



CCBHC RECIPIENT RIGHTS HANDBOOK

Your Voice Matters. Your Rights Protect It.

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This Handbook will give you information about topics such as:

- How to contact Pivotal for access to care, as well as several other departments that you may need to connect with during your services with us.
- Access and assessment processes we use to identify the services that you qualify for. This includes how to request emergency services.
- A summary of the services available to you from us.
- Description of how our payment process works.
- Your rights as a participant in our services.
- How to get your questions answered if you do not feel services are working as they should.

1.0 Welcome to Pivotal

We are a Certified Community Behavioral Health Clinic (referred to as a CCBHC in this Handbook). As a CCBHC, we are a clinic where healthcare services team up to address and provide a wide range of mental health and substance use service needs.

CCBHCs provide services to individuals who have a qualified mental health diagnosis for a disorder that is typically identified as a mental illness. CCBHCs also provide services for individuals who have a substance use disorder. Individuals who have an intellectual/developmental disability may be eligible for CCBHC services if they also have a mental health or substance use disorder diagnosis.

A CCBHC uses evidence-based (proven) practices. CCBHCs also make it easier for people to get high-quality care. CCBHCs offer care based on an individual's needs – not based on where they live or how much they can pay.

Some of our services are provided directly by Pivotal, and others are provided by Designated Collaborating Organizations (DCOs).

You will have the opportunity to make choices about the services you receive and who will provide them.

At any time, you can ask us for a full list of services and the DCOs we contract with to provide support.

2.0 How to Contact Pivotal

Please see below for ways to reach your CCBHC:

Main Office and Location to Access Services

677 E. Main Street

Centreville, MI 49032

Access/Emergency Phone:
1-800-622-3967

Customer Service Phone:
269-467-1001 ext. 820

Customer Service Toll-Free:
1-855-203-1730 or TTY: 7-1-1

Recipient Rights Phone:
269-467-1001 ext. 412

Administration Office Phone:
269-467-1000

Compliance Department Phone:
269-467-1921

Medical Records Phone:
269-467-1000

Billing Department Phone:
269-467-1000

How to Access Services

For services that are not emergent in nature, you will be asked to participate in an Assessment. The assessment will identify the services and supports that you need. You can request routine/regular services by reaching out to your Pivotal at:

Address: 677 E. Main St. Centreville, MI 49032

Phone: 269-467-1000

Hours of Operation: Monday through Friday 8am to 5pm

3.0 Customer Service Office

Customer Service is a department made up of staff who are available to answer your questions, talk about your concerns, and make sure that you receive the services and supports that you need. Your CCBHC has dedicated Customer Services staff available to take your calls and assist you with questions or concerns you may have.

To reach the Customer Services office:

Address	677 E. Main St. Centreville, MI 49032
Phone number	269-467-1001 ext. 820 OR 1-855-203-1730 OR TTY: 711
Fax	269-467-3072
Email	customerservices@pivotalstjoe.org
Website	https://www.pivotalstjoe.org/

Customer Services at our CCBHC is designed to help you:

- Access community mental health and substance use services, regardless of cost or benefit coverage
- Understand the service array available to you
- Choose a provider to help you meet your personal goals
- Understand all your rights as a service recipient
- Answer your questions
- Help you file a grievance if you are not happy with how your services are provided or help you file an appeal if you are not receiving the services you believe you need

If you need to contact Customer Service outside of our listed hours, please leave a confidential voice message stating your name, phone number, and where you can be reached. If you add the best time to reach you, we will do our best to accommodate your request. Whenever you leave a message for a Customer Services Representative, it is the expectation of Pivotal that your call will be returned during the next business day. If you are looking for information, you may find what you are looking for on the website of your CCBHC at www.pivotalstjoe.org.

You may also notice that from time to time, Pivotal will reach out to you about participating in satisfaction surveys about your services. You may see these invitations in our lobby areas, our social media or public websites, or you may receive a phone call or written invitation via email. The information we learn from these surveys helps us to improve not only your services, but the services we provide for all of our customers.

4.0 Language Assistance and Accommodations

If you are a person who does not speak English as your primary language and/or who has a limited ability to read, speak, or understand English, you may be eligible to receive language assistance.

If you are a person who is deaf or hard of hearing, you can utilize the Michigan Relay Center (MRC) to reach Pivotal. Please call 7-1-1 and ask MRC to connect you to the number you are trying to reach. If you prefer to use a TTY, please contact customer services at the following TTY phone number: 711.

If you need a sign language interpreter, contact the customer services office at 269-467-1001 ext. 820 as soon as possible so that one can be made available to you. Sign language interpreters are available at no cost to you.

If you do not speak English, contact the customer services office at 269-467-1001 ext. 820 so that arrangements can be made for an interpreter for you. Language interpreters are available at no cost to you.

