

**Notice of Resolution
Discrimination Grievance (1557 Grievance)
Macomb County Community Mental Health (MCCMH)**

Important: Read this notice carefully. If you need help, you can call one of the numbers listed on the next page under “Get help & more information.”

Mailing Date: <Mailing Date>

Member ID: <Member Plan ID.>

Name: <Member's Name>

Beneficiary ID: <Member Medicaid ID>

1557 Grievance Number: <Grievance No.>

1557 Grievance Resolution Date: <Date Grievance Resolved>

This Notice is in response to the grievance you initiated on <date received>, in which you alleged illegal discrimination.

Your grievance was resolved

Your grievance was thoroughly investigated and considered. This is to inform you that we reached the following conclusions and took the following corrective action: *[describe the final grievance resolution, and describe any corrective actions that may have been taken or indicate “no corrective action” if the grievance investigation concluded that there was no illegal discrimination]*

Why did we make this decision?

We reached our decision after weighing the evidence you submitted and the evidence submitted by all other interested persons. On balance, the following facts and legal considerations weighed most heavily: *[Include citations with descriptions that are understandable to the member of applicable State and Federal rule, law, and regulation that support the grievance resolution, and an analysis of the relevant law based on the facts in evidence.]*

If you don't agree with our decision, you have the right to file a complaint with the Office for Civil Rights or complain in court

You have the right to pursue other remedies, including filing a complaint of discrimination on the basis of race, color, national origin, sex, age or disability using the traditional court system.

You may also file a complaint of discrimination with the U.S. Department of Health and Human Services, Office for Civil Rights within 180 days of the date of the alleged discrimination:

- A person can file a complaint of discrimination online through the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- A person can also file a complaint with the Office of Civil Rights via mail, at the following mailing address:

U.S. Department of Health and Human Services
200 Independence Avenue SW.
Room 509F, HHH Building
Washington, DC 20201

- Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>
- If you have any questions about this process, you may call the Department of Health and Human Services, Office for Civil Rights toll-free at: 1-800-368-1019, TDD: 1-800-537-7697

Get help & more information

- Macomb County Community Mental Health:
 - If you need help or would like more information about our decision or the investigation and resolution process, please call the MCCMH Ombudsman / 1557 Coordinator at (586) 469-7795, Monday–Friday, 8:30am–5:00pm.
 - TTY users call (800) 649-3777 or MI Relay Service at 711.
- You may also call the Department of Health and Human Services, Office for Civil Rights toll-free at: 1-800-368-1019, TDD: 1-800-537-7697.

Non-Discrimination and Accessibility

In providing behavioral healthcare services, Macomb County Community Mental Health complies with all applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Macomb County Community Mental Health does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

MCCMH provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, Braille)

MCCMH provides free language services to people whose primary language is not English or have limited English skills, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact Macomb County Community Mental Health Access Center at 1-855-996-2264.

If you believe that MCCMH has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: MCCMH Ombudsman at 22550 Hall Road, Clinton Township, MI 48036, 586-469-7795.

If you are a person who is deaf or hard of hearing, you may contact MCCMH at 1-800-649-3777 or MI Relay Service at 711 to request their assistance in connecting you to MCCMH. You can file a grievance in person or by mail, fax or email. If you need help in filing a grievance, the MCCMH Ombudsman is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. You may also file a grievance electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
Toll Free: 1-800-368-1019

You have the right to get this information in a different format, such as audio, Braille, or large font due to special needs or in your language at no additional cost.

- English:** ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-996-2264.
- Albanian:** KUJDES: Në qoftë se ju flisni anglisht, shërbimet e ndihmës gjuhësore, pa pagesë, janë në dispozicion për ty. Telefononi 1-855-996-2264.
- Arabic:** تنبيه: إذا كنت تتحدث العربية فإن خدمة الترجمة متوفرة لك مجاناً فقط إتصل على الرقم 1-855-996-2264
- Bengali:** দৃষ্টি আকর্ষণ: আপনি ইংরেজি, ভাষা সহায়তা সেবা, নিখরচা কথা বলতে পারেন, আপনার জন্য উপলব্ধ. কল 1-855-996-2264.
- Chinese:** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-855-996-2264.
- German:** Achtung: Wenn Sie Englisch sprechen, sind Sprache Assistance-Leistungen, unentgeltlich zur Verfügung. Rufen Sie 1-855-996-2264.
- Italian:** Attenzione: Se si parla inglese, servizi di assistenza di lingua, gratuitamente, sono a vostra disposizione. Chiamare 1-855-996-2264.
- Japanese:** 注意: 英語を話す言語アシスタンス サービス、無料で、あなたに利用できます。(を呼び出す) 1-855-996-2264.
- Korean:** 주의: 당신이 영어, 언어 지원 서비스를 무료로 사용할 수 있습니다 당신에 게. 전화1-855-996-2264.
- Polish:** UWAGI: Jeśli mówisz po angielsku, język pomocy usług, za darmo, są dostępne dla Ciebie. Wywołanie 1-855-996-2264.
- Russian:** ВНИМАНИЕ: Если вы говорите по-английски, языковой помощи, бесплатно предоставляются услуги для вас. Звоните 1-855-996-2264.
- Serbo-Croatian:** OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite (TTY- Telefon za osobe sa oštećenim govorom ili sluhom:) 1-855-996-2264.

