



MI HEALTH LINK HANDBOOK

FOR THE MEDICARE & MEDICAID ENROLLEE

2015-2016



Dear Enrollees:

On behalf of the Board Members and staff at Detroit Wayne Mental Health Authority (DWMHA); I would like to welcome you as an enrollee of the MI HEALTH LINK family. DWMHA is committed to becoming your premier community mental health provider. By working closely with your Health Plan, also known as your Integrated Care Organization (ICO), we will help to coordinate optimum services for you. Our goal is to be customer focused ensuring the best possible care in a welcoming service environment that safeguards against stigma and promotes delivery of care with integrity, dignity and respect. We also are very proud to foster care that is evidenced-based and data driven to enhance the outcomes of your recovery and maintain quality of services rooted in integration of care. That is to embrace the healthcare model that works with your primary doctor for your physical care, as well as working with your treatment team that is a part of your behavioral health care. As an enrollee of MI Health Link you should experience full coordinated care between your Medicare and Medicaid coverage; this should be a vantage point for you to recover and feel supported with no gaps between the systems of care.

As we begin this new voyage health care, we want to make you a partner of your own healthcare experience. We encourage your feedback about your experiences, concerns, successes and other things that you may feel are important. Our success in delivering you services is not determined by our satisfaction, but yours, so we encourage you to participate in the satisfaction surveys that may be administered in total confidentiality from time to time. We are dedicated to excellence and strive to deliver programs and care that exceed your expectations. Give us call, drop us a note or send an e-mail to let us know how you think we are doing.

Sincerely,

Tom Watkins,
President & CEO

Table of Contents

Letter from CEO.....	2
DWMHA Board of Directors Leadership Team	5
Important Numbers and Access.....	6
Our Goal	7
Welcome to MI Health Link.....	8
About your Medicare and Medicaid Eligibility.....	8
How you link with DWMHA	9
How to use Mental Health Services	10
You have Protection and Rights	10
Your Confidentiality with Us.....	10
Protecting your Personal Health Information.....	11
Our Uses and Disclosures	11
DWMHA Mission and Vision	12
DWMHA Core Beliefs	12
DWMHA Integrated Healthcare Initiative	12
Guiding Principles for Integrated Health Core.....	13
DWMHA Customer Services.....	14
DWMHA Customer Services Ombudsman	14
Joint Responsibilities	15
How to Access Services	15
Language Assistance	16
Accessibility and Accommodations	16
Transportation.....	16
Non-Emergency Services	16
Crisis Emergency Access	17
Crisis Center Locations.....	17
Crisis Aftercare	17
Continuum of Care.....	18
Urgently Needed Care	18
Service Authorizations	18
Out of Network Services	18
Payment for Services.....	19
Coordination of Care.....	19
Person-Centered Planning (PCP).....	19
Psychiatric Advance Directive.....	19
Crisis Plan	20
Self Determination	20
Recovery and Resiliency	20
Peer Support	20
DWMHA OPA.....	21
Peer Services	21
Vocational Assistance.....	21
Housing Assistance	21
Peer Mentoring	21
Peer Recovery Coach.....	21
Covered Services	22
Benefit Chart.....	22-26

Table of Contents...continued

Benefit Chart Substance Use Disorder	27-29
Benefit Chart (Hab) Waiver	30-33
Religious Non-Medical Provider	33
What to do if you are Billed for Services	34
Due Process and Rights	34
Grievances and Appeals	34-36
Recipient Rights	36
Substance Use Service Rights	37
Freedom from Retaliation	37
Enrollee Rights	37
Protection from Discrimination	38
Glossary and Definitions	39-41
My Important Phone Numbers	42
Thank You and Information on Stigma	43

Detroit Wayne Mental Health Authority (DWMHA)

Board of Directors

Herbert C. Smitherman, M.D., Chairman of the Board
Dr. Cheryl Munday, Vice Chairperson
Dr. Cynthia Tauveg, Secretary
Tim Killeen, Treasurer

Marsha Bianconi
Angelo Glenn
Bernard Parker
Frank Ross

Constance Rowley
Dr. Iris Taylor
Terence Thomas, Esq.
Heather Underwood

DWMHA LEADERSHIP TEAM

Thomas Watkins, President & CEO
Jeffrey DeLay, Chief Operating Officer
Carmen McIntyre, M.D., Chief Medical Officer
Stacie Durant, Chief Financial Officer
Corine Mann, Chief Strategic Officer
Bill Riley, Chief Information Officer
William J. Ward, Chief of Staff

Detroit Wayne Mental Health Authority
640 Temple, 8th Floor
Detroit, Michigan 48201-2500
313.833.2500

www.dwmha.com

The Authority is scheduled to move to:
707 West Milwaukee
Detroit, MI 48201
By November 2015

(Please verify our location before visiting our facility)

IMPORTANT PHONE NUMBERS

**DWMHA CUSTOMER SERVICE
640 Temple St. 2nd Floor
Detroit, Michigan 48201**

313.833.3232 or
(Toll Free) 1-888.490.9698
(TDD/TTY) 1-800.630.1044
Fax: 313.833.2217 or 313.833.4280

www.dwmha.com

24-Hour Access / Crisis Intervention and Referral Help Line

(Toll Free) 1-800.241.4949
(TDD/TTY) 1-866.870.2599

Medicare Hot Line – 1-800.MEDICARE (1-800.633.4227)
24-hours a day, 7 days a week.
TTY/TDD – 1-877.486.2048

State Health Insurance Assistance Program (SHIP)
Free health insurance counseling to people with
Medicare/Medicaid Assistance Program (MMAP)
1-800.803.7174

The Office of Recipient Rights
1-888.339.5595

Your Health Plan Is: _____

Telephone: _____

**YOU ARE RECEIVING THIS HANDBOOK AS A
DWMHA MI HEALTH LINK PARTICIPANT**

Please Print Your Name Here

OUR GOAL IS TO EXCEED YOUR EXPECTATIONS

This handbook is used for the purpose of helping MI HEALTH LINK enrollees understand who we are as your behavioral health partner and how we interface with your MI Health Link Health Plan. Use this handbook as a companion to your MI HEALTH LINK Health Plan handbook. It will address your behavioral health benefits, coverage, services and rights.

Because Detroit Wayne Mental Health Authority (DWMHA) wants to provide supports and services to you. This handbook is available in large print for those who need assistance or for those who are visually impaired. It may also be available in different languages and Braille. If you are in need of these special accommodations and/or assistance to help you better understand the information in this handbook please, let your service provider or care coordinator know. DWMHA's Customer Service is also available at 1-888.490.9698.

It is DWMHA's intention to update the printed version of this handbook annually. The most current version of this handbook may be accessed at www.dwmha.com

Please keep this handbook with your important documents in a safe place.

Disclaimer

Detroit Wayne Mental Health Authority contracts with your health plan to provide both Medicare and Michigan Medicaid benefits to members for all behavioral health services. Benefits and provider networks may change from time to time throughout the year and each year. Please contact DWMHA for current provider information of concerns. A current provider directory is also accessible on the website at www.dwmha.com or by contacting your Care Coordinator.

WELCOME TO MI HEALTH LINK – WAYNE COUNTY

WHO WE ARE:

Detroit Wayne Mental Health Authority or DWMHA is the identified Prepaid Inpatient Health Plan, (PIHP) contracted with the Michigan Department of Health and Human Services, to provide supports and services to persons with substance use disorders, mental health care to adults with mental illness, children with severe emotional disturbance and individuals with intellectual and or developmental disabilities. We service about 78,000 participants living in Wayne County, Michigan, including residents of the City of Detroit. Though our name is new, we have been contracted with the state to “manage” mental health services for over 50 years. We have become efficient in integrating these services into community based care that are specific for persons with severe and persistent mental health diagnoses. At DWMHA we want to make sure that all of the benefits and services that you are entitled to under the MI HEALTH LINK program are delivered to you in the best possible way.

That is why DWMHA’s administration, staff, and contracted providers are all committed to provide you with the best treatment and care allowed under your coordinated benefits between both MEDICARE and MEDICAID coverage. Once your eligibility is determined DWMHA is obligated to help you achieve your health goals through an Individual Plan of Service (IPOS) and Person-Centered Plan (PCP). Utilizing these “tools of care” we are able to optimize your recovery, ensuring that you receive treatment for all your medically necessary covered benefits. We also want to ensure that you are always treated with dignity and respect and that you are informed about all of the options of care and treatment of care that you are entitled to.

ABOUT YOUR ELIGIBILITY FOR MEDICARE AND MEDICAID

This handbook is for the primary use of persons who are enrolled in the MI HEALTH LINK program in Wayne County. You are eligible for these enhanced services because you are dually eligible to receive Medicare and Medicaid benefits. You are enrolled in the MI HEALTH LINK in Wayne County only. Should you move out of State or out of the Wayne County jurisdiction you will become dis-enrolled from the MI HEALTH LINK program with notice and would have to contact your health plan to find out if the county you moved to participates in the program. Below describes your Medicare and Medicaid eligibility.

