# Oakland County Public Mental Health

## Services Handbook



ACCREDITED NCQA MANAGED BEHAVIORAL HEALTHCARE ORGANIZATION FULL

Oakland Community Health Network

*Developmental Disabilities*
*Mental Health • Substance Recovery*

5505 Corporate Dr
Troy, MI 48098
www.oaklandchn.org

## Letter from the Executive Director

Welcome to Oakland Community Health Network (OCHN)! We are happy to provide you with quality public behavioral health services. OCHN's critical community programs support adults, children, and families who have an intellectual or developmental disability, mental health challenge, or substance use disorder.

OCHN is a Prepaid Inpatient Health Plan (PIHP) under contract with the Michigan Department of Health and Human Services (MDHHS). Most of the people we serve in Oakland County have Medicaid benefits.

OCHN is committed to giving you and your family the best possible assistance through important community partnerships and OCHN's service provider network.

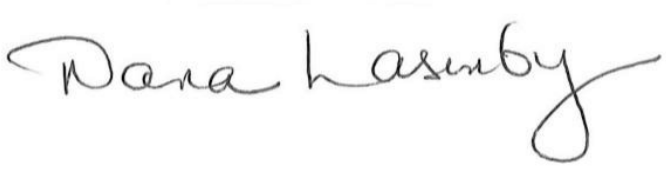
All decisions about your care are directed by the Person-Centered Planning Process (PCP) and OCHN's values:

- We promote equality and personal choice, leading toward self-directed lives.
- We use language that promotes dignity and respect for all.
- We are guided by the goals, needs, and desires of the people we serve.
- We lead with integrity, accountability, and transparency.
- We promote and protect the rights of people served as they seek to achieve their personal life outcomes.
- We strengthen our community by identifying needs and implementing innovative solutions.
- We collaborate for a shared purpose with individuals served, staff, service providers, and the community.

If you feel like your service needs are not being met, please discuss these concerns with your service provider. OCHN's Customer Services Team is also available to help at (800) 341-2003 during normal business hours. More information regarding your support options is provided in the Service Handbook. This handbook is also available on OCHN's website at www.oaklandchn.org.

Again, welcome to OCHN. We look forward to supporting you in reaching your self-directed life goals.

Sincerely,



Dana Lasenby, Executive Director and CEO, OCHN

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## OCHN Customer Services

Customer Services focuses on helping people get the supports and services they need. Service representatives can assist with the Person-Centered Planning process, communication with providers, and help direct people when they feel lost in the system. Customer Services has information about a variety of services and resources available in the community and explains the Appeals and Grievance process when someone is not satisfied with their services. Contact Customer Services for information about OCHN services and OCHN publications such as the annual report, newsletters, organization chart, service provider directory, meeting information, and board minutes/ member lists. These can also be found online at www.oaklandchn.org.

Customer Services can be reached 8 a.m. - 5 p.m. Monday - Friday (except on holidays)
888-847-0513 or 248-858-1210 Video Conference Phone: 248-209-6902 Fax: 855-409-9462
www.oaklandchn.org

Other hours are available too. Please leave a telephone message at 888-847-0513 or e-mail customerservice@oaklandchn.org. In the message tell us a good time to reach you. We will contact you at your convenience.

If you are contacting Customer Services outside of regular business hours, please let us know the best day and time to get back with you. For urgent matters, please contact the Suicide & Crisis Lifeline at 988.

OCHN Contact Info:
Dana Lasenby, Executive Director and CEO.....248-858-1210
Vasilis Pozios, M.D., Chief Medical Officer.....248-858-1210
Kimberly Flowers, BSN, RN, MA, LPC.....248-858-1210
Vicki Suder, Director of Rights and Advocacy.....248-975-9578
Linda Bartaloni-Till, Customer Services.....888-847-0513
OCHN Meeting Hotline..... 248-858-7590
Emergency Contact.....988

**Confidentiality and Family Access to Information**

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

Family members have the right to provide information to OCHN about you. However, without a Release of Information signed by you, OCHN 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 use services, you have rights related to confidentiality specific to substance use services.

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

If you feel your confidentiality rights have been violated, you can call Recipient Rights at 248-975-9578.

**Coordination of Care**

To improve the quality of services, OCHN wants to coordinate your care with the medical provider who cares for your physical health. Individuals who have mental illness and substance use disorders are welcome in the Community Mental Health network system. If you are receiving substance use services, your mental health care should be coordinated with those services. Being able to coordinate with all providers (doctors, therapists, other agencies, etc.) involved in your treatment improves your chances for recovery, relief of symptoms, and improved functioning.

Therefore, you are encouraged to sign a “Release of Information” form so that information can be shared. If you do not have a medical doctor and need one, contact Customer Services and the staff will assist you in getting a medical provider.

**Access to Out-of-Network Services**

Access to Out-of-Network Services If there is not a provider within the OCHN network system to deliver the subspeciality services and supports that are identified during the Person-Centered Planning (PCP) process, you may go outside of the network to get the services. You can do this (at no charge or expense to you) if:

- It is a covered service.
- It is a necessary medical service or support for you.
- The amount, duration, and type of service is outlined in your Individual Plan of Service during the Person-Centered Planning process.

**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; 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 or she is unable to understand the need for treatment and that their condition is expected to result in harm to him/herself or another individual in the near future. You have the right to receive emergency services at any time, 24-hours/7 days a week, without prior authorization for payment of care. These services are available when an individual is out of town or outside the OCHN network service area. You have the right to use any hospital or other setting to receive emergency care 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, day, or night, call 988. OCHN’s service provider agencies will provide you with emergency directions as well.

OCHN Resource & Crisis Helpline: 888-238-0611

Provides 24 hour mental health crisis services for Oakland County residents. After-Hours Access is available at the Resource & Crisis Center at 1200 N. Telegraph Rd., Bldg. 32 E, in Pontiac, MI.

Please Note: If you utilize a hospital emergency room, there may be healthcare services provided

to you as part of the hospital treatment that you receive for which you may receive a bill and may be responsible for depending on your insurance status. These services may not be part of the PIHP emergency services you receive. Customer Services can answer questions about such bills.

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

Post stabilization psychiatric services are covered services provided post emergency room and once a member is stabilized in order to maintain the stabilized condition. These services require prior authorization by OCHN. Post stabilization services include:
1. Inpatient Psychiatric Hospitalization Services
2. Outpatient Partial Hospitalization Services
3. Crisis Residential Services
4. Intensive Crisis Stabilization Services

**Non-Emergency Access to Services**
A “behavioral health non-emergency” is when an individual is seeking routine care for an illness or condition that is not of an urgent matter. Oakland County residents who have Medicaid or are Medicaid eligible can be connected to public mental health services through OCHN’s non-emergency ACCESS point, also located at the Resource & Crisis Center at 1200 N. Telegraph Rd., Bldg. 32 E, in Pontiac, MI. The access point includes services to people with an intellectual/developmental disability, mental illness, substance use disorder, and children with serious emotional disturbance.

Non-Emergency Contact Information:
248-464-6363, Monday - Friday 8 a.m. - 8 p.m.

**Mental Health Glossary**

**Access:** Your ability to get needed care and services.

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

**Adverse Benefit Determination:** A decision that adversely impacts 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. A denial, in whole or in part, of a payment for a service solely because the claim does not meet the definition of a “clean claim” is not an ABD.
- 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 and as authorized by the PIHP.
- Failure of the PIHP to act within **30 calendar days** from the date of a request for a standard appeal.
- Failure of the PIHP to act within **72 hours** from the date of a request for an expedited appeal.
- Failure of the PIHP to provide disposition and notice of a local grievance/complaint within **90 calendar days** of the date of the request. For a resident of a rural area with only one PIHP, the denial of an enrollee's request to exercise his or her right, to obtain services outside the network.

Denial of the enrollee's request to dispute a financial liability, including cost-sharing, copayments, premiums, deductibles, coinsurance, and other enrollee financial responsibility.

**Amount, Duration, and Scope:** Terms to describe the way Medicaid services listed in an individual's individual plan of service (IPOS) will be provided.
- Amount: How much service (number of units of service)
- Duration: How long the service will be provided (the length of time of the expected service)
- Scope: Details of service (who, where, and how the service is provided)
- Frequency: How often/when service(s) occurs (e.g., daily, weekly, monthly, quarterly)

**Appeal:** A review of an adverse benefit determination.

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

**Assertive Community Treatment (ACT):** A program that offers treatment, rehabilitation, and support services using a person-centered, recovery-based approach to individuals who have been diagnosed with severe and persistent mental illness. Individuals receive ACT services including assertive outreach, mental health treatment, health, vocational, integrated dual disorder treatment, family education, wellness skills, community linkages, and peer support from a mobile, multidisciplinary team in community settings.

**Behavioral Health:** Includes not only ways of promoting well-being by preventing or intervening in mental illness such as depression or anxiety but also has as an aim preventing or intervening in substance use disorders or other addictions. For the purposes of this handbook, behavioral health will include intellectual/developmental disabilities, mental illness in both adults and children, and substance use disorders.

**Behavioral Health Home:** Provides comprehensive care management and care coordination services to beneficiaries with a select serious mental illness/serious emotional disturbance. The goals of the benefit are to ensure seamless transition of care and to connect eligible beneficiaries with needed clinical, behavioral, and social services

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

**CA:** An acronym for Substance Abuse Coordinating Agency. The CAs in Michigan manage services for people with substance use disorders.

**Child and Adolescent Functional Assessment Scale (CAFAS):** A valid and reliable assessment tool which provides a numerical rating of a youth's functioning across several life domains. It is utilized with youth ages 7-17 years.

