

By: Carolyn P. Sanilac County

Customer Handbook



Region 10 PIHP

Your link to public services for mental health & substance use disorders in Genesee, Lapeer, Sanilac & St. Clair Counties.



Important Names & Phone Numbers

My Worker or Sponsor

Name: _____

Phone Number: _____

My Psychiatrist

Name: _____

Phone Number: _____

My Medical Doctor

Name: _____

Phone Number: _____

My Pharmacy

Name: _____

Phone Number: _____

My Emergency Contact

Name: _____

Phone Number: _____

I am allergic to:

I take these medications regularly:

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Chapter 1

Welcome

Jim Johnson
C.E.O., Region 10

Welcome to Region 10 Pre-paid Inpatient Health Plan (PIHP). We manage public services for mental health and substance use disorders in Genesee, Lapeer, Sanilac, and St. Clair Counties.

Region 10 PIHP partners with Genesee Health System, Lapeer County Community Mental Health (CMH), Sanilac County CMH, St. Clair County CMH and other agencies in the four counties to offer public behavioral health services to qualified residents. We provide services to people recovering from serious mental illnesses (SMI), children recovering from serious emotional disturbances (SED), and people diagnosed with intellectual and developmental disabilities (IDD).

Region 10 PIHP has been appointed by the State of Michigan to manage public services for substance use disorders (SUD) for the region. The PIHP contracts with agencies to provide substance use disorder recovery services. Our practitioners are trained to treat people who have co-occurring disorders, such as a mental illness and a substance use disorder.

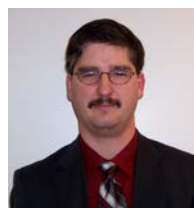
This Customer Handbook is available to you at <http://www.region10pihp.org/services-and-supports/> and will be made available when you are approved to receive publicly funded services for mental health and/or substance use disorder services as a paper copy if preferred and within 5 days of request. Residents of the four-county region may request a copy of the Customer Handbook at no cost or view the handbook online for their own information at any time.



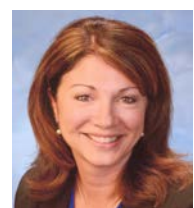
Danis Russell
Executive Director
Genesee Health System



Lauren Emmons
CEO
Lapeer Co. CMH



Wil Morris
CEO
Sanilac Co. CMH



Debra Johnson
Executive Director
St. Clair Co. CMH



MISSION

Promoting opportunities for Recovery, Discovery, Health, and Independence for individuals receiving services through ease of access, high quality of care and best value.

To actualize its Mission, the Region that includes, Genesee, Lapeer, Sanilac, and St. Clair Counties embraces the following Vision Statements:

VISION

- ❖ Foster an improved quality of life for the individuals and families we serve by facilitating equal access to superior, integrated, trauma-informed supports and services, designed to promote choice and responsibility which are tailored to the strengths and needs of each individual.
- ❖ Provide hope, by recognizing and respecting each individual's unique self and their choices in pursuit of their life goals.
- ❖ Promote efforts to reduce stigma by empowering families and communities to learn, support, respect, and advocate for individuals recovering from behavioral health including substance use disorders, and physical health challenges.
- ❖ Utilize innovative, evidence based, person-centered practices that provide positive outcomes and a high quality of life that includes integration and involvement in one's community. Effectively plan, evaluate, and monitor a flexible system which is fiscally accountable.
- ❖ Demand a high standard of excellence in the management and delivery of services. Support a network which includes experiential, knowledgeable and dedicated and caring staff promoting synergy among stakeholders by embracing collaborative efforts.
- ❖ Maintain the community partnerships and relationships established long ago and recognize how those partnerships serve the community at large.



Adopted by the Region 10 Board of Directors

To achieve our Mission and Vision we embrace the following Values:

VALUES

- ❖ Treat all people with dignity, respect, fairness, and equality with an expectation of growth, development, recovery, and discovery.
- ❖ Be sensitive to the diverse cultural, ethnic, and spiritual needs of the individuals we serve.
- ❖ Provide person-centered and personalized services that ensure seamless coordination of care.
- ❖ Communicate clearly and concisely in the language of the individuals we serve.
- ❖ Innovatively and creatively develop better methods of supporting and serving individuals.
- ❖ Be responsible stewards, practicing both fiscal and performance accountability to all stakeholders.
- ❖ Develop partnerships with and among all stakeholders.
- ❖ Encourage teamwork and participation among everyone affiliated with the agency, recognizing that creative insight into improving how we serve, and support people may originate at any level, both within and without the agency.
- ❖ Embrace continuous improvement, monitoring, and when necessary modifying, policies, procedures, and practices.
- ❖ Create and maintain a healthy, safe, and productive work environment that promotes effective communication, advances innovation, and rewards exemplary performance.

Chapter 2

Customer Service and the Access Center

Region 10 PIHP offers a Customer Service Department to answer your questions about the public system for treating mental health and substance use disorders. The Customer Service Department and the Access Centers are where you and other residents can request mental health and substance use disorder services.

Region 10 PIHP has a “no wrong door” policy when it comes to seeking services. You may walk into or call any of our facilities and you will be linked to the Access Center.

Customer Service

In addition to screening callers for services, Customer Service staff can provide you with information that you have a right to receive.

Customer Service can:

- Assist you with the grievance and appeal process.
- Put you in touch with your Recipient Rights Officer or a Fair Hearing Officer.
- Provide you with a list of all Region 10 PIHP service providers – organizations and individual practitioners who are directly contracted – and tell you the services they offer, languages they speak, their clinical specialties and how they perform in terms of meeting state and federal requirements.
- Help with service choices and changing providers.
- Refer you to our resource library.
- Provide you with annual reports, board of directorships, board meeting schedules, and board meeting minutes for Region 10 PIHP, Genesee Health System, Lapeer County CMH, Sanilac County CMH or St. Clair County CMH.
- Provide you with Region 10 PIHP’s organizational chart.
- Answer your questions about mental health and substance use disorders – and more.
- Upon request Customer Service can provide you with information about the PIHPs Clinical Practice Guidelines at no cost to you.

