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Section Links:

LifeWays Member Handbook

<http://www.lifewaysmco.com/assets/MemberHandbook.pdf>

MDCH Customer Service Standards:

http://www.michigan.gov/mdch/0,1607,7-132-2941_4868_44561---,00.html

Language Translation Resources:

<http://www.freetranslation.com/>

<http://translation2.paralink.com/>

LIFEWAYS OPERATING PROCEDURE

CUSTOMER SERVICES

SUBJECT: 06.02.01 Appointments to Advisory Council for the Mentally III/ Developmentally Disabled (MI/DD)

GOVERNING POLICY: 06.02 Advisory Councils

PURPOSE: The Advisory Councils act in an advisory capacity to the Chief Executive Officer (CEO)/designee and Board. The Councils provide a vehicle for consumer input to assist LifeWays in quality program development and the CEO in setting policy development and revisions.

PROCEDURE

The Councils conduct the following activities in a solution-focused manner:

- A. Participate in study and evaluation of services provided by LifeWays' provider network.
- B. Analyze feedback from customer satisfaction data.
- C. Encourage cooperative planning among agencies and interagency involvement in service delivery
- D. Identify gaps in services and make recommendations to the Chief Executive Officer regarding development of new services or enhancement of existing services
- E. Support the exchange of information between citizens, parents, consumers, LifeWays, and service providers.

A designated Community Member Services team member shall serve as the LifeWays liaison to the advisory councils.

Recruitment

Recruitment of Advisory Council members may occur in several ways, including announcement of vacancies: at Advisory Council meetings, through provider Process Alerts, in newsletters, etc. Additionally, Advisory Council members and LifeWays staff may approach individuals regarding their potential interest in appointment. Advisory Council applications are available through LifeWays Customer Services. Active recruitment shall occur as needed to promote full membership. Recruitment shall be done in a manner that is respectful and mindful of confidentiality.

Citizens of Jackson and Hillsdale counties interested in serving their community by aiding in developing better mental health through LifeWays are eligible for membership on the councils. Membership is by LifeWays Board appointment only. Applicants must complete and submit LifeWays form #223 to a Customer Services Specialist. When the membership is full and a new application is received, the LifeWays liaison will ask the group if a member would like to step down to make room for a new member. If no one chooses to step down, the LifeWays liaison will consult the membership list. For those consumers who have served a full term, the liaison will ask the person who has been there the longest to become an ex-officio (non-voting)

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member or to otherwise step down to allow a new person to serve on the Council. The liaison may also encourage the person to consider application to another LifeWays advisory council.

The LifeWays Board appoints Council members for not more than two years. The terms of office shall be staggered with one-half of the members being appointed or re-appointed each year. There is no limit to the number of times a person may be re-appointed by the LifeWays Board to an advisory council. However, past membership shall be considered in situations where limited vacancies are available to allow opportunities for new membership. The LifeWays liaison monitors the membership end dates prior to each meeting to remind members whose two-year period is approaching to complete an application for renewal and forward it to the LifeWays liaison. The LifeWays liaison or designee checks references and forwards a memo with a recommendation to accept or reject the applicant to the designated LifeWays staff. Once the letter generated after the LifeWays Board of Directors has approved or denied appointment is received by the LifeWays liaison, he/she enters pertinent information into the Advisory Council Tracking database.

Each Council consists of at least six, but not more than fifteen, voting members. Councils are reflective of the demographics of the service area and should ideally have two-thirds representation from Jackson County and one-third representation from Hillsdale County. Each voting member has equal voting power.

Each Council shall include:

- A. At least three current or former consumers of services.
- B. At least three family members of current or former consumers
- C. Representatives of public interest and advocacy groups
- D. Not more than 40% may be providers

Types of Membership

- A. **Voting Member:** Voting membership consists of members who have been appointed to the Council by the LifeWays Board of Directors. It is expected that all voting members will attend each meeting. As vacancies occur in the voting membership, interested parties, including current members who wish to be reappointed, shall submit an application to the Chief Executive Officer for LifeWays Board approval. The number of voting members is limited to fifteen.
- B. **Ex-officio Members:** Ex-officio status is provided to individuals who are interested in working closely with the councils but who are not eligible for regular membership or who do not want to be regular members. Each council may have up to three ex-officio members in addition to the fifteen voting members. Ex-officio members of the council participate in discussion but do not have voting privileges.

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Guests

From time to time, guests may be invited to attend meetings to present information of interest to the council. In addition, persons interested in visiting and observing an advisory council meeting are welcome to do so. All visitors are expected to respect the agenda.

Officers

The officers of each council include a Chairperson, and Vice Chairperson. The officers are elected for a term of one year and are eligible for reelection for succeeding terms.

Officer elections shall occur annually in October. Council members who are interested in becoming the Chairperson or Vice Chairperson shall notify the LifeWays liaison of that interest at least one month prior to the election. The election shall be announced to the Advisory Council at least one month prior to its occurrence. Council members shall vote anonymously and in writing at the election meeting. The LifeWays liaison shall count the votes submitted, and a member of the Council who is not nominated for either position shall confirm the votes. The results of the vote shall be immediately announced to the Council by the LifeWays liaison. The elected members shall assume their official duties at the next meeting.

The chairperson of the councils calls and presides over the meetings and reviews minutes and agendas before going out to the other members. Minutes are sent to the chairperson via e-mail. The e-mail address is located in the Advisory Council Tracking database. Once the minutes and agenda are approved by the Chairperson, they are sent out to members along with any attachments needed prior to the next meeting. Mailing labels are generated from the Advisory Council Tracking Database. The Vice-Chairperson performs functions and assumes responsibilities and duties of the Chairperson in his/her absence.

The LifeWays liaison to the councils is responsible for meeting preparation, including taking minutes, mailings, and monitoring membership.

Meetings

The councils meet monthly at a designated LifeWays office. Meetings are scheduled at times convenient for members. Prior to the meeting, the LifeWays Liaison makes coffee and posts signs indicating where the meeting is located. Meeting participants actively participate in discussion while also respecting the input of the full membership.

A quorum consists of at least 50% of the voting members of the council and is required to conduct any formal business of the council.

Agenda Format:

- Group Title
- Meeting Location
- Meeting Day/Time

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1. Call Meeting to Order
2. Welcome Visitors/New Members/Guests
3. Additions to the Agenda
4. Approval of the Previous Meeting Minutes
5. Agenda
6. Other
7. Adjournment

Member Lists/Attendance

Prior to each meeting a list of members is created from the Advisory Council Tracking Database. This list is used to take attendance at meetings. A membership list, showing names only, may be shared with Advisory Council members as requested.

Confidentiality

Council discussion should be focused on broad issues and problem solving related to those issues rather than individual experiences. However, there may be times when a council member chooses to share a personal experience. In these instances, Advisory Council members, the LifeWays liaison and guests shall abide by rules of confidentiality as specified in the Michigan Mental Health Code and Administrative Rules.

Stipends

Advisory Council members may be paid a stipend of \$25 for their attendance at each Advisory Council meeting. The LifeWays liaison distributes stipend forms to advisory council members present at each council meeting. Completed stipend forms are turned in to the LifeWays liaison and then forwarded to the Finance Team (Accounts Payable) for payment.

HISTORY

Effective date: September 17, 1997

Revised:	10/29/01
Revised:	06/12/03
Revised:	03/11/04
Reviewed:	02/07/05
Revised:	08/14/07
Revised:	06/24/08

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SUBJECT: 06.06.01 Medical Record Release of Information

PURPOSE: To release information for the purpose of coordination of care, to receive SSI benefits, legal purposes, etc.

GOVERNING AGENCY POLICY: 06.06 Medical Record Management

All requests for Medical Release of Information received by LifeWays are forwarded to Customer Services. The CSS (Customer Services Specialist) reviews each release. Releases typically fall into one of the categories below:

- Open Consumer (file located at provider site).
- Valid Request for Medical Records - Closed file (file located in Customer Services).
- Invalid request for Medical Records – Closed File.
- No Record of Person in Computer System.

Following is the process for each category:

Open Consumer (File Located at Provider Site)

Upon checking in the computer, if it is an open case, the request is forwarded to the consumer's primary provider. The consumer's name, company-agency requesting the information and the primary provider is logged in the "Release of Information Requests" binder before the release is forwarded.

Valid Request for Medical Records – Closed File

Requests should be processed within five (5) working days from date stamped by LifeWays.

Copying Charge - if the request is to assist in coordination of care, such as a hospital, social security or doctor, there is no charge. Otherwise the charge for copying is .20 per page. Payment must be received before the information can be given out. Send a letter to the person/agency requesting the information (Attachment A) and file in the folder entitled "Payment Required." Send a copy of the letter to the Finance Team. The "Payment Required" folder may be purged every ninety (90) days.

Information which may be copied from the medical record includes:

- Initial Intake/Protocol - found under the Clinical Assess. (Non Medical) tab.
- Treatment Plan (during the past year) - found under the Clinical Treatment tab.
- Treatment Plan (Individual Plan of Service).
- Annual Psychiatric Assessments (up to the last two) - found under the Progress Notes

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Incidents tab/Treatment section (Physician Unit files only). It is usually indicated by a colored 3M tab (Initial is purple, annual is yellow, and all others are red).

- Medication Reviews (during the past year) - found under the Progress Notes Incidents tab. It is usually indicated by a red 3M tab.

Additional information must be approved by the Clinical Director.

The information is copied and then mailed with the following - A copy of the Consent to Release Information form (Attachment C), the copied records, and a cover letter (Attachment A).

Complete Form #1023, the Documentation of Released Information (Attachment B) and staple to the original request and a copy of the cover letter. File in the section entitled "Consent and Authorizations" of the medical record.

The consumer's name, company-agency requesting the information and the date the information is logged in the "Release of Information Requests" binder.

Invalid Request for Medical Records - Closed File

Invalid request are those not meeting the criteria set in the Michigan Mental Health Code, 330.1748, permitting releases as referenced in this section.

Return the request with a cover letter (Attachment D) to the sender with a copy of Form #1009, Consent for the Mutual Release of Confidential Information (Attachment C). Once valid release is received the release of information request will be processed.

No Record of Person In Computer System

Return the request with a Cover Letter to the Sender (Attachment E) indicating there is no record of the person. Log the information on the "No Record of Person Log" in Release of Information Request binder. It is not necessary to retain a copy of the request or letter.

Subpoenas for Information in Closed Records

All subpoenas are forwarded to the Recipient Rights Team Leader and reviewed on a case-by-case basis. Following is the process, which usually occurs.

Within two (2) working days, the Recipient Rights Team Leader will determine validity and notify Customer Services. If approved, the subpoena copy will be forwarded to Customer Services indicating it is a valid subpoena and to process. Per the instructions of the Recipient Rights Manager, Customer Services shall copy the information and forward to the Clinical Director for approval.

If approved, a copy of the subpoena, the copied records and a cover letter (Attachment A) is

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mailed to the person/agency. The Released Information form is completed and stapled to the original subpoena with a copy of the cover letter. The information is filed in the "Consent and Authorizations" section of the medical record.

Note - There is usually a check sent with the subpoena. Determine the copying charge amount and if it is less than the check amount, subtract the check amount from the copying charge to determine their balance, and send the person/agency a letter stating the amount owed.

REFERENCE

[[Click Here to View Attachment A](#)]
[[Click Here to View Attachment B](#)]
[[Click Here to View Attachment C](#)]
[[Click Here to View Attachment D](#)]
[[Click Here to View Attachment E](#)]

HISTORY

Effective date: September 30, 1997

Revised:	3/2/2001
Reviewed:	6/18/2002, 02/24/03, 06/26/07
Revised:	09/27/07, 08/26/08, 01/13/09
Reviewed:	09/16/09

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SUBJECT: 06.02.02 New and Ongoing Groups (supportive, education, therapeutic)

PURPOSE: Determine need for After-Care and Support Groups, facilitate transition from formal treatment to groups, and organize new groups and provider ongoing monitoring/support to ongoing groups.

