Individual Plan of Service/Person Centered Plan

POLICY

It is the policy of the Detroit Wayne Mental Health Authority (DWMHA) that a comprehensive and integrated array of services/supports which inspires hope and promotes recovery/self-determination, be made available to Wayne County residents and their families. Those individuals with intellectual/developmental disabilities, children with serious emotional disturbances, mental health, substance use and physical health conditions are expected to receive services within a system of care that is welcoming, recovery-oriented and capable of delivering integrated services to meet their needs and preferences. An Individualized Plan of Service (IPOS) developed through the Person-Centered Planning (PCP) process shall be provided to each individual and family being served.

PURPOSE

To provide direction to the Managers of Comprehensive Provider Networks (MCPNs), the Integrated Care Organizations (ICOs) and Network and Out of Network providers in the provision and monitoring of Individual Plans of Service developed through a Person-Centered Process, that meet the requirements of the Michigan Department of Health and Human Services (MDHHS), Michigan Mental Health Code, and DWMHA.

APPLICATION

This policy applies to DWMHA staff, Contractual staff, Managers of Comprehensive Provider Network (MCPN) staff and Crisis Service Vendor staff. This policy serves all populations: Adults with Severe Mental Illness (SMI), Children with Serious Emotional Disturbance (SED), Persons with Intellectual/Developmental Disabilities (I/DD) and Persons with Substance Use Disorders (SUD) and all funding streams and waiver programs such as MI Health Link, SUD, Autism Spectrum Disorder and Medicaid.

KEY WORDS

1. Adequate Action Notice for the Uninsured or Under Insured
2. Advance Action Notice for the Uninsured or Under Insured
3. Alternative Dispute Resolution Process (ADRP)
4. Independent Facilitation
5. Individual Plan of Services/Treatment Plan (IPOS)
6. Interdisciplinary Treatment Team (ITT)
7. Medicaid Adequate Action Notice
8. Medicaid Advance Action Notice
9. Medicaid Fair Hearing
10. Medical necessity
11. Notice of Denial of Medical Coverage
12. Person Centered Planning (PCP)/Family Centered Planning
13. Home and Community Based Services (HCBS)

STANDARD

1. Through the PCP process, a person and those he or she has selected to support him or her:
   1. Focus on the person’s life goals, interests, desires, choices, strengths and abilities as the foundation for the PCP process.
   2. Identify outcomes based on the person’s life goals, interests, strengths, abilities, desires and choices.
   3. Make plans for the person to achieve identified outcomes.

2. PCP is an individualized process designed to respond to the unique needs and desires of each person. The following values and principles guide the PCP process whenever it is used.
   a. Every person is presumed competent to direct the planning process, achieve his or her goals and outcomes, and build a meaningful life in the community. PCP should not be constrained by any preconceived limits on the person’s ability to make choices.
   b. Every person has strengths, can express preferences, and can make choices. The PCP approach identifies the person’s strengths, goals, choices, medical and support needs and desired outcomes. In order to be strength-based, the positive attributes of the person are documented and used as the foundation for building the person’s goals and plans for community life as well as strategies or interventions used to support the person’s success.
   c. The person’s choices and preferences are honored. Choices may include: the family and friends involved in his or her life and PCP process, housing, employment, culture, social activities, recreation, vocational training, relationships and friendships, and transportation. Individual choice must be used to develop goals and to meet the person’s needs and preferences for supports and services and how they are provided.
   d. The person’s choices are implemented unless there is a documented health and safety reason that they cannot be implemented. In that situation, the PCP process should include strategies to support the person to implement their choices or preferences over time.
   e. Every person contributes to his or her community, and has the right to choose how supports and services enable him or her to meaningfully participate and contribute to his or her community.

3. After the PCP process, an Individual Plan of Service(IPOS) that directs the provision of supports and services to be provided through the community mental health services program (CMHSP) is developed and at each request to change services.

4. For each individual there shall be one integrated IPOS, which addresses physical health care needs and relevant co-occurring, mental illness, intellectual/developmental disabilities, serious emotional disturbances, and substance abuse services, even if multiple providers are involved in the provision of
services and supports. Case Management/Supports Coordination/Independent Facilitator/Therapist/Case Holder, etc. staff shall be responsible to support IPOS development and timely implementation.

5. The IPOS shall reflect strength-based assessments, which are culturally relevant and address the health and safety needs for families of children and adolescents with serious emotional disturbances, individuals with both serious mental illness/co-occurring substance abuse disorders, and individuals with developmental disabilities. Identified activities related to the protection of the behavioral and physical health care needs shall be developed in partnership with the individual/guardian and family with the ITT.

6. Significant changes in the status of the individual (i.e. psychiatric hospitalization, suicidal attempt, deterioration in physical health status, etc.) shall be assessed within the context of the annual IPOS process and each request to change services.

7. The comprehensive IPOS shall be developed in partnership with the individual/guardian, supports, family and ITT within thirty (30) days of commencement of services at outpatient community mental health agencies.

8. The comprehensive IPOS shall reflect an ongoing partnership with physical health care providers to facilitate integrated health care and effective monitoring of current behavioral and physical health conditions.

9. During the PCP meeting, the full array of supports and services which could assist in meeting the needs and goals of the individual are discussed.

10. The IPOS shall clearly identify at a minimum the following:
   a. Action oriented goals as identified by the individual;
   b. Objectives that are specific and measurable;
   c. The individuals stage of change as applicable for each goal;
      1. Stages of Change Model as developed by Prochaska and DiClement should be utilized. The specific stage must be noted for each goal as appropriate (Precontemplation, Contemplation, Preparation/Determination, Action/Willpower, Maintenance, or Relapse)
         i. Stage One: Precontemplation (Not yet acknowledging that there is a problem behavior that needs to be changed or action that needs to be taken regarding the goal)
         ii. Stage Two: Contemplation (Acknowledging that there is a problem but not yet ready or sure of wanting to make a change or acknowledging that a goal is relevant, but not sure of the action they are prepared to take)
         iii. Stage Three: Preparation/Determination (Getting ready to change or act on the goal)
         iv. Stage Four: Action/Willpower (Changing behavior or implementing action to achieve the goal)
         v. Stage Five: Maintenance (Maintaining the behavior change or maintaining the identified goal) and
         vi. Stage Six: Relapse (Returning to older behaviors and abandoning the new changes or lack of action to maintain the identified goal)
   d. Interventions that will be utilized that are directly aligned with meeting identified objectives;
   e. The amount of service: number of units (i.e. 15-25 minutes);
   f. The estimated cost of service and supports authorized;
g. The Crisis Service Vendor of service: parameters within which the services will be provided;  

h. Who will provide the service: (e.g. professional, Assertive Community Treatment team, etc.);  

i. How the service will be rendered: (e.g. face-to-face, telephone, group, individual, etc.);  

j. How frequently the service will be provided: (i.e. weekly, monthly, etc.);  

k. Where the service will be rendered: (e.g. community setting, office, home, etc.);  

l. The duration of service: the length of time: (e.g. 3 weeks, 6 months, etc.) it is expected that an identified service will be provided;  

m. All current physical health conditions; and  

n. The specific health care practitioners who are treating any physical health conditions;  

o. Participation of ITT (psychiatrist, psychologist, peer support, nurse, social worker, etc.);  

p. Any assistance: (e.g., referral, coordination, transportation) that the individual needs in accessing health care practitioners.  

q. Must contain a Crisis Plan.  

11. The options of an independent facilitator for the PCP who meets the qualifications established by DWMHA shall be provided to each individual/guardian/family. Individuals, guardians and family shall be made aware of the option of independent facilitator services prior to the scheduled planning meeting.  

a. The Independent Facilitator is:  

1. Chosen by the individual/guardian/family and serves as the individual’s/guardian/family’s guide (and for some individuals, their voice) throughout the process, making sure that his or her hopes, interests, desires, preferences, and concerns are heard and addressed.  

2. Helps with the pre-planning activities and co-leads the PCP meeting(s) with the individual/guardian/family.  

3. Does not have any other role within the organization from which the individual/family receives his/her services and supports.  

12. The crisis plan provides direction regarding the care to be provided on his/her behalf during a crisis situation. The crisis plan has multiple components which must minimally include:  

a. Specific designated persons who will be involved in making decisions for the individual (name, relationship, phone number, and assigned tasks);  

b. Current medications and allergies;  

c. Physicians/pyschiatrist involved in care and treatment;  

d. Preference for hospitals/treatment facilities;  

e. Preference for the management of personal effects/affairs;  

f. Hospitals or treatment facilities that the individual does not wish to be utilized; and  

g. Any specific interventions or activities that can be used to help the individual during the crisis, reduce anxiety and regain control.  

13. The purpose and advantages of having an advance directive shall be explained to each individual which includes expression of individual preference for doctors, hospitals and medications; expression of other specific wishes or individual choices during a time when he/she is unable to make decisions, and the possibility that a commitment hearing in probate court can be avoided in some circumstances.
14. DWMHA, Crisis Service Vendor, MCPN’s and Providers shall develop policies and procedures to ensure all staff receive required training when the IPOS is developed and when there is a change to the IPOS.

15. DWMHA, Crisis Service Vendor, MCPN’s and Providers shall develop policies and procedures to ensure full access to complaint/grievance/appeal processes, which enforce each individual’s PCP/IPOS rights.

16. DWMHA, Crisis Service Vendor, MCPNs and Providers shall ensure staff receives updated information on policies and guidelines which impact the PCP process at least annually, and that these training sessions are documented on staff training logs.

17. Individuals shall be informed of the option of receiving peer support services upon enrollment, during the PCP process at the pre-planning meeting and planning meeting, and annually thereafter.

18. For individuals to receive peer support, the IPOS shall include one or more of the goals of community inclusion and participation, independence and productivity based upon individual choice and medical necessity criteria.

19. IPOS shall describe the specific peer support services needed to achieve the goals of community inclusion and participation, independence and productivity. These activities shall be provided in partnership with the individual and may include:
   a. vocational assistance;
   b. housing assistance;

1. Any effort to restrict the certain rights and freedoms listed in the HCBS Final Rule must be justified by a specific and individualized assessed health or safety need and must be addressed through the PCP process and documented in the IPOS. The rights and freedoms listed in the HCBS Final Rule are:
   i. A lease or residency agreement with comparable responsibilities and protection from eviction that tenants have under Michigan landlord/tenant law.
   ii. Sleeping or living units lockable by the individual with only appropriate staff having keys.
   iii. Individuals sharing units have a choice of roommate in that setting.
   iv. Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement
   v. Individuals have the freedom and support to control their own schedules and activities and have access to food at any time.
   vi. Individuals are able to have visitors of their choosing at any time.

