

Grievance & Appeals

Tee Smith, Customer Service Specialist, LifeWays Community Mental Health

Carly Coxon, Customer Service Supervisor, LifeWays Community Mental Health

June 9th, 2020

Grievances



A Grievance should be completed when you are unhappy with the services you received or the way you were treated.



A Grievance can be completed by anyone who has contact with the Community Mental Health System.



A Grievance can be completed at any time.

How to complete a Grievance

- A Grievance & Appeals form must be completed to file a Grievance. This form can be picked up in person at LifeWays or from any provider in the LifeWays provider network.
- A Grievance & Appeals form can also be found on our website, www.lifewayscmh.org
 - Click "Services" at the top of the screen
 - Click "Customer Service Information" on the left side of the screen
 - Scroll down to the bottom section, "Other Forms and Guides"
 - Click "Grievance & Appeals Form" for a fillable PDF document

LifeWays
Community Mental Health

GRIEVANCE/APPEAL & DISPUTE RESOLUTION FORM

COMPLAINT NUMBER: _____

INSTRUCTIONS:
Fill out this form as completely as possible, including as much detail about your concern and how you feel it could be resolved.
If you wish, Customer Services can assist you in completing the form. Customer Services is located at 1200 N. West Avenue, Jackson, MI 49202 or call 517-780-3332 or 1-866-630-3690 and in Hillsdale by appointment.

APPEAL TYPE: <input type="checkbox"/> FAMILY SUPPORT SUBSIDY DENIAL <input type="checkbox"/> SECOND OPINION OF INITIAL ACCESS DENIAL <input type="checkbox"/> SECOND OPINION OF HOSPITALIZATION DENIAL <input type="checkbox"/> NEGATIVE SERVICE DECISION <input type="checkbox"/> CONTRACT/CREDENTIALING DISPUTE	<input type="checkbox"/> EXPEDITED	GRIEVANCE TYPE: <input type="checkbox"/> QUALITY OF TREATMENT <input type="checkbox"/> QUALITY OF SERVICE <input type="checkbox"/> AUTHORIZATION/HOSPITAL RECONSIDERATION <input type="checkbox"/> CLAIMS DISPUTE <input type="checkbox"/> REQUESTING CHANGE IN PSYCHIATRIST
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Did complainant try to resolve before filing grievance/appeal (i.e. speak to doctor, therapist, Team Supervisor, etc.)
 Yes No N/A

COMPLAINANT'S NAME:	COMPLAINANT'S PHONE NUMBER:
_____	_____
COMPLAINANT'S ADDRESS:	NAME OF CONSUMER INVOLVED (if applicable):
_____	_____

EXPLAIN/DESCRIBE THE GRIEVANCE/APPEAL/REQUEST (You may attach additional pages if necessary):

HOW DO YOU FEEL THIS COULD BE RESOLVED?

_____ SIGNATURE OF PERSON COMPLETING FORM	_____ DATE
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LW/#6-02.01-A (720) REVISED 8/2015

Once a Grievance is received...



The Grievance is logged by the LifeWays Customer Service Specialist, Teresa Smith.



An acknowledgement letter will be sent to the person who filed the form within 5 business days.



The entire grievance process can take up to 90 calendar days for resolution.




Upon resolution, the LifeWays Customer Service Specialist, Teresa Smith, will notify the person who filed in writing of the resolution.

Appeals

- An Adverse Benefit Determination is sent to the consumer whenever a service is denied, reduced, terminated, or suspended.
- The consumer has the right to file an Appeal if they do not agree with the decision outlined in the Adverse Benefit Determination.
- The Appeal can be completed by the consumer, the parent or guardian, or an advocate with written permission of the consumer.

