

# NorthCare News

January, 2015



200 W. Spring St Suite 2  
Marquette MI 49855

## From the CEO

It has been an amazing and busy year for NorthCare Network. Major projects were completed to consolidate administrative work, contain costs, and better coordinate care. Consolidation efforts included:

- A successful Application for Participation resulting in NorthCare becoming an independent regional Prepaid Inpatient Health Plan (PIHP) in the Upper Peninsula as of January 1, 2014. The new Board of Directors met in January 2014 with a membership of three board members from each of the five Community Mental Health Boards in the Upper Peninsula.
- NorthCare become an accredited Health Plan under URAC. The application and accreditation helped drive the development of uniform policies and procedures across the UP so that all providers in the network now follow the same standards while providing clinical care. This creates efficiencies in our oversight of our extensive behavioral health provider network.
- On October 1, 2014, NorthCare assumed responsibility for management of the Substance Use Disorders benefits formerly managed by two Coordinating Agencies in the Upper Peninsula. This allows for greater uniformity of benefits management and additional funding for direct treatment and prevention services. As part of this effort, NorthCare developed a regional Substance Use Disorders Advisory Board with appointed representatives from each of the Upper Peninsula's fifteen counties. This Board acts as a committee of the NorthCare Network governing board and approves expenditures of local tax revenues dedicated to Substance Use Disorder services and advises the NorthCare Network governing board on matters related to the funding and delivery of Substance Use Disorder (SUD) services.

Cost containment and coordination of care go hand in hand. With timely sharing of information, health providers will be able to provide the best care without duplication of services or tests. To improve efforts in both areas, NorthCare, working with MDCH and the Upper Peninsula Health Plan (UPHP) has:

- Received \$350,000 in grant funding in FY15 from MDCH for a regional project to create electronic messaging between UPHP primary care providers and NorthCare Network behavioral health care providers. This joint project will allow real time exchange of authorized information between your health care team members.
- NorthCare is working with the Upper Peninsula Health Plan and MDCH, on a pilot project to integrate the management of behavioral and physical health benefits for persons dually enrolled in Medicare and Medicaid. The MI Health Link pilot will go live March 1, 2015 in the Upper Peninsula.
- On October 2, 2014 NorthCare assumed responsibility for the management of MI Child benefits for behavioral health, previously managed by the CMHSP providers. NorthCare is also participating in a youth suicide prevention project to be funded with federal block grant dollars.

Challenge and change are consistent themes for NorthCare Network as we continue with our mission. "NorthCare Network ensures that every eligible recipient receives specialty mental health and substance use disorders services and supports through the responsible management of regional resources."

We thank you for your continued interest and support.

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## Steps to Improve Choice in Housing and Employment

NorthCare Network wants to be sure the rights of people with disabilities, described in the American's with Disabilities Act (ADA) are protected. These rights include getting services in a setting that allows people with disabilities to interact or mingle with nondisabled people as much as they would like. NorthCare's plan includes:

- Adding a series of questions to the pre-planning process of treatment plan development to be sure there is a good conversation about housing and /or meaningful work. Documentation of that conversation to reflect the individual's choices about where to live and what goals they have about meaningful work and /or making money.
- Reviewing the records of individuals who are receiving employment and/or residential services to verify the professionals working with them are respecting and supporting the housing, work, and leisure preferences of people with disabilities.
- Supporting the regional community mental health agencies by providing training opportunities and outcome reports on employment activities to increase the number of individuals working in community settings rather than in segregated, sheltered workshops.
- **AND--**to continue educating all of the people we serve – you and your families-- about your right to actively participate in planning a life with a safe and stable home and meaningful daily activities such as a job, school, or volunteerism and the independence, income and resources to participate in society.

We urge you to talk with your family, other supportive people in your life, or the people who provide services with you—and be sure they know what you want to improve and change in your life.