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

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

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

**Children's Waiver Program (CWP):** Provides community-based services to beneficiaries under age 18 who, if not for the availability and provisions of CWP services, would otherwise require the level of care and services provided in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID). The goal of the CWP is to enable beneficiaries with developmental disabilities who have significant needs and who meet the CWP eligibility requirements to live with their parents or legal guardians and to fully participate in their communities.

**Dialectical Behavior Therapy (DBT):** A specific type of psychotherapy to more effectively treat borderline personality disorder and other types of mental health disorders. DBT treatment is a cognitive-behavioral approach that emphasizes the psychosocial aspects of treatment.

**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 Michigan Department of Health and Human Services – independent of the PIHP service system.

**Developmental Disability:** Is defined by the Michigan Mental Health code as either of the following: (a) If applied to an individual older than five (5) years, a severe chronic condition that is attributable to a mental or physical impairment or both, and is manifested before the age of 22 years; is likely to continue indefinitely; and results in substantial functional limitations in three or more areas of the following major life activities: self-care, receptive and expressive language, learning, mobility, self- direction, capacity for independent living, and economic self-sufficiency;

and reflects the need for a combination and sequence of special, interdisciplinary, or generic care, treatment or other services that are of lifelong or extended duration and are individually planned and coordinated; (b) If applied to a minor from birth to age five, a substantial developmental delay or a specific congenital or acquired condition with a high probability of resulting in a developmental disability

**Durable Medical Equipment:** Any equipment that provides therapeutic benefits to an individual in need because of certain medical conditions and/or illnesses. Durable Medical Equipment consists of items which meet all the following:

- 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.

**Evidence Based Practice (EBP):** A process in which the practitioner combines well-researched interventions with clinical experience, ethics,person's preferences and culture to guide and inform the delivery of treatments and services.

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

A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in the following:

1. Placing the health of the individual (or, for a pregnant woman, the health of the woman or the unborn child) in serious jeopardy.
2. Serious impairment to bodily functions.
3. Serious dysfunction of any bodily organ or part.

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

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

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

**Emergency Situation:** A situation in which an individual is experiencing a serious mental illness or an intellectual/developmental disability, or a minor is experiencing a serious emotional disturbance, and one (1) of the following applies:

1. The individual can reasonably be expected within the near future to physically injure themself, or another individual, either intentionally or unintentionally.
2. The individual is unable to provide themselves with food, clothing, or shelter or to attend to basic physical activities such as eating, toileting, bathing, grooming, dressing, or ambulating, and this inability may lead in the near future to harm to the individual or to another individual.
3. The individual's judgment is so impaired that they are unable to understand the need for treatment

and, in the opinion of the mental health professional, their continued behavior as a result of the mental illness, intellectual/developmental disability, or serious emotional disturbance can reasonably be expected in the near future to result in physical harm to the individual or to another individual.

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

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

**Family Driven Youth Guided:** Policy guideline which describes the planning process for children, youth, young adults, and their families.

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

**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 MDHHS and Genesee Health Systems (GHS). The fee-for-service contract shall provide the targeted case management services in accordance with the requirements outlined in the Special Terms and Conditions for the Flint Section 1115 Demonstration, the Michigan Medicaid State Plan and Medicaid Policy.

**Grievance:** Expression of dissatisfaction about any matter other than an ABD. Grievances may include, but are not limited to, the quality of care or services provided, and aspects of interpersonal relationships such as rudeness of a provider or employee, or failure to respect beneficiary's rights regardless of whether remedial action is requested. Grievance includes a beneficiary's right to dispute an extension of time proposed by the PIHP to make an authorization decision.

**Grievance and Appeal System:** The processes the PIHP implements to handle the appeals of an ABD 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.

**Habilitation Supports Waiver (HSW):** An intensive home and community based, active treatment and support program, designed to assist individuals with intellectual/developmental disabilities to live independently with supports in their community of choice. This program is designed as a community-based alternative to living in an ICF/IID. The HSW is based on legislation found in Title XIX of the Social Security Act. This legislation allows the state to provide waiver services to a targeted population who, with out waiver services, would be at risk for out-of-home placement.

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

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

**Healthy Michigan Plan (HMP):** This plan provides health care benefits to individuals who are: aged 19-64 years; have income at or below 133% of the federal poverty level under the Modified Adjusted Gross Income methodology; do not qualify or are not enrolled in Medicare or Medicaid; are not pregnant at the time of application; and are residents of the State of Michigan. Individuals meeting HMP eligibility requirements may also be eligible for behavioral health services. The Michigan Medicaid Provider Manual contains complete definitions of the available services as well as eligibility criteria and provider qualifications. The manual can be accessed at: https://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf.

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

**Home and Community Based Services (HCBS) Rule:** Medicaid services that are funded through/ identified by the HCBS Rule are required to meet specific standards developed to ensure waiver participants exerience their home, work, and community environments in a manner that is free from restriction. Settings that provide HCBS must not restrict movement or freedoms related to choice and inclusion in the home and/or community and must be provided in a setting that is consistent with the settings and services non-Medicaid individuals frequent including home settings, employment opportunities and access to the greater community.

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

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

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

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

**Integrated or Co-occurring Mental Illness and Substance Use Disorder:** Defined as both disorders at the same time. OCHN welcomes individuals with both disorders and provides co-occurring capable treatment throughout the network and at every level of care.

**Intellectual/Developmental Disability:** Defined by the Michigan Mental Health code as either of the following: (a) If applied to an individual older than five years, a severe chronic condition that is attributable to a mental or physical impairment or both, and is manifested before the age of 22 years; is likely to continue indefinitely; and results in substantial functional limitations in three or more areas

of the following major life activities: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency; and reflects the need for a combination and sequence of special, interdisciplinary, or generic care, treatment or other services that are of lifelong or extended duration; (b) If applied to a minor from birth to age five, a substantial developmental delay or a specific congenital or acquired condition with a high probability of resulting in a developmental disability.

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

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

**Level of Care Utilization System (LOCUS):** An assessment tool utilized by a clinician to ensure that individuals with a mental health issue receive appropriate services and supports that match their treatment needs. LOCUS is an authorization system based on a common sense approach to services provided based on Utilization Management (UM) guidelines and the individual's level of need.

All OCHN and provider agency practitioners and employees who make UM decisions understand the importance of ensuring people receive clinically appropriate, humane, and compassionate services of the same quality one would expect for their child, parent, or spouse by affirming the following:

- UM decision-making is based only on appropriateness of care, service, and existence of coverage.
- OCHN and its provider agencies do not reward practitioners / individuals for issuing denials of coverage or service care.
- No physicians nor any other staff making UM decisions are rewarded for issuing denials of coverage or service or reducing care which is deemed medically necessary.

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

**Medicaid Managed Care Formulary (Medicaid Formulary)**
The Michigan Department of Health and Human Services (MDHHS) has worked with its health plan partners to create a list of medications that all Medicaid health plans must cover. Please refer to OCHN website at oaklandchn.org for the complete Medicaid Formulary.

**Medically Necessary:** A term used to describe one of the criteria that must be met in order for a beneficiary to receive Medicaid services. It means that the specific service is expected to help

the beneficiary with his/her mental health, developmental disability or substance use (or any other medical) condition. Some services assess needs and some services help maintain or improve functioning. PIHP's are unable to authorize (pay for) or provide services that are not determined as medically necessary for you.

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

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

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

**Non-Emergency:** When an individual is seeking routine "behavioral health" non-emergency care for an illness and/or condition that is not of an urgent matter.

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

**Participating Provider:** The general term used for doctors, nurses, and other people who give you services and care. The term also includes hospitals, home health agencies, clinics, and other places that provide health care services. This may include medical equipment, as well as mental health, substance use disorder, intellectual/developmental disability, and long term supports and services. They are licensed or certified to provide health care services. They agree to work with the health plan, accept payment, and not charge enrollees an extra amount. Participating providers are also called network providers.

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

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

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

**Plan:** Offers health care services to enrollees that pay a premium.

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

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

**Prescription Drugs**: 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 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:** An individual or entity/organization engaged in the delivery, ordering, or referring of services.

**Provider Directory:** provided once a year or upon request. The Provider Directory is available to everyone on the OCHN website at www.oaklandchn.org If you are in need of assistance using the Provider and / or Practitioner Directories, Please contact Customer Services at 888-847-0513 or by e-mail at customerservice@oaklandchn.org. Customer Services can help provide instructions on how to find practitioner information including name, telephone number, gender, discipline, specialties (if applicable), residency and board certification status (if applicable), if they are accepting new people, languages the practitioner speaks, and their office locations. In addition, Customer Services can provide instructions for searching the Provider Directory (Facility Name, Location, etc.) and any other Directory questions that you may have. This search includes locating, Inpatient Hospitals, Partial Hospitals, Outpatient, and other behavioral healthcare services. You can also request a hard copy of the directories, at any time, at no cost to you and will be issued within five (5) business days.

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

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

**Recovery Support Program (RSP):** A service model available through the OCHN provider network serving adults with mental illness. RSP is part of a range of services for individuals as they move along in their recovery. RSP supports and advances recovery, aligns services with needs, provides peer support services and focuses on the transition for individuals to receive services in the community.

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

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

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

**Services Handbook:** A guide to the information and resources available to the people and families served by OCHN and the public mental health system in Oakland County. The Handbook and materials can be provided in other written formats such as large print, other languages, including Braille or audio. This assistance and language services will be provided upon request at no cost. If you are in need of these special accommodations and/or assistance to help you better understand the information in this handbook, please let your service provider, support coordinator or case manager know. Customer Service is also available at 888.847.0513.

