

If you have Medicaid

If you have Medicaid insurance, have filed a local appeal, and are unhappy with the results, you will be given the option to appeal to an administrative law judge. This is called a **State Fair Hearing**. You must ask for a fair hearing within 120 calendar days of getting the **Resolution Notice**. In some cases, if you ask for a hearing within 12 days of the resolution notice, you may also ask that your services be continued - and you will receive your services until the judge makes a decision. If the judge upholds the change in your services, you may be asked to pay for them. You are welcome to bring someone to help you at the hearing. You may contact Region 10 PHIP for additional information about this process.

If you do not have Medicaid

If you do not receive Medicaid, and have filed a local dispute resolution, and you are unhappy with the results, you will be given the option to ask for a review of your case by the Michigan Department of Health and Human Services (MDHHS). This is called the **Alternative Dispute Resolution Process**. You may contact your CMH for additional information about this process.

Customer Service

If you have questions about your rights or feel that your rights are not being respected, or for help filing a grievance or an appeal related to your **Community Mental Health** or **Substance Use Disorder** services, you can contact:

Region 10 PHIP

3111 Electric Avenue, Suite A
Port Huron, MI 48060
Phone: (810) 966-3399

Genesee Health System

420 West Fifth Avenue
Flint, MI 48503
Phone: (810) 257-3705

Lapeer County Community Mental Health

1570 Suncrest Drive
Lapeer, MI 48446
Phone/TTY: (810) 667-0500

Sanilac County Community Mental Health

227 East Sanilac Avenue
Sandusky, MI 48471
Phone: (810) 648-0330
TTY: (810) 648-4327

St. Clair County Community Mental Health

3111 Electric Avenue
Port Huron, MI 48060
Phone: (810) 985-8900

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Grievance & Appeals Process



Region 10 PHIP
3111 Electric Avenue, Suite A
Port Huron, MI 48060
(810) 966-3399
www.region10piph.org

Your link to public services for mental health
and substance use disorders in Genesee,
Lapeer, Sanilac, and St. Clair Counties.

Our promise to you

We want you to be pleased with your mental health or substance use disorder (SUD) services. We expect you to be treated well. If you have a problem at your Community Mental Health (CMH) center or with your SUD provider, you have the right to make a complaint. This brochure tells you how. We promise that your complaint will be taken care of fairly and quickly.

Second Opinions at CMH

You may ask for a **Second Opinion** if you are:

- 1) Told you are not eligible for mental health services; or
- 2) Denied admission to a psychiatric hospital.

You can call the Customer Service line at **(888) 225-4447** or **(877) 346-3648** to ask for a second opinion. A qualified professional will look at your case to see if the decision should be changed. Your request will be reviewed within five (5) working days. If you have been denied inpatient psychiatric services, you will be contacted within three (3) working days.

Talk about the problem

One option is to talk about your concerns to your program worker or therapist. You may also ask to talk to a supervisor. All program workers should be helpful and courteous. After talking about your problem, you may still want to make a formal complaint (see Grievances below) or appeal an **Adverse Benefit Determination**.

Grievances

If you are unhappy about your services or how you are being treated at your CMH or SUD program, you may file a complaint called a **grievance**. For mental health grievances, you may call the Customer Service Department at the CMH you receive services. For SUD grievances, you may contact the PIHP Customer Service Department. (See back of this brochure for phone numbers). You will have an answer to your grievance within 90 calendar days from the date you make your complaint.

Notice of Benefit Determination

You must be notified in writing of any action taken toward your services. You will receive a **Notice of Adverse Benefit Determination** that will explain the action, the reason for the action, and your appeal rights and instructions.

Appeals

As someone who receives mental health or substance use disorder services, you have the right to disagree with any action of your services. The first step is the local appeal process.

For Medicaid Enrollees this is called the **PIHP Internal Local Appeal**. For non-Medicaid Enrollees this is called the **Local Dispute Resolution Process**.

You, or your provider on your behalf, may file an **appeal** when the following Adverse Benefit Determinations are taken:

- Your request for service is denied in full or in part.
- Your services are reduced, suspended or ended.
- The service you have received is not being paid for.

You may also file an **appeal** if the PIHP, CMH, or SUD program does not:

- Make a decision about your request for services within 14 calendar days.
- Make a decision within 72 hours of your request for **“expedited”** services. An **“expedited authorization decision”** is based on your urgent health needs.
- Begin your services within 14 days of the start date in your person-centered plan or individualized treatment plan.
- Resolve your local appeal within 30 Calendar days
- Respond within 72 hours of a request for an expedited appeal.
- Resolve a local grievance within 90 days of the request.