DETERMINATION OF NEED

LifeWays' Network Providers, Association for Mentally Ill group, focus groups, advisory councils and surveys provide information regarding the need for new groups.

Providers are contacted by MCO process alert, memo or phone call to determine needs and interests expressed by consumers.

Sign-in sheets are provided at related screenings or events with an area to indicate interest in a support group.

Data from satisfaction surveys, event evaluations and other surveys is reviewed.

Identified needs are prioritized.

After-care group planning includes requesting information from providers regarding transition from treatment to aftercare support group.

ORGANIZATIONAL MEETINGS

Set dates for organizational meetings based on priorities.

Reserve room.

Arrange for refreshments, if appropriate.

Advertise organizational meeting.

Facilitate organizational meeting - Agenda should include welcome, introductions, explanation of meeting purpose, possible meeting options (day, time, how long, who will lead, group rules, etc.) review of decisions made and decision on next meeting date and time.

The Customer Services Specialist will assist in arranging ongoing support for existing groups.

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SUPPORT GROUP MEETINGS

Advertise meetings, provide any support information/material available and check on other needs the group may have and arrange to meet them.

Ongoing group support - Check on room set up before each meeting, Set out directional signs before each meeting, Provide Kleenex, if requested, Provide updated information and support material, as needed and answer other requests as made by groups.

Monitoring - Any comments regarding group satisfaction/effectiveness will be collected and addressed. Outcome and satisfaction surveys are completed semi-annually to assess and maintain the quality of groups.

HISTORY

Effective date: October 01, 1998

Revised:	07/01/01
Revised:	08/14/02
Revised:	05/17/04
Reviewed:	06/26/07
Revised:	01/13/09

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SUBJECT: 06.04.05 Planning and Supports for Persons with Limited English Proficiency (LEP)

GOVERNING AGENCY POLICY: 06.04 Customer Services Reception

STATUTE AND REGULATION:

Section 601 of Title VI of the Civil Rights Act of 1964, 42 U.S.C. Section 2000d et. Seq. states: "No person in the United States shall on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."

Regulations implementing Title VI, provide in part at 45 C.F.R. Section 80.3 (b):

- (1) A recipient under any program to which this part applies may not, directly or through contractual or other arrangements, on ground of race, color, or national origin:
 - (i) Deny an individual any service, financial aid, or other benefit provided under the program.
 - (ii) Provide any service, financial aid, or other benefit to an individual, which is different, or is provided in a different manner, from that provided to others under the program;

- (2) A recipient, in determining the types of services, financial aid, or other benefits, or facilities which will be provided under any such program or the class of individuals to whom, or the situations in which such services, financial aid or other benefits, or facilities will be provided ...may not directly, or through contractual or other arrangements, utilize criteria or methods of administration which have the effect of subjecting individuals to discrimination, because of their race, color or national origin, or have the effect of defeating or substantially impairing accomplishment of the objectives of the program with respect to individuals of a particular, race, color or national origin." (Emphasis added).

Definitions:

LEP: Limited English Proficiency. A person whose difficulties in speaking, reading, writing, or understanding the English language may be sufficient to deny the individual access to public mental health services.

Interpreter: A person who provides immediate communication of meaning from one language (the source language) into another (the target language). An interpreter conveys meaning orally, while a translator conveys meaning from written text to written text. As a result, interpretation requires skills different from those needed for translation.

Translator: A person or service that translates a written language into another language for printing.

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ASSESSMENT OF LEP IN SERVICE AREA: The Network Performance Team periodically conducts a Network Capacity Evaluation to assess for prevalent cultural and language characteristics within the geographic service area and to assess for a competent Provider Network that can meet such needs. The assessment includes:

- Identifying the non-English languages that are likely to be encountered in the service area population and estimating the number of LEP persons that may access public mental health services. This may include reviewing census data, service utilization data, and/or data from school systems and community agencies and organizations;
- Identifying the points of contact in the service delivery system where language assistance is likely to be needed;
- Identifying the resources that will be needed to provide effective language assistance;
- Identifying the location and availability of these resources; and
- Identifying the arrangements that must be made to access these resources in a timely fashion.

ORAL LANGUAGE INTERPRETATION: In designing an effective language assistance program, LifeWays and its provider network shall maintain relationships and have established procedures for obtaining and providing trained and competent interpreters and other oral language assistance services, in a timely manner and free of charge to current or potential consumers, by taking some or all of the following steps:

- Hiring/contracting with bilingual staff who are trained and competent in the skill of interpreting;
- Arranging formally for the use of voluntary community interpreters free of charge who are trained and competent in the skill of interpreting.
- If expenses are expected to be incurred in order to obtain a qualified interpreter, arranging formally with LifeWays Customer Services for the use of interpreter services.

ACQUIRING AN INTERPRETER THROUGH LIFEWAYS CUSTOMER SERVICES:

To ensure consumers with Limited English Proficiency (LEP) are provided with quality access to services and ongoing treatment, provider agencies within the LifeWays Provider Network shall coordinate the use of Interpreter services with LifeWays Customer Services. The provider agency shall contact LifeWays Customer Services via telephone immediately or at least three (3) business days before interpreter services are needed. LifeWays shall be responsible for costs associated with Interpreter services that are provided in therapeutic settings for non-English speaking LifeWays consumers, provided the interpreter services have been approved by LifeWays Customer Services.

LifeWays Customer Services shall coordinate interpreter services through the best use of resources to achieve the lowest cost while maintaining quality interpreter services. Customer

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Services will review the treatment needs with the provider agency, including the projected frequency/number of interpreter sessions and the geographic location of service. In order to keep Interpreter service costs minimal, LifeWays Customer Services shall work with the provider agency to identify internal bilingual staff that may be able to meet the treatment needs of the consumer. If internal or volunteer resources are not available, LifeWays Customer Services shall make arrangements for a paid interpreter using the published "Interpreter Services" listing. LifeWays Customer Services shall be responsible for arranging for interpreter services at the requested date, time and location.

The interpreter is responsible for submitting an invoice directly to LifeWays Customer Services for reimbursement from LifeWays for the service provided at the agreed upon rate and frequency. Only interpreter services that are pre-approved by LifeWays Customer Services will be reimbursed by LifeWays. The provider agency is not allowed to submit an invoice on behalf of the interpreter. Interpreter services that are not approved by LifeWays Customer Services shall not be paid by LifeWays and are the expense of the provider agency/person responsible for arranging the service.

LifeWays Customer Services shall maintain a log of each case and all associated costs, which shall be submitted to the Director of Access Services for periodic review.

LifeWays Customer Services shall maintain a listing of available interpreters for various languages. This listing is distributed to all LifeWays staff and providers and is updated as changes are identified (reference: LifeWays Provider Manual). LifeWays shall contract with interpreters in order to accommodate consumers with limited English that are accessing the LifeWays Provider Network or LifeWays Administration. A Business Associate Agreement for Translation Services is executed for all interpreters, volunteer or paid.

Telephone interpreters are only used as a last resort and only in an emergency where an interpreter is not immediately available to be onsite or when the language is not one usually encountered in the community.

If the LEP consumer declines their right to free interpreter services, and requests the use of a family member or friend, LifeWays or the provider agency may use the family member or friend, if the use of such a person would not compromise the effectiveness of services or violate the LEP consumer's confidentiality. Involved LifeWays and provider agency staff shall document the offer of free interpreter services. The consumer declination shall be documented in the LEP consumer's file.

TRANSLATION OF WRITTEN MATERIALS: An effective language assistance program ensures that written materials that are routinely provided in English to applicants, consumers and the public are available in regularly encountered languages other than English when the population characteristics are sufficient to warrant this. When a need is identified the following documents shall be considered a priority: applications, consent forms, letters containing important information regarding participation in a program (such as a cover letter outlining conditions of participation in a Medicaid managed care program), notices pertaining to the reduction, denial or

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termination of services or benefits, of the right to appeal such actions or that require a response from beneficiaries, and notices advising LEP persons of the availability of free language assistance.

LifeWays Customer Services shall develop materials for LEP populations consistent with the following OCR Title VI obligations:

- A. The recipient/covered entity provides translated written materials, including vital documents, for each eligible LEP language group that constitutes ten percent or 3,000, whichever is less, of the population of persons eligible to be served or likely to be directly affected by the recipient/covered entity's program;
- B. Regarding LEP language groups that do not fall within paragraph A above, but constitute five percent or 1,000, whichever is less, of the population of persons eligible to be served or likely to be directly affected, the recipient/ covered entity ensures that, at a minimum, vital documents are translated into the appropriate non-English languages of such LEP persons. Translation of other documents, if needed, can be provided orally; and
- C. Notwithstanding paragraphs A and B above, a recipient with fewer than 100 persons in a language group eligible to be served or likely to be directly affected by the recipient/covered entity's program, does not translate written materials but provides written notice in the primary language of the LEP language group of the right to receive competent oral translation of written materials.

Methods for Providing Notice to LEP Persons - A vital part of a well-functioning compliance program includes having effective methods for notifying LEP persons regarding their right to language assistance for any language and the availability of such assistance free of charge. LifeWays Customer Services shall, when a sufficient need is identified, include statements about the services available and the right to free language assistance services, in appropriate non-English languages, in brochures, booklets, outreach and recruitment information and other materials that are routinely disseminated to the public.

TRAINING: The LifeWays policy and procedure for LEP shall be disseminated to employees likely to have contact with LEP persons. Review of this policy and procedure shall occur at new employee orientation and at least annually thereafter. LifeWays' network providers shall be responsible for providing LEP training to their staff that is likely to have contact with LEP persons annually. LEP materials are available through LifeWays Customer Services to supplement the provider's training.

MONITORING USE OF INTERPRETERS: LifeWays Customer Services shall monitor the use of LEP supports through the maintenance of the Interpreter Listing published in the LifeWays Provider Manual and through periodic Interpreter Activity Reports provided to the Director of Access Services regarding the requests for interpreter services. The Interpreter Activity Report

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may include the number of requests, primary language spoken, cost of interpreter service, number of interpreter sessions provided per case, etc.

REFERENCES

VI of the Civil Rights Act of 1964

42 U.S.C. Section 2000d

MDCH PIHP Customer Services Standards

HISTORY

Effective date: 02/15/2002

Revised:	03/04/03
Revised:	10/04/03
Reviewed:	11/22/04
Reviewed:	06/26/07
Reviewed:	01/13/09
Revised:	08/13/09