Medicare

Medicare is the Federal Health Insurance program that generally covers care for;

- Persons 65 years of age or older
- Persons under 65 with certain disabilities and
- Persons with end-stage renal disease known usually as kidney failure

Medicaid

Medicaid is a program that is funded through the Federal government through the State of Michigan that helps people with limited income and limited resources pay for long term supports, services and medical costs. It also covers extra services and prescriptions not covered by Medicare. Since each state is issued the funding from the Federal government, each state has the ability to set guidelines about who qualifies for Medicaid and how one’s personal resources or income may count toward a person’s eligibility. The State of Michigan determines who is eligible for Medicaid and what benefits are offered through the plan. The Detroit Wayne Mental Health Authority (DWMHA) offers the plan to

those persons who are deemed eligible and participate in the MI Health Link program also known as the Medicare-Medicaid Dual Eligible Program.

Your eligibility for DWMHA MI Health Link is already determined. You are a participant in the program because you;

- enrolled in the program
- took no action during open enrollment
- already have Medicare Part A, Part B and Part D
- already have full Michigan Medicaid benefits
- are **not** a participant in hospice care
- are **not** a participant in the MI Choice Waiver Program
- are **not** a participant of the all-inclusive Care for the Elderly known as PACE

HOW YOU LINK WITH DWMHA

You have a great advantage as a participant of the MI HEALTH LINK program in Wayne County. The DWMHA and your Health Plan will work together to help make your Medicare and Medicaid benefits work best for you. You will recognize your Health Plan by the name of services like Aetna Better Health, AmeriHealth of Michigan, Fidelis Secure Care, Hap Midwest, or Molina. Sometimes people may refer to your health plan as an I.C.O. That means Integrated Care Organization but, it is still your health plan.

You do not pay extra for this coordinated benefit of service, what you will have is two agencies coordinating your care. MI Health Link enrollees will be issued one card for your Medicare and Michigan Medicaid services. You must show this card when you get any services or prescriptions, so remember to have it with you when you go to your appointments.

As long as you are enrolled in the MI Health Link plan, you do not need to use your red, white, and blue Medicare card or your Michigan Medicaid card to get services. Still keep those cards in a safe place, in case you need them later.

All of your behavioral or mental health services including prescriptions needed for those services will be coordinated by Detroit Wayne Mental Health Authority. You will be linked with a Care Coordinator who will help you get the services you need. With this new coordination your services are likely to increase. Other advantages of your MI Health Link participation will include;

- No deductible or co-pays when you receive services from one of our designated providers or pharmacies.
- A Care Coordinator at your health plan who will help you work through a personal care plan based on your health goals. They will be prepared to offer you choices about care and level of services.
- A Care Coordinator who will make sure you are receiving the maximum care for your benefit and will assist you in obtaining the array of services that best fits your needs.
- If you qualify you may also have access to home-based supports and services that will assist you with your health goals and to help you be independent.
- You may also qualify for community-based supports that will help you to maintain your health and recovery.

HOW TO USE MENTAL HEALTH SERVICES

Depending on your healthcare needs, your relationship with Detroit Wayne Mental Health Authority may be a new experience. If so, and you need our services, you will receive an initial assessment through one of our service provider networks. You will be assigned a Care Coordinator who will work with you to create a personal care plan based on your health needs and goals. Your Care Coordinator will connect you to the supports and services you need to be healthy. If you have already been receiving services from one of our current providers, a review of your plan of service will be conducted to ensure you are receiving full benefit of both your Medicare and Medicaid entitlement. If you have been seeing another doctor or provider of Behavioral Health Services that is not in our network, you will be able to continue to see that same provider for **up to 90 days**. Your Care Coordinator will work with you to help arrange a transfer with a network or preferred provider. You will pay no premium, no co-pay or deductible for participating in the program. You will continue to receive services as long as you remain eligible or until you move out of Wayne County. If you remain eligible in the program and reside in any city in Wayne County you will receive services. If you move out of Wayne County, your services will terminate with notice and you will be given the opportunity to link with an appropriate health plan. If you should become ineligible for Medicaid, your participation with the MI Health Link program will discontinue and you will maintain your coverage with the Medicare portion of your health plan.

YOU HAVE PROTECTION AND RIGHTS

As an enrollee of the MI HEALTH LINK you have protection and rights. These rights are designed to protect you the enrollee member. You should be comfortable in discussing your rights and to express disagreement about your care or services with your Care Coordinator or to a Customer Service Representative. You have the security of knowing there will be no retaliation for making any complaints. Under your plan you have a right to file action against something that does not seem right, or presents itself to you like changes in your services, denial of care, or any action against services without proper notification. See the section about your rights and due process in this handbook. This section will fully explain how you can access the complaint, grievance and appeals process.

CONFIDENTIALITY AND FAMILY ACCESS TO INFORMATION

You have the right to have information about your behavioral health treatment kept private. You also have the right to look at your own clinical records and add a formal statement about them if there is something you do not agree with. Generally, information about you can only be given to others with your permission. However, there are times when your information is shared in order to coordinate your treatment or when it is required by law. Family members have the right to provide information to the DWMHA about you. However, without a Release of Information form signed by you or your Authorized Representative, we may not give information about you to anyone without your consent.

If you have a Guardian or an Authorized Representative on file, that person is entitled to the information necessary to assist with your entire plan of care and is entitled to all of your healthcare information on your behalf.

If you receive substance use services, you have rights related to confidentiality specific to substance use services. Under Health Insurance Portability and Accountability Act, (HIPPA), you will be provided with an official Notice of Privacy Practices from your provider services program. See the Section on substance use services to learn more about your rights.

We must protect your Personal Health Information

We protect your Personal Health Information (PHI) as required by Federal and State laws.

- Your Personal Health Information (PHI) includes the information you gave us when you enrolled in this plan. It also includes your medical records and other medical and health information.
- You have rights to get information and to control how your health information is used. We give you a written notice that tells about these rights. The notice is called the “Notice of Privacy Practice.” The notice also explains how we protect the privacy of your health information.

How we protect your Health Information

- We make sure that unauthorized people do not see or change your records.
- In most situations, we do not give your health information to anyone who is not providing your care or paying for your care. If we do, we are required to get written permission from you first. Written permission can be given by you or by someone who has the legal power to make decisions for you.
- There are certain cases when we do not have to get your written permission first. These exceptions are allowed or required by law.
- We are required to release health information to monitoring agencies that are checking on our quality of care.
- We are required to give Medicare and Michigan Medicaid your health information. If Medicare or Michigan Medicaid releases your information for research or other uses, it will be done according to Federal and State laws.

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the healthcare treatment you receive
- Run our organization
- Pay for your health services
- Administer your health-plan
- Help with public health and safety issues
- Do research that does not identify you individually
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers’ compensation, law enforcement, and other governmental requests
- Respond to lawsuits and legal actions

DWMHA Mission and Vision

Mission: To lead and support a self-determined and recovery-oriented mental health system that provides and manages an array of supports, services, and treatment which honors choice, dignity and advances the quality of life for persons serviced, their families and the community.

Vision: To be recognized as an international leader focused on quality community care maximizing independence and human potential for persons served.

Populations Served: Adults with mental illness, children and adolescents with serious emotional disturbance, persons with developmental disorders, and persons with substance use disorders.

Core Beliefs: Detroit Wayne Mental Health Authority

D Data-driven and dedicated organization that supports the people we serve. We will treat everyone with dignity and respect, never losing sight that behind the numbers are real people with real needs. DWMHA values diversity knowing that together we are better. We create an environment where our differences are celebrated and help to make us stronger.

W Warmth, welcoming and wellness are the foundation for our individualized, person-centered, peer supported and strengths-based approach to those we serve, their families and the community.

M Measureable and meaningful outcomes that are well-monitored and support our mission of managing a vast array of services to persons served, their families and our community.

H Holistic, and hope-inspiring services that empower optimal health for individuals, their families, and our community.

A Accountability to funding sources, and an accessible array of services are what the Authority will hold each provider partner and itself accountable for effectively and efficiently managing public resources supporting the highest quality services for all.

For direct services provided by MI Health Link providers call Toll Free 1-800.241.4949, 24 hours a day, 365 days per year.

Integrated Health Care Initiative for Detroit Wayne County

Mission: To facilitate coordinated and integrated behavioral health, substance use, and physical health care for persons with serious mental illness/co-occurring mental illness and substance use disorders, developmental disabilities, and serious emotional disturbances.

Consumer-Developed Vision: Integrated Health Care is a holistic approach to the overall well-being of an individual, incorporating coordinated and integrated health care services for physical health, behavioral health, substance use, and developmental disabilities. In Detroit Wayne County, integrated health care will serve as no wrong door approach to the health care system, giving individuals and family members comprehensive and easy access to recovery-oriented supports and services from health care professionals who are welcoming and trained to deliver integrated health care that meet the individual's needs. By using a "whole body health and wellness" approach, medical and behavioral health professionals will work together as a team, to improve the overall health and well-being of each individual.

