# PERSONAL POWER

## CUSTOMER SERVICES

## *Community Mental Health Partnership of Southeast Michigan*

All Customer Services Departments are open 8:30 am to 5:00 pm, Monday through Friday excluding holidays. You may arrange after hours by appointment. You can call your local CMH's or any other agency at the number listed below:

**Lenawee Community**
**Mental Health Authority**
1040 S. Winter Street, Suite 1022
Adrian, Michigan 49221
Office: (517) 263-8905
Fax: (517) 265-8237
Toll Free: (800) 664-5005
TTY: (800) 649-3777
www.lcmha.org

**Livingston County Community**
**Mental Health Authority**
2280 E. Grand River
Howell, MI 48843
Office: (517) 546-4126
Fax: (517) 546-1300
Toll Free: (800) 615-1245
TTY: (800) 649-3777
www.cmhliv.org

**Monroe Community**
**Mental Health Authority**
1001 S. Raisinville Rd.
Monroe, MI 48161
Office: (734) 243-7340
Fax: (734) 243-5564
Toll Free: (800) 886-7340
TTY: (800) 649-3777
www.monroecmha.org

**Washtenaw County Community**
**Mental Health**
555 Towner
Ypsilanti, MI 48197
Office: (734) 544-3000
Fax: (734) 544-6732
Toll Free: (800) 440-7548
TTY: (800) 649-3777
www.ewashtenaw.org

**The Joint Commission**
Toll Free: (800)-994-6610

**CMHPSM Customer Services**
705 N. Zeeb Road, Suite 2102
Ann Arbor, MI 48103
Office: (734) 344-6079
Fax: (734) 222-3844
Toll Free: (888)-566-0489
www.cmhpsm.org

## What is the Community Partnership of Southeast Michigan?

The Community Mental Health Partnership of Southeast Michigan (CMHPSM) is a joint effort of Lenawee, Livingston, Monroe, and Washtenaw Counties. The partnership seeks to be a model of excellence in a regional system of integrated care. The CMHPSM joins with consumers, families, and the community to help consumers reach their dreams.

COMMUNITY MENTAL HEALTH PARTNERSHIP of Southeast Michigan

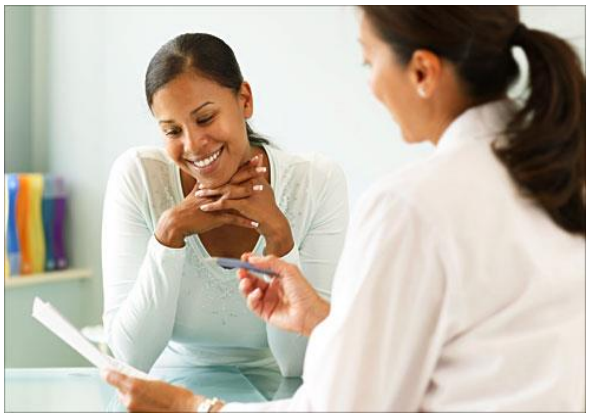
## What is Customer Services?

Customer Services is a link between you, your community mental health system, and your community. We are here for you when you, your family, or a community member wants information about services or supports within your county.

Customer Services has a variety of functions. It seeks to reduce stigma about disabilities by educating the community. The goal of Customer Services is to make sure the community mental health system provides accessible, respectful, and stigma-free care to all consumers. Customer Services would like to meet your needs through the provision and protection of your rights as a consumer, as well as providing an outlet for your voice. You matter.

**Customer Services can help you with:**

- Information on how to get and retain services
- Information on payment decisions as they pertain to treatment
- Educating you on your rights as a consumer of services
- Learning new ways to advocate for yourself (self-advocacy)
- Concerns about your care and the staff that provides it
- Instruction on the grievance/complaints process
- Updates on national, state, and local level mental health system changes
- Information on organizational structure and management



**Customer Services provides:**

- Community education
- Public Speakers
- Links with community advocacy groups and partners
- Community Benefit Plan
- Anti-stigma activities/support
- Community needs assessment data
- Presence in the community through town hall meetings and celebration ceremonies
- Consumer updates and information
- Public Awareness

### IT'S IMPORTANT TO KNOW

A grievance is an expression of dissatisfaction about any matter related to services.