Accessibility and Accommodations In accordance with federal and state laws, all buildings and programs of your CCBHC are required to be physically accessible to individuals with all qualifying disabilities. Any individual who receives emotional, visual, or mobility support from a qualified/trained, and identified service animal will be given access, along with the service animal, to all buildings and programs of Pivotal. If you need more information or if you have questions about accessibility or service/support animals, contact customer services at 269-467-1001 ext. 820.

If you need to request an accommodation on behalf of yourself, a family member, or a friend, you can contact customer services at 269-467-1001 ext. 820. You will be told how to request an accommodation (this can be done over the phone, in person, and/or in writing), and you will be told who at the agency is responsible for handling accommodation requests. All accommodations will be made at no cost to you.

To support individuals who may not speak or read English as their primary language, we have identified the prevalent non-English languages spoken throughout Michigan. Our "taglines" below offer an opportunity for individuals to request support from our CCBHC in their primary language. The English tagline is the format for the other languages represented.

English: If you speak English, language assistance is available for free. In addition, due to special needs, you have the right to receive information in different formats, such as audio, Braille, or large print, at no additional cost. Call 1-855-203-1730 (Michigan Relay TTY: 7-1-1).

Albanian: Nëse flisni shqip, shërbimet e asistencës gjuhësore janë në dispozicion për ju pa pagesë. Gjithashtu, ju keni të drejtë të merrni informacion në një format tjetër, si audio, Braille ose font të madh, për shkak të nevojave të veçanta pa kosto shtesë. Telefononi (1-855-203-1730) (Michigan Relay TTY: 7-1-1).

Arabic: إذا كنت تتحدث اللغة العربية ، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. كما يحق لك تلقي المعلومات بتنسيق مختلف، مثل الصوت أو طريقتي برايل أو الخط الكبير ، بسبب احتياجاتك الخاصة دون أي تكلفة إضافية. Michigan (اتصل على الرقم 1-855-203-1730) Relay TTY: 7-1-1).

Bengali: আপিন পিদি চীনা ভাষায় কথা বলেন, ভাষা সহায়তা পিরেযো আিনাে জনয প েনামূর লয ডিল । আপিন ব কার না পিপতে খেচ ছাড়াই আিনাে প রেশষ ব য়রজনে কারেণ পিডও, ব ইল ো েড় প ব ে বমতা প ভ ফম্ ্ি়ার ট তথযও ব রিত ি়ার েন। কল ক ন (প পমশগান প রেল TTY: 7-1-1)(1-855-203-1730)

Chinese: 如果您會說中文，可以免費獲得語言說明。此外，由於特殊需要，您有權免費接收不同格式的資訊，例如音訊、盲文或大字體。致電 (1-855-203-1730) (密歇根州中繼 TTY: 7-1-1)

German: Wenn Sie Deutsch sprechen, steht Ihnen der Sprachassistentendienst kostenlos zur Verfügung. Aufgrund Ihrer besonderen Bedürfnisse können Sie Informationen auch in einem anderen Format erhalten, z. B. als Audio, in Blindenschrift oder in Großdruck, ohne dass zusätzliche Kosten entstehen. Rufen Sie an (1-855-203-1730) (Michigan Relay TTY: 7-1-1).

Italian: Se parli italiano, i servizi di assistenza linguistica sono disponibili gratuitamente. Puoi anche ricevere informazioni in un formato diverso, come audio, Braille o caratteri grandi, in base alle tue esigenze speciali, senza costi aggiuntivi. Chiama (1-855-203-1730) (Michigan Relay TTY: 7-1-1).

Japanese: 日本語を話せる方は、言語支援サービスを無料でご利用いただけます。また、特別なニーズに応じて、音声、点字、拡大文字などの異なる形式で情報を受け取ることもできます。追加料金はかかりません。ミシガン リレー (1-855-203-1730) TTY: 7-1-1 までお電話ください。

Korean: 한국어를 구사하는 경우 언어 지원 서비스를 무료로 이용할 수 있습니다. 특별한 요구 사항에 따라 오디오, 점자 또는 대형 인쇄와 같은 다른 형식으로 정보를 추가 비용 없이 받을 수도 있습니다. (1-855-203-1730) (Michigan Relay TTY: 7-1-1)로 전화하세요

Polish: Jeśli mówisz po polsku, usługi pomocy językowej są dostępne bezpłatnie. Możesz również otrzymać informacje w innym formacie, takim jak audio, brajl lub duży druk, ze względu na Twoje szczególne potrzeby bez dodatkowych kosztów. Zadzwoń (1-855-203-1730) (Michigan Relay TTY: 7-1-1).

Russian: Если вы говорите по-русски, вам доступны бесплатные услуги языковой поддержки. Вы также можете получить информацию в другом формате, например, аудио, шрифтом Брайля или крупным шрифтом, в соответствии с вашими особыми потребностями без дополнительной платы. Позвоните (1-855-203-1730) (Michigan Relay TTY: 7-1-1).

Croatian: Ако говорите српско-хрватски, услуге језичке помоћи доступне су вам бесплатно. Такође можете добити информације у другом формату, као што су аудио, Брајево писмо или крупно писмо, због својих посебних потреба без додатних трошкова. Позовите(1-855-203-1730) (Мицхиган Релаи ТТИ: 7-1-1).