How to Contact Customer Service

Customer Service operates Monday-Friday to provide information about the public mental health and substance use disorder system and to help link you to service/resources available.

- For general information, call Customer Service between 8:00am-5:00pm:
 - For individuals in Genesee County: (877) 346-3648
 - For individuals in Lapeer, Sanilac, and St. Clair Counties: (888) 225-4447
- Crisis help is available by calling 24 hours a day:
 - Genesee County residents: (877) 346-3648
 - Lapeer, Sanilac, and St. Clair County residents: (888) 225-4447

Regardless of residency, either number will be able to assist you in a Crisis.

- Visit any of these websites for additional information:
 - Genesee Health System: www.genhs.org
 - Lapeer County CMH: www.lapeercmh.org
 - Sanilac County CMH: www.sanilacmh.org
 - St. Clair County CMH: www.scccmh.org
 - Region 10 PIHP: <https://www.region10pihp.org/>

Access to Services

Through the Access Center, Region 10 PIHP serves people who have Medicaid insurance, Healthy Michigan Plan, people who are enrolled in the MI CHILD program, and people who have no insurance.

Michigan has a managed care delivery system for public services for mental health and substance use disorders. The Michigan Department of Health and Human Services (MDHHS) sets the rules and regulations that Region 10 PIHP and the local CMHs must follow. This includes the types of services that we provide and the criteria we use to determine if you are qualified to receive services.

Medicaid recipients are guaranteed to receive covered services that are medically necessary for the treatment of their behavioral health condition. For people who have no insurance or who are enrolled in MI CHILD, there is no guarantee that non-emergency services will be available, as that funding is limited. Region 10 PIHP and the local CMHs must provide service to as many people as possible within the financial resources available.

For mental health services, priority is given to 1.) people recovering from the most severe forms of serious mental illness, serious emotional disturbance, or developmental disability, and 2.) to people in urgent or emergency need.

For substance use disorder (SUD) services, priority is given to 1.) pregnant women who inject drugs; 2.) pregnant women who have a SUD; 3.) people who inject drugs; and 4.) a parent whose child has been or may soon be removed from the home under the Michigan Child Protection Laws.

How to Contact the Access Center(s)

- For individuals in Genesee County call Region 10 Access at: (877) 346-3648
- For individuals in Lapeer, Sanilac, and St. Clair Counties call Region 10 Access at: (888) 225-4447

Medical Necessity

The services we authorize to treat your mental health or substance use disorder must be medically necessary, as defined in Michigan's Medicaid Provider Manual. Medical necessity criteria will be used to determine what type and amount of service will best address the behavioral health condition being treated.



By: Faye V.
St. Clair County

Chapter 3

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 Customer Service at the following TTY phone number: (877) 346-3648 (Genesee County) or (888) 225-4447 (Lapeer, Sanilac, and St. Clair Counties).

If you need a sign language interpreter, contact Customer Service at (877) 346-3648 (Genesee County) or (888) 225-4447 (Lapeer, Sanilac, and St. Clair Counties) as soon as possible so that one will be made available. Sign language interpreters are available at no cost to you.

If you do not speak English, contact the Customer Services at (877) 346-3648 (Genesee County) or (888) 225-4447 (Lapeer, Sanilac, and St. Clair Counties) so that arrangements can be made for an interpreter for you. Language interpreters are available at no cost to you. Also, the Customer Handbook is available in large print and recorded formats upon request.

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 the Customer Services at (877) 346-3648 (Genesee County) or (888) 225-4447 (Lapeer, Sanilac, and St. Clair Counties). If you need to request an accommodation on behalf of yourself, a family member, or a friend, you can contact the Customer Services at (877) 346-3648 (Genesee County) or (888) 225-4447 (Lapeer, Sanilac, and St. Clair Counties). You will be told how to request an accommodation (this can be done over the phone, in person, and/or in writing), and you will be told who at the agency is responsible for handling accommodation requests.

Coordination of Care

To improve the quality of services, the PIHP 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 Customer Service and staff will assist you in getting a medical provider. Contact Customer Service between the hours of 8:00am-5:00pm Monday-Friday at:

- For individuals in Genesee County: (877) 346-3648
- For individuals in Lapeer, Sanilac, and St. Clair Counties: (888) 225-4447

Providing Information

To get the best care possible, tell your provider about your mental health and/or substance use history, including past hospital stays, treatments and medications. Federal law protects the privacy of this information.

Let your provider know all the insurances you have, such as Blue Cross Blue Shield, Blue Care Network, Medicare, Medicaid, or others.

You will be asked to fill out a Financial Information and Payment Agreement. Depending on your situation, Medicaid may not cover some services that you need. For many of those services, your charges

will be based on your income. That is the purpose of filling out the form.

If you move, call your service provider as soon as you can. If you have Medicaid, you must also tell your Michigan Department of Human Services (MDHS) caseworker.

Appointments

Try to keep your appointments with your therapists, counselors, and doctors. If you are unable to keep an appointment, let the provider know — a day before if possible. He or she may be able to use your timeslot to help someone else. If you do not receive Medicaid, there may be a charge for missed appointments. If you miss too many appointments, there may be other penalties, including stopping your services.



