

Members enrolled in the Arizona Long Term Care System (ALTCS) who are determined to have a serious mental illness (SMI) are entitled to extensive rights, including, but not limited to:

- The right to be free from mistreatment and abuse.
- The right to a written service plan that may include case management, crisis services, peer support, family support, medication, and inpatient/outpatient services.
- The right to consent or refuse treatment unless under a court order or guardianship.
- The right to review your medical records unless a physician determines it is not in your best interest.



An SMI grievance is a request to investigate whether or not a member's rights may have been violated. Anyone can file an SMI grievance within one year from the date of the incident. Include all details such as events, names of individuals involved, titles, agencies, and dates. When describing the grievance, focus on the facts and include the solution you want.

HOW TO FILE

While grievances may be filed in writing or by phone, we recommend filing in writing. Use the SMI grievance form AHCCCS ACOM Policy 446, Attachment A. Your ALTCS health plan or behavioral health provider can provide this form. Keep a copy for your records. To file by phone, call your ALTCS health plan.

If you need help writing your grievance, contact your behavioral health provider or the AHCCCS Office of Human Rights (OHR), at 602-364-4585 (Phoenix), 520-770-3100 (Tucson) or 928-214-8231 (Flagstaff). If you need documents, such as medical records or individual service plans, to support your grievance, you have the right to request these records.

The Office of Grievance and Appeals will notify you within five days of receipt of the grievance. In most cases, an investigator from your health plan will interview everyone involved, review records, and make a decision based on the evidence. If you disagree with the decision, you have the right to appeal (with a few exceptions). If your grievance is validated, a plan will be developed to correct any violations that were found.

File your written or verbal grievance with your health plan's Customer Service Department or Office of Grievance & Appeals as follows:

BEHAVIORAL HEALTH PLANS

United Healthcare Community Plan

Send written complaint to:
Attn: Grievance & Appeals
1 East Washington, Suite 900
Phoenix, AZ 85004
By phone:
1-800-293-3740, TTY 711

Mercy Care Plan

Send written complaint to:
Attn: Office of Grievance & Appeals
4350 E. Cotton Center Blvd., Building D
Phoenix, AZ 85040
By phone:
602-263-3000 or
1-800-624-3879 (TTY/TDD 711)

University Family Care

Send written complaint to:
Attn: Grievance & Appeals Department
Address: 2701 E. Elvira
Tucson, AZ 85756
By phone:
Toll Free: (833) 318-4146

The Arizona Health Care Cost Containment System (AHCCCS) is committed to ensuring the availability of timely, quality behavioral health care. If you continue to have questions or difficulties accessing services, please call AHCCCS Clinical Resolution Team at 602-364-4558 or 1-800-867-5808 or you may submit concerns about quality of care by email at CQM@azahcccs.gov.