A copy of the Handbook is provided at time of an intake appointment, annually and upon request. The Handbook is also available on our website at oaklandchn.org Anyone may also contact Customer Service to request a copy of the Service Handbook.

When/if a major change is made (something is added or deleted) to the OCHN Services Handbook a written notice is given to each individual served at least 30 days before the effective date of the change takes place.

**Specialty Supports and Services:** A term that means Medicaid-funded mental health, developmental disabilities and substance use supports and services are managed by the Prepaid Inpatient Health Plans (PIHPs).

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

**Serious Emotional Disturbance Waiver (SEDW):** Provides home and community-based services to children, youth, and young adults under age 21 who, if not for the availability and provisions of SEDW services, would otherwise require hospitalization in our state psychiatric hospital. The goal of the SEDW is to enable beneficiaries with SED who have significant needs and who meet the SEDW eligibility requirements to live in their home and community instead of receiving hospital level of care.

**Serious Mental Illness (SMI):** Is defined by the Michigan Mental Health Code as a diagnosable mental, behavioral or emotional disorder affecting an adult, and 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 or her practice.

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

**Substance Use Disorder:** 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.

**Vital documents:** Printed or electronic documents that provide important information necessary to access or participate in services, programs, and activities of a covered entity, which include at a minimum provider directory, enrollee handbooks, appeals and grievance notices, and denial and termination notices. MCI Act 241 of 2024 LEP.

**Grievance and Appeals Processes**
All individuals receiving services and applicants for services have the right to orally or in writing request a Local Appeal, Grievance and / or file a Recipient Rights Complaint, separately or all at the same time.

Should you require any cultural accommodations or interpreter services, arrangements can be made to accommodate your needs, for example: hearing impaired or non-English speaking. Please contact OCHN Customer Services Office at 888-847-0513 or TDD: 7-1-1 for assistance. Language assistance is provided at no cost to you.

With the written consent from you as the Medicaid beneficiary, a service provider or another authorized representative can act on your behalf to file a Local Appeal or Grievance to OCHN. You will be asked to provide written permission for the individual you would like to be your authorized representative. You can submit this information to OCHN in any way or manner most convenient for you such as by fax, postal mail, text message, or by an e-mail. Your service provider may file

a Grievance or request a State Fair Hearing (after the resolution of the Local Appeal) on your behalf because the State of Michigan permits a provider to act as the beneficiary's authorized representative. Punitive action may not be taken by OCHN against a provider who acts on your behalf when they have your written consent to do so.

**Grievances**

You have the right to say that you are unhappy with your services and/or supports, or the staff who provide them, by filing a "grievance." You, your guardian, your legal representative or a parent of a minor child can file a grievance any time by calling, visiting, or writing to Customer Services. Assistance is available in the filing process by contacting Customer Service at 888.847.0513. In most cases, your grievance will be resolved within 90 calendar days from the date the PIHP receives your grievance. You will be given detailed information about the grievance and appeal process When you first start services and then again annually. In all cases, the PIHP may extend the time for resolving your Grievance by 14 calendar days if you request an extension, or if the PIHP can show that additional information is needed, and a delay is in your best interest. You may ask for this information at any time by contacting Customer Services at 888-847-0513. If your grievance is not resolved within 90 calendar days, you or your representative can request a State Medicaid Fair Hearing.

**Appeals**

You will be notified when a decision is made that denies your request for services or reduces, suspends, or terminates services you already receive. This notice is called an "Adverse Benefit Determination." You have the right to file an "appeal" when you don't agree with a decision. If you want to ask for an appeal, orally or in writing, you will have to do so within 60 calendar days from the date of the Adverse Benefit Determination.

You may ask for a Local Appeal by:

1. File a Local Appeal by completing the Local Appeal Request Form that you received with your Due Process / Adverse Benefit Determination Notice.
2. File a Local Appeal electronically/online:
   - Go to www.oaklandchn.org, select the Recipient Rights tab at the top of the page
   - Select the "Local Appeals Form" link
   - Answer all form questions and the hit submit. You will then receive a confirmation e-mail that your appeal has been received.
3. Ask for assistance with filing a "Local Appeal" by contacting Customer Services at 888-847-0513. 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. OCHN will provide you written notice of the Local Appeal Expedited Resolution, and will also make reasonable efforts to provide oral notice. If the request for the Local Expedited Appeal is denied, OCHN will try to give you prompt oral notices, and will follow-up with written notice within 2 calendar days. At this time, the appeal transfers to the standard time frame, 30 calendar days. You have the right to file a Grievance if you disagree.

In all cases, the PIHP may extend the time for resolving your appeal by 14 calendar days if you request an extension, or if the PIHP can show that additional information is needed and a delay is in your best interest. If OCHN needs to extend the time frame of the Local Appeal, written notice will be provided of the reason within 2 calendar days. If you disagree with the decision, you have the right to

file a Grievance.

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

You can ask for a state fair hearing only after receiving notice that the service decision you appealed has been upheld in the local appeal. You can also ask for a state fair hearing if you were not provided your notice and decision regarding your appeal in the time frame required. There are time limits on when you can file an appeal once you receive a decision about your local appeal. The Enrollee has 120 calendar days from the date of the applicable local appeal notice of resolution to file for a State Fair Hearing.

For more information about the Medicaid Fair Hearing process:
- Call the State Office of Administrative Hearings and Rules toll free at 877-833-0870. Your request for a hearing must be in writing and be signed by you or your legal guardian. During the Fair Hearing process you may represent yourself or you may have a friend, relative, lawyer, or another individual that you authorize represent you.
- Written information can be mailed to: State of Michigan Department of Licensing and Regulatory Affairs, Michigan Office of Administrative Hearings and Rules, 611 W. Ottawa St. 2nd Fl, P.O. Box 30763 Lansing, Mi. 48909-8195.
- If you have questions, or need help completing the Hearing Request form, please call Customer Services at 888-847-0513.

**Benefit Continuation:** If you are receiving a Michigan Medicaid service that is reduced, terminated, or suspended before your current service authorization ends, 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 authorized services 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 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.

If you request that your services continue during the appeal process, OCHN has the right to ask you to repay the cost of these services, if the appeal or State Fair Hearing:
- Upholds the original decision,
- You withdraw your appeal or State Fair Hearing request,
- If you or your legal representative does not attend the hearing.

State policy will determine if you will be required to repay the cost of any continued benefits.

**How to Request Mediation - An option to filing an Appeal & Grievance**

Contact the Oakland Mediation Center at:1-844-3-MEDIATE (1-844-363-3428), or Email at behavioralhealth@mediation-omc.org

**Language Assistance and Accommodations**

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

If you are an individual who is deaf or hard of hearing, you can utilize the Michigan Relay Center (MRC) to reach your PIHP, CMHSP or service provider. Please call 7-1-1 and ask MRC to connect you to the number you are trying to reach. Also, a Public Video Phone is available at the OCHN building.

If you need a sign language interpreter, contact Customer Services at 888-847-0513 as soon as possible and one will be made available. Sign language interpreters are available at no cost to you. If you do not speak English, contact Customer Services at 888-847-0513 so that arrangements can be made for an interpreter. Language interpreters are available at no cost to you.

All OCHN service provider agencies must inform and provide you with an interpreter if you request one, at no cost to you. Some written materials are available in Spanish, Arabic, or large print. For print materials not available in your language, OCHN or the agency where you are receiving services and supports will provide you an interpreter to read you the material, at no cost to you.

OCHN written material follows the 6.9 reading grade level and uses the Flesch-Kincaid readability scale.

**Accessibility and Accommodations:** In accordance with federal and state laws, all buildings and programs of OCHN 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 OCHN buildings and programs. If you need more information or if you have questions about accessibility or service/ support animals, contact Customer Services at 888-847-0513.

If you need to request an accommodation on behalf of yourself, a family member, or a friend, you can contact Customer Services at 888-847-0513. You will be told how to request an accommodation (this can be done over the phone, in person and/or in writing), and you will be told who at the agency is responsible for handling accommodation requests.

If you are an individual who is hard of hearing but do not know sign language and need another form of communication, such as a personal communication device or Computer Assisted Realtime Translation (CART) contact Customer Service at 888.847.0513 or by email at customerservice@ oaklandchn.org. Communication devices CART are available at no cost to you.

**Important Safety Information**

OCHN prioritizes the safety, dignity, and autonomy of all individuals served by using trauma, person centered approaches to prevent and deescalate situations of distress. Staff are trained to utilize verbal deescalation and other least restrictive interventions to support safety. When an imminent risk to the individual or others cannot be safely resolved through these measures, additional emergency

supports may be accessed in accordance with applicable laws and policies. Informed, person-centered approaches to prevent and de-escalate situations of distress. Staff are trained to utilize verbal de-escalation and other least-restrictive interventions to support safety. When an imminent risk to the individual or others cannot be safely resolved through these measures, additional emergency supports may be accessed in accordance with applicable laws and policies.

**Smoking** is prohibited within the Oakland Community Health Network administration building. You will find ashtrays on the outside of the building in designated smoking areas. After you have started working with your service provider, you will be given information about the provider's safety precautions, procedures, and other specific guidelines pertaining to that service site. For the health and safety of the people served, OCHN's administration building and each service provider site has evacuation maps, fire extinguishers, and first aid kits.

**Substances Use** and or possession of illicit substance are expressly prohibited on all OCHN owned or leased properties including OCHN vehicles and parking lots. Illicit substances include all federally illegal drugs, non-prescribed narcotic medication, and alcohol.