Spanish: Si habla español, tiene a su disposición servicios de asistencia lingüística gratuitos. También puede recibir información en un formato diferente, como audio, Braille o letra grande, según sus necesidades especiales, sin costo adicional. Llame al (1-855-203-1730) (TTY de Michigan Relay: 7-1-1).

Syriac/Latin: Ita d'netqor syriaque, ḥekmā d-lashon ḥadā b'ḥalā b'ḥulkā. W'naḥḳit d'khanukh ḥaḳḳā ḥadīr, ʿallā d'librah ḥebrew mā b-inan d-bāzā d-laghan dakhlat l-noḳtā, keda d'itad, b-āudiō, b'braille aw b-lārg l-nashiqā, b-la ʿal qurbān. T'ala (1-855-203-1730) (Michigan Relay TTY: 7-1-1).

Filipino: Kung nagsasalita ka ng Filipino, ang mga serbisyo ng tulong sa wika ay magagamit mo nang walang bayad. Maaari ka ring makatanggap ng impormasyon sa ibang format, tulad ng audio, Braille o malaking print, dahil sa iyong mga espesyal na pangangailangan nang walang karagdagang gastos. Tumawag (1-855-203-1730) (Michigan Relay TTY: 7-1-1).

Vietnamese: Nếu bạn nói tiếng Việt, bạn sẽ được cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí. Bạn cũng có thể nhận thông tin ở định dạng khác, chẳng hạn như âm thanh, chữ nổi Braille hoặc chữ in lớn, tùy theo nhu cầu đặc biệt của bạn mà không mất thêm chi phí. Gọi (1-855-203-1730) (Michigan Relay TTY: 7-1-1)

Non-Discrimination and Accessibility

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

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

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

If you need these services, contact customer service at 269-467-1001 ext. 820.

If you believe that Pivotal has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: customer service at 269-467-1001 ext. 820. 677 E. Main St. Centreville, Michigan 49032. Customerservice@pivotalstjoe.org

If you are an individual who is deaf or hard of hearing, you may contact customer service at 269-467-1001 ext. 820 or MI Relay Service at 711 to request their assistance in connecting you to Pivotal. You can file a grievance in person or by mail, fax, or email. If you need help in filing a grievance, customer service is available to help you.

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

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

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

5.0 How to Access Emergency Services

A *behavioral health emergency* is when an individual is experiencing symptoms and behaviors that can reasonably be expected in the near future to lead them to harm themselves or another; or because of their inability to meet their basic needs, they are at risk of harm; or the individual's judgment is so impaired that they are unable to understand the need for treatment and that their condition is expected to result in harm to themselves or another individual in the near future. You have the right to receive emergency services at any time, twenty-four (24) hours a day, seven (7) days a week without prior authorization for payment of care. You have the right to use any hospital or other setting to receive emergency care at any time, twenty-four (24) hours a day, seven (7) days a week, without prior authorization for payment of care. You may be responsible and receive a bill for emergency behavioral health services depending on your insurance status. See section [11.0 Payment for Services](#) for more information.

If you have a behavioral health emergency, you should seek help right away. At any time during the day or night call: Turning Point 269-467-1900 TTY: 711

Please note: if you utilize a hospital emergency room, there may be health care services provided to you as part of the hospital treatment that you receive for which you may receive a bill and may be responsible for depending on your insurance status. These services may not be part of the CCBHC emergency services you receive.

Post-Stabilization Services After you receive emergency behavioral health care and your condition is under control, you may receive behavioral health services to make sure your condition continues to stabilize and improve. Examples of post-stabilization services are psychiatric inpatient hospitalization, crisis residential, case management, outpatient therapy, and/or medication reviews. Prior to the end of your emergency-level care, your CCBHC will help you to coordinate your post-stabilization services

6.0 Service Authorization Decisions

Services you request must be authorized or approved by Pivotal. The CCBHC may approve all, some, or none of your requests. You will receive notice of a decision within fourteen (14) calendar days after you have requested the service during your Person-Centered Planning meeting, or within seventy-two (72) hours if the request requires a quick decision.

All decisions about the services you request will be made by a health care professional who has appropriate clinical expertise in treating your condition. Authorizations are made according to medical necessity. If you do not agree with a decision that denies, reduces, suspends, or terminates a service, you may file an appeal.

If your needs are for an emergency/crisis situation, Pivotal will make decisions on the services that you require for the situation within three (3) hours of you making the request.

Second Opinion Rights The Michigan Mental Health Code gives you certain rights to a "second opinion." A second opinion means having a second qualified person (such as a clinician or doctor) review your case. This is to figure out if they agree with the decision of the first staff. Second Opinion rights are provided to you when:

- You are denied access to all mental health services from your CCBHC.
 - This is sometimes called a front-door denial
 - You are denied for an inpatient mental health hospital stay

For more information or to request a second opinion, please call the Customer Services department at your CCBHC. You can call Customer Services at 269-467-1001 ext. 820

7.0 Service Array

Services provided by the Pivotal

Other services you may need and qualify for may also be available from the CCBHC and/or other providers that Pivotal works with. The staff supporting you will continue to assess your needs while you are working with the CCBHC. If you have needs for other types of services and supports that do not fall under the CCBHC, they will help you to address these additional service needs.

