



**Community Living Services, Inc.
Handbook of Services**

**For Individuals Receiving Services
in Wayne County**

CONTACT INFORMATION

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Supports Coordinator Manager

Phone Number

Phone Number

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www.comliveserv.com

Notes:

Language translations for this document are available upon request by calling CLS Customer Services at 734-722-6364. This handbook is available in large print, Braille and electronically upon request. This information is accurate as of April 2021.

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About Us

Our History

Community Living Services, Inc. ("CLS"), formerly Wayne Community Living Services, began in 1983, and has been instrumental in moving people from state institutions to community group homes and finally, into self-determined lives where they choose their roommates and provision of services. CLS was formed with a singular goal to move people with disabilities out of institutions and into more meaningful, connected lives. And while CLS has grown over the years, it remains committed to that goal.

Prior to the 1980s, individuals with intellectual and developmental disabilities were housed in large, impersonal, government operated institutions. They were cut off from contact with family members, excluded from their local communities, and served by a system that saw them as patients in need of expert treatment rather than as individuals who could direct their resources to realize self-defined goals and dreams.

The State of Michigan previously housed thousands of people with intellectual and developmental disabilities in state-run institutions. While still affiliated with the State of Michigan, some employees of the State institutional system banded together to build more meaningful lives for the people they supported and began working within the State system to deinstitutionalize persons with intellectual and developmental disabilities. While still affiliated with the State of Michigan, CLS began to aggressively develop community-based homes for persons with disabilities.

By 1988, CLS split with the State to form a private, non-profit agency dedicated to moving people with disabilities out of institutions and into more meaningful, connected lives. As CLS grew, we expanded our focus to include activities that enhance the quality of life for persons with intellectual and developmental disabilities.

Over the years, CLS has developed a reputation as a forerunner in advocacy and support to persons with intellectual and developmental disabilities. Under the guidance of a strong Board of Directors, that includes individuals we serve, we have effectively challenged many preconceived notions about the limitations of persons with intellectual and development disabilities, and made significant progress in assisting persons to take charge of their lives.

CLS has expanded beyond Wayne County in October 2004 and the CLS Oakland County Division became a Core Provider with the Oakland Community Health Network. CLS expanded again in 2016 to include a separate Macomb County division. CLS also now operates a Kent County Division.

Fast Facts about CLS

- *In 2018, CLS celebrated its 35th anniversary of supporting people living in communities of their choice.*
- *Instrumental in developing partnerships with multiple organizations to close all state-run institutions in Michigan.*
- *CLS is a private, not-for-profit 501(C)(3).*
- *Provider with the Detroit Wayne Integrated Health Network, Oakland Community Health Network, Macomb County Community Mental Health, and Network 180 in Kent County.*
- *CLS coordinates support with community schools, medical health facilities, and other general community resources.*
- *Leader in supporting people with the most significant and complex forms of intellectual and developmental disabilities.*
- *Supports over 4,000 people across all divisions.*
- *Offers Person-Centered Planning, Self-Directed Services, Supports Coordination, and individual budgeting.*

Mission

To assist and advocate for each person to have supports they want and need: to exercise control and authority over their lives, to live a life of freedom, opportunity and relationships as family, friends and neighbors and to share in full community membership and citizenship

Vision

People will fully participate in their communities and have a quality of life which comes from freedom and its responsibilities, the authority to make their own life decisions and the financial resources to implement them.

Our Funders

In Michigan, Behavioral Health and Intellectual and Developmental Disability Supports and Services (Supports and Services) are administered by Prepaid Inpatient Health Plans (or PIHPs) through the state's network of County Community Mental Health Agencies also called Community Mental Health Service Programs (or CMHSP). In Wayne County, the PIHP and CMHSP is the Detroit-Wayne Integrated Health Network (DWIHN).

CLS is impaneled with the DWIHN and participates in the DWIHN Provider Network. This means that CLS can bill eligible Supports and Services to DWIHN for payment from your Medicaid/ Public Funded benefits.

CLS is also under contract with the DWIHN for Self-Directed Services administration, supporting eligible Individuals with intellectual/developmental disabilities who have chosen to take part in Self-Directed Services Arrangements.

Our Services at a Glance

The services available through CLS are:

- Supports Coordination & Independent Supports Coordination
- Targeted Case Management
- Behavior Treatment Plan Review Committee
- Self-Directed Services Administration

Who is Eligible for Services?

A person may be eligible for services if he or she:

- Qualifies as a Wayne County Resident or has a County of Financial Responsibility (COFR) status through the DWIHN;
- Has an intellectual or developmental disability; and
- Enrolled in with the DWIHN.

The Michigan Mental Health Code (MCL 330.1100a) defines a developmental disability meaning either of the following:

- (a) If applied to an individual older than 5 years of age, a severe, chronic condition that meets all of the following requirements:
- (i) Is attributable to a mental or physical impairment or a combination of mental and physical impairments;
 - (ii) Is manifested before the individual is 22 years old;
 - (iii) Is likely to continue indefinitely;
 - (iv) Results in substantial functional limitations in 3 or more of the following areas of major life activity:
 - (A) Self-care
 - (B) Receptive and expressive language
 - (C) Learning
 - (D) Mobility
 - (E) Self-direction

- (F) Capacity for independent living
 - (G) Economic self-sufficiency
 - (v) Reflects the individual's 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 5 years of age, a substantial developmental delay or a specific congenital or acquired condition with a high probability of resulting in developmental disability as defined in subdivision (a) if services are not provided.

First Steps

How to Access Services for Individuals – Birth to Six Years

For children up to age six, parents or legal guardians may call **CLS Customer Services at 734-722-6364** during normal business hours to schedule an Intake appointment. At the appointment, an Intake Representative will meet with the child and their family members. During this meeting, natural supports are identified, required forms are signed, emergency needs are identified, Medicaid eligibility is discussed and eligibility for services is determined. If the child is found eligible for services, the Intake Representative will contact the Detroit Wayne Centralized Access Center and facilitate enrollment with CLS.

How to Access Services for Individuals-Age Six and Older

A person has to enroll with the DWIHN to receive services from any Wayne County Mental Health Provider including CLS. For people, age six years and older, this is done by contacting the Centralized Access Center at 1-800-241-4949, or TDD: (866) 870-2599. The Centralized Access Center is open 24 hours a day, 7 days a week. At that time, a clinical screening will be completed to determine if the person is eligible for an Intake appointment. If a person is eligible, an appointment will be scheduled with the provider of choice within 14 days. If the person is not eligible for an Intake appointment, they will be referred to another organization that may assist them.

Once an individual is enrolled with CLS and an Intake appointment is scheduled by the Centralized Access Center, an Intake Representative will call the person or their chosen representative to confirm the appointment. During the Intake appointment, an Intake Representative will meet with the person, their chosen representative and/or family members. During this meeting, natural supports are identified, required forms are signed, emergency needs are identified, Medicaid eligibility is discussed and eligibility for services is determined.

At the end of the Intake appointment, if a person (child or adult) is found to be eligible for services, the individual will meet with a Supports Coordinator. The Supports Coordinator will complete preliminary planning for the Person-Centered Plan and will schedule and coordinate a Person-Centered Planning meeting. The Person-Centered Plan or Individual Plan of Service (IPOS) is the process used to design the individual plan of mental health supports, services and/or treatment. The individual may choose to select an Independent Facilitator, at this time, to guide the meeting.

