

Template #5: Grievance and Appeals Processes

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 [Customer Services Office.] Assistance is available in the filing process by contacting_____. In most cases, your grievance will be resolved within 90-calendar days from the date the PIHP receives your grievance. 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 Services Office]. *

Appeals

You will be given notice when a decision is made that denies your request for services or reduces, suspends or terminates the services you already receive. This notice is called an “Adverse Benefit Determination”. You have the right to file an “appeal” when you do not agree with such a decision. If you would like to ask for an appeal, you will have to do so within 60-calendar days from the date on the Adverse Benefit Determination.

You may ask for a “Local Appeal” by contacting at_____.

You will have the chance to provide information in support of your appeal, and to have someone speak for you regarding the appeal if you would like.

In most cases, your appeal will be completed in 30 calendar days or less. If you request and meet the requirements for an “expedited appeal” (fast appeal), your appeal will be decided within 72-hours after we receive your request. In all cases, the PIHP may extend the time for resolving your appeal by 14 calendar days if you request an extension, or if the PIHP can show that additional information is needed and that the delay is in your best interest.

You may ask for assistance from [Customer Services] to file an appeal.

State Fair Hearing

You must complete a local appeal before you can file a state fair hearing. However, if the PIHP 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 timeframe required. There are time limits on when you can file an appeal once you receive a decision about your local appeal.

Benefit continuation

If you are receiving a Michigan Medicaid service that is reduced, terminated or suspended before your current service authorization, and you file your appeal within 10 calendar days (as instructed on the Notice of Adverse Benefit Determination), you may continue to receive

your same level of services 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.

If your benefits are continued and your appeal is denied, you will also have the right to ask for your benefits to continue while a State Fair Hearing is pending if you ask for one within 10 calendar days. You will need to state in your State Fair Hearing request that you are asking for your service(s) to continue.

If your benefits are continued, you can keep getting the service 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.

NOTE: If your benefits are continued because you used this process, you may be required to repay the cost of any services 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.

*[Note to PIHPs: you may add detailed information about grievance and appeals to this template.]