Before services can be started, you will take part in an assessment to find out if you are eligible for services. The assessment will also identify the services that can best meet your needs. Please know that not all people who come to us are eligible, and not all services are available to everyone we serve. If a service cannot help you, your CCBHC will not pay for it. Medicaid will not pay for services that are otherwise available to you from other resources in the community.

During the Person-Centered Planning Process, you will be helped to figure out the medically necessary services that you need and the sufficient amount, scope, and duration required to achieve the purpose of those services. You will also be able to choose who provides your support and services. You will receive an Individual Plan of Service that provides all of this information.

CCBHC SUPPORTS AND SERVICES

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

Assessment includes a comprehensive psychiatric evaluation, psychological testing, substance abuse screening, or other assessments conducted to determine a person's level of functioning and behavioral health treatment needs.

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

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

Housing Assistance provides supports to preserve the most independent living arrangement and/or assist the individual in locating the most integrated option appropriate to the individual. Housing Assistance provides supports in assessing housing needs and preferences, assistance with finding and securing housing, assisting with securing documentation, submitting applications and securing deposits, and locating furnishing.

Intensive Home-Based Services for Children and Families are provided in the family home or in another community setting. Services are designed individually for each family, and can include things like behavioral health therapy, crisis intervention, service coordination, or other supports to the family.

Intensive Care Coordination with Wraparound (ICCW) is an evidence-informed approach to ensuring comprehensive coordination and holistic planning for children, youth, young adults, and their families with the most intensive needs.

Medication Administration is when a doctor, nurse, or other licensed medical provider gives an injection, or an oral medication or topical medication.

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

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

Parent Support Partner is a peer-delivered service for parents and caregivers of youth with SED. Parent Support Partners is designed to support parents and caregivers through connection of lived experience and non-judgmental support to find their voice in advocating for the child and family.

Peer-delivered and Peer Specialist Services. Peer-delivered services such as drop-in centers are entirely run by consumers of behavioral health services. They offer help with food, clothing, socialization, housing, and support to begin or maintain behavioral health treatment. Peer Specialist services are activities designed to help persons with serious mental illness in their individual recovery journey and are provided by individuals who are in recovery from serious mental illness. Peer mentors help people with developmental disabilities.

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

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

Supported Employment – Individual Supported Employment provides training activities provided in typical business, industry, and community settings for individuals paying at least minimum wage. The purpose of this service is to support sustained paid employment and work experience that leads to individual competitive integrated employment.

8.0 Coordination of Care

At our CCBHC, we believe that your physical health, behavioral health, and social needs are all connected. Care Coordination means we organize your care across different providers and services to help you achieve your recovery and wellness goals. We work with you to manage your medical, behavioral, and social needs in one place.

Your CCBHC care team is responsible for organizing all aspects of your care. We can/will:

- Manage your behavioral health care, physical health care, and other services like housing, employment, and education support.
- With your permission, share important health information with your other providers (like your primary care doctor or specialists) to ensure everyone is on the same page.
- Help you make appointments, including arranging transportation, and follow up to ensure you get the care you need.
- Advocate for you and link you to community resources for food, housing, legal aid, and other social services.
- Track your medications to ensure safety and effectiveness.

To give you the best care, we partner with other organizations in the community to address your comprehensive needs. We work with your Primary Care Provider or Federally Qualified Health Center (FQHC) to address your physical health needs and maintain agreements with local hospitals to coordinate your care. If you need emergency or inpatient treatment, we will contact you within twenty-four (24) hours of discharge to support your transition back home. Additionally, we coordinate with the Veterans Health Administration (VHA) or other veteran services to ensure Veterans receive specialized care. We work closely with schools to support the education of children and youth. We coordinate with courts and justice agencies for those involved with the legal system.

We respect your privacy. We will only share your health information with your consent, in accordance with state and federal laws (including HIPAA and 42 CFR Part 2). You have the right to decide who is involved in your care and what information is shared.

09.0 Transition of Care

We understand that your needs may change and you may need to move between different providers, settings, or levels of care. We are committed to making these transitions as smooth and seamless as possible to ensure you get the care you need without delay.

You have the freedom to choose your provider within our CCBHC network, and if you wish to transfer to a different CCBHC, please let us know immediately so we can assist you. To ensure a seamless hand-off, we will share your treatment plan, consent forms, and other necessary documents with your new provider so they understand your history and needs. We will work diligently with your new provider to ensure there is no gap in your services and that your care continues smoothly during the transition.

