



Understanding the Grievances and Appeals Process for Medicaid Enrollees

If you are dissatisfied with Medicaid covered services, we encourage you to discuss your concerns with your service provider for resolution. This is referred to as an “Informal” grievance process. If you choose to file a “Formal” grievance you may do so orally and/or in writing by contacting the Agency’s Customer Service Office.

Customer Service representatives are available to talk with you about your concerns and will assist you with understanding the options you have available.

Customer Service representatives are available from 8 a.m. - 4:30p.m. weekdays.

Customer Service
640 Temple, 2nd Floor
Detroit, MI 48201
Phone: 1(888) 490-9698
Fax: (313) 833-2217
Fax: (313) 833-4280
TDD Line: 1(800) 630-1044

The Customer Service representatives are available to help you navigate the system, from your first experience during your initial visit and assessment for services, throughout your care. We believe that helping you be informed is one very important way for us to provide you with choices and service to help you reach your goals.

The following pages will provide you with a clearer understanding of Grievance and Appeals, definitions and important time frames that you should know about as part of your rights.

UNDERSTANDING GRIEVANCES

A grievance is an expression of dissatisfaction about any matter related to services other than an action (see the ACTION definition).

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.”**

There is no time limit on filing a grievance. You have a right to be provided with a written resolution notice of the decision. If you do not receive a response within 60 calendar days, you may request an Administrative Hearing.

For help with filing a Formal grievance, call Detroit-Wayne County Community Mental Health Agency’s (D-WCCMHA) Customer Service.

You have the right to have your grievance resolved as quickly as possible should your health condition warrant immediate attention. The Agency will assist with these determinations.

Substance Abuse Grievances

If you have a Substance Abuse related grievance you may contact:

FOR DETROIT RESIDENTS:

Detroit Bureau of Substance Abuse Prevention, Treatment & Recovery

(313) 876-4561

Toll Free: (800) 467-2452

FOR OUT-COUNTY RESIDENTS:

Southeast Michigan Community Alliance (SEMCA)

(734) 229-3500

Toll Free: (800) 686-6543

UNDERSTANDING APPEALS

You May File An Appeal When an “Action” Occurs.

Definition: An Action is referred to as a reduction, denial, suspension and/or termination of a service.

The following are examples of “Actions”:

1. A decision by the MCPN/Service Provider to deny or limit authorization of a requested service, including the type or level of service.
2. A decision by the MCPN/Service Provider to reduce, suspend, or terminate a previously authorized service.
3. A decision by the MCPN/Service Provider to deny payment for a service (in whole or part).
4. A failure of the MCPN/Service Provider 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.
5. A failure of the MCPN/Service Provider to make an expedited authorization decision within three (3) working days from the date of receipt of a request for expedited service authorization.
6. A failure of the MCPN/Service Provider to provide services within 14 calendar days of the start date agreed upon during your person centered planning meeting and as authorized by the MCPN/Service Provider.
7. A failure of the MCPN/Service Provider to act within 45 calendar days from the date of a request for a standard appeal.
8. A failure of the MCPN/Service Provider to act within three (3) working days from the date of a request for an expedited appeal (when an expedited review is approved).
9. A failure of the MCPN/Service Provider to provide disposition and notice of a local grievance/complaint within 60 calendar days of the date of the request.

Second Opinion

You may request a second opinion if you have been denied services by your local MCPN/Service Provider. You may also request a second opinion if you are currently receiving services and have been denied inpatient hospitalization.

Please note that you must be provided notification within five (5) business days for denial of services, or three (3) business days for denial of inpatient hospitalization.

Adequate Notice

A written statement provided by your MCPN/Service Provider 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.**

Advance Notice

A written statement provided by your MCPN/Service Provider 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 effect.**

Local Appeal

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.

With your written consent, your provider may also file an appeal on your behalf.

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 MCPN/Service Provider no later than 45 business days from the **date of your request**.

You have the right to choose someone to represent you at your appeal.