Guiding Principles and Characteristics for Integrated Health Care

- Holistic approach to patient-centered care, primary care and behavioral health providers assess all health care needs of members, including mental, physical, substance use, etc.
- Measurement-Based Treatment to Target – Each individual's care plan clearly articulates personal goals and clinical outcomes that are routinely measured.
- Evidence-Based Care – Participants are offered treatment that have credible research and evidence to support their efficacy in treating the target issue.
- Care Management – Behavioral health case manager's use their skill set to assist in addressing issues of chronic illness from a preventive, recovery-oriented approach.
- Financial Accountable Care – Providers are accountable to maximize use of resources reimbursed for quality care and outcomes.
- Prevention, Promotion, Wellness, and Recovery Programs – Self-defined balance of health habits such as exercise, productivity, nutrition, social contact, and supportive relationships.
- Population-Based Care – Care team shares a defined group of consumers, using a health information exchange, for bi-directional pertinent information sharing. "Practice Track" and reach out to consumers who are not improving; mental health specialists provide caseload-focused consultation, not just ad-hoc advice.

DWMHA Customer Service

The DWMHA's Customer Unit is here to serve you. We want to help you understand the services and benefits in which you are entitled. The Access Center is available to assist you with information on choice opportunities, access to services, providers and community resources.

Because your satisfaction is important to us, a Customer Service Representative is available to assist you with the Grievance, Recipient Rights and Appeals process.

Customer Service also wants to keep you informed. We routinely organize, coordinate, and/or support planned learning opportunities. Through the Authority's educational and training forums on topics that support recovery, self-determination and a wide variety of other relevant topics.

Contact Customer Service Ombudsman:

Please contact: Michele Vasconcellos, DWMHA, Director of Customer Service
Address: 640 Temple, 2nd Floor
Telephone: Toll Free at: 1-888.490.9698
Hours: Monday-Friday 8 a.m. to 4:30 p.m. excluding Legal Holidays
Website: www.dwmha.com

DWMHA Customer Service
640 Temple Street, 2nd Floor
Detroit, Michigan 48201
1-888.490.9698 or 1.313.833.3232
TDD/TTY 1-800. 630.1044

Effective November 1, 2015
DWMHA offices are scheduled to move to:
707 West Milwaukee
Detroit, Michigan 48202
(Please verify our location before visiting our facility)

Access Center
24-Hour Crisis Information and Referral Help Line:
Toll Free 1-800.241.4949 or
TDD 1-866.870.2599

Joint Responsibilities

Our Responsibilities

- We are required by law to maintain the privacy and security of your personal health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in the Notice of Privacy Practices and give you a copy of it.
- You may ask for a Notice of Privacy Practices from where you receive services.
- We will not use or share your information other than as described in the Notice of Privacy Practices unless you tell us we can in writing.
- You may change your mind at any time about the sharing of information, but this request should be made in writing to ensure it is documented in your request.

Your Responsibilities

- To keep appointments as scheduled, your health visits are important.
- To follow your treatment plan or ask for a review of your plan.
- To let your therapist know of any changes in your condition, including the effects and side effects of medication.
- To seek help in times of crisis.
- To keep violence, drugs, abusive language and damaging behavior away from the treatment setting respect for others.
- To be aware of program rules and abide by them.
- To be an active participant in your treatment.
- To ask questions if you don't understand.
- To do as much as possible to identify and meet your own needs.
- To phone in advance to cancel if you cannot make your appointment.
- To share with staff your experience of our services, what we do well, and what we could do better.
- To request additional information including background about the Authority's structure and operation.

How to Access Services

The Detroit Wayne Mental Health Authority Access Center is available to assist you with:

- Access to Services
- Clinical Screenings for Eligibility
- Choice Opportunities
- Appointment Scheduling for Enrollment and provider appointments
- Information and referral

Language Assistance

If you use a telecommunications device for the deaf (TDD) which is also known as a teletypewriter (TTY), please contact Customer Service at the following TDD/TTY phone number:
TDD: 1-800.630.1044.

Sign language interpreters are available at no cost to you. If you do not speak English, or have limited English proficiency contact Customer Service so that arrangements can be made for an interpreter. Various language interpreters are available at no cost to you.

If you need an accommodation of any nature, a request can be made by you or anyone else on your behalf. This request can be done by telephone by contacting the Access Center or made in person, or in writing by contacting the Customer Service Department. You may also receive assistance free of charge to help you make your accommodation request.

Accessibility and Accommodations

In accordance with Federal and State laws, all buildings and programs of the DWMHA are required to be physically accessible to individuals with all qualifying disabilities. Any individual 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 DWMHA.

If you need more information or if you have questions about accessibility or service/support animals, contact the Access Center at 1-800.241.4949.

How to Get Transportation

Please contact your provider or the Detroit Wayne Mental Health Authority Access Center (Toll Free) at 1-800.241.4949.

Non-emergency Services

Through the DWMHA's contractual agreement with the Michigan Department of Health and Human Services, we provide a comprehensive array of behavioral health specialty and support services for those with mental illness, developmental disabilities, serious emotional disturbances, substance use disorders and co-occurring disorders.

The DWMHA offers a culturally diverse network of community mental health programs, clinics, private therapists, psychologists and psychiatrists to provide mental health services. We do our best to match you with a service location close to your residence.

No one can make you stay in MI Health Link if you do not want to. You can leave your health plan at any time. If you leave your health plan and switch to another MI Health Link plan, your affiliation with us does not change. If you opt out of the MI Health Link plan altogether, and your eligibility for Medicare and Medicaid do not change, you may still qualify for services. Please notify us if you opt out of the MI Health Link Program. You have the right to get most of your health care services through Original Medicare or a Medicare Advantage plan. You can get your Medicare Part D prescription drug benefits from a prescription drug plan or from a Medicare Advantage plan. Your Michigan Medicaid coverage may also entitle you to separate services.

**24-Hour Access Center or to determine your eligibility for services call
1-800.241.4949**

Crisis/Emergency After-Hours Access to Services

Community Mental health is responsible for providing crisis and emergency mental health services to MI Health Link enrollees.

A mental health emergency is when a person;

- is experiencing an episodic discomfort to their normal habits
- is not meeting the ability to care for his/her basic needs
- is at risk of hurting themselves or others
- is when the person's judgment is so impaired that he/she is unable to understand the need for treatment and has a condition that is expected to result in harm to him/herself or another individual in the near future.

No prior authorization is required to seek emergency care. As a MI Health Link enrollee you are eligible to seek emergency mental health services. If you have a mental health emergency, you should seek help right away. At any time during the day or night, call: 1-800.241.4949.

24-Hour Crisis/Information & Referral Help Line (Toll Free) 1-800.241.4949 TDD/TTY 1-866.870.2599

Remember: (Dialing 911 is also an option for obtaining assistance during an emergency)

The 24-Hour Crisis/Information & Referral Line provides crisis intervention, suicide prevention, mental health information and referrals for services throughout Wayne County. You can be screened for emergency services at the following locations. You also have the right to use any hospital or other setting for emergency care.

Crisis Centers Locations (*crisis center services for adults only*)

Detroit Receiving Hospital
4201 St. Antoine
Detroit, MI 48201
1-313.745.2836

Psychiatric Intervention Center
33505 Schoolcraft, Suite 3
Livonia, MI 48150
1-734.721.0200

Sinai-Grace Crisis Center
14230 West McNichols
Detroit, MI 48235
1-313.966.4880

Crisis Aftercare

After you receive emergency mental health care and your condition is under control, you may receive post-stabilization mental health services to make sure your condition continues to stabilize and improve. Prior authorization may be required for some post-stabilization or after crisis services listed below.

Examples of post-stabilization services are:

- Crisis Residential
- Case Management
- Outpatient Therapy
- Medication Reviews

Continuum of Care

After your condition has been stabilized, you must follow-up with a provider authorized by your MI Health Link Care Coordinator. You may also contact the Access Center to speak with a representative who will explain the steps of the enrollment process, if you have never had a previous provider assigned to you. Transportation options can be discussed at this time. A representative can be reached Toll Free at 1-800.241.4949, this is available 24 hours, 7 days a week to you.

Urgently Needed Care

Urgently needed care is care you get for a sudden onset or change of symptoms or condition that isn't an emergency but needs care right away. For example, you might have a flare-up of an existing condition and need to have it treated right away.

In most situations, we will cover urgently needed care, always contact your provider or the Access Center at **1-800.241.4949**.

If you can't get to a network provider, we will cover urgently needed care you get from an out-of-network provider, if it is deemed medically necessary by a qualified specialist.

When you are outside the service area, you might not be able to get care from a network provider. In that case, our plan will cover urgently needed care you get from any provider.

- Our plan does **not** cover urgently needed care or any other care that you get outside the United States

Contact the Access Center Crisis Line for any of the following reasons:

- Suicidal thoughts
- Information on mental health/illness
- Substance abuse/addiction relapse
- To help a friend or loved one seek services
- Relationship problems or Domestic Abuse
- Abuse/violence/alcoholism/drug use
- Economic problems causing anxiety/depression
- Loneliness
- Family problems
- No prescription access

Service Authorizations

Services you request must be authorized or approved by your Care or Supports Coordinator. Your provider has the capacity to determine the level of care you need at a particular time.