You have the right to get information in a way or form that you can understand. If you need information in another language or in another form (i.e. limited hearing or sight abilities), call your local Customer Services department for help.

To start services or get information about services you may qualify for; call Access in the county where you live.

You cannot be denied services just because you cannot pay. Talk with front desk staff, Access, or Customer Services about your options.

If you want service in another county, call your local Access Department.

# CONSUMER BILL OF RIGHTS:

## My Involvement

- I will be encouraged to ask questions to make sure I know how and why decisions are made about services.
- I will be active in creating my own Person-Centered Plan (PCP) which will include the individual plan of service (IPOS) that details my individual treatment goals each year.
- I will be able to give my opinions about services in satisfaction surveys, small groups, or in other ways. My opinions will be considered in policy-making committees and boards.
- I will be treated as a valued partner. My family or people important to me will be treated likewise.

## My Responsibilities as a Consumer

**I will put every effort into:**

- Taking part in the planning and delivery of my services through my IPOS or person-centered plan
- Telling staff of my ever changing needs
- Notifying staff when I no longer want to receive services
- Being responsible for my own actions, and for the results of those actions
- Keeping my appointment times as scheduled, or cancelling prior to the appointed time
- Informing staff about safety concerns including those related to services I receive

**Access to Services**

- I will have access to services and supports in a timely way.
- I will get help from my CMH staff or other staff, in an effort to meet my basic needs such as food, clothing, housing, or other basic needs.

  ***AND***

- To find and get other services such as:
  - Dental services
  - Education
  - Legal help
  - Recreation
  - Transportation
  - Other community resources
- I will take part in services provided to me by the Community Mental Health Partnership of Southeast Michigan (CMHPSM) or its providers, as named in my PCP. These services will be in a place I can get to and at times that I can attend. These services may include:
  - Community living resources
  - Psychiatric services
  - Vocational services
  - Client services management (supports coordination, case management)
  - Inpatient services for children, adolescents, and adults

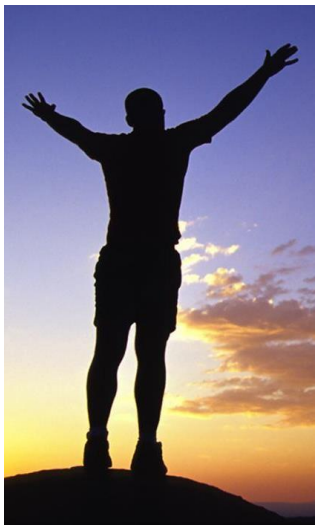
## Right to Quality Services

- I have the right to quality services that meet my needs, are determined to be medically necessary, and in a timely and professional manner. (Services available are frequently evaluated and improved in order to serve you).
- I will be treated with care, courtesy, and respect by all staff. Staff will be clear in their actions and in what they expect of me.
- My information will be kept private and confidential. My information will be shared only when I give permission or as allowed/required by law.
- I will be offered services to help me achieve my goals and give me as much independence as possible.
- My personal feelings of safety are important as a recipient of services.
- I have the right to services from knowledgeable and recovery-oriented staff that are aware of my needs and utilize my strengths.

## Self-Determination:

**Self Determination-** the belief that you, yourself, should have the right to choose the life that you seek. The funding for that life should follow. Therefore, personal choice and control are emphasized in this process of determining funding choices for personal care *(this is separate from treatment decisions which are determined by your Support Coordinator/Case Manager).* You should consider the following when deciding if self-determination for personal care is for you:

- **Your focus!** The focus should be on developing relationships, active membership in the community, enjoying life and finding meaningful employment and/or use of your time.



