

# Notice of Receipt of Appeal/Grievance Macomb County Community Mental Health (MCCMH)

**Important:** Read this notice carefully. If you need help, you can call one of the numbers listed on the next page under “Get help & more information.”

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Mailing Date: <Mailing Date>

Member ID: <Member Plan ID.>

Name: <Member's Name>

Beneficiary ID: <Member Medicaid ID>

Appeal Number: <Appeal No. – Enter “N/A” if this notice is about a Grievance>

Grievance Number: <Grievance No. – Enter “N/A” if this notice is about an Appeal.>

This Notice is in response to a request that we received on <date received>.

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## You Filed A Grievance

We received your grievance on <date received> about <subject of grievance>. We take your concerns seriously. Thank you for taking the time to bring this to our attention.

### WHAT THIS MEANS

We will review your grievance by <date received plus 90 calendar days>. A letter will be mailed to you within two (2) calendar days after we complete our investigation telling you what we found and what (if any) action we will take, or have taken.

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## You Filed An Internal Appeal

We received your request for an internal appeal on <date received>. You are appealing our decision to <description of subject of appeal>.

### WHAT THIS MEANS

A decision on this appeal will be made by <date received plus thirty (30) days>. A letter will be mailed to you telling you what our decision is and why we made that decision.

<Leave the following paragraph in place if the first sentence is true>: You were receiving a Michigan Medicaid service that was reduced, terminated or suspended before your current service authorization expired, and your appeal was received within ten (10)

calendar days of the mailing date on the Notice of Adverse Benefit Determination that notified you of the decision you are appealing (or before the effective date of the proposed adverse benefit determination), and it included a request for continuation for benefits. Therefore, the service(s) you have been receiving will continue while the appeal is being reviewed.>

We may contact you for more information or if we have more questions. If you have any questions or additional information to provide please call the MCCMH Ombudsman at (586) 469-7795, TTY (800) 649-3777, or MI Relay Service at 711.

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## **FOR BOTH GRIEVANCES AND APPEALS**

### **If you want someone to represent you**

At any time during the process you may have another person act for you or help you. This person will be your representative. If you want someone to act for you, you must tell us that in writing. You'll need to mail or fax this statement to us at (586) 469-7958. Keep a copy for your records. If you want someone else to act for you and you have any questions or need help, call us at: (586) 469-7795. TTY users call (800) 649-3777 or MI Relay Service at 711.

If you already have someone to represent you, or if you have a legal guardian, power of attorney, or someone authorized to make health care decisions on your behalf, you do not have to do anything else.

### **Get help & more information**

- Macomb County Community Mental Health:
  - If you need help or would like more information about our decision or the internal grievance and appeal process, please call the MCCMH Ombudsman at (586) 469-7795, Monday–Friday, 8:30am–5:00pm.
  - TTY users call (800) 649-3777 or MI Relay Service at 711.
  - You can also visit our [www.mccmh.net](http://www.mccmh.net).
- Michigan Department of Health and Human Services (MDHHS) Beneficiary Help Line: 1-800-642-3195. TTY users call 1-866-501-5656 or 1-800-975-7630 (if calling from an internet based phone service).

## **Non-Discrimination and Accessibility**

In providing behavioral healthcare services, Macomb County Community Mental Health complies with all applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Macomb County Community Mental Health does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

**MCCMH** provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, Braille)

**MCCMH** provides free language services to people whose primary language is not English or have limited English skills, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact Macomb County Community Mental Health Access Center at 1-855-996-2264.

If you believe that MCCMH has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: MCCMH Ombudsman at 22550 Hall Road, Clinton Township, MI 48036, 586-469-7795.

If you are a person who is deaf or hard of hearing, you may contact MCCMH at 1-800-649-3777 or MI Relay Service at 711 to request their assistance in connecting you to MCCMH. You can file a grievance in person or by mail, fax or email. If you need help in filing a grievance, the MCCMH Ombudsman is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. You may also file a grievance electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

**U.S. Department of Health and Human Services**  
**200 Independence Avenue, SW**  
**Room 509F, HHH Building**  
**Washington, D.C. 20201**  
**Toll Free: 1-800-368-1019**

**You have the right to get this information in a different format, such as audio, Braille, or large font due to special needs or in your language at no additional cost.**

- English:** ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-996-2264.
- Albanian:** KUJDES: Në qoftë se ju flisni anglisht, shërbimet e ndihmës gjuhësore, pa pagesë, janë në dispozicion për ty. Telefononi 1-855-996-2264.
- Arabic:** 1-855-996-2264 تنبيه: إذا كنت تتحدث العربية فإن خدمة الترجمة متوفرة لك مجاناً فقط إتصل على الرقم
- Bengali:** দৃষ্টি আকর্ষণ: আপনি ইংরেজি, ভাষা সহায়তা সেবা, নিখরচা কথা বলতে পারেন, আপনার জন্য উপলব্ধ. কল 1-855-996-2264.
- Chinese:** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-855-996-2264.
- German:** Achtung: Wenn Sie Englisch sprechen, sind Sprache Assistance-Leistungen, unentgeltlich zur Verfügung. Rufen Sie 1-855-996-2264.
- Italian:** Attenzione: Se si parla inglese, servizi di assistenza di lingua, gratuitamente, sono a vostra disposizione. Chiamare 1-855-996-2264.
- Japanese:** 注意: 英語を話す言語アシスタンス サービス、無料で、あなたに利用できま。を呼び出す) 1-855-996-2264.
- Korean:** 주의: 당신이 영어, 언어 지원 서비스를 무료로 사용할 수 있습니다 당신에 게. 전화1-855-996-2264.
- Polish:** UWAGI: Jeśli mówisz po angielsku, język pomocy usług, za darmo, są dostępne dla Ciebie. Wywołanie 1-855-996-2264.
- Russian:** ВНИМАНИЕ: Если вы говорите по-английски, языковой помощи, бесплатно предоставляются услуги для вас. Звоните 1-855-996-2264.
- Serbo-Croatian:** OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite (TTY- Telefon za osobe sa oštećenim govorom ili sluhom:) 1-855-996-2264.

