

[Tribal/Regional Behavioral Health Authority Letterhead]

Quality of Care Concern Acknowledgement Letter – T/RBHA to ADHS/DBHS

Confidential Communication

[Month, Day, Year – Write Out]

[ADHS/DBHS Contact]

Division of Behavioral Health Services
Arizona Department of Health Services
150 N. 18th Avenue, Suite 220
Phoenix, Arizona 85007-3239

Re: [Recipient]

CIS ID # [Insert]

DOB [M/D/YYYY]

Dear [Mr. or Ms. Last Name of ADHS/DBHS Contact]:

[Tribal/Regional Behavioral Health Authority (T/RBHA)] acknowledges receipt of your letter of [Month, Day, Year – Write Out] delegating a quality of care concern on the above referenced recipient.

[T/RBHA] will research the concern from a recipient and system perspective. The process to be followed in resolving the quality of care concern includes the following activities: research the allegations; report the findings related to the allegations; indicate the documents reviewed and interviews conducted to support the findings; identify and address any other concerns discovered through the investigative process; and, if warranted, submit corrective actions and an evaluation of the actions' effectiveness in recipient resolution and system resolution of the issues. [T/RBHA] will submit its completed response to your office by COB [Month, Day, Year – Write Out].

Should you have any questions regarding this case, please contact [Insert] at [Telephone Number] or [E-mail Address].

Sincerely,

[Name]

[Office]

C: [Name, Organization]

Quality Management CONFIDENTIAL

These materials are for Quality Management purposes only and are strictly confidential under 42 USC 1320c-9, 42 U.S.C. 11101 et seq., A.R.S. §36-2401, A.R.S. §36-2402, A.R.S. §36-2403, A.R.S. §36-2404, A.R.S. §36-2917, AHCCCS/ADHS/DBHS Contract, ADHS/DBHS/RBHA Contracts, and AHCCCS Medical Policy Manual (AM/PM) 910(C) (4).