Out of Network

There may be times in which there are no providers in the DWMHA network that are able to provide you with a service that you need. If that service is covered by Medicare or Michigan Medicaid benefit and it is medically necessary for you, DWMHA and your health plan will work with you to find a provider outside of our network to provide the service. This will be at no cost to you. If you feel that your needs require services from an out-of-network provider, please contact your Care Coordinator or the DWMHA Customer Service representative at **1-888.490.9698**, Monday through Friday, 8:00 a.m. to 4:30 p.m.

If you go to an out-of-network provider, the provider must be eligible to participate in Medicare and/or Michigan Medicaid. We cannot pay a provider who is not eligible to participate in Medicare and/or Michigan Medicaid. If you go to a provider who is not eligible to participate in Medicare, you must pay the full cost of the services you get. Providers must tell you if they are not eligible to participate in Medicare.

Payment for Services

As a participant of MI Health Link you meet the criteria for your authorized behavioral health and substance use services to be fully covered.

Coordination of Care: Physical, Behavioral and Substance Use Disorders

The Access Center wants to coordinate your care with the medical provider you see for your physical health. If you are also receiving substance use services, your mental health care should be coordinated with those services. When the services of all providers involved in your treatment are combined, your chances for recovery, relief of symptoms and improved functioning are increased. Therefore, you are encouraged to sign a “Release of Information” so that information can be shared.

Person-Centered Planning

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

The process begins when you determine who, besides yourself, would like to attend the person-centered planning meetings, such as family members or friends, and staff from the DWMHA. You can also decide when and where the person-centered planning meetings will be held. Finally, you can decide what assistance you might need to help you understand or participate in the meetings.

During person-centered planning you will be asked about your plans and dreams, and will be assisted as you develop the goals or outcomes you want to achieve. The people attending this meeting will help you select the supports, services or treatment you may need. After identifying the appropriate provider, they also will help you decide how often the services are needed. You have the right under Federal and State law to a choice of providers.

After you begin receiving services, you will be asked, from time to time, how you feel about the supports, services or treatment you are receiving and whether changes need are needed. You have the right to request a new, person-centered planning meeting if you want to talk about changing your plan of service. You have the right to “independent facilitation” of the person-centered planning process. This means that you may put in a request for someone other than the service provider staff to conduct your planning meetings. You have the right to choose from a list of available independent facilitators.

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

Psychiatric Advance Directive

Adults have the right, under Michigan law, to a “psychiatric advance directive.” A psychiatric advance directive is a tool for making decisions before a crisis in which you may become unable to make a decision about the kind of treatment you want and the kind of treatment you do not want. This lets

other people, including family, friends, and service providers, know what you want when you cannot speak or make decision at that time for yourself.

For additional information or a brochure on Advance Directives, you may contact the Access Center. You may also visit the Authority's website at www.dwmha.com or ask a Customer Service Representative to help you.

Crisis Plan

You also have the right to develop a "crisis plan." If you are having problems making decisions, caring for you self or managing your life, a crisis plan offers you direct care. Under the plan, information is made available about your needs and preferences. The crisis plan includes a list of friends or relatives preferred medicines and details about children, pets, or bills. It is a good idea to put a crisis plan in place for emergency care or services.

Self-Determination

Self-determination is an option available to all adult beneficiaries receiving behavioral health services in Michigan. It is a process that allows you to design and exercise control over your own life. This includes directing a fixed amount of dollars to cover authorized supports and services. Often, this is referred to as an individual budget. You would also be supported in your management of providers, if you choose such control.

Recovery and Resiliency

Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her potential.

Recovery is an individual journey that follows different paths and leads to different locations. Recovery is a process and a life-long attitude. Recovery is unique to each individual and can truly be defined by the individual. What might be recovery of one person may be only part of the process for another. Recovery may also be defined as wellness. The person-centered planning process is used to identify the supports needed for individual recovery.

In recovery, there may be relapses. A relapse is not failure, rather a challenge. If someone is prepared for a possible relapse, that person can overcome. Throughout the recovery journey, tools and skills are learned. When those tools and skills are used, the person in recovery becomes stronger. However, it takes time. That is why Recovery is recognized as a process. Step by step, it can lead to a positive future and the ability to persevere through the trials of life.

Peer Support

Peer Support is an evidence-based mental health model of care. It uses trained Peer Support specialists to assist individuals with their recovery and self-determination goals.

Peer Support Specialists are Members who have progressed in their own recovery and/or are in the process of leading self-determined lives. They have completed a state Peer Support Training and Certification program. Peer Support Specialists use their life experiences along with their training, to provide professional peer support guidance to mental health consumers.

Peer Support Specialists work collaboratively with the provider team to ensure that the peer support mission and goals are achieved.

In Detroit Wayne County, Peer Support Specialists have been employed in various areas of the service provider network. For more information on Peer support, or on how to become a Peer Support Specialist or Peer Mentor, please contact:

**Detroit Wayne Mental Health Authority
Office of Peer and Participant Advocacy (OPA)
313.833.2500**

OPA is responsible for supporting, mentoring and helping consumers achieve community inclusion, participation, independence, recovery, resiliency and productivity.

Peer Services may include:

Vocational assistance

- help finding a job, starting your own business or enterprise
- mentoring for getting a diploma or a degree
- skill building training such as computers and public speaking

Housing assistance

- acquiring housing to achieve independent living
- finding and choosing roommates
- managing costs of room and board, utilizing an individual budget
- purchasing a home, etc., utilizing short-term, interim, or one-time only financial assistance in order to transition from restrictive settings to independent, integrated living arrangements.
- Making applications for Section 8 Housing vouchers; managing costs of room and board

Peer Mentoring

- Peer Mentoring is a model of Peer Support for individuals with developmental disabilities. It provides essential series that promote self-determination and allow peers to become the authors of their own lives.
- A Peer Mentor is someone who has been trained and can relate through his/her own life experience. Peer Mentors have faced barriers related to employment, transportation, housing and person centered planning. They also understand the barriers in learning the system and know how to make it work for you in education, overall wellness and family relationships.
- The essence of the Peer Mentor program is to guide you toward greater self-advocacy, empowerment and personal responsibility for your own success.

Peer Recovery Coach

A Peer Recovery Coach are peers who have been specifically trained to provide advance peer recovery support services in Michigan. A Peer Recovery Coach works with individuals during their recovery journey by linking them to the community and its resources. They serve as a personal guide or mentor helping the individual overcome personal and environmental obstacles. A Peer Recovery Associate assists the Peer Recovery Coach by engaging in the designated peer support activities. These persons have been provided an orientation and brief training in the functional aspect of their role by the entity that will utilize them to provide supports. These individuals are not trained to the same degree as the Peer Recovery Coach.

COVERED SERVICES

The following benefit chart describes covered services for the MI Health Link-Wayne County program.

Covered services that need a prescription from a doctor are marked in the Benefits Chart by an asterisk.

Please see your ICO Health Plan Handbook for a complete list of Pharmacy Benefits, Medication List and additional health plan covered services.

All services, except emergency services, are subject to prior authorization by either you or your provider.

Detroit Wayne Mental Health Authority Benefit Chart

Mental Health-Medicare	What you must pay
Psychiatric diagnostic interviews	\$0
Individual psychotherapy	\$0
Inpatient behavioral health care The plan will pay for behavioral health care services that require a hospital stay	\$0
Interactive psychotherapy	\$0
Family psychotherapy (with member present and the primary purpose is treatment of the individual's condition)	\$0
Family psychotherapy (without the member present, is medically reasonable and necessary, and the primary purpose is treatment of the individuals condition)	\$0
Group psychotherapy	\$0
Partial hospitalization services Partial hospitalization is a structured program of active psychiatric treatment. It is offered in a hospital outpatient setting or by a community mental health center. It is more intense than the care you get in your doctor's or therapist's office. It can help keep you from having to stay in the hospital.	\$0
Psychoanalysis	\$0
Pharmacologic management	\$0
Electroconvulsive therapy (ECT)	\$0
Diagnostic psychological and neuropsychological test	\$0
Hypnotherapy	\$0
Narcosynthesis	\$0
Biofeedback therapy	\$0
Individualized activity therapy (as part of a Partial Hospitalization Program (PHP) and that is not primarily recreational or diversionary)	

Mental Health – Medicaid ** Requires a Doctor’s Prescription	
<p>Assertive Community Treatment 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. ACT may be provided daily for individuals who participate.</p>	\$0
<p>Assessment Is conducted to determine a person’s level of functioning and mental health and/or substance use/abuse treatment needs. Assessments may include a comprehensive psychiatric evaluation, psychological testing, substance abuse screening, or other assessments. Physical health assessments are not part of this PIHP service.</p>	\$0
<p>**Assistive Technology Includes adaptive devices and supplies that are not covered under the Medicaid Health Plan or by other community resources. These devices help individuals to better take care of themselves, or to better interact in the places where they live, work, and play.</p>	\$0
<p>Behavior Treatment Review If a person’s illness or disability involves behaviors that they or others who work with them want to change, their individual plan of services may include a plan that talks about the behavior. This plan is often called a “behavior treatment plan.” The behavior management plan is developed during person-centered planning and then is approved and reviewed regularly and dignified, and continues to meet the person’s needs.</p>	\$0
<p>Clubhouse Programs Are programs where members (peers) 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.</p>	\$0
<p>Community Inpatient Services Are 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.</p>	\$0
<p>Community Living Supports (CLS) Are activities provided by paid staff that help adults with either serious mental illness or developmental disabilities live independently and participate actively in the community. Community Living Supports may also help families who have children with special needs (such as developmental disabilities or serious emotional disturbance).</p>	\$0