If you are admitted to a hospital, crisis stabilization unit, or residential facility, we will collaborate with that facility to plan for your discharge and safe return to the community. To support your recovery, we will contact you within twenty-four (24) hours of your discharge to check on your well-being and schedule a follow-up appointment. We will also facilitate the transfer of your medical records and review any changes to your prescriptions to ensure you have the medications you need.

If your needs change and you require a different level of care, whether higher or lower intensity, we will update your treatment plan and connect you with the appropriate services to match your current situation. We also provide specific support for youth transitioning into adult services to ensure their care continues without interruption and is appropriate for their phase of life.

You have the right to receive medically necessary services without interruption during any transition of care. We will provide your records to your new provider promptly upon request to support your ongoing care. Furthermore, we will assist you with any challenges that may arise during the transition process. You will not be charged for costs related specifically to the transition between providers.

10.0 Payment for Services

CCBHCs provide behavioral health and substance use services regardless of a person's ability to pay. No one will be denied services due to inability to pay. A Sliding Fee Scale discount program is available.

If you have Medicaid, covered CCBHC services will be billed to Medicaid. Some people may have cost-sharing, such as a deductible/spenddown, depending on their Medicaid benefits. CCBHC services do not require prior authorization.

If you have Medicare or commercial insurance, services will be billed at applicable Medicare-approved rates or at the rates negotiated with your insurance company. You are responsible for any co-payments, coinsurance, deductibles, or services not covered by your plan. Some CCBHC services are not covered by Medicare or commercial insurance. If you receive services that are not covered by Medicare or commercial insurance and you do not have Medicaid, those services may be billed directly to you. Financial assistance may be available.

If you are uninsured or need help paying for services, you may qualify for our Sliding Fee Scale discount program, based on household income and Federal Poverty Guidelines. Discounts are available for eligible services, and income information is reviewed periodically.

If your insurance coverage changes, your payment responsibility may be re-evaluated.

If you have questions about billing, insurance, or financial assistance, please contact the billing staff. Staff are available to help you understand your options.

11.0 County of Financial Responsibility and Access to Services Across Counties

Your behavioral health services are funded and coordinated based on your *County of Financial Responsibility (COFR)*. In most cases, your COFR is the county where you reside, and that county's Community Mental Health Services Program (CMHSP) is responsible for authorizing and paying for your services.

As a Certified Community Behavioral Health Clinic (CCBHC), we are committed to providing timely access to care, regardless of county lines. You may receive services from a CCBHC or provider located outside of the county where you live when it best meets your needs. This may occur for reasons such as provider availability, specialized services, personal preference, or continuity of care.

If you choose to receive services outside of your home county, coordination between the provider and your COFR may be required to ensure services are authorized and funded appropriately. In some cases, prior approval may be necessary before services can begin. Our staff will assist with this process and help coordinate communication between all parties to minimize delays and ensure continuity of care.

12.0 Person-Centered Planning

The process used to design your individual plan of behavioral health supports, services, or treatment is called “person-centered planning” (PCP). Person-centered planning is your right protected by the Michigan Mental Health Code.

The process used to design your individual plan of behavioral health supports, service, or treatment—whether you are receiving services for mental health, a substance use disorder (SUD), or both—is called 'person-centered planning' (PCP). The process begins when you determine whom, besides yourself, you would like at the PCP meetings, such as family members, friends, providers, and what staff from Pivotal you would like to attend. You will also decide when and where the PCP meetings will be held. Finally, you will decide what assistance you might need to help you participate in and understand the meetings.

During the PCP process, you will be asked what your hopes and dreams are and will be helped to develop goals or outcomes you want to achieve. The people attending this meeting will help you decide what supports, services, or treatment you need, who you would like to provide this service, how often you need the service, and where it will be provided. You have the right, under federal and state laws, to a choice of providers.

After you begin receiving services, you will be asked from time to time how you feel about the supports, services, or treatment you are receiving and whether changes need to be made. You have the right to ask at any time for a new PCP meeting if you want to talk about changing your plan of service.

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

Children under the age of 18 with developmental disabilities or Severe Emotional Disturbances (SED) also have the right to PCP, known as *Family Driven, Youth Guided Planning*. Family Driven, Youth Guided Planning must recognize the importance of the family and the fact that supports and services impact the entire family. The parent(s) or guardian(s) of the children will be involved in pre-planning and the planning process using family-centered practice in the delivery of supports, services, and treatment to their children. As children grow into youth, the planning process transitions to being more youth-driven and family-guided in order to prepare the youth for adulthood.

13.0 Recovery and Resiliency

Recovery is a journey of healing and transformation, enabling a person with a mental health and/or substance use problem to live a meaningful life in a community of their choice while striving to achieve their potential.

Recovery is an individual journey that follows different paths and leads to different locations. Recovery is a process that we enter into and is a lifelong attitude. Recovery is unique to each individual and can truly only be defined by the individual themselves. What might be recovery for one person may be only part of the process for another. Recovery may also be defined as wellness. Behavioral health supports and services help people with a mental illness/substance use disorder in their recovery journeys. The person-centered planning process is used to identify the supports needed for individual recovery.

