

Northeast Michigan Community Mental Health, 400 Johnson Street, Alpena, MI 49707

REQUEST FOR A SECOND OPINION

☐ Denial of Hospitalization

☐ Denial of Initial Services

Section I – To be completed by applicant, consumer or representative

Individual: _____ Date of Birth: _____

Address: _____

Telephone: _____ Parent/Guardian (if applicable): _____

Are your services covered by Medicaid? ☐ Yes ☐ No Medicaid Number: _____

Decision that you wish to have reviewed: _____

Signature of Individual/Guardian/Parent _____ Date _____

Received by: _____ Date: _____ Forwarded to: Customer Services Date: _____

Section II – To be completed by agency staff

Response: ☐ Services are denied ☐ Services will be provided

Referrals: _____

Reviewer: _____ Date: _____

Reviewer: _____ Date: _____

Reviewer: _____ Date: _____

NeMCMHA will arrange for a second opinion outside the network at no cost to you.

If you have Medicaid and disagree with the results of this Second Opinion, you or your provider may:

- Request a local appeal orally or in writing within 60 days from the date of the Second Opinion decision by completing the Request for Local Appeal with **Customer Services, 400 Johnson, Alpena, MI 49707, or calling 1-800-968-1964 or TTY: 711**
- Request an expedited local appeal if waiting the standard 30 days would seriously jeopardize your life, health or your ability to attain, maintain or regain maximum function. To request an expedited local appeal, contact **Customer Services at 1-800-968-1964 or TTY: 711.**
- After receipt of the Local Appeal decision, you may request an Administrative Fair Hearing within 120 days from the date of that notice. Hearing requests must be made in writing and signed by you or an authorized person. To request a fair hearing complete the Request for Hearing form (available from NeMCMHA) and mail to: **Michigan Office of Administrative Hearings and Rules (MOAHR), P.O. Box 30763, Lansing, MI 48909 or call: 1-800-648-3397.**
- If you are denied a second opinion, you may file a Recipient Rights Complaint.

If you do not have Medicaid and disagree with the results of this Second Opinion, you or your provider may:

- Request a local appeal orally or in writing within 30 days from the date of the Second Opinion decision by completing the Request for Local Appeal with **Customer Services, 400 Johnson, Alpena, MI 49707, or calling 1-800-968-1964 or TTY: 711.**
- Request an expedited local appeal if waiting the standard 30 days would seriously jeopardize your life, health or your ability to attain, maintain or regain maximum function. To request an expedited local appeal, contact **Customer Services at 1-800-968-1964 or TTY: 711.**
- If not satisfied with the results after the Local Appeals process, request a Michigan Department of Community Health Alternative Dispute Resolution. The request for a hearing must be filed within 5 business days from the date of the Local Appeal decision. Send your request to: **Department of Community Health; Division of Program Development, Consultation and Contracts; Bureau of Community Mental Health Services; Attn: Request for DCH Level Dispute Resolution; Elliott-Larsen Building – 6th Floor; Lansing, MI 48913.**
- If you are denied a second opinion, you may file a Recipient Rights Complaint.

For more information or assistance, contact Customer Services at 1-800-968-1964 or TTY: 711