2. The following requirements must be documented in the IPOS when a specific health or safety need warrants such a restriction:
   i. The specific and individualized assessed health or safety need.
   ii. The positive interventions and supports used prior to any modifications or additions to the PCP regarding health or safety needs.
   iii. Documentation of less intrusive methods of meeting the needs, that have been tried, but were not successful.
   iv. A clear description of the condition that is directly proportionate to the specific assessed health or safety need.
   v. A regular collection and review of data to measure the ongoing effectiveness of the
vi. Established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.

vii. Informed consent of the person to the proposed modification.

viii. An assurance that the modification itself will not cause harm to the person.

c. assistance with employment opportunities;
d. sharing stories of recovery or advocacy;
e. assisting with entitlements;
f. assistance with developing wellness plans;
g. assistance with advance directives;
h. assistance with learning about alternatives to guardianship;
i. providing supportive services during a crisis; and
j. overall assistance in the process of recovery and self-determination.

20. Crisis Service Vendor, MCPNs and Providers shall adhere to the values and principles, as required within the Person-Centered Planning Best Practice Guidelines.

21. The PCP process shall include the active participation of ITT, natural supports, family, friends and allies to participate in the PCP process.

22. Before the PCP meeting is initiated, a pre-planning meeting is held to gather all of the information and resources necessary for effective person-centered planning and set the agenda for the process. In the pre-planning meeting the individual/guardian chooses:
   a. Dreams, goals, desires, preferences, strengths and any other topics to be discussed during the PCP meeting;
   b. Topics the individual/guardian does not want discussed during the PCP meeting;
   c. Who to invite and who is responsible for inviting the persons identified (include whether the individual has meaningful support or if actions are needed to cultivate such supports);
   d. Where and when the PCP meeting will take place;
   e. Who will facilitate the PCP meeting;
   f. Who will record what is discussed in the PCP meeting;
   g. What accommodations the individual may need to meaningfully participate in the PCP meeting;
   h. The completion of a crisis plan; and

23. The individual, individual’s guardian, designated patient advocate or other qualified legal representative has the authority to sign the IPOS. In cases where foster children are permanent wards of the court, the state worker has the authority to sign. For children that are temporary court wards, the biological parent, foster parent or the assigned state worker has the authority to sign the plan.

24. Individuals shall be provided with opportunities to provide feedback on how they feel about the service, support and/or treatment they are receiving and their progress toward attaining valued outcomes.

25. Information regarding individual feedback shall be collected and documented, including changes made in
response to the individual’s feedback.

26. If the individual/guardian is dissatisfied with the PCP process or the IPOS developed through that process, they have the right to reconvene the PCP process or request a review of the IPOS to the designated individual in charge of implementing the IPOS.

27. Each individual shall be provided with a copy of his/her person-centered plan within fifteen (15) business days after the meeting.

28. Informational brochures and reading material that describes the option of independent facilitation and advance directives shall be made available to individuals and families during the intake process.

29. PCP Planning is an ongoing process. The PCP process is completed whenever there is a change in the status of the individual receiving supports, which could impact the amount, Crisis Service Vendor, or duration of authorized services or at any time it is requested by the individual. Minimally, the PCP process and development of the IPOS is completed annually (within 365 days).

30. For closure of case records, Crisis Service Vendor, MCPNs and Providers shall develop policies and procedures related to the closure of case records when there has been no contact with an individual for ninety (90) calendar days or more, which includes the following:
   a. Documentation of written and telephone attempts to contact the individual/family to offer services during the ninety (90)-day period.
   b. Notification provided to the individual/family regarding his/her right to local or informal dispute resolution and the recipient rights process at the time of case closure.
   c. Documentation of the provision of an Adequate Action Notice - Medicaid, SMI, IDD, SUD or Advance Action Notice - Medicaid, SMI, IDD, SUD to Medicaid enrollees/members, the Notice of Denial of Medical Coverage Form for members/enrollees in the MI Health Link program or the Adequate Action Notice for Uninsured or Underinsured Form or Advance Action Notice for Uninsured or Underinsured Form for the Uninsured or Under Insured.

31. In addition to the requirements above, the Autism Spectrum Disorder Applied Behavior Analysis Benefit PCPs must:
   a. Service Reviews shall be completed on IPOS services on a quarterly basis. The date must be within three (3) months from the date of the IPOS or previous addendum or service review.
   b. The Preliminary Plan of Service must include language that the family has choice in service provider selection.
   c. The Preliminary Plan of Service must include language that the family was informed of Abuse, Neglect and Exploitation reporting.
   d. The PCP process must involve monthly collaboration with Autism Spectrum Disorder (ASD) ABA Service Provider to ensure the documentation and agreement for services is in-line with the services being provided to the child and family.

QUALITY ASSURANCE/IMPROVEMENT

DWMHA shall review and monitor contractor adherence to this policy as one element in its network management program, and as one element of the QAPIP Goals and Objectives.

The quality improvement programs of Crisis Service Vendor, MCPNs and Providers must include measures for both the monitoring of and the continuous improvement of the programs or processes described in this policy.
COMPLIANCE WITH ALL APPLICABLE LAWS

DWMHA staff, Crisis Service Vendor, MCPNs staff, contractors and subcontractors are bound by all applicable local, state and federal laws, rules, regulations and policies, all federal waiver requirements, state and county contractual requirements, policies, and administrative directives, as amended.

LEGAL AUTHORITY

   a. MCL 330.1700 (g)
   b. MCL 330.1708
   c. MCL 330.1712
   d. MCL 330.1752
2. Department of Community Health Administrative Rules:
   a. R.330.7135
   b. R.330.7199
   c. R.330.7243
   d. R.330.1702
   e. R.330.1703
   f. R. 330.1704
   g. R. 330.2814
3. MDHHS / Advance Directives
4. MDHHS/CMHSP Managed Mental Health Supports and Services Contract FY17, Attachment C.3.3.1
5. MDHHS/CMHSP Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program(s), the Healthy Michigan Program and Substance Use Disorder Community Grant Programs, FY17,
   a. Attachment P.6.3.1.1: Appeal and Grievance Resolution Processes Technical Requirement
   b. Attachment 6.3.2.1: Grievance and Appeal Technical Requirement

RELATED POLICIES

1. Customer Service (CS) Enrollee/Member Appeals Policy
2. Denial of Service Policy
3. Utilization Management (UM) Provider Appeals Policy
4. Michigan Department of Health and Human Services Medicaid Fair Hearings for Enrollees/Members
5. Crisis Plan

RELATED DEPARTMENTS

1. Claims Management
2. Clinical Practice Improvement
3. Compliance
4. Customer Service
5. Information Technology
6. Integrated Health Care
7. Legal
8. Managed Care Operations,
9. Quality
10. Recipient Rights
11. Substance Use Disorders
12. Utilization Management

CLINICAL POLICY

YES
EXTERNAL

Attachments:

- Adequate Action Notice Form (Medicaid SMI, IDD, SUD).docx
- Adequate Action Notice Form (Uninsured or Under Insured).docx
- Advance Action Notice Form (Medicaid SMI, IDD, SUD).docx
- Advance Action Notice Form (Uninsured or Under Insured).docx
- Elements of an IPOS.pdf
- Estimated Cost of Services Template.pdf
- MDHHS PCP Policy 6 28 2017.pdf
- Notice of Denial of Medical Coverage Form (MHL).docx
- Notice of Hearing Rights-Individual Plan of Service.pdf
- Request for a Medicaid Fair Hearing Form.pdf

Approval Signatures

<table>
<thead>
<tr>
<th>Approver</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dana Lasenby: Acting Chief Executive Officer</td>
<td>06/2018</td>
</tr>
</tbody>
</table>
ADEQUATE NOTICE OF ACTION
Michigan Medicaid and Healthy Michigan Members/Enrollees

Date

Name
Address
City, State Zip

Re: Member/Enrollee’s Name: ____________________________________________________________

Mi. Medicaid /Healthy Michigan (Circle all that apply) ID#: ________________________________
MHWIN ID: ________________________________________________________________________

Following a review of the mental health services and supports for which you have applied or are receiving, it has
been determined that the following service(s) are being reduced, terminated, suspended or denied.

Service(s)          Effective Date(s)
___________________________________________________________________________________

The reason for this action is _______________________________________________________________________________________

The legal basis for this decision is 42 CFR 440.230(d) and the Medicaid Provider Manual Behavioral Health and
Intellectual and Developmental Disability Supports and Services Chapter.

If you do not agree with this action, you may request a Local Appeal either orally or in writing, within 45
calendar days of the date of this notice by contacting Detroit Wayne Mental Health Authority (DWMHA) at
(313) 344-9099 or TTY (800) 630-1044. For an enrollee/member appeal, ask for the DWMHA Customer Service
Department and for a provider/utilization management appeal, ask for the DWMHA Utilization Management
Department.

You can send us any evidence you want us to review, such as medical records, doctors’ letters, or other
information that explains why you need the item or service. Call your doctor for this information. Our address is
707 West Milwaukee Street, Detroit, Michigan 48202 Attention: Customer Service.

You can ask to see the medical records and other documents we used to make our decision before or during
the appeal. At no cost to you, you can also ask for a copy of the guidelines we used to make our decision.

EXPEDITED LOCAL APPEAL
You have a right to an expedited (faster) local appeal if waiting for the standard time would seriously jeopardize
your life, health and/or your ability to attain, maintain, or regain maximum function. To request an expedited local
appeal, contact the Customer Service Department at Detroit Wayne Mental Health Authority (DWMHA) at the
numbers listed above. You can also choose to have someone help you with your Local Appeal. You can also
choose to have someone represent you during the Local Appeal process. If you want someone else to act for
you, call us at: (313) 344-9099 to learn how to name your representative. TTY users call (800) 630-1044. Both

Revised 5.10.17
you and the person you want to act for you must sign and date a statement confirming this is what you want. You'll need to mail or fax (313) 833-2217 this statement to the DWMHA Customer Service Department. Upon receiving an appeal request, we will review your request, make a decision and provide you with a written explanation of the decision within 30 calendar days for a standard appeal request and within 72 hours for an expedited appeal request.

