



Attachment A

Steps to Complete an Appeal



Click this **LINK** to open the form pictured (below) to appeal a decision that:

- **Denied** services
- **Reduced** services
- **Suspended** services
- **Terminated** services

Or, **OCHN** failed to authorize requested services or set a start date within 14 days of your request.



Due Process Local Appeal Request Form

Local Appeal Request Form: Use this form to appeal a decision to deny, reduce, suspend, or terminate services.

OPTIONAL: If you would like to provide additional supportive documentation, please use the following email: dueprocess@oaklandchn.org or contact Customer Service at 1-800-341-2003. Whether you are requesting a fast or standard appeal, there is limited time available to present additional evidence in the case of an expedited (fast) appeal resolution.

Steps to File a Due Process Local Appeal Request



Enter the following personal information requested on the form.

Email Address

Today's Date

What is the name of the individual receiving services? (first name, last name)

What is the street address of the person receiving services?

City (person served)

State (person served)

Zip Code (person served)

What is the phone number of the person receiving services? (use format xxx-xxx-xxxx)

Person receiving services birthdate, month and year (use format xx-xxxx):

Steps to File a Due Process Local Appeal Request



Click the drop down menu on the form and pick one of the options that best represents your personal situation.

I am the:

Identify your relationship to the person receiving services.

Person receiving services X ▾

Person receiving services

Parent of a minor child receiving services

Legal Guardian of a person receiving services

Individual representing a person receiving services at their request (I am over 18 years old)



Enter the following personal information requested on the form:

Ex: you are the parent/guardian of the individual receiving services and live at a different address.

*If you live at the same residence as the person receiving services, you can skip this section.

If you are a guardian or representative, what is your name? (first name, last name)
Complete only if you are a guardian or representative of the person receiving services.

Street Address, if different than the person receiving services

City, if different than the person receiving services

State, if different than the person receiving services

Zip Code, if different than the person receiving services

Phone Number, if different than person receiving services

Steps to File a Due Process Local Appeal Request



When filing the appeal submit paperwork verifying you are the guardian or power of attorney for the individual.

Ex: if you serve as Power of Attorney or Guardian of the person receiving services, you will need to provide a copy of that document to **OCHN** via email (dueprocess@oaklandchn.org) or by calling Customer Services at 800-341-2003.

Notice to Legal Representatives

If you are the legal representative, you will be required to submit written verification to file this appeal on the individual's behalf.



Enter the following personal information requested on the form:

Choose the agency that is currently providing community based services.

What agency is providing the services you are appealing?

- Community Living Services
- CNS Healthcare
- Common Ground
- Easterseals
- MORC - Macomb Oakland Regional Center
- OCHN - Autism Services
- OCHN - Eligibility Determination
- OCHN - Substance Use
- Oakland Family Services
- Training & Treatment Innovations

Steps to File a Due Process Local Appeal Request



YOUR DUE PROCESS NOTIFICATION LETTER WILL PROVIDE YOU WITH THE FOLLOWING INFORMATION INCLUDING:

- The date of the letter notifying you of the negative action.
If you did not get a letter, leave this field blank.
- The action taken (Denial, Reduction, Suspension or Termination).
 - Denial**
 if you requested services over 14 days ago but **OCHN** hasn't authorized or hasn't set a start date.
 - Reduction**
 If you started receiving services during this authorization period but they stopped.
 - Suspension**
 If you have a start date but services haven't begun.
- Effective date of the negative action.
- Service that is being affected.

What is the date on the letter telling you about this decision

What action did the agency take?
Found in the box labeled "Action" on the Due Process letter

Denial
 Reduction
 Suspension
 Termination

What is the Effective Date of the Action
Found in box labeled "Effective Date" on the Due Process letter

What service is being affected?
Found in the box labeled "Service" on the Due Process Letter



Steps to File a Due Process Local Appeal Request



Enter in this box the reason you believe the decision is wrong.

Ex: Transportation is a covered service provided by Medicaid. This action has reduced, suspended or terminated a service necessary to continue to engage with skill building/vocational services.

Why do you believe this decision is wrong?



Click the drop down menu on the form and select 'yes' or 'no'

- **YES:** Means you want the service to continue unchanged during the appeal decision period. In some cases, if an appeal is lost, the individual/family may be required to cover the costs of those services provided during the appeal period.
- **NO:** Means the negative action (reduction, suspension, termination) will continue during the appeal period and depending on the outcome of the appeal, the service may be restored once a decision is made

Do you want to keep the affected service in place until this appeal is complete?
 (Reminder if we are terminating, suspending or reducing a previously authorized service—your appeal must be filed timely, within 60 calendar days from the date of the notice. You must also file the request within 10 calendar days from the date of the notice or before the intended effective date the service is stopped or reduced, whichever is later, and the authorization for the service must not have expired.)

Select or enter value ▼

No

Yes

Steps to File a Due Process Local Appeal Request



Click the drop down menu on the form and select 'standard' in most cases.

Please select the type of Local Appeal request:

Expedited- If the standard resolution could seriously jeopardize your physical or mental health, and if approved, you will be notified in 2 days, and the appeal decision will be completed within 72 hours. Standard- The appeal decision will be made within 30 calendar days.



This notice only applies to clinicians providing services.

NOTICE TO REFERRING PRACTITIONERS ONLY

Oakland Community Health Network (OCHN) provides your treating practitioner with the opportunity to discuss any Utilization Management (UM) medical necessity denial decision with a physician or appropriate behavior healthcare reviewer by contacting OCHN Customer Service at (800) 341-2003.



Click "submit" in order to complete the Due Process Appeal.

■ Appeal Rights



OCHN may tell you that transportation is included in the day program, skill building, or other service rate.

OCHN may deny your local appeal.

Do not dismiss or withdraw your appeal for this reason alone. You can appeal **OCHN's** response to your local appeal to an impartial Administrative Law Judge (ALJ).

You have a right to have an ALJ hear your appeal.



Know Your Rights



Contact Us



Disability Rights Michigan
www.drnich.org
800.288.59233



The Arc of Oakland County
www.thearcoakland.org
248.816.1900

This information is a service of Disability Rights Michigan (DRM) and the Arc of Oakland County. It provides general information, based on the law at the time we wrote it, and is not legal advice. You do not have an attorney-client relationship with DRM or the Arc of Oakland County. If you need legal advice, you should contact an attorney. If you would like more information about this topic or would like to receive this information in an alternative format call DRM at 800.288.5923.