443	
www.hbhcmh.org	

Hiawatha Regional Offices		
Chippewa County 3865 S Mackinac Trail Sault Ste. Marie, MI 49783 (906) 632-2805 1-800-839-9443 TDD/TTY: (906) 632-5539 call collect Hours: 8 am to 5 pm	Mackinac County 114 Elliot St. St. Ignace, MI 49781 (906) 643-8616 1-800-839-9443 TDD/TTY: (906) 632-5539 call collect Hours: 8 am to 5 pm	Schoolcraft County 125 N Lake Street Manistique, MI 49854 (906) 341-2144 1-800-839-9443 TDD/TTY: (906) 632-5539 call collect Hours: 8 am to 5 pm

Northpointe Community Mental Health	
Executive director: Jennifer Cescolini	Medical Director: Amit Razdan, M.D.
Recipient Rights: Katie Smith (906) 779-0555	
Customer Service: April McCarthy 1-800-750-0522	
www.nbhs.org	

Northpointe Regional Offices		
Dickinson County 715 Pyle Drive Kingsford, MI 49802 (906) 774-0522 1-800-750-0522 TTY: Dial 711 Hours: 8am-4pm CENTRAL TIME	Iron County 703 2 nd Avenue Iron River, MI 49935 (906) 265-5126 1-800-750-0522 TTY: Dial 711 Hours: 8am – 4pm CENTRAL TIME	Menominee County 401 10 th Avenue Menominee, MI 49858 (906) 863-7841 1-800-750-0522 TTY: Dial 711 Hours: 8am – 4pm CENTRAL TIME

Pathways Community Mental Health	
Executive director: Matt Maskart	Medical Director: Daniel Cote, M.D.
Recipient Rights: Faye Witte (906) 233-1201 or 1-888-728-4929	
Customer Service: Faye Witte (906) 233-1201 or 1-888-728-4929	
www.pathwaysup.org	

Pathways Regional Offices			
Alger County 601 W Superior Munising, MI 49862 (906) 387-3611 TTY: Dial 711	Delta County 2500 7 th Ave. South Suite 100 Escanaba, MI 49829 (906) 786-6441 TTY: Dial 711	Luce County 14126 Co. Rd W Hamilton Lake Road Newberry, MI 49868 (906) 293-3284 TTY: Dial 711	Marquette County 200 W. Spring St. Marquette, MI 49855 (906) 225-1181 TTY: Dial 711

Substance Use Disorders

NorthCare Substance Use Disorder Services

NorthCare Central Diagnostic and Referral (CDR) substance use disorder (SUD) “Access”

Website: www.northcarenetwork.org

NorthCare Substance Use Disorder Director: **Judi Brugman**

Recipient Rights: Local listing on page 27 & 28 of this handbook

Customer Services: **Kayti Lancour-Valiquette** (906) 936-6865 or 1-888-333-8030

1230 Wilson Street

Marquette, MI 49855

Substance Use Disorder Line: (906) 225-7222 or 1-800-305-6564

TTY: DIAL 711

Substance Use Disorder Providers

County	Substance Abuse Provider	Address	Phone
Alger	Great lakes Recovery	E9526 Prospect St. Munising, MI 49862	906-291-3400
Baraga	Keweenaw Bay Indian Community - Outpatient	16429 Bear Town Rd. Baraga, MI 49908	906-353-8121
	New Day Treatment Center	L'Anse, MI 49946	906-228-9696
	GLRC- Ripple House (Women)	L'anse, MI 49946	906-275-0125
Chippewa	New Hope Outpatient	2655 Ashmun St. Sault Ste. Marie, MI 49783	906-632-9809
	Women's New Hope House	2655 Ashmun St. Sault Ste. Marie, MI 49783	906-632-2522
	Men's New Hope House	1416 W. Easterday Avenue Sault Ste. Marie, MI 49783	906-635-5542
	GLRC- Gary's Recovery House (Men)	Sault Ste. Marie, MI 49783	906-748-9010
	GLRC- Anne's Recovery House (Women with Children)	Sault Ste. Marie, MI 49783	906-379-3002
Delta	Catholic Social Services	1100 Ludington St., Suite 401 Escanaba, MI 49829	906-786-7212
	Great Lakes Recovery	2500 7 th Ave South, Suite 202 Escanaba, MI 49829	906-789-3528
	Men's Alpha Omega Recovery Housing	Escanaba, MI 49829	906-233-7177
	Women's Alpha Omega Recovery Housing	Escanaba, MI 49829	(906)553-7265
Dickinson	Great Lakes Recovery	301 Kent Street Iron Mountain, MI 49801	906-774-2561
	Alpha Omega Recovery Housing	Iron Mountain, MI 49801	906-828-1600
Gogebic	Great Lakes Recovery	220 Roosevelt Street Suite 2 Ironwood, MI 49938	906-364-7506
	Phoenix House	Bessemer, MI 49911	906-663-2141
Houghton	Phoenix House Residential and Outpatient	PO Box 468 Calumet, MI 49913	906-337-0763
	Great Lakes Recovery	920 W. Water Str. Suite 6 Hancock, MI 49931	906-482-7710
	Upper Great Lakes Family Health Center- Hancock	500 Campus Drive Hancock, MI 49930	906-483-1060
	Upper Great Lakes Family Health Center- Calumet	56720 Calumet Avenue Calumet, MI 49913	906-483-1177
Iron	See Dickinson County		
Keweenaw	See Houghton County		

Luce	See Mackinac, Chippewa or Alger Counties		
Mackinac	Great Lakes Recovery	799 Hombach Str, Suite 2 St. Ignace, MI 49781	906-643-0944
	Sacred Heart Outpatient	248 Ferry Ln. St. Ignace, MI 49781	906-984-2080
Marquette	Great Lakes Recovery Outpatient	1009 W. Ridge St., Suite C Marquette, MI 49855	906-228-6545
	Great Lakes Recovery Residential	241 Wright St. Marquette, MI 49855	906-228-7611
	Great Lakes Recovery Outpatient	97 S. Fourth St., Suite A Ishpeming, MI 49849	906-228-9696 906-485-2347
	Great Lakes Recovery Youth Residential and Outpatient	104 Malton Road Negaunee, MI 49866	906-228-4692
	Superior Housing Solutions	Marquette, MI 49855	989-294-0591
	GLRC- Sue B's Recovery House (Women)	Marquette County	906-829-0892
	GLRC- John Kivela Recovery House (Men)	Marquette County	906-205-0125
	Catholic Social Services	347 Rock St. Marquette, MI 49855	906-227-9119
	Catholic social Services	328 Fortress Gwinn, MI 49841	906-227-9119
Ontonagon	See Houghton County		
Schoolcraft	See Chippewa, Luce, or Mackinac Counties		
Lower Michigan Residential Programs	Dot Caring Center	6840 Midland Rd. Freeland, MI 48623	800-822-7464
	Sacred Heart	400 Soddard Rd. Richmond, MI 48062	810-392-2167
	Bear River	2329 Center St. Boyne Falls, MI 49713	813-610-8230

Non-Discrimination and Accessibility

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

NorthCare Network 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)*
- *NorthCare Network 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 or alternative formats*

If you need these services, contact your local Community Mental Health Service Provider (CMHSP) or substance use disorder (SUD) Provider Recipient Rights Office. Contact information for all Recipient Rights Offices and Officers can be found on pages 27-29 of this handbook.

If you believe that a local CMHSP or a SUD provider has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the local customer service department (customer service contact information can be found on page 3-8 of this handbook) or you can contact NorthCare Network's Customer Services Department at 1230 Wilson Street, Marquette, Michigan, 49855, or phone directly at 1-888-333-8030. NorthCare's fax number is 906-225-5149.