How to file an Appeal

- An Appeal can be filed orally or in writing by contacting the LifeWays Customer Service Specialist.
- A Grievance & Appeals form, found in the LifeWays lobby or from any provider in the LifeWays provider network, can also be used and turned in to LifeWays Customer Service.
- The Grievance & Appeals form can also be found on our website, www.lifewayscmh.org
 - Click "Services" at the top of the screen
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GRIEVANCE/APPEAL & DISPUTE RESOLUTION FORM

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APPEAL TYPE: <input type="checkbox"/> EXPEDITED <input type="checkbox"/> FAMILY SUPPORT SUBSIDY DENIAL <input type="checkbox"/> SECOND OPINION OF INITIAL ACCESS DENIAL <input type="checkbox"/> SECOND OPINION OF HOSPITALIZATION DENIAL <input type="checkbox"/> NEGATIVE SERVICE DECISION <input type="checkbox"/> CONTRACT/CREDENTIALING DISPUTE	GRIEVANCE TYPE: <input type="checkbox"/> QUALITY OF TREATMENT <input type="checkbox"/> QUALITY OF SERVICE <input type="checkbox"/> AUTHORIZATION/HOSPITAL RECONSIDERATION <input type="checkbox"/> CLAIMS DISPUTE <input type="checkbox"/> REQUESTING CHANGE IN PSYCHIATRIST
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Did complainant try to resolve before filing grievance/appeal (i.e. speak to doctor, therapist, Team Supervisor, etc.)
 Yes No N/A

COMPLAINANT'S NAME:	COMPLAINANT'S PHONE NUMBER:
COMPLAINANT'S ADDRESS:	NAME OF CONSUMER INVOLVED (if applicable):

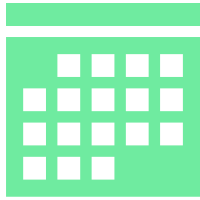
EXPLAIN/DESCRIBE THE GRIEVANCE/APPEAL/REQUEST (You may attach additional pages if necessary):

HOW DO YOU FEEL THIS COULD BE RESOLVED?

SIGNATURE OF PERSON COMPLETING FORM	DATE

LW/#6-02.01-A (720)
REVISED 8/2015

Once an Appeal is Received



A standard appeal will be completed within 30 calendar days.



If an appeal is requested and it meets the requirements for an expedited appeal, it will be decided upon within 72 hours of receiving the appeal.



Once the appeal is resolved, the LifeWays Customer Service Specialist will notify the consumer of the resolution in writing, along with further appeal rights if the consumer is not satisfied with the result of the appeal.

Fair Hearing



- A Fair Hearing is an impartial review by a state level administrative law judge.
- Medicaid enrollees can ask for a State Fair Hearing only after receiving the Notice of Appeal Denial that states the decision appealed has been upheld.

Grievances

Why would I file a grievance?

If you are ever not happy with the way your services are provided or how you are treated, you would file a grievance. Please, notify Customer Services of any disappointing experiences you may encounter within the Community Mental Health System, including network providers.

Who can file a grievance?

Grievances can be filed by anyone that has contact with the Community Mental Health System. This can include consumers, family members, providers, community members, guardians, etc.

Once the grievance form is done an acknowledgment letter is mailed to you within 5 calendar days. Your grievance is sent to the appropriate LifeWays employee to process and resolve your grievance.

Is it ever too late to file a grievance?

A grievance can be filed at any time.

How long will the grievance process take?

The grievance process may take up to ninety (90) calendar days for a resolution. But the LifeWays Customer Service Specialist understands this is an important part of your life and will try to resolve all grievances as quickly as your health condition requires.

Once the grievance is resolved, Customer Services will notify you in writing of the resolution.



Local Appeals

What if I do not agree with a decision made regarding my services?

You will be given notice when a decision is made that denies your request for services or reduces, suspends, or terminates the services you already receive. This is known as an Adverse Benefit Determination. You have the right to file an appeal when you do not agree with this decision.

Who can file a local appeal?

An appeal can be filed by you, your guardian, or an advocate of your choice simply by contacting LifeWays Customer Services.

You can name a relative, friend, attorney, doctor or someone else to act for you; call the Customer Service Department to learn how to name your representative. 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. Keep a copy for your records.

Is it ever too late to file a local appeal?

Local appeals must be filed within sixty (60) calendar days from the date of denial notice. Any inquiries about filing an appeal will be treated as the filing date to establish the earliest possible filing date.

How long will the local appeal take?

The local appeal process may take up to 30 calendar days for resolution. But the LifeWays Customer Service Specialist understands this is an important part of your life and will try to resolve all appeals as quickly as your health condition requires.

