

Notice of Grievance Resolution 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.”

Mailing Date: <Mailing Date>

Member ID: <Member Plan ID.>

Name: <Member's Name>

Beneficiary ID: <Member Medicaid ID>

Grievance Number: <Grievance No.>

Grievance Resolution Date: <Date Grievance Resolved>

This Notice is in response to the grievance you initiated on <date received>.

Your grievance was resolved

Your grievance was thoroughly investigated and considered. This is to inform you of the resolution:

If we did not resolve your grievance within the required timeframes, you have the right to appeal

Medicaid Consumers: If your grievance was not resolved within 90-days from the date you initiated the grievance, you may request a State Fair Hearing.

How to ask for a State Fair Hearing with MAHS

To ask for a Medicaid State Fair Hearing you must follow the directions on the enclosed Request for State Fair Hearing form. You must ask for a State Fair Hearing within **120 calendar days** from the mailing date of this notice. If your request is not received at MAHS by <insert 120 calendar day date>, you will not be granted a hearing. If you need another copy of the form, you can ask for one by calling Macomb County Community Mental Health Ombudsman at (586) 469-7795, TTY users call (800) 649-3777 or MI Relay Service at 711, or you may call the Michigan Department of Health and Human

Services 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-Medicaid Consumers: If your grievance was not resolved within 60-days from the date you initiated the grievance, you have the right to request an appeal using the Local Dispute Resolution Process. You can make your appeal request either calling us or mailing your request to the Macomb County Community Mental Health Local Dispute Resolution Program/Office of Recipient Rights within 45-calendar days of the date of this notice by contacting:

Office of Recipient Rights
71 North Avenue
Mt. Clemens, MI 48043
Phone: (586) 469-6528
Fax: (586)

If you want someone else to act for 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.
- Michigan Department of Health and Human Services (MDHHS) Medicaid 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す。(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.