## NorthCare Network Receives URAC Health Plan Accreditation

NorthCare Network has been awarded Health Plan Accreditation from URAC, an accrediting organization that establishes quality standards for the health care industry. URAC's Health Plan Standards address key issues focusing on quality improvement activities that promote patient safety.

"We are very pleased to have been awarded this important accreditation. This is the culmination of many months of preparation and reflects the diligence and commitment of the staff at NorthCare Network to quality standards and accountability in health care", stated William Slavin, NorthCare CEO.

"By applying for and receiving URAC accreditation, NorthCare Network has demonstrated a commitment to quality health care," said URAC Chief Operating Officer William Vandervennet. "Quality health care is crucial to our nation's welfare and it is important to have organizations that are willing to measure themselves against national standards and undergo rigorous evaluation by an independent accrediting body."

Health plans that earn the URAC accreditation seal of approval are among the best in the nation, giving consumers, employers, and governmental agencies the added level of confidence that an independent third-party has evaluated and will continue to monitor the health plan for adherence to accreditation standards for quality and customer service. URAC accreditation is a nationally recognized symbol of excellence, respected throughout the industry and by the federal and state governments as an assurance that accredited organizations meet rigorous standards of quality and operational integrity that emphasize consumer protection and patient engagement.

For more information regarding URAC accreditation, visit [www.urac.org](http://www.urac.org).

## Measuring Recovery in the Upper Peninsula

In July 2013, the Michigan Department of Community Health asked NorthCare to measure the extent to which we had made our vision of recovery a reality. The assignment was: *"Select a region-wide behavioral health recovery survey tool as a continuous quality improvement project in partnership with a group of stakeholder ....with a majority of members being people with lived experience."*

## Measuring Recovery Continued...

In the fall of 2013, a volunteer workgroup (with over half of the membership being individuals with lived experience) began an intensive review of recovery survey tools. Working with the regional Quality Improvement Committee (who is responsible to conduct the annual consumer satisfaction surveys) they developed the survey tool below. Both groups agreed that one way to reduce the number of surveys sent out to individuals who receive services was to combine the existing annual survey with the new recovery survey and have the entire survey on one sheet of paper. Part B—the recovery survey –could be placed on the back of the page. The new two sided survey was implemented for surveys from January 2014 through September 2014. Below are the responses from individuals receiving services at four of the CMHSPs. One Board did not provide data in FY14.

**Statement 1:** 72.6 % agree they are hopeful about the future; 4% disagree, and 14.2 % are unsure.

**Statement 2:** 82.6 % agree they are willing to ask for help; 1.6 % disagree, and 6.7 % are unsure.

**Statement 3:** 66.7 % agree with the belief I can meet my current goals; 2.7 % disagree; and 15.6 % are unsure.

**Statement 4:** 81.2 % agree they have people they can count on; 3 % disagree; and 15.6 % are unsure

**Statement 5:** 49.5 % agree that coping with their mental illness is no longer the main focus of their life; 16.8 % disagree; and 19.6 % are unsure.

**Statement 6:** 53 % agree that symptoms are interfering less with their lives; 14.9 % disagree; and 19 % are unsure.

**Statement 7:** 76.7 % agree that community mental health services and supports are helping them in their recovery; 4.6 % disagree; and 6.4 % are not sure.

**Positive findings:** The surveys indicate over 70 % of those who responded are hopeful about the future; are willing to ask for help; have people they can count on and believe that the CMHSPs are helping in their recovery. Further, 67 % believe they can meet their current personal goals.

**Challenges for the future:** Approximately half of the individuals answering this survey were not yet experiencing a full life, as their symptoms and coping with their illness were still dominating their lives.

49.5 % agreed with Statement 5 –“Coping with my mental illness is no longer the main focus of my life. This Statement also had the highest number of individuals who were not sure about agreeing or disagreeing as well as the highest % of those who disagreed: 16.8 %.

53% agreed with Statement 6 that symptoms are interfering less with their lives.