The person and their chosen representative may pursue the option of interviewing Supports Coordinators to determine who they would like to assist them with managing their supports and services. A Supports Coordinator is a CLS employee who serves as an advocate and broker of supports and services. All CLS employees must pass annual criminal background checks, maintain appropriate credentials as required by their profession and participate in required trainings. The individual may choose to select another Supports Coordinator at any time.

The Supports Coordinator coordinates services as needed, completes all necessary paperwork and provides follow-up.

If desired, the person and their chosen representative may choose another provider of choice agency by calling a contracted agency with DWIHN. Provider agencies are identified in the DWIHN Provider Directory.

If a person is determined to be ineligible for services, information on how to request a local dispute of this decision as well as how to request a second opinion of this decision will be provided. The person will be referred to another organization that may be able to help.

There may be an exception to this process for individuals who do not have Medicaid. The Intake Representative will discuss this with the person during the Intake appointment.

Financial Responsibility & Commitments

CLS will partner with the person and their Support Circle (chosen representatives, friends, allies, family members) to explore all resources for supports and services. These resources include the following:

- Medicaid eligibility (and/or other benefits and entitlements)
- Opportunities to earn money
- Family, friends, chosen representatives and significant others
- Neighborhood and community resources
- Public funds

The State of Michigan requires an evaluation of a person's ability to pay for services and supports. This is done with the help of CLS which completes a Financial Liability Determination to decide a person's financial responsibility for qualified mental health care services.

If the person is enrolled in Medicaid, the total cost of his/her authorized Supports and Services will be covered at no cost. If the person is a Medicaid beneficiary with a deductible ("spend-down"), as determined by the Michigan Department of Health and Human Services (MDHHS), he or she may be responsible for the cost of a portion of your services. If Medicare is the primary payor, Medicare cost-sharing consistent with coordination of benefits rules may apply. This information will be reviewed with the person at the time the Financial Liability Determination is completed.

Why Choose CLS?

Services & Support

CLS serves more than 4,000 adults and children with physical, intellectual and developmental disabilities in Wayne, Oakland, Macomb, and Kent counties. CLS works to provide supports suited to an individual's wants and needs in a manner that the individual, their family and support circle direct and control.

The Supports and Services that can be coordinated by CLS include, but are not limited to:

- Behavior Treatment Plan Review Committee
- Children's Services
- Clinical Supports
- Community Living Support
- Culture of Gentleness
- Durable Medical Equipment Procurement and Environmental Modifications
- Emergency and Crisis Services
- Employment Specialist Services
- Independent Facilitation
- Independent Supports Coordination
- Peer Mentor Services
- Respite
- Services for Children with Autism
- Skill-Building Services
- Substance Use Resources

Person-Centered/Family-Centered Planning

The process used to design a person's Individual Plan of Services or treatment is called "Person-Centered Planning (PCP)." PCP is a person's right protected by the Michigan MHC.

The process begins when an individual determines who they would like at their PCP meetings, such as family members or friends and what staff from CLS they would like to attend. A person will also decide when and where the PCP meetings will be held. Finally, they will decide what assistance they may need to help them participate in and understand the meetings.

During PCP meetings, a person will be asked about their life plans and goals and will be helped to develop outcomes they want to achieve. The people attending this meeting will help the person decide what supports, services or treatment they need, who they would like to provide these services, how often they will need the services and where it will be provided. They have the right, under federal and state laws, to a choice of providers.

After a person begins receiving services, they will be asked from time to time about how the supports, services and/or treatment are being received and whether changes need to be made. They have the right to ask at any time for a new PCP meeting if they want to talk about changing their plan of service.

A person has the right to "Independent Facilitation" of the PCP process. This means they may request someone other than the Supports Coordinator to conduct their planning meetings. They have the right to choose from available Independent Facilitators.

Children under the age of 18 with physical, intellectual or developmental disabilities or serious emotional disturbance also have the right to a PCP meeting. However, the PCP must recognize the importance of the family and the fact that supports and services impact the entire family. The parent(s) or guardian(s) of the children will be involved in the pre-planning and PCP process using "Family-Centered Practice" in the delivery of supports, services and treatment of their children.

The PCP empowers the individual to make their own decisions with the assistance of their support circle. The focus is building on an individual's dreams, gifts, talents and resources. The PCP process focuses on **goals** which are universal desires that all people desire, such as: feeling safe, secure and loved by family, friends, having meaningful employment, financial security and good health, just to name a few. Topics covered during Person-Centered Planning include:

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 your PIHP, please contact the customer services office to file a grievance.

Crisis Plan

A person receiving services also will have the right to develop a “**crisis plan.**” A crisis plan is intended to give direct care if a person begins to have problems in managing his/her life or he/she becomes unable to make decisions and care for him/herself. The crisis plan would give information and direction to others about what the person 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

Self-determination is a process that assists a person in exercising control over their own life and directs a fixed amount of dollars that will be spent on authorized supports and services, often referred to as an “individual budget.” The person may choose to hire his/her own qualified providers and exercise control over the quality of services. Self-determination begins with the Person-Centered Planning process where goals and outcomes are discussed; services and supports are identified; and action plans are developed. With Self-Directed Services, these plans are worked into an individual budget. The budget allows a person to:

Principles of Self-Determination

FREEDOM:

to decide how one wants to live their life.

AUTHORITY:

over a targeted amount of dollars.

SUPPORT:

to organize resources in ways that are life enhancing and meaningful to the individual.

RESPONSIBILITY:

for the wise use of public dollars and recognition of the contribution individuals with disabilities can make in their communities.

CONFIRMATION:

of the important role that self-advocates must play in a newly redesigned system.

Families are able to be supported using the principles of Self-Determination using what is referred to as the Choice Voucher System. The Choice Voucher System empowers families with the authority to choose and directly hire qualified providers of authorized Supports and Services.

How to Choose a DWIHN Network Provider

People supported by CLS have many choices when it comes to choosing a provider from the DWIHN Provider Network. They would start by contacting their Supports Coordinator who would use a Person-Centered approach to accessing the DWIHN Provider Network. DWIHN will produce a Provider Directory annually and regularly update their network on their website www.DWIHN.org.

Questions About Services

Who to Contact if there is a Problem?

Most issues can be resolved with the Supports Coordinator or their Manager. Supports Coordinator Managers are available to help if a situation is not resolved. There may be times when a person may need to speak to someone else to answer questions, some examples are: a question about enrollment can be answered by CLS Customer Services Representatives, Translation Services are handled by Customer Service Representatives and Supports Coordinators. Concerns about Supports Coordinators are overseen by Supports Coordinator Managers.

Customer Services

CLS Customer Service Representatives assist people with issues concerning services and supports. They are available to:

- Answer questions
- Explain supports and services
- Arrange translation services
- Identify resources

- Work together with individuals, family members and professional staff to resolve any concerns regarding services.