You have a right to request an expedited or "faster" hearing if waiting for 30 calendar days for a standard appeal would seriously jeopardize your life, health or your ability to attain, maintain, or regain maximum function. If requested and accepted you will receive a response to your local appeal within 72 hours. If your request for an expedited appeal is denied, the appeal will continue with the 30 calendar day resolution period.

Once the appeal is resolved, Customer Services will notify you in writing of the resolution and your further appeal rights.

State Fair Hearing

What is the difference between a local appeal and a state fair hearing?

A local appeal is presented to a LifeWays employee who has the clinical expertise to make a decision on your services but has not been a part of the decision so far.

A State Fair Hearing is an appeal that is presented to a neutral judge for a decision. This can only happen after receiving a local appeal decision.

Who can request a state fair hearing?

A state fair hearing can be requested by you, your guardian, or an advocate of your choice, just like the local appeal.

Is it ever too late to request a state fair hearing?

A state fair hearing must be requested within 120 calendar days from the date of local appeal decision.

How long will the state fair hearing process take?

The state fair hearing process may take up to 90 calendar days for resolution. You have a right to an expedited hearing for the same reasons as a local appeal. To request an expedited hearing, call the Michigan Administrative Hearing office toll free at 877.833.0870.

Will I still get services during this process?

If you asked for your benefit(s) to continue during the internal appeal process and want them to continue during the State Fair Hearing process, you must ask for the State Fair Hearing and Michigan Administrative Hearing System (MAHS) must receive your request within 12 calendar days of the date on the Notice of Appeal Decision. Also, the following must be true for your services to continue:

- The service authorization has not expired
- The decision regarding your services is a reduction, suspension, or termination of what you are currently receiving.

You may be required to repay the cost of the continued services if the original decision is upheld, you withdraw your appeal or hearing request, or you or your representative does not attend the hearing.

Grievances & Appeals

Our goal is to provide you with the most appropriate services for your condition with the best quality of care possible. However, you have the right to say that you are unhappy with your services. You can do this by filing a grievance or an appeal.

What is the difference between a Grievance & an Appeal?

You would file a grievance if you are unhappy with the way your services are provided or how you are treated.

You would file an appeal if you have been denied a request for services or have received a decision that would reduce, suspend or terminate the services you are currently receiving, also known as an Adverse Benefit Determination.

What do I do if I have a grievance or appeal?

LifeWays has a customer-friendly process that allows you to advocate for your needs. Grievances and appeals can be filed orally or in writing by contacting LifeWays Customer Services. Simply request to file a grievance or start a "local appeal". The Customer Service Specialist will assist you in completing the paperwork.

If you choose to file a grievance or appeal you will not be retaliated against in any way. Resolutions will be based upon regulatory allowances, medical necessity and consumer satisfaction and choice in accordance with treatment protocols.

Recipient Rights

What happens if I feel my rights have been violated?

You, as a recipient of services, have the right:

- » To be free from abuse and neglect
- » To be treated with dignity and respect
- » To have your confidentiality upheld

If you feel any of your rights have been violated please call the Recipient Rights Office at 517.796.4587 or toll free at 866.630.3690.



Contact Us

How do I Contact Customer Services?

1200 N. West Avenue
Jackson, MI 49202
Phone: 517.780.3332
Toll-Free: 866.630.3690
Michigan Relay: 800.649.3777
Fax: 517.789.1271

Office Hours: Monday-Friday 8am-5pm

Office hours in Hillsdale are by appointment only. Podemos proporcionar servicios para usted en su idioma. Por favor, llame al 517.789.1200.

The legal basis for this decision is 42 CFR 442.230(d), Michigan's Mental Health Code, Public Act 258, and/or applicable policy found in the Medicaid Provider Manual, Mental Health and Substance Abuse Services. Section 1557 of the Patient Protection and Affordable Care Act prohibits discrimination based on race, color, national origin, sex, age, or disability.



Follow us @LifeWaysCMH



Grievances & Appeals



hopeandhelpbeginhere



Follow us @LifeWaysCMH



The Grievance & Appeals brochure can be found on the LifeWays website under "Brochures Available for Download".