If you are a person who is deaf or hard of hearing, you may contact your local CMHSP or SUD providers directly. Their contact information can be found on pages 3-8 of this handbook, or MI Relay Service at 711 to request their assistance in connecting you to your local CMHSP or SUD provider. You can file a grievance in person, by mail, email, or fax. If you need help in filing a grievance, call NorthCare Network at 1-888-333-8030 where Kayti Lancour-Valiquette is available to help you.

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

***U.S. Department of Health and Human Services
200 Independence Avenue, SW***

***Room 509F, HHH Building
Washington, D.C. 20201
Toll Free: 1-800-368-1019***

MI Health Link Information:

The MI Health Link is a new program that allows individuals who have both full Medicare and full Medicaid to receive coordinated care. This means an individual who enrolls in the MI Health Link Program will have one plan and one card for primary health care, behavioral health care, home- and community-based services, nursing home care, and medications. Individuals who choose to be enrolled will be assigned an Integrated Care Coordinator who will help coordinate services by linking and coordinating with all providers involved in the individual's health care. For more information about the MI Health Link contact the **Upper Peninsula Health Plan at 1-877-349-9324 (TTY: Dial 711)**.
Website: www.uphp.com

Language Assistance and Accommodations Language Assistance

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 have the right 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 7-1-1 and ask MRC to connect you to the number you are trying to reach. If you prefer to use a TTY, please contact your local community mental health agency at the following TTY phone number located on page 3-4 of this handbook.

If you need a sign language interpreter, contact your local community mental health agency (phone numbers listed on pages 3-6) as soon as possible so that one will be made available. Sign language interpreters are available at no cost to you. Alternatives formats are available.

If you do not speak English, contact your local community mental health agency (phone numbers listed on pages 3-6) so that arrangements can be made for an interpreter for you. Language interpreters are available at no cost to you.

Free oral language translation is available. If someone you know does not speak English and needs services, please encourage the individual to contact their local provider.

Multi-Language Insert – Multi Language Assistance Services

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, free of charge, are available to you. Call 1-888-333-8030 (TTY: 711)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-333-8030 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-333-8030 (رقم هاتف الصم والبكم: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-333-8030 (TTY : 711)

1-888-333-8030 (TTY: 711)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-333-8030 (TTY: 711).

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-888-333-8030 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-333-8030 (TTY: 711) 번으로 전화해 주십시오.

লক্ষ্য কখনঃ যিদি আপিন বাংলা, কথা বলেত পারে, তাহেল িনঃখরচায়

সহায়তা পিরেষবা উপলব্ধি আছে। েফান কন্টাক্ট নম্বর ১-৮৮৮-৩৩৩-৮০৩০ (TTY: ৭১১)
।

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-333-8030 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-333-8030 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-888-333-8030 (TTY: 711).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-888-333-8030（TTY:711）まで、お電話にてご連絡ください。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-333-8030 (телетайп: 711).

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-888-333-8030 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-333-8030 (TTY: 711)

Member/Customer Services

NorthCare Network has a member services specialist available to assist you at any time between 8:00 a.m. and 4:30 p.m. Eastern Time Monday through Friday. If you would like a NorthCare services specialist to contact you before 8:00 a.m. or after 4:30p.m., please leave a confidential voice message stating your name, the time, and a phone number where you can be reached.

NorthCare can be reached at 1-888-333-8030.

Each of the community mental health agencies have a customer service representative available to assist you minimally eight hours (8:00 a.m. – 4:00 p.m.; however, check locations as times vary) in each time zone that includes a portion of the geographic area served by the organization. Customer service representatives will assist with accommodations for individuals with developmental disabilities, hearing, and vision impairments, limited English proficiency, and alternative forms of communications.

The phone numbers are listed by county on pages 3-8 of this handbook.

For Substance Use Disorder agencies contact:

NorthCare Network if you are a Medicaid consumer

1-800-305-6564

NorthCare Substance Use Disorder if you are a block grant consumer

1-800-305-6564

Customer service staff welcome consumer input and suggestions. If you are dissatisfied with any aspect of your treatment, the customer service staff at NorthCare or your local agency will be happy to assist you. The customer service personnel along with consumers and families from across the region work together to improve the care provided. If you are interested in helping us to provide better services, please call NorthCare at 1-888-333-8030.

Listed below are just some of the areas where member/customer services will assist you:

- Orientation to our system and services.
- Provide further assistance with understanding your benefits or any problems relating to benefits, along with any charges, co-pays, or fees.
- Complaints or problems with any services you are receiving.
- Transportation services for medically necessary services.
- Specialty services identified by the Early and Periodic Screening Diagnosis and Treatment (EPSDT) program.
- Information about providers who are accepting new consumers.

State Customer Services Hotline Numbers

Medicaid Customer Services Hotline

1-800-642-3195

Mental Health & Substance Abuse Administration Customer Services Number

1-517-241-5066

Qualifying for Services

Michigan has a managed care delivery system for mental health and substance use disorder services. The Michigan Department of Health and Human Services (MDHHS) sets rules and regulations that we follow. This includes the types of services that are provided, and the criteria used to determine if someone qualifies to receive services. The community mental health agencies are mandated to serve individuals in need of specialty mental health services who have Medicaid insurance. The community mental health agencies and NorthCare SUD Services may refer people who are not in the mandated groups to other provider agencies.

Medicaid recipients are entitled to obtain services that are medically necessary. For people who have no insurance, there is no guarantee that they will get services if there is not the money to provide those services. NorthCare Network affiliates must provide services to as many people as possible within its funding sources.

Sometimes people will be placed on a waiting list if there is not enough money to provide services and you do not qualify for Medicaid. You will not be put on a waiting list if you have Medicaid.

Human trafficking is a growing problem across the state, as is the need for services for those affected by it. Many victims are referred by law enforcement or other agencies to the publicly funded behavioral health system for assessment and treatment. The Behavioral Health and Developmental Disabilities Administration (BHDDA) would like to ensure that this process and transition into behavioral health services goes well. Victims of a human trafficking violation may receive benefits for medical and psychological treatment. The challenge may arise for providers that the victim does not have their identification documents to begin services. In this situation, it is allowable for any medically necessary behavioral health services to be initiated. Behavioral health services may continue until the individual is able to produce identification documents.

Mental Health

Each community mental health agency is responsible for providing mental health services that are medically necessary to individuals who:

- Have Medicaid Insurance. -or-
- Have a serious mental illness, serious emotional disturbance, or intellectual or developmental disability. Priority shall be given to the most serious forms of disability and to those who are in urgent or emergentsituations.

Substance Use Disorder

NorthCare Substance Use Disorder Services is responsible for providing substance use disorder services that are medically necessary to individuals who:

- Have Medicaid Insurance or Healthy Michigan. -or-
- Cannot afford the cost of services.

Services Available

NorthCare Network has a contract with the Michigan Department of Health and Human Services (MDHHS). In that contract, the Department of Health and Human Services defines different types and levels of services, depending on whether a person has Medicaid.

If you have Medicaid:

- Your benefits are described in Michigan’s Medicaid Provider Manual.
- The list of services available for those with Medicaid is explained under “**service array**” in this handbook. (pg. 35)

If you do not have Medicaid:

- You may be put on a waiting list if there are no openings in a recommended program.

In rare cases, a community mental health agency may be able to help pay for services from an agency that does not have a contract with the community mental health or SUD provider (an out-of-network provider). In those cases, the community mental health agency/ NorthCare SUD Services would approve services at that agency and agree to pay for those services. This only happens when you have a treatment need that cannot be provided by the agencies that currently contract with NorthCare or their providers. Your local community mental health agency or the NorthCare SUD services would help you make these arrangements.

