
Recipient Rights

Any time you file a grievance, request a second opinion, request a Medicaid Fair Hearing, or request Alternative Dispute Resolution, you may also file a Recipient Rights Complaint.

When you use any of these methods for problem resolution, you may also have other rights. For example, in some situations, you may request that your services continue, that your hearing be resolved more quickly, or that you have witnesses or formal representation.

No matter how you express your concern, we must take it seriously and treat you fairly. We must consider and resolve your concerns within defined time frames. Ask the Ombudsman or your Rights Advisor for more detail.

MCCMH programs and services are supported and funded, in part, by the Macomb County Board of Commissioners and the Michigan Department of Community Health, and are administered by the Macomb County Community Mental Health Board. MCCMH is CARF accredited.

Help with Your Concerns

If you want to resolve your concern informally or file a grievance, the Ombudsman is available to help you.

If you want to request a Second Opinion, a Local Appeal, a Medicaid Fair Hearing, or you want to use the Alternative Dispute Resolution Process, the Ombudsman will help you.

If you are receiving substance abuse services and you have a concern, MCOSA's Rights Advisor will help you. Timelines and rights for substance abuse services differ from those for mental health or DD services.

Ombudsman: 586-469-7795 V/ TTY

Office of Recipient Rights:

586-469-6528

MCOSA Rights : 586-469-5278

Fax: 586-469-7674

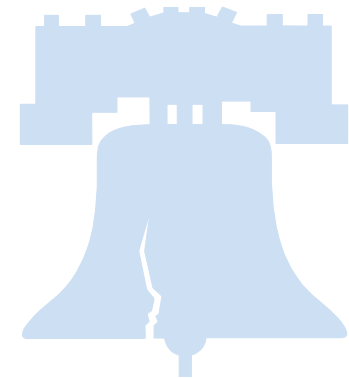
You may call any MCCMH office

“Collect,” or, if you prefer, we will call you back at any number you give us.

These offices are equipped with telephone interpreter services for those who best use a language other than English.

Your Second Opinion and Appeal Rights

When You Use
MCCMH Services



**Macomb County
Community Mental Health**

Resolving Concerns about Your Services

We want to work with you to make sure that your experiences with

MCCMH are effective and problem-free.

From time to time, concerns about your services may arise. **You have**

the right, at any time, to tell us if you are dissatisfied with anything about your services or about your experience with MCCMH. You may do so in a number of ways:



The Ombudsman or the Office of Recipient Rights will help you with any concerns about your services.

- If you are unhappy with something, we encourage you to tell us. Talk to your therapist, case manager or supports coordinator, or their supervisors, to see if your concern can be resolved right in the clinic. However, you don't have to do this if it makes you uncomfortable, or you may try talking while you use other formal methods, too.

- A **grievance** is an expression of dissatisfaction with something about your services or your experience with one of our staff, contractors, or service sites. You may file a grievance verbally or in writing.
- If you are requesting MCCMH services for the first time, or you are requesting hospitalization, and your request is denied, **you may request a Second Opinion**. Usually, a second opinion is provided by the Executive Director or the MCCMH Medical Director, or by his or her designee. You must request a second opinion in writing. You may fax the request to our offices. We must complete second opinion reviews promptly.
- **Anyone who uses MCCMH services may request a Local Appeal**. You may file an Appeal if you don't agree with our decision to reduce, suspend, or terminate your services, or if you don't agree with the contents of your person-centered plan, or if you don't agree with our decisions about your eligibility for Family Support Subsidy payments. If you do not have Medicaid and are paying for part of the cost of your services, but you don't agree with the fee we set for you,

you may also file an appeal. Your appeal will be heard by someone in Macomb County who was not involved in the original decision. You must request an appeal in writing, within 45 days of the action.

- **If you receive Medicaid, you may request a Medicaid Fair Hearing**. This is a hearing of your concern by the Department of Community Health in Lansing. You must request a Medicaid Fair Hearing in writing, within 90 days of the action. If you receive Medicaid, you may file a grievance, request a Local Appeal and request a Fair Hearing all at the same time.
- **If you do not receive Medicaid** and you are not satisfied with the results of your Local Appeal, you may use the **Alternative Dispute Resolution Process (ADRP)**. This is a hearing of your concern by the Department of Community Health in Lansing. You must request ADRP in writing, within 10 days after receiving the results of your local appeal. If you do not receive Medicaid, you must try to resolve your concern using all other methods before using ADRP.