CCBHC RECIPIENT GUIDE TO SERVICES

Last Updated: 7/7/2026

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Welcome to HealthWest

HealthWest is a Community Mental Health Service Program (CMHSP) and CCBHC (Certified Community Behavioral Health Clinic) that serves Muskegon County. We provide mental health, developmental disability, and substance misuse services to nearly 8,000 children and adults. We have expanded our community healthcare approach to include integrated quality care, allowing clients to access primary care, pharmaceutical, and dentistry services through HealthWest.

HealthWest, Emergency, and After Hours Contact Information

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<tr><th>General Inquires & Information</th><th>In Crisis or In an Emergency</th><th>Location And Hours</th></tr>
<tr><td>General Inquiries & Information:
231-724-1111
www.healthwest.net</td><td>24-Hour Help Warm Line:
231-722-HELP (4357)</td><td>HealthWest Main Office:
376 E Apple Ave
Muskegon, MI 49442</td></tr>
<tr><td>Customer Services:
231-720-3201</td><td>Non-English Help Line:
833-701-0642</td><td>Hours of Operation:
Monday-Thursday:
8 a.m. – 7 p.m.
Friday: 8 a.m. - 5 p.m.</td></tr>
<tr><td>Referral/Request for Service
Fax: 231-724-4545</td><td rowspan="2">Trinity Health Muskegon Hospital:
1500 E Sherman Blvd
Muskegon, MI 49444
231-672-3916</td><td rowspan="2">Please note that we observe all federal holidays.</td></tr>
<tr><td>TTY: 231-720-3280</td></tr>
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A "behavioral health emergency" is:

- When a person is experiencing symptoms and behaviors that can reasonably be expected in the near future to lead him/her to harm self or another; and/or
- Because of his/her inability to meet his/her basic needs he/she is at risk of harm; and/or
- When a person's judgment is so impaired that he/she is unable to understand the need for treatment and that his/her 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 a day, 7 days a week, without prior authorization for payment of care. If you have a behavioral health emergency, you should seek help right away. At any time during the day or night, you can call the emergency number for HealthWest

If you are having a behavioral health emergency, you can also go to your nearest hospital emergency room.

In a "medical emergency," if you have Medicaid, you will not need to pay for emergency services or for tests or treatment needed to diagnose or stabilize the emergency medical condition. You are also not responsible for payment of ambulance services if other means of transportation would endanger your health. If you do not have Medicaid, you may be responsible for costs associated with the treatment you receive. You may go to any hospital emergency room or other setting for emergency services.

Please note: If you utilize a hospital emergency room, there may be health care services provided to you as part of your hospital treatment for which you may receive a bill and may be responsible for, depending on your insurance status. These services may not be part of HealthWest emergency services you receive. Customer Services can answer questions about such bills.

Post Stabilization Services

After you receive emergency behavioral health care and your condition is under control, you may receive behavioral health services to make sure your condition continues to stabilize and improve. Examples of post-stabilization services are crisis residential, case management, outpatient therapy, and/or medication reviews. Prior to the end of your emergency-level care, your local CCBHC (Certified Community Behavioral Health Clinic) will help you to coordinate your post-stabilization services.

Out of County Emergency Mental Health Care

If you have Medicaid, carry your card with you at all times. You are covered for emergency behavioral health services anywhere within the State of Michigan. If you have a behavioral health emergency while you are outside of the county where you receive services, you should contact the CCBHC (Certified Community Behavioral Health Clinic) where you are at during the time of the emergency or go to the nearest hospital emergency room. The CCBHC (Certified Community Behavioral Health Clinic) where you are during the emergency will contact HealthWest to arrange for your care.

Service Eligibililty

Any individual with a mental health or substance use disorder (SUD) diagnosis code from the 10th revision of the International Statistical Classification of Disease and Related Health Problems (ICD-10) as cited in Appendix B of the Michigan CCBHC Demonstration Handbook, is eligible for CCBHC services. The mental health or SUD diagnosis does not need to be the primary diagnosis if an individual has more than one diagnosis. Individuals with diagnosis of intellectual/developmental disability are eligible for CCBHC services if a mental illness and/or SUD diagnosis is present as well. Eligibility review should align with assessment and diagnosis and take place as frequently as clinically appropriate. If an individual continues to have a behavioral health and/or substance use diagnosis, they are eligible for CCBHC services.