<p>Crisis Interventions Are unscheduled individual or group services aimed at reducing or eliminating the impact of unexpected events on mental health and well-being.</p>	\$0
<p>Crisis Residential Services Are short-term alternatives to inpatient hospitalization provided in a licensed residential setting.</p>	\$0
<p>**Enhanced Pharmacy Includes doctor-ordered non-prescription or over-the-counter items (such as vitamins or cough syrup) necessary to manage your health condition(s) when your Medicaid Health Plan does not cover these items.</p>	\$0
<p>**Environmental Modifications Are 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: all other sources of funding must be explored first, before using Medicaid funds for environmental modifications.</p>	\$0
<p>Extended observation bed</p>	\$0
<p>Family Support and Training Provides family-focused assistance to family members relating to and caring for a relative with serious mental illness, serious emotional disturbance, or developmental disabilities.</p>	\$0
<p>Fiscal Intermediary Services Help individuals manage their service and supports budget and pay providers if they are using a "self-determination" approach.</p>	\$0
<p>Health Services Include assessment, treatment, and professional monitoring of health conditions that are related to or impacted by a person's mental health condition. A person's primary doctor will treat any other health conditions they may have.</p>	\$0
<p>Home-based Services for Families Are provided in the family home or in another community setting. Services are designed individually for each family, and can include things like mental health therapy, crisis intervention, service coordination, or other supports to the family.</p>	\$0
<p>Housing Assistance Is assistance with short-term, transitional, or one-time-only expenses in an individual's own home that his/her resources and other community resources could not cover.</p>	\$0
<p>Intensive Crisis Stabilization Intensive crisis stabilization services are short-term alternative to inpatient hospitalization, structured treatment and support activities provided by a mental health crisis team in the person's home or in another community setting.</p>	\$0

<p>Intermediate Care Facility for Persons with Mental Retardation (ICF/MR/Developmental Disability) Provide 24 hour intensive supervision, health and rehabilitative services and basic needs to persons with developmental disabilities.</p>	\$0
<p>Medication Administration A doctor, nurse, or other licensed medical provider gives an injection, or an oral medication or topical medication.</p>	\$0
<p>Medication Review The evaluation and monitoring of medicines used to treat a person's mental health condition, their effects, and the need for continuing or changing their medicines.</p>	\$0
<p>Mental Health Therapy and Counseling for Adults, and Families Includes therapy or counseling designed to help improve functioning and relationships with other people.</p>	\$0
<p>Nursing Home Mental Health Assessment and Monitoring Includes a review of a nursing home resident's need for and response to mental health treatment, along with consultations with nursing home staff.</p>	\$0
<p>**Occupational Therapy Includes the evaluation by an occupational therapist of an individuals' ability to do things in order to take care of themselves every day, and treatments to help increase these abilities.</p>	\$0
<p>Partial Hospital Services Include psychiatric, psychological, social, occupational, nursing, music therapy, and therapeutic recreational services in a hospital setting, under a doctor's supervision. Partial hospital services are provided during the day-participants go home at night.</p>	\$0
<p>Peer-Delivered and Peer Specialist Services Peer-delivered services such as drop-in centers are entirely run by consumers of 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 mental illness in their individual recovery journey and are provided by individuals who are in recovery from mental illness. Peer Mentors help persons with developmental disabilities.</p>	\$0
<p>Personal Care in Specialized Services Assists an adult with mental illness or developmental disabilities with activities of daily living, self-care and basic needs, while they are living in a specialized residential setting in the community.</p>	\$0
<p>**Physical Therapy Includes the evaluation by a physical therapist of a person's physical abilities (such as the ways they move, use their arms or hands, or hold their body), and treatments to help improve their physical abilities.</p>	\$0

<p>Respite Care Services Provide short-term relief to the unpaid primary caregivers of people eligible for specialty services. Respite provides temporary alternative care, either in the family home, or in another community setting chosen by the family.</p>	\$0
<p>Skill-Building Assistance Includes supports, services and training to help a person participate actively at school, work, volunteer, or community settings, or to learn social skills they may need to support themselves or to get around in the community.</p>	\$0
<p>**Speech and Language Therapy Includes the 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.</p>	\$0
<p>Supports Coordination or Targeted Case Management A Care Coordinator or Case Manager is a staff person who helps write an individual plan of service and makes sure the services are delivered. His or her role is to listen to a person's goals, and to help find the services and providers inside and outside the local community mental health services program that will help achieve the goals. A care coordinator or case manager may also connect a person to resources in the community for employment, community living, education, public benefits, and recreational activities.</p>	\$0
<p>**Physical Therapy Includes the evaluation by a physical therapist of a person's physical abilities (such as the ways they move, use their arms or hands, or hold their body), and treatments to help improve their physical abilities.</p>	\$0
<p>Supported/Integrated Employment Services Provide initial and ongoing supports, services and training, usually provided at the job site, to help adults who are eligible for mental health services find and keep paid employment in the community.</p>	\$0
<p>Transportation (may be provided to and from a member's home for non-medical Medicaid-covered services. Please talk with your supports coordinator about this)</p>	\$0
<p>Treatment Planning Assists the person and those of his/her choosing in the development and periodic review of the individual plan of services.</p>	\$0

Services for Persons with Substance Use Disorders

The substance use treatment services listed below are covered by the Medicaid portion of your MI Health Link coverage. For access or assistance call the **24 hour Access Center Toll Free at 1-800.241.4949.**

Substance Use Disorder-Medicare The Access Center determines the Substance Use services and will assist in finding members the right provider	
Outpatient substance use disorder services We will pay for treatment services that are provided in the outpatient department of a hospital if you, for example, have been discharged from an inpatient stay for the treatment of drug substance abuse or if you require treatment but do not require the level of services provided in the inpatient hospital setting.	\$0
Psychotherapy	\$0
Patient education regarding diagnosis and treatment	\$0
Prescription drugs administered during a hospital stay or injected at a doctor's office <ul style="list-style-type: none"> • This may include Methadone if provided in a hospital setting but not an outpatient clinic 	\$0
Outpatient prescription drugs covered under Part D except Methadone for the treatment of substance use disorder.	\$0
Structured Assessment and Brief Intervention (SBIRT) Assessment to quickly determine the severity of substance use and identify the appropriate level of treatment. Brief intervention or advice focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change. Referral to treatment provides those identified as needing more extensive treatment with access to specialty care.	\$0
Substance Use Disorder – Medicaid	
Access Management Access Consists of those responsibilities, associated with determining administrative and clinical eligibility, managing resources (including demand, capacity, and access), ensuring compliance with various funding eligibility and service requirements, and assuring associated quality of care. Activities to carry out these responsibilities include appropriate referral and linkage to other community resources.	\$0
Compliance Monitoring For the purpose of identifying abstinence or relapse when it is part of the treatment plan or an identified part of the treatment program. (excludes laboratory drug testing)	\$0

<p>Crisis Intervention A service for the purpose of addressing problems/issues that may arise during treatment and could result in the beneficiary requiring a higher level of care if the intervention is not provided.</p>	\$0
<p>Detoxification/Withdrawal Monitoring For the purpose of preventing/alleviating medical complications as they relate to no longer using a substance</p>	\$0
<p>Early Intervention Includes stage-based interventions for individuals with substance use disorders and individuals who may not meet the threshold of abuse or dependence but are experiencing functional/social impairment as a result of use.</p>	\$0
<p>Family Therapy Face to face counseling with the beneficiary and the significant other and/or traditional or nontraditional members.</p>	\$0
<p>Group Therapy Face to face counseling with three or more beneficiaries, and can include didactic lectures, therapeutic interventions/counseling, and other group related activities.</p>	\$0
<p>Individual Treatment Planning The beneficiary must be directly involved with developing the plan that must include Recovery Support Preparation/Relapse Prevention Activities.</p>	\$0
<p>Intensive Outpatient (IOP) Is a service that provides more frequent and longer counseling sessions each week and may include day or evening programs.</p>	\$0
<p>Outpatient Treatment Includes therapy/counseling for the individual, and family and group therapy in an office setting.</p>	\$0
<p>Peer Recovery and Recovery Support To support and promote recovery and prevent relapse through supportive services that result in the knowledge and skills necessary for an individual's recovery. Peer recovery programs are designed and delivered primarily by individuals in recovery and offer social, emotional and/or educational supportive services to help prevent relapse and promote recovery.</p>	\$0
<p>Pharmacological and Alternative Therapies This may include Methadone treatment or other medication assisted treatment. Methadone is an opioid medication used in the treatment and recovery of opioid dependence to prevent withdrawal symptoms and opioid cravings, while blocking the euphoric effects of opioid drugs. In doing so, methadone stabilizes the individual so that other components of the recovery experience, such as counseling and case management, are maximized in order to enable the individual to reacquire life skills as the individual moves toward a substance-free lifestyle. Such service is monitored by a doctor as well as nursing services and lab tests.</p>	\$0