In recovery, there may be relapses. A relapse is not a failure, but rather a challenge. If a relapse is prepared for, and the tools and skills that have been learned throughout the recovery journey are used, a person can overcome and come out a stronger individual. It takes time, and that is why Recovery is a process that will lead to a future that holds days of pleasure and the energy to persevere through the trials of life.

Resiliency and development are the guiding principles for children with serious emotional disturbance. Resiliency is the ability to “bounce back” and is a characteristic important to nurture in children with serious emotional disturbance and their families. It refers to the individual's ability to become successful despite challenges they may face throughout their life.

14.0 Privacy and Access to Your Information

Agencies who approve or provide services to you must follow confidentiality and privacy rules and laws. These rules and laws include:

- Michigan Mental Health Code for Mental Health Services
- 42 CFR Part 2 for Substance Use Services
- Health Insurance Portability and Accountability Act (HIPAA)

Confidentiality

You have the right to have the information pertaining to your behavioral health treatment kept private. You also have the right to look at your own clinical records or to request and receive a copy of your records (there may be a fee associated with receiving a copy of your record). You have the right to ask us to amend or correct your clinical record if there is something with which you do not agree. Please be aware that your clinical records can only be changed as allowed by applicable law. You may also submit a statement correcting or amending information in your clinical record (this will become part of your clinical record). Generally, information about you can only be given to others with your permission; however, there are times when your information can be shared in order to coordinate your treatment or when it is required by law.

If you receive substance use services, you have rights related to confidentiality specific to substance use services under 42 CFR Part 2.

Family Access to Information

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

Privacy Practices

Under HIPAA (Health Insurance Portability and Accountability Act), you will be provided with an official Notice of Privacy Practices from the CCBHC. This notice will tell you all the ways that information about you can be used or disclosed. It will also include a listing of your rights provided under HIPAA and how you can file a complaint if you feel your right to privacy has been violated. If you feel your confidentiality rights have been violated, you can contact your CCBHC's Recipient Rights Office.

We must follow our Notice of Privacy Practices and give you a copy of it. The CCBHC's Notice of Confidentiality and Privacy Practices is available at www.pivotalstjoe.org. You

can also ask for a copy be mailed or emailed to you by calling 1-269-467-1000 or emailing customerservice@pivotalstjoe.org. We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

The CCBHC's Responsibilities

- We will let you know quickly if a breach occurs that may have compromised the privacy or security of your information
- We will not use or share your information other than as described in the Notice of Privacy Practices unless you tell us we can in writing

If you change your mind about the use or sharing of your information, you also need to put it in writing. You may change your mind at any time.

15.0 Fraud, Waste, and Abuse

Fraud, waste, and abuse uses up valuable Medicaid, Medicare, and other insurance funds which are needed, or could be better used, to help adults and children access health care. Everyone can take responsibility by reporting fraud, waste, and abuse. Together we can make sure people are able to get the help who really need it.

Examples of Fraud

- Billing for medical services not actually performed
- Providing unnecessary services
- Billing for more expensive services (upcoding)
- Billing for services separately that should legitimately be one billing (unbundling)
- Billing more than once for the same medical service
- Giving or accepting something of value (cash, gifts, services) in return for medical services, (kickbacks)
- Falsifying cost reports

Or When Someone:

- Lies about their eligibility
- Lies about their medical condition
- Forges prescriptions
- Sells their prescription drugs to others
- Loans their insurance card to others

Or When a Health Care Provider Falsely Charges For:

- Missed appointments
- Unnecessary medical tests

If you think someone is committing fraud, waste, or abuse, you may report it to your CCBHC's Corporate Compliance Officer. You may email concerns to corporatecompliance@pivotalstjoe.org, or report them anonymously by phone or in writing at:

Pivotal

Attn: Compliance and Privacy Officer

677 E. Main St.

Centreville, MI 49032

Phone: 269-467-1921

IMPORTANT: Your report will be confidential and you will not be retaliated against.

You may also report concerns about fraud, waste, and abuse directly to Michigan's Office of Inspector General (OIG):

Online: www.michigan.gov/fraud

Call: 855-MI-FRAUD (643-7283) (voicemail available for after hours)

Send a Letter: MDHHS Office of Inspector General
PO Box 30062
Lansing, MI 48909

When you make a complaint, make sure to include as much information as you can, including details about what happened, who was involved (including their address and phone number), insurance information, date of birth (for beneficiaries), and any other identifying information you have.

16.0 Grievance and Appeals Processes

Please note: You may be receiving CCBHC services from us, while also receiving non-CCBHC services from a different provider in the community. Grievances and appeals must follow the service provider. This means your complaint is handled by the agency that provided the specific service you are unhappy with. Our Customer Services team will assist you in identifying which process must be used and ensure you have access to the appropriate grievance or appeal process.

Authorized Representative

If you choose to file a grievance or an appeal, you can name a relative, friend, attorney, provider, or another person to speak for you. If you want someone to speak for you, you must tell us that in writing. Both you and the person you want to speak for you must sign and date a letter saying this is what you want. At the end of the grievance/appeal, your representative is no longer speaking for you. Their "powers" are only for the grievance/appeal.