**Weapons** are prohibited on all OCHN owned or leased property, in OCHN vehicles, and at locations where OCHN services are delivered, except as permitted by law or expressly authorized by OCHN for designated safety or law enforcement personnel. Consistent with CARF Health and Safety standards, OCHN emphasizes prevention, early identification of risk, staff training in verbal deescalation, and the use of least restrictive, noncoercive interventions to address safety concerns. When a suspected or confirmed weapon presents an immediate risk that cannot be safely resolved through internal interventions, established emergency response procedures are followed in accordance with organizational policy and applicable law, with responses documented and reviewed through OCHN's risk management and continuous quality improvement processes.

**Consequences**

OCHN uses trauma-informed approaches to promote safety and respect for everyone. When behaviors create safety concerns, disrupt services, or do not follow these expectations, OCHN may take reasonable and least-restrictive steps to maintain a safe environment. These steps may include changes to services, temporary limits on certain activities, or adjustments to where services are provided. Restrictive consequences, such as modification of services, temporary restriction of certain privileges, or changes to the service setting. Consistent with 2026 CARF Behavioral Health standards, any consequences are applied in a nonpunitive manner, with respect for individual rights, and are clearly communicated, documented, and reviewed. OCHN emphasizes restoration and stabilization; privileges that have been restricted may be reinstated based on demonstrated compliance with safety expectations, participation in resolution or deescalation planning, and reassessment of risk in collaboration with the individual served and the treatment team.
This statement aligns with the MDHHS Office of Recovery Oriented Systems of Care (OROSC), Recovery Policy and Practice Advisory # 12 Version: 7.30.19

If you have any questions about safety issues or procedures, please ask the staff working with you or contact OCHN's Customer Services. In the event of a drill or actual emergency situation, everyone is expected to cooperate with the directions that are given by authorized staff members and emergency workers.

**Payment for Services**

If you are enrolled in Medicaid and meet the criteria for the specialty behavioral health and substance

use services, the total cost of your authorized behavioral health treatment will be covered. No fees will be charged to you and no claims need to be submitted. Individuals served in the OCHN network are eligible for Medicaid and do not have a limit on benefits, therefore are not discharged or transferred due to benefits being exhausted.

Some members will be responsible for "Cost Sharing." This refers to money that a member has to 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 MDHHS, you may be responsible for the cost of a portion of your services.

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

If Medicare is your primary payer, the PIHP will cover all Medicare cost-sharing consistent with coordination of benefit rules. If you lose your Medicaid, OCHN and its providers will assist you to reapply for Medicaid or other forms of coverage. If you are unable to obtain Medicaid, OCHN providers will assist you to transition to a provider in the community such as CCBHC.

**Person-Centered Planning**
The process used to design your individual plan of behavioral health supports, service, or treatment is called "Person-Centered Planning" (PCP). PCP is your right and 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, friends, providers, and what staff from OCHN 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 are your hopes and dreams are and will be helped to develop goals or outcomes that you want to achieve. The people attending this meeting will help you decide what supports, services, or treatment you need, who you would like to provide this service, how often you need the service, and where it will be provided. You have the right under federal and state laws to a choice of providers.

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

You have the right to "independent facilitation" of the Person-Centered Planning (PCP) process. This means that you may request that someone other than provider or OCHN's 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 (SED) also have the right to Person-Centered Planning (PCP), known as Family Driven, Youth Guided Planning. Family Driven, Youth Guided Planning must recognize the importance of the family and

the fact that supports and services impact the entire family. The parent(s) or guardian(s) of the children will be involved in pre-planning and the planning process using family-centered practice in the delivery of supports, services, and treatment to their children. As children grow into youth, the planning process transitions to being more youth driven and family guided in order to prepare that youth for adulthood.

**Topics Covered during Person-Centered Planning**
During PCP, you will be told about psychiatric advance directives, a crisis plan, and self-directed services (also known as Choice Voucher for individuals under 18) (See the descriptions below.). You have the right to choose to develop any, all, or none of these.

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

If you do not believe you have received appropriate information regarding Psychiatric Advance Directives from OCHN, please contact the OCHN Customer Services 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-Directed Services/Choice Voucher:** Self-Directed Services is an option for payment of medically necessary services you might request if you receive 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.

**Advance Directive**
One important area in which people exercise independence is in choosing mental and other health treatments they receive. Unfortunately, due to illness, people may become unable to make informed choices about their care. Although it is difficult to confront these issues, by doing so you can help ensure your future wishes are honored. The decision whether to have an Advance Directive is up to you. Once you determine your wishes, the next step is relatively simple and inexpensive or free, and can be part of your Person-Centered Planning process.
What is an Advance Directive?
A written, legal document that allows individuals to specify their wishes for psychiatric treatment or other treatment if they are unable to do so. Michigan Law and Public Act 2004, 532 along with 42 CFR 422.18- "Information on Advance Directives" supports:

- The designation of a health care advocate to represent an individual should he/she be unable to make their wishes known.
- A plan now for a time in the future when you may be unable to advocate or plan for yourself.
- The right to make health care decisions must be returned to an individual as soon as their ability to make such decisions has returned.

Professionals and workers must listen to the choices you have outlined in your Advance Directive document.

How does an Advance Directive relate to your treatment?
If you prefer, your case manager or clinician will assist you in connecting to a resource to help develop your Advance Directive. With your permission, your Advance Directive can be copied and made available to your case manager. Your case manager will help you distribute your Advance Directive document to all caregivers and health care professionals identified in your document and within the surrounding agencies. The provision of treatment, care and services is not dependent on or determined by whether or not an individual has an executed advance directive.

Who can assist you in developing your Advance Directive?
- Ask any Core Provider Agency for more information about Advance Directives
- Michigan Protection and Advocacy Services, Inc. at 800-288-5923.
- OCHN Customer Services toll-free at 888-847-0513.

How do you obtain more information on Advance Directives?
- Visit: www.michigan.gov and/or www.michbar.org/elderlaw

**Recipient Rights**
Every individual who receives public behavioral health services has certain rights protected by the Michigan Mental Health Code and the Code of Federal Regulations. Some of your rights include:
- The right to be free from abuse and neglect
- The right to confidentiality
- The right to be treated with dignity and respect
- The right to treatment suited to condition
- The right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation
- The right to participate in decisions about health care, including the right to refuse treatment

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

You may file a Recipient Rights complaint at any time if you think staff violated your rights. Rights complaints can be submitted in writing or orally.

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

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

Office of Recipient Rights at 248-975-9578 or Customer Services at 888-847-0513

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

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

Recovery is an individual journey that follows different paths and leads to different locations. Recovery is a process that we enter into and is a lifelong attitude. Recovery is unique to each individual and can truly only be defined by the individual themselves. What might be recovery for one 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/substance use disorder in their recovery journeys. The person-centered planning process is used to identify the supports needed for individual recovery.

In recovery there may be relapses. A relapse is not a failure, rather a challenge. If a relapse is prepared for, and the tools and skills that have been learned throughout the recovery journey are used, an individual can overcome and come out a stronger individual. It takes time, and that is why Recovery is a process that will lead to a future that holds days of pleasure and the energy to persevere through the trials of life.

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

**Medicaid Specialty Supports and Services Descriptions**
If you are a Medicaid beneficiary and have a serious mental illness (SMI), or serious emotional disturbance (SED), or intellectual / developmental disabilities (I/DD), or substance use disorder (SUD), you may be eligible for some of the Medicaid Specialty Supports and Services listed below. Additional service information, including how to refer yourself or a loved one, can be found on OCHN’s website at www.oaklandchn.org.

Before services can be started, you will take part in an assessment to find out what your needs are and if you are eligible for services. Not all individuals who come to use are eligible for services. Not all services are available to everyone we serve.

During the Person-Centered Planning (PCP) process, you and your treatment team will be supported to determine what services are medically necessary for you. The amount, scope, and duration of the services needed to achieve your goals will be determined. You will also be able to choose who provides your supports and services. You will receive an IPOS that provides all this information.

Medicaid may not pay for services that are not medically necessary or otherwise available to you from other resources in the community.

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

Note: The Michigan Medicaid Provider Manual contains complete definitions of the following services as well as eligibility criteria and provider qualifications. The manual can be accessed at mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf

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

OCHN develops clinical protocols and practice guidelines to outline best practices for the delivery of specialty supports and services. People and families served by OCHN may request a copy of any of OCHN's clinical protocols and practice guidelines by contacting OCHN Customer services.

Medicaid Specialty Supports and Services include the following PIHP covered services:

**Assertive Community Treatment (ACT)** provides basic services and supports essential for people with serious mental illness to maintain independence in the community. An ACT team will provide behavioral health therapy and help with medications. The team also helps access community resources and supports needed to maintain wellness and participate in social, educational, and vocational activities. Assertive Community Treatment 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 PIHP service.
**Applied Behavior Analysis** are services for children under 21 years of age with Autism Spectrum Disorder (ASD).

**Behavior Treatment Review** is provided if an individual's illness or disability involves behaviors that they or others who work with them want to change. Their individual plan of services may include a plan that talks about the behavior. This plan is often called a "behavior treatment plan." The plan is developed during Person-Centered Planning and is regularly approved and reviewed by a team of specialists to make sure that it is effective, dignified, and continues to meet the individual's needs.

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

**Community Psychiatric Inpatient Services** are hospital services used to stabilize a behavioral health condition in the event of a significant change in symptoms or behavioral health emergency. Community Inpatient 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 a serious mental illness or developmental disability live independently and participate actively in the

community. Community Living Supports may also help families who have children with special needs (such as developmental disabilities or serious emotional disturbance).

