

# CCBHC Recipient Handbook: Grievances, Appeals, & Other Important Information

**Effective, October 1, 2025, MDHHS has transitioned from the Pre-Paid Inpatient Health Plan (PIHP) managing CCBHCs to MDHHS managing CCBHCs directly.**

## **What This Change Means for You**

Our agency is transitioning to a new way of delivering services as a Certified Community Behavioral Health Clinic (CCBHC). This means that instead of services being managed through the PIHP, our clinic will be directly responsible for coordinating and providing your care.

**Your services, supports, and rights remain the same.** You can continue seeing your providers, accessing crisis services, and receiving the care you need without interruption. This change is designed to improve access, coordination, and responsiveness, so you can get help more easily when you need it.

All individuals receiving services through MCMHA are entitled to recipient rights and may submit grievances and appeals regardless of insurance status. However, there are some key differences depending on insurance or funding source. **If you have any questions about the grievance and/or appeal process, our customer service department can help!**

*Detailed information about grievances, appeals, and service denials can be found in the CMHPSM Guide to Services and CMHPSM Personal Power Pamphlet provided at intake and annually (and [available online](#) or upon request). This is a supplemental document intended to provide additional information related to CCBHC. If there is any difference between this addendum and the CMHPSE Guide to Services, this addendum applies for CCBHC services.*

## **What is a CCBHC?**

A **Certified Community Behavioral Health Clinic**, or **CCBHC**, is a type of mental health and substance use treatment center designed to make it easier for people to get the help they need. Think of a CCBHC as a **one-stop shop** for behavioral health care, a CCBHC provides a wide range of services under one roof or through strong partnerships to anyone with a mental health or substance use disorder, regardless of residence, insurance, or ability to pay.

## **CCBHCs are required to offer:**

1. Crisis mental health services, including 24-hour mobile crisis teams, emergency crisis intervention services, and crisis stabilization.

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2. Screening, assessment, and diagnosis, including risk assessment.
3. Patient-centered treatment planning or similar processes, including risk assessment and crisis planning.
4. Outpatient mental health and substance use services.
5. Outpatient clinic primary care screening and monitoring of key health indicators and health risk.
6. Targeted case management.
7. Psychiatric rehabilitation services.
8. Peer support and counselor services and family supports.
9. Intensive, community-based mental health care for members of the armed forces and veterans, particularly those members and veterans located in rural areas.

### **Who Can Use a CCBHC?**

**Anyone with a mental health diagnosis or substance use disorder.**

CCBHCs must serve people regardless of their insurance status, ability to pay, or where they live. MCMHA offers a sliding-fee scale and won't turn anyone away who is eligible for services.

### **What if my insurance changes?**

If your insurance changes, please let your case manager know as soon as possible. They can assist you in scheduling an appointment with our Benefits Specialist, who can help you re-apply for Medicaid or assess any fees. Monroe CMHA has a sliding fee scale post in our lobby and on our website. We will work with you to the best of our ability to make sure you receive any necessary services.

### **Grievances: Concerns About Care, Services, or Staff**

#### **What is a grievance?**

A grievance is when you tell us you are unhappy with your services, supports, or the way you were treated. Examples include:

- Concerns about quality of care
- Problems getting appointments
- Staff behavior or communication
- Respect for your rights

A grievance is **not** about a decision to deny, reduce, suspend, or stop services.

#### **How to file a grievance**

You may file a grievance **at any time** by contacting customer services (734-243-7340):

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- By phone
- In writing
- In person

You may file it yourself, or someone you choose (such as a family member, advocate, or legal representative) may file it for you. Assistance is available if you need help.

### What happens after you file a grievance

- You will receive written confirmation that your grievance was received, usually within **5 business days**.
- Your grievance will be reviewed by staff who were **not involved in the issue**.
- You will receive a written decision within **90 calendar days**.

If more time is needed:

- You will be notified in writing of the reason for the delay, and
- You will be told about your right to disagree with the extension.

You may withdraw your grievance at any time.

### Appeals: Service Decisions

#### What is an appeal?

An appeal is when you ask us to review a decision to deny, reduce, suspend, or stop your services. This decision is called a **Negative Action Determination**. You may request an appeal verbally or in writing. You may file a request yourself or ask Customer Service for assistance.

#### Deadlines for Filing an Appeal

- **Medicaid consumers:** 60 calendar days from the date on the notice of adverse action.
- **Non-Medicaid consumers:** 30 calendar days from the notice.

#### Timelines for resolution

- **Medicaid:** You will be notified **within 30 days** of receiving the appeal.
- **Non-Medicaid:** You will be notified within **45 days** of receiving the appeal.
- **Fast (expedited) appeal:** You will be notified within **72 hours** if waiting could seriously harm your health.

#### Can my services continue during the appeal?

In some cases, your services can continue while your appeal is being reviewed if you request this before the change takes effect. If the appeal is not approved, you may be responsible for the cost of continued services. This will be explained in your notice.

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### Next Steps After an Appeal Decision

#### Medicaid services:

You may request a **State Administrative Hearing within 90 calendar days**. You do not have to complete a local appeal before requesting a hearing. You may request a State Administrative Hearing yourself or ask Customer Service for assistance. The Administrative Law Judge (ALJ) will issue a written decision within 90 calendar days from receipt of your hearing request.

**Non-Medicaid services:** You may request a second level review called an **MDHHS Alternative Dispute Resolution within 10 calendar days**. You may request to start the alternative dispute resolution process yourself or ask Customer Service for assistance.

MDHHS will review the request within two (2) business days of receipt and attempt to resolve the dispute within 15 business days.

#### Recipient Rights Complaints

Grievances and appeals are different from **Recipient Rights complaints**, which involve possible violations of rights protected under the Michigan Mental Health Code. You may file a Recipient Rights complaint at any time through the Office of Recipient Rights. For more detailed information regarding the Recipient Rights process, please refer to the MDHHS “Your Rights” booklet.

Customer Services can help you decide which process is right for your concern.

#### Important Rights

- You have the right to see and receive copies of documents related to your grievance or appeal.
- You have the right to language assistance and disability accommodations at no cost.

You will not be treated differently for filing a grievance, appeal, or Recipient Rights complaint.

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## **Examples of Specialty Behavioral Health Services (PIHP Managed services)**

Specialty Behavioral Health Services are managed by the Prepaid Inpatient Health Plan (PIHP) in Michigan. These are services that are not included in the 9 core services of a CCBHC. A more detailed list of services can be found on page 14 of the Community Mental Health Partnership of Southeast Michigan's Guide to Services.

- Assistive Technology
- Behavior Treatment Review
- Applied Behavior Analysis
- Community Inpatient Services
- Community Living Supports (CLS)
- Crisis Residential Services
- Early Periodic Screening, Diagnosis and Treatment
- Enhanced Pharmacy
- Environmental Modifications
- Fiscal Intermediary Services
- Home and Community Based Services Rule
- Intensive Crisis Stabilization
- Intermediate Care Facility
- Occupational Therapy
- Partial Hospital Services
- Personal Care in Residential Settings
- Physical Therapy
- Skill-Building
- Respite Care
- Speech and Language Therapy
- Transportation
- Enhanced Medical Equipment and Supplies
- Enhanced Transportation
- Most waiver services such as HSW, Children's Waiver, etc.