

Tell me how CMH works?

Customer Services is your first contact for service questions. Customer Services will answer your questions or direct you to the right person. We believe that information is one very important way for us to provide you with choices and services to help you reach your goals. Some of your rights are explained in this brochure. If you have other questions, please contact your Customer Service Specialist or Office of Recipient Rights.

Questions? Complaints? WE CAN HELP

CUSTOMER SERVICES

If you have concerns or need help with a behavioral health service, we encourage you to contact your Customer Service Specialist. Customer Services is available to help you navigate the public mental health system from your first experience during your initial visit and assessment for services, throughout your care.

OFFICE OF RECIPIENT RIGHTS

The Office of Recipient Rights has authority under Michigan Law to take action to prevent violations of the legal rights of recipients of services, to investigate complaints of violations of these rights, and to enforce remedies when violations are found. You have the right to contact the Office of Recipient Rights whenever you have questions about your legal rights or feel your rights have been violated. Staff of the Office can advocate, intervene, or investigate on your behalf or refer you to advocacy groups or agencies who can help answer your question or resolve your complaint.



Important Phone Numbers

For more information regarding your Grievance and Appeal or Recipient Rights, or if you need assistance in filing any of these options, please refer to the following numbers.

Customer Services

(231) 933-4907 Traverse City
(231) 876-3246 Cadillac
1-800-337-8598 Toll-Free Region
Mon-Fri, 8AM-5PM

Grievance and Appeals

1-800-337-8598 Toll-Free Region

Office of Recipient Rights

(231) 935-3873
or Toll-Free 1-800-337-8598
(Ask for the Office of Recipient Rights)

After-Hours Crisis

(231) 922-4850 Traverse City
1-800-442-7315 Other Offices

TTY 711

If you speak a language other than English, language assistance services, free of charge, are available to you.
Call 1-800-337-8598 (TTY: 711)

Northern Lakes Community Mental Health (NLCMH) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. NLCMH is a member of Northern Michigan Regional Entity (www.nmre.org) and receives its principal funding from the Michigan Department of Health and Human Services (MDHHS).
This information was reviewed by consumers.
Rev January 2017



Questions & Complaints



www.northernlakescmh.org

What can I do if I am not happy with services?

A grievance or complaint is any expression of dissatisfaction with matters relating to services not involving a denial, suspension, reduction or termination of a mental health service or a suspected violation of your rights. You may file a grievance at any time and there are no time limitations for filing a grievance.

Northern Lakes Community Mental Health (NLCMH) must respond to your grievance in writing no later than 30 days (if you do not receive Medicaid) or 60 days (if you do receive Medicaid).

If you are a Medicaid beneficiary and your grievance is not addressed within 60 days, you may request an Administrative Hearing.

What can I do if my rights are violated?

You or anyone on your behalf may file a Recipient Rights complaint at any time if you have reason to believe that NLCMH or any of its contracted providers have violated your rights. You can make a Rights complaint either in writing or by calling or asking to talk with a Recipient Rights Officer. When you apply for services you will receive a copy of a booklet titled, "Your Rights." In it you will find a Recipient Rights complaint form. Complaint forms are also available at all service locations.

When you file a Recipient Rights complaint, the Office of Recipient Rights will respond to it within 5 working days and in most cases a Rights Officer will ask to speak with you by phone or in person. The Office of Recipient Rights will then carefully and objectively look into your complaint and provide you a response in a timely manner. In most cases, the Office will complete an investigation within 90 days. Within 10 days later you will receive a report from the NLCMH Chief Executive Officer summarizing the investigative findings. If the Office determined that your legal rights have been violated, you have the right to have the problem corrected and to expect that action will be taken to prevent it from happening again.

If you disagree with the outcome of a Recipient Rights complaint you have the right to appeal to the NLCMH Recipient Rights Appeals Committee. In some cases, a second level appeal can be filed to the State of Michigan Administrative Tribunal.

What can I do if I'm not happy with my Person-Centered Plan or my worker?

Talk to your service coordinator. Your service coordinator is your therapist, case manager, supports coordinator, ACT advocate, nurse, or their supervisor. If you

are not satisfied with your plan of service, you may request a review of your plan, which your worker will do with you within 30 days. You also have a right to a choice of providers.

If you are not happy with your services, we will work together to resolve your concerns.

You can also call the Grievance and Appeal Coordinator or the Office of Recipient Rights for information, advocacy or to file a complaint.

What can I do if my request for services is denied?

You have the right to receive a second opinion at no cost to you at any time a request for a service or inpatient hospitalization has been denied. Upon your request, we will provide you with a second opinion within 5 business days from the date you requested it if it is a service or within 3 business days if you are denied inpatient hospitalization.

You may request a faster second opinion. If this request is approved, you will receive a decision no later than 3 business days for a denial of services or 24 hours for a denial of inpatient hospitalization.

What if my request for services is still denied or the amount of services is reduced or stopped?

You must be given an "Action Notice." There are two kinds of notices (Adequate and Advance). Each must contain the effective date the action will occur or has occurred and the date the notice was created.

Adequate Notice: Must be provided to you at the time a decision is made that denies or limits the amount of the service you have requested.

Advance Notice: Must be provided to you no less than 12 calendar days before a reduction, suspension or termination of a mental health service will be effective.

Local Appeal Resolution:

This is a process that you, your guardian, parent or other legal representative, or your provider may use to request a review of the decision to deny, suspend, reduce or terminate your mental health services. In addition, your provider, with your written consent, may also file an appeal on your behalf.

You must request this no later than 45 business days from the date you receive the action notice.

Administrative Hearing:

If you receive Medicaid, you may request an Administrative Hearing. This is a state level hearing conducted by the Administrative Law Judge who completes a fair review of the decision made by NLCMH or its contract agencies regarding Medicaid covered services only. You have up to 90 calendar

days from the date of the notice of action to request this. *If you have Medicaid, you may request an Administrative Hearing and a Local Appeal Resolution at the same time.*

You may request to have the affected service continued or reinstated during the hearing process but *you may be responsible for payment for these continued services* if it is determined that:

- 1) The original decision will be upheld (in favor of the CMH decision), or
- 2) If you or your representative do not appear for the hearing, or
- 3) If you withdraw your hearing.

Alternative Dispute Resolution:

This is a state level appeal process for people who do not have Medicaid which is conducted by the Michigan Department of Health and Human Services (MDHHS). MDHHS will complete an impartial review of a decision made by NLCMH or its contract agencies when a service is denied, suspended, reduced or terminated. To request this, you must first use the Local Appeal Resolution process. To be eligible for this, you must make your request within 10 business days from the date of the Local Appeal Resolution notice.

Expedited (Fast) Review:

If you believe your life, health or your ability to attain, maintain or regain maximum functioning would be seriously jeopardized to wait for a decision, you or your parent, guardian or legal representative (or with your written permission, your provider), may request an "Expedited Review" of your appeal.

If a request for an expedited appeal is approved, you will receive a decision about your appeal no later than 3 working days or 24 hours for an emergency or denial of an inpatient hospitalization, from the date it is requested.

If your request for an expedited review is denied, the appeal decision will be provided to you as soon as possible but no later than 45 days (if you receive Medicaid) or 15 days (if you do not receive Medicaid).



Staff from Customer Services and the Office of Recipient Rights will be happy to answer your questions about these choices.