

Notice of Resolution

If you have filed a local appeal, you will receive an answer within **30 calendar days** from the day the PIHP received the request.

The PIHP may extend the resolution / notice timeframe by up to **14 calendar days** if you request an extension, or if the PIHP shows to the satisfaction of the State that there is a need for additional information and how the delay is in your best interest.

If the PIHP extends the resolution / notice timeframes, the PIHP must make reasonable efforts to give you prompt oral notice of the delay, give you written notice of the reason for the decision to extend the timeframe, within **two (2) calendar days** and inform you the right to file a Grievance if you disagree with the decision and resolve the Appeal as expeditiously as your health condition requires and not later than the date the extension expires.

If you are unhappy with the results of your appeal, you will be given the option to request a State Fair Hearing. You must request a State Fair Hearing within **120 calendar days** from the date of the applicable Notice of Resolution.

You may request continuation of benefits within **10 calendar days** of the Notice of Resolution and you will receive your services until the Administrative Law Judge makes a decision. If the Judge upholds the change in your services, you may be asked to pay for them. You may contact Region 10 PIHP Customer Services for additional information about this process.

Customer Service

If you have questions about your rights, feel that your rights have been violated, or need help filing a grievance or an appeal related to your Community Mental Health or Substance Use Disorder services, you can contact the following toll-free customer services numbers:

In Genesee County:

Toll-Free: 1-877-346-3648

In Lapeer, Sanilac, St. Clair Counties:

Toll-Free: 1-888-225-4447

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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. We promise that your complaint will be taken care of fairly and quickly. Customer Service staff are 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 **Grievance** or an **Appeal**.

Grievance

You may file a grievance (a complaint) either verbally or in writing, if you are unhappy about your services or are unhappy how you are being treated. 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 filed your complaint. If your grievance is not resolved within **90 calendar days**, you have the right to file a State Fair Hearing.

Appeal

If you do not agree with the Adverse Benefit Determination, you have the right to file an appeal, either verbally or in writing, **60 calendar days** from the date of the Adverse benefit Determination Notice.

You may also ask to continue services during your appeal if the request for continuation of benefits is requested within **10 calendar days** from the date of the Notice of Adverse Benefit Determination, and the period covered by the original authorization has not expired.

Notice of Adverse Benefit Determination

An Adverse Benefit Determination is notice given due to:

- Denial or limited authorization of a requested service;
- Reduction, suspension, or termination of a previously authorized service.
- Denial, in whole or in part, of payment for a service.
- Failure to make a standard Service Authorization decision and provide notice about the decision within **14 calendar days** from the date of receipt of a standard request for service.
- Failure to make an expedited Service Authorization decision within **72 hours** after receipt of a request for expedited Service Authorization.
- Failure to provide services within **14 calendar days** of the start date agreed upon during the person-centered planning and as authorized by the PIHP.
- Failure of the PIHP to resolve standard appeals and provide notice within **30 calendar days** from the date of a request for a standard appeal.
- Failure of the PIHP to resolve expedited appeals and provide notice within **72 hours** from the date of a request for an expedited appeal.
- Failure of the PIHP to resolve grievances and provide notice within **90 calendar days** of the date of the request.
- For a resident of a rural area with only one MCO, the denial of an Enrollee's request to exercise his or her right to obtain services outside the network.
- Denial of an Enrollee's request to dispute a financial liability, including cost sharing, copayments, premiums, deductibles, coinsurance, and other Enrollee financial responsibility.