Medical Necessity

Services authorized for treatment of a behavioral health and/or substance use disorder concern must be medically necessary. You will participate in a screening of your needs to identify the type of services you might be eligible to receive. This means the services to be provided are needed in order to ensure there is appropriate screening, referral, and treatment of mental illness, substance abuse disorder, serious emotional disturbance or intellectual/developmental disability. Medical necessity also means that the amount (how much of a service you get), scope (who provides the service and how), and duration (how long the service will last) of your services are enough to meet your needs.

Your Rights & Responsibilities

You have the right to know the costs of your services. You have the right to request a review of your fee when your income situation changes. You also have the right to appeal your assessed fee.

You should bring your Medicaid or insurance information to each visit. You will be asked to provide financial information and document your income. You are required to make payments at the time of your service unless you have made other arrangements. You must attend all scheduled appointments or call to cancel at least 24 hours in advance.

Enrollee Rights & Responsibilities

- To be provided with information about enrollee rights and protections.
- To be treated with respect and recognition of their dignity and right to privacy.
- To be provided with information on the structure and operation of HealthWest.
- To receive information about HealthWest services, practitioners and providers, and rights and responsibilities.
- To be provided freedom of choice among providers.
- To a candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage and to freely communicate with their providers and without restriction on any information regarding care.
- To receive information on available treatment options.
- To participate in decisions regarding health care, the refusal of treatment and preferences for future treatment decisions.
- To be made aware of those services that are not covered and may involve cost sharing if any.
- To receive information on how to obtain benefits from out-of-network providers.
- To receive information on advance directives.
- To receive benefits, services and instructional materials in a manner that may be easily understood.
- To receive information that describes the availability of supports and services and how to access them.
- To receive information in non-English languages as needed.

- To receive interpreter services free-of-charge for non-English languages as needed.
- To be provided with written materials in alternative formats and information on how to obtain them for those who are visually and or are hearing impaired or have limited reading proficiency.
- To receive information within a reasonable time after enrollment.
- To be provided with information on services that are not covered on moral/religious basis.
- To receive info on how to access 911, emergency, and post-stabilization services as needed.
- To receive information on how to obtain referrals for specialty care and other benefits that is not provided by the primary care provider.
- To receive information on how and where to access benefits that are not covered under LRE's Medicaid contract but may be available under the state health plan, including transportation.
- To receive information on the grievance, appeal and fair hearing processes.
- To voice complaints and request appeals regarding care and services provided.
- To be provided with timely written notice of any significant State and provider network related changes.
- To make recommendations regarding the member's rights and responsibilities.
- To supply information (to the extent possible) that the CCBHC (Certified Community Behavioral Health Clinic) assigned providers and practitioners need to provide care.
- To follow plans and instructions for care that they have agreed to with their practitioners.
- To understand their health problems and participate in developing mutually agreed upon treatment goals to the degree possible.

Accessing Services

For individuals seeking supports and services can call HealthWest. All calls are private and confidential. Trained and licensed clinicians will talk with you to determine your needs and eligibility.

Each service offered through HealthWest has criteria established by MDHHS. Staff may suggest one or more of the services based on your needs. If you do not qualify for services, our staff will help you to find other agencies in the community who might be able to help.

Service Authorization

Services you request must be authorized or approved by HealthWest 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 (see the Grievance and Appeals section for additional information about filing an appeal).

IF YOU ARE RECEIVING SERVICES

- You are eligible for a specific set of services based on medical necessity.
- The list of services available is explained in the "Service Array: CCBHC Specialty Supports and Services Descriptions" section of this handbook.
- You cannot be put on a waiting list for a service considered "medically necessary" unless you are in agreement.

Service Array

CCBHC Specialty Supports and Services Descriptions

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

Assertive Community Treatment (ACT) provides basic services and supports essential for people with serious mental illness to maintain independence in the community. An ACT team will provide behavioral health therapy and help with medications. The team may also help access community resources and supports needed to maintain wellness and participate in social, educational, and vocational activities. ACT may be provided daily for individuals who participate.

Assessment includes a comprehensive psychiatric evaluation, psychological testing, substance abuse screening or other assessments conducted to determine a person's level of functioning and behavioral health treatment needs. Physical health assessments are not part of CMH services

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

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 intellectual/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.

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 such things as 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 in the home or community and must be provided in a setting that is consistent with settings and services non-Medicaid individuals frequent including home setting, 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 or her resources and other community resources could not cover.

