

What is STATE LEVEL APPEAL?

A state level appeal is an impartial review by a MDCH Law Judge of an appeal of an action. This impartial review is also referred to as an Administrative Hearing. If you do not agree with the decision or resolution made by your service provider, you may request the following hearing:

Medicaid Fair Hearing

If you receive Medicaid benefits, request an Administrative Fair Hearing at any time by contacting:

STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES

For the Department of Community Health

P.O. Box 30763
Lansing, MI 48909
TOLL FREE (877) 833-0870
TDD (888) 263-5897

Who can answer my questions about Appeals?

If you have questions about appeals, contact your service provider for assistance. The Authority's Customer Service Office staff is also available to answer questions and can assist you in requesting your due process rights from your service provider.

CUSTOMER SERVICE OFFICE

PHONE: (313) 833-3232
FAX: (313) 833-2217
TOLL FREE (888) 490-9698
TDD: (800) 630-1044

What do I do if I feel my rights have been violated?

If you feel your rights have been violated and would like to file a recipient rights complaint, the Authority's Office of Recipient Rights is available to answer questions and can assist you with filing a complaint.

OFFICE OF RECIPIENT RIGHTS

PHONE: (313) 833-2752
FAX: (313) 833-2043
TOLL FREE (888) 339-5588
TDD: (888) 339-5588

Detroit Wayne Mental Health Authority

640 Temple – 8th Floor
Detroit, MI 48201

General Office (313) 833-2500

Centralized Access Center Customer Service, Crisis and Information & Referral

(Available 24 hours/day, 7 days/week)

PHONE: (313) 224-7000
FAX: (877) 909-3590
TOLL FREE: (800) 241-4949
TDD: (866) 870-2599

www.dwmha.com

APPEALS

for Medicaid Benefits



What is DUE PROCESS?

The legal rights of mental health consumers are protected in many ways. Due Process is part of those protections.

Due Process entitles anyone seeking or receiving mental health services from the Detroit Wayne Mental Health Authority system to a fair and efficient process for resolving complaints. This includes an impartial review of your concerns by the Michigan Department of Community Health (MDCH).

What “Due Process” options are available to me? Several options are available. They include:

- Review of Your Person-Centered Plan
- Second Opinion
- Grievance
- Recipient Rights Complaint
- Local Appeal

Review of Your Person-Centered Plan

“Person-centered planning” is when you and your service provider develop an individual plan of service (IPOS) to support your mental health needs. This planning involves a meeting to discuss your dreams, goals and strategies to reach them. If this does not happen or you do not agree with the plan, you may request a review through the service provider.

Second Opinion

A second opinion is the process of seeking a review by another doctor, of your diagnosis and treatment plan. For example, if you are refused admission to a hospital, you may ask for a Second Opinion within 5 calendar when you are first denied. Talk to the service provider about the denied hospitalization.

Grievance

A grievance is an expression of dissatisfaction about service, the quality of care and/or the relationships between you and your service provider. You have the right to say you are unhappy and may file a grievance at any time. There is no time limit to ask for this option, but waiting can make the problem harder to resolve. Contact your service provider for assistance.

Recipient Rights Complaint

A recipient rights complaint is a written or verbal statement by you or on your behalf that claims a violation of your rights per the Michigan Mental Health Code. You may file a complaint alleging violation of recipient rights by calling the DWMHA Office of Recipient Rights.

Appeal

An appeal is a request for a review of an “action”. An action is when a decision is made to reduce, terminate or suspend services you receive or deny services you have requested. If you do not agree with the action or decision, you may request a Local Appeal or State Level Appeal.

What is LOCAL APPEAL?

A local appeal is your right to request review of your service provider’s decision or action to reduce, terminate, suspend or deny services. Your service provider is required to inform you when a decision is made to change or deny services you receive or request. If you do not agree with the decision you may request a local appeal from that service provider.

How do I receive a NOTICE of ACTION?

When a decision is made, your service provider is required to provide you with an Adequate or Advance Notice that tells you what action or decision is proposed or has been made regarding your services. From the date of the notice, you have 45 calendar days to make a verbal or written request for a Local Appeal from the service provider.

Adequate Notice

An adequate notice is provided to you on the same date an action takes effect, during your individual plan of service meeting or any time services are reduced, terminated or suspended.

Advance Notice

An Advance Notice is a letter that is sent, no less than 12 calendar days prior, to inform you that services you currently receive are going to be reduced, terminated or suspended.

What is a RESOLUTION?

A resolution is the decision in response to your appeal request. There are two types of resolutions: Standard and Expedited.

Standard Resolution

A standard resolution is a notice to inform you of the appeal decision as quickly as your situation requires, but not to exceed 45 calendar days from when the service provider received the appeal request.

Expedited Resolution

An expedited resolution is a notice to inform you of the appeal decision within 3 business days and is required when taking the time for a standard resolution could seriously jeopardize your life, health or ability to attain, maintain, or regain maximum function.