## Annual Satisfaction Data – We Want To Hear from YOU!

Each year, NorthCare providers send surveys to individuals receiving services to learn whether or not people are satisfied with the services they receive. The 2014 survey scores indicate a high level of overall satisfaction. Surveys were mailed to **3650 consumers of mental health services** and 693 of those were completed and returned resulting in a 18.99% rate of return. Satisfaction ratings for the 10 questions asked range from 87% to 98% with an average rating for all questions being 96%. One question that captures satisfaction is whether someone would recommend these services to a friend or family member. 96% of the responses to this question reported they would in fact recommend the services.

Surveys were mailed to **241 consumers of substance abuse services** and 9 of those were completed and returned - a 3.7% rate of return. While 3.7% is a very low rate of return, 100% of the surveys return noted they were satisfied with their services. All nine completed surveys also reported they would recommend the services to a friend or family member.

The Community Mental Health agencies and Substance Abuse agencies across the Upper Peninsula will continue to assess consumer/client satisfaction and respond to comments submitted as part of this survey process. The goal is to identify improvement initiatives that will maintain satisfaction ratings. Since no one is perfect, we encourage you to share your difficult experiences as well as positive experiences regarding your mental health and substance abuse services. By giving specific feedback of what you do or do not like, we will be able to make changes to improve services and quality of care.

## Don't Stay Home Alone This Winter: Visit your local Drop-In Center

With all the activities offered at the Drop Ins across the UP, you do not have to stay home alone this winter. The Drop Ins offer a safe and pleasant spot in our communities for people to go and enjoy group and individual activities. The Drop Ins are staffed by peers and volunteers who get input from the members about what activities should be offered during the year. As the long winter continues, it is even more important to reach out and expand our social networks. Below is the contact information for the seven Drop Ins across the region. The Drop In Directors are available to help anyone interested in exploring membership to find out if the Drop In is the right place for you. Exciting news: the Getaway Drop In in Munising has re-opened and is ready to share social and educational opportunities with adults in the community who are living with mental illness. Turn to page 11 for specifics about the types of programs and fun gatherings offered at the different centers.

### A Place to Go

**Director: Pat Soule**

[soulep@live.com](mailto:soulepat@live.com)

906-635-8235 or 8238

204 E Spruce St

Sault Ste. Marie, MI 49783

Liaison—Christina Korson

### Brantley Center

**Director: Colleen Jokinen**

[brantley\\_dropin@hotmail.com](mailto:brantley_dropin@hotmail.com)

906-226-1077

401 W Baraga

Marquette, MI 49855

Liaison—Kirk Matthews

### Directions Unlimited

**Director: Angie Kilpela**

[angiek02@hotmail.com](mailto:angiek02@hotmail.com)

906-482-4577

208 Quincy Street

Hancock, MI 49930

Liaison—Tami Anderson

### The Getaway

**Director: Angela Davis**

[peanutd1974@yahoo.com](mailto:peanutd1974@yahoo.com)

906-387-1757

226 W Superior

Munising, MI 49862

Liaison—Sandy Gribbell

### Our Place

**Director: Melissa Wartella**

[carpenterheirloomphotography@hotmail.com](mailto:carpenterheirloomphotography@hotmail.com)

906-233-7117

918 Ludington Escanaba, MI 49829

Liaison—Michael St. John

### Rainbow's End

**Director: Peggy Chambers**

[peggychambers81@yahoo.com](mailto:peggychambers81@yahoo.com)

906-293-9451

302 Newberry Ave

Newberry, MI 49868

Staff Liaison—Sandy Gribbell

### Serenity Center

**Director: John Bartholomay**

[jbartholomay@gccmh.org](mailto:jbartholomay@gccmh.org)

906--932-0171

201 North Douglas Blvd. Suite 3  
& 4.—new address for the  
Serenity Center!

Ironwood, MI 49938

Liaison—Angie Pope



## Upper Peninsula Recovery Conference

The Recovery and Beyond Conference was held on May 20, 2014 at Northern Michigan University. 170 people came together for a day of learning and sharing about recovery from Mental Illness. Mark your calendar for the 2015 **Recovery Journey: The Beacon of Light and Hope** conference that will be held on May 19th, 2015, again at Northern Michigan University. The conference is free for all to attend.

