**Notice of Appeal Rights**

This notice explains your Internal Appeal Rights. Please read this notice carefully. If you need help with this notice or asking for an Appeal, you can call one of the numbers listed below, you can request forms from KDC staff or you can access forms online at: <https://www.keycenters.org/>

You have the right to challenge any decision that is made about what services you will or will not receive. You also have the right to say you are not satisfied with your services. There is more than one way to challenge decisions or share your concerns:

**Second Opinion for a Denial of Services or of Hospitalization:**

* You can ask for a second opinion if you apply for services and you are denied. You have 30 days to request a second opinion. Complete the second opinion form that you get when you are denied. You will get a second opinion from the agency at no cost to you within 5 working days.
* You can get a second opinion if you ask to go into a psychiatric hospital and are denied, or if you ask to go into a center for individuals with developmental disabilities and are denied. You will get a second opinion at no cost to you within 3 working days.
* Access staff or Customer Services can answer your questions about second opinions.

**Appealing Denial of Services or if Services are Reduced, Suspended or Stopped:**

**If you have Medicaid:**

***Denial of Services* –** If you are already getting services and you ask for other or more services, you may be denied. If so, you will get a letter telling you about the denial. If you have Medicaid insurance, you can appeal this decision by asking for a Local Appeal or by asking for a State Medicaid Fair Hearing.

***Services Reduced, Suspended, or Stopped –*** Sometimes the services you are already getting are reduced, suspended or stopped. If so, you should get an “Advanced Action Notice.” It will say what will change and what date your services will change. If you ask for a Local Appeal or a Medicaid Fair Hearing before that date, your services can stay the same until after a hearing or meeting is held. To request a Local Appeal Meeting – fill out the request form for a “Local Dispute Resolution Committee” that you get with the letter denial papers. You have 45 days to ask for a local appeal and the agency must complete your appeal in 60 days. You have 90 days to request a Medicaid Fair Hearing. To ask for a Medicaid Fair Hearing, fill out a Request for Hearing form that you get with the letter. If your letter did not include a form, you can ask staff for one or go to this website:

<https://www.michigan.gov/mdhhs/assistance-programs/medicaid/portalhome/beneficiaries/resources/michigan-office-of-administrative-hearings-and-rules-for-michigan-department-of-health-and-human-services>

You can ask any staff or Customer Services for these forms or for help in filling them out.

***Representation:*** You can give someone written permission to represent you for an appeal/ hearing.

**MMDHHS 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).**