

## Understanding the Grievance and Appeals Process for Medicaid Enrollees

10/08

Customer Services staff are available to talk with you about the concerns you have about your services or about notices that you received which may change your services in the future. Customer Services staff can help you resolve your concerns in various ways and inform you of your options, including your right to appeal actions to deny, change, or terminate your services.

If you are dissatisfied with a behavioral health service that you are receiving (for a mental illness, developmental disability and/or substance abuse issue), we encourage you to contact your Customer Services staff. They are available Monday through Friday, from 8 a.m. to 5 p.m. (excluding holidays). They may be reached toll free at 1-800-337-8598 or by calling direct to the numbers listed below.

Customer Services staff can help you navigate our service system from your first visit and assessment for services and continuing throughout your care.

We believe that keeping you informed about the choices and services you have available is one very important way to help you reach your behavioral health goals.

### For example, did you know:

- You have the right to a second opinion if you have been denied services or hospitalization.
- You have the right to request an Administrative Hearing before an Administrative Law Judge through the Michigan Department of Community Health (MDCH).
- You or your service provider may also request a Local Appeal if your local Community Mental Health (CMH) agency proposes an action that would change or deny services you may be receiving or requesting.
- You may request an Administrative Hearing and a Local Appeal individually or at the same time.
- You also have the right to choose someone to represent you at your hearing or appeal.

These are examples of rights that you have that Customer Services staff can help you to understand and use. More information on grievances and appeals is shown on the next page.

To learn more about your behavioral health services go to [www.nwcmha.org](http://www.nwcmha.org)  
or call one of the Customer Services offices below.

<p>In Crawford, Missaukee, Roscommon and Wexford Counties, call <b>Northern Lakes CMH</b> at (231) 876-3246 TDD-TTY (231) 876-3281. In Grand Traverse and Leelanau Counties call (231) 933-4907 TDD-TTY (231) 935-3871. Or for all locations call (800) 337-8598.</p>	<p>In Lake, Mason and Oceana Counties, call <b>West Michigan CMH System</b> at (866) 575-2894 TDD-TTY (800) 790-8326.</p>	<p>For the <b>Northwest CMH Affiliation</b>, call (800) 337-8598 TDD-TTY (231) 876-3281.</p>
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Term	Definition	Time Frame
<b>Action (Also called adverse notice):</b>	<ol style="list-style-type: none"> <li>1. A decision by the CMH to deny or limit authorization of a requested service, including the type or level of service.</li> <li>2. A decision by the CMH to reduce, suspend, or terminate a previously authorized service.</li> <li>3. A decision by the CMH to deny payment for a service (in whole or part).</li> <li>4. A failure of the CMH to make a standard authorized decision and provide notice about the decision within 14 calendar days from the date of receipt of a standard request for service.</li> <li>5. A failure of the CMH to make an expedited authorization decision within three (3) working days from the date of receipt of a request for expedited service authorization.</li> <li>6. A failure of the CMH to provide services within 14 calendar days of the start date agreed upon during your person centered planning meeting and as authorized by the PIHP (Northwest Community Mental Health Affiliation).</li> <li>7. A failure of the PIHP to act within 45 calendar days from the date of a request for a standard appeal.</li> <li>8. A failure of the PIHP to act within three (3) working days from the date of a request for an expedited appeal (when an expedited review is approved).</li> <li>9. A failure of the PIHP to provide disposition and notice of a local grievance/complaint within 60 calendar days of the date of the request.</li> </ol>	See dates listed with the definitions at the left.
<b>Second Opinion</b>	You may request a second opinion if you have been denied services by your local CMH. You may also request a second opinion if you are currently receiving services and have been denied inpatient hospitalization.	Must be provided to within five (5) business days for denial of services, or three (3) business days for denial of inpatient hospitalization.
<b>Grievance</b>	You may file a grievance either orally or in writing at any time that you are dissatisfied with matters relating to services that do not involve an action (as defined above). There is no time limit on filing a grievance. If you do not receive a response within 60 days, you may request an Administrative Hearing.	Within 60 calendar days, your CMH must provide you with a written notice of the decision made regarding your grievance.
<b>Local Appeal</b>	This is a process where you, your guardian, parent or legal representative may request a review of the decision to deny, suspend, reduce or terminate a Medicaid covered service. <b>With your written consent, your provider may also file an appeal on your behalf.</b>	You may file an appeal no later than 45 days from the date of the advance or adequate notice you receive. Written notice of the outcome must be provided to you by your CMH no later than 45 business days from the date of your request.
<b>Administrative Hearing</b>	A hearing conducted by the Administrative Law Judge who completes an impartial review of a decision made by the local CMH, Substance Abuse Agency or its contract agencies regarding Medicaid covered services only.	To be eligible for a hearing, you must submit your request within 90 days from the date of the notice of action.
<b>Adequate Notice</b>	A written statement provided by your CMH advising you of a decision to deny or limit authorization of services requested.	Must be provided to you on the same date of the action or when you sign your person centered plan.
<b>Advance Notice</b>	A written statement provided by your CMH advising you of a decision to reduce, suspend or terminate a covered service.	Notice must be provided to you in advance, no less than 12 calendar days before the proposed date the action is to take affect.
<b>Continuation or Reinstatement of a Medicaid Service</b>	You may request that your affected services be continued during the appeal or hearing process but YOU MAY BE RESPONSIBLE FOR PAYMENT FOR THESE CONTINUED SERVICES if it is determined that 1) the original decision will be upheld (in favor of the CMH decision), or 2) if you or your representative do not appear for the hearing, or 3) if you withdraw your hearing.	You must make this request before the date the action is to take affect.
<b>Expedited Resolution</b>	May be requested by you, your provider or your legal representative when the 45 business day timeframe for the CMH to provide a resolution and notice to you would seriously jeopardize your life or health or ability to attain, maintain, or regain maximum function. Northwest Community Mental Health Affiliation determines if the request is warranted.	You must be provided a decision within 3 working days of the appeal decision.
<b>Recipient Rights Complaint</b>	A written or verbal statement by you, or anyone acting on your behalf, claiming a violation of a protected right by the Michigan Mental Health Code (cited in Chapter 7). Recipient Rights Complaints are resolved through the Office of Recipient Rights. (Toll-free access 1-800-337-8598).	
<b>Resolution Notice</b>	A written notice that must be provided to you within required timeframes that explains the CMH decision of your Local Appeal or Grievance.	45 business days for a Local Appeal and 60 calendar days for a Grievance

Some important information we'd like you to remember regarding your Person Centered Plan (PCP):

- The amount, duration (length) and scope (range) of services you are receiving must be identified.
- You must be provided with an adequate notice at any time your plan is changed or amended.
- You have the right to review your Person Centered Plan at any time. This must be provided to you within 30 days of your request.