Agency/Person	Interpreter	Translator	Language	Address	Phone	Availability	Fee for Service
University of Michigan Interpreter Services Program contract is needed to use this service	X	X	All Languages	1500 E. Medical Ct UH2B207 Box 0059 Ann Arbor, MI 48109	(734) 936-7021	Any	X
Language Line Services (over the phone interpreting service)	X	X	All Languages	One Lower Ragsdale Dr. Monterey, CA 93940 www.language.com	(800) 752-6096	Any	X
Languages International PAE No contract needed to use service	X	X	Most	2182 Saginaw SE Grand Rapids, MI 49506-1242	(800) 421-1943	By Appt Only	X
Michigan Association for Deaf & Hard of Hearing	X	X	Sign Language	2929 Covington Court Suite 200, Lansing MI 48912	Tele (517) 487-0066 Fax (517) 487-2586	Call	X
Ron German	X	X	Spanish	11802 Beach Rd. Brooklyn, MI	(517) 592-2192	Call	x
Juanita Henderson (Volunteer)	X		Spanish (Can assist consumer with forms that are in English)	Jackson, MI	(517) 789-5427	Mon - Thurs 6pm - 9pm	
Deaf Links	X		Sign Language	Battle Creek, MI	1-800-337-9152	Any	X
Centro Cultural Hispano Catholic Church		X	Spanish	Jackson, MI	783-2772	Call	
Cristo Rey Comm Center	X		Spanish	1717 N. High Lansing, MI 48906	(517) 372-4700	Call	X
Juan Guerrero	X		Spanish	2572 Dorvin Dr. Jackson, MI 49201	(517) 917-2921	Call	X
Palmila Sancez	X		Spanish	215 E Biddle, 49203	(517)780-0058	\$10.00/Hour	x
Alma Hinkle	X		Spanish		(517) 780-0685		
Karin McElroy	X		Spanish	Hillsdale, MI (Willing to travel to Jackson if contact before day of appointment)	(517) 437-3950	Call	X
Irene Albarran	X		Spanish	Jackson, MI	Home (517) 783-5722 Work (517) 788-1356	Call	X
Claire Van Dusen (Volunteer)	X		Spanish	Jackson, MI	(517) 782-4426	Evenings Weekends	
Sara Sanchez (Volunteer)	X		Spanish	Hillsdale, MI	(517) 439-8993	Call	
Rolleen Margerum	X		Spanish	1608 E. Ganson, 49202	(517) 416-4620	\$10.00/hour	x
Nicole Wilberding Nationally Certified	X		Sign Language	Mason, MI	(517) 676-0320	Call	x
Doris Walkins Nationally Certified	X		Sign Language	Kalamazoo, MI	(269) 644-4539	Call	x
Brenda Warwick Nationally Certified	X		Sign Language	Adrian, MI	(517) 263-4431	Call	x
Lorraine Auvenshine Nationally Certified	X		Sign Language	Lansing, MI	(517) 626-2398	Call	x
David Lee	X		Sign Language	732 22nd St. 49203	(517) 392-8905	\$25.00/Hour	x
Esmeralda Samons	X		Spanish	5027 Mieczewo Dr, Mi. Center	(517) 206-9512	\$18.00/Hour	x
Margie Dominquez	X		Spanish	517 17th St, 49203	(517) 392-7060	\$18.00/Hour	x

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SUBJECT: 06.06.02 Provider Access to Closed Records

GOVERNING AGENCY POLICY: 06.06 Medical Record Management

PURPOSE: To give the providers access to consumer's closed records so they can coordinate care.

If a provider wishes to remove a closed file from the records archives, they complete the Medical Records Archives form (Attachment A) and present it to the Customer Services Specialist (CSS). The CSS places the completed form in the log out folder and retrieves the file. The record is returned within 48 hours. If it is not returned within 48 hours, the CSS will call the person's supervisor who signed out the file and note on the form stating when it will be returned.

If a provider wishes to retrieve a closed file for reopening they must complete the Medical Records Archives form and indicated "for re-open" on the form. The completed form is filed in the alphabetical accordion folder entitled "Medical Records Archives" and the file is retrieved. Once the file is retrieved anything that was released to the previous provider from an outside agency needs to be removed before the file is released to the new provider.

HISTORY

Effective date: September 1, 1997

Revised:	03/02/01
Reviewed:	07/05/02
Reviewed:	03/05/03
Reviewed:	05/17/04
Reviewed:	06/26/07
Reviewed:	09/16/09

CUSTOMER SERVICES OPERATING PROCEDURE

SUBJECT: Public Use of LifeWays' Meeting Rooms/Meeting Aids Check-out

GOVERNING AGENCY POLICY: Facilities Management (Use of Agency Facilities/Equipment)

PURPOSE: Scheduling of LifeWays Meeting Rooms

***This procedure applies to both Jackson and Hillsdale facilities and has been fully revised to describe the new procedure for 2009.**

SPACE/CAPACITY: Upon reservation, the LifeWays Representative will reserve the most appropriate room to fit the number of attendees to the event. (See Attachment 1 for space/capacity details.)

SET UP/TEAR DOWN: Upon reservation of a room(s), the LifeWays Representative shall request a Reservation Form (Attachment 2) to be completed. This form indicates how the host would prefer the room to be set up. Rooms can be set up in the standard meeting set-up (circle with tables), classroom style, theater style, or custom to meet the needs of the host (see Attachment 1 for set up details). Depending on the request, additional time may be reserved to allow for set up/tear down. Reserved time for set-up and tear down will not be charged rental fees. If event requires decoration, etc. host can use the time reserved for set-up to do so.

ADDITIONAL RESOURCES AVAILABLE: Upon reservation, the LifeWays Representative shall request a reservation form (Attachment 2) to be completed, which indicates any other needs the host may have. (Additional resources available upon request are kitchenette, podium, and phone, TV/VCR, and easel.) Phone calls/messages to attendees of meetings will not be forwarded to attendees.

Appropriate fees may be charged to hosts if damages are incurred to resources or rooms during use.

Meeting hosts are permitted to bring in equipment as needed, i.e., computer, projector, microphone/speaker equipment, catering, etc. If equipment will be brought in the host must notify LifeWays' LifeWays Representative to reserve additional time for set-up.

FEES:

Reservation Fees: Reservations will be free of charge to tenants of the building, as well as community coalitions, local public service groups, and any community collaborative meetings or events. However, in the following circumstances a rental fee will be charged for use:

- A reservation for a for profit company not conducting a community collaborative event;
- A reservation to a non-profit organization not conducting a community collaborative event;
- A reservation for non-tenant providers not conducting a community collaborative event.

LifeWays reserves the right to charge a fee for the use of the meeting rooms in addition to the listed conditions. See Attachment 1 for fees associated to meeting room reservations.

Cancellation Fees: A 24-hour cancellation notice (or as soon as the host is aware) is required for reservations that involves set up. A 12 hour cancellation notice (or as soon as the host is aware) is required for any reservation that does not involve set up. Any reservations that included a fee and were cancelled without notice will not be reimbursed. Any reservations that did not include a fee

and were cancelled without notice will be charged a fee equal to the cost of the reservation of the room, i.e., \$10.00 for a cancelled 1 hour meeting in the Oak Room, \$40.00 for a cancelled 2 hour meeting in the Pine room, etc. This applies to tenant providers who maintain room reservations without holding the meeting. This practice prohibits the room rental to another party.

PAYMENT: Reservations that are charged a fee will be informed upon reservation and details will be included in the reservation confirmation letter. Payment must be received 3 days prior to the date of the event to the LifeWays Representative. If payment is not received the meeting room will not be unlocked for use.

AFTER HOURS RESERVATIONS: A fee of \$35.00 shall be applied to reservations that extend past 8:00 p.m. or begin before 7:00 a.m., at which times doors are locked and security systems are activated. A fee of \$70.00 shall be applied for each weekend day included in meeting reservations. The fee is charged for each after-hours incident, as LifeWays is charged a fee for the inactivation and activation of the alarm system.

SHORT NOTICE RESERVATIONS: Short notice reservations will be allowed if payment is provided prior to the date and time of the event and any required set up is limited.

MONITORING: LifeWays Representative shall monitor meeting room reservations for trends of use. Fees shall be applied to hosts if it is felt meeting rooms are being overused or misused.

Videos

Staff/Providers wanting to check out video's need to come to Customer Service/Access and sign out the video in the "Check Out Book". All videos must be returned to Customer Services/Access within in 48 hours unless otherwise specified. CSS will check in the day and time the video was returned. If not returned on time the CSS will call the staff that checked it out and remind them to return the items.

MCO staff members belonging to the Operations Team will be allowed to reserve employee training videos one week in advance of the date needed. This will be done for such events as: new employee orientation and yearly employee training, to ensure the videos are available.

Attachment 1: Meeting Room Capacity Table

Attachment 2: Meeting Room Reservation Form

Effective: 09/01/97
Revised: 02/01/01
Revised: 07/05/02
Revised: 03/20/03
Revised: 11/22/04
Revised: 08/14/07
Revised: 08/26/08

Attachment 1 Meeting Room Capacity

Room	Dimensions	Set Up	Capacity	Fee (includes set up & tear down)
Board Room	65.5ft x 29ft	Standard	64	\$40/hour
Pine Room	65.5ft x 30ft	Standard	36 (12 tables)	\$30/hour
Pine Room	65.5ft x 30ft	Theatre	156 (0 tables)	\$30/hour
Pine Room	65.5ft x 30ft	Classroom	144 (36 tables)	\$30/hour
Birch Room	32.7ft x 29.2ft	Standard	18 (6 tables)	\$15/hour
Birch Room	32.7ft x 29.2ft	Theatre	78 (0 tables)	\$15/hour
Birch Room	32.7ft x 29.2ft	Classroom	72 (18 tables)	\$15/hour
Oak Room	32.8ft x 29.2ft	Standard	18 (6 tables)	\$15/hour
Oak Room	32.8ft x 29.2ft	Theatre	78 (0 tables)	\$15/hour
Oak Room	32.8ft x 29.2ft	Classroom	72 (18 tables)	\$15/hour
Oak/Birch Rooms	65.5ft x 29.2ft	Standard	36 (12 tables)	\$30/hour
Oak/Birch Rooms	65.5ft x 29.2ft	Theatre	156 (0 tables)	\$30/hour
Oak/Birch Rooms	65.5ft x 29.2ft	Classroom	144 (36 tables)	\$30/hour
Pine/Oak/Birch Rooms	65.5ft x 62.7ft	Standard	Not Available	Not Available
Pine/Oak/Birch Rooms	65.5ft x 62.7ft	Theatre	193 seats (0 tables)	\$60/hour
Pine/Oak/Birch Rooms	65.5ft x 62.7ft	Classroom	193 seats (24 tables)	\$60/hour
Pine/Oak/Birch Rooms	65.5ft x 62.7ft	Open	175 standing	\$60/hour
Board/Pine/Oak/Birch Rooms	65.5ft x 88.2ft	Standard	Not Available	Not Available
Board/Pine/Oak/Birch Rooms	65.5ft x 88.2ft	Theatre	193 seats (0 tables)	\$100/hour
Board/Pine/Oak/Birch Rooms	65.5ft x 88.2ft	Classroom	193 seats (24 tables)	\$100/hour
Board/Pine/Oak/Birch Rooms	65.5ft x 88.2ft	Open	250 standing	\$100/hour

Meeting Room Reservation Form

To be completed by Contact Person:

Date of Reservation: _____ Org of Reservation: _____

Contact Person of Reservation: _____ Contact Phone #: _____

Alt Contact Person of Reservation: _____ Contact Phone #: _____

Organization Address: _____

Title of Event: _____ Number of Attendees: _____

Date of Event: _____

Start Time of Event: _____ am/pm

End Time of Event: _____ am/pm

Set Up of Conf Room:

Standard Rectangle

Other: Please draw picture

Double Table

Classroom

U- Shape

Theater

Conference

Additional Needs:

Podium

Phone

Kitchenette

Easel (paper and marker not provided)

Will you be bringing any of the following:

Catering

Microphone/Speakers System

Laptop/Projector/Screen

Stage

Other: Please report: _____

To be Completed by LifeWays Marketing and Public Relations Manager

Conference room(s) reserved based on needs of reservation:

Oak Room (\$10.00/hour)

Birch Room (\$10.00/hour)

Pine Room (\$20.00/hour)

Board Room (\$20.00/hour)

Number of hours reserved (not including set-up): _____ (number of hours to be charged)

Number of hours needed (including set-up): _____

Reservations occur prior to 7:00a.m. Monday through Friday? (\$35.00) Yes No

Reservations occur after 8:00p.m. Monday through Friday? (\$35.00) Yes No

Reservations occur on the weekend? (\$70.00) Yes No

Organization to be billed for reservation: Yes No

Cost of Room Reservation: _____

x Number of hours reserved: _____ x _____

+ \$35.00 for every after hours alarm activation/deactivation _____ + _____

Total due from Organization prior to event: _____

Acknowledgement of reservation mailed on: _____

Payment received on: _____

LIFEWAYS OPERATING PROCEDURE

CUSTOMER SERVICES

SUBJECT: 06.06.04 Transfer of Consumer Records

GOVERNING AGENCY POLICY: 06.06 Medical Record Management

PURPOSE: To transfer consumer files from a closed provider to an open provider of the consumer choice and/or transfer closed files to the LifeWays closed file room.

