Community Mental Health Partnership of Southeast Michigan
Livingston County Community Mental Health Authority

REQUEST FOR INTERNAL APPEAL

Instructions to the requestor:

1. Please complete the form below. Assistance is available by calling your local Appeals Officer, Customer Services, or your local Office of Recipient Rights at 517-546-4126.

2. **You must file an Internal Appeal of the Adverse Benefit Determination prior to filing an appeal with the Michigan Office of Administrative Hearings and Rules (MOAHR).**

3. You must file for your Internal Appeal within 60 days of this Adverse Benefit Determination.

4. The review and decision will occur within 30 days.

5. You will receive written notification of the decision of the local appeals committee and subsequent avenues if you are not satisfied with the results.

6. After you have completed this form, please mail it to:

Livingston County Community Mental Health Authority
Attn: Local Appeals Coordinator
2280 E. Grand River
Howell, MI 48843

To be completed by the requestor:
I WANT TO REQUEST A REVIEW OF MY APPEAL. Here are my reasons for this request:

_____ _____ _____
Recipient's Signature Date Recipient's Name

Recipient's Address: _____
_____

Recipient's Telephone Number: _____

You may represent yourself or have anyone you would like represent you. If you want someone else to represent you at the internal appeal, called an **Authorized Hearing Representative (AHR),** please complete their contact information below:

<table>
<tr><td colspan="3">Name of Representative</td><td colspan="2">Representative Telephone Number
( )</td></tr>
<tr><td colspan="3">Address (No. & Street, Apt. No.)</td><td>Representative Signature</td><td>Date Signed</td></tr>
<tr><td>City</td><td>State</td><td>ZIP Code</td><td>Relationship to Client:</td><td></td></tr>
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