- **Funding Choices:** Funds from your local Community Mental Health must be used according to the Department of Community Health and Human Services and Medicaid guidelines and planning must occur within the funds available for support. Your Support Coordinator/Case Manager will support you in learning/adhering to these guidelines, as well as instruct you on how to use these funds wisely.
- **Natural is better.** Our communities are rich in resources. The more you utilize the community for services and support, the more you will feel connected as a contributing member. Plus, your economic power through your funding choices will impact the ability of that resource to be sustained long term. In other words, your dollars may insure that services continue in the community agencies you choose.
- **You will have the authority over the funds available for your supports.** You will approve payment for services you receive, obtain monthly reports on what is spent and the balance or how much you have left.
- **Paying individuals for paid support is possible, but they must meet some basic qualifications.** This includes qualifications such as being over the age of 18 and undergoing a criminal records check.
- **Things Change!** Within approved budget amounts and guidelines, you can move your dollars from line item to line item as long as essential supports are maintained. These changes will need to be reflected in your PCP and budget.
- **Have Fun!** This is a wonderful journey that can be very rewarding. There will be bumps in the road but for the most part it will be exciting—you are creating a life that is all your own!


**Why is self-determination important?** Having received services and/or assistance for a length of time, it is not uncommon to have given up your personal power to others. By making decisions about your personal care, you are reclaiming or rediscovering your voice.

**How do I know if I qualify for self-determination?** You qualify If you're an adult who receive services through Community Mental Health in Livingston, Lenawee, Monroe or Washtenaw County and would like to direct your personal care/hiring your own staff.

**What is the process of utilizing self-determination?** Talk to your Support Coordinator/Case Manager in order to assess which option is right for you (see below). Then they will help you develop an individualized Plan of Service (IPOS) which reflects your desire to utilize self- determination.

The vision of your self-determination will be shaped by answering questions such as these:

- *Do you like where you live and/or with whom?*
- *Would you like to live in an apartment, duplex or own your own home?*
- *What city or town do you want to live in?*
- *If you do need assistance from someone, what would that look like? How many hours a day?*
- *Do you have a personal hobby?*
- *Do you like to do things by yourself or with other people?*
- *Have you ever traveled? Would you like to take a vacation?*
- *Are you active in your community?*
- *Are you interested in joining a club/organization?*
- *Do you want to take some classes or go back to school?*
- *Have you thought about owning your own business?*
- *When do you hope to retire?*
- *What is your dream job?*
- *What assistance do you need to get and/or keep a job?*
- *Do you have a driver's license or your own car?*
- *Do you need help with public transportation?*
- *Can you safely walk or bike places you want to go?*
- *Do you need accessible transportation?*


Once questions such as these are thought through, then it is necessary to plan an individualized budget. Your Supports Coordinator/Case Manager will assist you with this process. Once your budget is finalized, you and your chosen supports will be given the authority over how the dollars are used. Rules will be discussed so that this service can continue.

**What are the options I can choose?** Directly hire some of your supports with assistance of a fiscal intermediary. A fiscal intermediary helps you with payroll and other employment issues. You will work with the fiscal intermediary to set up contracts of employment for all of your qualified staff. You will be the employer of record. **OR** Choose services through an existing provider network (agencies that are contracted with your local affiliation member). These agencies will still assist you with hiring staff that you like, as well as support the principles of Self-Determination.

# Person Centered Plan:

**Person-Centered Planning (PCP)** - Treatment goals should be based upon those things that matter most to you. This process allows you a voice in the treatment goals that you set in what is referred to as your Individual Plan of Service (IPOS) meeting. By meeting with professionals and personal advocates, you can loosely tailor the treatment that you provide in accordance to your hopes and dreams. *Ask yourself the following questions before your Person-Centered Planning or IPOS meeting:*

- **Who will advocate for me the best?** Those in the role of advocating for you are referred to as Individual Facilitators. They will run the meetings, as well as help you choose people to attend and assist you in remaining focused on your hopes, needs and dreams.
- **Who should I choose as an Independent Facilitator?** A good facilitator is someone that you trust to do the following: listen, support, and encourage you, be educated on the process itself and who is willing to help you in the preparation process. Some examples of people to choose are: yourself, friends, family members, Support Coordinator/Case Manager or an outside agency provided Independent Facilitator.
- **What if I want to be an Independent Facilitator for myself or someone else?** Contacting your Support Coordinator/Case Manager will put you in touch with the agency or person responsible for educating and overseeing you in learning and utilizing this process.
- **How do I get an Independent Facilitator assigned to me?** Ask your Support Coordinator/Case Manager in your preplanning meeting which should take place within 1 month prior to your PCP or IPOS meeting

