



**MICHIGAN DEPARTMENT OF
HEALTH AND HUMAN SERVICES**

**LEGISLATIVE AFFAIRS
--CONSTITUENT SERVICES**



MDHHS
LEGISLATIVE
AFFAIRS

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Constituent Services

- We provide constituent services to **148** legislative offices, the Governor's office, **14** U.S. Congressional Offices and **2** U.S. Senate offices
 - Up to **50** emailed cases,
 - Last year, we addressed close to **5,000 constituent cases.**
 - On average, $\frac{3}{4}$ of those cases are Human Services and Medicaid benefit inquiries related to a specific beneficiary's case
 - We try to respond to and resolve all our cases within one week or less - whenever possible. If it is an emergency, within 24 hours
 - Some cases may take longer than 2 weeks, if complex

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Constituent Services (cont.)

- We provide assistance to Legislative offices for many different types of constituent cases, including but not limited to:
 - **Eligibility** for benefits:
 - Food Assistance Program (FAP)
 - Cash – Family Independence Program (FIP) or State Disability Assistance (SDA)
 - Medicaid – Full Medicaid, Spend Down and Long Term Care (LTC) Medicaid
 - State Emergency Relief (SER)
 - Child Development and Care (CDC)
 - Medicare Cost Sharing
 - Some **licenses** (LARA performs most licensing):
 - Youth group homes
 - EMS
- **Medicaid**
 - Provider billing issues
 - Constituent billing problems
 - Home Health, Home Help, and Private Duty Nursing
- **Public Health**
 - Tobacco regulation
 - Women, Infants and Children (WIC)
 - Lead; Flint Water programs
 - PFAS
 - Public Health Emergency Response
- Assistance with **Community Mental Health (CMH)** and **Habilitation Services Waiver cases**

LEGISLATIVE, APPROPRIATIONS AND CONSTITUENT SERVICES ADMINISTRATION



IMPORTANT: MDHHS is **required by law to obtain release documents for all case work that involves Protected Personal Information or Protected Health Information.** Nearly all cases brought to MDHHS for resolution involves one or the other, therefore we require that release documents be provided to us for all case work.

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Michigan Department of Health and Human Services AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, authorize the Department of Health & Human Services (DHHS) to release otherwise confidential information to Senator/Representative _____, or his or her designee, related to my case record, unless otherwise restricted by state or federal law. The case record information for which I am providing this authorization includes:

Please provide a brief description of the issue.

DHS Programs needing information on (please check those that apply):

- Food Assistance Cash Assistance Medicaid
 State Emergency Relief State Disability Child Day Care
 Adult Services Other

Constituent information:

Name _____ Case # _____

Address _____ City/Zip _____

Phone Number _____

Constituent Signature _____ Date: _____

Please note - the Department is not able to share case-specific information on Children's Protective Services, Foster Care, Adoption or Child Support.



AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION Michigan Department of Health and Human Services

Directions: Type or Print all requested information, with exception of signatures on Page 2.

Individual's Name (Beneficiary, Recipient, Patient, Consumer, etc.)			Individual's ID Number (Mecat, SSN, Other)
Street Address			Individual's Date of Birth / /
City	State	ZIP Code	Phone () -

I AUTHORIZE THE MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES (MDHHS) TO SHARE MY HEALTH INFORMATION:

List the amount or type of information you would like to share in the section below.
For example, you can say all my health information or list certain types of information you would like to share.

Eligibility for services, services rendered, medical conditions, and claims.

MDHHS MAY SHARE MY HEALTH INFORMATION WITH THE FOLLOWING PERSON OR ORGANIZATION:

Name of Person/Organization _____

Street Address _____

City, State, ZIP Code _____

() -

Phone Number _____ Fax Number _____

MDHHS WILL SHARE MY HEALTH INFORMATION FOR THE FOLLOWING REASON: For example, to discuss my health care benefits or at the request of the individual.

At the request of the individual.

BY SIGNING THIS FORM, I UNDERSTAND THAT:

- I do not have to sign this authorization.
- My refusal to sign this authorization will not affect my ability to obtain treatment, payment for services, enrollment or eligibility for benefits.
- Information regarding behavioral and mental health services, substance use disorder treatments, and communicable diseases such as sexually transmitted diseases and human immunodeficiency virus (HIV infection, Acquired Immune Deficiency Syndrome or AIDS related complex) may be shared if I initial here or if I list this type of information above _____.
- If I authorize the release of substance use disorder treatment information, the recipient cannot re-disclose this information without my permission unless permitted under federal or state law.
- Other types of information shared under this authorization may be re-disclosed by the person or organization I identified above and may no longer be protected by federal or state law.
- I may change my mind and revoke (take back) this authorization at any time. To revoke this authorization, write to the MDHHS program that maintains your records and include a copy of the front of this form.
- Information that has already been shared based on this authorization cannot be taken back.
- I may request a copy of this signed authorization. If I have not previously revoked this authorization, it will expire on: (list a date, event or condition)

Date, Event or Condition
(Authorization will expire one year from the signature date if you leave this section blank.)

Signature of Individual or Legal Representative	Date / /
Name of Individual or Legal Representative	
Legal Representative's Relationship to Individual (i.e., Parent, Guardian, Patient Advocate, Authorized Representative, Power of Attorney, Documentation may be required.)	

MDHHS USE ONLY

This authorization was revoked:

_____ / /

Signature _____ Date _____

AUTHORITY: This form is acceptable to the Michigan Department of Health and Human Services as compliant with HIPAA privacy regulations, 45CFR Parts 160 and 164 as modified August 14, 2002.

COMPLETION: Is voluntary, but required if disclosure is requested.

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

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Constituent Casework Procedure:

- Have your constituents fill out and sign the MDHHS release forms. Updated forms will be provided today and can be resent to you on request. Our release forms have also been translated into Arabic and Spanish if needed.
- If the person contacting you is a Guardian or Power of Attorney (POA) for the constituent, have them execute the form and provide a copy of the guardianship papers or POA paperwork.
- We must have signed release documents.
- Once you have these documents, *please scan into a single document* and e-mail to: MDHHS-legislative@michigan.gov. To contact by phone, call **(517) 512-4146** or the main line at (517) 241-1629.
- If filled out correctly, these Release of Information forms are valid for one year from the signature date

MDHHS LEGISLATIVE AFFAIRS

IMPORTANT: MDHHS is prohibited by Michigan law from releasing any information to any party on:

- Child Protective Services Cases
- Adoption Cases
- Foster Care Cases
- Child Support Cases

That means that MDHHS cannot release any information on any of these cases under any circumstances unless it is done through a closed legislative hearing related to a specific case.

MDHHS can provide contact numbers that will provide resources for your constituents on these cases, including the Office of Children's Ombudsman and Office of Family Advocate.

If a constituent has a concern regarding the safety or welfare of a child or vulnerable adult, have them call Centralized Intake at (855) 444-3911

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Please do not give out our email address or telephone number directly to constituents!

Please contact our Legislative Affairs office if reaching out to MDHHS for information or assistance. We can make sure to connect you with the right people and services.