

Southwest Michigan Behavioral Health Affiliation

For the counties of Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, and Van Buren

Appeal Determination

DATE

Name
Address
Address

Type of Appeal: Routine
Status of Request: Non-Urgent

Date of Appeal Request:
Date of Appeal Decision:

Dear **Name**,

This letter is to notify you that Southwest Michigan Behavioral Health received your request for a local level appeal on **DATE** and has made the following determination on **DATE** about the appeal you filed relating to the services listed below:

Effective date:	Type of Service	Appeal Determination (Denied, Approved, Pended)	Appeal Reviewer (Name/credentials)	Date of Determination
Rationale/ Narrative of explanation:				
It is recommended that				

Information for Members

If you would like a copy of the Utilization Management criteria or benefits utilized in this appeal, please contact Southwest Michigan Behavioral Health at 1-800-676-5814. These criterion and benefits are available to you free of charge.

Below are more options you may have regarding the decision Southwest Michigan Behavioral Health has made about an appeal determination you or your provider have asked for. You should share a copy of this decision with your provider so you and your provider can discuss next steps. If your provider requested coverage on your behalf, we have sent a copy of this decision to your provider.

If you don't agree with our decision, you have the right to further appeal. You may choose the appeal option below.

Medicaid Fair Hearing: If you do not agree with this decision, and you have Medicaid, you may request a Medicaid Fair Hearing within **120 calendar days** of the mailing date of the Adverse Benefit Determination. If your request is not received by MAHS within **120 calendar days** of the mailing date of the Adverse Benefit Determination, you will not be granted a hearing. If you need another copy of the form, you can ask for one by calling Southwest Michigan Behavioral Health Member Services at 1-800-890-3712 or the Michigan Department of Health and Human Services Beneficiary Help Line at 1-800-642-3195. TTY users can call 1-866-501-5656 or 1-800-975-7630 (if calling from an internet-based phone service).

You must follow the directions on the enclosed Request for State Fair Hearing for. Hearing requests must be made in writing and signed by you or an authorized person.

You have the right to request a “fast” Hearing if waiting the standard timeframe for a Hearing would seriously jeopardize your life, health, or your ability to attain, maintain, or regain maximum function. ***To request a fast Fair Hearing, your request must be in writing and clearly state that you asking for a fast State Fair Hearing.*** Your request can be mailed or faxed to MAHS. If you qualify for a fast State Fair Hearing, MAHS must give you an answer within **72 hours**. However, if MAHS needs to gather more information that may help you, it can take up to **14 calendar days**.

You can request a Hearing by writing your reason for the Hearing on any type of paper and mailing it to:

**Michigan Administrative Hearing System (MAHS)
For the Department of Health and Human Services
P.O. Box 30763
Lansing, MI 48909-9951
1-877-833-0870**

What Happens Next?

MAHS will schedule a hearing. You will get a written “Notice of Hearing” telling you the date and time. Most hearings are held by telephone, but you can ask to have a hearing in person. During the hearing, you’ll be asked to tell an Administrative Law Judge why you disagree with our decision. You can ask a friend, relative, advocate, provider, or lawyer to help you. You’ll get a written decision within **90 calendar days** from the date your Request for Hearing was received by MAHS. The written decision will explain if you have additional appeal rights.

Continuation of Services:

If we previously approved coverage for a service but then decided to change or stop the service before the authorization ended, you can continue your benefits during External Appeals in some cases. Your benefits for that service will continue if you qualified for continuation of benefits during your internal appeal and you ask for a State Fair Hearing from MAHS within **10 calendar days** from the date of this notice or from the intended effective date of the proposed adverse action whichever is later. MAHS must receive your State Fair Hearing **10 calendar days** from the date of this notice and you should state in your request that you asking for your service(s) to continue.

If your benefits are continued during your appeal, you can keep getting the service until one of the following happens: 1) you withdraw the External Appeal; or 2) all entities that got your appeal decide “no” to your request.

Thank you,

Ashley Esterline, LLMSW
Member Triage and Engagement Specialist
Southwest Michigan Behavioral Health
1-800-890-3712

If you do not understand any part of this Adverse Benefit Determination, please call Southwest Michigan Behavioral Health Customer Services Department at 1-800-890-3712 or 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). All deaf or hard of hearing persons, please contact us using the Michigan Relay Center.
Dial 7-1-1- or (800) 649-3777 and give them the number you are trying to reach.