By: Jennifer M.
Genesee County

Chapter 4

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:

- 911
- The Crisis Line at:
 - Genesee County residents: (877) 346-3648
 - Lapeer, Sanilac, and St. Clair County residents: (888) 225-4447

Regardless of residency, either number will be able to assist you in a Crisis.

If your call is not an emergency, you will be asked to call your provider the next working day.

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 Contractor emergency services you receive. Customer Services can answer questions about such bills.

Substance Use Disorder Emergencies

If you are pregnant and abusing drugs or alcohol, the substance use disorder division of Region 10 PIHP will help you within 24 hours. You may call **24-hours a day, seven days a week at:**

- Genesee County residents: (877) 346-3648
- Lapeer, Sanilac, and St. Clair County residents: (888) 225-4447

Regardless of residency, either number will be able to assist you in a Crisis.

Please note: being pregnant and abusing drugs or alcohol is automatically an urgent situation.

Local Hospitals

You have the right to use any hospital for emergency care. In the event of a mental health or substance use emergency, call 911 or go to the nearest hospital. During regular business hours, you may also go to your local CMH or to the site where you receive your services for mental health or substance use disorders.

Hospitals in Genesee County:

- Hurley Medical Center, One Hurley Plaza, Flint, (810) 262-9000
- McLaren Regional Medical Center, 401 S. Ballenger Highway, Flint, (810) 342-2000
- Genesys Regional Medical Center, One Genesys Parkway, Grand Blanc, (810) 606-5000

Hospitals in Lapeer County:

- McLaren – Lapeer Region, 1375 N. Main St., Lapeer, (810) 667-5500

Hospitals in Sanilac County:

- Deckerville Community Hospital, 3559 Pine Street, Deckerville, (810) 376-2835
- Marlette Regional Hospital, 2770 Main Street, Marlette, (810) 635-4000
- McKenzie Health System, 120 Delaware Street, Sandusky, (810) 648-3770

Hospitals in St. Clair County:

- McLaren Port Huron, 1221 Pine Grove, Port Huron, (810) 987-5000
- Lake Huron Medical Center, 2601 Electric Ave., Port Huron, (810) 985-1500
- Ascension River District Hospital, 4100 River Road East China Township, (810) 329-7111

Post-Stabilization Care 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 to coordinate your post-stabilization services.



By: Amy H.
Lapeer County

Chapter 5

Person-Centered Planning

You will be the main designer of your plan of service to treat your mental health and/or substance use disorder. Making your plan for mental health treatment is slightly different than making your plan for substance use disorder treatment.

Mental Health: 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 PCP meetings, such as family members or friends, and what staff from the local CMH you would like to attend. You will also decide when and where the PCP meetings will be held. Finally, you will decide what assistance you might need to help you participate in and understand the meetings.

During PCP, you will be asked what your hopes and dreams are and will be helped to develop goals or outcomes you want to achieve. The individuals 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, service, or treatment you are receiving and whether changes need to be made. You have the right to ask at any time for a new PCP meeting if you want to talk about changing your plan of service.

You have the right to “independent facilitation” of the PCP process. This means that you may request that someone

other than the local CMH 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 PCP. However, PCP must recognize the importance of the family and the fact that supports, and services impact the entire family. The parent(s) or guardian(s) of the children will be involved in pre-planning and PCP using “family-centered practice” in the delivery of supports, services and treatment to their children.

Topics Covered during PCP

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

Psychiatric Advance Directive

Adults have the right, under Michigan law, to a “**psychiatric advance directive.**” A psychiatric advance directive is a tool for making decisions before a crisis in which you may become unable to make a decision about the kind of treatment you want and the kind of treatment you do not want. This lets other individuals, including family, friends, and service providers know what you want when you cannot speak for yourself. If you do not believe you have received appropriate information regarding psychiatric advance directives from your PIHP Contractor, please contact the 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 are friends or relatives to be called, preferred medicines, or care of children, pets, or bills.

Self-Direction

Self-direction 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.

Substance Use Disorder: Individualized Treatment Plan

Individualized treatment planning is based on the idea that “one size does not fit all” when it comes to treatment. Your treatment plan must be tailored to your needs. You will participate in the process of making your treatment plan. Unlike person-centered planning, which may involve your family and friends, you and your counselor together will plan your treatment for your substance use disorder. Your situation, your needs, goals, and desires will be taken into account when deciding your level of care, length of treatment, after-care and planning for your discharge.



By: Gregory Z.
Genesee County

Chapter 6

Recovery and Resiliency

Recovery is a journey of healing and transformation enabling an individual with a mental health/substance abuse problem to live a meaningful life in a community of his/her choice while striving to achieve his/ her potential.

Recovery is an individual journey that follows different paths and leads to different locations. Recovery is a process that we enter in to 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 individual 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 (SUD) in their recovery journeys. The person-centered planning (PCP) process and the individualized treatment planning process is used to identify the supports needed for individual recovery.

In recovery, there may be relapses. A relapse is not a failure, rather a challenge. If a relapse is prepared for, and the tools and skills that have been learned throughout the recovery journey are used, an individual can overcome and come out a stronger individual. It takes time and 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 (SED). Resiliency is the ability to “bounce back” and is a characteristic important to nurture in children with SED and their families. It refers to the individual’s ability to become successful despite challenges they may face throughout their life.

Chapter 7

Confidentiality and Family Access to Information

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

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

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

Under HIPAA (Health Insurance Portability and Accountability Act), you will be provided with an official Notice of Privacy Practices from 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.

Chapter 8

Recipient Rights

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

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

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.

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 substance abuse services in the “Know Your Rights” pamphlet.