Medication Administration is when a doctor, nurse or other licensed medical provider gives an injection, or an oral medication or topical medication. Assessment includes a comprehensive psychiatric evaluation, psychological testing, substance abuse screening or other assessments conducted to determine a person's level of functioning and behavioral health treatment needs. Physical health assessments are not part of CMH services.

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

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

Peer-Delivered and Peer Specialist Services Peer-Delivered services such as drop-in centers are entirely run by consumers of behavioral health services. They offer help with food, clothing, socialization, housing, and support to begin or maintain behavioral health treatment. Peer Specialist services are activities designed to help persons with serious mental illness in their individual recovery journey and are provided by individuals who are in recovery from serious mental illness. There may also be Peer Specialist Services available for individuals who have an intellectual/developmental disability, substance use disorder, and/or families of children with serious emotional disturbance.

Prevention Service Models (such as Infant Mental Health, School Success, etc.) use both individual and group interventions designed to reduce the likelihood that individuals will need treatment from the public behavioral health system.

Respite Care Services provide short-term relief to the unpaid primary caregivers of people 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 a person 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.

Substance Abuse Treatment Service (See descriptions following the behavioral health services).

Supports Coordination or Targeted Case Management A supports coordinator or case manager is a staff person who helps write an individual plan of service and makes sure the services are delivered. His or her role is to listen to a person's goals, and to help find the services and providers inside and outside the local community mental health services program that will help achieve the goals. A supports coordinator or case manager may also connect a person 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.

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

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

Services for Persons With Substance Use Disorders (SUD)

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

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

Intensive/Enhanced Outpatient (IOP or EOP) is a service that provides more frequent and longer counseling sessions each week and may include day or evening programs.

Methadone and LAAM Treatment is provided to individuals who have heroin or other opiate dependence. The treatment consists of opiate substitution monitored by a doctor as well as nursing services and lab tests. This treatment is usually provided along with other substance use disorder outpatient treatment.

Payment for Services

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

Some members will be responsible for "cost sharing." This refers to money a member has to pay when services or drugs are received. You might also hear terms like "deductible spenddown, co-payment, or co-insurance," which are all forms of "cost sharing." Your Medicaid benefit level will determine if you 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.

Make sure you inform your CCBHC (Certified Community Behavioral Health Clinic) and/or service provider of all the insurances you are covered by, as well as any changes to your insurance. The law states if you are covered by another insurance plan that insurance will be billed before any state funds, including Medicaid, can be used to cover the services provided to you. It is important your insurance information is kept current at all times. If you fail to provide insurance information you may be at risk of being charged for services.

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

If you do not have insurance, payment is based on what you can afford. When you begin treatment, we will work with you to determine what your costs will be. If you believe your fee is beyond your means, we will offer to review your personal and family budget to reassess the fee. Please read your payment agreement for additional details related to your ability to pay. Please notify us of any changes in your status, income, or insurance. If you do not provide the information needed to determine your ability to pay, you may be at risk of being charged the full amount for services.

Coordination of Care

To improve the quality of services, HealthWest wants to coordinate your care with the medical provider who cares for your physical health. If you are also receiving substance abuse services, your behavioral health care should be coordinated with those services. Being able to coordinate with all providers involved in treating you improves your chances for recovery, relief of symptoms, and improved functioning. Therefore, you are encouraged to sign a Release of Information so that information can be shared. If you do not have a doctor and need one, contact Customer Services and staff will assist you in finding a medical provider.

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.

Confidential information about you may be released when you, your guardian or your parent (if you are a minor) signs a release of information. Confidential information can be released without your consent if:

- You are going to harm yourself and/or another person. In this case, staff may have to tell the police and the person you threatened to harm.
- Staff learns of or suspects that child abuse or neglect is happening. In this case, a report must be made to Children's Protective Services or local law enforcement.
- Staff learns of or suspects that a vulnerable adult is being abused or neglected. In this case, Adult Protective Services must be called.

- Your CCBHC (Certified Community Behavioral Health Clinic) needs to get benefits for you to get paid for the cost of treatment.
- You die and your spouse or other close relative needs the information to apply for and receive benefits.

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

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

Under HIPAA (Health Insurance Portability and Accountability Act), you will be provided with an official Notice of Privacy Practices from you community mental 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, call your local Recipient Rights Office where you get services.

