**Notice of Local Appeal Approval**

**Key Development Center, Inc.**

**Important:** This notice explains the results of your Appeal. 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 was received on [date appeal received].**

**Your appeal was approved**

Your appeal was thoroughly considered. This is to inform you that we approved your appeal for the service/item listed below:

**What this means:**

Because your Level 1 Appeal decision was approved, you may receive the following services as of [date authorized]: [*List the services that were approved, including any applicable information about coverage amount, duration, etc*. *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.*]

If you do not receive the services, or if the services are wrongly stopped or reduced, contact us immediately using the following information:

**Key Development Center, Inc.**

**Attn: Lisa Boschma**

**Phone: 810-220-8192 TTY: 711 Fax: 810-220-0402**

**Getting your case file:**

You can ask to see the medical records and other documents reviewed during your Internal Appeal. You can also ask for a copy of the guidelines used to make the decision. You and/or your authorized representative are entitled to reasonable access to and a free copy of all documents relevant to your Internal Appeal any time before or during the Internal Appeal process. You must submit the request in writing.

**Get help & more information:**

• Key Development Center: If you need help or additional information about the decision and the Internal Appeal process, call Member Services at: 810-220-8291; TTY: 71, Monday through Thursday 96 pm, Friday 9-3

• 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).

The Office for Civil Rights (OCR) enforces Section 1557 of the Affordable Care Act (Section 1557), which prohibits discrimination on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, gender identity, and sex characteristics), in covered health programs or activities. 42 U.S.C. 18116.*.*