

If you have been determined to have a Serious Mental Illness (SMI) and have concerns about the treatment you receive from Arizona's public behavioral health care system, you have access to several options to help you address your concerns. Deciding which option to use depends on the nature of the issue, what result you want, and how much time you can spend on the issue. This educational document provides basic information about what options are available to you and how to use them.

Informal Complaint:

This is the least formal way to address a concern. It involves talking with the staff person involved and/or his or her supervisor in an attempt to resolve your concern. Request a meeting with the staff person involved and/or his or her supervisor in person, over the phone, or in writing to address the concern.

This is not the best option if the same problem keeps happening or the staff involved does not seem willing to address the problem.

Formal Complaint:

A formal complaint is filed either in writing or orally through the Customer Service Department of your T/RBHA or contractor. Although complaints are generally handled sooner, the T/RBHA has 60 days to take action.

If you are dissatisfied with the result of this step, there is no formal "next step". However, you can ask the AHCCCS Clinical Resolutions (CRU) unit to review the issue by calling 602-364-4558.

SMI Appeal*

*See AHCCCS Contractor Operation Manual (ACOM) 444 at <https://www.azahcccs.gov/shared/Downloads/ACOM/PolicyFiles/400/444.pdf>

An appeal is a formal way of disagreeing with a decision about your services. Issues that can be appealed include:

content of Individual Service Plan (ISP) or discharge plan, denial of a service, reduction, suspension or termination of a service, fees assessed to the individual or the denial of a fee waiver, the result of a grievance or request for investigation and others, per [A.A.C. R-9-21-401\(c\)](#).** You can file an appeal in writing or orally with your Health Plan Customer Service, contractor or the Office of Grievance and Appeal. It is best to file in writing using the [appeal/SMI grievance form](#) and keeping a copy for your records.

Generally, an appeal must be filed within 60 days of when you were informed of the decision/action to be appealed per [A.A.C. R9-21-401\(D\)](#). An appeal can be expedited upon request if it involves the denial or termination of crisis or emergency services; the denial of admission to or the termination of inpatient services; or the individual can show good cause to support the need for an expedited appeal per [A.A.C. R9-21-401\(H\)](#).

Your services will continue during the appeal process if an appeal is filed timely, unless a clinician determines that the modification or termination is necessary to avoid a serious or immediate threat to your or others health or safety; or if you agree to the modification or termination of your services per [A.A.C. R9-21-401\(A\)](#).

After an appeal is filed, an informal conference takes place between you and the provider to try to find a solution to the appeal per [A.A.C R9-21-401\(E\)](#). If the issue is not resolved, a second informal conference can be scheduled with the AHCCCS/OALS BHGA, unless you waive the conference or the appeal involves SMI eligibility per [A.A.C. R9-21-401\(F\)](#).

If the issue is not resolved through the informal conference (s), you have the right to request an administrative hearing.

At the administrative hearing, you present evidence through testimony of witnesses and records to support your appeal. The administrative law judge then issues a proposed decision, which the AHCCCS Director or designee reviews before issuing a final decision (in writing).

**If you have AHCCCS coverage, you also have the option to use the TXIX appeal process for decisions relating to TXIX services per [A.A.C. R9-21-401\(I\)](#).

Timeline notes (pending does not change timeline requirements)

Must appeal within 60 days of incident.

Must be acknowledged by RBHA within 5 days.

Informal Conference 1 within 7 days. 3 days to forward to next level of informal conference/have notes out.

Informal Conference 2 within 15 days. 3 days to forward to OAH/have notes out.

Expedited appeal – 1 day to acknowledge and 2 days to have the IC. (see policy on expedited for more info)

SMI Grievance/Request for Investigation*

*See the AHCCCS Contractors Operations Manual (ACOM)446 at <https://www.azahcccs.gov/shared/Downloads/ACOM/PolicyFiles/400/446.pdf>

This process involves an investigation to explore an alleged violation of rights or a condition that is dangerous, illegal, or inhumane per [A.A.C. R9-21-402](#). You can file a grievance request in writing or orally. It is best to file in writing using the [appeal/SMI grievance form](#) and keeping a copy for your records per [A.A.C. R9-21-403\(F\)](#).

Generally, the grievance or request for investigation must be filed within one year from the event.

The assigned investigator interviews you and others involved, reviews clinical records and makes a decision based on the available evidence per [A.A.C. R9-21-406](#).

The decision can be appealed per [A.A.C. R9-21-407](#).

At the conclusion of the investigation the RBHA or contractor is required to develop a plan to correct any violation (s) that was found per [A.A.C. R9-21-406\(F & G\)](#).

Timeline notes (These timelines are if there is not an extension granted per AAC and policy)

Grievance must be filed within year of incident unless just cause.

5 days to confirm receipt after grievance filed

7 days to resolve without conducting investigation if frivolous etc.

When investigation is warranted:

7 days for investigation assigned and filer notified (AKA appointment)

10 days after investigator assigned, interview with you and others involved

15 days of appointment, and after conference, interview with person complained about

10 days after all interviews, but no later than 30 days of appointment, written report is due to be sent out

Within 5 days of written report (investigative), decision letter is to be sent out

If rejected by OGA, 10 more days

When filing an appeal or a grievance/request for investigation, it is strongly recommended that you use the [AHCCCS Appeal or Serious Mental Illness Grievance Form](#) (the form is [attachment A to ACOM 446](#)).

AHCCCS CONTACTS AND RESOURCES

RESOURCE LINKS

AHCCCS Medical Policy Manual (AMPM) https://www.azahcccs.gov/shared/MedicalPolicyManual/
AHCCCS Contractors Operating Manual (ACOM) https://www.azahcccs.gov/shared/ACOM/
Arizona Administrative Code (R9-21) https://apps.azsos.gov/public_services/Title_09/9-21.pdf

AHCCCS/DCAIR OFFICE OF HUMAN RIGHTS

OHR Main Office Phone:
602-364-4585 or 800-421-2124 (toll free)
Email: OHRts@AZAHCCCS.GOV
Mail: 701 East Jefferson Street
Phoenix, AZ 85034 MD 9005

The intent of this document is to provide general information to individuals determined to have a Serious Mental Illness receiving services in the Arizona's public behavioral health care system regarding their rights. It is not intended as a substitute for individual guidance or advice. Additionally, the AHCCCS/DCAIR Office of Human Rights is not a law firm.

AHCCCS CLINICAL RESOLUTION UNIT

602-364-4558 or 800-867-5808

LONG TERM CARE HEALTH PLANS (PROGRAM CONTRACTORS)

Banner – University Family Care LTC Customer Service 1-833-318-4146 www.bannerufc.com	Mercy Care LTC Customer Services 1-800-624-3879 www.mercycareaz.org
United Healthcare LTC Customer Service 1-800-293-3740 www.uhccommunityplan.com	Department of Economic Security/ Division of Developmental Disabilities (DES/DDD) Customer Service 1-800-770-9500 www.azdes.gov/ddd/

REGIONAL BEHAVIORAL HEALTH AUTHORITY (RBHA) HEALTH PLANS

Arizona Complete Health - Complete Care Plan RBHA Customer Service 1-888-788-4408 www.azcompletehealth.com/completecure	Mercy Care RBHA Customer Service 1-800-564-5465 www.mercycareaz.org	Health Choice Arizona RBHA Customer Services 1-800-322-8670 www.healthchoiceaz.com
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