# Accessing Substance Use Services


- **Who can receive services?** Anyone who has Medicaid insurance, Healthy Michigan Plan, is enrolled in MIChild, or cannot afford the cost of services lives in Lenawee, Livingston, Monroe, or Washtenaw County can receive a clinical assessment to find out, if they are eligible to receive mental health or substance use services.
- **What is a Substance Use Problem?** A pattern of drinking alcohol or using drugs (legal and/or not legal) in amounts or with methods which are harmful to themselves or others.
- **What Services are Available?** All services provided must be considered to be medically necessary for your treatment and are designed to meet the unique and individualized needs and preferences of the individual. Your team will partner fully with you to help ensure you have the most effective plan for your health needs. Some examples of assistance include individual and group counseling, withdrawal management (detoxification), residential programs and recovery coaching.

# Advance Directives

Advance Directives are nonbinding legal documents which can be used by those with mental health diagnoses to pre-plan the details of their lives before a medical and/or mental health crisis occurs. Outlining your preferences regarding treatment options, household chores and people to be notified is an important step in creating an advance directive which is a type of crisis plan. Determining the following is also important:

**Who will be responsible for fulfilling the requests outlined in my advance directive?** First, treatment providers will benefit by the reasons and type of treatment options preferred. They will not necessarily be responsible for fulfilling your medical-related requests. They will use your preferences based on your past experience as a starting point to determine a current treatment regime. **Patient advocate -** a very important choice that will attempt to fulfill the nonmedical aspects of your advance directive (e.g. feeding your dog or who to tell when you are in crisis). The selection of a patient advocate is limited to those who do not already have a legal guardian. This trusted person would need to be aware of your advance directive and any updated versions. In some cases, it may be beneficial to also grant them durable power of attorney.

**What is a Durable Power of Attorney?** Durable power of attorney is a legal, written authorization to allow an adult (a person over the age of 18) to make treatment or other legal decisions on your behalf. It is extremely important to thoughtfully consider who that person is as well as the types of decisions they can make. Only choose a person or persons whom you fully trust.

**What is the difference between a medical and psychiatric advance directive?** A medical advance directive limits your treatment scope to those treatment options that you do or do not want. It must be self-determined and not done by a guardian, spouse, family member, healthcare worker or anyone else who could benefit from your death. You are eligible if you are over the age of eighteen, not under guardianship, and seen as competent by the court. A psychiatric advance directive does not limit your treatment scope, but informs treatment providers of your preferences. Like a medical directive, you must be of legal age, not under guardianship, and be legally competent. It must also be self-determined and not done by anyone who may benefit if you were to perish. It is suggested that you seek assistance from other individuals in the preparation of a psychiatric advance directive.

**Can I combine a psychiatric and medical directive into one document?** No, separate documents are needed for a psychiatric and medical advance directive. The medical advance directive will be followed precisely, while a psychiatric advance directive will be a starting point for treatment considerations.

**Where do I get the forms and/or assistance in completing this legal document?** You may obtain the psychiatric and medical advance directive forms from the state of Michigan website, from your Case Manager and/or Supports Coordinator, or an attorney. The forms should be carefully considered and thoroughly completed, copied in duplicate, and notarized to ensure validity. Remember, these are rights that you are either exercising or signing away, so take ample time to discuss it with treatment providers, experts, as well as trusted family members and friends.

## Important!

The stress response includes the release of hormones that could impair your judgment. Therefore, it is very important that you complete an advance directive during a time of stability. Since an advance directive is a legal document you might also consider seeking the assistance of an attorney.

In addition to psychiatric and medical advance directives, there is another crisis plan called the Wellness Action Readiness Plan or WRAP. This document allows you the opportunity to name a person that you wish to be in charge of a variety of tasks, as well as treatment preferences. Though it is very helpful, it is **not** a binding legal document.

A WRAP plan is more comprehensive and easier to complete on your own. However, the treatment provider may give more credence to the advance directive, than a WRAP plan due to the legal provisions involved.

