

Understanding the Grievance and Appeals Process for Non-Medicaid Enrollees

8/05

If you are dissatisfied with a behavioral health service, we encourage you to contact your Customer Service representative. (This includes services for a mental illness, developmental disability, or substance abuse issue.)

Customer Services representatives are available to talk with you about what has occurred or is about to occur that you are unhappy about. Customer Services representatives can help you determine what options you have available. They can advise you and help you resolve your concern, including helping you with any of the appeal rights you have.

Customer Services representatives are available from 8:00 a.m. through 5:00 p.m. weekdays. They can be reached locally at 231-876-3246 (Cadillac), 231-933-4907 (Traverse City), 231-843-5486 (Ludington), or toll free at 1-800-337-8598.

The Customer Services representative's job is 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. For example, did you know you have the right to a second opinion if you've been denied services or hospitalization? In addition, you may also request a Local Appeal if your local CMH proposes an action that would change or deny services you may be receiving or requesting. These are some examples of the types of things that Customer Services staff members can help you to understand.

More information on grievances and appeals is shown on the other side of this sheet.

To learn more about your behavioral health services see www.nwcmha.org
or call one of the Customer Services offices below.

To reach your local Customer Services staff in Crawford, Grand Traverse, Leelanau, Missaukee, Roscommon and Wexford Counties, call Northern Lakes CMH at (231) 922-4850 or (800) 337-8598.

To reach your local Customer Services staff in Lake, Mason and Oceana Counties, call West Michigan CMH System at (231) 843-5486.

To reach Customer Services staff at the Northwest CMH Affiliation, call (800) 337-8598.

Term	Definition	Time Frame
Action (Also called adverse notice):	<ol style="list-style-type: none"> 1. A decision by the CMH to deny or limit authorization of a requested service, including the type or level of service. 2. A decision by the CMH to reduce, suspend, or terminate a previously authorized service. 3. 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. 4. 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. 5. A failure of the CMH to provide services within 14 calendar days of the start date agreed upon during your person centered planning meeting. 6. A failure to act within three (3) working days from the date of a request for an expedited appeal (when an expedited review is approved). 	See dates listed with the definitions at the left.
Second Opinion	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 you within five (5) business days for denial of services, or three (3) business days for denial of inpatient hospitalization.
Grievance	You may file a grievance 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).	Within 30 calendar days, your CMH must provide you with a written notice of the decision made regarding your grievance.
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 covered service.	You may file an appeal no later than 5 business 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 15 business days from the date of your request.
Alternative Dispute Resolution	A State level appeal process which is conducted by the Department of Community Health, who will complete an impartial review of a decision made by the local CMH, Substance Abuse Agency or one of its' contract agencies regarding an action (as defined above).	To be eligible you must request this within 10 business days from the date of the local appeal resolution notice.
Adequate Notice	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.
Advance Notice	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.
Expedited Resolution	May be requested by you, your provider or your legal representative when the 15 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.	You must be provided a decision within 3 working days of the appeal decision.
Recipient Rights Complaint	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).	
Resolution Notice	A written notice that must be provided to you within required timeframes that explains the CMH decision of your Local Appeal or Grievance.	15 business days for a Local Appeal and 30 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.