When issues cannot be resolved, Customer Service Representatives will assist in accessing the Dispute Resolution Process, completing Recipient Rights complaint forms, and/or requesting an Administrative Hearing. Also, to make a comment or suggestion about supports and services, contact CLS Customer Services during business hours (8:00 a.m. to 4:30 p.m., Monday –Friday) at **734-722-6364 or (866) 381-7600 or TTY: 1-866-469-7600**. **In the case of an emergency, please contact DWIHN Access on their 24-hour line at 1-800-241-4949**

Recipient Rights

Every person who receives public mental health services has certain rights. The Michigan Mental Health Code (MHC) protects specific rights. Some of a person’s rights under the MHC 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 freedom and movement
- The right to refuse to participate in research projects

An individual may file a Recipient Rights complaint any time if they think staff violated their rights. Alleged violations of the rights of people receiving services and supports from CLS will be investigated by DWIHN. A complaint can be filed by calling the 24-hour, toll free hotline which is: 1-888-339-5595. A complaint can also be mailed and/or faxed to:

Detroit Wayne Integrated Health Network
Office of Recipient Rights
707 West Milwaukee
Detroit, MI 48202
Toll Free 1-888-339-5595
TDD: 1-888-5588
Fax: 1-313-833-2043

The Supports Coordinator will discuss a person’s rights under the Mental Health Code and give them a copy of the “Your Rights” booklet/complaint forms. A person will have their rights explained when they first start receiving services and then once again every year. They can also ask for this booklet and complaint forms at any time.

When a complaint is received by DWIHN, it will be acknowledged in writing to the complainant within five business days. The investigation must be completed within 90 days. If it is determined that a person's rights have been violated, appropriate action will be recommended. DWIHN will issue a summary report of the investigative findings to the complainant, to the individual and to the guardian, if applicable.

A notice of the appeal rights and an explanation of the process are sent to the person with a summary report. CLS has a policy that prohibits retaliation against anyone who files a Recipient Rights complaint.

If a person receives Substance Use Services, their rights are protected by the Public Health Code. These rights will also be explained when services begin and once again every year. More information can be found about rights while receiving Substance Use Services in the "Your Rights" booklet.

An individual may contact their local community mental health service program to talk with a person in the **DWIHN Recipient Rights Office (1-888-339-5595)** about any questions they may have about their rights or to get help in filing a complaint.

Grievance & Appeals/Important Timeframes

As an Applicant for or recipient of Mental Health Services, a person has the right to exercise several options if a request for services or supports is denied, reduced, suspended or terminated or if a person disagrees with any part of their Individual Plan of Service regarding their current services and supports. Information about the Grievance and Appeals process is given when people first start services and again annually. Anyone may ask for this information at any time by contacting **CLS Customer Services at 734-722-6364**.

Grievances

A person has the right to say they are unhappy with their services or supports or the staff that provides them, by filing a "Grievance," (dissatisfaction). An individual can file a Grievance any time by calling, visiting or writing to CLS Customer Services. In most cases, a person's grievance will be resolved within 90-calendar days for the date CLS receives your grievance.

Appeals

A person will be given a written notice when a decision is made that denies their request for services or reduces, suspends or terminates the services they already receive. This notice is called an "Adverse Benefit Determination". They have the right to file an "Appeal" when they do

not agree with such a decision. If you would like to ask for an appeal, you will have to do so within 60-calendar days from the date on the Adverse Benefit Determination.

You may ask for a Local Appeal by contacting the DWIHN at [\(313\) 344-9099](tel:3133449099).

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

A person may speak with the **CLS Customer Services Representative at 734-722-6364** for help. CLS Customer Services can also help:

- Arrange for a **Second Opinion**, if an individual is denied eligibility for mental health services from CLS.
- Help a person secure a **Second Opinion** if they are denied hospitalization.
- Assist with filing an Appeal. If a person receives Medicaid benefits and the action involves a service paid for by Medicaid, the Customer Services Representative will assist a person if they wish to request a Medicaid Fair Hearing instead of a Local Appeal.
- The Customer Services Representative will answer questions and help complete any necessary forms.

A person may file a **Recipient Rights Complaint** with the **DWIHN Office of Recipient Rights** by calling:

Toll Free: 1-888-339-5595

TDD: 1-888-339-5588

If they wish to mail the complaint, please send it to:

Detroit Wayne Integrated Health Network
Office of Recipient Rights
707 West Milwaukee
Detroit, MI 48202

State Fair Hearing

If a person receives Medicaid benefits and the action involves a service paid for by Medicaid, they have the additional option of requesting a **State Fair Hearing** within 90 days through the **Michigan Department of Health and Human Services (MDHHS)**. **The appeals process must be completed before a person can file a State Fair Hearing.** However, if DWIHN fails to adhere to the notice and timing requirements, the local appeal process will be deemed exhausted and a Fair Hearing can be requested.

A State Fair Hearing can only be requested after receiving notice that the service decision you appealed has been upheld. A State Fair Hearing can be requested 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 Medicaid service that is reduced, terminated or suspended before your current service authorization, and you file your appeal within 10 calendar days (as instructed on the Notice of Adverse Benefit Determination), you may continue to receive your same level of 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.

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.

Alternative Dispute Resolution

If a person does not receive Medicaid, they may request a review by the MDHHS Alternative Dispute Resolution instead of a State Fair Hearing. For information regarding the MDHHS

Administrative Hearing and Alternative Dispute Resolution Process, please contact **CLS Customer Services at 734-722-6364.**

Important: Timeframe Regarding the Local Appeals and Grievance Process

A person may file a request for a Local Appeal with CLS Customer Services within 45 calendar days of receipt of an action notice. Review of the request will take place within 45 calendar days from receipt of the request. Review of the request for a Local Appeal regarding an emergency situation will take place within three calendar days of receipt of the request. A decision regarding the appeal will be provided by the DWIHN.

An individual may file a Grievance (dissatisfaction) regarding any aspect of the services and supports they receive at any time. CLS Customer Services Representatives will work to resolve a person's Grievance within 60 calendar days of receipt of the Grievance. A person can also contact the DWIHN regarding issues or concerns related to Grievances, Appeals, Disputes and Medicaid Fair Hearings.

Freedom from Retaliation

If a person uses public mental health or substance use services, they are free to exercise their rights and to use the rights protection system without fear of retaliation, harassment or discrimination. In addition, the use of seclusion or restraint as a means of coercion, discipline, convenience or retaliation is strictly prohibited.

Policy & Procedure for Using Restrictions

Informed consent is obtained from the person or the person's legally empowered representative to restrict, intrude upon, or limit a person's rights. The person's Circle must support the proposed restriction. The restriction details including the proposed length of time for the restriction and a clear fading plan for the eventual elimination of it are clearly documented as part of the Individual Plan of Service (IPOS).

The Behavior Treatment Plan Review Committee (BTPRC) reviews and approves Restrictions and Intrusions put in place to protect a person's health and/or safety. A Restriction is a program or practice that limits a person's freedom of movement or access.

Examples include:

- Limiting access to food
- Limiting access to clothing or other personal possessions
- Restricting receipt of mail

- Restricting telephone use
- Restricting cigarette use
- Seatbelt guards/harnesses

Intrusions are techniques that impinge on the bodily integrity, personal space or privacy of the person to achieve a reduction in a health or safety risk.

Examples include:

- The required wearing of a helmet during all waking hours
- The use of alarms, sounds, or visual/sound-based monitoring devices (i.e. door alarms, baby monitors)
- Mitts or gloves to lessen the impact of someone hitting themselves
- The use of direct observation procedures during a time which otherwise would be considered private (for example: when someone is in the bathroom and does not require direct assistance)
- Use of psychotropic medication to change behavior when the behavior is not the result of a diagnosed psychiatric disorder.