All requests for transitioning records from a closed provider to LifeWays closed file room or a new provider received by LifeWays are forwarded to Customer Services. The CSS (Customer Services Specialist) will do the following:

Send a memo with file transfer instructions to the provider that is closing (copy of memo attached). The memo should state the following:

- Create separate provider lists with name of consumers, in alpha order, being transferred to them.
- Remove any information created by an entity outside of the LifeWays provider network for which there is not a release of information signed by the consumer that includes a release to LifeWays should be shredded prior to transitioning them to LifeWays. If, as you proceed with this process, you identify critical information to the consumer health and safety that would be lost if the document was shredded, please contact _____ at _____ prior to shredding.
- All files should be boxed.
- Please contact Customer Services to make arrangements for file delivery.
- Customer Services and the closed provider will go over the list and files to make sure all files are accounted for and then Customer Services will sign the list. The closed provider will retain the original list and LifeWays will retain a copy. A CSS will put any files that are closed and not being transferred in the LifeWays closed file room.

Once Customer Services receives files to be transferred to a new provider a CSS will create separate provider listings with names of consumer and a signature and date line. When the lists are created a CSS will call each new provider and schedule a time to transfer the files to them.

Customer Services will go over the list and files with the new provider and have the new provider sign and date the list for accountability provider (copy of list attached). Customer Services will retain the original list and the new provider will retain a copy.

REFERENCE

Attachment A – Transfer File Memo

LIFEWAYS OPERATING PROCEDURE

CUSTOMER SERVICES

HISTORY

Effective date: October 8, 2003

Revised: 02/05/08
Reviewed: 09/16/09

CUSTOMER SERVICES - GRIEVANCE & APPEAL PROCESS**INTRODUCTION**

It is the policy of the LifeWays Managed Care Organization to provide clear, user-friendly grievance and appeal processes which resolve issues in a timely manner. All grievances involving consumers are subject to due process oversight. The Office of Recipient Rights provides procedural oversight to assure adherence to appropriate processes and that the complainant's right to due process is followed.

Customer Services oversees and tracks the grievance and appeals process. Grievance and appeals from members and providers are typically received through Customer Services, except those concerning recipient rights, which are handled directly by the Recipient Rights Office. Calls concerning a Recipient Rights Complaint shall be transferred to the Recipient Rights Specialist, 517-780-3349.

The Customer Services Specialist (CSS) will attempt to resolve initial concerns before a grievance is filed. If the initial concerns cannot be resolved, the CSS will assist the member or provider in filing a grievance or appeal. All grievances and appeals are received, logged and monitored by Customer Services in Jackson. The CSS will mail a copy of the logged grievance/appeal along with an acknowledgement letter to the member/provider as their receipt. A note accompanies the grievance explaining to use the log number as the reference number when calling in with questions or for an update.

Upon receipt and following documentation of all incoming grievances and appeals, a copy is forwarded to the Recipient Rights Office no later than the next business day for review by the Rights staff to determine whether or not there is a code-protected right. If a rights issue is identified, Rights Staff shall notify the Complainant in writing within five (5) days of receipt of the original grievance what action, if any, will be taken to resolve and/or investigate the allegations.

Information and/or trends are monitored through the Grievance and Appeals log and reported to Quality Management Council.

RECIPIENT RIGHTS COMPLAINT

Possible violations of rights may come to the attention of the Rights Office in a variety of ways, including but not limited to the following: 1) Recipient Rights Complaint Forms (DCH-2500, located at each provider site and available at the LifeWays Recipient Rights Office) may be filed by a recipient or anyone on their behalf. Complaints are delivered or sent to the Rights Office on the day they are received; 2) Incident Reports filed by provider or MCO staff; 3) Information in Adult Foster Care Licensing or Protective Services reports on alleged abuse, neglect or other rights violations; 4) Information provided by Department of Community Health reports of licensing and accreditation and other regulatory agency reports; 5) Information provided by the designated Rights Advisors or staff with or without a specific complaint allegation; 6) Other information provided by recipients or anyone else to indicate possible violations of rights which shall be verbally reported to the Rights Office immediately. (Recipient Rights Procedural Manual)

CUSTOMER SERVICES - GRIEVANCE & APPEAL PROCESS

Calls received by Customer Services regarding filing a Recipient Rights Complaint are transferred to the Recipient Rights Office.

Process for Filing Recipient Rights Appeals:

Complainants may appeal Recipient Rights findings as follows:

The Office of Recipient Rights shall advise the complainant that there are advocacy organizations available to assist the complainant in preparing the written appeal and shall offer to refer the complainant to those organizations. In the absence of assistance from an advocacy organization, the office shall assist the complainant in meeting the procedural requirements of a written appeal. The Office of Recipient Rights shall also inform the complainant of the option of mediation, which shall be available at all times during the appeals process. All timelines relative to the appeal are stayed during the mediation process.

In the event that a complainant is not satisfied with the findings of an investigation of an alleged rights violation, the complainant may request, within forty-five (45) calendar days of receipt of the Chief Executive Officer's or Executive Director's summary report of investigation, in writing to the Appeals Committee of the Recipient Rights Advisory Committee, that the facts of the alleged violation be reviewed. An appeal shall be based on one (1) of the following grounds:

1. The investigative findings of the Office of Recipient Rights are not consistent with the facts or the law, rules, policies or guidelines.
2. The action taken or plan of action proposed by the respondent does not provide an adequate remedy.
3. An investigation was not initiated or completed on a timely basis.

Within five (5) business days after receipt of the written appeal, members of the Appeals Committee shall review the appeal to determine whether it meets the criteria set forth (Ref. MHC 330.1784(2)). If the appeal is denied because the criteria were not met, the complainant shall be notified in writing. If the appeal meets criteria, the Appeals Committee shall meet within thirty (30) calendar days after receipt of a written appeal and review the facts as stated in all complaint investigation documents and shall do one (1) of the following:

1. Uphold the investigative findings of the Office of Recipient Rights and the action taken or plan of action proposed by the respondent.
2. Return the investigation to the Office of Recipient Rights and request that it be reopened or reinvestigated.
3. Uphold the investigative findings of the Office of Recipient Rights but recommend that the respondent take additional or different action to remedy the violation.
4. Recommend that the LifeWays Chief Executive Officer request an external investigation by the State Office of Recipient Rights.

CUSTOMER SERVICES - GRIEVANCE & APPEAL PROCESS

The Appeals Committee shall document its decision in writing. Within ten (10) business days after reaching its decision, the Appeals Committee shall provide copies of the decision to the respondent, appellant, consumer if different from the appellant, the consumer's guardian if a guardian has been appointed, the responsible provider, and the Office of Recipient Rights and the Chief Executive Officer. Further appeals to the Department of Community Health Office of Recipient Rights shall be in accordance with Section 330.1786 of the Michigan Mental Health Code.

Any party may seek alternate resolution through exercise of legal remedy.

The confidentiality provisions of the Michigan Mental Health Code in Section 330.748 shall be strictly adhered to in every step of the appeal process.

Every effort shall be made to resolve disputes at the lowest administrative level possible. The language contained herein with regard to a formal appeals process should not be construed to prohibit the use of mediation at the local level, if both parties agree to the use of it.

GRIEVANCES, SECOND OPINIONS AND APPEALS PROCESS

Provider Network members, consumers, applicants, guardians, or family members may file grievances and/or appeals. A Grievance or Appeal can be registered by calling Customer Services. A Customer Services Specialist will assist the caller in filing the grievance/Appeal form (if needed) and will continue to coordinate follow-up until final resolution. Timelines and processes are as follows:

When a consumer, provider, applicant, family member or guardian calls or presents with a grievance regarding care, the CSS will ask:

“Is this grievance regarding a patient in crisis who has been diverted to alternative care?” (Urgent/Emergent care - crisis home)

If YES, *“Is the patient at risk of harming himself/herself or others?”* (If YES, take necessary information and transfer to Community Connections emergency worker immediately to resolve situation.) Must check if want a second opinion and offer it to be filed in writing.

If NO, assist the caller in filing the grievance as follows:

Grievance

If a consumer, applicant, provider, family member or guardian has a grievance, the Grievance Resolution form is completed (Attachment A). If the CSS assists the complainant in completing the form, she/he will repeat the information back to the complainant to insure accuracy. The CSS will explain the grievance process to the complainant including when they can expect a response. All grievances received before

CUSTOMER SERVICES - GRIEVANCE & APPEAL PROCESS

4:00pm shall be processed that day, any received after 4:00 pm shall be processed the next business day.

Customer Services will process the grievance as follows:

- Grievances are logged in the Grievance and Appeals database, allocating a tracking number and assigning to, a Customer Service Specialist, the Clinical Director, or the appropriate MCO Team member/leader. The CSS shall hand deliver a copy of the grievance to the person assigned to resolve the issue. An acknowledgement letter (Attachment E) with the tracking log number is sent/mailed to the complainant.
- The beneficiary and his/her representative are informed that they have the opportunity to examine the case file (medical records, documentation and records considered during the grievance process) before and during the process.
- By the next business day, an email with the call logging number will be sent to a Recipient Rights team member. *See section 7 of the Recipient Rights Procedural Manual).
- Grievances are typically resolved within fourteen (14) business days but may take up to sixty (60) calendar days; expedited resolutions are done and response sent within three (3) calendar days.
- Upon receipt of the completed grievance: 1) a letter explaining appeal rights (Attachment B), and response to the grievance is sent to the complainant. 2) a copy of the grievance, response and all supporting documentation is forwarded to a Recipient Rights team member.
- Customer Services completes the Grievance and Appeals database.

Appeals

If a consumer, guardian, {applicant, provider, or family member (with permission and signature of guardian and/or consumer)} has an appeal, they can file as follows (oral inquiries seeking an appeal are treated as appeals in order to establish the earliest possible filing date):

Medicaid: Can file an Administrative Fair Hearing and/or a local appeal at the same time.

- Administrative Fair Hearings must be filed within 90 days from the date of the denial notice. Hearing requests must be made in writing and signed by the consumer or the consumer's representative. To request a Fair Hearing, complete the "Request for Hearing" form and return it in the enclosed envelop, or mail to ADMINISTRATIVE TRIBUNAL, MICHIGAN DEPARTMENT OF COMMUNITY HEALTH, PO BOX 30763, LANSING MI 48909-9951. If needed a CSS can help you complete the form a mail it to the Department of Community Health. Forms are available at Customer Services.

Non-Medicaid: Can file a local appeal.

Customer Services will process the local appeal as follows:

CUSTOMER SERVICES - GRIEVANCE & APPEAL PROCESS

- Completing the Grievance/Appeal Resolution Form (Attachment A). A CSS can assist the complainant in completing the form; she/he will repeat the information back to the complainant to insure accuracy. The CSS will explain the appeal process to the complainant including when they can expect a response. All appeals received before 4:00pm shall be processed that day, any received after 4:00 pm shall be processed the next business day.
- The beneficiary and his/her representative are informed that they have the opportunity to examine the case file (medical records, documentation and records considered during the appeal process) before and during the process.
- Appeals are logged in the Grievance and Appeals database allocating a tracking number and assigning to, a Customer Services Specialist, the Clinical Director, or the appropriate MCO Team member/leader. The CSS shall hand deliver a copy of the appeal to the person assigned to resolve the issue. An acknowledgement letter (Attachment E) with the tracking log number is sent/mailed to the complainant.
- The person assigned to resolve the appeal is not involved in any previous level of review or decision making and has the appropriate clinical expertise in treating the beneficiary's condition or disease when deciding any of the following:
 - An appeal of a denial that is based on lack of medical necessity;
 - An appeal that involves clinical issues.
- By the next business day, an email with the call logging number will be sent to a Recipient Rights team member. *See section 7 of the Recipient Rights Procedural Manual).
- Appeals are typically resolved within fourteen (14) business day but may take up to forty-five (45) calendar days; expedited appeals can be requested and if accepted will be resolved and a response sent within three (3) calendar days. If an expedited appeal request is denied, notification will be given to the complainant orally and in writing within 2 calendar days.
- Upon receipt of the completed appeal: 1) a letter explaining further appeal rights (Attachment B), and response to the appeal is sent to the complainant. 2) a copy of the appeal, response and all supporting documentation is forwarded to a Recipient Rights team member.
- Customer Services completes the Grievance and Appeals database.

