# North Country Community Mental Health, 1420 Plaza Drive, Petoskey, MI 49770
## Request For Local Appeal

**Section I: To be completed by the consumer or representative.**

Consumer: ______________________________ Date of Birth: ______________

Address: ______________________________________________

Telephone: ______________ Parent or Guardian (if applicable): ______________

Primary CMH Clinician: ______________ Are you insured by Medicaid? ❐ Yes ❐ No

Decision you wish to have reviewed: ______________________________

______________________________________________

______________________________________________

Signature of Consumer/Guardian/Parent: ______________________ Date: __________

**To file a local appeal, (either Medicaid or non-Medicaid), you or your provider:**

- May file a local appeal orally or in writing within 45 days from date of the notice by completing the above form (Request for Local Appeal) with **Customer Services, 1420 Plaza Drive, Petoskey, MI 49770 or calling Customer Services at 800-834-3393 or TTY: 711.**
- May request an expedited local appeal if waiting the standard 45 days would seriously jeopardize your life, health or your ability to attain, maintain or regain maximum function. To request an expedited local appeal, contact **Customer Services at 800-834-3393 or TTY: 711.**
- During the appeals process, you will have a reasonable opportunity to present evidence in person as well as in writing. You may also request, (before and during the appeal process) to review the beneficiary's case file, including medical records and any other documents and records considered during the appeals process.
- You may choose to continue receiving services while the Local Appeal is in process by notifying the office where you receive services. If you continue to receive services and your appeal is denied, you may be billed for all or part of the costs of those services up to your ability to pay as determined by the Mental Health Code.
- At any time you, the appellant, can orally or in writing withdraw your appeal.

**Decision of Local Appeal:**

**Section II: To be completed by agency staff.**

Received by: ______________ Date: __________ Forwarded to Hearing Coordinator on: ______________

**Response:** ❐ Services are denied ❐ Services will be provided

Explanation ______________________________________________

______________________________________________

______________________________________________

______________________________________________

Reviewer (include credentials): ______________________ Date: __________

**If you disagree with the local appeal and you have Medicaid, you or your provider:**

- May request an Administrative Fair Hearing within 90 days from the date of this notice of action. Hearing requests must be made in writing and signed by you or an authorized person. To request a fair hearing complete the Request for Hearing from (available from NCCMH) and mail it to: State Office of Administrative Hearings and Rules, P.O. Box 30763, **Lansing, MI 48909 or call: 877-833-0870.**
- May choose to continue receiving services while the Fair Hearing is in process by notifying the office where you receive services within 12 days of the date of this notice of action. If you continue to receive services and your hearing is denied, you may be billed for all or part of the costs of those services.
- May file a Recipient Rights Complaint.
- May access these processes in any order or at the same time.

**If you disagree with the local appeal and you do not have Medicaid, you or your provider:**

- May request a Michigan Department of Community Health Alternative Dispute Resolution. The request for a hearing must be filed within 5 business days from the date of the Local Appeal decision. Send your request to: **Department of Community Health; Division of Program Development, Consultation and Contracts; Bureau of Community Mental Health Services; Attn: Request for DCH Level Dispute Resolution; Lewis Cass Building - 6th Floor, Lansing, MI 48913**
- May file a Recipient Rights Complaint at any time.

**For more information or assistance, contact Customer Services at 800-834-3393 or TTY: 711.**

Distribution: Original - File; Copy 1 - Consumer (with response); Copy #2 - Consumer (at request) Revised: 1/2012