Accessing Your Records

Your service provider keeps a record of the care you receive. You have the right to look at your own clinical records. You or your guardian (parent if you are a minor) can ask to see or get a copy of all or part of your record. Your request must be in writing. There may be a charge for the cost of copying.

If you or your legal representative believes your record contains incorrect information, you or she/he may request that your record be amended or corrected. You may not remove what is already in the record, but you have the right to add a formal statement.

If you are denied access to your record, you, or someone on your behalf should contact your local Office of Recipient Rights.

Recipient Rights

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

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

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

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

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

You may contact HealthWest's Recipient Rights Department 231-724-1107 to talk with a Recipient Rights Officer with any questions you may have about your rights or to get help to make a complaint.

Freedom From Retaliation

If you receive public behavioral health or substance abuse 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.

You may contact HealthWest's Recipient Rights Department at 231-724-1107 to talk with a Recipient Rights Officer about any questions you may have about your rights or to get help to make a complaint. You can also contact HealthWest's Customer Services Department at 231-720-3201 for help with making a complaint.

Mediation

The Recipient or Recipient's Representative:

1. Has the right to request mediation at any time for a dispute related to service planning or providing services or supports by a CCBHC (Certified Community Behavioral Health Clinic) contracted provider.
2. Has the right to be notified of their right to request and have access to mediation at the time services or supports are initiated and annually after that.
3. Contact the Oakland Mediation Center at 1-844-3-MEDIATE between 9 a.m. – 5 p.m. EST, Monday through Friday. Or email us at behavioralhealth@mediation-omc.org.

Grievance and Appeals Processes

Grievance

You have the right to say you are unhappy with your services or supports, or the staff who provide them, by filing a grievance. You can file a grievance any time by emailing or calling the HealthWest Customer Services Department at Customer.Services@healthwest.net or 231-720-3201. Assistance is available in the filing process by contacting the HealthWest Customer Services Department. In most cases, your grievance will be resolved within 90- calendar days from the date HealthWest receives your grievance. You will be given detailed information about grievance and appeals processes when you first start services and then again annually. You may ask for this information at any time by contacting the HealthWest Customer Services Department.

Appeals

Medicaid Appeal Process

You will be given notice when a decision is made that denies your request for services or reduces, suspends, or terminates the services you already receive. This notice is called a Negative Action Determination. You have the right to file an appeal when you do not agree with such a decision. If you would like to ask for an appeal, you will have to do so within 60 calendar days from the date on the Negative Action Determination if you receive Medicaid.

You may ask for a local appeal by contacting HealthWest's Customer Services Department at 231-720-3201 or Customer.Services@healthwest.net.

You will have the chance to provide information in support of your appeal and to have someone speak for you regarding the appeal if you would like.

In most cases, your appeal will be completed in 30 calendar days or less. If you request and meet the requirements for an expedited appeal (fast appeal), your appeal will be decided within 72 hours after we receive your request. In all cases, HealthWest may extend the time for resolving your appeal by 14-calendar days if you request an extension or if HealthWest can show that additional information is needed and that the delay is in your best interest.

You may ask for assistance from the HealthWest Customer Services Department to file an appeal.

Non-Medicaid Appeal Process

You will be given notice when a decision is made that denies your request for services or reduces, suspends, or terminates the services you already receive. This notice is called a Negative Action Determination. You have the right to file an appeal when you do not agree with such a decision. If you would like to ask for an appeal, you will have to do so within 30 calendar days from the date on the Negative Action Determination if you are non-Medicaid.

You may ask for a local appeal by contacting HealthWest's Customer Services Department at 231-720-3201 or Customer.Services@healthwest.net.

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 45 calendar days or less. If you request and meet the requirements for an expedited appeal (fast appeal), your appeal will be decided within 72 hours after we receive your request. In all cases, HealthWest may extend the time for resolving your appeal by 14-calendar days if you request an extension, or if the HealthWest can show that additional information is needed and that the delay is in your best interest.

You may ask for assistance from the HealthWest Customer Services Department to file an appeal.

State Fair Hearing

There are two types of state level appeals – State Fair Hearing and Alternative Dispute Resolution Process.

If you have Medicaid, you have the right to an impartial review by a state level administrative law judge if, after exhausting the local appeals process you; 1) receive notice that HealthWest has upheld an Negative Action Determination; or 2) HealthWest fails to adhere to the notice and timing requirements for resolution of Grievances and Appeals. You may request a state fair hearing at that time.

