

Action Notice and Review Rights

Name: _____ ID #: _____

Guardian/Parent (as applicable): _____ Date: _____

This is to notify you that Kalamazoo Community Mental Health and Substance Abuse Services (KCMHSAS) has made the following decision(s) about the service(s) you have asked for or the service(s) you get from us. This does **not** affect any other services you are getting or may need in the future.

The Action we are taking is:	Name of service(s) affected	Date
<input type="checkbox"/> Service(s) authorized		
<input type="checkbox"/> Limited service authorized (less than requested)		
<input type="checkbox"/> Undue service delay (over 14 days from agreed start day)		
<input type="checkbox"/> Failure to provide timely authorization decision / notice		
Services denied:		
<input type="checkbox"/> At time of application/intake		
<input type="checkbox"/> Requested inpatient service		
<input type="checkbox"/> Services in addition to Plan		
<input type="checkbox"/> Other:		

	Name of service(s) affected	Effective Date
<input type="checkbox"/> Reduction in current service(s)		
<input type="checkbox"/> Suspension of current service(s)		
<input type="checkbox"/> Termination of current service(s)		

If your service(s) were denied, delayed, reduced, suspended or terminated, it is because:

- At this time, you do not meet the clinical eligibility criteria for specialty mental health or substance abuse services.**
Your current presentation is above what would qualify you for services as a person with a serious mental illness; or developmental disability; or substance abuse disorder; or a child with a serious emotional disorder.
- Lack of medical necessity.** It has been determined that the service(s) identified in this document are not clinically appropriate; or necessary to meet your needs; or consistent with your diagnosis, symptoms or impairments; or the most cost-effective options in the least restrictive environment; or consistent with current/clinical standards of care.
- You have other resources that will provide payment for service(s):**

- Residency.** You live outside of our service area. We cannot authorize on-going/non-emergency services for you.
- Residency.** You are currently residing in an institution in which KCMHSAS cannot authorize your services (e.g., jail, prison, state hospital, extended care facility).
- Your Individual Plan of Service goals and objectives have been met.**
- Lack of Participation.** KCMHSAS cannot continue to authorize services for you if you are not participating. You have not attended or participated in your authorized services since (date): _____
- Lack of Capacity to Benefit.** It has been determined that the service(s) identified in this document have been provided but are not significantly successfully helping you make substantial gains; meet the goals/objectives in your Plan of Service; recover from your symptoms; or improve you daily functioning skills/ability to care for yourself.
- You have requested the action to occur** (see signature area below for notes).
- Other:** _____

The legal basis for decision is M.C.L. 300 101 et seq.

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

Individual / Guardian Signature (as applicable)	Date	NOTE: Signature of the individual served/guardian is not required and does not mean agreement with this action, unless the action was initiated by the individual.
Staff Signature / Credentials	Date	Approving Signature (as applicable) _____ Date _____

Notice provided: via mail in person

Notice copied to: Provider Access

**If you do not understand any part of this Action Notice,
please call KCMHSAS at (269) 553-7000 or 1-877-553-7160**

**All persons who are deaf or hard-of-hearing, please contact us using the Michigan Relay Center.
Dial 7-1-1 or 1-877-649-3777 and give (tell) MRC the number you are trying to reach.**

YOUR RIGHTS

If you are not happy with the Action we have taken, you may:

- Ask to review your service(s)/plan with your primary clinician or their supervisor; and/or
- Contact the KCMHSAS Recipient Rights Officer by calling (269) 364-6920; and/or
- Request a **Local Appeal** within 45 calendar days of the date of the Notice; and/or
- If you were denied initial access/entry to all services or were denied inpatient psychiatric hospitalization services, you can request a Second Opinion of that decision. To request a Second Opinion, please contact KCMHSAS at (269) 553-7000 or 1-877-553-7160.

You may choose to have another person represent you in exercising your rights – as your authorized representative. This person may be your legal counsel (attorney), a relative, a friend or another spokesperson. You must give this person written permission to represent you, but you do not need to grant written permission if this person is your spouse or attorney.

Local Appeal Resolution

If you do not agree with this determination, you or your authorized representative may request a Local Level Appeal. Your request can be made orally or in writing and must be received by KCMHSAS within 45 calendar days of the date of this Notice. You can write or call:

KCMHSAS Customer Services
2030 Portage Street
Kalamazoo MI 49001
(269) 553-7000 or 1-877-553-7160

You have a right to an **expedited local appeal** if waiting the standard time (up to 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 KCMHSAS.

Continuing Services

If this Action taken affects services you are currently receiving, you may ask that your services remain in place if you appeal prior to the **effective date** of the Action (as stated on the Notice) and you request that services continue.

If services remain in place, you may have to repay the cost of these services if the determination upholds the Action, if you withdraw your appeal request or if you (your representative) do not participate in the appeal process.

Reasons for this Service Determination

You can contact Customer Services at KCMHSAS at (269) 553-7000 or 1-877-553-7160 for more information about the reasons why the Action on this Notice is being taken.

Emergency services remain available to you at all times