For an enrollee/member, if you do not agree with this action, you may also request a Medicaid Fair Hearing within 90 calendar days of the date of this notice. Medicaid Fair Hearing requests must be made in writing and signed by you or an authorized person. To request a hearing, complete the attached Request for Hearing form, and mail to:

MICHIGAN ADMINISTRATIVE HEARING SYSTEM
DEPARTMENT OF HEALTH AND HUMAN SERVICES
P.O. BOX 30763
LANSING, MI 48909

EXPEDITED MEDICAID FAIR HEARING
You have a right to an expedited Medicaid Fair Hearing if waiting for the standard time seriously jeopardize your life, health, and/or your ability to attain, maintain, or regain maximum function. To request an expedited Medicaid Fair Hearing, you must call the following toll free number (800) 648-3397.

You can choose to have another person represent you at the Medicaid Fair Hearing. The person you choose to represent you can be anyone you choose as long as:

1. He/she is at least 18 years old;
2. You have given them written permission on the Request for Hearing form;
3. Your guardian or conservator can provide a copy of the court order naming the guardian/conservator. This information should be sent with Request for Hearing to the Michigan Administrative Hearing System, Department of Health and Human Services.

You may request both a fair hearing and a local appeal. The Medicaid Fair Hearing and local appeal processes may occur at the same time. You may contact DWMHA’s Customer Service Department at (888) 490-9698 if you have any further questions about an expedited Medicaid Fair Hearing.

Decision Maker’s Printed Name with Decision Maker’s Signature Date Credentials/Job Title

Enclosures: Local Appeal Request Form, Hearing Request Form & Business Reply Envelope cc: Enrollee and/or authorized Representative, Service Provider
ADEQUATE NOTICE OF ACTION
Uninsured or Under Insured Members/Enrollees

Date

Name
Address
City State Zip

Re: Member/Enrollee’s Name: ________________________________

Medicaid /Healthy Michigan Circle all that apply ID: __________________

MHWIN ID: ________________________________________________________________________________

Following a review of the mental health services and supports for which you have applied or are receiving, it has been determined that the following service(s) are being reduced, terminated, suspended or denied.

Service(s)  Effective Date(s)
___________________________________________________________________________

The reason for this action is ___________________________________________________________________________

The legal basis for this decision is 42 CFR 440.230(d) and the Medicaid Provider Manual Behavioral Health and Intellectual and Developmental Disability Supports and Services Chapter.

If you do not agree with this action, you may request a Local Appeal: either orally or in writing, within 45 calendar days of the date of this notice by contacting Detroit Wayne Mental Health Authority (DWMHA) at (313) 344-9099 or TTY (800) 630-1044. For an enrollee/member appeal, ask for the DWMHA Customer Service Department and for a provider/utilization management appeal, ask for the DWMHA Utilization Management Department.

You can send us any evidence you want us to review, such as medical records, doctors’ letters, or other information that explains why you need the item or service. Call your doctor for this information. Our address is 707 West Milwaukee Street, Detroit, Michigan 48202 Attention: Customer Service.

You can ask to see the medical records and other documents we used to make our decision before or during the appeal. At no cost to you, you can also ask for a copy of the guidelines we used to make our decision.

EXPEDITED LOCAL DISPUTE RESOLUTION
You have a right to an expedited (faster) local dispute resolution if waiting for the standard time would seriously jeopardize your life, health and/or your ability to attain, maintain, or regain maximum function. To request an expedited local appeal, contact the Customer Service Department at Detroit Wayne Mental Health Authority (DWMHA) at the numbers listed above. You can also choose to have someone help you with your Local Dispute Resolution. You can also choose to have someone represent you during the Local Dispute Resolution process. If you want someone else to act for you, call us at: (313) 344-9099 to learn how to name your representative. TTY users call (800) 630-1044. Both you and the person you want to act for you must sign and date a statement confirming this is what you want. You’ll need to mail or fax (313) 833-2217 this statement to the DWMHA Customer Service Department.

Page 1 of 2

Revised 5.10.17
Upon receiving an appeal request, we will review your request, make a decision and provide you with a written explanation of the decision within 30 calendar days for a standard appeal request and within 72 hours for an expedited appeal request.

For an enrollee/member, if you do not agree with the outcome of the Local Dispute Resolution action, you may request an Alternative Dispute Resolution in writing to The Michigan Department of Health and Human Services (MDHHS) at:

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PROGRAM DEVELOPMENT, CONSULTATION AND CONTRACTS  
BUREAU OF COMMUNITY MENTAL HEALTH SERVICES  
ATTENTION: REQUEST FOR MDHHS LEVEL DISPUTE RESOLUTION  
LEWIS CASS BUILDING 6TH FLOOR  
LANING, MI 48193

Enclosures: Local Dispute Resolution Form  
cc: Member/Enrollee and/or Authorized Representative, and Service Provider
ADVANCE NOTICE OF ACTION
Michigan Medicaid and Healthy Michigan Member/Enrollees

Date

Name
Address
City: State ZIP

Re: Member/Enrollee's Name: ________________________________________________________________

MI Medicaid /Healthy Michigan (Circle all that apply) ID#: ______________________________________
MHWIN ID: ______________________________________________________________________________

Following a review of the mental health services and supports you are currently receiving, it has been determined that the following service(s) shall be reduced, terminated, suspended or denied.

<table>
<thead>
<tr>
<th>Service(s)</th>
<th>Effective Date(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The reason for this action is ________________________________________________________________

If you do not agree with this action, you may request a Local Appeal either orally or in writing, within 45 calendar days of the date of this notice by contacting Detroit Wayne Mental Health Authority (DWMHA) at (313)-344-9099 or TTY (800) 630-1044. For an enrollee/member appeal, ask for the DWMHA Customer Service Department and for a provider/utilization management appeal, ask for the DWMHA Utilization Management Department.

You can send us any evidence you want us to review, such as medical records, doctors’ letters, or other information that explains why you need the item or service. Call your doctor for this information. Our address is 707 West Milwaukee Street, Detroit, Michigan 48202 Attention: Customer Service.

You can also ask to see the medical records and other documents we used to make our decision before or during the appeal. At no cost to you, you can also ask for a copy of the guidelines we used to make our decision.

EXPEDITED LOCAL APPEAL
You have a right to an expedited (faster) local appeal if waiting for the standard time would seriously jeopardize your life, health and/or your ability to attain, maintain, or regain maximum function. To request an expedited local appeal, contact the Customer Service Department at Detroit Wayne Mental Health Authority (DWMHA) at the numbers listed above. You can also choose to have someone help you with your Local Appeal. You can also choose to have someone represent you during the Local Appeal process. You can name a relative, friend, attorney, doctor, or someone else to act as your representative. If you want someone else to act for you, call us at: (313)-344-9099 to learn how to name your representative. TTY users call (800)-630-1044. Both you and the person you want to act for you must sign and date a statement confirming this is what you want. You'll need to mail or fax (313-833-2217) this statement to the DWMHA Customer Service Department.

Upon receiving an appeal request, we will review your request, make a decision and provide you with a written explanation of the decision within 30 calendar days for a standard appeal request and within 72 hours for an expedited appeal request.
For an enrollee/member, if you do not agree with this action, you may also request a Medicaid Fair Hearing within 90 calendar days of the date of this notice. Hearing requests must be made in writing and signed by you or an authorized person. To request a hearing, complete the attached “Request for Hearing” form, and mail to:

MICHIGAN ADMINISTRATIVE HEARING SYSTEM
THE DEPARTMENT OF HEALTH AND HUMAN SERVICES
P.O. BOX 30763
LANSONG, MI 48909

EXPEDITED MEDICAIID FAIR HEARING
You have a right to an expedited Medicaid Fair Hearing if waiting for the standard time seriously jeopardize your life, health, and/or your ability to attain, maintain, or regain maximum function. To request an expedited Medicaid Fair Hearing you must call the following toll free number:

You can choose to have another person represent you at the Medicaid Fair Hearing. The person you choose to represent you can be anyone you choose as long as:
1. He/she is at least 18 years old;
2. You have given them written permission on the “Request for Hearing” form;
3. Your guardian or conservator must provide a copy of the court order naming the guardian/conservator. This information should be sent with “Request for Hearing” to the Michigan Administrative Hearing System, Department of Health and Human Services.

You may request both a Fair Hearing and a Local Appeal. The Medicaid Fair Hearing and Local Appeal processes may occur at the same time. You may contact DWMHA’s Customer Service Department if you have any further questions about an expedited Medicaid Fair Hearing.

CONTINUATION OF SERVICES:
You may continue to receive the affected services until the Local Appeal or Medicaid Fair Hearing decision is rendered if your request for an appeal is received prior to the effective date of action. The Beneficiary must continue to receive Michigan Medicaid services previously authorized while a Local Appeal and/or Medicaid Fair Hearing are pending if:

- The enrollee/member specifically requests to have the services continued services by calling the DWMHA Customer Service at (313)-344-9099 or at (888)-490-9698 or TTY (800)-630-1044.
- The enrollee/member or provider files the appeal timely; and
- The appeal involves the termination, suspension, or reduction of authorized treatment and services the enrollee/member currently receives, and
- The services were ordered by an authorized provider, and
- The original period covered by the original authorization has not expired.

When the Service Provider continues or reinstates the enrollee/member’s services while the appeal is pending, the Michigan Medicaid services must be continued until one of the following occurs:
- The enrollee/member withdraws the request for a Local Appeal and/or Medicaid Fair Hearing.
- Thirty calendar days pass after the Service Provider mails the notice of disposition providing the resolution of the appeal against the beneficiary, unless the enrollee/member, within the 12 day timeframe, has requested a Medicaid Fair Hearing with continuation of services until a Medicaid Fair Hearing decision is reached.
- The Michigan Administrative Hearing System issues a hearing decision adverse to the enrollee/member.
- The time period or service limits of the previously authorized service has been met.

If you continue to receive benefits because you requested an appeal you may be required to repay the benefits. This may occur if:

- The proposed termination or denial of benefits is upheld in the hearing decision.
- You withdraw your hearing request.
- You or the person you asked to represent you does not attend the hearing.
You may request both a Medicaid Fair Hearing and a local appeal. The Medicaid Fair Hearing and local appeal processes may occur at the same time. If there are additional questions, contact Detroit Wayne Mental Health Authority (DWMHA) at (313)-344-9099 or TTY (800) 630-1044. For an enrollee/member appeal, ask for the DWMHA Customer Service Department and for a provider/utilization management appeal, ask for the DWMHA Utilization Management Department.