## The Upper Peninsula Drop Ins—A Prescription for the Winter Blues

Each Drop In Center (social clubs run by peers for peers) is responsible for determining the activities offered during the center. Although each Drop In is independent, they share information and ideas about what is going well at each Drop In. We are delighted to welcome Angela Davis as the new Director at the reinvigorated Getaway Drop In located in Munising. To welcome her to the Drop In family, the other Directors shared some of the activities they did throughout the year as well as plans for this coming winter.

Some of the activities last year were funded in part by wellness grants from the Michigan Department of Community Mental Health. The Drop Ins had to submit an application to receive an additional \$5,000 in 2014 to fund wellness activities. Many wonderful events and ongoing activities were started through this extra boost. Grant funding supported 168 individuals participating in activities to improve their sense of emotional, physical, and mental well-being. Highlights were a men's group called "Yooper Zen" at the Brantley in Marquette; art classes at the Delta County Drop In provided by the Bonifas Art Center; and a bowling group at the Rainbow's End in Luce that helped folks deal with the severe winter blues of 2014. Classes to learn more about nutrition and cooking were offered at most of the Drop Ins. Weight loss and a sense of pride in learning to prepare meals were reported by many members. There is no grant funding for this coming year, but many of the activities have become part of the Drop In's routines and will be continued.

Looking forward, ideas for how to fight the winter blues of 2015 were shared with Angela Davis at the Getaway to help them get off to a good start.

**From the East side of the UP, A Place to Go in Sault Sainte Marie reports:** A few of the activities that members really enjoy are our arts and crafts projects, bingo, computer activities and special events such as holidays. We provide ongoing support groups such as WRAP, Whole Health Action Management, dual diagnosis and money management. In December, we had our member Christmas party which included activities such as cookie making, holiday decorating and gift exchange. In January and February, we will have some cooking classes, art projects using leather and wood, Valentine's Day party and Zumba classes. Our center is open seven days a week; contact me anytime for a visit.

**In the Central UP, The Brantley in Marquette reports:** The participants enjoy bowling, cooking classes, coffee out, coffee in, craft classes, cards and games, relaxation class, YMCA, tai chi and the new Self Compassion Group we've started. We also have a food pantry, clothes closet and daily lunch at the Salvation Army. In December we bake and decorate cookies, crafts, decorate and have our annual Christmas Party. In January, we will go bowling, to the Hot Plate for ceramics class and have a cooking class or two. In February, we decorate for our Valentines party, make cookies and cupcakes and play games, as well as walk at the Superior Dome. There is never ending fun at our drop in. Stop by for a visit.

