



**DWMHA**

*Your Link to Integrated Healthcare*

## WHAT IS A GRIEVANCE?

A grievance is an expression of dissatisfaction. If you are unhappy with:

- The way your behavioral health care services are being delivered;
- The Provider or staff providing the services;
- The manner in which you are being treated.

You have the right to and may file a grievance in either of the following ways:

- Phone, in person or in writing

## WHO CAN FILE A GRIEVANCE?

- An Enrollee/Member
- Legal or Authorized Representative

## TIME FRAMES

- There is no time limit on filing a grievance;
- Your grievance will be acknowledged in writing within 3-5 calendar days of receipt;
- The resolution process can take up to 90 calendar days.

However, your grievance will be resolved as quickly as your health condition requires. Once your grievance has been resolved, you will be notified in writing.

For assistance in filing a grievance or to ask any questions about grievances or other due process rights, you may contact Customer Service at:

**Detroit Wayne Mental Health Authority**

707 W. Milwaukee St.

Detroit, Michigan 48202

**1-888-490-9698**



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## WHAT IS AN APPEAL?

An appeal is a request for a review of an adverse benefit determination. If your services have been:

- Denied
- Reduced
- Suspended
- Terminated

You have the right to and may request an appeal in either of the following ways:

- Phone, in person, or in writing

## WHO CAN REQUEST AN APPEAL?

- An Enrollee/Member
- Legal or Authorized Representative

## TIME FRAMES

- Request an appeal within 30 to 60 days from the date of the letter indicating service interruption;
- Your appeal will be acknowledged in writing within 3-5 calendar days of receipt;
- The local appeal process can take up to 30 calendar days.

If you disagree with the outcome of your appeal, you can request a State Fair Hearing (Medicaid Services only), Alternate Dispute Resolution (uninsured/underinsured members only) or a Maximus review (Medicare Services).

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