Decision Maker’s Printed Name with Credentials/Job Title

Decision Maker’s Signature Date

Enclosures: Local Appeal Request Form, State of Michigan Request for Hearing & Business Reply Envelope cc: Enrollee and/or Authorized Representative, Service Provider & Case Record

Revised: 05.10.17
Detroit Wayne Mental Health Authority (DWMHA)
707 West Milwaukee Street
Detroit, Michigan 48202

ADVANCE NOTICE OF ACTION
Uninsured or Under Insured Members/Enrollees

Date

Name
Address
City, State, Zip

Re: Member/Enrollee's Name: ____________________________________________________________

MHWIN ID#: ____________________________________________________________

The reason for this action is ___________________________________________________________

Following a review of the mental health services and supports you are currently receiving, it has been determined that the following service(s) shall be reduced, terminated, suspended or denied.

<table>
<thead>
<tr>
<th>Service(s)</th>
<th>Effective Date(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The reason for this action is ____________________________________________________________

For a provider, if you do not agree with this action, you may request a Local Dispute Resolution either orally or in writing, within 45 calendar days of the date of this notice by contacting Detroit Wayne Mental Health Authority (DWMHA) at 313-344-9099 or TTY 800-630-1044 and speaking with the Utilization Management Department.

For an enrollee/member, if you do not agree with this action, you may request a Local Dispute Resolution either orally or in writing, within 30 calendar days of the date of this notice by contacting Detroit Wayne Mental Health Authority (DWMHA) at 313-344-9099 or TTY 800-630-1044 and speaking with the Customer Service Department.

You can send us any evidence you want us to review, such as medical records, doctors' letters, or other information that explains why you need the item or service. Call your doctor for this information. Our address is 707 West Milwaukee Street, Detroit, Michigan 48202 Attention: Customer Service.

You can also ask to see the medical records and other documents we used to make our decision before or during the appeal. At no cost to you, you can also ask for a copy of the guidelines we used to make our decision.
EXPEDITED LOCAL DISPUTE RESOLUTION

You have a right to an **expedited** (faster) local dispute resolution if waiting for the standard time would seriously jeopardize your life, health and/or your ability to attain, maintain, or regain maximum function. To request an expedited local appeal, contact the Customer Service Department at Detroit Wayne Mental Health Authority (DWMHA) at the numbers listed above. You can also choose to have someone help you with your **Local Dispute Resolution**. You can also choose to have someone represent you during the **Local Dispute Resolution** process. If you want someone else to act for you, call us at: (313) 344-9099 to learn how to name your representative. TTY users call (800) 630-1044. Both you and the person you want to act for you must sign and date a statement confirming this is what you want. You'll need to mail or fax (313) 833-2217 this statement to the DWMHA Customer Service Department.

Upon receiving a local dispute resolution review request from a provider, we will review your request, make a decision and provide you with a written explanation of the decision within 20 calendar days for a standard request and within 72 hours for an expedited request.

Upon receiving a local dispute resolution review request from an enrollee/member, we will review your request, make a decision and provide you with a written explanation of the decision within 10 calendar days for a standard request and within 72 hours for an expedited request.

For an enrollee/member, if you do not agree with the outcome of the Local Dispute Resolution action, you may request an Alternative Dispute Resolution in writing to The Michigan Department of Health and Human Services (MDHHS) at:

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
DIVISION OF PROGRAM DEVELOPMENT, CONSULTATION AND CONTRACTS  
BUREAU OF COMMUNITY MENTAL HEALTH SERVICES  
ATTENTION: REQUEST FOR MDHHS LEVEL DISPUTE RESOLUTION  
LEWIS CASS BUILDING 6TH FLOOR  
LANSING, MI 48913

<table>
<thead>
<tr>
<th>Decision Maker's Printed Name</th>
<th>Decision Maker's Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Credentials/Job Title</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Enclosures: Local Dispute Resolution Request Form  
cc: Member/Enrollee and/or Authorized Representative, and Service Provider
Elements of the Individualized Plan of Service

1. Enrollee/member Name
2. Enrollee/member Date of Birth
3. Parent/Legal Guardian name if applicable
4. Enrollee/member MHWIN ID Number
5. Date of the Pre-Planning meeting
6. Date of the IPOS meeting
7. Start and End Time of the IPOS meeting
8. Axis I, II, IV, V diagnosis using the most current version of the Diagnostic Statistical Manual
9. Provide the individual with the option of choosing an external independent facilitation (unless short term outpatient, medication only or incarcerated)
10. Individuals participating in the development of the plan either in person, written correspondence, telephone or other means (i.e. family members, significant others, community supports, services providers)
11. Child, Family, Natural or other Supports available to achieve needs/wants and dreams/desires
12. All potential support and/or treatment options (the full array of mental health/substance abuse services and supports including those identified in the Mental Health Code and the Medicaid Provider Manual for Medicaid Beneficiaries) are reviewed to meet the needs and desires of the individual
13. Identify and address potential barriers to dreams and desires for full integration and participation in community life (explain how, where and when these may occur; identify supports and accommodations that may assist with overcoming barriers)
14. List any health, safety, physical or medical concerns and how they are going to be addressed. Include a list of supports to accommodate these concerns.
15. The IPOS identifies efforts to coordinate and integrate care with primary health care
16. The consumer is provided the opportunity to develop a crisis plan
17. List criteria for discharge if applicable (how will you know when the intervention is completed)
18. Signatures, credentials and date of signature of the Plan Developers including the consumer, parent and/or legal guardian
19. The Diagnosis does not need to be noted on the IPOS and is optional. However, the diagnosis must be documented on all assessments.
Core Elements of each GOAL:

1. Dream/Desire of the person as related to the goal in his/her own words (describes what the consumer has identified as a dream, goal or aspiration)

2. Strength (what the consumer is good at which will help him/her to accomplish their goal)


4. Objective related to the goal (specific, observable, measurable individual steps taken to reach the goal)

5. Intervention/Supports to be used (what staff/supports are going to actively do to assist in aiding the person to achieve the goal i.e. role modeling, redirecting, play therapy)

6. Service Description (type of treatment being provided i.e. community living supports, respite, medication management)

7. State date of the service and end date of the service (the length of time a service identified in the IPOS will be provided to the individual; the service cannot be longer than one year)

8. Amount/Unit of Service (number of units to be identified in the IPOS i.e. 25 fifteen minute units of targeted case management)

9. Scope of Service (Who will provide the service i.e. psychiatrist, case manager, act worker and Where will the services be provided i.e. home, community setting AFC home, office)

10. Natural Supports and his/her role in the goal (natural support is a person who is involved in the consumer’s live other than just for pay)

11. Frequency of Service (how often the service will be provided i.e. twice a week)

Core Elements of the Individual’s Rights:

1. There is an understanding that the staff and individual will review his/her Individual Plan of Service at least annually, but also when needed or requested. He/she can request a review at any time.

2. The person feels that he/she was able to explore choices through the preplanning/planning process. He/she agrees with the plan and believes that it includes the supports, services, and/or treatment needed for achieving the goals and dreams.

3. The person understands that he/she could be discharged from this program under certain circumstances explained during the orientation.

4. He/she is given a copy of instructions regarding the grievance and local appeal options as well as how the grievance and appeals process works.

5. The individual understands that if he/she disagrees with the Individual Plan of Service, or any aspect of the services, or he/she has concerns with services here, he/she is given the names and telephone numbers of staff supervisors and/or service provider representatives.

6. The person understands and will a final copy of the Individual Plan of Service within 15 business days from the date of the meeting.
7. A copy of the rights booklet has been reviewed and provided to the person. He/she is also given the Office of Recipient Rights' telephone number and instructed to contact this department at any time with questions.

8. Proof the person and/or legal representative was notified of the above rights with verification noted and included in the record.

9. Service Providers of DWMHA shall assure that the services and supports for consumers are planned and delivered in a manner that reflects the values and expectations contained within the following guidelines:

   - Consumerism Best Practice Guidelines 3.11.3
   - Person Centered Planning Best Practice Guidelines P3.4.1.1.1-10/01/02
   - Appeal and Grievance Technical Requirement 6.3.2.1-7/04

The Michigan Mental Health Code, Medicaid Provider Manual and the Code of Federal Regulations provide additional regulatory requirements related to the technical components that are necessary

**Note that this is not inclusive of all the elements of an IPOS but only the “core” or key elements.**
Estimated Cost of Services
(Keep For Your Records)

TO:

As part of your individual plan of service that you completed through the Person-Centered Planning process, listed below is the cost for each service and support. The cost is an annual estimate.

THIS IS NOT A BILL – Keep this notice for your records

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Dates of Services</th>
<th># of Units</th>
<th>Service/Supports (HCPCS/Revenue Codes)</th>
<th>Total Estimated Annual Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For the goals that are listed in your individual plan of service, you may receive behavioral (mental health and/or substance use) services and supports that have costs that are covered by public funds.

If you have any questions about your individual plan of service and/or the estimated costs, please contact your service provider at:
Date: June 28, 2017

To: Executive Directors of Pre-Paid Inpatient Health Plans (PIHPs)
   Executive Directors of Community Mental Health Service Programs (CMHSPs)

From: Thomas J. Renwick, J.D., Director
       Bureau of Community Based Services
       Behavioral Health and Developmental Disabilities Administration

Subject: Revised Person-Centered Planning (PCP) Policy

To respond to the new Federal Home and Community-Based Services (HCBS) rule requirements, the Michigan Department of Health and Human Services (MDHHS) reviewed existing state policies including the Person-Centered Planning Policy. The PCP policy revisions reflect the HCBS rule requirements and significant stakeholder input through multiple forums.

Effective June 30, 2017, MDHHS has revised the Person-Centered Planning Policy. The Person-Centered Planning Policy was revised to incorporate the requirements of the Federal Home and Community-Based Services (HCBS) Rule. The link to the revised PCP policy can be found at http://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868_4900-264670--.00.html.