Priority for Services

Each NorthCare provider must meet the needs of their mandated groups first. After that, the provider may offer services

to others who meet clinical criteria for treatment.

You have priority for mental health services if:

- You have the most severe forms of serious mental illness, serious emotional impairment, or developmental disability, or
- You are in an urgent emergency

You have priority for substance use disorder services if:

- You are pregnant, and you inject drugs.
- You are pregnant, and you are abusing substance(s).
- You inject drugs.
- You are a parent, and your child(ren) were removed from the home, or may soon be removed from the home, under the Michigan Child Protection Law.
- You are an individual under supervision of MDOC AND referred by MDOC OR an individual being released directly from an MDOC facility without supervision AND referred by MDOC. Excludes individuals referred by court and services through local community corrections (PA 511 funded) systems.

Funded SUD programs must admit clients according to the federal guidelines listed above. In addition, providers must notify the NorthCare SUD Access Management System within one business day when a pregnant, or injecting drug user is admitted. In the face of limited funding, NorthCare will exercise a priority admission system which gives residents the first opportunity to fill available treatment placements.

For additional assistance in locating a SUD provider, contact NorthCare SUD Access Management System at 1-800-305-6564.

Jail Diversion

Each community mental health agency shall provide services designed to divert persons with serious mental illness, serious emotional disturbance, or developmental disability from possible jail incarceration when appropriate. These services shall be consistent with policy established by the Michigan Department of Health and Human Services. **(Michigan's Mental Health Code—Act 258 of the Public Acts of 1974, as amended).**

Service Authorization

*Services you request must be authorized or approved by the utilization department at your local community mental health agency, NorthCare Network, or by the NorthCare SUD Access Management System. They 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.

If you have Medicaid or no insurance, the agencies above will pre-authorize these services. If you have private insurance, you may need to contact your insurance company to obtain authorization for services. The insurance company will determine the amount and type of services for which you are eligible.

Medical Necessity

Services authorized for treatment of a mental health and/or substance use disorder concern must be medically necessary. This means that the services provided are required to assure proper assessment and treatment of a serious mental illness, developmental disability, serious emotional disturbance, or substance use disorder.

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 related to a serious mental illness, developmental disability, serious emotional disturbance, or substance use disorder. There are no exclusions or limitations as all services must be medically necessary.

Payment for Services

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

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

Only the cost of your authorized mental health or substance use disorder treatment will be covered.

Should you lose your Medicaid coverage, your PIHP and/or 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 the General Fund, a 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.

Ability to Pay

In a community mental health agency, no one may be denied services because they cannot afford to pay for the service. At your initial appointment and periodically throughout the time you receive services, you will be asked to review your financial information to determine your ability to pay.

Your ability to pay is determined based on your income and family size. Fees are assessed on a sliding scale established by the Michigan Department of Health and Human Services. Any deductible or co-pay you may be responsible for will not exceed your ability to pay. If you disagree with the amount you are asked to pay, you have the right to appeal the amount or ask that it be reduced. If you wish to make an appeal, contact your local Customer Services Department.

Please read your payment agreement thoroughly for additional details related to your ability to pay. It is your responsibility to immediately notify a client account representative of any changes in status, income, or insurance. If you do not provide the information needed to determine your ability to pay, or you fail to provide insurance information, you are at risk for being charged the full amount for services.

Emergency mental health services do not need to be pre-authorized. All other services must be Preauthorized. If you are having a mental health emergency, go to your local emergency room or call 911. Your local community mental health agency is financially responsible for your emergent and urgently needed mental health service. For more information regarding Emergency Services, go to the "Emergency and after-hours access to services" section of this handbook. (pg. 19-20)

Medicaid: If you have Medicaid, an Access Management System specialist will verify the type of Medicaid you have. If you have a "spend down" amount that must be met before services you receive can be covered by Medicaid, the Access Specialist can discuss this with you and answer any questions you may have. If an individual has Medicaid without a spend-down, he or she will not be responsible for payment.

Private Insurance Coverage: If you have private insurance, the benefit plan from that insurance company will determine your covered benefits services. The Access Specialist will be able to assist you with questions about deductibles and co-pays. The charge for the deductible or co-pay will not exceed your ability-to-pay amount and will not exceed the actual cost of the service to be provided.

Services that are considered ineffective, not helpful, experimental, or inappropriate will not be approved.

Community mental health agencies are paid a monthly fee (capitation) based on the number of Medicaid covered individuals that live in their counties.

Authorization for Out-of-Network Services

Out-of-Network Services Requests: These will be arranged by the individual's local CMHSP/NorthCare SUD Services. Currently, the CMHSP/NorthCare SUD agency has the authority to contract for any medically necessary specialty service outside its established network. Generally, only those services that cannot be provided locally and that are within the member's benefit plan will be authorized for an out-of-network provider. NorthCare will be a resource for both the providers and the consumer for locating and accessing any specialty service out of the region. Since there is no cost to the beneficiary for the PHIP's in-network services, there can not be a cost to the beneficiary for medically necessary services.

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 record 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 to coordinate your treatment or when it is required by law.

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

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To contact your local Customer Service Staff, contact: Copper Country CMH @ 1-800-526-5059; Gogebic CMH @ 1-906-229-6120; Hiawatha Behavioral Health @ 1-800-839-9443; Northpointe CMH @ 1-800-750-0522; Pathways CMH @ 1-888-728-4929; NorthCare Network @ 1-888-333-8030.

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

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

Protected Health Information (PHI): Protected Health Information (PHI) may not be used or disclosed for reasons other than treatment, payment, or healthcare operations.

Coordination of Care

To improve the quality of services, NorthCare wants to coordinate your care with the medical provider who cares for your physical health. If you are also receiving substance abuse services, your mental health care should be coordinated with those services.

Being able to coordinate with all providers involved in treating you improves your chances for recovery, relief of symptoms, and improved functioning. Therefore, you are encouraged to sign a "Release of Information" so that information can be shared. If you do not have a medical doctor and need one, contact NorthCare member services and staff will assist you in getting a medical provider.

Health care that is coordinated among all health providers has consistently demonstrated improved consumer satisfaction and quality of care. Coordination of care involves:

- Communication among all health care providers involved in your treatment.
- And, if needed, transportation and access to medical and dental appointments through the Upper Peninsula Health Plan at 1-800-835-2556 and/or the Department of Health and Human Services (DHHS).

Corporate Compliance

NorthCare Network believes that an effective compliance program provides a way for reducing fraud and abuse while improving operational quality, improving the quality of health care, and ensuring healthcare dollars are spent efficiently. Through NorthCare's compliance program, we can effectively demonstrate our strong commitment to honest and responsible conduct; the increased likelihood of identification and prevention of criminal and unethical conduct; and a program that educates and encourages employees to report potential problems.

If you suspect any violation of state or federal laws by NorthCare or the CMHSP/SUD provider where you receive services, or if you want more information regarding the compliance program, you are asked to contact the Compliance Officer at NorthCare Network or your local CMHSP. You can also call the confidential Compliance Hotline at: 1-844-260- 0003.

