



Medicaid Notice of Hearing Rights

Name _____
Address _____
City, State, Zip _____

Date _____

Dear Medicaid Recipient:

Services that will be provided to you are listed below or are described in your Treatment Plan. The legal basis for this is 42 CFR440.230(d), that says you have a right to know what is authorized at this time for you and this is why you are receiving this letter.

Service: _____

No. of units authorized for now: _____

Start date of this request: _____

End date of this request: _____

This authorization period may continue past the end date if your therapist believes it is medically necessary. If you do not agree with the scope, duration, or intensity of the authorized services listed above, you may ask for a review by using one or more of the following options according to Federal Regulation, 42 CFR440.230(d):

1. Ask for a Michigan Department of Community Health **fair hearing** within 90 calendar days from the date of this letter. The Fair Hearing request must be in writing and signed by you or you may use legal counsel, a relative, a friend, or other spokesman as your authorized hearing representative. You will not be able to appeal through the Michigan Department of Community Health Administrative Tribunal after 90 days from the date of this letter. If you ask for a Fair Hearing within 12 days from the date of this letter, the treatment services you are receiving will continue, but you may be asked to pay, depending on what the Administrative Law Judge decides. Refer to www.michigan.gov/documents/mdch/ADMN_HEARING_PAMPHLET_MARCH_2008_227657_7.pdf for more information.
 - a. To ask for a Fair Hearing, complete a *Request for Administrative Hearing* form and mail it in a self-addressed, stamped envelope addressed to the Administrative Tribunal at: Administrative Tribunal, Michigan Department of Community Health, P.O. Box 30195, Lansing, MI 48909-7695.
 - b. The *Request for Administrative Hearing* form and envelope are located at 1) Mid-South Substance Abuse Commission Care Coordination Center, 2875 Northwind Drive, Suite 111, East Lansing, MI 48823 and 2) the program you are attending.
2. Ask for an **expedited hearing** if waiting for the fair hearing would seriously harm your life or health or would harm your ability to attain, maintain, or return to maximum functioning. To ask for an expedited hearing, you may call 877-833-0870. This is a free call at no cost to you.
3. You may ask for a **local appeal** either by calling or writing your Coordinating Agency within 45 calendar days of the date of this notice. You have a right to an **expedited local appeal** if waiting for the local appeal would seriously harm your life or health. To ask for a local appeal or an expedited local appeal, you may contact:

Coordinating Agency: Mid-South Substance Abuse Commission
 Jeanne L. Diver, Recipient Rights Regional Consultant
 2875 Northwind Drive, Suite 111
 East Lansing, MI 48823
 Phone: (517) 853-0495, extension 111
 Toll Free: (888) 230-7629

NOTE: You may ask for both a **fair hearing and a local appeal** at the same time. You may contact the Administrative Tribunal toll free at (877) 833-0870 or the Coordinating Agency at (517) 853-0495, extension 111 or toll free at (888) 230-7629, if you have further questions or need assistance in making a decision or completing forms.

Sincerely,

(Signature of Clinician/Case Manager)

(Printed Clinician/Case Manager's Name)

(Client Signature, if applicable)

(Date)