A Rights Representative from the DWIHN participates on the committee to ensure all rights are protected and monitored to make sure all plans for Limitations/Restrictions are in accordance with applicable law and policy. **CLS policy prohibits physical restraint.**

*The Michigan Mental Health Code (MHC) states that psychotropic medications are **NEVER** to be used as a form of punishment or for the convenience of staff. Any medication is considered a limitation/restriction if it is used to control behavior.*

Michigan Protection & Advocacy Services Information

Michigan Protection and Advocacy Services is a private, non-profit organization that protects and advocates for people with developmental disabilities and/or mental illness. Its goal is to advance the dignity, equality, Self-determination and expressed choices of people. MPAS promotes, expands and protects the human and legal rights of people by providing them with information and advocacy.

Examples of services offered:

- Information and referral
- Advice and support regarding self-advocacy
- Direct advocacy to assist in negotiations or problem-solving meetings

- Representation in administrative appeals and hearings
- Legal assistance

Michigan Protection and Advocacy Service, Inc.
4095 Legacy Parkway Suite 500
Lansing, MI 48911
Phone: 1-800-288-5923 (voice or TTY)
517-882-7074
Fax: 517-487-0827
Web site <http://mpas.org>

CLS Departments and Key Functions

- **Accounting**
 - General Accounting
 - Payroll
 - Purchasing
 - Building & Property Management
- **Administration**
 - Human Resources
 - Legal Services
 - Public Relations/Communications
- **Benefits and Resources**
 - Benefits & Resource Specialists
 - Financial Liability Determination
- **Claims & Records**
- **Information Technology (I.T.)**
- **Medical Care & Coordination**
- **Network Liaison & Quality**
 - Quality Management
 - Customer Services
- **Personal Supports & Supports Coordination**
 - Advocacy Liaison
 - Peer Mentoring
 - Housing Support Brokers
- **Training**
 - Direct Care Staff Training



Friends of CLS

Friends of Community Living Services, Inc. is a Michigan non-profit, tax-exempt, fundraising corporation whose mission is to benefit individuals/families who receive services from Community Living Services.

Donations to Friends of CLS provide grants to people supported by CLS for a variety of items that Medicaid dollars cannot cover. For example, some types of grants include:

- Community Memberships
- Clothing
- Utility Assistance
- Much More!!

There are several ways to donate to Friends of CLS, either by check, on-line (www.comlivserv.com), payroll deduction or during an annual fundraising event called Evening with Friends.

Other Questions and Concerns

Confidentiality and Family Access to Information

A person has the right to have information about their mental health treatment kept private. They also have the right to look at their own clinical records and add a formal statement about them if there is something they do not like. Generally, information about an individual can only be given to others with a person's written permission. However, there are times when their information is shared to coordinate their treatment when it is required by law.

Family members have the right to provide information to CLS about an individual. However, without a Release of Information form signed by the individual or legally responsible party (if applicable), CLS may not give information about the person to a family member. For minor children under the age of 18 years, parents are provided information about their child and must sign a Release of Information form to share with others.

If a person is receiving Substance Use Services, they have rights related to confidentiality specific to Substance Use Services.

Under the Health Insurance Portability and Accountability Act or HIPAA, a person will be provided with an official Notice of Privacy Practices from CLS. This notice will describe all the ways information about an individual can be used or disclosed. It will also include a listing of a person's rights provided under HIPAA and how a person can file a complaint if they believe their rights to privacy have been violated.

If a person believes their confidentiality rights have been violated, they can call the DWIHN Recipient Rights Hotline at 1-888-339-5595.

Commitment to Safety

CLS is committed to getting to know the people it supports and demonstrating due diligence to develop an Individual Plan of Service (IPOS) that supports an Individual's life choices. Through the Person/Family-Centered Planning Process, CLS Supports Coordinators will help with identifying risks, a network of support, and Supports and Services that that could help to address those risks.

Risk vs. Choice

Most of life's greatest lessons are learned when making choices that are later realized as mistakes. CLS acknowledges that some people will make decisions that are deemed potential risks to their safety or well-being. The person's network of support makes risk possible by

weaving a safety net that supports the person's capability for growth and learning from their mistakes. Ongoing education regarding the possible consequences of their risky decisions/actions can be identified during the Person/Family-Centered Planning Process.

Conflict of Interest

Conflict of Interest situations are prohibited by CLS and its funding sources. CLS is required to demonstrate that it takes adequate measures to avoid situations where Conflicts of Interest may arise. Employees are expected to disclose any relationship that creates or has the appearance of a Conflict of Interest. Employees are asked to disclose in writing any relationship that poses a potential Conflict of Interest and are periodically asked to update such written disclosures.

CLS staff may not accept (either directly or indirectly) gifts of any kind, loans, property (personal or real), supplies, or anything else of value from individuals and their family members.

Accessibility and Accommodations

In accordance with federal and state laws, all buildings of CLS are required to be physically accessible to individuals with disabilities. Any person who receives emotional, visual or mobility support from a service animal such as a dog will be given access, along with the service animal, to all buildings and programs of CLS. For more information or for questions about accessibility or service/support animals, contact a **CLS Supports Coordinator 734-467-7600** or **Customer Services at 734-722-6364**.

If a person needs to request an accommodation on behalf of themselves or a family member or friend, they can contact their Supports Coordinator 734-467-7600 or **Customer Services at 734-722-6364**. The person will be given information on how to request an Accommodation (this can be done over the phone, in person or in writing) and will be told who is responsible for handling Accommodation requests.

Reasonable Accommodations

If a person needs accommodations to attend meetings, CLS staff will meet with them and their Support Circle at times and places that are convenient and accessible. Meetings will be scheduled that are convenient for the person, an interpreter will be provided if necessary and a meeting place will be determined that will accommodate wheelchairs. If a person has a need for Reasonable Accommodations, they may talk with their Supports Coordinator or Customer Services Representative.

Language Assistance

- If a person uses a **TTY (Teletype)**, contact CLS Customer Services at the following TTY phone number: 1-866-469-7600.
- If an individual needs a **sign language interpreter**, contact CLS Customer Services at 734-722-6364 as soon as possible so that one will be made available. Sign language interpreters are available at no cost.
- If an individual **does not speak English**, contact CLS Customer Services at 734-722-6364 so that arrangements can be made. Interpreters are available at no cost.
- If an individual needs **Braille assistance**, contact CLS Customer Services at 734-722-6364 so that arrangements can be made. Braille materials are available at no cost.

Assistive Technology

CLS supports a person's desire to communicate and control their surroundings as much as possible. When appropriate, Assistive Technology is explored, identified and obtained. This could be as simple as boards with pictures or as complex as a computerized voice or electronic device. Some other examples of Assistive Technology include: special buttons to open doors and answer phones, speech devices, ceiling tracks, specialized wheelchairs, computers and phones.

Telemedicine Practices

Per MDHHS guidance, CLS is temporarily able to provide services via telemedicine due to the outbreak of COVID-19. In cases where the individual feels it is necessary to maintain physical distance while receiving services, CLS has adapted multiple service functions to work via telephone, video chat, and other remote services. CLS staff maintains regular contact with individuals served, regardless of the ability to physically interact.