You may contact your local Community Mental Health Services Program (CMHSP) to talk with a Recipient Rights Officer with any questions you may have about your rights or to get help to make a complaint. Customer Services can also help you make a complaint. You can contact the Office of Recipient Rights (ORR) at:

- Genesee Health System: (810) 257-3710
- Lapeer County Community Mental Health: (810) 667-0500
- Sanilac County Community Mental Health: (810) 583-0377
- St. Clair County Community Mental Health: (810) 966-3743

- Substance Use Disorder Services, contact the Rights Advisor at each SUD program/provider.

The Customer Service Department can also help you make a complaint at: (877) 346-3648 (Genesee County), (888) 225-4447 (Lapeer, Sanilac, and St. Clair Counties), or (800) 854-9090 (MDHHS Office of Recipient Rights).

Freedom from Retaliation

If you use community mental 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.

Some of Your Rights

In addition to enjoying the same civil rights as all Americans, you have a number of specific rights related to your treatment through the Region 10 PIHP. In general, you have the right to:

- If you are qualified, receive mental health and substance use disorder care regardless of race, color, national origin, religion, sex, age, mental or physical disability, marital status, sexual preference or political beliefs.
- Obtain information about the names, locations, and telephone numbers of the contracted providers in your area, their credentials, the non-English languages they speak, their specialties and whether they are accepting new clients. You may get a list of local providers at our websites:
 - Genesee Health System: www.genhs.org
 - Lapeer County: www.lapeercmh.org
 - Sanilac County: www.sanilacmh.org
 - St. Clair County: www.scccmh.org
- You may also request a list of providers from Customer Service, or your primary case holder.
- Get information about limits on your freedom of choice within the network.
- Have services provided as quickly as your health condition requires.
- Take part in the decisions about your healthcare, including

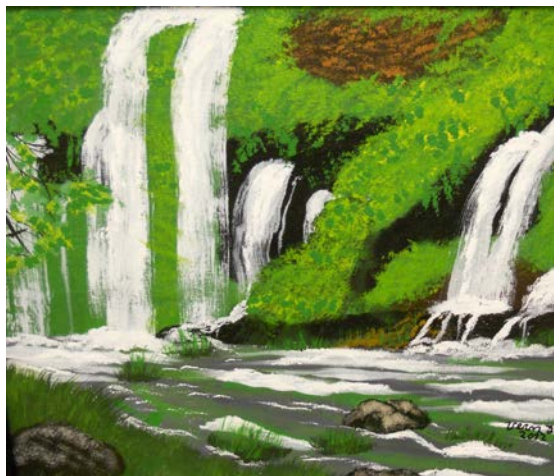
- choosing among network providers.
- Refuse treatment – and to be told what refusing treatment may mean to you.
 - Get the facts about different treatments, including the possible good and bad things that could happen because of treatment or non-treatment.
 - Have your mental health and substance use disorder treatment coordinated with your primary medical treatment, and with services provided by other community agencies. You may also refuse coordination.
 - Be told in writing 30 days before any change affecting your provider.
 - Be told in writing 15 days before your provider is terminated.
 - Obtain information about the grievance, appeal and fair hearing procedures and their time frames.
 - Have your treatment continue without interruption even if your provider leaves the network.
 - Be treated in a place that is clean and safe.
 - Be told what services are in your benefit package, including their amount, scope, and duration.
 - Get a second opinion — outside the network if necessary — at no charge.
 - Get needed and covered services outside of the network if they are not offered inside the network.
 - Be told in writing when and why your benefits are being reduced or stopped.
 - Be treated in the least restrictive setting possible. This means you have the right not to be tied up or restrained in any way or be locked away from other people as a means of coercion, discipline, convenience, or retaliation.
 - Receive information on how to obtain referrals for specialty care and other benefits that are not provided by the primary care provider.
 - Receive treatment free of humiliation.
 - Not to be financially exploited for the gain of another.
 - Know if you must pay for a part of your services.
 - Not to be fingerprinted, photographed, taped, or looked at through a one-way glass without your written permission.
 - Receive your treatment record and to ask for changes or corrections to it.

- Tell your doctor how you wish to be treated if you become too ill to decide for yourself (advance directive).
- Get information about the structure and function of the Region 10 PIHP upon request.

You also have a number of treatment rights, including Person Centered Planning (PCP) for mental health and helping to make your own treatment plan for substance use disorder services.

You have a number of rights that must be honored if you stay in a psychiatric hospital or unit, or in a residential setting. You have a number of rights dealing with how you must be treated within the court system.

If you are being treated in a hospital, halfway house, or other live-in setting as part of your treatment for substance use disorder, you have some additional rights, such as the right to keep your own money and the right to know the rules about having visitors. These rights are included in the “Know Your Rights” brochure in your Welcome Packet.



**By: Vern F.
Sanilac County**

Chapter 9

Grievance and Appeals Process

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 Customer Service. Assistance is available in the filing process by contacting Customer Service. In most cases, your grievance will be resolved within 90-calendar days from the date the Contractor receives your grievance. You will be given detailed information about grievance and appeal processes when you first start services and then again annually. You may ask for this information at any time by contacting Customer Services between the hours of 8:00am-5:00pm Monday-Friday. To talk to a Customer Service representative, call (877) 346-3648 (Genesee County) or (888) 225-4447 (Lapeer, Sanilac, and St. Clair Counties).

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.

You may ask for a “Local Appeal” by contacting Customer Service at (877) 346-3648 (Genesee County) or (888) 225-4447 (Lapeer, Sanilac, and St. Clair Counties).

- Ask for a PIHP (Internal) Appeal – also known as a “Local Appeal” – by contacting Customer Service. You have 60 calendar days from the date of the Adverse Benefit Determination Notice to ask for a local appeal.
- If you are a Medicaid recipient, and after your local appeal has been completed and you are not satisfied with the resolution, you may ask for a Medicaid State Fair Hearing before an administrative law judge (a state appeal). You have 120 calendar

days to request a state fair hearing from the date of the Appeal Resolution Notice.