<p>Referral/Linking/Coordinating of Services For the purpose of ensuring the follow-through with identified providers, to the address other needs identified as part of the assessment and/or to establish the beneficiary with another provider and/or level of care.</p>	\$0
<p>Residential Treatment Is intensive therapeutic services which include overnight stays in a staffed licensed facility</p>	\$0
<p>Sub-Acute Detoxification Is medical care in a residential setting for people who are withdrawing from alcohol or other drugs.</p>	\$0
<p>Substance Abuse Prevention Services A set of services and activities designed to: educate and empower individuals, develop systems, reduce access that supports recovery.</p>	\$0
<p>Targeted Case Management A Case Manager is a staff person who helps write an individual plan of service and makes sure the services are delivered. His or her role is to listen to a person's goals, and to help find the services and providers inside and outside substance abuse services program that will help achieve their goals. A case manager may also connect a person to resources in the community for employment, community living, education, public benefits, and recreational activities.</p>	\$0
<p>Women's Specialty Services and Supports Include enhanced supports for pregnant women or women caring for dependent children to assist them in obtaining treatment for substance use disorders and attending physical health appointments.</p>	\$0

Habilitation/Supports Waiver, (HAB) / (HSW) Programs

Beneficiaries with developmental disabilities may be enrolled in Michigan’s Habilitation/Supports Waiver also known as (HSW) or the “Hab” waiver. Persons with these supports and services as defined in this section may also receive other Medicaid State plan or additional B3 services. A HSW beneficiary must receive at least one HSW service per month in order to retain eligibility. Medical necessity criteria should be used in determining the amount, duration, and scope of services and supports to be used.

The enrollment process must include annual verification that the beneficiary:

- has a developmental disability (as defined by Michigan Law)
- is Medicaid-eligible
- is residing in a community setting
- is not for the HSW services, would require ICF/MR level of care services
- chooses to participate in the HSW in lieu of ICF/IID service
- reimbursement for services rendered under the HSW is included in the PIHP capitation rate

Beneficiaries enrolled in the HSW may not be enrolled simultaneously in any other 1915 (c) waiver

HAB Waiver Services – Medicare	
<p>Adult Day Program The plan covers structured day activities at a program of direct care and supervision if you qualify. This service provides personal attention, and promotes social, physical and emotional well-being.</p>	\$0
<p>Assistive Technology The plan covers technology items used to increase, maintain, or improve functioning and promote independence if you qualify. Some examples of service include:</p> <ul style="list-style-type: none"> • Van lifts • Hand controls • Computerized voice system • Communication boards • Voice activated door locks • Power door mechanisms • Specialized alarm or intercom • Assistive dialing device 	\$0
<p>Chore Services The plan covers services needed to maintain your home in a clean, sanitary, and safe environment if you qualify. Examples of services include:</p> <ul style="list-style-type: none"> • heavy household chores (washing floors, windows, and walls) • tacking loose rugs and tiles • moving heavy items of furniture • mowing, raking, and cleaning hazardous debris such as fallen branches and trees <p>The plan may cover materials and disposable supplies used to complete chore tasks.</p>	\$0

<p>Environmental Modifications</p> <p>The plan covers modifications to your home if you qualify. The modifications must be designed to ensure your health, safety and welfare or make you more independent in your home. Modifications may include:</p> <ul style="list-style-type: none"> • installing ramps and grab bars • widening of doorways • modifying bathroom facilities • installing specialized electric systems that are necessary to accommodate medical equipment and supplies. 	\$0
<p>Expanded Community Living Supports</p> <p>To get this service, a member must have a need for prompting, cueing, observing, guiding, teaching, and/or reminding to help you complete activities of daily living (ADLs) like eating, bathing, dressing, toileting, other personal hygiene, etc.</p> <p>If there is a need for this service, you can also get assistance with instrumental activities of daily living (IADLs) like laundry, meal preparation, transportation, help with finances, help with medication, shopping, go with you to medical appointments, other household tasks. This may also include prompting, cueing, and guiding, teaching, observing, reminding, and/or other support to complete IADLs for the participant.</p>	\$0
<p>Fiscal Intermediary Service</p> <p>The plan will pay for a fiscal intermediary (FI) to assist the member to live independently in the community while controlling their individual budget and choose the staff that works with them. The FI helps the member to manage and distribute funds contained in the individual budget. Funds may be used to purchase home and community based services authorized in the plan of care. The authority to hire the caregiver of your choice is available.</p>	\$0
<p>Home delivered meals</p> <p>The plan covers up to two prepared meals per day brought to the home if you qualify.</p>	\$0
<p>Non-medical transportation</p> <p>The plan covers transportation services to enable access, waiver and other community services, activities, and resources, if the member qualifies.</p>	\$0
<p>Preventive Nursing Services</p> <p>The plan covers nursing services provided by a registered nurse (RN) or licensed practical nurse (LPN). The member must require observation and evaluation of skin integrity, blood sugar levels, prescribed range of motion exercises, or physical status to qualify. You may receive other nursing services during the nurse visit to your home. These services are not provided on a continuous basis.</p>	\$0

<p>Private Duty Nursing (PDN) The plan covers skilled nursing services on an individual and continuous basis, up to a maximum of 16 hours per day, to meet the health needs of members directly related to a physical disability. PDN includes the provision of nursing assessment, treatment and observation provided by licensed nurse, consistent with physician's orders and in accordance with our plan of care. Certain medical criteria must be met to qualify for this service.</p>	\$0
<p>Respite Care Services You may receive respite care services on a short-term, intermittent basis to relieve your family or other primary caregiver(s) from daily stress and care demands during times when they are providing unpaid care. Relief needs of hourly or shift staff workers should be accommodated by staffing substitutions, plan adjustments, or location changes and not by respite care. Respite is not intended to be provided on a continuous, long-term basis where it is a part of daily services that would enable an unpaid caregiver to work elsewhere full time.</p>	\$0

HAB Based Waiver Services – Medicaid	
<p>Community Living Supports (CLS) Facilitates an individual's independence, productivity, and promotes inclusion and participation in the community.</p>	\$0
<p>Enhanced Medical Equipment and Supplies Includes devices, supplies, controls, or appliances that are not available under regular Medicaid coverage or through other insurances.</p>	\$0
<p>Enhanced Pharmacy Physician-ordered, nonprescription "medicine chest" items as specified in the beneficiary's support plan.</p>	
<p>Goods and Services Is a non-staff service that replaces the assistance that staff would be hired to provide. This service, used in conjunctions with a self-determination arrangement, provides assistance to increase independence, facilitate productivity, or promote community inclusion.</p>	\$0
<p>Out-of-home Non-Vocational Supports and Services Is assistance to gain, retain or improve in self-help, socialization or adaptive skills?</p>	\$0
<p>Personal Emergency Response devices Help a person maintain independence and safety, in their own home or in a community setting. These are devices that are used to call for help in an emergency.</p>	\$0

Prevocational Services Include supports, services and training to prepare a person for paid employment or community volunteer work.	\$0
Private Duty Nursing Is individualized nursing service provided in the home, as necessary to meet specialized health needs?	\$0
Specialty Services <ul style="list-style-type: none"> • Music Therapies • Art Therapies • Massage Therapies Specialty Services may also include the following activities: coaching and supervision of staff; monitoring of progress related to goals and objectives; and recommending changes in the plan. This may be used in addition to the traditional professional therapy model included in Medicaid.	\$0

Religious Non-Medical Institution/Provider (Covered Services)

A *religious non-medical health care institution* is a place that provides care you would normally get in a hospital or skilled nursing facility. If getting care in a hospital or a skilled nursing facility is against your religious beliefs, we will cover care in a religious non-medical health care institution. You may choose to get health care at any time for any reason. This benefit is only for Medicare Part A inpatient services (non-medical health care services). Medicare will only pay for non-medical health care services provided by religious non-medical health care institutions.

To get care from a religious non-medical health care institution, you must sign a legal document that says you are against getting medical treatment that is “non-excepted.”

- “Non-excepted” medical treatment is any care that is voluntary and not required by any Federal, State, or Local law.
- “Excepted” medical treatment is any care that is not voluntary and is required under Federal, State, or Local law.

To be covered by our plan, the care you get from a religious non-medical health care institution must meet the following conditions:

- The facility providing the care must be certified by Medicare.
- Our plan’s coverage of services is limited to non-religious aspects of care.
- Our plan will cover the services you get from this institution in your home, as long as they would be covered if given by home health agencies that are not religious non-medical health care institutions.
- If you get services from this institution that are provided to you in a facility, the following applies:
- You must have a medical condition that would allow you to get covered services for inpatient hospital care or skilled nursing facility care.
- You must get approval from our plan before you are admitted to the facility or your stay will not be covered.