Accreditation

CLS maintains accreditation through **The Commission on Accreditation of Rehabilitation Facilities (CARF)**, an international, not-for-profit organization that accredits Human Service Providers. Accreditation is a process that demonstrates a provider has met standards for the quality of its services. CLS has been accredited by CARF since 2001. From 1996-2001, CLS was accredited by The Council on Accreditation.

Emergency Services

If a person has a behavioral health care concern that is not serious enough to be an emergency assistance, individuals and/or families can contact CLS at 734-467-7600 during the hours of 8:00 a.m. to 4:30 p.m. Monday through Friday (normal business hours) and ask to speak with the person's Supports Coordinator. If they do not know who their Supports Coordinator may be, they can ask the receptionist to look it up for them. If the Supports Coordinator is unavailable, the Supports Coordinator Manager can assist them. If a person is transferred to the Supports Coordinator voicemail, all voicemail messages should have a prompt where people can dial '0' and be connected to the Team Assistant (TA) who will be able to physically contact the Supports Coordinator, Supports Coordinator's Manager or the Department Managers. If no one is available, the TA will be directed to let the person know someone will contact them as soon as possible.

Emergencies - 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; or because of his/her inability to meet his/her basic needs he/she is at risk of harm. It also applies when a person'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.

A person has the right to receive emergency services at any time, 24-hours a day, seven days a week without prior authorization for payment of care.

If a person is having a behavioral health emergency, they should seek help right away.

DWIHN 24 Hour Crisis/Information and Referral Line is available at:

1-313-224-7000 or 1-800-241-4949 or TDD 1-866-870-2599.

The 24-Hour Crisis/Information and Referral Line provides crisis intervention, suicide prevention, mental health information and referral to services throughout Wayne County. A person can be screened for emergency services at the following locations:

Crisis Services for Children

The Guidance Center
13101 Allen Road
Southgate, MI 48141
734-287-1701

Children's Hospital
3901 Beaubien Street
Detroit, MI 48201
313-745-0113

Crisis Services for Adults

Detroit Receiving Hospital Crisis
4201 St. Antoine
Detroit, MI 48201
313-745-6035

Sinai Grace Outpatient
14800 W. McNichols
Detroit, MI 48235
313-966-3300
313-966-4880

Psychiatric Intervention Ctr. (PIC)
33505 Schoolcraft, Suite 3
Livonia, MI 48150
734-721-020

Please note: if a hospital emergency room is used, there may be health-care services provided to use 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 DWIHN emergency services you receive. CLS Customer Services may be able to help you answer questions about such bills.

Post Stabilization Services

After a person receives emergency mental behavioral health care and their condition is under control, they may receive behavioral health services to make sure their 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 person's end of his/her emergency-level care, he/she will receive help to coordinate post-stabilization services.

Continuum of Care

When a person's condition has been stabilized, they must follow-up with their provider and DWIHN. A person may contact the DWIHN Access Center to enroll with CLS or contact CLS Customer Services at 734-722-6364, if there are questions regarding enrollment. A person may also contact the DWIHN Customer Service Department and speak to a Customer Service Representative, who will explain the enrollment process. They may be reached at 888-490-9698 or 313-833-3232, TDD/TTY 800-630-1044.

Coordination of Care

To improve the quality of services, CLS wants to coordinate with the person that cares for an individual's physical health. If the person is also receiving Substance Use Services, their mental health care should be coordinated with those services. Being able to coordinate with all providers involved in treating the person improves their chances for recovery, relief of symptoms and improved functioning. Therefore, they are encouraged to sign a Michigan Behavioral Health Standard Consent form and/or other "Release of Information" form as appropriate so that information can be shared. If they do not have a medical doctor and need one, contact their Supports Coordinator at 734-467-7600 and they will help the person choose one.

Access to Out of Network Services

CLS is willing to assist the individual with contacting the DWIHN to arrange for Out-of-Network services for individuals enrolled if the service is determined to be medically necessary and is not available in the DWIHN network.

Payment for Services

If a person is enrolled in Medicaid and meets the criteria for the specialty behavioral health services, the total cost of the person's authorized treatment may be covered. Not fees will be charged.

Some individual may be responsible for "Cost sharing". This refers to money that an individual 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". The person's Medicaid benefit level will determine there are any cost-sharing responsibilities. If you are a Medicaid beneficiary with a deductible ("spend-down"), as determined by the Michigan Department of Health and Human Services (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.

Services Authorization

Services that a person requests must be authorized or approved by CLS and DWIHN. These organizations may approve all, some or none of the requests. An individual will receive notice of a decision as soon as is possible.

Any decision that denies a service or denies the amount, scope or duration of the service, a person's request will be made by a health care professional who has the appropriate clinical expertise in treating their condition. Authorizations are made according to medical necessity and compliance with Medicaid and other applicable program rules and guidelines. If a person does not agree with a decision that denies, reduces, suspends or terminates a service, they may appeal that decision.

Service Array-Medicaid Specialty Supports & Services Descriptions

Before services can be started, a person will take part in an Assessment to find out if they are eligible for services. It will also identify the services that can best meet their needs. They will need to know that not all people are eligible and not all services are available to everyone served by CLS. If a service cannot help a person, a Community Mental Health Authority/Agency will not pay for it. Medicaid will not pay for services that are otherwise available from other resources in the community.

During the PCP process, a person will be assisted to help figure out the medically necessary services that they need and the sufficient amount, scope and duration required to achieve the purpose of those services. They will also be able to choose who provides their supports and services. They will receive an Individual Plan of Service that provides all of this information.

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

www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProvidermanual.pdf

Note: If a person is a Medicaid beneficiary and has a serious mental illness, serious emotional disturbance, intellectual or developmental disabilities or substance use disorder, they may be eligible for some of the Mental Health Medicaid Specialty Supports and Services listed below. In addition to meeting medically necessary criteria, services marked with an asterisk * require a doctor's prescription.

Services for Habilitation Supports Waiver (HSW) and Children's Waiver Participants

Some Medicaid beneficiaries are eligible for special services that would otherwise qualify them for intermediate care facilities if no services were available in the community for individuals with intellectual or developmental disabilities (I/DD). People enrolled in the waivers have access to these services listed above and below:

- **Chores Services (for Habilitation Supports Waiver enrollees):** Are provided by paid staff to help keep the person's home clean and safe.
- **Non-Family Training (for Children's Waiver enrollees):** Is customized training for the paid, in-home support staff that provides care for a child enrolled in the Waiver.
- **Out-of-Home Non-Vocational Supports and Services (for HSW enrollees):** Is assistance to gain, retain or improve in self-help, socialization or adaptive skills.
- **Personal Emergency Response Devices (for HSW enrollees):** Helps a person maintain independence and safety, in their own home or in the community. These are devices that are used to call for help in an emergency.
- **Prevocational Services (for HSW enrollees):** Includes supports, services and training to prepare a person for paid employment or community volunteer work.
- **Private Duty Nursing (for HSW enrollees, this is also a Children's Waiver covered service):** Individualized nursing services provided in the home, as necessary to meet specialized health needs. This is determined by the Michigan Department of Health and Human Services (MDHHS).
- **Specialty Services (for Children's Waiver enrollees):** Music, recreation, art or massage therapies that may be provided to help reduce or manage the symptoms of a child's mental health condition or developmental disability. Specialty services might also include specialized child and family training, coaching, staff supervision, or monitoring of program goals.