- If you do not have Medicaid, you may ask for a review by the Department of Health and Human Services' Alternative Dispute Resolution Process – also called a state appeal. This process can only be done after you have completed the Local Dispute Resolution Process and you do not agree with the written results of that local appeal. Contact your CMH for the Local Dispute Resolution Process.

If you are receiving a Medicaid covered service and you file your appeal within 10 calendar days of the effective date of the Notice of Adverse Benefit Determination, you may request to continue to receive your same level of services while your internal appeal is pending. Additionally, the original authorization for the service must not have already expired. You may be required to pay the cost of services provided to you while the appeal is pending if the adverse action decision is upheld.

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

You may ask for assistance from the Customer Services to file an appeal. To talk to a Customer Service representative at Region 10 PIHP between the hours of 8:00am-5:00pm Monday-Friday call:

- For individuals in Genesee County: (877) 346-3648
- For individuals in Lapeer, Sanilac, and St. Clair Counties: (888) 225-4447

Upon request, Customer Service will assist you with a grievance, appeal and local dispute resolution processes and coordinate, when it is appropriate, with the Fair Hearing Officer and the local Office of Recipient Rights.

State Fair Hearing

You must complete a local appeal before you can file a State Fair Hearing. However, if the Contractor 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 provided under the “appeals” section above. The Grievance & Appeals Process brochure is available on the Region 10 website at https://www.region10pihp.org/downloads/customer_handbook/grievance_appeals_brochure_7.2020_2.pdf and is available as hard copy by contacting the PIHP Customer Service numbers or requesting it from your provider.

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.



**By: Amy H.
Lapeer County**

Chapter 10

Fraud, Waste and Abuse

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

Examples of Medicaid Fraud:

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

Or When Someone:

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

Or When a Healthcare Provider Falsely Charges For:

- Missed appointments
- Unnecessary medical tests
- Telephoned services

If you think someone is committing fraud, waste, or abuse, you may report it to Corporate Compliance. You may email concerns to johnson@region10pihp.org, vanwormer@region10pihp.org, potthoff@region10pihp.org, or report them anonymously on the

PIHP website – <https://www.region10pihp.org/about-us/corporate-compliance/>.

It is important that you report any suspicions of Medicaid Fraud, Waste or Abuse to the PIHP Corporate Compliance Office. You can reach the Corporate Compliance Office by calling (810)-966-3399. Reports can also be made to the Michigan Department of Health and Human Services Office of Inspector General at (855)-643-7283. All referrals of suspicion of fraud, waste or abuse can be reported anonymously.

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

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

Online: www.michigan.gov/fraud

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

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

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

Service Array for Medicaid Specialty Supports and Services Descriptions

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

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

You need to know that not all individuals who come to us are eligible for service, and not all services are available to everyone we serve. If a service cannot help you, your Community Mental Health Services Provider (CMHSP) 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 (PCP) process, you will be helped to figure out the medically necessary service(s) that you need, as well as the sufficient amount, scope and duration required to achieve the purpose of those service(s). You will also be able to choose who provides your supports and services. You will receive an individual plan of service (IPOS) that provides all this information.

In addition to meeting medically necessary criteria, services listed below marked with an asterisk (*) require a doctor's prescription.

Note: the Michigan Medicaid Provider Manual (MPM) contains complete definitions of the following services as well as eligibility criteria and provider qualifications. The Manual may be accessed at: https://www.michigan.gov/mdhhs/0,5885,7-339-71551_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 individuals with serious mental illness to maintain independence in the community. An ACT team will provide behavioral health therapy and help with medications. The team may also help access community resources and supports needed to maintain wellness and participate in social, educational, and vocational activities. ACT may be provided daily for individuals who participate.

Assessment includes a comprehensive psychiatric evaluation, psychological testing, substance abuse screening, or other assessments conducted to determine an individual's level of functioning and behavioral health treatment needs. Physical health assessments are not part of this Prepaid Inpatient Health Plan (PIHP) service.

***Assistive Technology** includes adaptive devices and supplies that are not covered under the Medicaid Health Plan (MHP) 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.

Behavior Treatment Review is if an individual's illness or disability involves behaviors that they or others who work with them want to change, their IPOS 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 PCP 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 individual'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 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 DD live independently and participate actively in the community. CLS may also help families who have children with special needs (such as DD or SED).

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

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

Early Periodic Screening, Diagnosis and Treatment (EPSDT) 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 (SSA) 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.

MHPs are required to comply with all EPSDT requirements for their Medicaid beneficiaries 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 SSA 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 Contractor must assist beneficiaries in obtaining necessary transportation either through the Michigan Department of Health and Human Services (MDHHS) or through the beneficiary's MHP.

***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 MHP 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 individual. 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, SED, or DD. "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.

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.

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/ 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/ID) provide 24-hour intensive supervision, health and rehabilitative services, and basic needs to persons with DD.

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

Medication Review is the evaluation and monitoring of 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 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 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 individuals with DD.

Personal Care in Specialized Residential Settings assists an adult with mental illness or DD with activities of daily living, selfcare, 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 holds 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 in another community setting chosen by the family.

Skill-Building Assistance includes supports, service, 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 an 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 abuse Treatment Services (descriptions follow the behavioral health services)

Supports Coordination or Targeted Case Management is staff who helps write an IPOS and makes sure the services are delivered. His /her role is to listen to an individual's goals, and to help find the services and providers inside and outside the local CMHSP 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, service, 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 for them to take part in a non-medical Medicaid-covered service.