All Medicare Inpatient Hospital coverage limitations apply for the benefits chart.

If you are billed for services?

If provider sends you a bill you should not pay the bill yourself. If you do, we may not be able to reimburse your expenses. If you have already paid for your covered services, or if you have received a bill for covered medical services, contact Customer Services immediately at 1-888.490.9698, Monday through Friday, 8:00 a.m. to 4:30 p.m.

Due Process and Rights

Detroit Wayne Mental Health Authority ensures that Utilization Management decisions including clinical reviews and authorizations be based on medical coverage. Detroit Wayne Mental Health Authority, Managers of Comprehensive Provider Network (MCPN) and Provider Staff making Utilization Management decisions are not financially or otherwise compensated to make decisions that result in under-utilization of services and/or denial of coverage.

Grievances and Appeals

Grievances

You have the right to say you are unhappy with your services or supports and/or the staff who provides them by filing a “grievance”. You can submit a grievance orally or in writing to your provider or to Detroit Wayne Mental Health Authority. The Grievance Coordinator will answer any questions that you may have about the grievance process and assist you in writing your grievance.

Should you wish to have someone else to file a grievance on your behalf, you may do so. However, written authorization is required to have a representative to speak on your behalf. Therefore, should a grievance be submitted by a representative without written authorization, it will not be processed until receipt of proper documentation.

The grievance process may take up to 30 days for a resolution. However, expedited resolutions can be requested. You have the right to have your grievance resolved as quickly as possible should your condition warrant immediate attention. The Authority will assist with these determinations.

You will be given detailed information about grievance and appeal processes at the time of initial enrollment, annually and as requested. If you have questions about the grievance process or if you would like to file a grievance, please contact our Customer Service Office at:

1-888.490.9698

Or

TDD/TTY: 1-800.630.1044

Appeals

You have the right to file an appeal if your services have been denied, suspended, terminated, or reduced. This is referred to as an “action”. You have 60 days from the date of the action to file an appeal. You can submit an appeal orally or in writing to Detroit Wayne Mental Health Authority. The Appeal Coordinator will answer any questions that you may have about the appeal process and will assist you in filing writing your appeal. This is also known as an Internal (Local) Appeal.

Should you wish to have someone else to file an appeal on your behalf, you may do so. However, your written authorization is required to have a representative to speak on your behalf. Therefore, should an appeal be submitted by a representative without your written authorization, it will not be processed until receipt of proper documentation.

Should you require any physical accommodations or interpreter services, arrangements can be made to accommodate your needs, i.e. hearing impaired and non-English speaking. Please contact DWMHA Customer Service Office at: 1-888.490.9698 or 313-833.3232 or TDD/TYY: 1-800.630.1044 for assistance.

There are two types of appeals, standard and expedited (fast).

A standard appeal should be resolved within 30 days for a coverage appeal or 60 days for a claims payment appeal. If you or your doctor believe that your health could be seriously harmed by waiting up to 30 days for a decision, you and/or your doctor can request an expedited appeal. Expedited appeals are decided within 72 hours.

An additional ten (10) calendar days are allowed, to obtain medical records or other important medical information if you request the extension, or if the Plan can demonstrate that the delay is in your best interest.

Detroit Wayne Mental Health Authority will continue your benefits if following conditions apply:

- You or your provider files the appeal timely;
- The appeal involves the termination, suspension, or reduction of a previously authorized course of treatment;
- The services were ordered by an authorized provider;
- The original period covered by the original authorization has not expired; and
- You request an extension of benefits

At your request, Detroit Wayne Mental Health Authority will continue or will reinstate your benefits while the appeal is pending. The benefits will be continued until one of the following occurs:

- You withdraw the appeal
- Ten (10) days pass after Detroit Wayne Mental Health Authority mails the notice of action or the intended effective date of action;
- A state fair hearing office issues a hearing decision adverse to you is made;
- The time period or service limits or a previously authorized service has been met.

If your appeal is for Medicare services, you are entitled to all five levels of a Medicare appeal:

- Medicare Administrative Contractor
- Independent Review Organization
- Administrative Law Judge (OMHA)
- Medicare Appeals Council Review
- Judicial Review

If your appeal is for Medicaid services, you are entitled to two levels of appeals. You may request a Fair Hearing before, during, after, or instead of the Internal Appeal with DWMHA.

- Local Appeal Request
- State Fair Hearing (External Appeal)

An External Appeal (also called a Level 2 Appeal) is the second appeal, which is done by an independent organization that is not connected to the plan. Medicare's External Appeal organization is called the Independent Review Entity (IRE). Medicaid's External Appeal is a Fair Hearing through

the Michigan Administrative Hearings System (MAHS). You also have the right to request an External Review of Medicaid service denials through the Michigan Department of Insurance and Financial Services (DIFS).

There are two ways to make an External Appeal for Medicaid services and items: Fair Hearing and/or External Review. You have the right to request a Fair Hearing from the Michigan Administrative Hearings System (MAHS). A Fair Hearing is an impartial review of a decision. You may request a Fair Hearing before, during, after, or instead of the Internal Appeal with Detroit Wayne Mental Health Authority. You must ask for a Fair Hearing within 90 calendar days from the date on the letter that told you that a Medicaid covered service was denied, reduced, or stopped. If you are asking for Fair Hearing because the plan decided to reduce or stop a service you were already getting, you must file your appeal within 12 calendar days from the date of the adverse action notice or prior to the date of action if you want your benefits for that service to continue while the appeal is pending.

If Detroit Wayne Mental Health Authority reverses the action decision or the decision is reversed by the state fair hearing, Detroit Wayne Mental Health Authority must pay for services provided while the appeal was pending. The disputed services will be provided promptly and as expeditiously as your health condition requires.

- You may be required to pay the cost of the services if the denial is upheld
- Detroit Wayne Mental Health Authority will inform you of our decision in writing.

If you have questions about the appeal process or if you would like to request an appeal, please contact our Customer Service Office at:

1-888.490.9698
Or
TDD/TTY: 1-800.630.1044

Recipient Rights

Your rights are important to us. If you feel your rights or protections have been violated you may anonymously and confidentially call or report a violation by contacting:

Detroit Wayne Mental Health Authority
Office of Recipient Rights (ORR)

Call Toll Free: 1-888.339.5595
For TDD/TTY Call Toll Free: 1-888.339.5588

As an enrollee of the MI Health Link program and for every person who receives public mental health services you are entitled to certain rights. The Michigan Mental Health Code protects some of those rights. Those rights include:

- The right to be free from abuse and neglect.
- The right to confidentiality.
- The right to be treated with dignity and respect.
- The right to treatment suited to condition.
- The right to a safe, sanitary, and humane treatment environment.

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

You may file a Recipient Rights complaint any time if you think staff or someone in the system has violated your rights. You can make a rights complaint in person, by mail writing or by telephone. You may contact your local community mental health services program to talk with a Recipient Rights Officer at any time. You are welcome to share any questions or concerns you may have about your rights. Customer Service can also help you make a complaint. You can contact the DWMHA **Office of Recipient Rights (Toll Free) at 1-888.339.5595** or Customer Service at **1-888.490.9698 or 313.833.3232, Monday through Friday, 8:00 a.m. to 4:30 p.m.**

If you receive Substance Use Services (SUD), you have rights protected by the Public Health Code. These rights will also be explained to you when you start services. They will be explained once again every year. You can find more information about your rights while getting substance use services in the “**Know Your Rights**” pamphlet. **The Regional SUD Rights Advisor may be contacted at 313.833.2416.**

Freedom from Retaliation

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

Enrollee Rights

By State requirement; Recipients’, Members and Enrollees have a Right to the following:

Enrollees have a right to information about the provider network, grievance and appeals fair hearing process with time frames, receiving benefits from out-of-network providers, emergency services, advance directives, availability of information on PIHP’s structure, physician incentives, and requirements for annual notification of availability of recipient information.

- **Enrollees have a right to** a list showing where non-English languages about mental health services are spoken and by whom within the provider network.
- **Enrollees have the right to** the rules that govern representation at hearings, requirements and time frames and the toll free number, or information regarding continuation of benefits during the process of the hearing if requested.
- **Enrollees have the right to** the rules that govern representation at hearings, requirements and time frames and the toll free number, or information regarding continuation of benefits during the process of the hearing if requested.
- **Enrollees have the right to** request the process by which benefits from out-of-network providers are obtained.
- **Enrollees have a right to** be fully informed about emergency and post stabilization services (outpatient services received during follow-up after and episode of care) and prior authorization is not required to receive emergency care from any hospitalization.
- **Enrollees have a right to** request information on advance directives. All adult recipients must be provided written information on advance directives including any Michigan laws that apply to advance directives.

