

*[Tribal/Regional Behavioral Health Authority Letterhead]*

Quality of Care Concern Response 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. 18<sup>th</sup> 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)] submits its response to your letter of [Month, Day, Year – Write Out] delegating research and resolution of the Level [Insert] quality of care concern on the above referenced recipient].

The recipient is a [Insert] year old [Insert Gender] enrolled in [Insert Behavioral Health Category] with Axis I diagnosis (es) of [Insert Diagnosis (es)]; Axis II diagnosis (es) of [Insert Diagnosis (es)]; and Axis III diagnosis (es) of [Insert Diagnosis (es)]. The recipient receives services through [Insert Contracted Provider].

**Response to QOC Origination Letter of [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]

[Enclosure – If Applicable]

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).**