Fraud, Waste and Abuse

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

Examples of Medicaid Fraud:

<ul style="list-style-type: none">- 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 brand-name drugs.- Giving or accepting something of value (cash, gifts, services) in return for medical services, (i.e., kickbacks.)	<ul style="list-style-type: none">- Falsifying cost reports.- <u>Or when someone:</u> lies about their eligibility, lies about their medical condition, forgoes prescriptions, sells their prescriptions drugs to others, loans their Medicaid card to others.- <u>Or when a Health Care Provider Falsely Charges for:</u> missed appointments, unnecessary medical tests, telephoned services.
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*If you think someone is committing fraud, waste, or abuse, you may report it to Corporate Compliance. You may email concerns to Diane Bennett at dbennett@northcarenetwork.org. You can also report any concerns of fraud, waste, and abuse anonymously through NorthCare's Confidential Compliance Helpline by calling 1-844-260-0003 or e-mailing reports@lighthouse-services.com. You may also report them via the internet at <http://www.lighthouse-services.com/northcare>. **Your report will be confidential, and you may not be retaliated against.***

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

Online at: www.michigan.gov/fraud

Call them at: 855-MI-FRAUD (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 compliant, 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.

Emergency and After-Hours Access to Services

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

If you have a behavioral health emergency, you should seek help right away. At any time during the day or night call: your local emergency number located on pages 3-4 of this handbook or dial 911.

Please note: if you utilize a hospital emergency room, there may be health-care services provided to you as part of the hospital treatment that you receive 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's 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 community mental health (CMH) will help you coordinate your post-stabilization services.

You may utilize any hospital or emergency care setting (Upper Peninsula Hospitals are listed below).

Upper Peninsula Hospitals		
Baraga County Memorial 18341 U.S. Highway 41 L'Anse, MI 49946 (906) 524-3300	U.P. Health System Bell Hospital 901 Lakeshore Drive Ishpeming, MI 49849 (906) 486-4431	Dickinson County Healthcare System 1721 S. Stephenson Avenue Iron Mountain, MI 49801 (906) 774-1313
Aspirus Ironwood Hospital N10561 Grand View Lane Ironwood, MI 49938 (906)932-2525	Helen Newberry Joy Hospital 502 West Harrie Street Newberry, MI 49868 (906)293-9215	Aspirus Iron River Hospital 1400 West Ice Lake Road Iron River, MI 49935 (906)265-6121
Aspirus Keweenaw Hospital 205 Osceola Street Laurium, MI 49913 (906) 337-6500	Mackinac Straits Hospital 1140 North State Street St. Ignace, MI 49781 (906) 643-8585	U.P. Health System-Marquette Duke LifePoint 850 West Baraga Ave. Marquette, MI 49855 (906) 449-3000
Munising Memorial Hospital 1500 Sand Point Road Munising, MI 49862 (906) 387-4110	Aspirus Ontonagon Hospital 601 South Seventh Street Ontonagon, MI 49953 (906) 884-8000	OSF St. Francis Hospital 3401 Ludington Street Escanaba, MI 49829 (906) 786-3311
U.P. Health System Portage 500 Campus Drive Hancock, MI 49930 (906) 483-1000	Sault Tribe Health Center 2864 Ashmun Street Sault Ste. Marie, MI 49783 (906) 632-5200	Schoolcraft Memorial Hospital 7870 W US Hwy 2 Manistique, MI 49854 (906) 341-3200
War Memorial Hospital 500 Osborn Blvd Sault Ste. Marie, MI 49783 (906) 635-4460		

The National Suicide Prevention Lifeline — 1-800-273-TALK (8255) — provides round-the-clock, immediate assistance anywhere in the United States.

Grievance and Appeals Processes

Grievances

*You have the right to say that you are unhappy with your services or supports or the staff who provide them, by filing a “grievance.” You can file a grievance any time by calling, visiting, or writing to your local community mental health or substance use disorder provider (addresses & phone numbers listed on pages 3 – 8 of this handbook; or by calling NorthCare Network Customer Services). Assistance is available in the filing process by contacting your local agency, contact information is listed on page 3-8 of this handbook. Grievances can be filed either orally or in writing. In most cases, your grievance will be resolved within **90 calendar days** from the date the PIHP/network provider receives your grievance. You will be given detailed information about the grievance and appeal processes when you first start services and then again annually. You may ask for this information at any time by contacting NorthCare Network. NorthCare PIHP will not take punitive action against a provider that files an appeal on behalf of a consumer.*

Once you file a Grievance. The following must occur: We will send an acknowledge letter of the Grievance, notifying you that we have received it and will begin working on it. We must provide you with a written notice of resolution within **90 calendar days** from the day the Grievances was filed. If your Grievance is not resolved within 90 days, this creates an Adverse Benefit Determination, and you have the right to Def the State Fair Hearing Process (See below for more information of the Fair Hearing Process.)

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 Benefit Determination. We will acknowledge your appeal request by sending you a letter.*

You may:

- *Ask for a “Local Appeal” by contacting NorthCare at 1-888-333-8030 and/or by calling your local community mental health agency.*

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

You may ask for assistance from NorthCare Customer Service, to file an appeal.

If you are not covered by Medicaid and wish to appeal a denial of Substance Use Disorder Services, contact the NorthCare SA Coordinating Agency at 1-800-305-6564.

State Fair Hearing

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 Benefit Determination), you may continue to receive your same level of service(s) while your internal appeal is pending. You will need to state in your appeal request that you are asking for your service(s) to continue.*

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

If your benefits are continued, you can keep getting the service(s) until one of the following happens: 1) you withdraw the appeal or State Fair Hearing request; or 2) all entities that 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 service(s) that you received while your appeal was pending if the final resolution upholds the denial of your request for coverage or payment of a service. State policy will determine if you will be required to repay the cost of any continued benefits.

Medicaid Fair Hearings Rights & Responsibilities

You may request a Medicaid Fair Hearing when:

- You have already completed a local appeal and the decision has been upheld.
- Or when the PIHP/CMHSP has failed to provide notice of an adverse benefit determination timely or has not followed the timely requirement for resolution of a Grievances and/or Appeal.

You have **120 days to request a fair hearing** after you have been notified in writing of the notice of resolution on your local appeal to request a Medicaid State Fair Hearing. Remember that you must complete and exhaust the local appeal process first.

All denials, reductions, terminations, or suspensions of Medicaid services must be provided to you in writing. This document is called a Notice of Adverse Benefit Determination. If Medicaid services have been denied, terminated, reduced, or suspended and this denial, termination, reduction, or suspension has not been given to you in writing, you may still request a state fair hearing.

Most State Fair Hearings will be held over the telephone. The Administrative Law Judge (ALJ) remains in his/her office and connects all parties by phone. You may remain at home or go to your local community mental health agency or substance use disorder agency. You may request an in-person hearing. The hearing will be held at your local community mental health agency. An attorney, friend, client advocate, or a family member may represent you. The Department of Health and Human Services cannot provide you with an attorney or pay attorney fees. You must inform the Department of Health and Human Services, in writing, of the name of your hearing representative.

The ALJ will not decide your case at the hearing. You will receive a written Decision and Order from the judge in the mail. If you are dissatisfied with the Decision and Order, you may appeal to the Circuit Court of the county in which you live and/or request in writing a rehearing with the Administrative Tribunal within thirty **(30) days** of your receipt of the Decision and Order. A provider can appeal on behalf of a consumer.

IF YOU HAVE QUESTIONS, PLEASE WRITE or CALL:

Administrative Tribunal

Michigan Department of Health and Human Services
1033 Washington
P.O. Box 30763
Lansing, MI 48909-7695
Fax #: 517-334-9505

Email: administrativetribunal@michigan.gov 1-877-833-0870

Contact **Kayti Lancour- Valiquette, NorthCare Network Customer Service Specialist**, at 1-888-333-8030 if you have questions about filing for a Fair Hearing.

Accessibility and Accommodations

Language Assistance: *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 Prepaid Inpatient health Plan (PIHP) Contractor, Community mental Health Services Plan (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 your local CMH Customer Service Line at the following TTY phone number: Located on pages 3-6.

