

You have the right to question decisions that are made about what services you will or will not get. You also have the right to say you are not satisfied with your services. In addition, you have the right to be free from any form of force, discipline, convenience, or retaliation if you file a grievance or appeal. You often have more than one way to challenge decisions or share concerns.

\*\*\*\*\*

You have the right to appeal if the agency does not tell you in 14 days if you will or will not get a service you asked for. If it is an emergency you should hear in 3 days.

\*\*\*\*\*

You have the right to appeal if the agency does not start services in your Treatment Plan within 14 days of the date you signed it, unless you agree to a later start date.

\*\*\*\*\*

Your Treatment Plan should be written using a person-centered planning process. If this did not happen (you weren't invited to participate), or you do not agree with the final plan, you may appeal. Once you file an appeal, the agency has 30 days to review the plan, so this would not be the best option in an emergency situation.

\*\*\*\*\*

You have the right to access your record at a scheduled time while getting ready for your appeal.

\*\*\*\*\*

When you disagree with a decision, it is usually a good idea to talk to your staff worker first. If that does not work, you may talk to the supervisor or Recipient Rights Advisor.

### CHOICES

This pamphlet tells you about your choices of grievance and appeal if going to staff or supervisor does not take care of your concerns, or if you do not want to talk to staff or

supervisor. Depending on the funding to pay for your services (Medicaid or Non-Medicaid), your choices include a *Second Opinion*, a *Local Appeal Meeting*, an *Expedited Appeal Meeting*, a *State Medicaid Fair Hearing Appeal*, a *Grievance*, and a *Recipient Rights Complaint*.

### Second Opinion

*(For Medicaid Clients):*

You may ask for a **Second Opinion** if you apply for services and you are denied. *You have 30 days to do this*. Fill out the Second Opinion form and you will get a second opinion from the agency at no cost to you within 5 working days. Staff, a Recipient Rights Advisor, or the Mid-South Regional Fair Hearings Officer may answer your questions about second opinions. Telephone numbers are on the back.

\*\*\*\*\*

If you are Medicaid eligible and already getting services and your services are denied, changed, delayed, or stopped; or if you ask for other services and are denied, you have the right to appeal if you do not agree.

If you are Medicaid eligible, you will get a letter in the mail telling you about the denial, change, delay, or ending of services and the date this will take place. If you ask for a Local Appeal Meeting or a State Medicaid Fair Hearing before that date, your services may stay the same until after a meeting or hearing is held. *You may give anyone written permission, including a provider, to represent you for an appeal meeting or hearing if you are your own guardian*. Note: the law requires we tell you that you could be charged for these services if the meeting or hearing does not rule in your favor.

\*\*\*\*\*

### Appeals

Depending on your funding, you may appeal by asking for a **Local Appeal Meeting**, an

**Expedited Appeal Meeting** [if your problem is harmful if not fixed within 3 days], or by asking for a **State Medicaid Fair Hearing**.

### Local Appeal Meeting

*(For Medicaid and Non-Medicaid Clients):* To ask for a **Local Appeal**, verbally request, write or fill out the request form for a "Local Dispute Resolution" meeting. You may get this form from the staff worker, supervisor, Recipient Rights Advisor, or Mid-South Regional Fair Hearings Officer. Telephone numbers are on the back of this pamphlet.

You have 45 days to ask for a local appeal and the agency must complete your appeal in 60 days. The agency has 10 calendar days to mail you the decision about your appeal. If you do not agree with the decision, you may appeal to the State Administrative Hearing office if you are a Medicaid Client, the State Alternative Dispute Resolution Process if you are a Non-Medicaid Client or contact the Mid-South Regional Fair Hearings Officer. Telephone numbers are on the back of this pamphlet.

### Expedited Appeal Meeting

*(For Medicaid and Non-Medicaid Clients):*

You may request an **Expedited Appeal Meeting** if your problem is harmful to you if not fixed sooner than 10 calendar days. The agency will let you know the decision as soon as it finishes meeting. You will receive a phone call of the decision and a Resolution Notice will be mailed to you within two calendar days. If you do not agree with the decision, you may appeal to the State Administrative Hearing Office if you are a Medicaid Client, the State Alternative Dispute Resolution Process if you are a Non-Medicaid Client, or contact the Mid-South Regional Fair

Hearings Officer. Telephone numbers are on the back of this pamphlet.

### State Medicaid Fair Hearing Appeal

(For Medicaid Clients):

If you want to appeal to the State and you are a Medicaid Client, you may ask for a **State Medicaid Fair Hearing**. Fill out a Request for Administrative Hearing form that you may get from any staff, a Recipient Rights Advisor, the Mid-South Regional Fair Hearings Officer, or the State Administrative Tribunal. The telephone number is listed for you.

\* \* \* \* \*

### Grievances

(For Medicaid and Non-Medicaid Clients):

A **grievance** is a special kind of disagreement. You do not file a “grievance” when your rights have been violated or when services have been denied, changed, or stopped. If you are not satisfied with your services or supports, you may file a grievance *orally or in writing any time* by calling or writing to staff, a Recipient Rights Advisor, or the Mid-South Regional Fair Hearings Officer. A professional who has the credentials to review your grievance will answer within 60 days from the date you filed the grievance.

\* \* \* \* \*

### Recipient Rights Complaints

(For Medicaid and Non-Medicaid Clients):

You may file a **Recipient Rights Complaint** any time if you think staff violated your rights. Your rights include: the right to be free from abuse, the right to confidentiality, and the right to be treated with dignity and respect, among other rights you are given when you begin services. You may get a Recipient Rights Complaint form from any staff, a Recipient Rights Advisor, or the Mid-South Regional Fair Hearings Officer. The telephone number is listed for you.

\* \* \* \* \*

### Different Format

You have the right to any of this information in a different language, type of print, or form. If you need this information in a different language, print, or form, please contact any of the people or departments below.

\* \* \* \* \*

### Help and Assistance

Remember, sometimes you may use more than one kind of grievance, appeal, or complaint at the same time. If you want help, have questions, need help to read or fill out the forms, or need forms, please call any of the following:

**Michigan Relay Center**  
Toll Free: 1-800-649-3777

Or  
Dial 711

(Hearing-impaired, hard-of-hearing or speech-impaired)

\* \* \* \* \*

**Recipient Rights Advisor**  
(At the agency where you receive/  
received treatment services)

\* \* \* \* \*

**Customer Services**  
Toll Free: 1-888-313-7700

\* \* \* \* \*

**Regional Fair Hearings Officer**  
**Recipient Rights Regional Consultant**  
Jeanne L. Diver, M.P.A.  
(517) 337-4406 x 111

or  
Toll Free: 1-888-313-7700

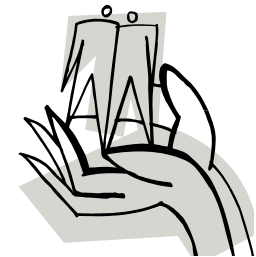
\* \* \* \* \*

**State Administrative Tribunal**  
Toll Free: 1 (877) 833-0870

\* \* \* \* \*

**Alternative Dispute Resolution**  
**State Office of Recipient Rights**  
1 (517) 373-2319

## Client Grievance & Appeal Choices



**Mid-South Substance Abuse Commission**  
2875 Northwind Drive, Suite 215  
East Lansing, MI 48823-5035  
Toll Free: 1-888-313-7700  
(517) 337-4406  
[www.mssac.com](http://www.mssac.com)

September 2007