2020 Consumer Handbooks are IN!

- Contact Teresa Smith at (517) 780-3332 to request your handbooks.
- Providers may request up to 2 boxes of handbooks at a time.



Guide to Services

24-Hour Access & Crisis Line: (800) 284-8288
Customer Services: (517) 780-3332

Reviewing your Corporate Compliance Plan
Kenneth Berger, LPC – Corporate Compliance Officer
LifeWays Community Mental Health

Since 2010 all health care entities receiving Medicare/Medicaid payments have been required to have a Corporate Compliance Plan. The U.S. Department of Health and Human Services (DHHS) Office of the Inspector General (OIG) has identified seven elements necessary for an effective compliance and ethics plan.

So, what's in your plan?

There are many versions of the OIG's seven elements (different wording, order, etc.). That's to be expected. Health care compliance is always developing, and no organization is a carbon copy of another. But whatever version an organization uses, their plan should

- Reflect the OIG's elements;
- Be reviewed at least annually, given the ever-changing compliance landscape.

Do you have a review tool to use?

If not, you might try the one that follows. Here's what's in it:

- A version of the OIG's seven elements;
- Guidance points for each element from compliance literature and resources;
- A suggested way to score each element and/or its guidance points;
- A section for notes on each element and/or its guidance points.
 ➔ ***Notes more effectively identify a plan's strengths and improvement opportunities than numerical scores*** ←

Want to learn together?

If you'd like to discuss solidifying your plan's strengths and/or addressing its improvement opportunities, please contact me so we can learn together.

Ken Berger
Email: ken.berger@lifewayscmh.org
Cell: 517-499-6023
Office: 517-796-4526

May 2020

Corporate Compliance Plan Review Tool

Suggestion Numerical Scoring

3 = Fully Met 2 = Partially Met/Improvement Begun 1 = Partially Met/Needs Improvement 0 = Unmet

Key Elements of an Effective Compliance and Ethics Program Plan	Score	Notes
<p>1. The organization adopts and implements written Policies, Procedures, and Standards of Conduct</p> <p><u>Policies & Procedures</u></p> <ul style="list-style-type: none"> • Are regularly reviewed and revised as necessary • Include: <ul style="list-style-type: none"> ○ Roles and responsibilities of the Compliance Officer/Committee ○ Procedures/processes for reporting alleged violations ○ An investigative process ○ Reporting substantiated findings to external entities as required by law, regulation, contract, etc. • Contains a procedure for confidential/anonymous reporting of alleged violations <ul style="list-style-type: none"> ○ Whistleblower protection <p><u>Standards of Conduct</u></p> <ul style="list-style-type: none"> • There is a written code of ethics/conduct • Policies/procedures that outline standards of conduct are clearly written and communicated 		
<p>2. The organization designates a Compliance Officer/Committee responsible for program oversight</p> <ul style="list-style-type: none"> • The roles of the Compliance Officer/Committee are clearly defined • The Compliance Officer <ul style="list-style-type: none"> ○ Reports to the organization’s highest level (CEO/Board) ○ Provides in-person, unfiltered reports to the CEO as needed ○ Is responsible for the compliance program design and implementation ○ Is responsible for educating and training all members 		

<ul style="list-style-type: none"> ○ Has the authority to respond to complaints and conduct necessary investigations <ul style="list-style-type: none"> ▪ Documents investigations, findings, and recommendations for necessary action steps ○ Conducts risk assessments <ul style="list-style-type: none"> ▪ Documents findings and recommendations for risk mitigation 		
<p>3. The organization conducts formal training and education for its members (staff, board, contractors, volunteers, interns, etc.)</p> <ul style="list-style-type: none"> ● Members receive a copy of, and attest in writing to adhere to, the organization’s code of ethics/conduct at orientation and annually thereafter ● Members receive training and education at orientation and at least annually thereafter ● The organization documents the training and education for its members ● At a minimum, training and education comprises: <ul style="list-style-type: none"> ○ Fraud, waste, and abuse ○ Anti-kickback and self-referral regulations ○ Billing practices for those to whom it pertains ○ Confidentiality and conflicts of interest ○ Requirements of the Health Insurance Portability and Accountability Act (HIPAA) ○ Information on reporting suspected violations ● Members receive training and education that addresses issues and risks that are specific to their role in the organization 		
<p>4. The organization develops open lines of communication</p> <ul style="list-style-type: none"> ● Members are informed that <ul style="list-style-type: none"> ○ They have both the right and obligation to report suspected violations ○ Reports can be made anonymously ○ Those reporting in good faith will not be subject to retribution or retaliation by the organization or any of its members 		