If you need a sign language interpreter, contact your local CMH 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 your Local CMH Customer Service Line located on pages 3-6, 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 PIHP 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 PIHP. If you need more information or if you have questions about accessibility or service/support animals, contact customer services at your local CMH (phone*

If you need to request an accommodation on behalf of yourself, a family member, or a friend, you can contact NorthCare Customer Service at 1-888-333-8030 or contact your local customer service representatives and the phone number listed

on pages 3-6. 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 is responsible at the agency for handling accommodation requests.

If you are a person 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), contact NorthCare Customer Services office at 1-888-333-8030 or by email at klancour@northcarenetwork.org. Communication devices and CART are available at no cost to you.

Person-Centered Planning

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

The process begins when you determine whom, beside yourself, you would like at the person-centered planning meetings, such as family members or friends, and what staff from your local community mental health agency 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 supports, services, or treatment you need, who you would like to provide this service, how often you need the service, and where it will be provided. You have the right, under Federal and State laws, to a choice of providers.

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

You have the right to “independent facilitation” of the person-centered planning process. This means that you may request that someone other than your local community mental health agency staff conduct your planning meetings. You have the right to choose from available independent facilitators.

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

Are there limits to Person-Centered Planning? Person-centered planning does not guarantee that the supports, services, and/or treatment nor the amount of them you might like to have can be provided by the public mental health system. What is provided by the public mental health system will depend upon the available resources (such as funding and staffing), rules and regulations that govern the program or funding system, and/or the judgment of the program administrator(s) as to feasibility, appropriateness, and safety of such support, service, or treatment (Source: Your Rights: When Receiving Mental Health Services in Michigan).

Topics Covered during Person-Centered Planning. During person-centered planning, you will be told about psychiatric advance directives, a crisis plan, and self-direction (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 individuals, including family, friends, and service providers, know what you want when you cannot speak for yourself. (More on this below)

If you do not believe you have received appropriate information regarding Psychiatric Advance Directives from your PIHP, please contact your local customer service office 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 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 of planning are friends or relatives to be called, medication preferences, care of children and 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.

Independent Facilitation

An Independent Facilitator assists consumers with understanding and moving through the person-centered planning process. Consumers of developmental disability and mental health services have a right to person-centered planning, which includes the right to choose a trained helper called an Independent Facilitator. Independent facilitation is not available to consumers receiving short-term outpatient, medication only, or SUD services.

An Independent Facilitator is **NOT** an advocate. An Independent Facilitator is neutral. He or she walks the consumers through the process but does not promote a particular viewpoint. Independent Facilitators receive special training so that they can help consumers understand their choices.

Contact NorthCare Network at 1-888-333-8030 if you are interested in finding out more about Independent Facilitators. NorthCare staff will help secure an Independent Facilitator that you agree to. You always have the right to ask for a different Independent Facilitator if you would like.

Advance Directives

The laws regarding Advance Directives are complicated. NorthCare and your local community mental health agency are committed to helping you learn the whole process. The advance directive basics and a few critical definitions will help get you started. The following definitions come from **Michigan Public Act 386 of 1998**. NOTE: Grievances regarding advanced directives may be filed with Customer Services. Providers may not determine services or care based on whether the individual has executed an advance directive.

Who Can Name a Patient Advocate? An individual 18 years of age or older who is of sound mind at the time a patient advocate designation is made may designate in writing another individual who is 18 years of age or older to exercise powers concerning care, custody, and medical or mental health treatment decisions for the individual making the patient advocate designation.

What is a Patient Advocate? A patient advocate designation must be in writing, signed, witnessed as provided in subsection (4), dated, executed voluntarily, and, before its implementation, made part of the patient's medical record with, as applicable, the patient's attending physician, the mental health professional providing treatment to the patient, the facility where the patient is located, or the community mental health services program or hospital that is providing mental health services to the patient.

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.

More About Psychiatric Advance Directives

Why Should I Create a Psychiatric Advance Directive? It is your choice whether to create a psychiatric advance directive. Your local community mental health agency can assist you in developing a plan. In a psychiatric advance directive, you will name a patient advocate who will help manage your mental health care needs when you cannot do so. The psychiatric advance directive will not qualify for any physical illnesses, accidents, or terminal illness.

When Would My Patient Advocate Make Decisions for Me? A patient advocate may exercise the power to make mental health treatment decisions only if a physician and a mental health practitioner both certify, in writing and after examination of the patient, that the patient is unable to give informed consent to mental health treatment.

What If I Change My Mind? The patient's withdrawal of the patient advocate designation — **subject to Section 5515** — even if the patient is unable to participate in medical treatment decisions, a patient may revoke a patient advocate designation at any time and in any manner by which he or she is able to communicate an intent to revoke the patient advocate designation.

How Can I Learn More About Psychiatric Advance Directives? The psychiatric advance directive policy and references are available on the NorthCare website: www.northcarenetwork.org. Copies of psychiatric advance directive forms, including the NorthCare's form "My Plan for Difficult Times", are also available there.

Recipient Rights

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

- *The right to be free from abuse and neglect*
- *The right to confidentiality*
- *The right to be treated with dignity and respect*
- *The right to treatment suited to condition*
- *The right to participate in decisions regarding your health care, including the right to refuse treatment.*

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

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

If you receive substance abuse services, you have rights protected by the Public Health Code. These rights will also be explained to you when you start services and then once again every year. You can find more information about your rights while getting SUD services in the “Know Your Rights” pamphlet. You can also contact NorthCare’s Recipient Rights Officer, Kayti Lancour, at 1-888-333-8030, or the recipient rights officer through your SUD Provider.

You may contact your local community behavioral health services program to talk with a Recipient Rights Officer with any questions you may have about your rights or to get help making a complaint. Customer Services can also help you file a complaint.

You can contact the Community Mental Health Office of Recipient Rights at:

County		Phone Numbers for Recipient Rights
Alger (Pathways)	Faye Witte	(906) 233-1201 or 1-888-728-4929
Baraga (Copper)	Sarah Rousseau	(906) 482-9400 or 1-800-526-5059
Chippewa (Hiawatha)	Elizabeth Eidenier	(906) 635-3715 or 1-800-839-9443
Delta (Pathways)	Faye Witte or Cheryl Corden	(906) 233-1201 or 906-233-13989 or 1-888-728-4929
Dickinson (Northpointe)	Katie Smith	(906) 779-0555 or 1-800-750-0522
Gogebic (Gogebic)	Kristina Potesta	(906) 229-6104 or 906-229-6120
Houghton (Copper)	Sarah Rousseau	(906) 482-9400 or 1-800-526-5059
Iron (Northpointe)	Katie Smith	(906) 779-0555 or 1-800-750-0522
Keweenaw (Copper)	Sarah Rousseau	(906) 482-9400 or 1-800-526-5059
Luce (Pathways)	Faye Witte	(906) 233-1201 or 1-888-728-4929
Marquette (Pathways)	Casey O’Connor	(906) 225-7237 or 1-888-728-4929
Mackinac (Hiawatha)	Elizabeth Eidenier	(906) 635-3715 or 1-800-839-9443
Menominee (Northpointe)	Katie Smith	(906) 779-0555 or 1-800-750-0522
Ontonagon (Copper)	Sarah Rousseau	(906) 482-9400 or 1-800-526-5059
Schoolcraft (Hiawatha)	Elizabeth Eidenier	(906) 635-3715 or 1-800-839-9443

You can contact your Substance Use Disorder Office of Recipient Rights at:

Substance Use Disorder Provider	Recipient Rights Officers Email Address & Phone Number	Phone Numbers & Email Address
Catholic Social Services	Linda Featherstone	906-227-9118 lfeatherstone@cssup.org
DOT Caring	Kim Murphy	989-790-3366 kmurphy@dotcaring.com
Great Lakes Recovery Centers	Natalie Patron	(906)630-2511 Npatron@greatlakesrecovery.org
Keweenaw Bay Indian Community Outpatient	Cheryl Bogda	906-524-4411 kbiccb@up.net
Lac View Desert Behavioral Health	Connie Holt	906-358-4587 cholt@lvdhealthcenter.com
New Day Residential Treatment Center	Julie Rasanen	906-353-8121 kbicjr@up.net
Phoenix House	Patti Timmons	906-370-0159 ptimmons5820@charter.net
Upper Great Lakes Family Health	Bailey Patrick	906-483-1349 Bailey.patrick@uglhealth.org
Bear River Health	Tina Splan	231-758-4581 Tina.splan@bearriverhealth.com
Sacred Heart	Tammy Murray	810-392-2167 tmurray@sacredheartcenter.com

Or you can contact Customer Services at the number listed on pages 4-6

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

Recovery & 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 destinations. Recovery is a process 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 individuals with a mental illness and/or 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, but rather a challenge. If a relapse is prepared for, and the tools and skills that have been learned throughout the recovery journey are used, an individual can overcome and come out a stronger individual. It takes time, and that is why **Recovery** is a process that will lead to a future that holds days of pleasure and the energy to persevere through the trials of life.*

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

Glossary

Access: The entry point to the Prepaid Inpatient Health Plan (PIHP), sometimes called an “access center,” where Medicaid beneficiaries call or go to request 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 service, 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 payment for a service.
- Failure to make a standard authorization decision and provide notice about the decision within **14 calendar days** from the date of receipt of a standard request for service.
- Failure to make an expedited authorization decision within **72 hours** from the date of receipt of a request for expedited service authorization.
- Failure to provide services within **14 calendar days** of the start date agreed upon during the person-centered planning (PCP) and as authorized by the PIHP.
- Failure of the PIHP to act within **30 calendar days** from the date of a request for a standard appeal.
- Failure of the PIHP to act within **72 hours** from the date of a request for an expedited appeal.
- Failure of the PIHP to provide disposition and notice of a local grievance/complaint within **90 calendar days** of the date of the request.

Amount, Duration, and Scope: Terms to describe how much, how long, and in what ways the Medicaid services that are listed in an individual’s individual plan of service (IPOS) will be provided.

Appeal: A review of an adverse benefit determination.

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 disabilities (ID), developmental disabilities (DD), mental illness in both adults and children, and substance use disorders.

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

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

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

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

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

Durable Medical Equipment (DME): Any equipment that provides therapeutic benefits to an individual in need because of certain medical conditions and/or illnesses. 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 Services/Care: Covered services that are given by a provider trained to give emergency services and needed to treat a medical/behavioral emergency.

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

Flint 1115 Demonstration Waiver: The demonstration waiver expands coverage to children up to age 21 years and to pregnant women with incomes up to and including 400 percent of the federal poverty level (FPL) who were served by the Flint water system from April 2014 through a State-specified date. This demonstration is approved in accordance with section 1115(a) of the Social Security Act, and is effective as of March 3, 2016, the date of the signed approval through February 28, 2021. Medicaid-eligible children and pregnant women who were served by the Flint water system during the specified period will be eligible for all services covered under the state plan. All such individuals will have access to Targeted Case Management services under a fee for service contract between the State 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 an individual keep, learn, or improve skills and functioning for daily living.

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: An 1115 Demonstration project that 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 (MPM) contains complete definitions of the available services as well as eligibility criteria and provider qualifications. The MPM may be accessed at: http://www.michigan.gov/mdhhs/0,4612,7-132-2945_42542_42543_42546_42553-87572--,00.html

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

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

Hospice Services: Care designed to give supportive care to 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 individuals 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.

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

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

MDHHS: An acronym for Michigan Department of Health and Human Services. This State department, located in Lansing, oversees public-funded services provided in local communities and State facilities to 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/her mental health, or developmental disability or substance use (or any other medical) condition. Some services assess needs and some services help maintain or improve functioning. The PIHP is unable to authorize (pay for) or provide services that are not determined as medically necessary for you.

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

MIChild: A Michigan health care program for children who are under age 19 administered by the MDHHS. It is for the low-income uninsured children of Michigan's working families. MIChild has a higher income limit than U-19 Medicaid. There is only an income test. There is a \$10 per family monthly premium for MIChild. The \$10 monthly premium is for all the children in one family. The child must be enrolled in MIChild health and dental plan to receive services. Beneficiaries receive a comprehensive package of health care benefits including vision, dental, and mental health services. Contact MDHHS customer service 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 and services to its members.

Non-Participating Provider: A provider or facility that is not employed, owned, or operated by the PHIP and/or 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 (SUD), intellectual disability (ID), developmental disability (DD), 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 beneficiaries an extra amount. Participating providers are also called network providers.

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

PIHP: An acronym for Prepaid Inpatient Health Plan. A PIHP is an organization that manages the Medicaid mental health, developmental disabilities, and substance abuse services in their geographic area under contract with the State. There are 10 PIHPs in Michigan and each one is organized as a Regional Entity or a Community Mental Health Service Program according to the Mental Health Code.

Post-stabilization Care Services: As defined in 42 CFR 438.114(a), covered specialty services specified in this Contract that are related to an emergency medical condition and that are provided after a beneficiary is stabilized in order to maintain the stabilized condition, or, under the circumstances described in 42 CFR 438.114€, to improve or resolve the beneficiary's condition.

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

Premium: An amount to be paid for an insurance policy, a sum added to an ordinary price or charge.

Prescription Drugs: 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 professionals who provide health care services. Sometimes, the term refers only to physicians. Often, however, the term also refers to other healthcare professionals such as hospitals, nurse practitioners, chiropractors, physical therapists, and others offering specialized healthcare services.

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.

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 an individual was sick, hurt, or disabled. These services may include physical and occupational therapy and speech-language pathology and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings.

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

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

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

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

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 a 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/her practice.

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

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.

Service Array: Medicaid Specialty Supports and Services Descriptions

Note: If you are a Medicaid beneficiary and have a serious mental illness, serious emotional disturbance, developmental disabilities, 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 people who come to us are eligible, and not all services are available to everyone we serve. If a service cannot help you, your community mental health provider will not pay for it. Medicaid will not pay for services that are otherwise available to you from other resources in the community.

During the person-centered planning process, you will be helped to figure out the medically necessary services that you need, and the sufficient amount, scope, and duration required to achieve the purpose of those services. You will also be able to choose who provides your supports and services. You will receive an individual plan of service that provides all of this information.

In addition to meeting medically necessary criteria, services listed below marked with an asterisk (*) require a doctor's prescription. The pharmacy benefit is managed by the Upper Peninsula Health Plan.

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

http://www.michigan.gov/mdhhs/0,4612,7-132-2945_42542_42543_42546_42553-87572--,00.html.

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

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 use disorder screening, or other assessments conducted to determine an individual's level of functioning and behavioral health treatment needs. Physical health assessments are not part of this PIHP service.

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

Autism Services provide for 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 Early Periodic Screening Diagnosis and Treatment (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 17 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 that they or others who work with them want to change, their individual plan of services may include a plan that talks about the behavior. This plan is often called a "behavior treatment plan." The behavior management plan is developed during person-centered planning and then is approved and reviewed regularly by a team of specialists to make sure that it is effective and dignified and continues to meet the person's needs.*

Behavioral Treatment Services/Applied Behavior Analysis are services for children under 21 years of age with autism spectrum disorders (ASD).

