



Behavioral Health Home Program Enrollment Consent

www.northcarenetwork.org | 888-906-9060

Michigan Medicaid is launching a new service program to address Behavioral Health Issues. The program is available to individuals who have Medicaid, Healthy Michigan Plan, or MI Child, live in any of the 15-counties in the NorthCare Network service area, and have a qualifying health condition. The Michigan Department of Health and Human Services (MDHHS) recognizes that living with a Behavioral Health diagnoses is hard. The Behavioral Health Home (BHH) Program is designed to help. You will be provided services as part of your Medicaid benefit that will help you take control of your health and raise overall wellness. You may choose to enroll or opt-out (disenroll) now, or at any time in the future, with no impact on your currently entitled Medicaid services. By signing below, you agree to enroll in the BHH Program at this time.

The Behavioral Health Home Program...

- Is not a place, but is a model of care that offers care coordination services.
- Takes a holistic approach to your health care and provides you with one “home” base for integration of your health care needs.
- Coordinates your physical, social, and behavioral health services.
- Provides one-stop access to care to amplify your success and make it simpler and easier.
- Assigns a personal care team to each enrolled individual.

Your Care Team...

- Consists of a Nurse Care Manager, Clinical Case Manager, Peer Support Specialists or Community Health Worker, your Doctor, and YOU.
- Works with other health care professionals you choose to coordinate your care.
- Assists you to get both your behavioral health and your physical health care needs met.
- Provides assistance with coordination to the social services you need, such as food, transportation, and housing.
- Provides individual and family support.

Here’s what you should know...

- You still choose which health care providers will be involved in your care.
- These extra services will be provided with no cost to you; they are covered under your Medicaid plan.
- You can opt out now, or at any time in the future, and still have your current Medicaid services unchanged.

I hereby consent to being enrolled in the Behavioral Health Home Program

Consumer’s SIGNATURE (OR AUTHORIZED PERSON TO SIGN FOR Consumer)

DATE

IF AUTHORIZED SIGNER, RELATIONSHIP TO Consumer

WITNESS

DATE

IF CONSENT IS SECURED VERBALLY: (Must secure signature above as soon as possible.)

This consent was originally provided verbally

by _____ [Consumer Name]

To _____ [Provider Agency

Staff Name] on _____ [Date].

Provider Signature _____