<ul style="list-style-type: none"> • Reports of security (HIPAA) violations <ul style="list-style-type: none"> ○ Require a formal process for reporting and documenting suspected breaches in security ○ Are documented and contain steps taken to resolve the matter and mitigate future risks of its nature 		
<p>5. The organization conducts monitoring and auditing</p> <ul style="list-style-type: none"> • A monitoring/auditing system exists to detect potential fraud and/or information/data security breaches • Monitoring/auditing occurs both periodically and randomly • Security measures exist to monitor for any improper access to information/data • A process for repayment exists when there is an identified overpayment • Hiring practices include <ul style="list-style-type: none"> ○ Criminal background checks ○ Reference checks ○ Checks against the Medicare/Medicaid sanctioned provider data base • Business partnerships/arrangements are properly vetted 		
<p>6. The organization consistently enforces its standards using well-publicized disciplinary guidelines</p> <ul style="list-style-type: none"> • A disciplinary policy exists and is followed when members fail to adhere to the organization’s code of ethics/conduct, laws, regulations, statutes, or HIPAA and 42 CFR Part 2 (if applicable) requirements • Disciplinary actions are commensurate with substantiated violations 		
<p>7. The organization responds promptly to detected offenses and vulnerabilities with necessary corrective and preventative actions</p> <ul style="list-style-type: none"> • There is a defined process for conducting investigations of alleged fraud or breach of security • There is a defined process for documenting corrective and/or preventative action if allegations of fraud or breach of security are substantiated 		



Community Mental Health Association
of Michigan Presents VIRTUAL TRAINING:

Ethics for Social Work, Substance Use Disorder, Recipient Rights Professionals & Psychologists

- This training fulfills the Michigan Social Work Licensing Board's requirement for licensure renewal for ethics.
- This training fulfills the MCBAP approved treatment ethics code education – specific.
- This training fulfills the MPA requirements for psychologists.

Training Dates:

July 13, 2020

8:30am – 4:00pm

Virtual Zoom Training

August 17, 2020

8:30am – 4:00pm

Virtual Zoom Training

October 5, 2020

8:30am – 4:00pm

Virtual Zoom Training

November 2, 2020

8:30am – 4:00pm

Virtual Zoom Training

About the Presenter:

**Thomas (Tom) L. Moore, MS, MA, LMSW, LLP, CAADAC, MAC, CCS
Owner and Principle, Two Moons, LLC**

Thomas L. Moore is the founder and principal of Two Moons Consulting. Prior to the formation of this training and consulting LLC in 2014, Tom was the Director of Workforce Development for Cherry Health in Grand Rapids. Prior roles included: Director of Informatics, Quality Management and Research for Proaction Behavioral Health Alliance, and Clinical Director of Life Guidance Services. Tom has served as a part-time instructor for Western Michigan University since 1986, in both the Counselor Education and Counseling Psychology (CECP) Department and in the Specialty Program for Alcohol and Drug Abuse (SPADA). He holds graduate degrees in Education and Psychology from Indiana University and Vermont College of Norwich University respectively. Tom is former vice chair and continues to serve on the board of the Michigan Certification Board for Addiction Professionals (MCBAP).

Registration Fees: \$103 CMHA Members | \$126 Non-Members

Payment will be required at the time of registration.