Services for Persons with Substance Use Disorders

The Substance Use Treatment services listed below are covered by Medicaid. These services are available through Southeast Michigan Community Alliance (**SEMCA**) at 1-800-686-6543.

- **Access, Assessment and Referral:** Determines the need for Substance Use services and will assist in getting to the appropriate services and providers.
- **Intensive Outpatient (IOP):** 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 people 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 outpatient treatments.

- **Outpatient Treatment:** Includes counseling for the individual and family and group therapy in an office environment.
- **Residential Treatment:** Is intensive, therapeutic services which includes overnight stays in a staffed, licensed facility.
- **Sub-Acute Detoxification:** Medical care in a residential environment for people who are withdrawing from alcohol or other drugs.

If a person is receiving Medicaid, they may be entitled to other medical services not listed above. Services necessary to maintain a person's physical health are provided or ordered by their Primary Care Doctor. If a person receives Community Mental Health services, their local community mental health services program will work with their Primary Care Doctor to coordinate physical and mental health services. If the person does not have a Primary Care Doctor, their local community mental health services program will help them find one.

NOTE: The 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, call the local Michigan Department of Health and Human Services (MDHSS) offices, the phone numbers are below or contact CLS Customer Services at 734-722-6364.

Medicaid Health Plan Services

If a person is enrolled in a Medicaid Health Plan, the following types of Health

Care Services are available when a person's medical condition requires them:

- Ambulance
- Chiropractic
- Doctor Visits
- Family Planning
- Health Check Ups
- 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 an individual is enrolled in one of the Health Plans listed below (partial list), they can contact the Health Plan directly for more information about the services listed above. If

they are not enrolled in a Health Plan or do not know the name of their Health Plan, they can contact CLS Customer Services at 734-722-6364 for assistance.

Midwest Health Plan (a subsidiary of Health Alliance Plan - HAP)

4700 Schaefer, Suite 340
Dearborn, MI 48126
(888)654-2200

www.midwesthealthplan.com

United Healthcare (Great Lakes Health Plan)

26957 Northwestern Highway
Suite 400
Southfield, MI 48033
(800) 903-5253

www.unitedhealthcareonline.com

Molina Healthcare of Michigan

100 West Big Beaver Road, Suite 600
Troy, MI 48084
(248) 925-1700
(888) 898-7969

Services Not Covered

For a complete list of services that are not covered by CLS or DWIHN, please contact DWIHN Customer Service at (888) 490-9698.

Recovery & Resiliency

“Mental Health Recovery is a journey of healing and transformation enabling a person with mental illness to live a meaningful life in the community of their choice while striving to achieve their potential,” Anonymous.

Recovery is an individual journey that follows different paths and leads to different locations. Recovery is a process. Recovery is unique to every individual and can truly only be defined by themselves. What might be Recovery for one person may be only part of the process for another. Recovery may also be defined as wellness. Mental health supports and

www.molinahealthcare.com

Total Health Care

3011 West Grand River Blvd, Suite 1600
Detroit, MI 48202
(313)871-2000
(800) 826-2862

www.totalhealthcareonline.com or
www.thcmi.com

M-Care

2301 Commonwealth Blvd
Ann Arbor, MI 48105-2945
(800) 527-5549

www.mcare.org

Meridian Health Plan of Michigan

777 Woodward Avenue, Suite 600
Detroit, MI 48226
(313) 324-3700
(888) 437-0606

www.mhplan.com

services help people with mental illness in their Recovery journeys. The PCP 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, a person can overcome and come out a stronger individual. It takes time and that is why it 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 is a guiding principle 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. It refers to the individual’s ability to become successful despite challenges they may face throughout their life.

Quick Reference

Glossary of Terms:

Access: The entry point to the Prepaid Inpatient Health Plan (PIHP), Detroit Wayne Integrated Health Network (DWIHN), sometimes called “Access Center,” where Medicaid beneficiaries call or go to request mental health services.

Accessible: A characteristic of buildings and structures by which people with limited mobility are able to move in or about those buildings and structures. It is also referred to as ‘barrier free’.

Adverse Benefit Determination: A decision that adversely impacts a Medicaid beneficiary’s claim for services due to:

- Denial or limited authorization of a requested service, including determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting, or effectiveness of a covered benefit.
- Reduction, suspension, or termination of a previously authorized service.
- Denial, in whole or in part, of payment for a service.
- Failure to make a standard authorization decision and provide notice about the decision within 14 calendar days from the date of receipt of a standard request for service.
- Failure to make an expedited authorization decision within 72 hours from the date of receipt of a request for expedited service authorization.
- Failure to provide services within 14 calendar days of the start date agreed upon during the Person-Centered Planning and as authorized by DWIHN or , as applicable, CLS.
- Failure of DWIHN to act within 72 hours from the date of a request for an expedited appeal.
- Failure of DWIHN to provide disposition and notice of a local grievance/complaint within 90 calendar days of the date of the request.

Adult Benefits Waiver: A Michigan Health Care program for certain low-income adults who are not eligible for Medicaid. Contact CLS Customer Services at 734-722-6364 for more information. This is a narrowly defined benefit that does not entitle a person to all of the services and supports described in this Handbook.

Advocate: One who speaks in favor and in support of a person or cause.

Americans with Disabilities Act (ADA): A series of laws passed in 1990 that requires companies to ensure equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, transportation and requiring the establishment of TDD/telephone relay services.

Amount, Duration, and Scope: How much, how long and in what ways the Medicaid services that are listed in a person's Individual Plan of Service will be provided.

Appeal: A review of an adverse benefit determination.

Arc: A national organization for people with developmental disabilities. There are over 1,400 Arcs in the United States.

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 mental 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.

Assessment: Includes a comprehensive psychiatric evaluation, psychological testing, substance use screening or other assessments except for physical health, conducted to determine a person's level of functioning and mental health treatment needs.

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 take better care of themselves or help them interact in the places where they live, work and play.

Autism: Describes a developmental disability typically occurring in the early stages of life which can involve a severe inability to communicate effectively and behavior manifested by a limited ability to understand, communicate and participate in social relationships.

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

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

Cerebral Palsy: Describes a disability that can affect movement and posture but does not affect a person's intelligence. Cerebral refers to the brain. Palsy refers to lack of muscle control.

Chosen Representative: A guardian, a member of a person's support circle.

Circle Member: A person who is invited to join a person's support network. They usually know the person and are actively involved in their life.

Clubhouse Programs: Individuals 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.

CMHSP: An acronym for Community Mental Health Services Program. There are 46 CMHSPs in Michigan that provide services in their local areas to people with mental illness and developmental disabilities.

Community Inpatient Services: Hospital services used to stabilize a mental health condition in the event of a significant change in symptoms or in a mental health emergency. Community hospital services are provided in licensed psychiatric hospitals and in licensed psychiatric units of general hospitals.

Community Integration: Being present and participating in the community. This includes being employed, owning a home, participating in community events, volunteering, being known in and being a part of the community.

Community Living Supports (CLS): Activities provided by paid staff that help adults with either serious mental illness, intellectual or developmental disabilities live independently and participate actively in the community. Community Living Supports may also help families who have children with special needs (such as intellectual or developmental disabilities or serious emotional disturbance).