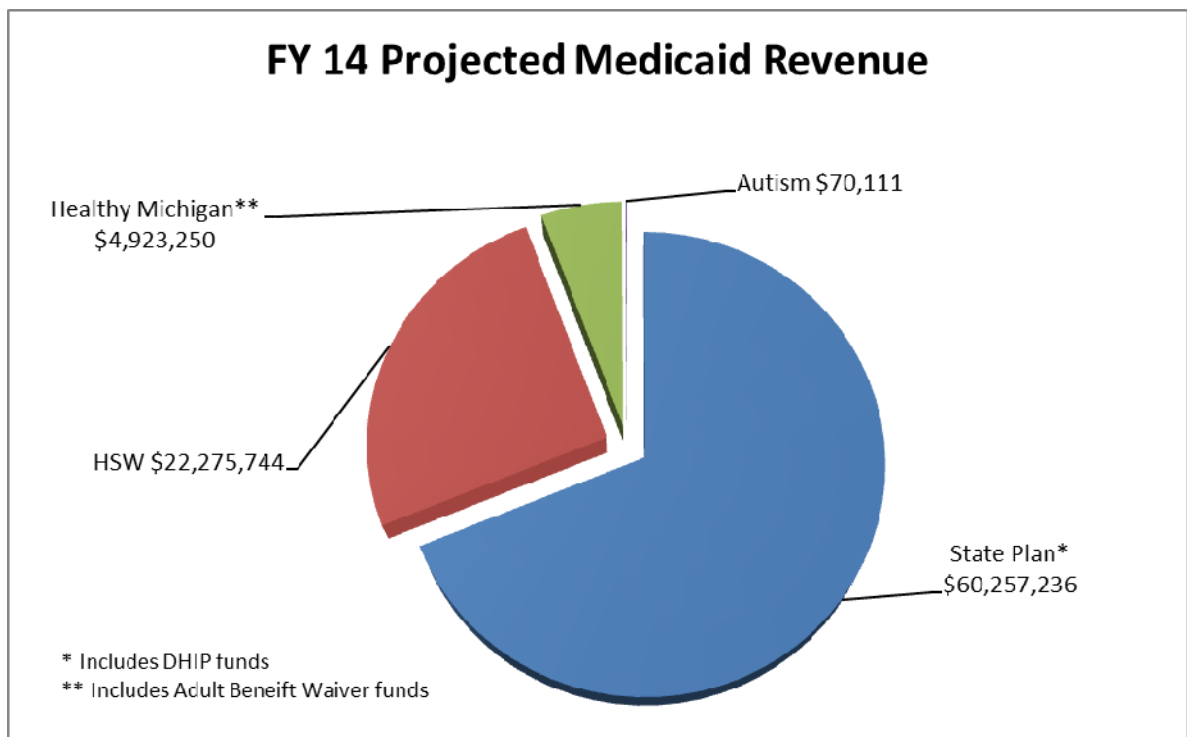
**And from the far West, the Serenity Center reports:** Favorite activities that members really like are helping each other, making each other laugh, playing pool, putting together puzzles, fishing, hiking, BINGO, jamming out to music, watching movies, etc. We're a fun bunch. In the months of Dec, Jan & Feb, we are planning to stay warm, decorate for the Holidays, cook and share big meals, help each other, make each other laugh, and do all the activities already named.

Here's hoping in the New Year this list of activities will encourage you to reach out and explore the Drop In as a prescription for treating the winter blues this year.

## Upper Peninsula Medicaid Funding

NorthCare Network manages the Medicaid funds to provide Specialty Services and Supports to individuals with mental illnesses, intellectual/developmental disabilities and substance use disorders. Our Medicaid funding streams include the State Plan, Habilitation Supports Waiver (HSW), Healthy Michigan, Autism Benefit Waiver, and new for FY15, MI Child.

NorthCare Network is responsible for monitoring the accuracy of payments received from MDCH and distribution to our five Community Mental Health providers and the Substance Abuse Providers. From October 1, 2013 to September 30, 2014, the Upper Peninsula received over \$87 Million dollars.



## Why Wait

**Why Wait** is a year long regional campaign designed to educate teens and parents about the risk of underage drinking. Our Prevention Coordinator has worked with regional coalitions and prevention providers as well as the folks from Wait21 to share what we know about brain development and substance use.

The message is simple, *the brain chemistry of an underage person allows important spots in their survival hierarchy to be hijacked - causing addiction.*

Want more information? **Wait21.org** is packed with amazing video and educational material that will appeal to both youth and adults.

Share it, talk about it, live it!



## Listening Sessions for Youth Suicide Prevention & Early Intervention

The Michigan Department of Community Health (MDCH) Injury & Violence Prevention Section was recently awarded a five year Youth Suicide Prevention & early Intervention grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). They proposed to work intensively with one urban and one rural area to develop system change models that can be shared with similar areas in Michigan and nationally. After looking at the data, it became clear that the Upper Peninsula needed to be the location for the rural program.

