



GRIEVANCE AND APPEALS PROCESS OVERVIEW

The Shiawassee Health and Wellness (SHW) Customer Service staff is here to assist individuals when they are dissatisfied with the services they are receiving or to help in the appeal process when they do not agree with the changes in their services. This short document outlines some of the options available to individuals receiving services at Shiawassee Health and Wellness.

Grievances

You have the right to say that you are unhappy with your services or supports or the staff who provide them, by filing a grievance. You can file a grievance any time by calling, visiting, or writing to the SHW Customer Service Department. Assistance is available in the filing process by contacting the Customer Service Department. You will be given detailed information about grievance and appeal processes when you first start services and then again annually. You may ask for this information at any time by contacting the Customer Service Department.

- There is no time limit on for filing a grievance.
- A provider may file a grievance on your behalf (with verified consent by you/your legal representative).
- If you file a grievance, you will receive an acknowledgment letter. You will also receive a disposition (decision) letter within 90 calendar days.
- If the SHW and/or SUD Provider is unable to resolve the grievance and provide notice of the resolution within 90 calendar days of the date of the grievance request, you will have access to the State Fair Hearing process.

Local Appeals

An Adverse Benefits Determination is a decision that denies your request for services or reduces, suspends or terminates the services you already receive. Should you receive an Adverse Benefits Determination, you have the right to file an appeal if you do not agree with the decision. There are two ways you can appeal these decisions. Please keep in mind there are also time limits on when you can file an appeal once you receive a decision about your services.

You may:

Ask for a Local Appeal by contacting the SHW Customer Service Department and/or
File for a State Alternative Dispute Resolution if you have MI Child, private insurance only, or no insurance and do not agree with the outcome of the local appeal.

Your appeal will be completed timely, and you will have the opportunity to provide information or have someone speak for you regarding the appeal. To file an appeal, you may ask for assistance from SHW Customer Service, a provider, or an advocate. If you contact SHW Customer Service, we will help you understand the appeal process and guide you through it.

- You have 60 calendar days to file an appeal once you have received the notice that your services were denied, suspended, terminated, or reduced.
- If you want to continue to receive your same level of services while your local appeal is pending, you have 10 calendar days (as instructed on the Notice of Adverse Benefit Determination), you may continue to receive your same level of service(s) while your internal appeal is pending. You will need to state in your appeal request that you are asking for your service(s) to continue.
- All comments, documents, records, and other information you or your representative submit will be considered, regardless of when it is submitted in the appeal process.
- Your appeal will not be handled by anyone who was involved in any previous level of review or decision making, nor a person supervised by that individual.
- You may ask to look over the information used in making the appeal decision.
- If you file an appeal, you will receive an acknowledgment letter. In most cases, your appeal will be completed in 30 calendar days or less. If waiting 60 calendar days for a decision would cause you serious harm, you can request an expedited appeal (fast appeal) decision. If it is determined that you meet the requirements for an “expedited appeal”, your appeal will be decided within 72-hours after we receive your request. In all cases, SHW may extend the time for resolving your appeal by 14 calendar days if you request an extension, or if SHW can show that additional information is needed and that the delay is in your best interest. You will also receive a disposition (decision) letter in no more than 30 calendar days for standard appeal and 72 hours for an expedited (quick) appeal.

NOTE: If your benefits are continued because you used this process, you may be required to repay the cost of any service(s) that you received while your appeal was pending if the final resolution upholds the denial of your request for coverage or payment of a service. State policy will determine if you will be required to repay the cost of any continued benefits.

State Medicaid Fair Hearing

You must complete a local appeal before you can file for a state fair hearing. However, if your provider fails to adhere to the notice and timing requirements, you will be deemed to have exhausted the local appeal process. You may request a State Fair Hearing at that time.

You can ask for a State Fair Hearing only after receiving notice that the service decision you appealed has been upheld. You can also ask for a State Fair Hearing if you were not provided your notice and decision regarding your appeal in the time frame required. You have 120 calendar days from the date of the notice of your appeal resolution to file a request for a State Fair Hearing.

You can file for a State Fair Hearing by writing to:

MICHIGAN ADMINISTRATIVE HEARING SYSTEM (MAHS)
FOR THE DEPARTMENT OF HEALTH AND HUMAN SERVICES
PO BOX 30763
LANSING MI 48909
Fax (517) 335-7519

You can request a hearing to be conducted quickly by calling (800) 648-3397. The hearing is held by a Michigan Administrative Hearing System (MAHS) Law Judge, a branch of state government.

You can also contact SHW Customer Service Department to request a State Fair Hearing Request form or to ask for assistance in completing the form.

If you request a hearing before services are scheduled to be changed, your services may continue until a judge makes a ruling on your case. In order to continue services, you must request the appeal within 10 calendar days of the date of action included on the notice letter you received when terminating, suspending, or reducing your services. If your benefits are continued, you can keep getting the service(s) until one of the following happens: 1) you withdraw the appeal or State Fair Hearing request; or 2) all entities that got your appeal decide "no" to your request. If the judge does not rule in your favor, you may be asked to pay for the services received. Please note that prior to the actual hearing:

- You may choose to have another person represent you or participate in the hearing.
- This person can be anyone you choose, including a service provider and/or an attorney.
- This person may request a hearing for you.
- You may have to give this person written permission to represent you.
- You have the right to present facts to support your case in a hearing.

The Michigan Department of Health and Human Services (MDHHS) Alternative Dispute Resolution process is available for persons without Medicaid or Healthy Michigan Plan (HMP) that are unhappy with the local appeal outcome noted above. If you do not agree with an appeal decision made at the local dispute level, you have 10 calendar days from receiving the written appeal decision letter to file for a Michigan Department of Health and Human Services Alternative Dispute Resolution by writing to:

Michigan Department of Health and Human Services
Division of Program Development, Consultation, and Contracts
Bureau of Community Mental Health Services
Attn: Request for DHHS Level Dispute Resolution
400 S. Pine St., 6th Floor
Lansing, MI 48913