**Complex Case Management (CCM)** is a complementary service provided by OCHN. The goal of the program is to improve care coordination between individuals, their healthcare providers, and other supports. It is specifically used to help individuals with physical and behavioral health conditions who are enrolled with a Medicaid Health Plan. These people may have a high risk for hospitalization and/or healthcare complications. CCM does not replace services and supports provided by the OCHN provider network. Visit www.oaklandchn.org for more information on CCM services.

**Crisis Intervention** 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** for children or adults are short-term alternatives to inpatient hospitalization provided in a licensed residential setting.

**Early Periodic Screening, Diagnosis and Treatment (EPSDT)** provides a comprehensive and preventative healthcare services for children under the age of 21 who are enrolled in Medicaid. Early Periodic Screening, Diagnosis and Treatment is key to ensuring that children and adolescents receive appropriate preventative, dental, mental health, and specialty services. While transportation to EPSDT corrective or ameliorative specialty services is not a covered service under this waiver, the PIHP must assist beneficiaries in obtaining necessary transportation either through MDHHS or through the beneficiary's Medicaid health plan.

Early Periodic Screening, Diagnosis and Treatment services include screening services; vision and Program (CHIP) enrollees under the age of 21 years to any treatment or procedure that fits within any hearing services; lead screening; immunizations/vaccines for children; and other necessary health care services, diagnostic services, and treatment. Michigan's Medicaid autism services and Parent Support Partners are a few services under EPSTD authority.

*Enhanced Pharmacy includes doctor-ordered, nonprescription or over-the-counter items (such as vitamins or cough syrup) necessary to manage health condition(s) when these items are not covered by an individual's Medicaid Health Plan.

***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 a individual with physical disabilities. Note that other sources of funding must be explored first, before using Medicaid funds for environmental modifications.

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

**Fiscal Intermediary Services** help individuals manage their service and supports budget and pay providers if they are using a "self-determination" 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 he/she may have.

**Intensive 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 behavioral health therapy, crisis intervention, service coordination, or other supports to the family.

**Home and Community Based Services Rule (HCBS)**: Medicaid services that are funded through/ identified by the HCBS Rule are required to meet specific standards developed to ensure waiver participants experience their home, work, and community environments in a manner that is free from restriction. Settings that provide HCBS must not restrict movement or freedoms related to choice and inclusion in the home and/or community and must be provided in a setting that is consistent with the settings and services non-Medicaid individuals frequent including home settings, employment opportunities and access to the greater community.

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

**Intensive Crisis Stabilization Services** is a short-term alternative to inpatient hospitalization. Intensive crisis stabilization services are structured treatment and support activities provided by a behavioral health crisis team in an individual's home or in another community setting. This could include a mobile response team but also includes other crisis interventions.

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

**Intensive Care Coordination with Wraparound (ICCW)** is an evidence-informed approach to ensuring comprehensive coordination and holistic planning for children, youth, young adults, and their families with the most intensive needs. Intensive Care Coordination with Wraparound is an EPSDT state plan service when delivered to children, youth, and young adults under 21 years of age.

**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 (group or individual)** includes therapy or counseling designed to help improve functioning and relationships with other people.

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

***Occupational Therapy** includes the evaluation by an occupational therapist of an individuals' ability

to do things in order to take care of themselves every day, and treatments to help increase abilities. (CWP).

**Outpatient 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 and participants go home at night.

**Parent Support Partners (PSP):** Parent Support Partners is a peer-delivered service for parents and caregivers of youth with SED or I/DD, including Autism. Parent Support Partners is designed to support parents and caregivers through connection of lived experience and non-judgemental support to find their voice in advocating for their child and family.

**Peer Directed and Operated Support Services:** Peer-delivered services such as drop-in centers are entirely run by consumers of behavioral health services. They offer help with food, clothing, socialization, housing, and support to begin or maintain behavioral health treatment.

**Peer Mentoring Services:** Peer Mentoring services provide adults with intellectual and developmental disabilities with opportunities to support, mentor, and assist beneficiaries to achieve community inclusion and participation, independence, and productivity. Peer mentors are individuals with intellectual and developmental disabilities who have a unique skill level from their experience in utilizing services and supports to achieve their goals.

**Peer Specialist Services**: Peer Specialist Services are activities designed to help individuals with serious mental illness (SMI) in their individual recovery journey and are provided by individuals who are in recovery from serious mental illness (SMI) . Peer mentors help people with developmental disabilities.

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

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

**Prevention-Direct Service Models** utilize individual, family, dyadic, and group interventions designed to reduce the incidence of behavioral, social, emotional or cognitive dysfunction and increase the infant, toddler, or child's behavioral functionality, resilience, and optimal mental health, reducing the need for individuals to seek more intensive treatment through the public mental health system.

**Private Duty Nursing Services** are skilled nursing interventions provided to beneficiaries age 21 and older, up to a maximum of 16 hours per day, to meet an individual's health needs that are directly related to their developmental disability. (HSW)

**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, services and training to help an individual actively participate 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, Hearing, and Language Therapy** includes the evaluation by a speech therapist of an individual's ability to use and understand language, communicate with others, or manage swallowing or related conditions and treatments to help enhance speech, communication, or swallowing.

**Substance Abuse Treatment Services:** (See descriptions following the behavioral health services)

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

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

**Transportation** may be provided to and from an individual's home in order for him/her 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 individual plan of services (IPOS).

**Wraparound Services for Children and Adolescents** with serious emotional disturbance and their families that include treatment and supports necessary to maintain the child in the family home.
**Telemedicine** means the use of electronic media to link beneficiaries with heath care professionals in different locations.

**Youth Peer Support** is a peer-delivered service for youth and young adults. It is designed to support youth and young adults with a SED/SMI through shared activities and interventions in the form of non-judgmental support, connection through lived experience, and supporting self-advocacy.

***Services for individuals who meet additional criteria and/or are enrolled in the 1915 (i) State Plan Amendment (iSPA), Habilitation Supports Waiver (HSW), the Children's Waiver Program (CWP) or the Serious Emotionally Disturbance Waiver (SEDW).***

Some Medicaid beneficiaries are eligible for special community-based services that if not available would require them to live in a hospital or other facility. To receive these services, individuals need to be enrolled in one of these waivers. The availability of these waivers is very limited.

**1915 (i) State Plan (iSPA):** The iSPA is provided to Medicaid beneficiaries who are any age and have I/DD, serious mental illness (SMI), serious emotional disturbance (SED) and substance use disorder (SUD) have substantial functional limitations and are at risk of not increasing or maintaining sufficient level of functioning in order to achieve their individual goals of independence, recovery, productivity or community inclusion and participation.

**Habilitation Supports Waiver (HSW)** provides community-based services to people with I/DD if not for the availability and provisions of HSW services would otherwise require the level of care services provided in Intermediate Care Facility (ICF)

**Children's Waiver Program (CWP)** provides community-based services to beneficiaries under age 18 who, if not for the availability and provisions of CWP services, would otherwise require the level of care and services provided in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID). The goal of the CWP is to enable beneficiaries with developmental disabilities who have significant needs and who meet the CWP eligibility requirements to live with their parents or legal guardians and to fully participate in their communities.

**Serious Emotional Disturbance Waiver (SEDW)** provides home and community-based services to children, youth, and young adults under age 21 who, if not for the availability and provisions of SEDW services, would otherwise require hospitalization in our state psychiatric hospital. The goal of the SEDW is to enable beneficiaries with serious emotional disturbance who have significant needs and who meet the SEDW eligibility requirements to live in their home and community instead of receiving hospital level of care.

Individuals enrolled in these programs have access to the services listed above as well as those listed here as specified:

**Children's Therapeutic Family Care** Provides an intensive therapeutic living environment for a child with challenging behaviors. (SEDW)

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

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

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

***Environmental Modifications** are physical changes to an individual's home, 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 that all other sources of funding must be explored first, before using Medicaid funds for environmental modifications. (HSW, CWP)

**Family Support and Training** provides family-focused assistance to family members relating to and caring for a relative with serious mental illness, SED, or developmental disabilities. "Family Skills Training" is education and training for families who live with and

or care for a family member who is eligible for the Children's Waiver Program. (iSPA, HSW)

**Fencing** may be approved with documentation that it is essential to achieve the outcomes specified in the child's individual plan of services and necessary to meet a child's health and safety needs. Authorization for fencing is for a maximum of 200 feet of standard chain link fence and one gate. (CWP)

**Financial Management Services** help individuals who choose to self-direct or use choice voucher manage their service and supports budget and pay providers. (iSPA, SEDW, CWP, HSW)

**Goods and Services** is to promote individual control over and flexible use of the individual budget by the HSW beneficiary using arrangements that support self determination and facilitate creative use of funds to accomplish the goals identified in the individual plan of services (IPOS) through achieving better value or an improved outcome. Goods and Services can be services, equipment or supplies not otherwise provided through either the HSW, the State Plan or 1915 (i)SPA that address an identified need through the person-centered planning process. (HSW)

**Housing Assistance** provides supports to preserve the most independent living arrangement and/or assist the individual in locating the most integrated option appropriate to the individual. Housing Assistance provides supports in assessing housing needs and preferences, assistance with finding and securing housing, assisting with securing documentation, submitting applications and securing deposits and locating furnishings. (iSPA)

**Home Care Training – Non-Family** is customized training for the paid in-home support staff who provide care for a beneficiary enrolled in the Waiver. (CWP, HSW, SEDW)
**Home Care Training – Family** for SEDW (called **Family Training** for CWP) – provides treatment interventions and support intervention plans specified in the IPOS, and includes updates as necessary to safely maintain the beneficiary at home.