Please look for future announcements of an upcoming webinar presentation on the revised policy within the next two months.
“Person-centered planning” means a process for planning and supporting the individual receiving services that builds upon the individual's capacity to engage in activities that promote community life and that honors the individual's preferences, choices, and abilities. MCL 330.1700(g)

WHAT IS THE PURPOSE OF THE MICHIGAN MENTAL HEALTH SYSTEM?

The purpose of the community mental health system is to support adults and children with intellectual and developmental disabilities, adults with serious mental illness and co-occurring disorders (including co-occurring substance abuse disorders), and children with serious emotional disturbance to live successfully in their communities—achieving community inclusion and participation, independence, and productivity. Person-Centered Planning (PCP) enables individuals to identify and achieve their personal goals. As described below, PCP for minors (family-driven and youth-guided practice) involves the whole family.

PCP is a way for people to plan their lives in their communities, set the goals that they want to achieve, and develop a plan for how to accomplish them. PCP is required by state law (the Michigan Mental Health Code (the Code)) and federal law (the Home and Community Based Services (HCBS) Final Rule and the Medicaid Managed Care Rules) as the way that people receiving services and supports from the community mental health system plan how those supports are going to enable them to achieve their life goals. The process is used to plan the life that the person aspires to have, considering various options—taking the individual's goals, hopes, strengths, and preferences and weaving them into plans for the future. Through PCP, a person is engaged in decision-making, problem solving, monitoring progress, and making needed adjustments to goals and supports and services provided in a timely manner. PCP is a process that involves support and input from those people who care about the person doing the planning. The PCP process is used any time an individual's goals, desires, circumstances, choices, or needs change. While PCP is the required planning approach for mental health and I/DD services provided by the CMHSP system, PCP can include planning for other public supports and privately-funded services chosen by the person.

The HCBS Final Rule requires that Medicaid-funded services and supports be integrated in and support full access to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community to the same degree
of access as individuals not receiving such services and supports. 42 CFR 441.700 et. seq. The HCBS Final Rule also requires that PCP be used to identify and reflect choice of services and supports funded by the mental health system.

Through the PCP process, a person and those he or she has selected to support him or her:

1. Focus on the person’s life goals, interests, desires, choices, strengths and abilities as the foundation for the PCP process.

2. Identify outcomes based on the person’s life goals, interests, strengths, abilities, desires and choices.

3. Make plans for the person to achieve identified outcomes.

4. Determine the services and supports the person needs to work toward or achieve outcomes including, but not limited to, services and supports available through the community mental health system.

5. After the PCP process, develop an Individual Plan of Services (IPOS) that directs the provision of supports and services to be provided through the community mental health services program (CMHSP).

PCP focuses on the person’s goals, while still meeting the person’s basic needs [the need for food, shelter, clothing, health care, employment opportunities, educational opportunities, legal services, transportation, and recreation as identified in the Code]. As appropriate for the person, the PCP process may address Recovery, Self-Determination, Positive Behavior Supports, Treatment of Substance Abuse or other Co-Occurring Disorders, and Transition Planning as described in the relevant MDHHS policies and initiatives.

PCP focuses on services and supports needed (including medically necessary services and supports funded by the CMHSP) for the person to work toward and achieve their personal goals.

For minor children, the concept of PCP is incorporated into a family-driven, youth-guided approach (see the MDHHS Family-Driven and Youth-Guided Policy and Practice Guideline). The needs of the child are interwoven with the needs of the family, and therefore supports and services impact the entire family. As the child ages, services and supports should become more youth-guided especially during transition into adulthood. When the person reaches adulthood, his or her needs and goals become primary.
There are a few circumstances where the involvement of a minor’s family may be not appropriate:

1. The minor is 14 years of age or older and has requested services without the knowledge or consent of parents, guardian or person in loco parentis within the restrictions stated in the Code.

2. The minor is emancipated.

3. The inclusion of the parent(s) or significant family members would constitute a substantial risk of physical or emotional harm to the minor or substantial disruption of the planning process. Justification of the exclusion of parents shall be documented in the clinical record.

**HOW IS PCP DEFINED IN LAW?**

PCP, as defined by the Code, means a process for planning and supporting the person receiving services that builds upon his or her capacity to engage in activities that promote community life and that honors the person’s choices, and abilities. The PCP process involves families, friends, and professionals as the person desires or requires. MCL 330.1700(g).

The Code also requires use of PCP for development of an Individual Plan of Services:

(1) The responsible mental health agency for each recipient shall ensure that a PCP process is used to develop a written individual plan of services in partnership with the recipient. A preliminary plan shall be developed within 7 days of the commencement of services or, if an individual is hospitalized for less than 7 days, before discharge or release. The individual plan of services shall consist of a treatment plan, a support plan, or both. A treatment plan shall establish meaningful and measurable goals with the recipient. The individual plan of services shall address, as either desired or required by the recipient, the recipient’s need for food, shelter, clothing, health care, employment opportunities, educational opportunities, legal services, transportation, and recreation. The plan shall be kept current and shall be modified when indicated. The person in charge of implementing the plan of services shall be designated in the plan. MCL 330.1712.

The HCBS Final Rule does not define PCP, but does require that the process be used to plan for Medicaid-funded services and supports. 42 CFR 441.725. The HCBS Final Rule also sets forth the requirements for using the process. These requirements are included in the PCP Values and Principles and Essential Elements below.
WHAT ARE THE VALUES AND PRINCIPLES THAT GUIDE THE PCP PROCESS?

PCP is an individualized process designed to respond to the unique needs and desires of each person. The following values and principles guide the PCP process whenever it is used.

1. Every person is presumed competent to direct the planning process, achieve his or her goals and outcomes, and build a meaningful life in the community. PCP should not be constrained by any preconceived limits on the person’s ability to make choices.

2. Every person has strengths, can express preferences, and can make choices. The PCP approach identifies the person’s strengths, goals, choices, medical and support needs and desired outcomes. In order to be strength-based, the positive attributes of the person are documented and used as the foundation for building the person’s goals and plans for community life as well as strategies or interventions used to support the person’s success.

3. The person’s choices and preferences are honored. Choices may include: the family and friends involved in his or her life and PCP process, housing, employment, culture, social activities, recreation, vocational training, relationships and friendships, and transportation. Individual choice must be used to develop goals and to meet the person’s needs and preferences for supports and services and how they are provided.

4. The person’s choices are implemented unless there is a documented health and safety reason that they cannot be implemented. In that situation, the PCP process should include strategies to support the person to implement their choices or preferences over time.

5. Every person contributes to his or her community, and has the right to choose how supports and services enable him or her to meaningfully participate and contribute to his or her community.

6. Through the PCP process, a person maximizes independence, creates connections, and works towards achieving his or her chosen outcomes.

7. A person’s cultural background is recognized and valued in the PCP process. Cultural background may include language, religion, values, beliefs, customs, dietary choices and other things chosen by the person. Linguistic needs, including ASL interpretation, are also recognized, valued and accommodated.
WHAT ARE THE ESSENTIAL ELEMENTS OF THE PERSON-CENTERED PLANNING PROCESS?

The following elements are essential to the successful use of the PCP process with a person and the people invited by the person to participate.

1. **Person-Directed**: The person directs the planning process (with necessary supports and accommodations) and decides when and where planning meetings are held, what is discussed, and who is invited.

2. **Person-Centered**: The planning process focuses on the person, not the system or the person’s family, guardian, or friends. The person’s goals, interests, desires, and choices are identified with a positive view of the future and plans for a meaningful life in the community. The planning process is used whenever there are changes to the person’s needs or choices, rather than viewed as an annual event.

3. **Outcome-Based**: The person identifies outcomes to achieve in pursuing his or her goals. The way that progress is measured toward achievement of outcomes is identified.

4. **Information, Support and Accommodations**: As needed, the person receives complete and unbiased information on services and supports available, community resources, and options for providers, which are documented in the IPOS. Support and accommodations to assist the person to participate in the process are provided. The person is offered information on the full range of services available in an easy-to-understand format.

5. **Independent Facilitation**: Individuals have the information and support to choose an independent facilitator to assist them in the planning process. See Section II below.

6. **Pre-Planning**: The purpose of pre-planning is for the person to gather the information and resources necessary for effective PCP and set the agenda for the PCP process. Each person must use pre-planning to ensure successful PCP. Pre-planning, as individualized for the person’s needs, is used anytime the PCP process is used.

   The following items are addressed through pre-planning with sufficient time to take all needed actions (e.g. invite desired participants):

   a. When and where the meeting will be held.

   b. Who will be invited (including whether the person has allies who can provide desired meaningful support or if actions need to be taken to cultivate such support).
c. Identify any potential conflicts of interest or potential disagreements that may arise during the PCP for participants in the planning process and making a plan for how to deal with them. (What will be discussed and not discussed.)

d. The specific PCP format or tool chosen by the person to be used for PCP.

e. What accommodations the person may need to meaningfully participate in the meeting (including assistance for individuals who use behavior as communication).

f. Who will facilitate the meeting.

g. Who will take notes about what is discussed at the meeting.

7. **Wellness and Well Being**. Issues of wellness, well-being, health and primary care coordination support needed for the person to live the way he or she want to live are discussed and plans to address them are developed. People are allowed the dignity of risk to make health choices just like anyone else in the community (such as, but not limited to, smoking, drinking soda pop, eating candy or other sweets). If the person chooses, issues of wellness and well-being can be addressed outside of the PCP meeting.

   PCP highlights personal responsibility including taking appropriate risks. The plan must identify risks and risk factors and measures in place to minimize them, while considering the person’s right to assume some degree of personal risk. The plan must assure the health and safety of the person. When necessary, an emergency and/or back-up plan must be documented and encompass a range of circumstances (e.g. weather, housing, support staff).

8. **Participation of Allies**. Through the pre-planning process, the person selects allies (friends, family members and others) to support him or her through the PCP process. Pre-planning and planning help the person explore who is currently in his or her life and what needs to be done to cultivate and strengthen desired relationships.

**WHAT IS INDEPENDENT FACILITATION?**

An Independent Facilitator is a person who facilitates the person-centered planning process in collaboration with the person. In Michigan, individuals receiving support through the community mental health system have a right to choose an independent or external facilitator for their person-centered planning process. The terms independent and external mean that the facilitator is independent of or external to the community mental health system. It means that the person has no financial interest in the outcome of the
supports and services outlined in the person-centered plan. Using an independent facilitator is valuable in many different circumstances, not just situations involving disagreement or conflict.