Clubhouse Programs are programs 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 that help adults with either serious mental illness or developmental disabilities live independently and participate actively in the community. Community Living Supports may also help families who have children with special needs (such as developmental disabilities or a 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 wellbeing.

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

Early Periodic Screening, Diagnosis and Treatment (EPSDT) provides a comprehensive array of prevention, diagnostic, and treatment services for low-income infants, children, and adolescents under the age of 21 years, as specified in Section 1905(a)(4)(B) of the Social Security Act (the Act) and defined in 42 U.S.C. § 1396d(r)(5) and 42 CFR 441.50 or its successive regulation.

The EPSDT benefit is more robust than the Medicaid benefit for adults and is designed to assure that children receive early detection and care, so that health problems are averted or diagnosed and treated as early as possible. Health plans are required to comply with all EPSDT requirements for their Medicaid enrollees under the age of 21 years. EPSDT entitles Medicaid and Children's Health.

Insurance Program (CHIP) enrollees under the age of 21 years, to any treatment or procedure that fits within any of the categories of Medicaid-covered services listed in Section 1905(a) of the Act if that treatment or service is necessary to "correct or ameliorate" defects and physical and mental illnesses or conditions.

This requirement results in a comprehensive health benefit for children under age 21 enrolled in Medicaid in addition to the covered services listed above, Medicaid must provide any other medical or remedial care, even if 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 your health condition(s) when an individual's Medicaid Health Plan does not cover these items.*

****Environmental Modifications** are physical changes to an individual's home, car, or work environment that are of direct medical or remedial benefit to the person. Modifications ensure access, protect health and safety, or enable greater independence for an individual with physical disabilities. **Note:** 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 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-directed" approach.*

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

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

Healthy Michigan Plan is an 1115 Demonstration project that 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 mental health and substance abuse services. The Michigan Medicaid Provider Manual contains complete definitions of the available services as well as eligibility criteria and provider qualifications. The manual may be assessed at:

http://www.michigan.gov/mdhhs/0,4612,7-132-2945_42542_42546_42553-87572--,00.html

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

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

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 individual's home or in another community setting.

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

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

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

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

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

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

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 individuals with serious

mental illness in their individual recovery journey and are provided by individuals who are in recovery from serious mental illness. Peer mentors help people with developmental disabilities.

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

***Physical Therapy** includes the evaluation by a physical therapist of an individual'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 individuals eligible for specialty services. Respite provides temporary alternative care, either in the family home or another community setting chosen by the family.

Skill-Building Assistance includes supports, services and training to help an individual 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 individual'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 Use Disorder Treatment Services (descriptions follow the behavioral health services)

Supports Coordination or Targeted Case Management is a staff who helps write an individual plan of service and makes sure the services are delivered. His or her role is to listen to a individual'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 an individual 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 jobsite, 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 an individual's home in order for them to take part in a non-medical Medicaid-covered service.

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

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

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

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

Goods and Services (for HSW enrollees) is a non-staff service that replaces the assistance that staff would be hired to provide. This service, used in conjunction with a self-direction arrangement, provides assistance to increase independence, facilitate productivity, or promote community inclusion.

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

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

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

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

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

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

Services for Persons with Substance Use Disorders (SUD)

The Substance Use Disorder treatment services listed below are covered by Medicaid. These services are available through NorthCare SUD coordinating agency providers.

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

Outpatient Treatment includes therapy/counseling for the individual and the 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 Levacetylmethadol (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 community mental health services, your local community mental health services program will work with your primary care doctor to coordinate your physical and behavioral health services. If you do not have a primary care doctor, your local community mental health services program will help you find one.

Note: Home Help Program is another service available to Medicaid beneficiaries who require in-home assistance with activities of daily living and household chores. To learn more about this service, you may call the local Michigan Department of Human Services' number listed on page 37 - 38 or contact your local customer service for assistance office (see phone numbers listed in the footer of each page).

Mental Health and Substance Use Disorder Services

Mental Health Services:

- Crisis interventions for mental health-related emergency situations and/or conditions.
- Identification, assessment, and diagnostic evaluation to determine the beneficiary's mental health status, condition, and specific needs.
- Inpatient hospital psychiatric care for mentally ill beneficiaries who require care in a 24-hour medically-structured and supervised licensed facility.
- Other medically necessary mental health services:
 - Psychotherapy or counseling (individual, family, or group) when indicated.
 - Interpretation or explanation of results of psychiatric examination, other medical examinations and procedures, or other accumulated data to family or other responsible persons or advising them how to assist the beneficiary.
 - Pharmacological management, including prescription, administration, and review of medication use and affects; or
 - Specialized community mental health clinical and rehabilitation services, including case management, psychosocial interventions and other community supports, as medically necessary, and when utilized as an approved alternative to more restrictive care or placement.

Substance Use Disorder Services:

- Initial assessment, diagnostic evaluation, referral, and patient placement.
- Outpatient treatment:
- Federal Food and Drug Administration (FDA) approved pharmacological supports for Levo-Alpha-Acetyl-Methadol (LAAM) and Methadone only; or
- Other substance use disorder services that may be provided, at the discretion of the PIHP, to enhance outcomes.

Medicaid Health Plan Services: Upper Peninsula Health Care Plan (UPHP)

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

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

**** The pharmacy benefit is managed by the Upper Peninsula Health Plan for both behavioral health and physical health.** If you already are enrolled in the Upper Peninsula Health Plan, you can contact the health plan directly for more information about the services listed above. If you are not enrolled in a health plan or do not know the name of your health plan, you can contact NorthCare Network Access Unit at 1-888-906-9060 for assistance. The Upper Peninsula only has one Health Plan. If you live in the U.P. and are enrolled in a Health Plan, it is the Upper Peninsula Health Care Plan. **See address and contact information listed below.**

Upper Peninsula Health Plan, Administrative Office Website: www.uphp.com

853 West Washington Street, Marquette, MI 49855

Phone: (906) 225-7500 Toll-Free: 1-800-835-2556

Business Hours: 8:00 to 5:00 Monday through Friday (closed most Holidays)

Provider List by County

See Community Mental Health Agencies, Substance Use Disorder (SUD) Agencies, Department of Human Services, or Upper Peninsula Hospitals located earlier in this handbook. The provider listing is given to you at the time of your initial assessment and annually during your Individual Plan of Service (IPOS) meeting. It is also available on the NorthCare website at: www.northcarenetwork.org or your local community mental health agency website. NorthCare or your local community mental health agency will also mail you a copy free of charge at your request within 5 business days.

Community Resource List

A current list of local community resources is available by contacting your local community mental health agency, or your local substance use disorder agency. Local MDHHS office contact information can be found below. There are a few additional resources for your reference, in addition your local service provider should have other resources in

Alzheimer's Association

309 S. Front Street Suite 233 Marquette, MI 49855
800-272-3900

Community Action Alger – Marquette

1125 Commerce Drive Marquette, MI 49855
906-228-6522

Dial Help (Free Helpline) - 1-800-562-7622

Michigan Protection and Advocacy Service INC.

129 W. Baraga Ave. Ste A Marquette, MI
866-928-5910

NAMI Marquette/Alger Co. Affiliate

PO Box 262 Marquette, MI 49855
906-360-7107

Upper Peninsula Commission for Area Progress (UPCAP)

1025 Commerce Dr. Ste B Marquette, MI 49855
906-228-6169

Upper Peninsula 211

Call 2-1-1 Provides information and assistance

SAIL Disability Network 800-379-SAIL (7245)

1200 Wright Street Marquette, MI 49855

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To contact your local Customer Service Staff, contact: Copper Country CMH @ 1-800-526-5059; Gogebic CMH @ 1-906-229-6120; Hiawatha Behavioral Health @ 1-800-839-9443; Northpointe CMH @ 1-800-750-0522; Pathways CMH @ 1-888-728-4929; NorthCare Network @ 1-888-333-8030.

your area.