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

**Overnight Health and Safety Supports** the need for someone to be present to prevent, oversee, manage, direct, or respond to a beneficiary's disruptive, risky, or harmful behaviors, during the overnight hours. Overnight Health and Safety Support is indicated for a person who is non-self-directing, confused, has a cognitive impairment or whose physical functioning is such that they are unable to respond appropriately in an emergency. It is further indicated for beneficiaries who have inconsistency in, or an inability to, regulate sleep patterns. (HSW, CWP and SEDW)

**Personal Emergency Response System** 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. (iSPA, HSW)

**Private Duty Nursing** services are skilled nursing interventions provided to beneficiaries age 21 and older, up to a maximum of 16 hours per day, to meet an individual's health needs that are directly related to their developmental disability. (HSW).

**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. (iSPA, CWP, SEDW, HSW)

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

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

**Supported Employment-Individual Supported Employment** provides training activities provided in typical business, industry and community settings for groups of two to six workers with disabilities paying at least minimum wage. The purpose of funding for this service is to support sustained paid employment and work experience that leads to individual competitive integrated employment. Supported employment services for small groups must promote integration into the workplace and interaction between workers with disabilities and people without disabilities in those workplaces. (HSW and iSPA)

**Supported Employment-Small Group Employment** provides training activities provided in typical business, industry and community settings for groups of two to six workers with disabilities paying at least minimum wage. The purpose of funding for this service is to support sustained paid employment and work experience that leads to individual competitive integrated employment. Supported employment services for small groups must promote integration into the workplace and interaction between workers with disabilities and people without disabilities in those workplaces. (HSW and iSPA)

**Therapeutic Overnight Camp** is a group recreational and skill building service in a MDHHS licensed camp with staff trained in working with beneficiaries with SED. (SEDW)

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

**Vehicle Modification-** include adaptations or alterations to an automobile or van that is the beneficiary's primary means of transportation in order to accommodate the special and medical needs of the beneficiary. (iSPA, HSW, CWP)

***Services for Persons with Substance Use Disorders (SUD)***
The substance use treatment services listed below are covered by Medicaid. These services are available through the PIHP.

**SUD Access and Screening** determines the need for substance abuse services and will assist in getting to the right services and providers.

**SUD Outpatient Treatment** includes therapy/counseling for the individual, family, and group therapy.

**SUD Intensive/Enhanced Outpatient (IOP or EOP)** is a is a level of care that provides more services each week and may include day or evening programs.

**Medication for Opioid Use Disorders (MOUD)** is offered to individuals with an opioid use disorder. This service is monitored by a physical and nursing staff and may be combined with clinical services and supports.

**Medication Assisted Treatment (MAT)** is offered to individuals with an alcohol use disorder or an opioid use disorder to support their recovery and is medically monitored and can be combined with clinicals services and supports.

**Withdrawal Management** is a clinical or medically monitored process that helps people safely stop using drugs or alcohol while reducing pain, discomfort and dangerous withdrawal symptoms.

**SUD Residential Treatment** is an intensive therapeutic service which include overnight stays in a staffed licensed facility.

**Peer Recovery Coaching** is a service that assists an individual in their recovery process by removing barriers, assisting with recovery planning and reducing the likelihood of relapse.

**Substance Use Disorder Health Home-**A care management and care coordination primary care Health Home benefit called the Substance Use Disorder Health Home (SUDHH) (previously referred to as the Opioid Health Home [OHH]). The goals of the program are to ensure seamless transition of care and to connect eligible beneficiaries with needed clinical and social services.

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

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

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 SP 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 and household chores. To learn more about this service, you may call the local MDHHS number below or contact the Customer Services Unit for assistance.

Michigan Department of Health and Human Services: 248-975-5200

***Medicaid Health Plan Services***

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

- Ambulance
- Chiropractic
- Doctor visits
- Family planning (enrollees do not need a referral from your doctor for this care)
- Health check ups
- Hearing aids
- Hearing and speech therapy
- Home Health Care
- Immunizations (shots)
- Lab and X-ray
- Nursing Home Care
- Medical supplies
- Medicine
- Mental health (limit of 20 outpatient visits)
- Physical and Occupational therapy
- Prenatal care and delivery
- Surgery
- Transportation to medical appointments
- Vision

If you are already enrolled in one of the health plans (listed below), you can contact the health plan directly for more information about the services listed above. If you are not enrolled in a health plan or do not know the name of your health plan, you can contact Customer Services at 888-847-0513 for assistance.

Oakland County Medicaid Health Plans (January/2025)
Aetna Better Health of Michigan 1333 Gratiot Avenue / Ste. 400, Detroit, MI 48207
866-316-3784 www.aetnabetterhealth.com/michigan

Blue Cross Complete of Michigan 600 E. Lafayette Blvd., Mail code 1508, Detroit, MI 48226
888-8034947 / TTY: 888-987-5832 www.mibluecrosscomplete.com

HAP CareSource 1414 E Maple Rd., Troy MI 48083
833-230-2053 www.hap.org

McLaren Health Plan G 3245 Beecher Road, Suite 200, Flint, MI 48532
888-327-0671 www.mclarenhealthplan.org

Meridian Health Plan of Michigan, Inc. 777 Woodward Ave, Ste 600, Detroit, MI 48226
800-821-9369 / 888-437-0606 www.mhplan.com

Michigan Department of Health and Human Services 333 S. Grand Avenue, Lansing, MI 48909
248-975-5200 / michigan.gov/mdhhs

Molina Healthcare of Michigan 880 West Long Lake Rd, Troy, MI 48098
888-616-4841 / 888-898-7969 www.molinahealthcare.com

Priority Health Choice 27777 Franklin Rd. Southfield MI 48034
888-975-8102 www.priorityhealth.com

United Healthcare Community Plan 26957 Northwestern Highway Suite 400, Southfield, MI 48033
877-892-3995 www.uhccommunityplan.com

**OCHN Contracted Hospitals and Acute Care**

Behavioral Center of Michigan 4050 E. 12 mile Rd, Warren, MI 48092
866-673-3100 www.behavioralcenter.com

Behavioral Centers of America (StoneCrest Center) 1500 Gratiot Ave., Detroit, MI 48205
313-307-4967 www.stonecrestcenter.com

Forest View Hospital 1055 Medical Park Drive Southeast, Grand Rapids, MI 49546
616-942-9610 forestviewhospital.com

Havenwyck 1525 University Dr., Auburn Hills, MI 48326
248-373-9200 www.havenwyckhospital.com

Henry Ford Behavioral Health Hospital 7100 Berryhill Street, West Bloomfield, MI 48322
248-847-0070 www.henryfordbhh.com

Henry Ford Rochester Hospital 1101 W. University Dr., Rochester, MI 48307
248-652-5000 www.healthcare.ascension.org

Henry Ford Warren Hospital 11800 E. 12 Mile Rd, Warren MI 48093
586-573-5000 www.healthcare.ascension.org

Henry Ford Providence Southfield Hospital 16001 W. Nine Mile Rd, Southfield, MI 48075
248-849-3000 www.healthcare.ascension.org

Henry Ford St. John Hospital 22101 Moross Rd, Detroit, MI 48236
313-343-4000 www.healthcare.ascension.org

McLaren Oakland 50 N. Perry, Pontiac, MI 48342
248-620-5600 www.mclaren.org/oakland

McLaren Lapeer Region Hospital 1375 N Main St., Lapeer MI 48446
810-667-5500 www.mclaren.org/oakland

Metropolitian Behavioral Health 18001 Rotunda Dr., Dearborn, MI 48124
313-633-2600

New Oakland Family Centers 32961 Middlebelt Rd, Farmington, MI 48334
248-855-1540 www.newoakland.org

New Oakland Child-Adolescent and Family Centers 6549 Town Center Dr., Clarkston, MI 48346
248-640-6400 www.newoakland.org

PHC (Harbor Oaks Hospital) 35031 23 Mile Rd., New Baltimore, MI 48047
586-684-4870 www.harboroaks.com

Safehaus 21056 Dean St., Warren, MI 48071
586-806-4678 www.safehaus123.com

Trinity Health Oakland Hospital 44405 Woodward Ave., Pontiac MI 48341
244-858-3000

Trinity Health Livonia Hospital 36475 Five Mile Rd., Livonia, MI 48154
734-655-4800 www.trinityhealthmichigan.org

Youth and Family Care Connection (YFCC) 1200 N. Telegraph Road, Pontiac, MI 48341
248-228-8481

Second Opinions for denial of inpatient psychiatric hospitalizations are made directly to OCHN at 888-238-0611

**Service Authorization**
Services you request must be authorized or approved by OCHN or its designee. That agency may approve all, some or none of your requests. You will receive notice of a decision within 14 calendar days after you have requested the service during Person Centered Planning, or within 72 hours if the request requires a quick decision.

Any decision that denies a service you request, or denies the amount, scope, or duration of the service that you request will be made by a health care professional who has appropriate clinical expertise in treating your condition. Authorizations are made according to medical necessity. If you do not agree with a decision that denies, reduces, suspends, or terminates a service, you may file an appeal. All services provided through the public mental health system must be approved through OCHN's Utilization Management process.

**Emergency Services:** No prior authorization or 'approval' is necessary before you contact any OCHN staff or contract provider in the network to ask for help in an emergency.

An "emergency" occurs when you might have a thought or feeling that you cannot control on your own, which could put you and your health at risk if you do not get help right away. In case of an emergency, contact 911 at any time, call OCHN toll free at 888-238-0611, or go to the nearest hospital emergency room.

Please Note: If you utilize a hospital emergency room, there may be healthcare 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 paying depending on your insurance status. These services may not be part of your PIHP emergency services Customer Services can answer questions about such bills.