Advance Directives should be reviewed periodically to ensure that your preferences and protections are current and legal. State rulings do change

# "Your Appeal Options"

You have the right to challenge decisions that are made about what services you will or will not get. You also have the right to say you are not satisfied with your services. You often have more than one way to challenge decisions or share concerns.

## Second Opinion for a Denial of Service or of Hospitalization

- You can ask for a second opinion if you apply for services and you are denied. *You have 30 days to request a second opinion.* Fill out the second opinion form that you get when you are denied. You will get a second opinion from the agency at no cost to you within 5 working days.
- You can also get a second opinion if you ask to go into a psychiatric hospital and are denied, or if you ask to go into a center for people with developmental disabilities and are denied. You will get a second opinion at no cost to you within 3 working days.
- Access staff or Customer Services can answer your questions about second opinions.

## Appealing Denial of Services or if Services Reduced, Suspended, or Stopped

### Appeal Choices If You Have Medicaid


- ***Denial of Services:*** If you are already getting services and you ask for other or more services, you may be denied. If so, you will get a letter telling you about the denial. If you have Medicaid insurance you can appeal this decision by asking for a **Local Appeal** or by asking for a **State Medicaid Fair Hearing.**
- ***Services Reduced, Suspended, or Stopped:*** Sometimes the services you are already getting are, reduced, suspended or stopped. If so, you should get an *"Advanced Action Notice"*. It will say what will change and what date your services will change. If you ask for a Local Appeal or a Medicaid Fair Hearing before that date, your services can stay the same until after a hearing or meeting is held.
- **To ask for a Local Appeal Meeting -** fill out the request form for a "Local Dispute Resolution Committee" that you get with the letter denial papers. *You have 45 days to ask for a local appeal and the agency must complete your appeal in 60 days.*
    - *You have 90 days to request a Medicaid Fair Hearing.* To ask for a Medicaid Fair Hearing, fill out a Request for Hearing form that you get with the letter. If your letter did not include a form you can ask staff for one or go to this website: http://michigan.gov/mdch/0,1607,7-132-2946_5093-16825--,00.html
    - You can ask any staff or Customer Services for these forms or for help in filling them out.
- **Representation -** *You can give someone written permission to represent you for an appeal/ hearing.*

## Appeal Choices If You Do Not Have Medicaid


- ***Denial of Services OR Services Reduced, Suspended, or Stopped:***
- If you do not have Medicaid, you still have the right to appeal if you are being denied a service or a service you already received is being reduced, suspended, or stopped. You can ask for a Local Appeal Meeting two ways:
    1. You can call the local hearings officer named on your letter, and/or you can
    2. Fill out a request form for a "Local Dispute Resolution Committee" meeting that you should get with the letter.
- You can ask any staff or Customer Services for these forms or for help in filling them out.
    - You have 45 days to ask for a local appeal, and the agency must complete your appeal in 60 days. If you ask for a local meeting before the date on the form that says when your services are supposed to stop or change, your services can stay the same until after a local meeting is held. If you don't agree with the outcome of the Local Appeal Meeting, you can appeal to the state. You will get the form for this when you get the written outcome of the local meeting.
    - *You can give someone written permission to represent you for an appeal/ hearing.*

## Appealing Delays in Service


- You have the right to appeal if the agency does not tell you in 14 days if you will or will not get a service you asked for. If it's an emergency you should hear in 3 days.
- You have the right to appeal if the agency does not start services in your Individual Plan of Service within 14 days of the date you signed it, unless you agree to a later start date. You have 90 days to appeal.
- If you have ***Medicaid*** you can ask for a Local Appeal or a State Medicaid Fair Hearing. If you are a ***Non-Medicaid*** recipient you would first ask for a local appeal and after that, if you are not satisfied, you can appeal to the state.

## Your Individual Plan of Service (IPOS)


- Your IPOS should be written using a person centered planning process. If this did not happen (you weren't invited to participate), or you do not agree with the final plan, you can appeal. Once you file an appeal, the agency has 30 days to review the plan. If you feel there is an emergency, contact staff or Customer Services for a faster process.
- *You can give someone written permission to represent you for an appeal/ hearing.*
- **Note:** The law requires we tell you that if the local appeal or state appeal does not rule in your favor, you could be charged for the services.