Community Mental Health Agency and/or Authority: Local agency responsible for the examination and evaluation of the mental health needs of the area it represents and the services to meet these needs. In Wayne County, it is the Detroit Wayne Integrated Health Network (DWIHN). In Oakland County, it is the Oakland Community Health Network (OCHN). In Kent County, it is Network 180.

Crisis Interventions: Unscheduled individual or group services aimed at reducing or eliminating the impact of unexpected events that relate to mental health and well-being.

Culture of Gentleness: The Culture of Gentleness helps facilitate the removal of barriers between people. It breaks down the barriers of control and suggests that if a person feels safe, loved, loving and connected, they will be able to lead a richer, fuller, meaningful life. CLS is committed to the Culture of Gentleness Teaching as a method to help people become members of their communities which will enhance their lives.

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 their income during that month. Once the individual's income has been reduced to a State-specified level, the person 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

Down syndrome: Describes a developmental disability associated with specific characteristics due to a chromosomal anomaly (out of the ordinary).

Durable Medical Equipment: Any equipment that provides therapeutic benefits to a person in need because of certain medical conditions and/or illnesses.

Durable Medical Equipment (DME) consists of items which:

- Are primarily and customarily used to serve a medical purpose;
- Are not useful to a person in the absence of illness, disability, or injury;
- Are ordered or prescribed by a physician;
- Are reusable;
- Can stand repeated use, and
- Are appropriate for use in the home.

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

Enhanced Pharmacy: Includes doctor-ordered non-prescription or over-the-counter items (such as vitamins or cough syrup) necessary to manage health condition(s) when a person's Medicaid Health Plan or other available coverage does not cover these items.

Environmental Modifications: Physical changes to a person's home, car or work environment that are of direct medical or remedial benefit to the person. Modifications ensure access, protect health and safety or enable greater independence for a person with physical disabilities. Note that other sources of funding must be explored and exhausted first, before using Medicaid funds for environmental modifications.

Epilepsy: A disorder of the nervous system in which the brain has excessive electrical activity, causing a temporary loss of control over certain muscles and changing the level of awareness or alertness for a short period of time. These episodes are called seizures, which with proper care, can usually be controlled.

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

Extended Observation Beds (or 23-hour stay units): Used to stabilize a person during a mental health emergency when a person needs to be in the hospital for only a short time. An extended observation bed allows hospital staff to observe and treat the person's condition for up to one day before they are discharged to another community-based outpatient service or admitted to the hospital.

Fair Housing Amendments Act of 1988 (PL100-430): The Fair Housing Act, Title VIII of the Civil Rights Act of 1968, is a national policy prohibiting discrimination in the sale or rental of housing. The 1988 Act, effective March 12, 1989 expanded that protection to people with a disability.

Family Skills Training: Education and training for families who live with and/or care for a family member who is eligible for specialty services or the Children's Waiver Program.

Financial Management Service (FMS): Formerly referred to as a **Fiscal Intermediary**, an independent organization (For example, a local Arc or an organization, such as a bookkeeping or accounting firm) that receives, handles and accounts for the funds used for the supports and services that have been authorized in a person's Individual Plan of Service for a person choosing a Self-Directed Services model of support.

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 persons will have access to Targeted Case Management services under a fee for service contract between MDHHS and Genesee Health System (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.

Friends of Community Living Services: Friends of CLS is a non-profit, tax exempt fundraising corporation whose mission is to benefit individuals/families who receive services from CLS.

Grievance: Expression of dissatisfaction about any matter other than an adverse benefit determination. Grievances may include, but are not limited to, the quality of care or services provided, and aspects of interpersonal relationships such as rudeness by a provider or employee, or failure to respect a beneficiary's rights regardless of whether remedial action is requested. Grievance includes a beneficiary 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 adverse benefit determination and grievances, as well as the processes to collect and track information about them.

Habilitation Services and Devices: Health care services and devices that help a person keep, learn, or improve skills and functioning for daily living.

Health Services: Includes assessment, treatment and professional monitoring of health conditions related to or impacted by a person's mental health condition. A person's Primary Care Doctor will treat any other health conditions they may have.

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

Health Insurance Portability and Accountability Act of 1996 (HIPAA): This legislation is aimed, in part, at protecting the privacy and confidentiality of patient information. "Patient" means any recipient of public or private health care, including behavioral health care, services. To learn more, go to the Centers for Medicare and Medicaid website, www.cms.gov.

Healthy Michigan Plan: is an 1115 Demonstration project that provides health care benefits to individuals who are: aged 19-64 years; have income at or below 133% of the federal poverty level under the Modified Adjusted Gross Income methodology; do not qualify or are not enrolled in Medicare or Medicaid; are not pregnant at the time of application; and are residents of the State of Michigan. Individuals meeting Health Michigan Plan 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 may be accessed at:

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

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

Home-Based Services for Children and Families: Provided in the family home or in the community. Services are designed individually for each family and can include things such as mental health therapy, crisis intervention, service coordination or other supports to the family.

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 people 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: Is any type of care performed at a hospital when it is not expected there will be an overnight hospital stay.

Independent Facilitator: A person who is knowledgeable about the Person Centered Planning process and is certified as an Independent Facilitator after completing the necessary training. This person will direct the Personal Planning meeting. Independent

Facilitators will serve as advocates for the Person-Centered process and how planning is conducted.

Individual Budget: An individual budget is driven by a person's dreams and needs. It covers all aspects of a person's life and is created by them and their support circle.

Individual Plan of Service/IPOS (Personal Plan): A written plan completed as needed/requested, outlining the goals of a person, their choices for services, Providers and identifying the amount, duration and frequency of supports needed to maximize health and safety.

Informed Consent: Providing a person with the information necessary to make an informed decision whether to permit the activity in question and assumes the person understands their options.

Intellectual/Developmental Disability: Is defined by the Michigan Mental Health Code as either of the following **(a) If applied to a person 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 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.

Intensive Crisis Stabilization: Short-term alternative to inpatient hospitalization. Intensive crisis stabilization services are structured treatment and support activities provided by a mental health crisis team in the person's home or in the community.

Intermediate Care Facility (ICF): Provides 24-hour intensive supervision, health and rehabilitative services and basic needs to persons with intellectual or developmental disabilities.

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 and may be eligible to receive language assistance for a particular type of service, benefit, or encounter.

MDHHS: An acronym for Michigan Department of Health and Human Services. This state department, located in Lansing, oversees public-funded services provided in local communities and state facilities to people with mental illness, developmental disabilities and substance use disorders.

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.

Medication Administration: A doctor, nurse or other licensed medical provider gives an injection, an oral or topical medication.

Medication Review: Is the evaluation and monitoring of medicine used to treat a person's mental health condition, their effects and the need for continuing or changing their medicines.

Mental Health Therapy and Counseling for Adults, Children and Families: Includes therapy or counseling designed to help improve functioning and relationships with other people.

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

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

MIChild: A Michigan Health Care program for low-income children who are not eligible for the Medicaid program. This is a limited benefit. Contact CLS Customer Services at 734-722-6364 or a CLS Supports Coordinator at 734-467-7600 for more information.

Natural Supports: People or entities in a person's life who are not paid to perform care giving or support functions but who do so naturally, such as a parent, relative, neighbor, church member or friend.

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 members.