**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 ensure taxpayer money is used for people who 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-named drugs

- Giving or accepting something of value (cash, gifts, services) for medical services (i.e. 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 Health Care Provider Falsely Charges for:

- Missed appointments
- Unnecessary medical tests
- Telephone services

If you think someone is committing fraud, waste, or abuse, you may report it to Corporate Compliance. You may e-mail concerns to compliance@oaklandchn.org or report them anonymously on OCHN's website at www.oaklandchn.org and select the "Contact Us" link.
Your report will be confidential, and you may not be retaliated against. You may also report concerns about fraud, waste, and abuse directly to Michigan's Office of Inspector General (OIG).

Online: www.michigan.gov/fraud
Call: 855-MI-FRAUD (643-7286) (voice mail is available 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 phone number) Medicaid identification number, date of birth (for beneficiaries), and other identifying information you have.

**Community Resources**

Department of Health & Human Services - Oakland County Central Administration Office
5111 Woodward Avenue, Pontiac MI 48342-2134
Information Phone: 248-975-4800; Fax: 248-975-4855

Saginaw Street District Office, 235 N. Saginaw, Pontiac MI 48342-2134
Information Phone: 248-975-5200; Fax: 248-451-1783

Madison Heights District Office, 30755 Montpelier, Madison Heights MI 48071
Information Phone: 248-583-8700; Fax: 248-583-8841

Southfield District Office, 25260 W. 8 Mile Rd, Southfield MI 48033
Information Phone: 248-262-6400; Fax: 248-669-7672

Report Abuse & Neglect - 24/7 Hotline
Children's & Adult Protective Services Toll-free at 855-444-3911

**Individuals Receiving Services/Advocacy Groups**

Alcoholics Anonymous: www.aaoakland.org Oakland: 248-332-3521
www.theagapecenter.com/AAinUSA/Michigan.htm
Arc Michigan - Developmental Disabilities: 800-292-7851 - www.arcmi.org
Arc of Oakland County: 248-816-1900 - www.thearcoakland.org
Bazelon Center for Mental Health Law and Policy: 202-467-5730 - www.bazelon.org
Begin Ending Stigma Today (BEST) 248-858-1210 - www.oaklandchn.org (Pressroom/Brochures)
Disability Network Eastern Michigan: 586-268-4160 - www.dnemichigan.org

Depression and Bi-Polar Support Alliance: Toll Free: 312-642-0049 - www.dbsalliance.org
Emotions Anonymous: www.emotionsanonymous.org
Epilepsy Foundation of Michigan: 248-351-7979 or 800-377-6226
www.epilepsyfoundation.org/Michigan
The Kaiser Family Foundation: 202-347-5270 - www.kff.org
Disability Rights Michigan: 800-288-5923 - www.drmich.org
United Cerebral Palsy Metro Detroit: 800-827-4843 or 248-557-5070
www.mi-ucp.org
NAMI: National Alliance on Mental Illness: 703-524-7600
NAMI of Oakland County - 248-706-0591 www.nami.org
NAMI Metro Detroit (Wayne, Oakland, Macomb Counties) 248-348-7197
Narcotics Anonymous: Detroit Region: 877-338-1188 Michigan Region: 800-230-4085 -
www.michigan-na.org
National Empowerment Center: 800-769-3728 - www.power2u.org
OCD Foundation of Michigan: 734-466-3105 - www.ocdmich.org - e-mail: ocdmich@aol.com
United Way For SE Michigan: 313-226-9200 www.unitedwaysem.org - Link to 211 on the homepage
Websites: State & Federal Resources
Department of Health and Human Services/Centers for Medicare & Medicaid: www.cms.gov
Limited English Proficiency Guidance in Federal Register: www.hhs.gov/ocr
MDHHS, Links to County Offices: www.michigan.gov/dhs/0,1607,7-124-5461---,00.html
Medicaid Provider Manual: mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf
Michigan Department of Community Health: www.michigan.gov/mdhhs
Michigan Department of Human Services: www.michigan.gov/mdhhs
Michigan Mental Health Code: www.legislature.mi.gov
Michigan Rehabilitation Services: www.michigan.gov/mrs
Michigan Legislative Web site (Allows user to look up pending bills and Michigan Complied Laws by number): www.legislature.mi.gov
Michigan Association of Community Mental Health Boards: www.cmham.org
National Institute of Mental Health: www.nimh.nih.gov
Substance Abuse and Mental Health Services Administration: www.samhsa.gov

These websites are provided as informational service only and do not constitute an endorsement.

**Substance Use Treatment & Prevention Service Providers**

Treatment Programs

| | |
|---|---|
| Catholic Charities of SE Michigan | |
| Royal Oak | 248-548-4044 |
| Easterseals MORC | |
| Adult Mental Health, Southfield | 248-372-6800 |
| Adult Services, Pontiac | 248-706-3450 |
| Family Services North, Auburn Hills | 248-475-6300 |
| Family Services South, Southfield | 248-483-7804 |
| Meridian Health Services | 248-406-0104 |
| Milford Counseling | 248-529-6383 |
| Oakland Family Services | |
| Royal Oak 248-544-4004 Pontiac 248-858-7766 Walled Lake 248-624-3812 | |
| Personalized Nursing LIGHT House | |
| Farmington Hills | 734-451-7800 |
| Sacred Heart Rehabilitation Center | |
| Madison Heights | 248-658-1116 |

| | |
|---|---|
| Domiciliary Intensive (DIOP) & Domiciliary Outpatient (DOP) | |
| Personalized Nursing LIGHT House | 734-451-7800 |
| Turning Point Recovery Center | 248-334-7760 |
| Intensive Outpatient | |
| Easterseals MORC - Pontiac | 248-706-3450 |
| Milford Counseling | 248-529-6383 |
| Oakland Family Services (Women / PRISM) | 248-858-7766 |
| Sacred Heart - Madison Heights | 248-658-1116 |
| Personalized Nursing LIGHT House | 734-451-7800 |
| Medication Assisted Treatment | |
| Sacred Heart Rehabilitation Center | 248-658-1116 |
| Therapeutics | 248-525-6832 |
| Meridian Health Services | 248-499-6017 |
| Withdrawal Management | |
| Henry Ford Eastwood Recovery Center | |
| Hegira Programs/Oakdale Recovery Center | |
| Meridian Health Services | |
| Personalized Nursing LIGHT House | |
| Sacred Heart Rehabilitation Center | |
| Salvation Army Harbor LIGHT | |
| Long Term Residential | |
| Turning Point Recovery Center | 248-334-7760 |
| Short Term Residential | |
| Henry Ford Eastwood Recovery Center | 248-864-5200 |
| Hegira Programs/Oakdale Recovery Center | 734-397-3088 |
| Meridian Health Services- Waterford | 248-599-8999 |
| Personalized Nursing LIGHT House | |
| Madison Heights (men) | 313-274-7879 |
| Sacred Heart Rehabilitation Center | 810-392-2167 |
| Salvation Army Harbor Light | 313-361-6136 |
| Turning Point Recovery Center | 248-334-7760 |
| Recovery Housing | |
| Milford Counseling Sober Living Homes | 248-529-6383 |
| Turning Point Recovery Center (males/females) | 248-858-7515 |
| Sacred Heart Recovery & Wellness Services (males only) | 248-658-1116 |
| Women's Specialty Treatment | |
| Oakland Family Services | 248-858-7766 |
| Sacred Heart Rehabilitation Center/Clearview | 810-392-2167 |
| Prevention Programs | |
| Alliance of Coalitions for Healthy Communities | 248-221-7101 |
| America's Community Council | 248-559-1990 |
| CARE of SE Michigan | 586-541-2273 |
| Catholic Charities of SE MI Hispanic Outreach | 248-338-4250 |
| Easterseals MORC | 248-475-6300 |

| | |
|---|---|
| Holly Area Community Coalition | 248-328-3135 |
| Huron Valley Community Coalition | 248-676-2389 |
| North Oakland Community Coalition | 248-520-3786 |
| Oakland County Health Division | 248-858-4670 |
| Southeast Oakland Coalition | 248-548-8600 |
| South Lyon Community Coalition | 586-242-9991 |
| Student Leadership Services, Inc. | 248-706-0757 |

## OCHN Wants You to Know

Oakland Community Health Network (OCHN) offers many resources. This communication is about how things work at OCHN and how to access subscriber/enrollee information. Subscriber/enrollee information includes information on benefit coverage in and out of our network such as excluded benefit coverage, copayments/charges, language assistance, practitioners' information including provider director, inpatient and outpatient services, subspeciality care, hours of operations, emergency care, how to submit a complaint and appeal rights. You can access our subscriber information upon enrollment, annually or anytime on our website www.oaklandchn.org/memberservicehandbook or call Customer Service at 888-847-0513 to request a copy.

- Member Handbook
- Provider Directory
- Members Rights and Responsibilities Statement
- Covered and non-covered benefits and services
- How to obtain care and coverage when you are outside of OCHN service area
- Benefit restrictions that apply to services obtained outside of OCHN service area
- Co-payments and deductibles
- How to submit a claim, if needed
- How to obtain language assistance
- Availability of TTY services
- How to obtain outpatient care, partial and inpatient hospitalizations and other services
- How to obtain emergency care, when to directly access emergency care or use 911 services
- How to obtain care after normal business hours
- How to obtain subspecialty care
- How to obtain a list of network providers
- How to appeal a decision that adversely affects coverage, benefits or your relationship with OCHN
- How to file a complaint, grievance and recipient rights violation
- Information about OCHN's Complex Case Management Program
- Information about OCHN's Quality Improvement program, including goals and annual results are available on our website: www.oaklandchn.org

## OCHN Affirmative Statement

Oakland Community Health Network (OCHN), Managed Care Provider Networks (MCPN's), Crisis Service Vendors, and Access Center practitioners and employees who make Utilization Management (UM) decisions commit to the importance of ensuring that all consumers receive clinically appropriate, humane and compassionate services of the same quality that one would expect for their child, parent, or spouse by affirming the following:

- UM decision-making is based only on appropriateness of care, service, and existence of coverage.