A. SECOND OPINIONS (Denial of Initial Access or Hospitalization)**1. Denial of Initial Access**

If denial is related to initial access and not related to inpatient care, the access provider informs the individual, his or her guardian, or in the case of a minor his/her parents of their right to a second opinion and refers them to Customer Services. The Customer Services Specialist will register the second opinion (Attachment A).

The second opinion is processed as follows:

- The second opinion is logged in the Grievance and Appeals database and assigned a tracking number. An acknowledgment letter with the tracking number is sent/mailed to the complainant.

CUSTOMER SERVICES - GRIEVANCE & APPEAL PROCESS

- The Responsible Customer Services Specialist will deliver a copy to the Clinical Director and Recipient Rights.
- The Access Center Staff shall arrange for a second opinion evaluation and will inform the individual, his/her guardian or his/her parent in the case of a minor child of the date and time. The evaluation will be offered within five (5) business days from receipt of the request.
- The Access Center Staff will notify the Customer Services Specialist of the decision who in turn will send the initial evaluation and the second opinion evaluation to the Clinical Director for review and signature. After approval by the Clinical Director the Customer Service Specialist will send the complainant adequate notice (if the second opinion upholds the original opinion). Please see section entitled *Adequate Notice Process, Denial of Initial Access – Second Opinion Upheld* for the process.
- A copy of the second opinion request, resolution and supporting documentation is forwarded to Recipient Rights.
- Customer Services completes the Grievance and Appeals database.

2. Denial of Hospitalization

If a pre-admission screening unit or children's diagnostic and treatment provider denies hospitalization of a non-LifeWays' consumer/LifeWays' consumer, the individual, applicant, his/her guardian or his/her parent in the case of a minor child, may request a second opinion. An Access Provider staff will inform the individual of their right to request a second opinion.

If a second opinion is requested, the following process shall occur as soon as possible:

1. Jackson or Hillsdale Access Provider will register the request (Attachment A), will contact the Clinical Director/Chief Operating Officer, and will forward a copy of the request to Customer Services, or the Access Provider may direct the person/consumer to Customer Services. If the request is registered through Customer Services, the Customer Services Specialist will immediately contact the Clinical Director and give a copy of the request to the Clinical Director. The Clinical Director will arrange for another psychiatric evaluation by a psychiatrist or fully licensed psychologist to be performed within three (3) business days of notification excluding Sundays and legal holidays. Community Connections shall offer clinically appropriate alternative services until second opinion is complete. The Responsible CSS logs the request in the Grievance and Appeals database.
2. If the conclusion of the second opinion is different from the conclusion of the pre-admission screening unit, the Clinical, in conjunction with the Medical Director, shall make a joint recommendation to the Chief Executive Officer based on all clinical information available and reject or support the denial. The recommendation shall be presented to the CEO. The CEO shall make the final decision. The Clinical Director shall inform, in writing, the individual who requested the second opinion, of the decision, and the confirming document shall include the signature of the Clinical Director/CEO, and shall indicate that the decision was made in consultation with the Medical Director. The completed request and supporting documentation is forwarded to Customer Services. The CSS will send the complainant adequate notice explaining their appeal

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rights, if the original opinion is upheld. Please see section entitled *Adequate Notice Process, Denial of Hospitalization – Second Opinion Upheld* for the process.

3. Customer Services completes the Grievance and Appeals database.

B. ADEQUATE NOTICE PROCESS**Adequate Notice Definition:**

Adequate notice is given when: a) hospitalization is denied and the second opinion upholds the denial, b) initial access is denied, or c) Utilization Management denies a service that is not a currently authorized service. The consumer must be given adequate notice on the day of the determination of their right to appeal. Adequate notice includes:

1. Statement of what action LifeWays intends to take;
2. Reasons for the intended action;
3. Specific regulations that support the proposed action; and
4. An explanation of the consumer's right to request an evidentiary hearing.

1. Denial of Initial Access – Second Opinion Upheld

If the second opinion upholds the initial opinion, the CSS will:

- Issue adequate notice to the complainant (Attachment C). The notice is sent by US Postal Mail.
- The adequate notice copy and supporting documentation is filed in the file entitled "Adequate Notice Copies".

Note: All complainants have a right to an expedited hearing if waiting for the standard time for hearing would seriously jeopardize the consumer's life, health or their ability to attain, maintain or regain maximum function. If an expedited resolution of an appeal is denied, notification will be given to the complainant orally and in writing within 2 business days.

2. Denial of Hospitalization – Second Opinion Upheld

Appeal Rights – If the Complainant is not receiving behavioral health services and the second opinion supports the denial, the individual or someone on his/her behalf may file a Recipient Rights Complaint.

If the initial request for inpatient admission is denied, and the individual is a current consumer of other LifeWays services, the individual or someone on his/her behalf may file a Recipient Rights Complaint alleging a violation of his/her right to treatment suited to condition.

Medicaid Consumer:

- Customer Services Specialist will send an adequate notice to the complainant informing them of their right to file an appeal, right to request an Administrative (Fair) Hearing with the Department of Community Health and their right to file for

CUSTOMER SERVICES - GRIEVANCE & APPEAL PROCESS

mediation (Attachment C). The notice is sent by US Postal Mail. A copy of the letter and supporting documentation is filed in the Customer Service file entitled "Adequate Notice Copies".

- If the complainant wishes to file for an appeal, hearing or mediation, Customer Services may assist them in that process. The request for an appeal must be filed within forty-five (45) days from date of notice to LifeWays Customer Services. The request for an Administrative (Fair) Hearing must occur within ninety- (90) calendar days of the date of action. The complainant may request, within ten- (10) calendar days of the decision, independent community mediation to resolve the appeal. Requests for mediation will be referred to a Recipient Rights team member. The complainant may have an advocate of their choice assist them throughout the mediation process or may request the ongoing assistance of Customer Services. The Chief Executive Officer will appoint a representative. A Recipient Rights Complaint may also be filed.

Non-Medicaid consumer:

- Customer Services Specialist will send a letter to the complainant informing them of their right to file for mediation or an appeal. The notice is sent by US Postal Mail. A copy of the letter and supporting documentation is filed in the file entitled "Adequate Notice Copies".
- The complainant may request within forty-five (45) days from the date of the notice an appeal with LifeWays Customer Services or, within ten- (10) calendar days of the decision, an independent community mediation to resolve the grievance. Requests for mediation will be referred to a Recipient Rights team member. The complainant may have an advocate of their choice assist them throughout the mediation process or may request the ongoing assistance of Customer Services. The Medical or Clinical Director/designee appointed by the Chief Executive Officer will represent LifeWays'. A Recipient Rights Complaint may also be filed.
- If after exhausting all local procedures, a Non-Medicaid beneficiary may access the Michigan Department of Community Health alternative dispute resolution process by calling Customer Services for assistance. The dispute must be filed within ten- (10) calendar days of the mediation decision.

Note: All complainants have a right to an expedited hearing if waiting for the standard time for hearing would seriously jeopardize the consumer's life, health or their ability to attain, maintain or regain maximum function.

3. Denial of Additional Services

If Utilization Management denies a non-inpatient service that is not currently authorized, they will forward a copy of the denial form to Customer Services within 24 hours. The CSS will: When Utilization Management denies additional services, they will forward the denial form to Customer Services within 24 hours. The Customer Services Specialist will:

- Prepare and send the consumer an adequate notice of adverse action (Attachment C) that services will be denied. The adequate notice shall be sent the effective date of the action by US Postal Services. A copy of the letter and support documentation

CUSTOMER SERVICES - GRIEVANCE & APPEAL PROCESS

is filed in the Customer Service folder entitled “Adequate Notice of Adverse Action Copies”.

Note: Upon notification of an intended treatment change the recipient and/or his/her parent or legal guardian shall be notified that they may, in addition to the rights provided them pursuant to the Medicaid Fair Hearing and Appeal Process, Grievance Process, and/or Recipient Rights Complaint Process, request a person-centered planning meeting which shall occur within thirty- (30) days of their request.

C. ADVANCE NOTICE OF ADVERSE ACTION PROCESS**Advance Notice of Adverse Action Definition:**

This type of notice is sent when services are suspended, reduced or existing services are terminated. The advance notice of adverse action will include the following:

1. A statement of what action LifeWays intends to take;
2. The reasons for the intended action;
3. The specific justification that supports, or the change in the Federal or State law that requires, the action;
4. An explanation of:
 - a. The Medicaid consumer’s right to request an Administrative (Fair) Hearing with the Michigan Department of Community Health. Note: If the consumer requests a hearing within ten-(10) calendar days of the advance notice and request for authorized services to continue, they will continue receiving those authorized services until after the hearing.
 - b. The Non-Medicaid consumer’s right to request MDCH alternative dispute resolution process.

Note: Advance notice of adverse action is given when an authorization for service is suspended, reduced or terminated. Notice must be given twelve- (12) calendar days prior to the date of action. The Board may shorten the period of advance notice to five (5) calendar days before the date of action, if it has facts indicating that the action should be taken because of probable fraud and these facts have been verified, if possible, through secondary sources.

All complainants have a right to an expedited hearing if waiting for the standard time for hearing would seriously jeopardize the consumer’s life, health or their ability to attain, maintain or regain maximum function. If an expedited resolution of an appeal is denied, notification will be given to the complainant orally and in writing within 2 calendar days.

Exceptions to Sending Advance Notice of Adverse Action:

1. The agency has factual information confirming the death of a consumer;
2. The agency receives a clear written statement signed by the consumer/guardian that:
 - a. S/he no longer wishes services; or

CUSTOMER SERVICES - GRIEVANCE & APPEAL PROCESS

- b. Gives information that requires termination or reduction of services and indicates that s/he understands that this must be the result of supplying that information.
3. The consumer has been admitted to an institution and is ineligible under the plan for further services;
4. The consumer's whereabouts are unknown, and the post office returns agency mail directed to him/her indicating no forwarding address (see Section 431.231 (d) of this subpart of procedure if the consumer's whereabouts become known);
5. The agency establishes the fact that the consumer has been accepted for Medicaid services by another local jurisdiction, State, territory or commonwealth;
6. The consumer's primary physician prescribes a change in the level of medical care.

Suspension, Reduction, or Termination of Existing Services:

A consumer may appeal a decision by Utilization Management to suspend, reduce, or terminate existing services.

Medicaid consumers may appeal a denial, suspension, reduction or termination of state plan services through the Department of Community Health Administrative Tribunal. Alternative services may be appealed through the LifeWays Appeal Process. Medicaid consumers may appeal a denial, suspension, reduction or termination of any services through the LifeWays Appeal Process.

Utilization Management will notify Customer Services of the decision to suspend, reduce, or terminate services, by forwarding the denial form to Customer Services within 24 hours. The CSS will:

- Send the consumer an advance notice of adverse action that services will be denied, suspended, reduced or terminated (Attachment D). The advance notice will be mailed at least twelve- (12) business days before the date of action. The effective date is calculated as follows: if the denial notice is sent on September 1st, day one through 12 would be September 2nd through September 13th. Therefore, the effective date noted on the letter would be September 14th. The notice is sent by US Postal Mail. A copy of the letter and supporting documentation is filed in the Customer Service folder entitled "Adverse Action Copies".
- The Customer Services Specialist will forward a copy of the notice to the provider. On the provider copy the following statement will be noted in the lower left hand corner – "Provider – Please note services may continue, at the consumer's request, until date noted in the first paragraph."

Note: All complainants have a right to an expedited hearing if waiting for the standard time for hearing would seriously jeopardize the consumer's life, health or their ability to attain, maintain or regain maximum function. If an expedited resolution of an appeal is denied, notification will be given to the complainant orally and in writing within 2 calendar days.