You have 90 calendar days from the date of the applicable notice of resolution or negative action determination to file a request for a State Fair Hearing. If you believe your life, health or well-being will be in danger by waiting for the hearing to take place, you can ask for an expedited hearing. The Michigan Office of Administrative Hearings and Rules will decide whether to grant your request for an expedited hearing.

To request a fair hearing, you must fill out, sign, and submit a Request for Hearing for Medicaid Enrollees, PACE Enrollees, or Waiver Applicants (DCH-0092) to The Michigan Office of Administrative Hearings and Rules (MOAHR). This form is available on the MOAHR Website here: https://www.michigan.gov/lara/bureau-list/moahr/benefit-services. HealthWest's Customer Services Department can assist you with filling out this form or you can reach out to the following number to receive help from the State of Michigan: 800-648-3397 (TTY users can call 711). This form can be faxed, emailed, or mailed to the information provided below.

Michigan Office of Administrative Hearings and Rules
Michigan Department of Health and Human Services
P.O. Box 30763
Lansing, MI 48909
Fax: 517-763-0146
LARA-MOAHR-DCH@michigan.gov

During the hearing, you can represent yourself or have another person represent you. This person can be anyone you choose that is at least 18 years of age. This person may also request a hearing for you. You must give this person written permission to represent you. You may provide a letter or a copy of a court order naming this person as your guardian or conservator.

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

You can ask for a State Fair Hearing only after receiving notice that the service decision you appealed has been upheld. You can also ask for a State Fair Hearing if you were not provided your notice and decision regarding your appeal in the timeframe required. There are time limits on when you can file an appeal once you receive a decision about your local appeal.

Benefit Continuation

If you are receiving a Michigan CCBHC service that is reduced, terminated or suspended before your current service authorization and you file your appeal within 30-calendar days if you receive Medicaid or before the date of the proposed Negative Action (as instructed on the Negative Action Determination), you may continue to receive your same level of services while your internal appeal is pending. You will need to state in your local appeal request that you are asking for services 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 in ten 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.

Note: If your benefits are continued because you used this process, you may be required to repay the cost of any services that you received while your appeal was pending if the final resolution upholds the denial of your request for coverage or payment of a service. State policy will determine if you will be required to repay the cost of any continued benefits.

HealthWest Appeal Process Timing

The Enrollee has 60 calendar days from the date of the notice of Negative Action Determination if receiving Medicaid, or 30 calendar days from the date of the notice of Negative Action Determination if non-Medicaid. 42 CFR 438.402(c)(2)(ii).

Standard Appeal Resolution (timing): HealthWest must resolve the Appeal and provide notice of resolution to the affected parties as expeditiously as the Enrollee's health condition requires, but not to exceed 30 calendar days from the day the HealthWest receives the Appeal if you receive Medicaid and 45 calendar days from the day the HealthWest receives the Appeal if you are non-Medicaid.

If a request for expedited resolution is granted, HealthWest must resolve the Appeal and provide notice of resolution to the affected parties no longer than 72 hours after HealthWest receives the request for expedited resolution of the Appeal. 42 CFR 438.408.

Extension of Timeframes: HealthWest may extend the resolution and notice timeframe by up to 14 calendar days if the Enrollee requests an extension, or if HealthWest shows to the satisfaction of the State that there is a need for additional information and how the delay is in the Enrollee's interest. 42 CFR 438.408(c).

Alternative Dispute Resolution Process

If you do not have Medicaid, you can ask for an Alternative Dispute Resolution through the Michigan Department of Health and Human Services. This can only be done after you have completed a Local Appeal and you do not agree with the written results of that decision. You may submit your request in writing and mail or email it to:

Michigan Department of Health and Human Services
RE: Request for MDHHS Alternative Dispute Resolution
Behavioral Health Transformation Division Director
Capitol Commons Center
400 South Pine Street – 7th Floor
Lansing, MI 48913
MDHHS-CCBHC@michigan.gov

MDHHS will review the request within two (2) business days of receipt. MDHHS will attempt to resolve the dispute within 15 business days with you and the HealthWest. If MDHHS agrees with the provider, you may be required to pay for services that were reinstated during the dispute.

Second Opinions

If you were denied initial access to all behavioral health services, or if you were denied psychiatric inpatient hospitalization after specifically requesting this service, the Michigan Mental Health Code allows you the right to ask for a Second Opinion.