A Request for Proposal (RFP) will be issued to select the site for the U.P. project. We would



Suicide  
Prevention:  
Understanding the  
Upper Peninsula

like a better understanding of how systems in the region involved in suicide prevention, intervention, and treatment work and interact; what are the distinctive aspects of working in the U.P. that need to be considered when developing the RFP, and what unique needs do various areas in the region have regarding suicide prevention and intervention.

The MDCH held listening sessions to help understand the wide range of agencies, organizations, and individuals involved in suicide prevention, intervention, and treatment in the Upper Peninsula.

## Substance Use Disorder Services

On October 1, 2014 NorthCare became the agency responsible for planning substance abuse prevention, recovery and treatment services using Community Block Grant funds in the Upper Peninsula. If you would like to know more about available the services available near you visit our website at: [www.northcare-up.org/subA/index.html](http://www.northcare-up.org/subA/index.html) or call our office at 1-800-305-6564.

### ***Treatment services include:***

**Recovery Coaches that offer Peer Services:** This means they are provided by an individual with shared similar experience of addiction and recovery.

**Individual or Group outpatient counseling:** Regularly scheduled sessions in an office setting provided by clinicians who are educated/trained in providing alcohol and other drug treatment.

**Residential Treatment:** Provide a structured recovery environment and include clinical services, life skills/self-care as well as interactive education/counseling.

**Residential Detoxification:** Provides 24 hour support for individuals experiencing moderate withdrawal. This increases the likelihood of continuation in treatment.

### ***Prevention services include:***

**Botvin Life Skills:** Promotes healthy alternatives to risky behaviors

**Youth Mentoring:** Programming intended to promote positive relationships for improving outcomes related to youth behavioral, social, emotional and academic development.

**Community Coalitions:** Coalitions promote coordination and collaboration within a community to make efficient use of limited community resources to make their community safer, healthier and drug-free.

## Introducing Debra Davis, NorthCare Chief Information Officer

NorthCare's contract with the Michigan Department of Community Health for fiscal year 2014 required NorthCare to add the position of Chief Information Officer (CIO). Debra Davis began in this role at NorthCare in September 2013. Her responsibilities include anything related to computer systems, data, electronic files and security. One of her responsibilities is to manage the regional electronic medical record system, which is named ELMER. During 2013, the ELMER system underwent a major upgrade in preparation for compliance with the federal governments "Meaningful Use Standards". NorthCare Network added the ability for practitioners to be able to e-prescribe; electronically submit prescription requests to Pharmacies in a secure manner. Today, when consumers are prescribed medications, the pharmacy has them ready without the consumer needing to hand carry a paper prescription. This has been a great improvement made possible with technology.

As CIO, Deb is involved in statewide Health Information Exchange (HIE) initiatives that will help your care givers have better information to coordinate your care. This is one of the components of the dual eligible pilot project that will kick off in 2015. Look for more information on this over the next couple years.

## What is the Meaningful Use Program?

The NorthCare Region has begun participation in the CMS (Centers for Medicare and Medicaid) Meaningful Use Program. The Meaningful Use Program requires providers to not only own and use an Electronic Health Record, but to demonstrate to CMS that they are using their Electronic Health Record in ways that can positively affect the care of their patients.

NorthCare is excited to announce one of the Meaningful Use features now being offered to our consumers called the Consumer Electronic Health Record or CEHR (pronounced share). The CEHR is an internet based web site offering a secure, private channel where consumers have the ability to view online, download and transmit some of their health information. This new consumer portal is an excellent way for consumers to share information between their healthcare providers.

When receiving physician services at one of the Upper Peninsula CMH's, consumers will be invited to receive information on how they can be part of this new endeavor. If you have not already received information letting you know how you can set up your own CEHR account or if you have previously received the information and have not yet taken advantage of this exciting new feature, please ask the reception staff about it at your next appointment!

## Performance Reports

NorthCare PIHP and the five U.P. Community Mental Health Agencies write Performance Reports annually. The reports are published during January through April. Check out NorthCare's 2013 Annual Performance report on the website at: [www.northcare-up.org](http://www.northcare-up.org). The 2014 Annual Report will be available in February of 2015.