CUSTOMER SERVICES - GRIEVANCE & APPEAL PROCESS**LOCAL APPEAL PROCESS**

For services that have been suspended, reduced, terminated, denied additional services or provided alternative services, consumers, guardians, or family members may appeal the denial as follows:

1. Within forty-five (45) calendar days of the date of the advance notice of adverse action or adequate notice, the applicant or consumer or his/her legal representative may file an appeal. The complainant contacts Customer Services to register their appeal. The CSS will process the appeal as follows:
 - If the CSS assisted the complainant in completing the Adverse Action appeal, they will read back the appeal to the complainant to insure accuracy. The CSS will explain the process to the complainant and enter the appeal into the Grievance and Appeals database and allocate an appeal number.
 - The CSS will hand deliver a copy of the appeal to the Utilization Management Department.
 - Appeals are typically resolved within fourteen (14) business days but may take up to forty-five - (45) calendar days.
 - Upon receipt of the completed appeal; 1) a letter explaining further appeal rights and the resolution is sent to the complainant by U. S. Postal service; 2) a copy of the appeal, resolution and all supporting documentation is forwarded to a Recipient Rights team member.
 - The Customer Services completes the Grievance and Appeals database.
2. If the denial of services is upheld, the complainant may request within ten- (10) calendar days independent community mediation to resolve the dispute. Requests for mediation will be referred to the Recipient Rights Office. The complainant may have an advocate of their choice assist them throughout the mediation process or may request the ongoing assistance from Customer Services. The Clinical Director/Designee will represent LifeWays (see Section 7 of the Recipient Rights Procedure Manual).
3. Medicaid Consumer: If the complainant rejects mediation or if there is no resolution following mediation, the complainant may request an Administrative (Fair) Hearing with the Michigan Department of Community Health within 90 days from the date of the denial notice. Hearing requests must be made in writing and signed by the consumer or the consumer's representative. To request a Fair Hearing, complete the "Request for Hearing " form and return it in the enclosed envelop, or mail to ADMINISTRATIVE TRIBUNAL, MICHIGAN DEPARTMENT OF COMMUNITY HEALTH, PO BOX 30763, LANSING MI 48909-9951. The Customer Services Specialist may also assist the complainant in filing for a hearing. Please note a Mediation Hearing and an Administration Hearing may be filed simultaneously.
4. Non-Medicaid Consumer: If at any time the complainant rejects the Appeal process, or exhaust all local appeal processes, the complainant may request a hearing through the MDCH alternative dispute resolution process. The Customer Services Specialist may assist the complainant in filing for a hearing.

Note: All complainants have a right to an expedited hearing if waiting for the standard time for hearing would seriously jeopardize the consumer's life, health or their ability to attain,

CUSTOMER SERVICES - GRIEVANCE & APPEAL PROCESS

maintain or regain maximum function. If an expedited resolution of an appeal is denied, notification will be given to the complainant orally and in writing within 2 calendar days.

Upon receipt of notification of an intended treatment change (i.e., suspension, reduction or termination of services) the recipient and/or his/her parent or legal guardian shall be notified that they may, in addition to the rights provided them pursuant to the Medicaid Fair Hearing and Appeal Process, Grievance Process, and/or Recipient Rights Complaint Process, request a person-centered planning meeting which shall occur within thirty- (30) days of their request.

DENIAL OF FAMILY SUPPORT SUBSIDY

Blank application forms, parent report forms, forms for changed family circumstances, and appeal forms are available from Customer Services and providers. (R330.1616 Availability of forms).

1. Before an application for family support subsidy is sent to the Michigan Department of Community Health (MDCH), it is reviewed by LifeWays. An application is denied or a family support subsidy is terminated if any of the following occurs: child is age 18 or older, the yearly taxable income exceeds \$60,000, the child moves out of home or the diagnosis changes (no longer diagnosed as autistic, severely multiply impaired or severely mentally impaired). The Finance designee of denial/termination informs the parent or legal guardian of the affected eligible minor and that they may, within (60) calendar days, appeal the decision to Customer Services.
2. Within ten (10) calendar days of receipt of the appeal, the Clinical Director/designee convenes a panel for a review hearing and renders a decision. The panel will conduct the review hearing in the same manner as provided for contested case hearing under Chapter 4 of the administrative procedures act of 1969, Act. No 306 of the Public Acts of 1969, being section 24.271 to 24.287 of the Michigan Compiled Laws.
3. Within two (2) business days of the decision the Customer Services Specialist notifies the parent or guardian, in writing, of the outcome of the appeal hearing.
4. If the issue is not satisfactorily resolved, the complainant may further appeal the decision through Circuit Court.

ABILITY TO PAY/FEE DETERMINATION APPEAL

As noted on the Ability to Pay Schedule Method form, consumers may appeal their ability to pay determination.

1. Within thirty (30) calendar days from the date the annual ability to pay is determined; the consumer may file an appeal for re-determination by contacting Customer Services.
2. The CSS supplies the consumer with the Total Financial Circumstances Fee Determination package. The CSS may assist the consumer in completing the

CUSTOMER SERVICES - GRIEVANCE & APPEAL PROCESS

information. Upon receipt of the completed total financial fee determination forms, Customer Services submits the information and supporting documentation to the Reimbursement Officer.

The Finance Team completes the re-determination within five (5) calendar days and advises the consumer, by mail, of the determined Ability to Pay based on Total Financial Circumstances. The new ability to pay shall not exceed the initial determination. A copy of the determination letter is filed in the consumer's medical record.

3. If the consumer does not agree with the findings on the ability to pay, the consumer may wish to appeal the findings within thirty (30) calendar days, as stated in the determination letter. An appointment shall be made with the Chief Operating Officer within ten (10) calendar days of receipt of the appeal request. The Chief Operating Officer shall review the determination with the customer, and concur or re-determine the ability to pay. The consumer signs the agreement to pay.
4. If the consumer does not sign and wishes to further appeal the ability to pay, he/she shall be informed that further appeal may be made through the judicial system.

CONTRACTUAL APPEALS

A. Provider Contract Appeals

Appeals related to contractual issues, Credentialing/Network Status Decision, Authorizations, and Claims/Payments issues may be processed as follows:

1. The provider calls LifeWays Customer Services department at (517) 780-3332 within thirty (30) calendar days of the date that the issue in contention occurred is identified (claims disputes within 30 days from check issue date).
2. A Customer Services Specialist (CSS) and the Provider will attempt to resolve the appeal. If the CSS staff is unable to resolve the appeal, they will inform the Provider to file a contractual appeal in writing utilizing the Grievance and Appeal Resolution form (#720).
3. The Provider must complete the LifeWays Grievance/Appeal Resolution form (#720), and assure delivery to Customer Service. A CSS will log the appeal in the Grievance and Appeals database, assign a number and send it to the appropriate LifeWays entity for review and resolution.
4. The following dispute types should be sent to the corresponding LifeWays entity by the next business day:

a) Credentialing/Network Status	➔	Contract Manager
b) Provider Authorization	➔	Utilization Management
c) Claims/Payment	➔	Finance
d) Provider Performance Monitoring	➔	Quality Management
5. Within thirty (30) calendar days of receipt of the appeal, the designated team member reviews the appeal and notifies Customer Services, who notifies the provider in writing, of the resolution. If a dispute is not resolved within thirty (30) calendar days, the CSS will continue to update the provider every three days until the dispute is resolved. The CSS will call/notify the provider for the delay and will continue to provide a status report until the dispute is resolved.

CUSTOMER SERVICES - GRIEVANCE & APPEAL PROCESS

6. If the issue is not satisfactorily resolved, the provider may, within ten- (10) business days, file an appeal with the LifeWays Chief Executive Officer. The Chief Executive Officer makes a final decision and provides written notice of the final determination to the provider.

MONITORING DISPUTES AND APPEALS

On a quarterly basis, the Customer Service Specialist shall present a written report to Quality Management regarding all grievances and appeals, number of adequate and adverse action notices sent and how many appealed. The Quality Management Council shall review grievance/appeals information to identify patterns or trends. When an adverse trend is identified, the committee may recommend further study or action to achieve performance improvements.

Effective: 09/97
Revised: 05/01
Revised: 09/02/03
Revised: 05/17/04
Revised: 08/9/05
Revised: 05/15/06
Revised: 05/15/07
Revised: 03/24/08
Revised: 08/26/08
Revised: 08/31/09

Appeals	Description	Who May File	Time Line	Further Appeal	Time Line	Last Appeal
Ability to Pay/Fee Determination	Consumer may appeal their ability to pay determination	Consumer, Legal Guardian	File within (30) days from date of ATP is determined. Decision within five (5) days.	Chief Executive Officer	Ten (10) days	Judicial System
Contractual	Appeals related to Contractual Issues (Credentialing/ Network Status Decision, Authorization Appeal)	Provider	File within two (2) business days of the issue occurred. Decision within Ten (10) calendar days from receipt of appeal.	Chief Executive Officer	Ten (10) days	Final Decision
	Claims/Payment Appeal	Provider	Provider	Appeal is received by CSS within 30 days from check issue date. Decision within 30 calendar days from receipt of the appeal.	Ten (10) days	Final Decision

Attachment A

GRIEVANCE NUMBER:

GRIEVANCE & APPEALS RESOLUTION FORM

INSTRUCTIONS:

Fill out this form as completely as possible, including as much detail about your grievance/appeal and how you feel it could be resolved.

If you wish, Customer Services can assist you in completing the form. Customer Services is located at 1200 N. West Avenue, Jackson, MI 49202 or call 517-780-3332 or 1-866-630-3690.

GRIEVANCE/APPEAL TYPE:

DENIAL OF INITIAL ACCESS

DENIAL OF HOSPITALIZATION

PROVIDER CARE AUTHORIZATION DISPUTE

CLAIMS/PAYMENT DISPUTE

OTHER

FAMILY SUPPORT SUBSIDY APPEAL

PERSON CENTERED PLAN APPEAL

DENIAL/SUSPENSION/REDUCTION/TERMINATION OF SERVICES

PROVIDER CONTRACT DISPUTE

CREDENTIALING/NETWORK STATUS APPEAL

PROVIDER PERFORMANCE REVIEW/PROFILING APPEAL

Did complainant try to resolve before filing grievance/appeal (i.e. speak to doctor, therapist, etc.) Yes No N/A

COMPLAINANT'S NAME/COMPANY:

COMPLAINANT'S PHONE NUMBER:

COMPLAINANT'S ADDRESS:

NAME OF CONSUMER INVOLVED (if applicable):

EXPLAIN/DESCRIBE THE GRIEVANCE/APPEAL ISSUE (You may attach additional pages if necessary):

HOW DO YOU FEEL THIS COULD BE RESOLVED?

SIGNATURE OF PERSON COMPLETING FORM

DATE

Attachment B-1 (Medicaid)

Date

«Fullname»

«Address1»

«City», «State» «PostalCode»

Dear «Salutation»:

Enclosed is the resolution of appeal number «Tdrnumber» that was filed on your behalf.

If you feel this issue is not satisfactorily resolved, you may file a recipient rights complaint, within ten (10) calendar days, file an appeal for community mediation or file an appeal with the LifeWays Chief Executive Officer. Please call Customer Services at 517-780-3332 or 1-866-630-3690 if you wish to further appeal.

There are advocacy organizations available to assist you in filing for mediation. If you would like more information about advocacy organizations, please contact Customer Services at the above number.

If we could be of any further assistance or you would like to schedule a meeting to discuss the resolution, please feel free to contact Customer Services at the above number.

Please Note: *If you have Medicaid, you may also request a Michigan Department of Community Mental Health hearing within 90 days from the date of your denial notice. Hearing requests must be made in writing and signed by you or your authorized representative.*

To request a department hearing, complete the "Request For Hearing" form and return it in the enclosed envelope (which was enclosed in your original denial letter), or mail to ADMINISTRATIVE TRIBUNAL, MICHIGAN DEPARTMENT OF COMMUNITY HEALTH, PO BOX ~~30195~~30763, LANSING MI 48909-769519951

You have the right to an expedited hearing if waiting for the standard time for hearing would seriously jeopardize your life, health or your ability to attain, maintain or regain maximum function. To request an expedited hearing, call 1-877-833-0870.

