

Expedited Appeal

If you believe your Medicaid Fair Hearing or Local Appeal request is an emergency, you may ask for an Expedited Appeal. You will be informed within 2 days if the Expedited Appeal request is accepted or denied. The Expedited Appeal, if accepted, must be completed within 3 business days. You will receive a letter explaining the decision.

Medicaid Grievance

A Grievance may be about something you are not happy with related to the services you are receiving. This might be about the quality of care you are receiving or about your relationship with the staff providing the service. You may file a Grievance anytime you are not happy with something related to your services. Once you have filed the Grievance, the SCCMHA Appeals Coordinator has 60 days to make a decision about your Grievance and will send you a letter explaining the decision.

Non-Medicaid Grievance (Local Dispute Resolution Process)

You may request a Non-Medicaid Grievance if you are unhappy with the services you are receiving. To request a Grievance you may ask your support staff, their supervisor, or contact Customer Service.

The final decision of the Non-Medicaid Grievance process is made by the SCCMHA Appeals Coordinator. This process will be completed within 15 business days and you will be notified of the decision in writing. If you are not happy with the result of the Non-Medicaid Grievance, you may request a review from the Michigan Department of Community Health.

Customer Service staff can assist you with this process.

If you have any questions about the Appeals and Grievances process, please contact Customer Service at (989) 797-3452.

Appeals and Grievances



Tim Ninemire
Appeals Coordinator
(989) 797-3467



SCCMHA is a nonprofit organization funded in part by the Michigan Department of Community Health and Saginaw County.



500 Hancock
Saginaw, Michigan 48602

Main Number: (989) 797-3400
Toll Free: 1-800-258-8678
TTY-TDD: (989) 797-3460



Hours: Monday – Friday • 8 a.m. – 5 p.m.
Evening hours available by appointment
www.sccmha.org



You are Protected

If you are receiving services from Saginaw County Community Mental Health Authority (SCCMHA) or one of our service providers, you may file a complaint or an appeal or grievance. You may file a complaint if:

- Your request for treatment was denied
- Your services were reduced
- Your services were discontinued
- Your services were suspended
- You don't agree with your Person Centered Plan

You may file a Request for an Administrative Fair Hearing if you have Medicaid, file a Local Appeal, follow the Grievance process, or you may file a Recipient Rights Complaint. You have the right to have your concerns resolved fairly and quickly. You may file a complaint through any of the processes mentioned above and you may file them all at the same time. Your complaints (other than a Medicaid Fair Hearing) may be received verbally or in writing.

Second Opinions

If you have been denied a psychiatric hospitalization or SCCMHA services, you have the right to request a second opinion. You may ask the following people for help with a second opinion:

- Crisis staff (regarding a denial of hospitalization)
- Your support staff (Case Manager, Supports Coordinator, Therapist) or their supervisor
- OR –
- Contact Customer Service



Call Customer Service

Mon – Fri, 8 a.m. – 5 p.m.
(989) 797-3452 or

Toll Free 1-800-258-8678

TTY/TDD line (989) 797-3460

Changes in Services

SCCMHA is required to give you written notice when significant changes are made to your services, and at the time of your Person Centered Planning meeting. This written notice will explain your right to request an Administrative Fair Hearing or Local Appeal.

You have 90 days (from the date on the written notice) to file a Request for an Administrative Fair Hearing. You have 45 days to request a Local Appeal. The request for an Administrative Fair Hearing must be in writing and must be signed by you or your representative. If you request an Administrative Fair Hearing before your services are scheduled to change, you may continue to receive the services until the Hearing decision is made. Please note you could be charged for these services if the decision is not in your favor.

Help in Filing an Appeal or Grievance

Everyone at SCCMHA wants you to receive the services you need. You may contact the following people for help with filing an appeal or grievance; or if you have questions:

- Your support staff or their supervisor
- OR –
- Contact Customer Service

Do You Have Medicaid Insurance?

If you have Medicaid insurance, you have the right to Request an Administrative Fair Hearing, Local Appeal, or a Grievance. These processes are described below.

Medicaid Administrative Fair Hearing Process

When the Michigan Administrative Hearing System (MAHS) receives your Request for an Administrative Fair Hearing, you will be notified of the hearing date and time. If the MAHS does not schedule a hearing, they will notify you of the reason.

Most hearings are scheduled to occur by phone with an administrative law judge. However, you do have the right to request that the judge hold the hearing in person. You may also request that someone else represent you at the hearing. You need to complete this request in writing to the address below:

State Office of Administrative Hearings and Rules
Michigan Department of Community Health
P.O. Box 30763
Lansing, Michigan 48909
Phone: (877) 833-0870



Local Appeal

A Local Appeal may be about the services you are receiving being reduced, suspended or stopped. If this happens, you will get a written notice. The notice will list the date your services will change. You may also file a Local Appeal if you are not happy with your Person Centered Plan. To ask for a Local Appeal, fill out a Customer Service Complaint Form or contact Customer Service to assist you. You have 45 days (from the date on the written notice) to ask for a local appeal. The

SCCMHA Appeals Coordinator will make a decision about your appeal within 45 days if you have Medicaid insurance and within 15 business days if you do not have Medicaid insurance. You have the right to review your case file before and during the appeals process. A letter will be sent to you explaining the decision.