•If initial access to all behavioral health services was denied, a Second Opinion will be completed within 5 business days of making the request.
•If a request for psychiatric inpatient hospitalization was denied, a Second Opinion will be completed within 3 business days of making the request.

You will be given detailed information about grievance and appeal processes when you first start services and then again annually. You may ask for this information at any time by contacting Customer Services at 231-720-3201.

Person-Centered Planning

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

The process begins when you determine whom, besides yourself, you would like at the person-centered planning meetings, such as family members or friends, and what staff you would like to attend.

You will also decide when and where the person-centered planning meetings will be held. Finally, you will decide what assistance you might need to help you participate in and understand the meetings.

During Person-Centered Planning, you will be asked what your hopes and dreams are and will be helped to develop goals or outcomes you want to achieve. The people attending this meeting will help you decide what support, 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.

There are no set limits on the amount, scope or duration of services that are available to you as services are authorized suitable to condition and medical necessity. We do not give incentives to any provider to limit your services. We work with you, during your assessment and as part of your PCP process, to determine what services are appropriate to meet your needs.

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 PCP meeting if you want to talk about changing your plan of service.

You have the right to "independent facilitation" of the PCP process. This means that you may request someone other than the staff conduct your planning meetings. You have the right to choose from available independent facilitators.

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

Topics Covered During Person-Centered Planning

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

PSYCHIATRIC ADVANCE DIRECTIVE

Adults have the right under Michigan law to a "psychiatric advance directive." A psychiatric advance directive is a tool for making decisions before a crisis in which you may become unable to make a decision about the kind of treatment you want and the kind of treatment you do not want. This lets other people, including family, friends, and service providers, know what you want when you cannot speak for yourself. If you choose to create a psychiatric advance directive, you should give copies to all providers caring for you, people you have named as a medical or mental health patient advocate, and family members or trusted friends who could help your doctors and behavioral health providers make choices for you if you cannot make those choices.

For more information about advance directives, please refer to the section entitled A Guide to Advance Directives and Guardianships in Michigan located in the back of this handbook. If you do not believe you have received appropriate information regarding psychiatric advance directives, please contact Customer Services 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 if 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 listing friends or relatives to be called, preferred medications or care of children, pets, or bills.

SELF-DETERMINATION

"Self-Determination" is an option for payment of medically necessary services you might request if you are an adult beneficiary receiving behavioral health services in Michigan. It is a process that would help you to design and exercise control over your own life by directing a fixed amount of dollars that will be spent on your authorized supports and services, often referred to as an "individual budget." You would also be supported in your management of providers if you choose such control.

Customer Service

HealthWest has a Customer Services Department ready to provide assistance to you. You can contact Customer Services Monday through Friday 8 am to 5 pm, with the exception of holidays, at 231-720-3201. If you call outside of business hours and wish to leave a message, please include your name, phone number and a brief description of the reason for your call. Customer Services will return your call within one business day.

These are just some of the ways Customer Services can help you:

- Welcome and orient you to services, benefits available and the provider network.
- Provide further assistance with understanding your available benefits or any problems relating to benefits, along with any charges, co-pays, or fees.
- Provide information about how to access behavioral health, substance abuse, primary health, and other community services.
- Respond to any complaints or problems with the services you are receiving and provide assistance with filing a grievance or an appeal.
- Provide information about HealthWest operations, including the organizational chart, annual reports, board member lists, board meeting schedules, and board meeting minutes.
- Provide information about Michigan Department of Health and Human Services, access standards, practice guidelines, and technical advisories and requirements.

Language Assistance and Accommodations

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. The Non-English line is 833-701-0642.

If you are an individual who is deaf or hard of hearing, you can utilize the Michigan Relay Center (MRC) to reach HealthWest. Please call 711 and ask MRC to connect you to the number you are trying to reach. If you prefer to use a TTY, please contact HealthWest at the following TTY phone number: 231-720-3280.

If you need a sign language interpreter, contact HealthWest as soon as possible so that one will be made available.

Sign language interpreters are available at no cost to you. If you do not speak English, contact the HealthWest Customer Service so that arrangements can be made for an interpreter for you. Language interpreters are available at no cost to you.

Accessibility and Accommodations

In accordance with federal and state laws, all buildings and programs of the HealthWest are required to be physically accessible to individuals with all qualifying disabilities. Any individual who receives emotional, visual or mobility support from a qualified/trained and identified service animal such as a dog will be given access, along with the service animal, to all buildings and programs of HealthWest. If you need more information or if you have questions about accessibility or service/support animals, contact HealthWest Customer Service.