Sincerely,

Teresa Smith

Teresa Smith
Customer Service Specialist

Enc.

Attachment B-2 (Medicaid)

Date

«Fullname»
«Address1»
«City», «State» «PostalCode»

Dear «Salutation»:

Enclosed is the resolution of appeal number «Tdrnumber» that was filed on your behalf.

If you feel this issue is not satisfactorily resolved, you may file a recipient rights complaint, within ten (10) calendar days, file an appeal for community mediation or file an appeal with the LifeWays Chief Executive Officer. Please call Customer Services at 517-780-3332 or 1-866-630-3690 if you wish to further appeal.

There are advocacy organizations available to assist you in filing for mediation. If you would like more information about advocacy organizations, please contact Customer Services at the above number.

If we could be of any further assistance or you would like to schedule a meeting to discuss the resolution, please feel free to contact Customer Services at the above number.

Please Note: *If you have Medicaid, you may also request a Michigan Department of Community Mental Health hearing within 90 days from the date of your denial notice. Hearing requests must be made in writing and signed by you or your authorized representative.*

To request a department hearing, complete the "Request For Hearing" form and return it in the enclosed envelope, or mail to ADMINISTRATIVE TRIBUNAL, MICHIGAN DEPARTMENT OF COMMUNITY HEALTH, PO BOX 3019530763, LANSING MI 48929-7695. 48909-9951.

You can continue to receive the affected mental health services, if requested, until the hearing decision is rendered, if your request for a department hearing is received prior to the effective date of action.

If you continue to receive mental health benefits because you requested a department hearing you may be required to repay the benefits, up to your ability to pay. This will occur if:

- *The proposed termination or denial of benefits is upheld in the hearing decision.*
- *You withdraw your hearing request.*
- *You or the person you asked to represent you does not attend the hearing.*

You have the right to an expedited hearing if waiting for the standard time for hearing would seriously jeopardize your life, health or your ability to attain, maintain or regain maximum function. To request an expedited hearing, call 1-877-833-0870.

Sincerely,

Teresa Smith

Teresa Smith
Customer Service Specialist

Enc.

Attachment B-3 (Non-Medicaid)

Date

«Fullname»

«Address1»

«City», «State» «PostalCode»

Dear «Salutation»:

Enclosed is the resolution of appeal number «Tdrnumber» that was filed on your behalf.

If you feel this issue is not satisfactorily resolved, you may file a recipient rights complaint, within ten (10) calendar days, file an appeal for community mediation or file an appeal with the LifeWays Chief Executive Officer. Please call Customer Services at 517-780-3332 or 1-866-630-3690, if you wish to further appeal.

There are advocacy organizations available to assist you in filing for mediation. If you would like more information about advocacy organizations, please contact Customer Services at the above number.

If we could be of any further assistance or you would like to schedule a meeting to discuss the resolution, please feel free to contact Customer Services at the above number.

Sincerely,

Teresa Smith

Teresa Smith

Customer Service Specialist

Enc.

ACTION NOTICE and HEARING RIGHTS – For Medicaid Beneficiaries-LifeWays (Att C-1)

Consumer Name: «Consumer_Name» Consumer ID# «Consumer_ID»

To: Guardian/Parent (as appropriate) «Guardian_Name» Date: «Notice_dat

*This is to notify you that LifeWays has made the following decision(s) about the service(s) requested on your behalf or the service(s) you already get from us. This does **not** mean that you will lose your Medicaid and will not affect other Medicaid services you are getting, or may need in the future.*

The Action we have taken is:

The service(s) requested on your behalf: were will be

(v one only)	Name of Service(s) Affected	Effective Date
<input type="checkbox"/> Denied	Denied: «ServiceDenied» Approved: «Service_Approved»	«Effective_date_o f_denial»
<input type="checkbox"/> Delayed more than 14 days		
<input type="checkbox"/> Authorized per completion and approval of your Individual Plan of Service		
<input type="checkbox"/> Other	Define:	

If your services were denied, delayed, reduced, suspended, or terminated it is because:

Eligibility

- You do not meet the clinical eligibility criteria for services. You do not meet Medicaid eligibility criteria for services as a person with a serious mental illness, a person with a developmentally disability, a child with a serious emotional disorder or a person with a substance abuse disorder.
 - Your Medicaid Health Plan is responsible for providing services to you.
Please call your Health Plan. Plan: _____ Phone: _____
 - Scope is already the responsibility of the Licensed Group/Care Home.
 - You have other resources available for services. Please contact:
 - your insurance company your primary care doctor a community provider agency.
- Residency. You live outside of Jackson/Hillsdale County. We cannot authorize services for you.
- You are currently residing in an institution in which LifeWays can not authorize your services. (e.g. jail, prison, state hospital, extended care facility)

Medical Necessity. The service(s) requested or the current service(s) identified in this notice are not medically necessary for the following reason(s):

- The documentation provided by «Requesting_Provider» does not establish medical necessity.
- Your Individual Plan of Service goals and objectives have been met.
- You have not attended or participated in your authorized services since _____ and LifeWays cannot continue to authorize services for you if you are not interested.
- Length of Stay is not supported.
- Intensity of service is not supported.

Other:

- The service(s) requested or the current service(s) identified in this notice are not Medicaid covered services.
- You have requested the termination of services.
- Previous recommendation given to your provider, «Requesting_Provider», have not been addressed.

Be advised that any recommendations & rationale regarding this decision has been provided to your primary provider «Primary_Provider».

The legal basis for this decision is 42 CFR 442.230(d) and applicable policy found in the Medicaid Provider Manual, Mental Health and Substance Abuse services

IF YOU DO NOT AGREE WITH THIS ACTION, PLEASE READ YOUR RIGHTS ON THE BACK OF THIS PAGE.

Notice has been provided: via mail in person on «Notice_date»

Consumer/Guardian Signature (as available) _____ Date _____ Staff Signature _____ Date _____

If you do not understand any part of this Notice, please call LifeWays Customer Services at (517) 780-3332 or 1-866-630-3690 or TDD 517-789-2492.

Your Rights:

If you were denied access to all services or psychiatric hospitalization by LifeWays, you can request a Second Opinion.

- If a denial of all services, a Second Opinion will be completed within 5 business days of your request.
- If a denial for hospitalization, a Second Opinion will be completed within 3 business days.
- To request a Second Opinion, please contact Customer Services at (517) 780-3332 or 1-866-630-3690 or TDD 517-789-2492.

If you are not happy with the action we have taken, you may do any or all of the following:

- Ask to review your services/plan with your primary clinician or their supervisor ;**and/or**
- Contact the LifeWays Recipient Rights Office by calling (517) 796-4587; **and/or**
- Request a Local Appeal within 45 days by calling Customer Services; **and/or**
- Request a Medicaid Fair Hearing within 90 calendar days of the date of this Notice.

Local Appeal Resolution

If you do not agree with this decision, you or your provider (on your behalf and with your written permission) may request a Local Level Appeal or a Mediation Hearing . Your request can be made orally or in writing and must be received by Customer Services within 45 calendar days of the Date of this Notice.

LifeWays

Customer Services Supervisor

1200 N. West Ave

Jackson, MI 49202

(517) 780-3332 or 1-866-630-3690 or TDD 517-789-2492

You have a right to an "expedited" or "faster" appeal if waiting the standard time of 45 calendar days for the appeal would seriously jeopardize your life or health or your ability to attain, maintain or regain maximum function. To request an expedited appeal, you must call Customer Services.

Medicaid Fair Hearing

If you do not agree with this decision, you may request a Medicaid Fair Hearing within 90 calendar days of the date of this Notice. Hearing requests must be made in writing and signed by you or an authorized person. To request a hearing, complete the "Request for Hearing" form and return it in the enclosed pre-addressed envelope and mail to:

State Office of Administrative Hearings and Rules
For the Department of Community Health
Administrative Tribunal
P.O. Box 30763
Lansing, MI 48909-9951

You have a right to an "expedited" or "faster" hearing if waiting for the standard time (up to 90 days) for a hearing would seriously jeopardize your life or health or your ability to attain, maintain or regain maximum function. To request an expedited hearing, you must call the Administrative Tribunal office toll free at 1-877-833-0870.

You may choose to have another person represent you at the hearing:

- This person can be anyone you choose
- This person may request a hearing for you
- You must give this person written permission to represent you. You may provide a letter or a copy of a court order naming this person as your guardian or conservator
- You do not need any written permission if this person is your spouse or attorney

NOTE: If you file an appeal and/or a hearing YOU may ask that your services remain in place if you appeal within 12 calendar days of this notice, if the authorization has not expired, if the action is a reduction, termination, or suspension, and if the authorization was ordered by an authorized provider.

If services remain in place, you may have to repay the cost of these services if the hearing or appeal upholds the decision, if you withdraw your appeal or hearing request, or if you or your representative does not attend the hearing.

ACTION NOTICE and REVIEW RIGHTS - LifeWays (Att C-2)

Consumer Name: «Consumer_Name» Consumer ID# «Consumer_ID»

To: Guardian/Parent (as appropriate) «Guardian_Name» Date: «Notice_date»

*This is to notify you that LifeWays has made the following decision(s) about the service(s) requested on your behalf or the service(s) you get from us. This does **not** affect other services you are getting, or may need in the future.*

The Action we have taken is:

The service(s) requested on your behalf were will be
(v one only)

	Name of Service(s) Affected	Effective Date
<input type="checkbox"/> Denied	Denied: «ServiceDenied» Approved: «Service_Approved»	«Effective_date_of_denial»
<input type="checkbox"/> Delayed more than 14 days		
<input type="checkbox"/> Authorized per completion and approval of your Individual Plan of Service		
<input type="checkbox"/> Other	Define:	

If your services were denied it is because:

Eligibility

- You do not meet the clinical eligibility criteria for services. You do not meet eligibility criteria for services as a person with a serious mental illness, a person with a developmentally disability, a child with a serious emotional disorder or a person with a substance abuse disorder.
 - You have other resources available. Please contact:
 - your insurance company
 - your primary care doctor
 - a community provider agency.
- Scope is already the responsibility of the Licensed Group/Care Home
- Residency You live outside of Jackson/Hillsdale County. We can not authorize services for you.
- You are currently residing in an institution in which LifeWays can not authorize your services. (e.g. jail, prison, state hospital, extended care facility)

Medical Necessity. The service(s) requested or the current service(s) identified in this notice are not medically necessary for the following reason(s):

- The documentation provided by «Requesting_Provider» does not establish medical necessity.
- Your Individual Plan of Service goals and objectives have been met.
- You have not attended or participated in your authorized services since LifeWays can not continue to authorize services for you if you are not interested.
- Length of Stay is no supported
- Intensity of service is not supported

Other:

- The services are not covered services LifeWays provides.
- You have requested the termination of services.
- Previous recommendations given to your provider, «Primary_Provider», have not been addressed.

Be advised that any recommendations & rationale regarding this decision has been provided to your Primary Provider, «Primary_Provider».

The legal basis for this decision is M.C.L. 330 1001 et seq.

IF YOU DO NOT AGREE WITH THIS ACTION, PLEASE READ YOUR RIGHTS ON THE BACK OF THIS PAGE.

Notice has been provided via: mail in person on «Notice_date»

Consumer/Guardian Signature (as available) _____ Date _____ Staff Signature _____ Date _____

If you do not understand any part of this Notice, please call LifeWays Customer Services at (517) 780-3332 or 1-866-630-3690 or TDD 517-789-2492.

Your Rights:

If you were denied access to all services or psychiatric hospitalization by LifeWays, you can request a Second Opinion.

- If a denial of all services, a Second Opinion will be completed within 5 business days of your request.
- If a denial for hospitalization, a Second Opinion will be completed within 3 business days.
- To request a Second Opinion, please contact Customer Services at (517) 780-3332 or 1-866-630-3690 or TDD 517-789-2492.