The PIHP/CMHSP must contract with a sufficient number of independent facilitators to ensure availability and choice of independent facilitators to meet their needs. The independent facilitator is chosen by the individual and serves as the individual's guide (and for some individuals, assisting and representing their voice) throughout the process, making sure that his or her hopes, interests, desires, preferences and concerns are heard and addressed. The independent facilitator must not have any other role within the PIHP/CMHSP. The role of the independent facilitator is to:

1. Personally know or get to know the individual who is the focus of the planning, including what he or she likes and dislikes, personal preferences, goals, methods of communication, and who supports and/or is important to the person.

2. Help the person with all pre-planning activities and assist in inviting participants chosen by the person to the meeting(s).

3. Assist the person to choose planning tool(s) to use in the PCP process.

4. Facilitate the PCP meeting(s) or support the individual to facilitate his or her own PCP meeting(s).

5. Provide needed information and support to ensure that the person directs the process.

6. Make sure the person is heard and understood.

7. Keep the focus on the person.

8. Keep all planning participants on track.

9. Develop a person-centered plan in partnership with the person that expresses the person's goals, is written in plain language understandable by the person, and provides for services and supports to help the person achieve their goals.

The Medicaid Provider Manual (MPM) permits independent facilitation to be provided to Medicaid beneficiaries as one aspect of the coverage called "Treatment Planning" (MPM MH&SAA Chapter, Section 3.25.) If the independent facilitator is paid for the provision of these activities, the PIHP/CMHSP may report the service under the code H0032.

An individual may use anyone he or she chooses to help or assist in the person-centered planning process, including facilitation of the meeting. If the person does not meet
the requirements of an Independent Facilitator, he or she cannot be paid, and responsibility for the Independent Facilitator duties described above falls to the Supports Coordinator/Case Manager. A person may choose to facilitate his or her planning process with the assistance of an Independent Facilitator.

**HOW IS PERSON-CENTERED PLANNING USED TO WRITE AND CHANGE THE INDIVIDUAL PLAN OF SERVICE?**

The Code establishes the right for all people to develop Individual Plans of Services (IPOS) through the PCP process. The PCP process must be used at any time the person wants or needs to use the process, but must be used at least annually to review the IPOS. The agenda for each PCP meeting should be set by the person through the pre-planning process, not by agency or by the fields or categories in a form or an electronic medical record.

Assessments may be used to inform the PCP process, but is not a substitute for the process. Functional assessments must be undertaken using a person-centered approach. The functional assessment and the PCP process together should be used as a basis for identifying goals, risks, and needs; authorizing services, utilization management and review. No assessment scale or tool should be utilized to set a dollar figure or budget that limits the person-centered planning process.

While the Code requires that PCP be used to develop an Individual Plan of Services (IPOS) for approved community mental health services and supports, the purpose of the PCP process is for the person to identify life goals and decide what medically necessary services and supports need to be in place for the person to have, work toward or achieve those life goals. The person or representative chooses what services and supports are needed. Depending on the person, community mental health services and supports may play a small or large role in supporting him or her in having the life he or she wants. When a person is in a crisis situation, that situation should be stabilized before the PCP process is used to plan the life that he or she desires to have.

People are often at different points in the process of achieving their life goals. The PCP process should be individualized to meet each person’s needs of the person for whom planning is done, e.g. meeting a person where he or she is. Some people may be just beginning to define the life they want and initially the PCP process may be lengthy as the person’s goals, hopes, strengths, and preferences are defined and documented and a plan for achieving them is developed. Once an IPOS is developed, subsequent use of the PCP process, discussions, meetings, and reviews will work from the existing IPOS to amend or update it as circumstances and preferences change. The extent to which an IPOS is updated will be determined by the needs and desires of the person. If and when necessary, the IPOS can be completely redeveloped. The emphasis in using PCP should be on meeting the needs of the person as they arise.
An IPOS must be prepared in person-first singular language and be understandable by the person with a minimum of clinical jargon or language. The person must agree to the IPOS in writing. The IPOS must include all of the components described below:

1. A description of the individual’s strengths, abilities, plans, hopes, interests, preferences and natural supports.

2. The goals and outcomes identified by the person and how progress toward achieving those outcomes will be measured.

3. The services and supports needed by the person to work toward or achieve his or her outcomes including those available through the CMHSP, other publicly funded programs (such as Home Help, Michigan Rehabilitation Services (MRS)), community resources, and natural supports.

4. The setting in which the person lives was chosen by the person and what alternative living settings were considered by the person. The chosen setting must be integrated in and support full access to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community to the same degree of access as individuals not receiving services and supports from the mental health system. The PIHP/CMHSP is responsible for ensuring it meets these requirements of the HCBS Final Rule.

5. The amount, scope, and duration of medically necessary services and supports authorized by and obtained through the community mental health system.

6. Documentation that the IPOS prevents the provision of unnecessary supports or inappropriate services and supports.

7. Documentation of any restriction or modification of additional conditions must meet the standards set forth in section IV below.

8. The services which the person chooses to obtain through arrangements that support self-determination.

9. The estimated/prospective cost of services and supports authorized by the community mental health system pursuant to Contract Attachment P.6.3.2.1B.ii.

10. The roles and responsibilities of the person, the supports coordinator or case manager, the allies, and providers in implementing the IPOS.

11. The person or entity responsible for monitoring the plan.

12. The signatures of the person and/or representative, his or her case manager or support coordinator, and the support broker/agent (if one is involved).
13. The plan for sharing the IPOS with family/friends/caregivers with the permission of the person.


15. Any other documentation required by Section R 330.7199 Written plan of services of the Michigan Administrative Code.

Once a person has developed an IPOS through the PCP process, the IPOS shall be kept current and modified when needed (reflecting changes in the intensity of the person’s needs, changes in the person’s condition as determined through the PCP process or changes in the personal preferences for support).

The person and his or her case manager or supports coordinator should work on and review the IPOS on a routine basis as part of their regular conversations. A person or his/her guardian or authorized representative may request and review the IPOS at any time. A formal review of the IPOS with the person and his/her guardian or authorized representative, if any, shall occur not less than annually. Reviews will work from the existing IPOS to review progress on goals, assess personal satisfaction and to amend or update the IPOS as circumstances, needs, preferences or goals change or to develop a completely new plan, if the person desires to do so. The review of the IPOS at least annually is done through the PCP process.

The PCP process often results in personal goals that aren’t necessarily supported by the CMHSP services and supports. Therefore, the PCP process must not be limited by program specific functional assessments. The plan must describe the services and supports that will be necessary and specify what HCBS are to be provided through various resources including natural supports, to meet the goals in the PCP. The specific person or persons, and/or provider agency or other entity providing services and supports must be documented. Non-paid supports, chosen by the person and agreed to by the unpaid provider, needed to achieve the goals must be documented. With the permission of the person, the IPOS should be discussed with family/friends/caregivers chosen by the person so that they fully understand it and their role(s).

The person must be provided with a written copy of his or her IPOS within 15 business days of conclusion of the PCP process. This timeframe gives the case manager/supports coordinator a sufficient amount of time to complete the documentation described above.

HOW MUST RESTRICTIONS ON A PERSON’S RIGHTS AND FREEDOMS BE DOCUMENTED IN THE IPOS?
Any effort to restrict the certain rights and freedoms listed in the HCBS Final Rule must be justified by a specific and individualized assessed health or safety need and must be addressed through the PCP process and documented in the IPOS.

The rights and freedoms listed in the HCBS Final Rule are:

1. A lease or residency agreement with comparable responsibilities and protection from eviction that tenants have under Michigan landlord/tenant law.

2. Sleeping or living units lockable by the individual with only appropriate staff having keys.

3. Individuals sharing units have a choice of roommate in that setting.

4. Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.

5. Individuals have the freedom and support to control their own schedules and activities and have access to food at any time.

6. Individuals are able to have visitors of their choosing at any time.

The following requirements must be documented in the IPOS when a specific health or safety need warrants such a restriction:

1. The specific and individualized assessed health or safety need.

2. The positive interventions and supports used prior to any modifications or additions to the PCP regarding health or safety needs.

3. Documentation of less intrusive methods of meeting the needs, that have been tried, but were not successful.

4. A clear description of the condition that is directly proportionate to the specific assessed health or safety need.

5. A regular collection and review of data to measure the ongoing effectiveness of the modification.

6. Established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.

7. Informed consent of the person to the proposed modification.

8. An assurance that the modification itself will not cause harm to the person.
WHAT DO PIHPS, CMHSPS AND OTHER ORGANIZATIONS NEED TO DO TO ENSURE SUCCESSFUL USE OF THE PERSON-CENTERED PLANNING PROCESS?

Successful implementation of the PCP Process requires that agency policy, mission/vision statements, and procedures incorporate PCP standards. A process for monitoring PCP should be implemented by both the PIHPs and CMHSP, along with the monitoring process through the MDHHS site review.

The following elements are essential for organizations responsible implementing the PCP process:

1. **Person-Centered Culture.** The organization provides leadership, policy direction, and activities for implementing PCP at all levels of the organization. Organizational language, values, allocation of resources, and behavior reflect a person-centered orientation.

2. **Individual Awareness and Knowledge.** The organization provides easily understood information, support and when necessary, training, to people using services and supports, and those who assist them, so that they understand their right to and the benefits of PCP, know the essential elements of PCP, the benefits of this approach and the support available to help them succeed (including, but not limited, pre-planning and independent facilitation).

3. **Conflict of Interest.** The organization ensures that the conflict of interest requirements of the HCBS Final Rule are met and that the person responsible for the PCP process is separate from the eligibility determination, assessment, and service provision responsibilities.

4. **Training.** All Staff receive competency-based training in PCP so that they have consistent understanding of the process. Staff who are directly involved in IPOS services or supports implementation are provided with specific training.

5. **Roles and Responsibilities.** As an individualized process, PCP allows each person to identify and work with chosen allies and other supports. Roles and responsibilities for facilitation, pre-planning, and developing the IPOS are identified; the IPOS describes who is responsible for implementing and monitoring each component of the IPOS.

6. **Systemwide Monitoring.** The Quality Assurance/Quality Management (QA/QM) System includes a systemic approach for measuring the effectiveness of PCP and identifying barriers to successful use of the PCP process. The best practices for supporting individuals through PCP are identified and implemented (what is working and what is not working in supporting individuals). Organizational expectations and
standards are in place to assure that the person directs the PCP process and ensures that PCP is consistently followed.