This presentation will engage participants in a multi-media, multi-sensory format, teaching to all styles of learning. Case study material will be utilized, with video clips presented from social work and substance use disorder treatment disciplines, and didactic material that addresses both the conceptual and practical level. The conceptual foundation of ethics represents an inherent and essential framework for behavioral health, including clinical social work, case management, peer-based recovery support, and substance use disorder services. While assuming all ethical standards and professional codes of ethics represent identical approaches to care, in reality significant differences exist. Many licensed social workers also hold certification as a CADC or CAADC, and must adhere to more than one code of ethics, significantly complicating their interactions with persons served. In this presentation, emphasis is given to examining personal values and ethical concepts, contrasting those personal beliefs to professional codes of ethics, and determining appropriate approaches to clientele. In addition, given the demands within behavioral health, particularly treatment of substance use disorders, boundary crossings as well as boundary violations receive prominent focus and attention. While some presentations in ethics exhibit a dry, boring, and sterile coverage of standards and professional codes, this training will actively engage participants, prioritizing current issues in the field through use of controversial topics and issues. Participants should come prepared for a thought-provoking, emotionally challenging, actively engaged day.

Training Agenda:

8:30am	Overview and Fundamental Concepts of Ethics
9:15am	Confidentiality (HIPAA, Michigan Mental Health Code, 42CFR, 49CFR, Attachment F-MDOC)
10:15am	Confidentiality Exceptions, Professional Boundaries, and Dual Relationships
11:15am	Ethical Problem-Solving Model
11:30am	Lunch Break
1:00pm	Case Study Material
3:45pm	Questions, Evaluation
4:00pm	Adjournment

Learning Objectives:

Participants will be able to:

1. List examples of beneficence, non-maleficence, and autonomy.
2. Differentiate between personal and professional ethics.
3. Name the three most frequent boundary violations by social workers and substance use disorder (SUD) professionals.
4. Recognize differences between the NASW Code of Ethics, the MCBAP Code of Ethics and the NAADAC Code of Ethics.
5. Cite at least 8 of 12 general ethical boundary violations.
6. Solve ethical violations and apply ethical principles in a minimum of six case studies.

Continuing Education:

Social Workers: This course qualifies for a maximum of 6 CE's and fulfills the Michigan Social Work Licensing Board's requirement for licensure renewal for ethics. The Community Mental Health Association is an approved provider with the Michigan Social Work Continuing Education Collaborative. Approved Provider Number: MICEC 060818. **Qualifies as "face-to-face (in-person) education."**

Substance Abuse Professionals: CMHA is approved by Michigan Certification Board for Addiction Professionals (MCBAP). CMHA maintains the responsibility for the program and content. Substance Abuse Professionals participating in this training may receive a maximum of 6 contact hours. This training fulfills the MCBAP approved treatment ethics code education – specific. It is important that attendees keep a copy of the conference program brochure containing the workshop descriptions along with their attendance record form. **Qualifies as "in-person education."**

Psychologist: MPA is co-sponsoring with CMHA. The Michigan Psychological Association is approved by the American Psychological Association to sponsor continuing education for psychologists. MPA maintains responsibility for this program and its contents. Important Notice: Those who attend the training and complete the MPA evaluation form will receive 6 continuing education credits. Please note that APA CE rules require that we give credit only to those who attend the entire workshop. Those arriving more than 15 minutes after the start time or leaving before the workshop is completed will not receive CE credits.

Recipient Rights: This course (RCA19-089) qualifies for 6.0 Recipient Rights CEU hours, Category IV (Augmented).

Grievance: If you have any issues with the way in which this conference was conducted or other problems, you may note that on your evaluation or you may contact CMHA at 517-374-6848 or through our webpage at www.cmham.org for resolution.

Who Should Attend: This training is appropriate for social workers and substance use disorders professionals. Social work practice levels: intermediate and advanced.

Virtual Participation: You are expected to actively participate in the webinar. See below for additional information about virtual webinar recommendations and requirements.

- After registering, you will receive a confirmation email.
- One week prior to the training, we will send you an email with login details so you can view the webinar. Webinar links for the training will only be sent to paid registrants.
- Recommend that you save webinar links in your calendar for easy access the day of the training.
- You must watch the webinar LIVE to receive credit for the training.
- Video camera must be on at all times. Telephone only option is not acceptable.
- Recommend that attendees log into the webinar waiting room at least 15 minutes before the training begins.
- Registration report will indicate arrival time (note for continuing education you must be logged into the virtual training within 5 minutes of the start of the training).
- Polls and/or quizzes will be randomly given with a limited time for attendees to respond. This is required for continuing education.
- Internet: A strong internet connection is highly recommended. If your internet service is not able to stream videos, it will likely not be strong enough to support a webinar training. You will want a minimum upload speed of 5mbps. If technology may be an issue for you, please contact CMHA at 517-374-6848 to discuss options further.
- Each training takes place in the time zone of its location and all agenda times reflect that.