If you are not happy with the action we have taken, you may do any or all of the following:

- Ask to review your services/plan with your primary clinician or their supervisor ;**and/or**
- Contact the LifeWays Recipient Rights Office by calling (517) 796-4587; **and/or**
- Request a Local Appeal within 45 days by calling Customer Services

Local Appeal Resolution

If you do not agree with this decision, you or your provider (with your written permission) may also request a Local Level Appeal or a Mediation Hearing . Your request can be made orally or in writing and must be received by Customer Services within 45 calendar days of the Date of this Notice.

LifeWays
Customer Services
1200 N. West Ave.
Jackson, MI 49202
(517) 780-3332 or 1-866-630-3690 or TDD 517-789-2492

You have a right to an “expedited” or “faster” appeal if waiting the standard time of 45 calendar days for the appeal would seriously jeopardize your life or health or your ability to attain, maintain or regain maximum function. To request an expedited hearing, you must call Customer Services.

NOTE: If you file an appeal you may ask that your services remain in place if you appeal within 12 calendar days of this notice, if the authorization has not expired, if the action is a reduction, termination, or suspension, and if the authorization was ordered by an authorized provider. If we are unable to honor your request to continue services, we will let you know. If services remain in place, you may be asked to repay the cost of these services if the appeal upholds the decision, or if you withdraw your appeal.

ACTION NOTICE and HEARING RIGHTS – For Medicaid Beneficiaries (Att D-1)
LifeWays

Consumer Name: «Consumer_Name» Consumer ID# «Consumer_ID»

To: Guardian/Parent (as appropriate) «Guardian_Name» Date: «Notice_dat

*This is to notify you that LifeWays has made the following decision(s) about the service(s) requested on your behalf or the service(s) you already get from us. This does **not** mean that you will lose your Medicaid and will not affect other Medicaid services you are getting, or may need in the future.*

The Action we have taken is:

Your current service(s) will be:
 (v one only)

	Name of Service(s)	Effective Date
<input type="checkbox"/> Reduced	<u>«Service_Termsreduce»</u>	<u>«Effective_date_of_term»</u>
<input type="checkbox"/> Terminated		
<input type="checkbox"/> Suspended		

If your services were delayed, reduced, suspended, or terminated it is because:

Eligibility

- You do not meet the clinical eligibility criteria for services. You do not meet Medicaid eligibility criteria for services as a person with a serious mental illness, a person with a developmentally disability, a child with a serious emotional disorder or a person with a substance abuse disorder.
- Your Medicaid Health Plan is responsible for providing services to you.
 Please call your Health Plan. Plan: _____ Phone: _____
- You have other resources available for services. Please contact:
 - your insurance company
 - your primary care doctor
 - a community provider agency.
- Scope is already the responsibility of the Licensed Group/Care Home.
- Residency. You live outside of Jackson/Hillsdale County. We cannot authorize services for you.
- You are currently residing in an institution in which LifeWays can not authorize your services. (e.g. jail, prison, state hospital, extended care facility)

Medical Necessity. The service(s) requested or the current service(s) identified in this notice are not medically necessary for the following reason(s):

- The documentation provided by «Requesting_Provider» does not establish medical necessity.
- Your Individual Plan of Service goals and objectives have been met.
- You have not attended or participated in your authorized services since _____
 LifeWays cannot continue to authorize services for you if you are not interested.
- Length of Stay is not supported.
- Intensity of service is not supported.

Other: _____

- The service(s) requested or the current service(s) identified in this notice are not Medicaid covered services.
- You have requested the termination of services.

Be advised that any recommendations & rationale regarding this decision has been provided to your primary provider «Primary_Provider».

The legal basis for this decision is 42 CFR 442.230(d) and applicable policy found in the Medicaid Provider Manual, Mental Health and Substance Abuse services

IF YOU DO NOT AGREE WITH THIS ACTION, PLEASE READ YOUR RIGHTS ON THE BACK OF THIS PAGE.

Consumer/Guardian Signature (as available) _____ Date _____ Staff Signature _____ Date _____

Notice has been provided: via mail in person on «Notice_date»

If you do not understand any part of this Notice, please call LifeWays Customer Services at (517) 780-3332 or 1-866-630-3690 or TDD 517-789-2492.

Your Rights:

If you were denied access to all services or psychiatric hospitalization by LifeWays, you can request a Second Opinion.

- If a denial of all services, a Second Opinion will be completed within 5 business days of your request.
- If a denial for hospitalization, a Second Opinion will be completed within 3 business days.
- To request a Second Opinion, please contact Customer Services at (517) 780 -3332 or 1-866-630-3690 or TDD 517-789-2492.

If you are not happy with the action we have taken, you may do any or all of the following:

- Ask to review your services/plan with your primary clinician or their supervisor ;**and/or**
- Contact the LifeWays Recipient Rights Office by calling (517) 796-4587; **and/or**
- Request a Local Appeal within 45 days by calling Customer Services; **and/or**
- Request a Medicaid Fair Hearing within 90 calendar days of the date of this Notice.

Local Appeal Resolution

If you do not agree with this decision, you or your provider (on your behalf and with your written permission) may request a Local Level Appeal or a Mediation Hearing. Your request can be made orally or in writing and must be received by Customer Services within 45 calendar days of the Date of this Notice.

LifeWays
Customer Services Supervisor
1200 N. West Ave
Jackson, MI 49202
(517) 780-3332 or 1-866-630-3690 or TDD 517-789-2492

You have a right to an “expedited” or “faster” appeal if waiting the standard time of 45 calendar days for the appeal would seriously jeopardize your life or health or your ability to attain, maintain or regain maximum function. To request an expedited appeal, you must call Customer Services.

Medicaid Fair Hearing

If you do not agree with this decision, you may request a Medicaid Fair Hearing within 90 calendar days of the date of this Notice. Hearing requests must be made in writing and signed by you or an authorized person. To request a hearing, complete the “Request for Hearing” form and return it in the enclosed pre-addressed envelope and mail to:

State Office of Administrative Hearings and Rules
For the Department of Community Health
Administrative Tribunal
P.O. Box 30763
Lansing, MI 48909-9951

You have a right to an “expedited” or “faster” hearing if waiting for the standard time (up to 90 days) for a hearing would seriously jeopardize your life or health or your ability to attain, maintain or regain maximum function. To request an expedited hearing, you must call the Administrative Tribunal office toll free at 1-877-833-0870.

You may choose to have another person represent you at the hearing:

- This person can be anyone you choose
- This person may request a hearing for you
- You must give this person written permission to represent you. You may provide a letter or a copy of a court order naming this person as your guardian or conservator
- You do not need any written permission if this person is your spouse or attorney

NOTE: If you file an appeal and/or a hearing you may ask that your services remain in place if you appeal within 12 calendar days of this notice, if the authorization has not expired, if the action is a reduction, termination, or suspension, and if the authorization was ordered by an authorized provider.

If services remain in place, you may have to repay the cost of these services if the hearing or appeal upholds the decision, if you withdraw your appeal or hearing request, or if you or your representative does not attend the hearing.

ACTION NOTICE and REVIEW RIGHTS - LifeWays (Att D-2)

Consumer Name: «Consumer_Name» Consumer ID# «Consumer_ID»

To: Guardian/Parent (as appropriate) «Guardian_Name» Date: «Notice_date»

*This is to notify you that LifeWays has made the following decision(s) about the service(s) requested on your behalf or the service(s) you get from us. This does **not** affect other services you are getting, or may need in the future.*

The Action we have taken is:

Your current service(s) will be

(v one only)	Name of Service(s)	Effective Date
<input type="checkbox"/> Reduced	«Service_termsreduce»	«Effective_date_of_term»
<input type="checkbox"/> Terminated		
<input type="checkbox"/> Suspended		

If your services were delayed, reduced, suspended, or terminated it is because:

Eligibility

- You do not meet the clinical eligibility criteria for services. You do not meet eligibility criteria for services as a person with a serious mental illness, a person with a developmentally disability, a child with a serious emotional disorder or a person with a substance abuse disorder.
 - You have other resources available. Please contact:
 - your insurance company
 - your primary care doctor
 - a community provider agency.
- Scope is already the responsibility of the Licensed Group/Care Home
- Residency You live outside of Jackson/Hillsdale County. We can not authorize services for you.
- You are currently residing in an institution in which LifeWays can not authorize your services. (e.g. jail, prison, state hospital, extended care facility)

Medical Necessity. The service(s) requested or the current service(s) identified in this notice are not medically necessary for the following reason(s):

- The documentation provided by **«Requesting Provider»** does not establish medical necessity.
- Your Individual Plan of Service goals and objectives have been met.
- You have not attended or participated in your authorized services since LifeWays can not continue to authorize services for you if you are not interested.
- Length of Stay is no supported
- Intensity of Service is not supported.

Other:

- The services are not covered services LifeWays provides.
- You have requested the termination of services.
- Previous recommendations given to your provider, «Provider», have not been addressed.

Be advised that any recommendations & rationale regarding this decision has been provided to your Primary Provider, «Primary Provider».

The legal basis for this decision is M.C.L. 330 1001 et seq.

IF YOU DO NOT AGREE WITH THIS ACTION, PLEASE READ YOUR RIGHTS ON THE BACK OF THIS PAGE.

Consumer/Guardian Signature (as available) _____ Date _____ Staff Signature _____ Date _____

If you do not understand any part of this Notice, please call LifeWays Customer Services at (517) 780-3332 or 1-866-630-3690 or TDD 517-789-2492.

Notice has been provided via: mail in person on «Notice_date»

Your Rights:

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If you are not happy with the action we have taken, you may do any or all of the following:

- Ask to review your services/plan with your primary clinician or their supervisor ;**and/or**
- Contact the LifeWays Recipient Rights Office by calling (517) 796-4587; **and/or**
- Request a Local Appeal within 45 days by calling Customer Services

Local Appeal Resolution

If you do not agree with this decision, you or your provider (with your written permission) may also request a Local Level Appeal or a Mediation Hearing . Your request can be made orally or in writing and must be received by Customer Services within 45 calendar days of the Date of this Notice.

LifeWays
Customer Services
1200 N. West Ave.
Jackson, MI 49202
(517) 780-3332 or 1-866-630-3690 or TDD 517-789-2492

You have a right to an “expedited” or “faster” appeal if waiting the standard time of 45 calendar days for the appeal would seriously jeopardize your life or health or your ability to attain, maintain or regain maximum function. To request an expedited hearing, you must call Customer Services.

NOTE: If you file an appeal you may ask that your services remain in place if you appeal within 12 calendar days of this notice, if the authorization has not expired, if the action is a reduction, termination, or suspension, and if the authorization was ordered by an authorized provider. If we are unable to honor your request to continue services, we will let you know. If services remain in place, you may be asked to repay the cost of these services if the appeal upholds the decision, or if you withdraw your appeal.

Attachment – E-1

Date

«Fullname»

«Address1»

«City», «State» «PostalCode»

Re: Appeal#: «complaintnumber»

Dear «Salutation»:

We received your Appeal(s) and they were processed on «Processeddate». It may take up to forty-five- (45) calendar days for a resolution. **During the appeals process you have a right to review your file on any information pertaining to the appeal.** Once a resolution has been reached you will receive a letter and a Notice of Disposition via mail.

If you have any questions, please don't hesitate to call Customer Services at 517-780-3332 or 1-866-630-3690. When calling, please refer to appeal number(s) #«complaintnumber».

Sincerely,

Teresa Smith

Teresa Smith
Customer Service Specialist

Date

«Fullname»

«Address1»

«City», «State» «PostalCode»

Re: Grievance#: «complaintnumber»

Dear «Salutation»:

We received your Grievance(s) and they were processed on «Processeddate». It may take up to forty-five - (45) calendar days for a resolution. Once a resolution has been reach you will receive a letter and the resolution via mail.

If you have any questions, please don't hesitate to call Customer Services at 517-780-3332 or 1-866-630-3690. When calling, please refer to grievance number(s) #«complaintnumber».

Sincerely,

Teresa Smith

Teresa Smith
Customer Service Specialist