WHAT DISPUTE RESOLUTION OPTIONS ARE AVAILABLE

Individuals who have a dispute about the PCP process or the IPOS that results from the process have the rights to grievance, appeals and recipient rights as set forth in detail in the Contract Attachment 6.4.1.1 Grievance and Appeal Technical Requirement/PIHP Grievance System for Medicaid Beneficiaries. As described in this Contract Attachment, some of the dispute resolution options are limited to Medicaid beneficiaries and limited in the scope of the grievance (such as a denial, reduction, suspension or termination of services). When a person is receiving services and no agreement on IPOS can be made through the person-centered planning process during the annual review, services shall continue until a notice of a denial, reduction, suspension, or termination is given in which case the rights and procedures for grievance and appeals take over. Other options are available to all recipients of Michigan mental health services and supports. Supports Coordinators, Case Managers and Customer Services at PIHP/CMHSPs must be prepared to help people understand and negotiate the dispute resolution processes.
Notice of Denial of Medical Coverage

Important: This notice explains your right to appeal our decision. Read this notice carefully. If you need help, you can call one of the numbers listed on the last page under “Get help & more information.”

Mailing Date: Member Number:

Name:

Type of Service Subject to Notice: ☐ Medicare ☐ Mi. Medicaid ☐ Medicare/MI. Medicaid Overlap Service

Your request was (denied, stopped, reduced, suspended)
We [Insert appropriate term: denied, stopped, reduced, suspended] the {payment of} medical services/items listed below requested by you or your doctor {provider}:

Why did we (deny, stop, reduce, suspend) your request?
We [Insert appropriate term: denied, stopped, reduced, suspended] the {payment of} services/items listed above because: [Include citations with descriptions that are understandable to the member of applicable State and Federal rule, law, and regulation that support the action. You may also include Evidence of Coverage/Member Handbook provisions as well as Plan policies/procedures or assessment tools used to support the decision.]

You have the right to appeal our decision
You have the right to ask Detroit Wayne Mental Health Authority (DWMHA) to review our decision by asking us for an internal appeal. You may also request a Medicaid Fair Hearing regarding a Michigan Medicaid covered service before, during, after, or instead of filing an internal appeal with us. The process is described later in this notice.

Internal Appeal: Ask DWMHA for an internal appeal within 60 calendar days of the date of this notice. We can give you more time if you have a good reason for missing the deadline.

If we’re stopping or reducing a service, you can keep getting the service while your case is being reviewed. If you want the service to continue while your case is under review, you must ask for an appeal within 12 calendar days of the date of this notice or before the service is stopped or reduced, whichever is later.
If you want someone else to act for you

You can name a relative, friend, attorney, doctor, or someone else to act as your representative. If you want someone else to act for you, call us at: 888-490-9698 to learn how to name your representative. TTY users call 1-800-630-1044. Both you and the person you want to act for you must sign and date a statement confirming this is what you want. You’ll need to mail or fax this statement to us.

Important Information About Your Appeal Rights

There are 2 kinds of internal appeals

1. Standard Appeal – We’ll give you a written decision on a standard appeal within 30 calendar days after we get your appeal. Our decision might take longer if you ask for an extension, or if we need more information about your case. We’ll tell you if we’re taking extra time and will explain why more time is needed. If your appeal is for payment of a service you’ve already received, we’ll give you a written decision within 60 calendar days.

2. Fast Appeal – We’ll give you a decision on a fast appeal within 72 hours after we get your appeal. You can ask for a fast appeal if you or your doctor believe your health could be seriously harmed by waiting up to 30 calendar days for a decision.

We’ll automatically give you a fast appeal if a doctor asks for one for you or supports your request. If you ask for a fast appeal without support from a doctor, we’ll decide if your request requires a fast appeal. If we don’t give you a fast appeal, we’ll give you a decision within 30 calendar days.

How to ask for an internal appeal with DWMHA

Step 1: You, your representative, or your doctor {provider} must ask us for an internal appeal. Your request must include:

- Your name
- Address
- Member number
- Reasons for appealing
- Any evidence you want us to review, such as medical records, doctors’ letters, or other information that explains why you need the item or service. Call your doctor if you need this information.

You can ask to see the medical records and other documents we used to make our decision before or during the appeal. At no cost to you, you can also ask for a copy of the guidelines we used to make our decision.

Step 2: Mail, fax, or deliver your appeal {or call us}.

For a Standard Appeal:

Detroit Wayne Mental Health Authority (DWMHA)
707 West Milwaukee Street
Detroit, Michigan 48202
Phone: 888-490-9698 (for members)
TTY: 800-630-1044
Fax: 313-833-2217 (for members)

For Providers: Phone: 313-344-9099 ext. 3328 Fax: 313-833-3680

You can ask to see the medical records and other documents we use to make our decision before or during the appeal. At no cost to you, you can also ask for a copy of the guidelines we used to make our decision.

For a Fast Appeal: Phone: 888-490-9698 (for members) for TTY: 800-630-1044
Fax: 313-833-2217 (for members)

For Providers: Phone: 313-344-9099 ext. 3328 Fax: 313-833-3680 for providers
What happens next?
If you ask for an internal appeal and we continue to deny your request for coverage or payment of a service, we’ll send you a written decision. The letter will tell you if the service or item is usually covered by Medicare and/or Michigan Medicaid.

- If the service is covered by Medicare, we will automatically send your case to an independent reviewer, MAXIMUS Federal Services. If MAXIMUS denies your request, you will receive a written decision that will explain if you have additional appeal rights.

- If the service is covered by Michigan Medicaid, you can ask for a Medicaid Fair Hearing if you haven’t already done so. You can also ask for an External Review under the Patient Right to Independent Review Act by contacting DWMHA at 888-490-9698. Your written decision will give you instructions on how to request a Medicaid Fair Hearing and External Review. Information about the Medicaid Fair Hearing process is also below.

- If the service could be covered by both Medicare and Michigan Medicaid, we will automatically send your case to the independent reviewer. You can also ask for a Medicaid Fair Hearing or an External Review.

How to ask for a Medicaid Fair Hearing

You do not have to file an internal appeal with the plan before requesting a Medicaid Fair Hearing. You can request a Medicaid Fair Hearing at the same time as you file an internal appeal, after filing an internal appeal, or instead of filing an internal appeal.

You have 90 calendar days from date of this notice to request the hearing. If you want the service to continue while your case is under review, you must ask for a Medicaid Fair Hearing within 12 calendar days of the date of this notice or before the service is stopped or reduced, whichever is later.

A Request for Medicaid Fair Hearing form is included with this letter. It has instructions that you should review.

Step 1: You, your representative, or your doctor {provider} must ask for a Medicaid Fair Hearing. Your written request must include:
- Your name
- Address
- Member number
- Reasons for requesting a Medicaid Fair Hearing
- Any evidence you want the Administrative Law Judge to review, such as medical records, doctors’ letters, or other information that explains why you need the item or service. Call your doctor if you need this information.

Step 2: Send your request to: Michigan Administrative Hearing System (MAHS)
PO Box 30763
Lansing, MI 48909
Phone: 1-800-630-7044 Fax: 517-335-6088

What happens next?
The Michigan Administrative Hearing System (MAHS) will schedule a hearing. You will receive a written “Notice of Hearing” telling you the date and time. Most hearings are held by telephone, but you can request to have a hearing in person. During the hearing, you’ll be asked to tell an Administrative Law Judge why you disagree with our decision. You can ask a friend, relative, advocate, provider, or lawyer to help you. You’ll get a written decision within 90 calendar days from the date your Request for Hearing was received by MAHS. The written decision will explain if you have additional appeal rights.
If the standard timeframe for review would jeopardize your life or health, you may be able to qualify for an expedited (fast) Medicaid Fair Hearing. Your request must be in writing and clearly state that you are asking for a fast Medicaid Fair Hearing. Your request can be mailed or faxed to MAHS at 517-335-6088. If you qualify for an expedited Medicaid Fair Hearing, MAHS must give you an answer within 72 hours. However, if MAHS needs to gather more information that may help you, it can take up to 14 more calendar days.

If you have any questions about the Fair Hearings process, including the expedited (fast) Medicaid Fair Hearing, you can call MAHS at 1-800-630-7044.

A copy of this notice has been sent to: Detroit Wayne Mental Health Authority (DWMHA)
707 West Milwaukee Street
Detroit, Michigan, 48202

Get help & more information

- Detroit Wayne Mental Health Authority (DWMHA): If you need help or additional information about our decision and the appeal process, call (313) 344-9099 or (888) 490-9698, TTY (800) 630-1044, Monday-Friday, 8:00am to 4:30pm. For an enrollee/member appeal, ask for the DWMHA Customer Service Department and for a provider/utilization management appeal, ask for the DWMHA Utilization Management Department. You can also visit our website at www.dwmha.com
- MI Health Link Ombudsman: You can also contact the MI Health Link Ombudsman for help or more information. The staff can talk with you about how to make an appeal and what to expect during the appeal process. The MI Health Link Ombudsman is an independent program and the services are free. Call 1-888-746-6456 (TTY: 711).
- Medicare: 1-800-MEDICARE (1-800-633-4227 or TTY: 877-486-2048), 24 hours a day, 7 days a week
- Medicare Rights Center: 1-888-HMO-9050
- Elder Care Locator: 1-800-677-1116 or www.eldercare.gov to find help in your community.
- Michigan Medicare/Medicaid Assistance Program (MMAP): 1-800-803-7174
- Michigan Department of Health and Human Services (MDHHS) Beneficiary Help Line: 1-800-642-3195. TTY users call 1-866-501-5656 or 1-800-975-7630 (if calling from an internet based phone service).

Detroit Wayne Mental Health Authority is a behavioral health plan that subcontracts with Aetna Better Health of Michigan, AmeriHealth Michigan, Fidelis Secure Care of Michigan, HAP Midwest Health Plan, and Molina Healthcare of Michigan, which are health plans that contract with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.

You can get this information for free in other languages or in other formats, such as large print, braille, or audio by calling Toll Free 1-888-490-9698, TTY 1-800-630-1044 during normal business hours Monday through Friday 8:00am to 4:30pm.

