



# Understanding the Grievances and Appeals Process for Medicaid Enrollees

The Detroit Wayne Mental Health Authority (Authority) cares about you and the quality of services and supports that you receive. We also understand that sometimes problems do happen. You have the right to ask questions and/or express concerns about the care you receive for mental illness, substance use, developmental disabilities or co-occurring disorders, or from your service provider, Manager of Comprehensive Provider Network (MCPN), Coordinating Authority (CA), the Access Center, or the Authority without penalty. All consumers have the right to a fair and efficient process for resolving complaints regarding their services and supports.

Therefore, we believe that keeping you informed about the choices and services you have available is one important way to help you reach your goals. Customer Service representatives can help you resolve your concerns in various ways and inform you of your options, including your right to appeal actions to reduce, suspend, deny, or terminate your services. Customer Service representatives are available to talk with you about your concerns and will assist you with understanding the options you have available.

**DWMHA Customer Service**  
**640 Temple, 2nd Floor**  
**Detroit, MI 48201**  
**1-888-490-9698 or 1-313-833-3232**  
**TDD/TTY: 1-800-630-1044**  
**Fax: 1-313-833 2217 or 1-313-833-4280**  
**Hours: Monday – Friday 8:00 a.m. – 4:30 p.m.**

The following pages will provide you with a clearer understanding of Grievance and Appeals, including definitions and important timeframes that you should know about as part of your due process 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 have the right to say that you are unhappy with your services or supports and/or the staff who provides them by filing a “grievance”. This is an easy way for you or your legal representative to resolve issues or problems with your behavioral health services before they become more serious. If you are dissatisfied with Medicaid covered services and/or supports that you are receiving (for mental illness, developmental disability, substance use and/or co-occurring disorder), we encourage you to discuss your concerns with your service provider, MCPN, or CA for resolution. This is referred to as an “Informal” grievance process.

You may also talk to the Authority about any dissatisfaction you have with the services or supports you are receiving (for mental illness, developmental disability, substance use and/or co-occurring disorder). This is referred to as the “Formal” grievance process. Customer Service representatives are available to talk with you and help you navigate our service system from your first visit and assessment for services and continuing throughout your care.

You may contact Detroit Wayne Mental Health Authority Customer Services.

**DWMHA Customer Service**  
**640 Temple, 2nd Floor • Detroit, MI 48201**  
**1-888-490-9698 or 1-313-833-3232 • TDD/TTY: 1-800-630-1044**  
**Fax: 1-313-833 2217 or 1-313-833-4280**  
**Hours: Monday – Friday 8:00 a.m. – 4:30 p.m.**

You can file a grievance at any time in writing, by telephone or walk-in. Assistance is available in the filing process. You may contact your service provider, MCPN, CA or an Authority Customer Service Representative.

The grievance process may take up to 60 calendar days for a resolution. 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.

**Expedited resolutions can be requested. You have the right to have your grievance resolved as quickly as possible should your health condition warrant immediate attention. The Authority will assist with these determinations.**

## **Substance Abuse Grievances**

If you have a substance abuse related grievance you may contact:

**DETROIT RESIDENTS:**  
**Detroit Bureau of Substance Abuse Prevention, Treatment & Recovery**  
**1-800-879-7979 or 1-313-870-0042**

**OUT-COUNTY RESIDENTS:**  
**Southeast Michigan Community Alliance (SEMCA)**  
**1-800-686-6543 or 1-734-229-3500**

# 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 Access Center MCPN/CA or Service Provider to deny or limit authorization of a requested service, including the type or level of service.
2. A decision by the MCPN/CA or Service Provider to reduce, suspend, or terminate a previously authorized service.
3. A decision by the MCPN/CA or Service Provider to deny payment for a service (in whole or part).
4. A failure of the MCPN/CA or 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/CA or 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/CA or 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/CA or Service Provider.
7. A failure of the MCPN/CA or Service Provider to act within 45 calendar days from the date of a request for a standard appeal.
8. A failure of the MCPN/CA or 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/CA or 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 the Access Center, your MCPN/CA or 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 the Access Center, your MCPN/CA or Service Provider advising you of a decision to deny or limit authorization of services requested. An "Adequate Notice" 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/CA or Service Provider advising you of a decision to reduce, suspend or terminate a covered service. A notice **must be provided to you in advance, no less than 12 calendar days before to 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 calendar days** from the date of the advance or adequate notice you receive. Written notice of the outcome must be provided to you by the Access Center, your MCPN/CA or Service Provider no later than **45 calendar 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/CA or Service Provider 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:

**Michigan Administrative Hearing System  
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/CA or Service Provider decision), or
2. If you or your representative does not appear for the hearing, or
3. If you withdraw your hearing request. You must make this request before the date the action is to take affect.

## Standard Resolution

The MCPN/CA or Service Provider must resolve the appeal and provide notice of disposition as expeditiously as the beneficiary's health condition requires, but not to exceed **45 calendar days** from the date the MCPN/CA/Service Provider receives the appeal. 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

You have a right to an "expedited" resolution if waiting for the standard time (up to 90 days) for a hearing would seriously jeopardize your life or health or your ability to attain, maintain or regain maximum function. If requested and accepted, the MCPN/CA/Service Provider and/or Authority must resolve the appeal and provide notice of disposition within **3 working days** after receiving the request for an expedited resolution of the appeal.

## 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 Authority's Customer Service Office:

**(888)-490-9698 or**

**TDD Line: (800) 630-1044.**

*Language Services provided Free of Charge*

## IMPORTANT PHONE NUMBERS

### **Detroit Wayne Mental Health Authority**

640 Temple, Detroit, MI 48201

#### **General Office**

(313) 833-2500

#### **Customer Service**

Phone: (888) 490-9698

Fax: (313) 833-2217

Fax: (313) 833-4280

TDD Line: (800) 630-1044

#### **Grievance and Appeals**

(888) 490-9698

Fax: (313) 833-4280

#### **Recipient Rights**

(888) 339-5595

#### **Family Support Subsidy**

(313) 833-2493

Fax: (313) 833-4150

#### **24 Hour Centralized**

#### **Access Center**

(800) 241-4949 or

(313) 224-7000

**Detroit Wayne  
Mental Health Authority**  
640 Temple – 8th Floor  
Detroit, MI 48201

**General Office**  
313-833-2500

**24-Hour Crisis Information and Referral**  
800-241-4949  
TDD: 866-870-2599

**[www.dwmha.com](http://www.dwmha.com)**