- OCHN, the Access Center, Crisis Service Vendors, and MCPNs do not reward practitioners or other individuals for issuing denials of coverage or service care.
- No physicians or any other staff making UM decisions are rewarded for issuing denials of coverage or service or reducing the provision of care which is deemed medically necessary.
- Practitioners may freely communicate with members about their treatment, regardless of benefit coverage limitations

For more information, or to request a handbook or provider directory:

- Call or visit: your Behavioral Healthcare Provider
- Online: go to OCHN's website, www.oaklandchn.org
- Call: OCHN Customer Service at 888.847.0513

## OCHN Members' Rights and Responsibilities Statement

The OCHN Members' Rights and Responsibilities statement is provided to assist you in understanding and exercising your rights while accessing behavioral health care services in Oakland County. OCHN offers many resources. This communication is about how things work at OCHN and how to access subscriber/enrollee information. Subscriber/enrollee information includes information on benefit coverage in and out of our network such as excluded benefit coverage, copayments/charges, language assistance, practitioners' information including provider director, inpatient and outpatient services, subspeciality care, hours of operations, emergency care, how to submit a complaint and appeal rights. You can access our subscriber information upon enrollment, annually or anytime on our website www.oaklandchn.org/ memberservicehandbook or call Customer Service at 888-847-0513 to request a copy.

## You have the right to:

- Receive information about OCHN, its services, its practitioners, and providers, and Your Rights and Responsibilities.
- Be treated with respect and recognition of your dignity and the right to privacy.
- Participate with Practitioners in making decisions about your health care.
- A candid discussion of appropriate or medically necessary treatment options for your conditions, regardless of cost, or benefit coverage, and to freely communicate with your providers without restriction on any information regarding care.
- Voice complaints or appeals about OCHN or the care provided.
- Make Recommendations regarding OCHN's members' Rights and Responsibilities policy.

## You have a responsibility to:

- Provide, to the best of your knowledge, accurate and complete information regarding your medical history, including present and past illnesses, medications, hospitalizations, etc. to OCHN and it practitioners and providers in order to care for you.
- Follow your treatment plan of care and instructions. The plan of care is to be agreed upon by you and your provider.
- Ask questions about your care. This will help you to understand your health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible.

For additional information and a complete list of our members' Rights and Responsibilities statement, you may contact Customer Services at 888.847.0513.

## Wellness Tools for You

- Health management tools help you keep track of your health
- A secure tool to track your personal health record
- A free health and wellness app

www.oaklandchn.org/teladoc / Access code OAKLANDCHN

**Non-Discrimination and Accessibility**
In providing behavioral healthcare services, OCHN complies with all applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. OCHN does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

OCHN provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, Braille).

OCHN provides free language services to people whose primary language is not English or have limited English skills, such as qualified interpreters and information written in other languages and formats (large print, audio, accessible electronic, Braille) If you need these services, contact OCHN's Customer Services at 888-847-0513.

If you believe that OCHN has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Customer Services at 5505 Corporate Drive, Troy MI 48098, call 888-847-0513, fax 947-218-3838, or email customerservice@oaklandchn.org.

If you are an individual who is deaf or hard of hearing, you may contact OCHN at 248-209-6902. Video conference phone is available. You may also contact MI Relay Service at 711 to request their assistance in connecting you to OCHN. You can file a grievance in person or by mail, fax or e-mail. If you need help in filing a grievance, OCHN 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 BuildingWashington, D.C. 20201. Toll Free: 800-368-1019.

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.
Call 888-847-0513 (TTY) users call 711).

**English**: If you speak English, language assistance is available for free. In addition, due to special needs, you have the right to receive information in different formats, such as audio, Braille or large print, at no additional cost. Call
(888) 847-0513 (Michigan Relay TTY: 7-1-1)

**Albanian:** Nëse flisni shqip, shërbimet e asistencës gjuhësore janë në dispozicion për ju pa pagesë. Gjithashtu, ju keni të drejtë të merrni informacion në një format tjetër, si audio, Braille ose font të madh, për shkak të nevojave të veçanta pa kosto shtesë. Telefononi
(888) 847-0513 (Michigan Relay TTY: 7-1-1)

**Arabic**: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك مجانًا. كما يحق لك تلقي ت المعلومات بتنسيق مختلف، مثل الصوت أو طريقة برايل أو الخط الكبير، بسبب احتياجاتك الخاصة دون أي تكلفة إضافية. اتصل على الرقم
(888) 847-0513 (Michigan Relay TTY: 7-1-1)

**Bengali** আপনি যদি চীনা ভাষায় কথা বলেন, ভাষা সহায়তা পরিষেবা আপনার জন্য বিনামূল্যে উপলব্ধ। আপনি কোনো অতিরিক্ত খরচ ছাড়াই আপনার বিশেষ প্রয়োজনের কারণে অডিও, ব্রেইল বা বড় প্রিন্টের মতো ভিন্ন ফর্ম্যাটে তথ্যও পেতে পারেন। কল করুন (মিশিগান রিলে
(888) 847-0513 (Michigan Relay TTY: 7-1-1)

**Chinese**: 如果您會說中文，可以免費獲得語言説明。此外，由於特殊需要，您有權免費接收不同格式的資訊，例如音訊、盲文或大字體。致電
(888) 847-0513 (Michigan Relay TTY: 7-1-1)

**German:** Wenn Sie Deutsch sprechen, steht Ihnen der Sprachassistenzdienst kostenlos zur Verfügung. Aufgrund Ihrer besonderen Bedürfnisse können Sie Informationen auch in einem anderen Format erhalten, z. B. als Audio, in Blindenschrift oder in Großdruck, ohne dass zusätzliche Kosten entstehen. Rufen Sie an
(888) 847-0513 (Michigan Relay TTY: 7-1-1)

**Italian:** Se parli italiano, i servizi di assistenza linguistica sono disponibili gratuitamente. Puoi anche ricevere informazioni in un formato diverso, come audio, Braille o caratteri grandi, in base alle tue esigenze speciali, senza costi aggiuntivi. Chiama
(888) 847-0513 (Michigan Relay TTY: 7-1-1)

**Japanese**: **日本語を話せる方は、言語支援サービスを無料でご利用いただけます。また、特別なニーズに応じて、音声、点字、拡大文字などの異なる形式で情報を受け取ることもできます。追加料金はかかりません。ミシガン リレー**

(888) 847-0513 **TTY: 7-1-1**

**までお電話ください。**

**Korean:** 한국어를 구사하는 경우 언어 지원 서비스를 무료로 이용할 수 있습니다. 특별한 요구 사항에 따라 오디오, 점자 또는 대형 인쇄와 같은 다른 형식으로 정보를 추가 비용 없이 받을 수도 있습니다.

(888) 847-0513 (Michigan Relay TTY: 7-1-1)

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**Polish:** Jeśli mówisz po polsku, usługi pomocy językowej są dostępne bezpłatnie. Możesz również otrzymać informacje w innym formacie, takim jak audio, brajl lub duży druk, ze względu na Twoje szczególne potrzeby bez dodatkowych kosztów. Zadzwoń (888) 847-0513 (Michigan Relay TTY: 7-1-1)

**Russian:** Если вы говорите по-русски, вам доступны бесплатные услуги языковой поддержки. Вы также можете получить информацию в другом формате, например, аудио, шрифтом Брайля или крупным шрифтом, в соответствии с вашими особыми потребностями без дополнительной платы. Позвоните (888) 847-0513 (Michigan Relay TTY: 7-1-1)

**Croatian:** Ако говорите српско-хрватски, услуге језичке помоћи доступне су вам бесплатно. Такође можете добити информације у другом формату, као што су аудио, Брајево писмо или крупно писмо, због својих посебних потреба без додатних трошкова. Позовите

(888) 847-0513

Мицхиган Релаи ТТИ: 7-1-1.

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**Filipino:** Kung nagsasalita ka ng Filipino, ang mga serbisyo ng tulong sa wika ay magagamit mo nang walang bayad. Maaari ka ring makatanggap ng impormasyon sa ibang format, tulad ng audio, Braille o malaking print, dahil sa iyong mga espesyal na pangangailangan nang walang karagdagang gastos. Tumawag (888) 847-0513 (Michigan Relay TTY: 7-1-1)

**Vietnamese:** Nếu bạn nói tiếng Việt, bạn sẽ được cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí. Bạn cũng có thể nhận thông tin ở định dạng khác, chẳng hạn như âm thanh, chữ nổi Braille hoặc chữ in lớn, tùy theo nhu cầu đặc biệt của bạn mà không mất thêm chi phí. Gọi (888) 847-0513 (Michigan Relay TTY: 7-1-1)

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**Oakland Community Health Network**
**5505 Corporate Dr**
**Troy, MI 48098**

Administration
248-858-1210
Video Conference Phone Available

Customer Services
888-847-0513

Recipient Rights
877-744-4878

OCHN Crisis Line
888-238-0611

Non-emergency Access
248-464-6363

Suicide & Crisis Lifeline
988

www.oaklandchn.org

Oakland Community Health Network
Developmental Disabilities • Mental Health • Substance Recovery

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*Oakland Community Health Network does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.*

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