Certificate Awarded: After confirmation that you have fully participated in this training, completed the quiz and evaluation, your Continuing Education Certificate will be emailed to you within 30 days of the training.

Virtual Training Accommodations: If you need accommodations to attend this webinar, please email your request to msholtz@cmham.org 10 business days before the event. Information will be updated as applicable.

Continuing Education Rules indicate that if you are over 5-minutes late or depart early, you forfeit your CEs for the entire training. Please note that this is a National rule that CMHA must enforce or we could lose our provider status to provide CEs in the future. This rule will be strictly followed.

Training Fees: Registration closes 3 business days prior to the training.

\$103 CMHA Members \$126 Non-Members

- TO REGISTER FOR JULY 13, 2020 [CLICK HERE!](#)
- TO REGISTER FOR AUGUST 17, 2020 [CLICK HERE!](#)
- TO REGISTER FOR OCTOBER 5, 2020 [CLICK HERE!](#)
- TO REGISTER FOR NOVEMBER 2, 2020 [CLICK HERE!](#)

QUESTIONS:
(517) 374-6848; msholtz@cmham.org

Payment Information: Payment will be required at the time of registration.

Cancellation Policy: Substitutions are permitted 3 business days prior to the training. No-shows will be billed at the full training rate. Cancellations must be received in writing at least 10 business days prior to the conference for a full refund less a \$25 administrative fee. If cancellation is received less than 10 business days prior to the training, no refund will be given. Refunds will be issued within 90 days of the training.



Community Mental Health Association of Michigan Presents VIRTUAL TRAINING: **PAIN MANAGEMENT AND MINDFULNESS**

This course qualifies for 2 CEs and fulfills the Michigan Social Work Licensing Board's requirement for licensure renewal for pain management.

Mindfulness is recognized as a component of DBT, however it has now been expanded into Mindfulness Based Stress Response, Mindfulness Based Cognitive Therapy, and Mindfulness Based Relapse Prevention. Mindfulness proves an effective intervention with any type of impulse control issues. In addition, research proves Mindfulness as an important strategy with chronic pain. Participants attending this training should expect an overview of mindfulness applications in regard to pain management; realizing the relationship between nociceptive, neuropathic, and affective pain; and understanding the benefits of Mindfulness regarding chronic pain management and being able to determine appropriate candidates for Mindfulness. This two-hour training WILL NOT provide a level of competency in Mindfulness interventions within clinical sessions.

About the Presenter:

***Thomas (Tom) L. Moore, MS, MA, LMSW, LLP, CAADAC, MAC, CCS
Owner and Principle, Two Moons, LLC***

Thomas L. Moore is the founder and principal of Two Moons Consulting. Prior to the formation of this training and consulting LLC in 2014, Tom was the Director of Workforce Development for Cherry Health in Grand Rapids. Prior roles included: Director of Informatics, Quality Management and Research for Pro-action Behavioral Health Alliance, and Clinical Director of Life Guidance Services. Tom has served as a part-time instructor for Western Michigan University since 1986, in both the Counselor Education and Counseling Psychology (CECP) Department and in the Specialty Program for Alcohol and Drug Abuse (SPADA). He holds graduate degrees in Education and Psychology from Indiana University and Vermont College of Norwich University respectively. Tom is former vice chair and continues to serve on the board of the Michigan Certification Board for Addiction Professionals (MCBAP).