Local Department of Health and Human Services

Alger County DHHS 413 Maple St. Munising, MI 49862 Phone: (906) 387-4440	Baraga County DHHS P.O. Box 10 108 Main Street Baraga MI 49908 Phone: (906) 353-4700	Chippewa County DHHS 463 East 3 Mile Rd. Sault Ste. Marie MI 49783 Phone: (906) 635-4100
Delta County DHHS 305 Ludington Street Escanaba MI 49829 Phone: (906) 786-5394 TDD: (906) 786-5394	Dickinson County DHHS 1401 Carpenter Ave. Ste. A Iron Mountain MI 49801 Phone: (906) 779-4100	Gogebic County DHHS 301 E. Lead St. Bessemer MI 49911 Phone: (906) 663-6200
Houghton County DHHS 47420 State Hwy M26, Ste 62 Hancock MI 49931 Phone: (906) 482-0500	Iron County DHHS P.O. Box 250 337 Brady Avenue Caspian MI 49915 Phone: (906) 265-9958	Keweenaw County DHHS P.O. Box 351 3616 Highway U.S. 41 Mohawk, MI 49950 Phone: (906) 337-3302
Luce County DHHS P.O. Box 27 500 W. McMillan Newberry MI 49868 Phone: (906) 293-5144	Mackinac County DHHS 199 Ferry Lane Saint Ignace MI 49781 Phone: (906) 643-9550	Marquette County DHHS Courthouse Annex 234 W. Baraga Ave. Marquette MI 49855 Phone: (906) 228-9691
Menominee County DHHS 2612 10th St. Menominee MI 49858 Phone: (906) 863-9965	Ontonagon County DHHS 408 Copper Street, Ste. B Ontonagon MI 49953 Phone: (906) 884-4951	Schoolcraft County DHHS 300 Walnut St. Courthouse, Rm. 175A Manistique MI 49854 Phone: (906) 341-2114

Upper Peninsula Domestic Violence Resources

Baraga County Baraga County Shelter Home – L’Anse, MI – 906-524-7078 Baraga County Shelter Home Outreach Ctr - L’Anse, MI – 906-524-7079 Delta County Tri-County Safe Harbor – Escanaba, MI – 906-789-9207 Gogebic County Domestic Violence Escape (DOVE) – Ironwood, MI – 906-932-4990 Marquette County Women’s Center/Harbor- Marquette MI - 906-225-1346	Chippewa County Diane Peppler Resource Center – Sault Ste. Marie, MI – 906-635-0566 Dickinson County Caring House – Iron Mountain, MI – 906-774-1337 Houghton County <ul style="list-style-type: none"> Barbara Kettle Gundlach Shelter Home for Abused Women – Calumet, MI – 906-337-5632 Dial Help Inc. – Houghton, MI – 906 482-9077 Ontonagon County <ul style="list-style-type: none"> Barbara Kettle Gundlach Center – Ontonagon, MI – 906-884-4004
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Upper Peninsula Drop-In Centers

A Place to Go 204 E. Spruce Street Sault Ste. Marie, MI 49783 906-635-8235 Direction Unlimited 208 Quincy St. Hancock, MI 49930 906-482-4577 Getaway Drop- In 226 W. Superior St. Munising, MI 49862 906-387-1757 Serenity Center 201 N. Douglas Blvd. Ste. 3 Ironwood, MI 49938 906-932-0171	Brantley Center 401 W. Baraga Ave Marquette, MI 49855 906-226-1077 Forever Friendship 101 West B Street Suite B Iron Mountain, MI 49801 906-828-2161 Our Place 918 Ludington St. Escanaba, MI 49829 906-233-7117 Tahqua Journey Drop in Center 302 Newberry Ave Newberry, MI 49868 906-293-9451
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Right to Information about NorthCare Operations

If you are interested in knowing more about NorthCare Network's operations, such as an organizational chart and annual reports, contact NorthCare directly at 1-888-333-8030 to request paper copies which will be sent to you free of charge. These documents as well as any required information will be found on NorthCare website at: www.northcarenetwork.org. Any of these required documents are available in paper form, they are free of charge and will be provided to you within 5 business days of your request.

NorthCare Notice of Privacy Practices

This Notice of Privacy Practices is provided by NorthCare Network, the Prepaid Inpatient Health Plan responsible for managing behavioral health services in the Upper Peninsula of Michigan.

You may also get a Notice of Privacy Practices from your provider.

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records.

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.

- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records.

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications.

- You can ask us to contact you in a specific way (for example, to call a home or office phone, or to send mail to a different address).
- We will consider all reasonable requests and must say “yes” if you tell us, you would be in danger if we do not.

Ask us to limit what we use or share.

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

Get a list of those with whom we’ve shared information.

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within **12 months**.

Get a copy of this privacy notice. You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you.

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated.

- You can complain if you feel we have violated your rights by contacting us using the information on the last page of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care.
- Share information in a disaster relief situation.

If you are not able to tell us your preference — for example, if you are unconscious — we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we **never** share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Psychotherapy notes

Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways.

Help manage the health care treatment you receive. We can use your health information and share it with professionals who are treating you for care coordination purposes.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization.

- We can use and disclose your information to run our organization and contact you, when necessary, unless specifically requested by you or your guardian in writing not to contact you by mail.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

Pay for your health services. We can use and disclose your health information as we pay for your health services.

Example: We share information about you with MDHHS (state Medicaid agency) to coordinate payment for your services.

Administer your plan. We may disclose your health information to your health plan sponsor for plan administration.

Example: We provide MDHHS (Michigan Department of Health and Human Services) with certain statistics to explain the services provided and cost for those services. MDHHS (state Medicaid agency) contracts with NorthCare Network as the Prepaid Inpatient Health Plan (PIHP).

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues. We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research. We can use or share your information for health research.

Comply with the law. We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director.

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests. We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions, such as military, national security, and presidential protective services

Respond to lawsuits and legal actions. We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.

- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

Other Instructions for Notice

- Effective Date of this Notice: 5/1/17
- For further information contact **Diane Bennett, NorthCare Privacy Officer** by:
calling **1-888-333-8030** or **906-936-6843** OR by emailing
scoleman@northcarenetwork.org
- Public Act 559 of 2014 amended the Mental Health Code to allow for the broader sharing of mental health records; effective 4/10/17. Information may be disclosed under one or more of the following circumstances:
 - As necessary for the recipient to apply for or receive benefits.
 - As necessary for treatment, coordination of care, or payment for the delivery of mental health services, in accordance with the health insurance portability and accountability act of 1996, Public Law 104-191.
 - As necessary for the purpose of outside research, evaluation, accreditation, or statistical compilation. The individual who is the subject of the information shall not be identified in the disclosed information unless the identification is essential to achieve the purpose for which the information is sought or if preventing the identification would clearly be impractical, but not if the subject of the information is likely to be harmed by the identification.
 - To a provider of mental or other health services or a public agency, if there is a compelling need for disclosure based upon a substantial probability of harm to the recipient or other individuals.
- 42 C.F.R. Part 2 prohibits the sharing of substance use disorder treatment records. Information related to a consumer's commission of a crime on the premises or against personnel is not protected. Reports of suspected child abuse and neglect made under state law to appropriate authorities are not protected.

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Last Update: 12/19/25