If you already have someone that is approved to make legal health care decisions for you (like a guardian), you do not have to do anything else.

Grievances

You have the right to say that you are unhappy with your services or supports or the staff who provide them, by filing a "grievance." You can file a grievance any time by calling, visiting, or writing to the customer service department. Assistance is available in the filing process by contacting customer service.

In most cases, your grievance will be resolved within 90 calendar days from the date Pivotal receives your grievance.

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

A grievance may be filed by you, your legally appointment guardian, or your "Authorized Representative" if you have named one, or your parent if you are a minor. A grievance can be filed at any time.

Appeals

You will be given notice when a decision is made that denies your request for new services or reduces, suspends, or terminates the services you already receive. This notice is called an "Negative Action Determination". You have the right to file an

“appeal” when you do not agree with such a decision. Instructions for filing your appeal are printed on the Negative Action Determination form.

An appeal may be filed by you, your legally appointment guardian, or your “Authorized Representative” if you have named one, or your parent if you are a minor. To file an appeal, you will need to follow the timelines that are set up in the Negative Action Determination you received. You may ask for assistance from the Customer Services department to file an appeal.

Appeal process for Medicaid Beneficiaries

If you would like to ask for an appeal, you will have to do so within 60 calendar days from the date on the Negative Action Determination. You may ask for a “CCBHC Appeal/Internal Review” by contacting at 269-467-1001 ext. 820. You will have the chance to provide information in support of your appeal, and to have someone speak for you regarding the appeal if you would like.

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

State Administrative/Fair Hearing (Medicaid) is an impartial state-level review of the Medicaid beneficiary’s appeal of a Negative Action Determination. The Hearing is presided over by an MDHHS Administrative Law Judge (ALJ). Also referred to as a “State Appeal Hearing” or “Medicaid Fair Hearing.”

You can go through the CCBHC Appeal/Internal Review first and if you aren’t happy with the resolution, then you can ask for a State Administrative/Fair Hearing, or you can ask for a State Administrative/Fair Hearing without going through the CCBHC Appeal/Internal Review.

If you want to go through the CCBHC Appeal/Internal Review first and then to the State Administrative Hearing if you don’t agree with the decision, you must ask for the State Administrative Hearing within 90 calendar days after the CCBHC Notice of Resolution.

If you want to go to the State Administrative Hearing first without going through the CCBHC Appeal/Internal Review, you must ask for the State Administrative Hearing within 90 calendar days of the date of the Negative Action Determination sent to you by Pivotal.

You can file a request for a State Administrative Hearing yourself, or Customer Service is available to help you complete the paperwork to file. Like Grievances, you can name an "Authorized Representative" to speak for you with your permission.

Continuation of Benefits

If you ask for either a CCBHC Appeal/Internal Review or State Administrative/Fair Hearing before the date the proposed Negative Action will start on your Negative Action Determination form, in some cases, you may continue to receive your services while your CCBHC Appeal/Internal Review or the Hearing is being looked at. Your request to continue services can be sent at the same time with your CCBHC Appeal/Internal Review or the Hearing Request.

If your services are continued during your CCBHC Appeal/Internal Review or the Hearing, you can keep getting the service(s) until one of the following happens:

- 1) you cancel/withdraw the Appeal or Hearing; or
- 2) all individuals that receive and review your Appeal or Hearing decide to say "no" to your request.

You may be asked to pay for some of the services you received during the Appeal/Hearing process if the Appeal/Hearing is not approved. This is not always the case, but if you do need to pay, you will be notified of the amount.

Appeal process for Individuals without Medicaid

You can ask Pivotal to look again at their decision by requesting a Local Appeal/Internal Review. You must ask the CCBHC for a Local Appeal/Internal Review within 30 calendar days of the date of Negative Action Determination. You can file this appeal by contacting Pivotal. Instructions for filing your appeal are printed on the Negative Action Determination form.

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

State Alternative Dispute Resolution Process (non-Medicaid) is a formal process used when persons served without Medicaid who disagree with the outcome of a local appeal/internal review decision from a CCBHC file a request with MDHHS. This process allows MDHHS to attempt to resolve the issue with the person served and the CCBHC.

You must complete a CCBHC Appeal/Internal Review before you can request a state-level appeal. If you want to access this process, you need to do so within 10 calendar days from the date of the resolution to your Local Appeal/Internal Review by Pivotal.

Continuation of Benefits

If you ask for a Local Appeal/Internal Review before the date when the proposed Negative Action will start, as noted in this letter, in some cases, you may continue to receive your services while your Local Appeal/Internal Review is being looked at. Your request to continue services can be sent at the same time as your Local Appeal/Internal Review Request.

If your services are continued during your Local Appeal/Internal Review, you can keep getting the service(s) until one of the following happens:

- 1) you cancel/withdraw the Appeal Request; or
- 2) all individuals who receive and review your Appeal decide to say "no" to your request.