Treatment Planning assists the individual and those of his/her choosing in the development and periodic review of the IPOS.

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

Other 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, 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 effects; 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.

**These services require a physician's prescription.*

Services for Only Habilitation Supports Waiver (HSW) and 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 DD or to a nursing home. These special services are called the Habilitation Supports Waiver (HSW) and the Children's Waiver. To receive these services, individuals with DD 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 beneficiaries) 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, assists to increase independence, facilitate productivity, or promote community inclusion.

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

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

Personal Emergency devices (for HSW beneficiaries) 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 beneficiaries) include supports, service, and training to prepare an individual for paid employment or community volunteer work.

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

Specialty Services (for Children's Waiver beneficiaries) 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 DD. Specialty services might also include specialized child and family training, coaching, staff supervision, or monitoring of program goals.

Services for Persons with Substance Use Disorders (SUD)

The Substance Abuse treatment services listed below are covered by Medicaid. These services are available through the Contractor.

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

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

Intensive Outpatient and/or 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 abuse outpatient treatment.

Sub-Acute Detoxification is medical care in a residential setting for individuals 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 CMHSP will work with your primary care doctor to coordinate your physical and behavioral health services. If you do not have a primary care doctor, your local CMHSP will help you find one.

Note: **Home Help Program** is another service available to Medicaid beneficiaries who require in-home assistance with activities of daily living (ADL) and household chores. To learn more about this service, you may call the local MDHHS number below or contact Customer Service for assistance.

Genesee County MDHHS: 125 E. Union St., Flint, MI 48502
(810) 760-7300

Lapeer County MDHHS: 1505 Suncrest Dr., Lapeer, MI 48446
(810) 667-0800

Sanilac County: MDHHS: 515 S. Sandusky Rd., Sandusky, MI 48471, (810) 648-4420

St. Clair County MDHHS: 220 Fort St., Port Huron, MI 48060
(810) 966-2000

Medicaid Health Plan Services

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

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

If you already are enrolled in one of the MHPs (listed below), you can contact the MHP directly for more information about the services listed above. If you are not enrolled in an MHP or do not know the name of your MHP, you can contact Customer Service Department for assistance at: (877) 346-3648 (Genesee County) or (888) 225-4447 (Lapeer, Sanilac, and St. Clair Counties).

Blue Cross Complete of Michigan

4000 Town Center Suite 1300

Southfield, MI 48075

(800) 228-8554

<http://www.mibluecrosscomplete.com>

McLaren Health Plan

G 3245 Beecher Road

Flint, MI 48532

(888) 327-0671

<http://www.mclarenhealthplan.org>

HAP Empowered

2850 W. Grand Blvd.

Detroit, MI 48202

(313) 872-8100

Toll free: (800) 422-4641

<http://www.hap.org/medicaid>

Molina Healthcare of Michigan

880 West Long Lake Road

Troy, MI 48098

(248) 925-1700

Toll free: (866) 449-6828

<http://www.molinahealthcare.com/>

Meridian Health Plan of Michigan, Inc.

1 Campus Martius Suite 700

Detroit, MI 48226

(888) 437-0606

<http://www.mhplan.com>

United Healthcare Community Plan

3000 Town Center, Suite 1400

Southfield, MI 48075

(888) 988-6300

(800) 903-5253

<http://www.uhccommunityplan.com>

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 State, you may be responsible for the cost of a portion of your services.

Should you lose your Medicaid coverage, your Prepaid Inpatient Health Plan (PIHP) contractor 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 General Fund, Block Grant, or a third-party payer.

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

Service Authorization

Services you request must be authorized or approved by the PIHP. The agency may approve all, some, or none of your requests. You will receive notice of a decision within **14 calendar days** after you have requested the service during person-centered planning (PCP), or within **72 hours** if the request requires an expedited decision.

Any decision that denies a service you request or denies the amount, scope, or duration of the service that you request will be made by a healthcare 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.

Medicaid Fee for Service

If you do not qualify for services through the Region 10 PIHP, or need medical care not covered by the PIHP, or the PIHP does not cover services because of moral or religious objections, and you have Medicaid Fee for Service, call the beneficiary helpline at 1-800-642-3195 for information on your benefit plan and the medically necessary services available to you.

Region 10 PIHP Current Evidence-Based and Promising Practices

Evidence-Based Practices (EBP) involve complex and conscientious decision-making which is based not only on the available evidence but also on an individual's characteristics, situations, and preferences. These practices recognize that care is individualized and ever-changing and involves uncertainties and probabilities. EBPs use evidence drawn from scientific study, practitioner expertise, and feedback from individuals who receive the service.

St. Clair	Sanilac	Lapeer	Genesee
Adult Practices			
IDDT (2003)	IDDT (2006)	IDDT (2005)	IDDT (2007) GHS Internal provider, Hope Network New Passages, Inc., Training and Treatment Innovations, Inc.
FPE (2009)		FPE (2006)	FPE (1/2006) GHS Internal provider
ACT (1988)	ACT (1988)	ACT (1988)	ACT (8/1985) GHS Internal provider (1/2002) Training and Treatment Innovations, Inc. (1/2003) Hope Network New Passages, Inc.
DBT (2002)	*DBT (2004)	DBT (2009)	DBT (2009) GHS Internal Provider (5/2008) Hope Network New Passages, Inc.
			DBT Adaptions - Cognitive Impairments (9/2013) GHS Internal Provider
			Gentle Teaching (10/2009) GHS, All Residential Providers, and GHS Provider Network
			NIATx (2009) Various providers both Internal and External under the guidance/leadership of GHS