Community Mental Health Agency Annual Performance Reports are available at:

[www.cccmh.org](http://www.cccmh.org)  
[www.hbhcmh.org](http://www.hbhcmh.org)  
[www.pathways-up.org](http://www.pathways-up.org)

[www.gccmh.org](http://www.gccmh.org)  
[www.nbhs.org](http://www.nbhs.org)



## MI Health Link Demonstration Program

MI Health Link is a new program that will allow individuals that have both Medicare and Medicaid to receive integrated care. This means an individual 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 choosing to enroll will be assigned a person called an Integrated Care Coordinator who will help coordinate services by linking and coordinating with the providers. The Integrated Care Coordinator will be able to answer questions, help get appointments, assist in the development of an integrated care plan, arrange transportation, etc.

To be eligible for the MI Health Link Program, an individual must live in the Upper Peninsula of Michigan, be age 21 or older at time of enrollment, and be enrolled in Medicare and Medicaid only. A person would not be eligible if they have a Medicaid spend-down.

The Upper Peninsula Health Plan will be mailing letters out to individuals that have both Medicaid and Medicare on February 1st, 2015. As soon as the letters are received, individuals will be able to enroll in the program and services will begin March 1, 2015. Passive enrollment will occur May 1, 2015. Passive enrollment means that people will be enrolled if they have not already enrolled or choose to opt out. Any individual may opt out of the program at any time and may re-enroll at any time. So, upon receiving a letter from the Michigan Department of Community Health/Michigan ENROLLS, an individual may choose to enroll at that time or do nothing and, if eligible, they will automatically be enrolled in a participating health plan program, or choose not to enroll by contacting Michigan ENROLLS to “opt out” of the program.

## How to Create Daily Happiness

**Daily Practices to Gain Happiness**—Start where you are—this is the key to success. Pick one or two of these activities and do them till you make them a habit (three weeks) then select another or make up your own. Keep a record of some sort:

1. Positive affirmations: move to the edge of what you believe about yourself and affirm what you want to bring more of into your life. Example: If your self-talk is “I am so stupid” the place to start may be “Today I will notice when I am doing things right” rather than “today I am brilliant in every way”
2. Notice the small blessings each day: learning about our tendency to notice and exaggerate the negative. (example –the six weeks my Mother was dying)
3. Changing destructive exaggerated self-talk: notice how often and when you use the words Always, Never, everyone, no-one and should. Once you have been noticing for a few days, interrupt yourself to say “oh I just said \_\_\_\_\_ or \_\_\_\_\_ and I know that it is not true. Let me try to say again what I am thinking or feeling. Notice you are being successful in not distorting life into black and white.
4. Increasing laughter: funny movies; funny pictures; funny people; animals
5. Do some deed for another person: could be someone you know or a stranger or a random act of kindness where you do not get any credit
6. Smile: practice smiling sitting alone looking in a mirror; practice smiling when you are starting to feel upset
7. Breathe: in through nose and breathe out light and well being
8. Pray: for others, for inner peace, for acceptance
9. Get outside: look around and notice three things that draw your attention and bring you happiness
10. Add ideas of your own about experiences that in the moment, and upon reflection bring you a sense of happiness

## Employment First in Michigan

As a recipient of Medicaid services at a Community Mental Health agency, you have the right to ask for assistance in getting work; either paid or unpaid. The regional CMHs have been working with the Michigan Department of Rehabilitation, Goodwill, TRICO, Northern Transitions and Highline in Wisconsin to provide opportunities for employment and volunteer opportunities. The process starts when you talk with the person managing your services at the CMH. You may bring up your interest in work at any time and the CMH worker is responsible to help you identify your work interests and goals.

Here are a few questions for you to think about before talking with your worker so you are prepared:

- How much income do you need?
- What kind of work do you want to do?
- In what kind of business do you want to work?
- How many hours do you want to work?
- What work schedule would suit you best?