You may be asked to pay for some of the services you received during the Local Appeal/Internal Review process if the Local Appeal/Internal Review is not approved. This is not always the case, but if you do need to pay, you will be notified of the amount.

17.0 Mediation

You have the right to get mediation services from a neutral 3rd party. You have the right to ask for mediation at any time for a dispute about service planning or the services or supports provided by your CCBHC or their contracted provider. You can ask for mediation at the same time as a local grievance, appeal, or Medicaid Fair Hearing is happening. You have the right to ask that these other dispute processes be paused unless prohibited by law, or if there is suspected or apparent violation as rights as defined by the Michigan Mental Health Code. Mediation does not apply to disputes about medical necessity decisions or recipient rights.

For mediation, call Oakland Mediation Center at 1-844-3-MEDIATE (1-844-363-3428) between 9am-5pm, Monday-Friday. You can also email behavioralhealth@mediation-omc.org.



18.0 Your Recipient Rights and Responsibilities

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

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

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

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

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

You may contact your CCBHC to talk with a Recipient Rights Officer with any questions you may have about your rights or to get help to make a complaint. Customer Services can also help you make a complaint.

You can contact the Office or Recipient Rights at: 269-467-1001 ext. 412 or Customer Services at: 269-467-1001 ext 820.

Freedom from Retaliation

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

As a participant in your CCBHC services, you have the responsibility:

- To provide honest and complete information to those providing services
- To present your Medicaid card and/or other insurance coverage prior to receiving services
- To keep scheduled appointments and let the office know if you will be delayed or unable to keep your appointment, if possible, at least 24 hours in advance
- To let us know of a change in name, address, or insurance coverage

- To pay all charges that have been determined you may owe on time
- To ask candid questions about your services and keep asking until you fully understand
- To follow the plan of care you chose and agreed upon with your practitioner, while understanding what might happen if you choose not to follow the plan
- To understand your health problems and participate in developing mutually agreed-upon treatment goals with your practitioner
- To know what medication you are taking, why you are taking it, the proper way to take it, and the possible side effects of that medicine
- To express your opinions, concerns, or complaints in a constructive manner
- Smoke only in designated areas. Buildings are smoke-free, and smoking areas are identified. Not all CCBHCs have designated smoking areas. Please ask the staff if you need help to locate one.
- Treat others with respect and work cooperatively with others
- For the health and safety of customers, each program site has evacuation maps, fire extinguishers, and first aid kits available if they are needed. If you have any questions, please ask the staff working with you. Staff can review safety precautions, procedures, and rules with you. In the event of a drill or an actual emergency situation, everyone is expected to cooperate with directions that are given

Many of the service programs of our CCBHC have a set of program rules regarding actions, behaviors, and attitudes. Such rules are available to you when you start services with an agency and any time you may ask for them later.

Rules may include situations like:

- Making threats against staff
- Destroying property
- Bringing illegal drugs to appointments
- Bringing illegal weapons to your appointments

If you are ever terminated from services as a result of a suspected or substantiated violation of program rules, you may be able to return to services after a certain period of time or after you have demonstrated you will no longer violate the rule. Each program may have different criteria for reinstatement and many have "agreements" you may be asked to sign either when you start or after an incident occurs. The staff working with you can answer questions about program rules. You are also welcome to contact Customer Services with rule questions at any time.

19.0 Community Resources

If you would like to know more about the resources that are available in your community you can contact your CCCBHC's Customer Services office as outlined in Section 2 of this Handbook. We have listed several resources below.

Many local communities in Michigan also participate in the *United Way 2-1-1 Community Information and Referral Service*. You can call 2-1-1 to find more resource information.

Organization / Entity	Contact phone number
National Suicide/Crisis Line	Call or text 9-8-8 Chat – 988lifeline.org Or text "hello" to 741-741 for text line
Michigan Centralized intake for Abuse/Neglect	855-444-3911
National Alliance on Mental Illness (NAMI)	800-950-6264 or www.nami.org
The Arc of Michigan	800-292-7851
Disability Rights of Michigan	800-288-5923
Michigan Rehabilitation Services	800-605-6722
Michigan Association of County Veteran Counselors	810-989-6945
Disability Network Southwest Michigan	269-345-1516 (Kalamazoo) 269-985-0111 (Calhoun and Berrien)
Depression and Bipolar Support Alliance	800-826-3632
Poison Control	888-222-1222
Legal Aid of West Michigan	269-344-8113
Area Agency on Aging	800-677-1116
American Red Cross	800-733-2767
Section 8 Housing	To apply for vouchers 517-241-8986 For existing vouchers 517-373-9344
Michigan Unemployment Claims	866-500-0017
Michigan Disability Rights Coalition	800-578-1269
National Domestic Violence Hotline	800-799-7233
LGBT National Hotlines	National Hotline: 888-843-4564 Youth Talkline: 800-246-7743 Coming Out Support/Senior Hotline: 888-688-5428