You Are Protected!

We at Saginaw County Community Mental Health Authority (SCCMHA) are committed to ensuring you get the best care possible.

However, if you are receiving services from SCCMHA or one of our service providers, you may file a complaint, or an Appeal or Grievance 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 Individual Plan of Service (IPOS)

You may file a request for a Medicaid Administrative Fair Hearing or Local Appeal, follow the Grievance Process, or file a Recipient Rights Complaint.

You have the right to have your concerns resolved fairly and quickly. You may follow any of the processes listed above verbally or in writing.

However, an Administrative Fair Hearing can ONLY be requested in writing.

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

Main Facility

500 Hancock St, Saginaw, Michigan 48602

Phone

989.797.3400 • Toll Free: 800.258.8678
Michigan Relay 711

24-Hour Crisis Intervention Services

989.792.9732
Toll Free: 800.233-0022

Mobile Response & Stabilization Services (MRSS)

989.272.0275

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www.sccmha.org

January 2026

Appeals & Grievances

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

Assistance in filing or second opinions

If you have been denied services by SCCMHA and would like a second opinion or need assistance in filing an Appeal or Griveance, you may ask one of the following:

- Crisis staff (regarding denial of hospitalization)
- Your support staff (Case Manager, Support Coordinator, Therapist) or their supervisor
- Customer Service
  - Monday - Friday, 8:00 a.m. – 5:00 p.m.
  - (989) 797-3452 • Toll Free: 1-800-258-8678

Filing Appeals or Grievances

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 notice will explain your right to request (if you have Medicaid insurance):

- An Administrative Fair Hearing
- A Local Appeal
- A Grievance

Administrative Fair Hearing

You will have 120 days to file a request for an Administrative Fair Hearing.

If you request this before your services are scheduled to change, you may continue to receive services until the hearing decision is made. Please note that you could be charged for these services if the decision is not in your favor.

When the Michigan Office of Hearing and Rules (MOHR) receives your request for an Administrative Fair Hearing, you will be notified of the date and time of the hearing.

If they do not schedule a hearing, they will notify of the reason.

Most hearings will occur by phone with an administrative law judge, however you may request that the hearing be in person. You may also request a representative at the hearing.

All Administrative Fair Hearing requests must be submitted in writing and signed by you or your representative and sent to the address below:

Michigan Office of Hearing and Rules (MOHR)
P.O. Box 30763
Lansing, MI 48909
Phone: (877) 833-0870

Local Appeal

You will have 60 days to file a request for a Local Appeal.

A Local Appeal may be about the services you are receiving that are being reduced, suspended stopped. If this happens, you will receive a written notice, including the date the services will change.

You may also file a Local Appeal if you are unhappy with your IPOS.

To ask for a Local Appeal, fill out a Customer Service Complaint Form or contact Customer Service to assist you.

If you request a Local Appeal before your services are scheduled to change, you may continue to receive services until the appeal decision is made. Please note that you could be charged for these services if the decision is not in your favor.

The SCCMHA Appeals Coordinator will make a decision within 30 days if you have Medicaid insurance and 45 days if you do not.

You have the right to review your case file before and during the appeal process and a letter will be sent to you explaining the decision.

Expedited Appeal

If you believe your Fair Administrative Hearing or Local Appeal is an emergency, you may ask for an Expedited Appeal. If accepted, if must be completed within 72 hours. You will receive a letter explaining the decision.

Grievances

If you are not happy with the services you are receiving from SCCMHA, you may file a Grievance. This might be about the quality of care you are receiving or about your relationship with the staff providing the assistance.

You may request a Grievance through your support staff, their supervisor or contact Customer Service.

Medicaid Grievance

Once you have filed a Grievance, the SCCMHA Appeals Coordinator has 90 days to make a decision and will send you a letter explaining the outcome.

Non-Medicaid Grievance (Local Dispute Resolution Process)

Once you have filed a Grievance, the SCCMHA Appeals Coordinator has 60 days to make a decision and will send you a letter explaining the outcome.

If you are not happy with the result of the Non-Medicaid Grievance, you may request a review from the Michigan Department of Health and Human Resources.