

Notice of Resolution

If you have filed a local appeal, you will receive an answer within 30 days. Some times an extra 14 days is needed, but you will be told in writing if the extra time is needed to make a decision.

If you are unhappy with the results of your appeal, 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 Notice of Resolution. In some cases, if you ask for a hearing within 10 days of the Notice of Resolution, 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 PIHP for additional information about this process.

We are here to help

If you have questions about your rights or if you need help filing a grievance or an appeal related to your **Community Mental Health** or **Substance Use Disorder** services, you can contact your service provider:

Genesee Health System

420 West Fifth Avenue
Flint, MI 48503
Phone: 866-211-5455

Lapeer County Community Mental Health

1570 Suncrest Drive
Lapeer, MI 48446
Phone: (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

Or you may contact Region 10:

Region 10 PIHP

3111 Electric Avenue, Suite A
Port Huron, MI 48060
Phone: 888-225-4447

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Grievance & Appeal Process



Region 10 PIHP
3111 Electric Avenue, Suite A
Port Huron, MI 48060
888-225-4447
www.region10pihp.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 with Access, 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. Staff is available to assist you in making your complaint.

Second Opinion

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** 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 72 hours.

Talk about the problem

If you are having a problem with your services, we encourage you to try to work it out with the staff member or a supervisor. If you are unable to work it out, you may file a complaint. A complaint can be either:

a Grievance: You are unhappy about your services or how you are being treated.

OR

an Appeal: An unexpected change or denial of services (known as an Adverse Benefit Determination).

Grievance

If you are unhappy about your services or how you are being treated, you may file a complaint, either verbally or in writing. This is called a **grievance**. You may call the Customer Service Department at the CMH where you receive services, or 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

Appeal

You will be given notice when a decision is made to deny you services, or if an unexpected change happens to your current service. This is known as an Adverse Benefit Determination. You have the right to file an appeal when you do not agree with the decision to deny or unexpectedly change your services. In some situations, you may also be able to ask to continue services during your appeal.

Notice of Adverse Benefit Determination

The Notice of Adverse Benefit Determination will explain the unexpected change or denial in services, the reason for the unexpected change or denial, and your appeal rights and instructions.

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.
- Your services are reduced, suspended or terminated.
- The service you have received is no longer being paid for.
- A decision about your request for services was not made within 14 calendar days.
- Failure to make a decision within 72 hours of your request for **“expedited”** services. An **“expedited authorization decision”** is based on your urgent health needs.
- Failure to begin your services within 14 days of the start date in your person-centered plan or individualized treatment plan.
- Failure of the PIHP to resolve your local appeal within 30 Calendar days.
- Failure of the PIHP to respond within 72 hours of a request for an expedited appeal.
- Failure to resolve a grievance within 90 days of the request.
- Denial of your request to dispute your ability to share the cost of your services, such as co-payments or deductibles.