



Community Mental Health Service Appeals: What if you disagree with your treatment?

Whenever you disagree with decisions made about your services, it is a good idea to first try talking to your case worker. Go to the supervisor if that doesn't solve the problem. If that does not work, try calling [Customer Services at your county's Community Mental Health program.](#)

If you still can not resolve the problem by talking to the appropriate people at CMH, you may file a complaint, an appeal or a grievance. There might be more than one way to appeal their decision, so check with your CMH on how to go about filing the complaints. If one method does not work, you can use another method. Or, you can file multiple appeals at the same time.

Remember to always get the names of the people with whom you speak and always keep copies of any appeal, complaint or grievance you file.

Below is a list of different ways to submit a complaint about reduced or altered services. Most of these can be used in any agency that is funded by the Michigan Department of Community Health (MDCH) or the local community mental health program (CMH).

Complaints

Rights Complaints about treatment for people with a mental illness or a developmental disability:

You may file a complaint with the Office of Recipient Rights (ORR) if you believe your rights have been violated. For instance, your rights to appropriate mental health treatment or person centered planning might be violated if your services are changed or reduced. You can do this if you already get services from the CMH. You can get a description of your rights in [English](#), [Spanish](#), or [Arabic](#) on-line or from your CMH agency.

Make your complaint to the Recipient Rights Office where you receive or received treatment. If you do not know where to complain, call the state Office of Recipient Rights at 1-800-854-9090.

You may make your complaint by phone or in writing. You may also use a [Recipient Rights Complaint form](#). The Recipient Rights Office will let you know if your complaint will be investigated. If your complaint is investigated, you will get a final report in about 90 days. If you disagree with the report, you may appeal again.

You can ask that your services stay the same, but there is no rule that says your services will continue when you file a complaint.

Rights Complaints about treatment for people with substance abuse:

You should still make a complaint to a rights advisor or officer, but the [complaint form for Substance Abuse services](#) might be different. You will get a report that tells you what will be done about your complaint. If you don't agree with the report, you may appeal. The appeal goes to the Coordinating Agency (CA) for substance abuse services in that area.

Appeals

Appealing a denial of service:

If a CMH agency refuses to give you any services, you have the right to ask for a second opinion from the director of that agency. Ask the Recipient Rights Office or send a letter to the director. Write "APPEAL" on the envelope. The director's office should answer within five business days.

Appealing a denial for hospitalization:

If you have Medicaid or no insurance and want to go to a psychiatric hospital for help, the county CMH must see you first and approve your request. If the CMH agency does not let you go into a psychiatric hospital, you have the right to appeal. You may ask the director of the CMH agency for a second opinion.

You should get the answer within three days after the director gets your request. This does not include Sundays or holidays.

Appealing your Individualized Plan of Service (IPOS):

Your Individual Plan of Service should be written using a [person-centered planning process](#). You may appeal if you do not agree with your plan. You must start your appeal with the person in charge of writing your plan. That person is usually your caseworker.

Your plan must be reviewed within 30 days. If you still do not like the plan, contact the Rights Advisor and make a complaint. Or, use the local dispute resolution process. If you are on

Medicaid, you may also request a hearing if there is a change or denial of services.

Appealing services denied, suspended, stopped or reduced:

You can appeal when your services are denied, suspended, stopped or reduced. You should get a letter telling you this will happen. The letter will also tell you how to appeal. Even if you don't get the letter, you may still appeal if your services change.

If you have Medicaid, you may file a recipient rights complaint, use the local dispute resolution process or request a hearing. You have up to 90 days from the day you get the letter to Request a Hearing. If you request a hearing before your services change, or within 10 days of receiving the letter, you can ask that your services stay in place until after your hearing. To use this kind of appeal, fill out a [Request for Hearing form](#).

If you do not have Medicaid, you may file a recipient rights complaint or use the local dispute resolution process. You may ask that your services stay the same, but there is no rule that requires this.

Delays in Service:

If you are supposed to get a service but it is taking too long, you could file a recipient rights complaint. Or, you may use the agency's local dispute resolution process.

If you have Medicaid, you may also [Request a Hearing](#) because the agency did not act with "reasonable promptness."

Local Dispute Resolution or Internal Grievance

Every CMH agency must have a local dispute resolution process. Sometimes, this is called the "internal" or "local grievance process." Anyone can use it. It does not matter if you have Medicaid or not.

Ask the rights advisor or customer services about how to start this type of appeal. If you are not happy with the decision, you have 10 days to appeal to the state (MDCH).

Again, there are situations when you could use one or all of the appeal procedures. If you don't know what to do, use them all or talk to the Office of Recipient Rights or MPAS for advice.

This is a summary of the current laws. It is not a substitute for legal advice. For more information, talk with your Recipient Rights Office or contact Michigan Protection & Advocacy Service, Inc. at 800-288-5923 toll free, 517-487-1755 or online at www.mpas.org/contact-mpas.

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