Administrative Hearing (Medicaid Fair Hearing)

A hearing conducted by the Administrative Law Judge who completes an impartial review of a decision made by the local MCPN/ Service Provider, Substance Abuse Agency or its contract agencies regarding Medicaid covered services only. To be eligible for a hearing, you must submit your written request within 90 days from the date of the notice of action or failure to resolve grievance within 60 days.

You have the right to choose someone to represent you at your hearing.

Written Medicaid Fair Hearing requests may be mailed to the following address:

**State Office of Administrative Hearings and Rules
For the Department of Community Health
P.O. Box 30763
Lansing, Michigan 48909-9951**

Continuation or Reinstatement of a Medicaid Service

In certain cases, when you ask for a hearing within 12 days of the notice, you may request that your affected services be continued during the appeal or hearing process. Please note that **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 MCPN/ Service Provider decision), or
2. If you or your representative does 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.

Expedited Resolution

You, your provider or your legal representative may request an expedited resolution, when the 45 business day timeframe for the MCPN/Service Provider to provide a resolution and notice to you would seriously jeopardize your life or health or ability to attain, maintain, or regain maximum function. The MCPN/Service Provider and/or Agency determine if the request is warranted. You must be provided a decision within three (3) working days of the appeal decision.

Resolution Notice

A written notice that must be provided to you within required timeframes that explains the MCPN/Service Provider decision of your Local Appeal. You must be notified within 45 business days for a Local Appeal.

Alternative Dispute Resolution

An Option: If you don't have Medicaid

If you do not receive Medicaid, you may ask for a review of your case by the Michigan Department of Community Health. This is called an Alternative Dispute Resolution process. You must try the other options for solving your problem listed in this brochure (except for the Fair Hearing option) before you can request a review.

For help, call:

Customer Service
(313) 833-3232 or
Toll Free (888) 490-9698

Recipient Rights Complaint

When you receive mental health services, Michigan's Mental Health Code and other laws safeguard your rights. At the time you make a request for, or when you begin to receive, mental health services you will be given information about the rights guaranteed by Chapter 7 and 7A of the Michigan Mental Health Code. This is usually done by giving you a booklet with a summary of these rights and by having a complete copy of these chapters available for your review.

All staff is responsible to protect your rights when they provide services to you. You are encouraged to ask questions about your treatment and about your rights and to make suggestions that you feel are in your best interest. If you believe your rights have been violated, you should inform the Office of Recipient Rights (ORR). A Recipient Rights complaint can be filed orally and/or in writing by you, or anyone acting on your behalf.

For more information about Recipient Rights please call: (Toll free)
1-888-339-5595

Summary

You may file a grievance at any time orally or in writing and it must be resolved within 60 days.

You may file an appeal when the following actions are taken:

- Your request for service is denied in full or part.
- Your Services are reduced, suspended or ended.
- The service you have received is not being paid.
- When you have not been notified in advance of a change in service.

When there is a failure to:

- Make a decision about your request for service within 14 days.
- Make a decision within three (3) working days of request for an expedited or quickly delivered service (Based on your urgent health needs).
- Begin your services within 14 days of the start date of your person-centered plan.
- Resolve your local appeal within 60 days.
- Act within three (3) working days of a request for an expedited appeal.
- Resolve a local grievance within 60 days of the request.

Other Types of Appeals

For information and/or assistance on filing other types of Appeals that are not listed in this pamphlet please call the Agency's Customer Service Office:

**(888)-490-9698 or
TDD Line: (800) 630-1044.**

Language Services provided Free of Charge

IMPORTANT PHONE NUMBERS

**Detroit-Wayne County
Community Mental Health Agency**
640 Temple, Detroit, MI 48201

General Office
(313) 833-2500

Customer Service
Phone: 1(888) 490-9698
Fax: (313) 833-2217
Fax: (313) 833-4280
TDD Line: 1(800) 630-1044

Grievance and Appeals
1(888) 490-9698
Fax: (313) 833-4280

Recipient Rights
1(888) 339-5595

Family Support Subsidy
(313) 833-2493
Fax: (313) 833-4150

**24-Hour Crisis/Information &
Referral Line:**
1(800) 241-4949 or
(313) 224-7000

