

Notice of Appeal Approval

Macomb County Community Mental Health (MCCMH)

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

Mailing Date: <Mailing Date>

Member ID: <Member Plan ID No.>

Name: <Member's Name>

Beneficiary ID: <Member Medicaid ID>

Appeal Number: <Appeal Number>

This Notice is in response to the internal appeal request that we received on <date appeal received>.

MCCMH decided your appeal on <date appeal decided>.

Your appeal was approved

Your appeal was thoroughly considered. This is to inform you that we approved your appeal for the service/item listed below:

What this means:

Because your Level 1 Appeal decision was approved, you will receive the following services as of <date authorized>: *[List the services that were approved, including any applicable information about coverage amount, duration, etc. Include citations with descriptions that are understandable to the member of applicable State and Federal rule, law, and regulation that support the action. You may also include Evidence of Coverage/Member Handbook provisions as well as Plan policies/procedures or assessment tools used to support the decision.]*

If you do not receive the services, or if the services are wrongly stopped or reduced, tell us immediately using the contact information below:

Macomb County Community Mental Health
MCCMH Ombudsman
22550 Hall Road
Clinton Township, MI
Phone: (586) 469-7795
TTY (800) 649-3777, or MI Relay Service at 711

Getting your case file

You and/or your authorized representative are entitled to reasonable access to and a free copy of all documents relevant to your appeal and the adverse benefit determination that you appealed. You were provided documents at the time you requested your local appeal. If you would like to request any additional documents relating to the processing of your approved appeal, you must submit your request for documents and information in writing. You can fax your written request to (586) 469-7958. If you have any questions or need help with your request for documents, call us at: (586) 469-7795. TTY users call (800) 649-3777 or MI Relay Service at 711.

Get help & more information

- Macomb County Community Mental Health:
 - If you need help or would like more information about our decision or the internal grievance and appeal process, please call the MCCMH Ombudsman at (586) 469-7795, Monday–Friday, 8:30am–5:00pm.
 - TTY users call (800) 649-3777 or MI Relay Service at 711.
 - You can also visit our www.mccmh.net.
- Michigan Department of Health and Human Services (MDHHS) Beneficiary Help Line: 1-800-642-3195. TTY users call 1-866-501-5656 or 1-800-975-7630 (if calling from an internet based phone service).

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

1-855-996-2264 كحلل هتتمهلا هه طلعني فلبج لفسك ندمك . هه ك

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-996-2264.

Vietnamese: Chú ý: Nếu bạn nói tiếng Anh, Dịch vụ hỗ trợ ngôn ngữ, miễn phí, có sẵn cho bạn. Gọi 1-855-996-2264.