St. Clair	Sanilac	Lapeer	Genesee
Adult Practices - Continued			
		Prolonged Exposure Therapy (2016)	Prolonged Exposure Therapy (1/2011) GHS Internal Provider
	Trauma Recovery and Empowerment Model-TREM and M-TREM (2017)	Trauma Recovery and Empowerment Model-TREM and M-TREM (2017)	Integrated Health (11/2001) GHS Internal Provider, (2011) Hope Network New Passages
In-Shape (2011) Expanded services to individuals with DD/I per a program called Health Matters (2015)	In-Shape (2011) Health Matters (2016)	In-Shape (2010)	
Illness Management & Recovery (2011)	Illness Management & Recovery (2005)	Illness Management & Recovery (2005)	
Supported Employment (2011) IPS Have a waiting list of 45 people. Currently have a posting for 2 full time staff. This EBP is exceeding fidelity measures for placement		Individual Placements and Supports (2016)	Supported Employment (2000) Freedom Work Opportunities, Inc., FWOGC, Good Will Industries, Lapeer Teamwork, MCSI, VIP
Motivational Interviewing (2006) In FY 15 MI Trainers are scheduled to provide (3) trainings to staff	Motivational Interviewing	Motivational Interviewing (2006)	Motivational Interviewing (8/2007) GHS Internal Provider, Hope Network New Passages, Inc.
SOAR (2009)			SOAR (7/2007) GHS Internal Provider

St. Clair	Sanilac	Lapeer	Genesee
Adult Practices - Continued			
<p>Life Goals Trained 8 staff to cover all 3 CMH locations. Groups are up and running. ADEPT Site report reflects fidelity performance for April is at or above at 2 sites and performance at Capac site is 100%</p>			<p>Life Goals (2015)</p>
			<p>Recovery Navigators (2013) GHS Internal Provider Health Coaches (2013) GHS Internal Provider</p>
<p>Peer Supports</p> <ul style="list-style-type: none"> • Personal Action Towards Health (PATH - 2009) • Smoking Cessation (2007) • Wellness Recovery Action (WRAP – 2006) • Wellness Health Action Management (WHAM) (2016) 	<p>Peer Supports</p> <ul style="list-style-type: none"> • Smoking Cessation (2012) • Wellness Recovery Action Plan (WRAP – 2009) • Whole Health Action Management (WHAM 2013) • Emotional CPR (E-CPR-2013) • Motivational Interviewing (2014) 	<p>Peer Supports</p> <ul style="list-style-type: none"> • Wellness Recovery Action Plan (WRAP – 2006) • Emotional CPR (2015) • Whole Health Action Management (WHAM-2016) 	<p>Peer Supports</p> <ul style="list-style-type: none"> • Wellness Recovery Action Planning (WRAP - 8/2011) GHS Internal Provider • Personal Action Towards Health (PATH - 4/2012) GHS Internal Provider
<p>Trauma Focused Cognitive Behavioral Therapy (TFCBT) (2006) (SCCCMH – WEST & Child & Family Services @ Electric Avenue)</p>			
<p>Food Education Training of Persons with Serious Psychological Disabilities (2012)</p>			

St. Clair	Sanilac	Lapeer	Genesee
Adult Practices - Continued			
My Strength (2015)			myStrength (2015)
			QPR (2015)
			SAMHSA Recovery Curriculum (6/2008) (GHS Internal Provider)
			Seeking Safety (2011) Training and Treatment Innovations, Inc., Sacred Heart, Holy Cross, Catholic Charities
Mental Health First Aid (2014)	Mental Health First Aid (2014)	Mental Health First Aid (2014)	Mental Health First Aid (2014)
		Senior Reach (2016)	
Children's Practices			
Trauma Focused CBT (2009)	Trauma Focused CBT (2011)	Trauma Focused CBT (2012)	Trauma Focused CBT (1/2010) GHS Internal Provider- Child and Family Services (4/2012) Easter Seals of Southeast Michigan/Genesee
*Wrap Around (2007)	*Wrap Around (2000)	*Wrap Around (1990)	*Wrap Around (3/2008) GHS Internal Provider-Child and Family Services
*Infant Mental Health (2009)	*Infant Mental Health (2006)	*Infant Mental Health (2009)	*Infant Mental Health (10/2009) GHS Internal Provider-Child and Family Services
PMTO (2007)			
*Parent Support Partners (2010)	*Parent Support Partners (2018)	*Parent Support Partners	
			MultiSystemic Therapy (MST) (7/2006) GHS Internal Provider - Child and Family Services
			MST Adaption-SUD (6/2013) GHS Internal Provider - Child and Family Services

St. Clair	Sanilac	Lapeer	Genesee
Children's Practices - Continued			
			DBT Adaption – Adolescents (9/2012) GHS Internal Provider - Child and Family Services (2010) Consumer Services Inc.
Applied Behavior Analysis	Applied Behavior Analysis	Applied Behavior Analysis (2015)	Applied Behavior Analysis
Mental Health First Aid –Youth Ages 12-18 (2015)	Mental Health First Aid –Youth Ages 12-18 (2015)	Mental Health First Aid –Youth Ages 12-18 (2015)	Mental Health First Aid – Youth Ages 12-18 (2015)
Parenting Through Change (2016)			
Pharmacologic Interventions			
Long-Acting Injectable Medications (2016)		Long-Acting Injectable Medications	Long-Acting Injectable Medications (FOHC and GHS)
Smoking Cessation Medications (2016)			Smoking Cessation Medications (FOHC and GHS)
Naloxone (2016)			Naloxone (FOHC and GHS)

**Implemented as a Promising Practice*

Chapter 12

Definition of Terms

Access: The entry point to the Contractor, 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 Contractor.
- Failure of the Contractor to act within **30 calendar days** from the date of a request for a standard appeal.
- Failure of the Contractor to act within **72 hours** from the date of a request for an expedited appeal.
- Failure of the Contractor 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 (SUD).