Usted puede hablar con una persona para obtener esta información **gratuitamente** en español o en varios formatos, tal como en letras grandes, idioma Braille o en forma hablada, llamando al (888) 490-9698 (TTY: 1-800-630-1044) durante las horas de trabajo: 8:00 am a 4:30 pm de Lunes a Viernes. **La llamada es gratuita.**

يمكنك الحصول على هذه المعلومات باللغة العربية أو بتنسيقات مختلفة مثل طريقة باريل، بخط كبير أو صوتياً عن طريق الإتصال برقم الهاتف المجاني 9698-490-888-1 خلال مواعيد العمل الرسمية من الاثنين إلى الجمعه من الساعة 8:00 صباحاً إلى الساعة 4:30 مساءً.

CC: Provider, Enrollee/Member
Attention: Medicaid ID #:________________________ Date: ______________________

Consumer/Guardian: _______________________________________________________________________

Name and Address: _______________________________________________________________________

This Adequate Notice of Action for Medicaid Beneficiaries is being given to you following your recent
Individualized Plan of Service (IPOS) development, amendment or periodic review. Your IPOS
amendment/periodic review defines the amount, scope, duration and commencement date for services and
supports. Services will start within 14 (calendar) days from the agreed upon start date.

ACTION EFFECTIVE ON: ______________________

Legal Basis for the above decision is 42CFR440.230(d)

If you do not agree with your plan or the action taken by your Service Provider, you can ask for an Appeal.
A Local Appeal is a review of the Action by someone who was not part of the decision-making that led to
the action you are appealing, and who has the skills needed to review the action. The two types of Appeals
are described below. You can request a Local Appeal and a Medicaid Fair Hearing at the same time or
separately.

Medicaid Fair Hearings
- You have up to 90 calendar days from the date of the Notice of Action to ask for a Medicaid Fair
  Hearing
- To request a Medicaid Fair Hearing, fill out the “Request for Hearing” form that came with the
  Notice of Action and mail it in the pre-paid envelop provided. You can also mail it yourself to:

  Michigan Administrative Hearing System
  The Department of Health and Human Services
  PO Box 30763
  Lansing, MI 48909

- If you have any questions, you can contact the Michigan Department of Health and Human Services
directly at: 800-648-3397.

You can choose to have another person represent you at the Medicaid Fair Hearing. If you do want someone else
to represent you, then you have to give that person permission in writing. On the “Request for Hearing” form, you
will have to fill out Sections 2 and 3.
The person you choose to represent you can be anyone you choose as long as:

- He/she is at least 18 years old;
- You have given them written permission on the “Request for Hearing” form by checking YES in Section 2 and having the person who is representing you fill out Section 3. You will still need to fill out and sign Section 1.
- Your guardian or conservator can represent you if a copy of the Court Order naming the guardian/conservator is sent with the “Request for Hearing” form to the Michigan Administrative Hearing System, Department of Health and Human Services.

If you ask for a Medicaid Fair Hearing within 12 calendar days from the date of the Notice of Action or if your services were reduced, terminated or suspended without advance notice, the Service Provider has to reinstate services until an Administrative Law Judge makes a decision. If you have continued to receive services while the decision was being made and the Administrative Law Judge decides the Service Provider decision was correct, you might be responsible for the cost of the services that were provided during that time.

You can contact your Service Provider to help you with reviewing your case file before and while the Medicaid Fair Hearing is pending to look for things that will support your case. You will be able to present information in person and/or writing before and during the Medicaid Fair Hearing before a decision is made.

You can request a faster hearing if waiting would put your ability to reach, keep, or get back to your maximum functioning level seriously at risk. To ask for a faster Medicaid Fair Hearing you must call 877-833-0870.

You have up to 45 calendar days from the date of the Notice to ask for a Local Appeal.

You can ask for a Local Appeal in two ways:
1. Fill out the “Request for Local Appeal” form that came with the Notice of Action and give it to your Service Provider who will send you a letter saying they received your “Request for a Local Appeal” and that they are sending the Local Appeal to the Appeals Coordinator at Detroit Wayne Mental Health Authority (DWMHA) for review and a decision.
2. You can call your Service Provider and tell them that you want to file a Local Appeal. They will fill out the “Request for Local Appeal” form for you and then send it to DWMHA for review and a decision.

If you have questions or need help filing a Local Appeal you can contact your Service Provider and/or DWMHA Customer Services at 313-344-9099 or 888-490-9698/TYY 800-630-1044.

You can contact your Service Provider to help you with reviewing your case file before and during the Local Appeal to look for things that will support your case. You will be able to present information in person and/or in writing to the Appeals Coordinator before a decision is made.

You can choose to have someone help you with your Local Appeal. You can also choose to have someone represent you during the Local Appeal.

If you ask for a Local Appeal within 12 calendar days from the date of the Notice or if your services were reduced, terminated or suspended without advance notice, the Service Provider has to reinstate services until the Appeals Coordinator makes a decision.

You can ask for an expedited (faster) Local Appeal if waiting would put your ability to reach, keep, or get back to your maximum functioning level seriously at risk. To ask for a faster Local Appeal tell your Service Provider that you need one.

Contact your Service Provider with questions and to file Local Appeals

<Service Provider Name>
<Service Provider Address>
<Service Provider Phone>  <Service Provider Fax>  <Service Provider TYY>
MY SIGNATURE INDICATES THAT I HAVE BEEN GIVEN INFORMATION ON MY RIGHT TO A LOCAL APPEAL and MEDICAID FAIR HEARING.

Enrollee/Member: __________________________ Notice Date: ________________
  (Print Name of Person Receiving Service)

Enrollee/Member Birth Date: __________________ Social Security #: __________________

Signature: ___________________________________________ Date: ________________
  (Enrollee/member's signature or his/her Authorized Representative's)

Enrollee/Member Authorized Representative’s

Name: __________________________ Phone Number: ____________

Print Staff Name: __________ Title/Credentials: __________________________

Staff Signature: ___________________________________________ Date: ________________

<table>
<thead>
<tr>
<th>Document</th>
<th>Given to: &lt;Enrollee/Member&gt;</th>
<th>By:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid Fair Hearing Form/Envelope</td>
<td>Date:</td>
<td></td>
</tr>
<tr>
<td>Request for Local Appeal Form</td>
<td>Date:</td>
<td></td>
</tr>
<tr>
<td>Notice of Action</td>
<td>Date: and copied for the record:</td>
<td></td>
</tr>
</tbody>
</table>

Enclosure: Understanding the Grievances and Appeals Process for Medicaid Enrollees
  Local Appeal Request Form, Hearing Request Form & Postage Paid Envelope

Revised: 3.1.17
REQUEST FOR HEARING FOR MEDICAID ENROLLEES OR WAIVER APPLICANTS

Michigan Administrative Hearing System
For the Michigan Department of Health and Human Services
PO Box 30763
Lansing, MI 48909
877-833-0870

SECTION 1 – To be completed by the PERSON REQUESTING A HEARING

<table>
<thead>
<tr>
<th>Client name</th>
<th>Client telephone number</th>
<th>Client Social Security Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Client address (No.&amp; Street, Apt. No.)</th>
<th>Client or legal guardian signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>ZIP code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

What agency took the action or made the decision that the client is appealing?

Make sure to attach a copy of the letter from the agency that told the client about their decision.

Client MDHHS case number

I WANT TO REQUEST A HEARING: The following are my reasons for requesting a hearing. Use additional sheets if needed.

__________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________

Does the client have physical or other conditions requiring special arrangement to attend or participate in a hearing?

☐ NO

☐ YES (Please explain here): ____________________________________________________________

SECTION 2 – Has the client chosen someone to represent them at the hearing?

Has someone agreed to represent the client at a hearing?

☐ NO

☐ YES (If YES, have the representative complete and sign Section 3.)

SECTION 3 – Authorized Hearing Representative Information

<table>
<thead>
<tr>
<th>Name of representative</th>
<th>Representative telephone number</th>
<th>Date signed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Representative address (No.&amp; Street, Apt. No.)</th>
<th>Representative signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>ZIP code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SECTION 4 – To be completed by the AGENCY involved in the action being disputed by the client

<table>
<thead>
<tr>
<th>Name of agency</th>
<th>Agency contact person name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agency address (No.&amp; Street, Apt. No.)</th>
<th>Agency telephone number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>ZIP code</th>
<th>State program or service being provided to this client</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This form is also available online at: www.michigan.gov/mdhhs  Programs  Medicaid Fair Hearings
REQUEST FOR HEARING FOR MEDICAID ENROLLEES OR WAIVER APPLICANTS

Instructions

To appeal an action related to cash assistance, food assistance or other assistance programs, you must use the Request for Hearing form (DHS-18) available online at www.michigan.gov/mdhhs >> Doing Business with MDHHS >> Forms and Applications >> Other.

Medicaid enrollees or waiver applicants may use this form to request a hearing. You may also submit your signed hearing request in writing on any paper. This form is also available online at www.michigan.gov/mdhhs >> Assistance Programs >> Medicaid >> Medicaid Fair Hearings.

A hearing is an impartial review of a decision made by the Michigan Department of Health and Human Services or one of its contract agencies that a client believes is wrong.

GENERAL INSTRUCTIONS

- Read ALL instructions before completing the attached form.
- Complete Section 1 using the name of the client (even if the client has a guardian or is a minor).
- Complete Sections 2 & 3 only if the client wants someone to represent them at the hearing.
- Do NOT complete Section 4.
- Attach a copy of the notice or letter from the Agency that told the client about the change that is being appealed.
- Please make a copy for your records.
- Questions can be answered by calling toll free: 877-833-0870.
- After the form is completed, mail or fax to:

MICHIGAN ADMINISTRATIVE HEARING SYSTEM
FOR THE MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
PO BOX 30763
LANSON MI  48909
Fax 517-763-0146

- The client may choose to have another person represent them at a hearing.
  - This person can be anyone the client chooses but he/she must be at least 18 years of age.
  - The client MUST give this person written permission to represent them.
  - The client may give written permission by checking YES in SECTION 2 and having the person who is representing them complete SECTION 3. The client MUST still complete and sign SECTION 1.
  - The client's guardian or conservator may represent them. A copy of the court order naming the guardian must be included with this request.

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.

If you do not understand this, call the Michigan Department of Health and Human Services at 877-833-0870.
Si no entiende esta información comuníquese al Michigan Department of Health and Human Services al 877-833-0870.
(وزارة الصحة والخدمات الصحية Michigan Department of Health and Human Services)