- **Enrollees have the right to** request additional information, including information on the structure and the operation of PIHP (DWMHA) and whether the PIHP or its network providers use physician incentive plans. The PIHP is responsible for providing this information upon request.
- **Enrollees have the right to** request informational materials regarding their rights as a recipient of mental health services. The Authority will also notify recipients annually of their rights to obtain information materials.
- **Enrollees have the right to** be provided with timely written notice of any significant State and provider network related changes.
- **Enrollees have a right to** be provided with information annually about enrollee rights and protections.
- **Enrollees have a right to** be treated with dignity and respect.
- **Enrollees have a right to** receive information on available treatment options.
- **Enrollees have a right to** participate in decisions regarding health care, the refusal of treatment and preferences for future treatment decisions.
- **Enrollees have a right to** be provided with information on services that are not covered on a moral/religious basis.

Protection from Discrimination

We must treat you with dignity and respect at all times

At DWMHA we must obey laws that protect you from discrimination or unfair treatment. We do not discriminate against members because of any of the following:

- | | | |
|---|--|---|
| <input type="checkbox"/> Race | <input type="checkbox"/> Cognitive ability | <input type="checkbox"/> Appeals |
| <input type="checkbox"/> Ethnicity | <input type="checkbox"/> Behavior | <input type="checkbox"/> Medical history |
| <input type="checkbox"/> National origin | <input type="checkbox"/> Mental or physical disability | <input type="checkbox"/> Genetic information |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Health status | <input type="checkbox"/> Evidence of insurability |
| <input type="checkbox"/> Sex | <input type="checkbox"/> Receipt of health care | <input type="checkbox"/> Geographic location within the |
| <input type="checkbox"/> Sexual orientation | <input type="checkbox"/> Use of services | Service area |
| <input type="checkbox"/> Age | <input type="checkbox"/> Claims experience | |

Under the DWMHA MI Health Link program, you have the right to be free of any form of physical restraint or seclusion that would be used as a means of coercion, force, discipline, convenience or retaliation. We cannot deny services to you or punish you for exercising your rights. For more information, or if you have concerns about discrimination or unfair treatment, call the Department of Health and Human Services' Office for Civil Rights at **1-800.368.1019 (TTY 1-800.537.7697)**. You can also call the Michigan Department of Civil Rights at **1-800.482.3604**. If you wish to file a complaint with the Michigan Department of Civil Rights please call **1-313.456.3700** or the Toll Free number listed above.

If you have a disability and need help accessing care or a provider, call Customer Service. If you have a complaint, such as a problem with wheelchair access Customer Service can help at **1-888.490.9698**.

Glossary or Definition of Terms for Mental Health

This section is used for the purpose of helping you to understand as much about your services and care as possible.

Access Center: The entry point for guidance and support to customers and the gatekeeper of services. The Access Center may also be known as wellness Pioneer their function includes informing enrollees about services, making initial behavioral health care appointments and other screenings.

Adequate Notice: Consumers have the right to receive an Adequate Notice of Action which is, (a written statement) advising the consumer to deny or limit authorization of Medicaid services requested.

Amount, Duration, and Scope: refers to how much, how long, and in what ways the MI Health Link services that are listed in a person's individual plan of service will be provided.

Anti-stigma: To eliminate the social stigma or discrimination associated with mental illness.

Behavioral Health: the term is often interchangeable in the context of this handbook, it means your mental health services, either for mild, moderate or severe and persistent care or treatment. Behavioral health services can also refer to care or treatment for persons with intellectual or developmental disabilities, as well as treatment and care for persons with substance use disorders. It is often a broad term describing various mental health services.

Crisis Screening Centers: ensure immediate help in person or by phone for individuals experiencing a mental health crisis.

Customer Service: enhances the relationship between the community and Authority as well as between the individual and the Authority by providing grievance assistance, information and training. It also coordinates planned learning opportunities. These opportunities and services include access to various rights processes, advocacy programs, educational forums, grievance and appeals assistance.

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

DWMHA: Detroit Wayne Mental Health Authority.

Enrollee: A Member Recipient who is currently enrolled in a program managed by DWMHA, Pre-Paid Inpatient Health Plan (PIHP), or a given managed care program. Member, consumer, enrollee recipient, client or patient are sometimes all used to describe the participant of the plan.

Fair Hearing: is a state level review of beneficiaries' disagreements with health plans' denial, reduction, suspension or termination of Medicaid services. State administrative law judges who are independent of the Michigan Department of Community Health perform the reviews.

Health Insurance Portability and Accountability Act of 1996 (HIPAA): is aimed, in part, at protecting the privacy and confidentiality of patient information. "Patient" means any recipient of public or private health care, including mental health care, services.

Integrated Care Organization (ICO): is your health plan, the organization responsible for your health benefit under the MI Health Link program.

Integrated Healthcare (IHC): IHC is a holistic approach to the overall well-being of an individual. Integrated health Care is when health care professionals consider all health conditions at the same time and coordinate benefits to best serve the participant overall health and wellness.

MDHHS: is an acronym for Michigan Department of Health and Human Services. This state department, public –funded services provided in local communities and state facilities to people with mental illness, developmental disabilities and substance use disorders, formerly known as MDCH or Michigan Department of Community Health.

Medically Necessary: is 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.

Michigan Mental Health Code: is 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 instate facilities.

MI-P.A.T.H (PERSONAL ACTION TOWARD HEALTH): is a program designed to assist people in adopting healthier lifestyles by taking responsibility for their own health choices. Group meetings are organized to discuss and acquire the tools and skills needed to manage various health problems and lead more productive lives.

PIHP: is an acronym for Prepaid Inpatient Health Plan. Detroit Wayne Mental Health Authority is the PIHP for MI Health Link.

Potential Member: A Person who may voluntarily elect to enroll in a given managed care program, but is not yet an enrollee.

Recovery: is a journey of healing and change that allows a person to live a meaningful life in a community of their choice while working toward their full potential.

Serious Mental Illness: as defined by the Michigan Mental Health Code means 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.

Specialty Supports and Services: is a term that means funded mental health, developmental disabilities and substance use supports and services that are managed by the pre-paid inpatient health plans.

Stigma: is a form of discrimination. It is one of the leading reasons individuals with mental illness do not seek treatment for their condition.

Substance Use Disorder (or substance use): as defined in the Michigan Public Health Code, means the taking of alcohol or other drugs at dosages that place an individual's social, economic, psychological, and physical welfare in potential hazard or to the extent that an individual loses the power of self-control as a result of the use of alcohol or drugs, or while habitually under the influence of alcohol or drugs, endangers public health, morals, safety, or welfare, or a combination thereof.

IMPORTANT PHONE NUMBERS

My Health Plan is _____ **Phone:** _____

Address: _____

My Care Coordinator is

Name: _____ **Phone:** _____

Address: _____

My Primary Care Provider is

Name: _____ **Phone:** _____ **Other** _____

Address: _____

Medication List and Dosages:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

OTHER NOTES:

THANK YOU

Thank you for your interest in Detroit Wayne Mental Health Authority. We look forward to delivering behavioral health services that demonstrate:

- Staff Competency
- Respect
- Dignity and Fairness for all DWMHA Enrollees

Together we can assure that each enrollee achieves an improved level of independence, better coping skills, and new growth through evaluation, treatment and focused rehabilitation.

Detroit Wayne Mental Health Authority continues its effort in eliminating Stigma through its Anti-Stigma Campaign in collaboration with the Michigan Department of Health and Human Services (MDHHS) and affiliated providers and partners.

What is Stigma?

Stigma is a form of discrimination. It is one of the leading reasons individuals with mental illness do not seek treatment for their condition. Read our policy about stigma at www.dwmha.com

What Everyone Should Know About Stigma

Did you know that...

- Stigmatizing behavior can be viewed as discrimination or harassment.
- Stigma may cause individuals with mental illness to feel isolated in a community.
- Stigma may result in individuals feeling a lack of social support, positive social roles, coping and problem-solving skills.
- It is important that healthcare providers avoid using stigmatizing behaviors towards consumers.

What You Can Do?

- Educate yourself on Stigma.
- Recognize that stigmatizing behavior is not normal or acceptable anywhere.
- Seek professional help for your mental illness.
- Request a Peer Support Person to partner with while obtaining mental health services or a Recovery Coach while seeking SUD services.
- Do not get upset if someone appears to stigmatize or discriminate against you remain calm when someone says something demeaning; but be sure to correct them about their inappropriate comment, remark or behavior. Seek help if you are not satisfied that they don't recognize their discriminatory (stigmatizing) behavior.
- Report Stigma if you or someone you know is a victim.



Detroit Wayne Mental Health Authority

640 Temple – 8th Floor
Detroit, MI 48201
313-833-2500

DWMHA Customer Service

Toll Free 1- 888.490.9698 or
313.833-3232
TDD/TTY: 1-800.630.1044
Fax: 313.833.2217 or
313.833.4280

24-Hour Crisis Information and Referral

Toll Free 1-800.241.4949
TDD/TTY: 1- 866.870.2599

www.dwmha.com



*Opening Minds Closes Doors 2 Stigma: Bust Stigma!
Artwork Courtesy of: A Place of Our Own Clubhouse*



July 2015
Revised