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 Contractor'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 illness. DME consists of items which:

- are primarily and customarily used to serve a medical purpose;
- are not useful to an individual 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 does not 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 must 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 a 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 Contractor to make an authorization decision.

Grievance and Appeal System: The processes the Contractor 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, and 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 the 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 MPM and/or information from it.

Home Healthcare: 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 one of the following: (a) if applied to an individual older than five years, a severe chronic condition that is attributable to 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 DD.

Individuals with LEP: Individuals who cannot speak, write, read, or understand the English language at a level that permits them to

interact effectively with health care providers and social service agencies.

Limited English Proficient (LEP): Means potential 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 the Michigan Department of Health and Human Services. This State department, located in Lansing, oversees public-funded services provided in local communities and State facilities to individuals with mental illness, DD, and SUD.

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, DD, SUD, or any other medical condition. Some services assess needs and some services help maintain or improve functioning. The Contractor 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, SED, and DD by local CMHSPs and in state facilities.

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

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 PIHP 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, SUD, intellectual disability (ID), 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 mental health, DD, 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 CMHSP 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(e), 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, 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 SED and their families. It refers to the individual's ability to become successful despite challenges they may face throughout their life.

SED: An acronym for Serious Emotional Disturbance, 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 (DSM) 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 CMHSP, or Contractor denial, reduction, suspension, or termination of Medicaid services. State administrative law judges who are independent of the MDHHS perform the reviews.

Substance Use Disorder (or substance abuse) (SUD): 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.



**By: Diana C.
St. Clair County**

Chapter 13

Points of Contact

Region 10's CEO, Medical Director, and Regional Recipient Rights Officer, may be contacted by calling:

- Region 10 PIHP: (810) 966-3399
Region 10 PIHP
3111 Electric Avenue, Suite A.
Port Huron, MI 48060

Region 10 Customer Service Supervisors may be contacted by calling:

- Genesee County: (877) 346-3648
Genesee Health System
420 W. Fifth Avenue
Flint, MI 48503
- Lapeer, Sanilac, and St. Clair Counties: (888) 225-4447
Region 10 PIHP
3111 Electric Avenue, Suite A.
Port Huron, MI 48060

For Emergencies call:

- 911
- 24-Hour Crisis Line: (877) 346-3648 (Genesee County) or (888) 225-4447 (Lapeer, Sanilac, and St. Clair Counties)

Chapter 14

Tag Lines

To establish a methodology for identifying the prevalent non-English languages spoken by beneficiaries and potential beneficiaries throughout the State and in each Contractor entity service area, the list below is provided. The Contractor must provide tag lines in the prevalent non-English languages in its service area included in the list below.

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

English: ATTENTION: If you speak English, language assistance services, free of charge are available to you. Call 1-888-225-4447

Albanian: KUJDES: Në qoftë se ju flisni anglisht, shërbimet e ndihmës gjuhësore, papagesë, janë në dispozicion për ty. Telefononi 1-888-225-4447

Arabic: مہینتہ: إذا نکت دحتتث ائییرعہ افن امدخ امجرتلہ رفوتمة کلا ناجماً طقف االصتہ یاء امقرہ 1-888-225-4447

Bengali: দৃষ্টি আকর্ষণ: আপনি ইংরেজি, ভাষা সহায়তা সেবা, িনখরচা কথা বলেত পারেন, আপনার জনস্ব উপল। কল 1-888-225-4447

Chinese: 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 1-888-225-4447

German: Achtung: Wenn Sie Englisch sprechen, sind Sprache Assistance-Leistungen, unentgeltlich zur Verfügung. Rufen Sie. 1-888-225-4447

Italian: Attenzione: Se si parla inglese, servizi di assistenza di lingua, gratuitamente, sono a vostra disposizione. Chiamare 1-888-225-4447

Japanese: 注意: 英語を話す言語アシスタンス サービス、無料で、あなたに利用できま 1-888-225-4447

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

- Qualified interpreters
- Information written in other languages

If you need these services, contact Customer Service between the hours of 8:00am-5:00pm Monday-Friday at: (877) 346-3648 (Genesee County) or (888) 225-4447 (Lapeer, Sanilac, and St. Clair Counties).

If you believe the Contractor has failed to provide these services or discriminated in another way because of race, color, national origin, age, disability, or sex, you can file a grievance by contacting Customer Service at: (877) 346-3648 (Genesee County) or (888) 225-4447 (Lapeer, Sanilac, and St. Clair Counties).

If you are an individual who is deaf or hard of hearing, you may contact the PIHP Customer Service or MI Relay Service at 711 to request their assistance with connecting you to the PIHP. You can file a grievance in person, by mail, fax, or email. We are here to assist you in filing a grievance at your request. The Region 10 Grievance and Appeal Manager 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**

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Region 10 PIHP Access Centers:

- ◆ Genesee Health System
(877) 346-3648
- ◆ Lapeer, Sanilac, and St. Clair Counties
(888) 225-4447

Customer Service

- ◆ Genesee Health System
(877) 346-3648
8:00 a.m. to 5:00 p.m.
- ◆ Lapeer, Sanilac, and St. Clair Counties
(888) 225-4447
8:00 a.m. to 5:00 p.m.



Region 10

Prepaid Inpatient Health Plan

Providing public services for mental health and substance use disorders through the Community Mental Health agencies in Genesee, Lapeer, Sanilac and St. Clair Counties and a panel of other care providers.



By: Alisha C. Sanilac County



Lapeer County Community Mental Health



Hope and health in the community