

NON—MEDICAID DUE PROCESS

If you do not have Medicaid, you also have due process rights, they are just a little different.

You will be given an Action notice (**adequate** for new authorization requests and **advanced** for currently authorized services) when a decision is made that denies your request for services OR reduces, suspends, or terminates a service you already get.

You have the right to appeal this “action.”

- You have **30 calendar days** from date of notice letter being received to appeal.
- The Right Door must send acknowledgement of your request to appeal.
- **Types of appeals:**
 - Standard: We have 45 calendar days from date of appeal request to send disposition
 - Expedited: We have 3 business days from date of appeal request to give verbal disposition in addition to placing written disposition in mail.
- To Note:
 - Continuation of services during the appeal is not a regulation.

State Alternative Dispute Resolution:

If unhappy with the outcome of your local appeal, you have 10 calendar days from receiving the written local appeal decision letter to request an alternative dispute resolution.

You can file a request to appeal the local decision by writing to:

MDHHS
Division of Program Development, Consultation and Contracts
Bureau of CMH Services
Attn: Request for DHHS Level Dispute Resolution
Lewis Cass Building,
320 S Walnut
Lansing, MI 48913

The Right Door for Hope, Recovery and Wellness locations:

Formerly known as Ionia County Community Mental Health

Ionia Office
375 Apple Tree Drive
Ionia, MI 48846

Belding Office
7441 Storey Road
Belding, MI 48809

Portland Office
208 W. Bridge Street
Portland, MI 48875

Phone: 616.527.1790

www.rightdoor.org

**24 Hour Toll Free
Crisis Line:
1.888.527.1790**



MSHN

Mid-State Health Network

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THE right DOOR
for hope, recovery and wellness

Informal and Formal Grievance and Appeals



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GRIEVANCES/COMPLAINTS

You have a right to say you are unhappy with your services/supports or the staff that provide them, by filing a formal complaint, called a “grievance.” You can file a grievance any time, just call, visit or write “Customer Service.” Customer Service staff will help you through the process.

- there is no time limit on when you can file a grievance.
- A provider can file a grievance on your behalf—with valid consent by you/your legal representative)
- If you file a grievance, you will receive an acknowledgement letter. **You will receive a decision on your grievance within:**

- **90 calendar days (Medicaid)**
 - A Medicaid State Fair Hearing can be requested if we fail to provide resolution/decision on the grievance within 90 calendar days of the request.
- **60 calendar days (non-Medicaid)**
 - if you don’t agree with disposition you can call MDHHS Customer Services: 1-844-275-6324

Informal complaint: anytime you let your staff, their supervisor or someone know about an issue and you request that it not be reported as a formal grievance. Also, when you call Customer Service to complain, but don’t want it to be a formal grievance (complaint).

MEDICAID DUE PROCESS

Local Appeals:

You will be given an Adverse Benefit Determination notice when a decision is made that denies your request for services OR reduces, suspends, or terminates a service(s) you already get.

- You have 60 calendar days to request an appeal verbally or in writing by contacting Customer Service.
- CMH must send acknowledgement of your appeal request.
- **Types of appeals:**
 - Standard: We have 30 calendar days from date of appeal request to send disposition
 - Expedited: We have 72 calendar hours from date of appeal request to send disposition
- **To Note:**
 - You can request a Medicaid Fair Hearing IF you do not agree with appeal outcome OR if appeal is not resolved in the timeframe.
 - Services can continue while your appeal is pending if you request an appeal within 10 calendar days of/by effective date in/ whichever is later of notice letter.
 - All comments, documents, records will be taken into account at whatever point they are submitted.

Medicaid Fair Hearing:

- Impartial state level review of your appeal of an adverse benefit determination. Completed by a state level Administrative Law Judge.
- You have 120 calendar days from appeal decision letter to file a hearing OR you can ask for a hearing any time a CMH does not provide a decision within time requirements. You can also ask for an expedited hearing.

SECOND OPINIONS

If you were denied access to CMH services, or if you were denied psychiatric inpatient hospitalization after specifically requesting this service, the Michigan Mental Health Code gives you the right to request a Second Opinion.

- **If you have been denied CMH services, a second opinion will be completed if you ask for one in writing from the CEO.**
 - You must be informed of this right in written form.
 - CEO will arrange for re-assessment of request for services. This must be completed within 5 business days of your request.
- **If you have been denied a request for inpatient psychiatric hospitalization, a second opinion will be completed if you ask for one in writing from the CEO.**
 - CEO will arrange for additional evaluation by a psychiatrist, other physician, or licensed psychologist. This must be completed within 3 calendar days verbally with a follow-up in writing for your records within 3 business days.

If you have a concern about your services, we need to know.