

AHCCCS members who have a Serious Mental Illness (SMI) designation have specific rights when it comes to behavioral health services. As stated in Arizona Administrative Code, individuals with an SMI designation have the right to:

- · Be free from mistreatment and abuse,
- Have a written service plan that may include case management, crisis services, peer support, family support, medication, and npatient/outpatient services,
- Consent to or refuse treatment unless under a court order or guardianship, and
- Review their medical records unless a physician determines it is not in their best interest.

When a member feels that these rights may have been violated, they can request an investigation by filing a grievance. Anyone can file an SMI grievance within one year from the date of the incident. When filing, include all details (events, names of individuals involved, titles, agencies, and dates). Describe the specific right that was violated and include the desired solution.

How To File

Grievances may be filed verbally or in writing by contacting your health plan. AHCCCS recommends filing a written SMI grievance form, available from your health plan or provider. Keep a copy for your records. To file your grievance verbally, call your health plan's Member Services department or Office of Grievance & Appeals.

If you need assistance writing your grievance, contact a behavioral health agency or the AHCCCS Office of Human Rights at 1-800-421-2142. If you need documents to support

GRIEVANCE CHECKLIST		
☐ Step 1.	File grievance Date Filed	
☐ Step 2.	Receive in writing from the health plan that the grievance was received. Date of Acknowledgment Letter	
☐ Step 3.	You will be notified that the health plan has started the investigation or has requested an extension,(unless the grievance is dismissed or resolved). Date received	
☐ Step 4.	Health plan investigator assigned and interview/appointment with the filer will be scheduled (an extension can be requested).	
	Date investigator assigned in applicable	
	Date of interview if applicable	
☐ Step 5.	Health plan contacts the person who filed the grievance to confirm information and request additional information if needed.	
	Date	
☐ Step 6.	Grievance investigation completed and notified in writing of the outcome. Date of Resolution Letter	

your grievance, such as medical records or individual service plans, you have the right to request these records.

If you disagree with the grievance decision, you have the right to appeal. If your grievance is substantiated, a plan will be developed to correct any violations that were found.

The Arizona Health Care Cost Containment System (AHCCCS) is committed to ensuring the availability of timely, quality health care. If you know of an AHCCCS member who is unable to access health services, or if you have a concern about the quality of care, please call your AHCCCS health care plan's Member Services number. If your concern is not resolved, please call AHCCCS Clinical Resolution Unit at 602-364-4558, or 1-800-867-5308.

AHCCCS Health Plan Contacts

AHCCCS ACUTE CARE/INTEGRATED HEALTH PLANS				
Arizona Complete Health - Complete Care Plan	Mercy Care			
Customer Service 1-888-788-4408	Customer Service 1-800-624-3879			
www.azcompletehealth.com/completecare	www.mercycareaz.org			
Care 1st Health Plan	Molina Complete Care			
Customer Service 1-866-560-4042	Customer Service 1-800-424-5891			
www.care1staz.com	www.mccofaz.com			
Banner – University Family Care	United Healthcare Community Plan			
Customer Service 1-800-582-8686	Customer Service 1-800-348-4058			
www.bannerufc.com/acc	www.uhccommunityplan.com			
Health Choice Arizona Customer Services 1-800-322-8670 www.healthchoiceaz.com	Mercy Care Department of Child Safety Comprehensive Health Plan Customer Service 1-833-711-0776 mercycareaz.org/members/chp-members			

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 1-844-770-9500 www.azdes.gov/ddd/		

AHCCCS COMPLETE CARE - REGIONAL BEHAVIORAL HEALTH AGREEMENTS				
•	Mercy Care ACC-RBHA Customer Service 1-800-564-5465 www.mercycareaz.org	Care1st ACC-RBHA Customer Service 1-866-560-4042 www.care1staz.com		