## An Annual Reminder of Important Information

Individuals that receive services from a Community Mental Health Agency have the right to the following information. The Federal government requires its Medicaid providers to provide this list of information to consumers on a yearly basis. At NorthCare, we call it the "A to L" list.

- A. Providers that offer Non-English language services.
- B. List of service provider restrictions on freedom of choice. (None in the Upper Peninsula.)
- C. Information on grievance, appeals and fair hearing procedures.
- D. Explanation of benefits available through your service provider.
- E. Procedures for obtaining benefits & authorization requirements.
- F. How to obtain benefits from out-of network providers.
- G. Information on after-hours and emergency coverage.
- H. You may request policies on referrals for specialty care and other benefits not provided by your primary care provider.
- I. Cost sharing. (None in the Upper Peninsula.)

More questions might be:

- What fears do you have that you would like to address?
- How much can I work and not lose my medical benefits?
- For years people have told me I could never work. How do I get myself ready to be a worker?
- Can somebody help me learn the basic skills I need to get and keep a job?
- I have a good idea for my own business. Can I get help with that?

You can tear out this article and bring it to your worker and tell them you want to go over the questions listed above and any others you want to bring up.

Take charge of your recovery and use work to add to your sense of a purposeful life—ask about Employment First in Michigan.

- J. Benefits that are available under the State plan but are not covered under contract.
- K. Written information on Advance Directives.
- L. Additional information on the structure and operation of NorthCare.

NorthCare also wants you to know that no physician incentive plans are in use by NorthCare Network or their providers. Most of the information on the "A to L list" is included in the NorthCare Customer Handbook. The handbook is given to individuals when they start services at their local community mental health or substance abuse agency. The handbook is also offered to individuals each year (or more often) during their annual Individual Plan of Service Meetings. This information is available at any time you are interested in receiving a copy! You can call NorthCare at 1-888-333-8030 and we will mail you a copy, or you can find the Customer Handbook on our website at [www.northcare-up.org](http://www.northcare-up.org) for this information and more.

## Supports Intensity Scale (SIS) What is it?

The Supports Intensity Scale (SIS), developed by the American Association on Intellectual and Developmental Disabilities (AAIDD) is a comprehensive assessment tool developed to assess support needs for individuals with Intellectual and Developmental Disabilities (I/DD). This tool was chosen by the Michigan Department of Community Health as the standardized assessment tool for I/DD.

All adults with intellectual and developmental disabilities receiving services at their Community Mental Health agency will participate in a SIS at least once every three years or more often if needed.

The Supports Intensity Scale focuses on the supports an individual would need to live as any other same aged adult. It discovers supports important **to** an individual and supports important **for** the person, which encourages full community integration.

To complete the assessment, a trained assessor facilitates a discussion with the individual receiving services and one or two more respondents. Respondents are individuals who know the individual receiving services best — at a minimum for three months if a respondent is a case manager or supports coordinator.

The SIS assessor is responsible for documenting the information, and is attentive to the time as an assessment can last anywhere from one and half to three hours.

The SIS is important for individuals because it provides a participative process to provide information on current and needed supports including identification of the activities that are important to the individual and amount of supports needed to enable participation in daily activities and community involvement.

The SIS is important for Case Managers and Supports Coordinators as it supports the Person Centered Planning process. The assessment provides essential information across multiple domains, can assist in establishing goals that are important to the individual and establishes a baseline that allows for evaluation of progress and success.

The SIS is important for families and guardians because it can provide confidence that the assessment and individual plan of service developed through the person centered planning process will promote services and supports consistent with the individual's needs.

The assessment tool has four sections and includes questions related to:

- Exceptional medical and behavioral needs
- Severe risk
- Home Living Activities
- Community Living Activities
- Lifelong Learning Activities
- Employment Activities
- Health and Safety Activities
- Social Activities
- Protection and Advocacy

The SIS measures **SUCCESS**. Success at a level as any other adult of equal age. For example: "What type of support would Suzie need to make and keep friends just as any other 35 year old?"

