

APPEAL POLICY

1. Purpose

The purpose of the EightCAP, Inc. Appeal Policy (“Policy”) is to establish a process that provides the opportunity to appeal any of the following for decisions made by EightCAP staff members regarding contracts or services that are funded through the State of Michigan – Department of Human Services – Bureau of Community Action and Economic Opportunity (“BCAEO”):

- A. An application for a low-income service if there has been a partial or complete denial of assistance and if all of the following provisions have been satisfied:
 - 1) The services denied are specific, tangible benefits for which BCAEO provides funding.
 - 2) Funds are currently available.
 - 3) The grantee has authority to provide or disburse funds.
 - 4) The applicant has completed a formal, written application for such services.
 - 5) The applicant falls within the program guidelines or believes that he or she can prove that he or she falls within the program guidelines.
- B. A service provider's contract that has been suspended, terminated, or not renewed.
- C. A contractor's or potential contractor's application or proposal to provide services that has been denied.
- D. An administrative action that limits, or imposes requirements on, the contractor or service provider.

2. Appeal Procedure

- A. Within (twenty) 20 days of an action listed in Section 1, parts A-D above, EightCAP shall provide the affected party with a written notice. The written notice shall include:
 - 1) Information or criteria on which EightCAP's action was based and a statement that such information/criteria is available for review by affected parties.
 - 2) All appeals shall be requested on the “Appeal Request Form” (see Attachment A), to be completed and returned to EightCAP by the affected party or parties within ten (10) days of the written notice being provided by the Agency. The form must be thoroughly completed.

- B. Upon the receipt of an Appeal Request Form, an administrative review of the facts and circumstances surrounding the denial shall be conducted by the President of EightCAP, Inc. or their designee. This review will be completed within ten (10) days of receiving the completed Appeal Request Form.
- C. If it is determined that a meeting of the Appeals Committee is necessary in order for a final determination on the appeal, then:
- 1) The Appeals Committee of the EightCAP, Inc. Governing Board shall meet to make a determination on the appeal. The decision will be made within thirty (30) days of EightCAP, Inc. having received a completed "Appeal Request Form."
 - 2) Notice of the Appeals Committee meeting at which their appeal will be considered shall be sent to the affected party or parties. This notice shall indicate:
 - a) The time, date, and location of the meeting.
 - b) That the appellant may appear in person or through a designated representative to appeal EightCAP's denial.
 - 3) A record of the meeting, including relevant facts, shall be maintained and a determination shall be rendered, in writing, by the Appeals Committee.
 - 4) The decision rendered by the Appeals Committee shall be final at the Agency level.
 - 5) Written notice of the decision shall be provided, in writing, to the affected party or parties within thirty (30) days of the appeal filing date. This notice shall include a statement that appellants may appeal the decision to the BCAEO within ten (10) days of the written notice and that BCAEO shall review and act on the appeal pursuant to the provisions of its Administrative Rule No. R 400.19201(5).
 - 6) Appeals proceedings at the Agency level shall be conducted within an aggregate time frame of sixty (60) days.

3. Denial of a Request for Appeal Hearing

A request for an appeal hearing may be denied if the appellant fails to comply with the appeal procedures required by this Policy or due to lack of standing by the appellant.

APPEAL REQUEST FORM

Name: _____

Address: _____

County: _____ Phone: _____

Date of Denial, Termination of Contract, or Other Applicable EightCAP, Inc. Action: _____

Benefit/Service/Contract Denied: _____

Statement of Applicant's reasons for appeal (use back of sheet if necessary; attach additional information and documentation as appropriate): _____

Applicant's Signature: _____

OFFICE USE ONLY

Date of Administrative Review: _____

Reviewer's Name and Title: _____

Denial Upheld

Denial Overturned

Date of Appeals Committee Hearing (if applicable): _____