If you need to request an accommodation on behalf of yourself or a family member or friend, you can contact HealthWest or HealthWest Customer Services. 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 HealthWest or HealthWest Customer Services by phone or email. Communication devices and CART are available at no cost to you.

If you need to request written information be available to you in an alternative format, including enlarged font size, audio version or in an alternate language, contact HealthWest Customer Services so arrangements for translation or accommodation can be made. The information will be provided to you as soon as possible, but no later than 30 days from the date of your request. This information will be made available to you at no cost.

Reporting Suspected Fraud, Waste, or Abuse

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

If you suspect fraud, waste, or abuse within HealthWest, you are encouraged to report it to MDHHS Office of Inspector General (OIG) to be investigated. Your actions may help to improve the quality of the healthcare system and decrease the cost for our members, business partners, and customers. You do not need to identify yourself.

Examples of Medicaid fraud include, but are not limited to, the following:

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

Or when someone:

- Lies about 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
- Telephoned services

If you think someone is committing fraud, waste, or abuse, you may report your concerns anonymously to HealthWest Corporate Compliance at:
• E-mail Corporate.Compliance@healthwest.net
• Call HealthWest's Compliance Hotline at 231-724-6575

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.
•On-line at www.michigan.gov/fraud
•Call 1-855-MIFRAUD (1-855-643-7283) - voicemail available for after hours
•Send a letter to:

Office of Inspector General
PO BOX 30062
Lansing, MI 48909

When you make a 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 any other identifying information you have.

Tag Lines

Each CCBHC must provide tag lines in the prevalent non-English languages in its particular service area included in the list below.

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

ATTENTION: If you do not speak English, language assistance services are available to you free of charge. Call the Non-English line at 833-701-0642 (TTY: 1-231-720-3280).

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 (1-833-701-0642) (Michigan Relay TTY: 7-1-1).**
Arabic	كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. كما يحق لك ت تلقي المعلومات بتنسيق مختلف، مثل الصوت أو طريقة برايل أو الخط الكبير، بسبب احتياجات ك الخاصة دون أي تكلفة إضافية. اتصل على الرقم **(1-833-701-0642) (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 （**1-833-701-0642**）（**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 (1-833-701-0642) (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 **(1-833-701-0642) 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. **(1-833-701-0642) (Michigan Relay TTY: 7-1-1)**로 전화하세요.

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 (1-833-701-0642) (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 **(1-833-701-0642) (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**(1-833-701-0642) (**Мицхиган Релаи ТТИ**: 7-1-1).**
Spanish	**Si habla español, tiene a su disposición servicios de asistencia lingüística gratuitos. También puede recibir información en un formato diferente, como audio, Braille o letra grande, según sus necesidades especiales, sin costo adicional. Llame al (1-833-701-0642) (TTY de Michigan Relay: 7-1-1).**
Syriac/Latin	**Ita d'netqor syriaque, ḥekmā d-lashon ḥadā b'ḥalā b'ḥulḳā. W'naḥḳit d'khanukh ḥaḳḳā ḥadīr, ʿallā d'librah ḥebrew mā b-inan dbāzā d-laghan dakhlat l-noḳṭā, keda d'ītad, b-áudiō, b'braille aw blārg l-nashiqā, b-laʿal qurbān. Tʿala (1-833-701-0642) (Michigan Relay TTY: 7-1-1).**

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 (1-833-701-0642) (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 (1-833-701-0642) (Michigan Relay TTY: 7-1-1).**

Non-Discrimination and Accessibility

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

HealthWest provides free aids and services to individuals with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, Braille)
- HealthWest provides free language services to individuals whose primary language is not English or have limited English skills, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact HealthWest Customer Services Department at 231-720-3201.

If you believe that HealthWest 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: HealthWest Customer Services Department at 231-720-3201 or Customer.services@healthwest.net.

If you are an individual who is deaf or hard of hearing, you may contact Deaf & Hard of Hearing services at 616-732-7358 or MI Relay Service at 711 to request their assistance in connecting you to HealthWest. You can file a grievance in person or by mail, fax, or email. If you need help in filing a grievance, Customer Services Department is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

You may also file a grievance electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
Toll Free: 1-800-368-1019