**Notice of Local Appeal Denial**

**[CMHSP/PIHP/SUD Agency Name]**

**Important:** This notice explains your additional Appeal rights. Read this notice carefully. If you need help, you can call one of the numbers listed on the last page under “Get help & more information.”

**Mailing Date:** <Mailing Date> **Member ID:** <Member’s ID Number>

**Name:** <Member’s Name> **Beneficiary ID:** <Member’s Medicaid ID Number>

**This Notice is in response to the Internal Appeal request that we received on [date appeal was received].**

**Your Internal Appeal was denied:**

Your Internal Appeal was thoroughly considered. This is to inform you that we [*denied* or *partially denied*] your Internal Appeal for the service/item listed below:

**Why did we deny or partially deny your appeal?**

Your Internal Appeal was denied or partially denied for the service/item listed above because: [*Include citations with descriptions that are understandable to the member of applicable State and Federal rule, law, and regulation that support the action. You may also include Evidence of Coverage/Member Handbook provisions as well as Plan Policies/Procedures or assessment tools used to support the decision.*]

You should share a copy of this decision with your provider so you and your provider can discuss next steps. If your provider requested coverage on your behalf, we have sent a copy of this decision to your provider.

**If you do not agree with the decision, you have the right to further appeal.**

You have the right to an External Appeal. The External Appeal is reviewed by an independent organization that is not connected to us. You can file an External Appeal yourself.

You can do this by asking for a State Fair Hearing with the MAHS. Below is information on how to request a State Fair Hearing.

**How to ask for a State Fair Hearing:**

To ask for a State Fair Hearing, you must follow the directions on the enclosed Request for State Fair Hearing form. You must ask for a State Fair Hearing within **120 calendar days** from the mailing date of this notice. If your request is not received by [insert **120 calendar day date**], you will not be granted a hearing. If you need another copy of the form, you can ask for one by calling [CMHSP/PIHP/SUD Agency Name] Member Services at [telephone number] or the MDHHS Beneficiary Help Line: 1-800-642-3195. TTY users call 1-866-501-5656 or 1-800-975-7630 (if calling from an internet-based phone service).

**What happens next:**

The MAHS will schedule a State Fair Hearing. You will get a written “Notice of Hearing” telling you the date and time. Most hearings are held by telephone, but you can ask to have a hearing in person. During the hearing, you will be asked to tell an Administrative Law Judge why you disagree with the decision. You can ask a friend, relative, advocate, provider, or lawyer to help you. You will get a written decision within **90 calendar days** from the date your Request for Hearing was received by the MAHS. The written decision will explain if you have additional appeal rights.

If the standard timeframe for review would jeopardize your life or health, you may be able to qualify for an expedited State Fair Hearing. Your request must be in writing and clearly state that you are asking for an expedited State Fair Hearing. Your request can be mailed or faxed to MAHS (see the enclosed Request for Hearing form for the address and fax number). If you qualify for an expedited State Fair Hearing, MAHS must give you an answer within **72 hours**. However, if MAHS needs to gather more information that may help you, it can take up to **14 calendar days**.

If you have any questions about the State Fair Hearings process, including the expedited State

Fair Hearing, you can call MAHS at 1-877-833-0870.

[*PIHP and MI Choice are not subject to PRIRA and should therefore delete the following section on filing with DIFS.*]

**Continuation of Services:**

If coverage for a service was previously approved but then the service was changed or stopped before the authorization ended, you can continue your benefits during External Appeals in some cases.

Your benefits for that service will continue if you qualified for continuation of benefits during your Internal Appeal and you ask for a State Fair Hearing from MAHS within **10 calendar days** from the date of the notice or from the intended effective date of the proposed Adverse Action, whichever is later. MAHS must receive your State Fair Hearing by [insert **10 calendar day date** from this notice], and you should state in your request that you are asking for your service(s) to continue.

If your benefits are continued during your External Appeal, you can keep getting the service until one of the following happens: 1) you withdraw the External Appeal; or 2) all entities that got your External Appeal decide “no” to your request.

**Access to Documents:**

You and/or your authorized representative are entitled to reasonable access to and a free copy of all documents relevant to your Appeal any time before or during the Appeal process. You must submit the request in writing.

**Get help & more information:**

* [CMHSP/PIHP/SUD Agency Name]: If you need help or additional information about the decision and the Appeal process, call Member Services at: [telephone number] TTY: [TTY telephone number], [hours of operation]. You can also visit our website at [Agency Website URL].
* MDHHS Beneficiary Help Line: 1-800-642-3195. TTY users call 1-866-501- 5656 or 1-800-975-7630 (if calling from an internet-based phone service).

• [*If applicable, insert other state or local aging/disability resources contact information.*]

[*Add language and disclaimer notice requirements under Section 1557 of the Affordable Care*

*Act. For more information, refer to* [*https://www.hhs.gov/civil-rights/for-individuals/section-1557]*](https://www.hhs.gov/civil-rights/for-individuals/section-1557)