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

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

Occupational Therapy: Includes an evaluation by an Occupational Therapist of a person's ability to do things to take care of themselves every day and treatments to help increase these abilities.

Partial Hospital Services: Includes psychiatric, psychological, social, occupational, nursing, music therapy and therapeutic recreational services in a hospital, under a doctor's supervision. Partial hospital services are provided during the day, participants go home at night.

Participating Provider: Is 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; medical equipment; 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.

Peer-Delivered and Peer Specialist Services: Peer-Delivered Services such as Drop-In Centers are entirely run by individuals receiving mental health services. They offer help with food, clothing, socialization, housing and support to begin or maintain mental health treatment. Peer Specialist Services are activities designed to help persons with serious mental illness in their recovery journey and are provided by people who are in recovery from serious mental illness.

Person-Centered Planning Process (PCP): The process of planning for and supporting an individual receiving services that builds upon their capacity to engage in activities that promote community life and that honor their preferences, choices and abilities. The PCP process involves families, friends and professionals as the individual desires or requires.

Personal Care in Specialized Residential Environments: Assists an adult with mental illness or intellectual or developmental disabilities with activities of daily living, self-care and basic needs while they are living in a specialized residential environment in the community.

Physical Therapy: Includes the evaluation by a Physical Therapist of a person's physical abilities (such as the way they move, use their arms or hands or hold their body) and treatments to help improve their physical abilities.

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

Prepaid Inpatient Health Plan (PIHP): There are 10 PIHPs in Michigan that manage the Medicaid mental health, developmental disabilities and substance abuse services in their geographic areas. All 18 PIHPs are also community mental health services programs.

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

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

Prescription Drugs: Is a pharmaceutical drug that legally requires a medical prescription to be dispensed. In contrast, over-the-counter drugs can be obtained without a prescription.

Prescription Drug Coverage: Is a stand-alone insurance plan, covering only prescription drugs.

Primary Care Physician: A doctor who provides both the first contact for a person 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 agency or individual that offers services and supports to people with intellectual or developmental disabilities. The person may choose a Provider to provide needed supports such as residential, vocational and/or clinical.

Recovery: A journey of health and change allowing a person to live a meaningful life in the community of their choice, while working toward their full potential.

Rehabilitation Services and Devices: Health care services that help a person keep, get back, or improve skills and functioning for daily living that have been lost or impaired because a person 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 and their families. It refers to the individual’s ability to become successful despite challenges they may face throughout their life.

Respite Care Services: Provides short-term relief to unpaid primary caregivers of people eligible for specialty services. Respite provides temporary, alternative care, either in the family home or in another community environment chosen by the family.

Serious Emotional Disturbance (SED): The Michigan Mental Health Code defines this 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 Mental Illness: Is defined by the Michigan Mental Health Code to mean a diagnosable mental, behavioral or emotional disorder affecting an adult that exists or has existed within the past year for a period of time sufficient to meet diagnostic criteria specified in the most recent Diagnostic and Statistical Manual of Mental Disorders; and that has resulted in function impairment that substantially interferes with or limits one or more major life activities.

Skill-Building Assistance: Includes supports, services and training to help a person participate actively at school, work, volunteer, or in the community or to learn social skills they may need to support themselves or to get around in the community.

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.

Speech and Language Therapy: Includes an evaluation by a speech therapist of a person's ability to use and understand language and communicate with others or to manage swallowing or related conditions and treatments to help enhance speech, communication or swallowing.

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.

Staffing Agent: An agency that provides Community Living Supports (also called staffing supports and services) as authorized in the person's Individual Plan of Service. This is an agreement between the person and the staffing agency. The person interviews the agency, hires the staff and at times, may have to fire the staff.

Substance Use Disorder (or Substance Abuse): 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 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 of all.

Support Circle (also called Network of Support): People who know and care about the individual and are committed to assisting them in communicating their vision of a desired future. They learn together, create and implement new courses of action to make their vision a reality.

Supports Coordinator: A professional who serves as an advocate and broker of supports and services for people with intellectual or developmental disabilities. The Supports Coordinator focuses efforts on connecting individuals to networks of family, friends and meaningful relationships. They are responsible to adhere to the PCP process and CLS, Inc. Operating Principles while advocating for necessary supports identified within the Individual Plan of Service.

Supported/Integrated Employment Services: Provide initial and ongoing supports, services and training, usually provided at the job site, to help anyone over the age of 16 years who is eligible for mental health services find and keep paid employment in the community.

Transportation: May be provided to and from a person's home so they can take part in a non-medical Medicaid-covered service.

Treatment Planning: Assists the person and those of their choosing in the development and periodic review of the Individual Plan of Services.

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.

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

Common Acronyms

AAID: American Association on Intellectual and Developmental Disabilities

ADA: Americans with Disabilities Act

AFC: Adult Foster Care

APS: Adult Protective Services

BSW: Bachelor of Social Work

CAC: Citizen's Advisory Council

CARF: The Commission on Accreditation of Rehabilitation Facilities

CLS: Community Living Services or Community Living Supports

CMHSP: Community Mental Health Services Program

CP: Cerebral Palsy

CSR: Customer Services Representative

CTH: Community Training Home (Foster Care)

DD: Developmental Disability

DDI: Developmental Disabilities Institute of Wayne State University

DHHS: Department of Health and Human Services

DWIHN: Detroit Wayne Integrated Health Network

HIPAA: Health Insurance Portability and Accountability Act

IEP: Individual Education Plan

IDD: Intellectual and Developmental Disability

IPOS: Individual Plan of Service

ISD: Intermediate School District

LARA: Licensing and Regulatory Affairs

LBSW: Licensed Bachelor's Social Worker

LMSW: Licensed Master's Social Worker

LPN: Licensed Practical Nurse

MI: Mental Illness

MRCOA: Michigan Residential Care Association

MTRC: Medication Treatment Review Committee

OBRA: Omnibus Budget Reconciliation Act of 1987

ORR: Office of Recipient Rights

OT: Occupational Therapist

P&A: Michigan Protection and Advocacy Services

PCP: Person-Centered Plan

PT: Physical Therapist

RRDPRC: Rights Restriction Due Process Review Committee

RD: Registered Dietitian

RN: Registered Nurse

RSDI: Retirement, Survivors and Disability Insurance

RSST: Registered Social Service Technician

SC: Supports Coordinator

SLP: Speech and Language Pathologist

SSA: Social Security Administration

SSB: Social Security Benefits

SSI: Supplemental Security Income

TTY: Telecommunication for people with speech or hearing impairments

Important Phone Numbers

CLS Switchboard: 734-467-7600

Toll Free: 1-866-381-7600

TTY: 1-866-469-7600

DWIHN Recipient Rights Hotline:
1-888-339-5595

Michigan Relay:
1-800-649-3777 or dial 711

Advocacy Contacts

The Arc Dearborn: 313-562-1787

The Arc of Detroit: 313-831-0202

The Arc Downriver: 734-283-0710

The Arc of Northwest Wayne County:
313-532-7915

The Arc of Western Wayne County:
734-729-9100

Wayne County

Towne Square Plaza
35425 Michigan Ave. West
Wayne, MI 48184

(734) 467-7600

Toll Free: (866) 381-7600

Customer Service:

(734) 722-6364

Fax: (734) 467-7646

TTY: (866) 469-7600

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Pleasant Ridge, MI 48269

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