Dates & Times

July 20, 2020

9:00am – 11:00am (Log in at 8:45am)

Virtual Zoom Training

August 3, 2020

9:00am – 11:00am (Log in at 8:45am)

Virtual Zoom Meeting

Registration Fees

\$39 CMHA Members ♦ \$47 Non-Members

CLICK HERE TO REGISTER FOR [JULY 20, 2020](#) OR [AUGUST 3, 2020](#) TRAININGS

Participants will be able:

1. To list mental health and substance use disorder conditions that can be improved with Mindfulness.
2. To engage in Mindfulness exercises in order to gain direct experience of the approach.
3. To determine which client presentations are appropriate for Mindfulness.
4. To identify pain pathways and the impact of Mindfulness.
5. To examine Mindfulness as a non-medication alternative to pain.
6. To apply Mindfulness to pain management strategies.

Continuing Education Information:

Social Workers: This course qualifies for a maximum of 2 CEs and **FULLILLS THE MICHIGAN SOCIAL WORK LICENSING BOARD'S REQUIREMENT FOR LICENSURE RENEWAL FOR PAIN MANAGEMENT**. The Community Mental Health Association is an approved provider with the Michigan Social Work Continuing Education Collaborative. Approved Provider Number: MICEC 060818. **Qualifies as "face-to-face (in-person) education."**

Substance Abuse Professionals: CMHA is approved by Michigan Certification Board for Addiction Professionals (MCBAP). CMHA maintains the responsibility for the program and content. **Substance Abuse Professionals participating in this course may receive a maximum of 2 RELATED contact hours.** It is important that attendees keep a copy of the conference program brochure containing the workshop descriptions along with their attendance record form. **Qualifies as "face-to-face (in-person) education."**

Recipient Rights: This course (RCA19-090) qualifies for 2.0 Recipient Rights CEU hours, Category IV (Augmented).

Grievance: If you have any issues with the way in which this conference was conducted or other problems, you may note that on your evaluation or you may contact CMHA at 517-374-6848 or through our webpage at www.cmham.org for resolution.

Virtual Participation: You are expected to actively participate in the webinar. See below for additional information about virtual webinar recommendations and requirements.

- After registering, you will receive a confirmation email.
- One week prior to the training, we will send you an email with login details so you can view the webinar. Webinar links for the training will only be sent to paid registrants.
- Recommend that you save webinar links in your calendar for easy access the day of the training.
- You must watch the webinar LIVE to receive credit for the training.
- **Video camera must be on at all times.** Telephone only option is not acceptable.
- Recommend that attendees log into the webinar waiting room at least 15 minutes before the training begins.
- Registration report will indicate arrival time (note for continuing education you must be logged into the virtual training within 5 minutes of the start of the training).
- **Polls and/or quizzes will be randomly given with a limited time for attendees to response. This is required for continuing education.**
- Internet: A strong internet connection is highly recommended. If your internet service is not able to stream videos, it will likely not be strong enough to support a webinar training. You will want a minimum upload speed of 5mbps. If technology may be an issue for you, please contact CMHA at 517-374-6848 to discuss options further.
- Each training takes place in the time zone of its location and all agenda times reflect that.

Certificate Awarded: After confirmation that you have fully participated in this training, completed the quiz and evaluation, your Continuing Education Certificate will be emailed to you within 30 days of the training.

Virtual Training Accommodations: If you need accommodations to attend this webinar, please email your request to msholtz@cmham.org 10 business days before the event. Information will be updated as applicable.

Continuing Education Rules indicate that if you are over 5-minutes late or depart early, you forfeit your CEs for the entire training. Please note that this is a National rule that CMHA must enforce or we could lose our provider status to provide CEs in the future. This rule will be strictly followed.

Training Fees:

\$39 CMHA Members | \$47 Non-Members

CLICK HERE TO REGISTER FOR [JULY 20, 2020](#) OR [AUGUST 3, 2020](#) TRAININGS

Payment Information:

- **Payment will be required when registering.**
- Purchase Orders are not considered payment.
- All No Shows will be billed the full amount.

Cancellation Policy: Substitutions are permitted 3 business days prior to the training. No-shows will be billed at the full training rate. Cancellations must be received in writing at least 10 business days prior to the conference for a full refund less a \$25 administrative fee. If cancellation is received less than 10 business days prior to the training, no refund will be given. Refunds will be issued within 90 days of the training.

**Community Mental Health Association of Michigan
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(517) 374-6848
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