

Complaint Log Fields and Categories

a. The behavioral health recipient's first and last name		
b. The date the complaint was made		
c. Title XIX/XXI Eligible:		
Yes		
No		
d. The source of the complaint:		
ADC (Arizona Department of Corrections)		
ADE (Arizona Department of Education)		
ADJC (Arizona Department of Juvenile Corrections)		
Adult Probation/Court		
AHCCCS (optional for RBHAs)		
Advocate – Other		
AOC (Administrative Office of the Court)		
JPO (Juvenile Probation Office)		
Attorney		
Center for Disability Law		
Consumer Run Groups		
DBHS		
Designated Representative		
DES-ACYF/CPS		
DES-DDD		
Family Member Other than Parent		
Friend		
Governor's Office (optional for RBHAs)		
Health Plan		
Non-Custodial Parent		
Office of Human Rights		
Office of the Monitor (optional for RBHAs)		
Other RBHA		
Other		
Parent/Legal Guardian		
Provider		
RBHA Staff		
Self (age 18 and over)		
e. A description of the complaint:		
COMPLAINT CATEGORY	COMPLAINT SUBCATEGORY	DEFINITION*
Access to Services	No Provider to Meet Needs	Concern that the ability to receive a service occurred as a result of the lack of a provider to meet the specific needs of the client.
	Wait List	Concern that the service is not provided within an appropriate time frame due to provider capacity issues.
	Timeliness	Concern that the service was not offered/provided within the required timeframe.

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	Office/Appointment Wait Time	Concern that the wait time for a scheduled appointment exceeds the maximum wait time as identified in the Provider Manual (45 minutes).
	Enrollment	Concern that the ability to obtain medication or access a service is related to the enrollment process.
	Authorization Process	Concern about prior authorization for services/medications or inability to access a service in a timely manner due to a lengthy prior authorization process.
Clinical Decisions Related to Service	Denial of Service	Concern relating to a decision to deny a TXIX/TXXI request for a prior authorized new service. For SMI, could be NTXIX.
	Reduction, Suspension, or Termination of Services	Concern relating to a decision to reduce, suspend, or terminate a current TXIX/TXXI covered service. For SMI, could be NTXIX.
	SMI Eligibility	Concern relating to the decision that an applicant does not meet the SMI eligibility criteria.
	SMI De-certification	Concern relating to the decision that an SMI member no longer meets the SMI eligibility criteria.
	Assessment/Service Plan Content	Concern relating to the developed plan that identifies the goals and outcomes for behavioral health services and/or issues with treatment and discharge planning. In addition, concerns specific to types, quality, and frequency of covered services received or not received as well as those relating to the consumers voice related to concerns.
	Lack of Service Plan	Concern that an enrolled client does not have a service plan developed within the required timeframes.
	Diagnosis	Concern that a client has been identified with incorrect diagnosis.
	Medications	Disagreement with medication regimen.
	Court Ordered Treatment	Disagreement with a decision to pursue a court order or related to a denial of a COE request.
	Cultural Issues	Concerns that a client has received services inconsistent with cultural preferences or needs.
	Concern about Client's Well-being	Call from client or other identifying concern due to increase in symptoms and/or functional impairment.
Client Rights	Confidentiality	Concern relating to the failure to meet the privacy requirements of behavioral health information.
	Restraint/Seclusion	Concern about the use of restraint and seclusion.
	Sexual Abuse	Concern that staff of a mental health agency engaged or allowed another person to engage in sexual misconduct with a client.
	Physical Abuse	Concern that staff of a mental health agency through act or omission, inflicted or allowed another person to inflict physical pain or injury on a client.
	Exploitation	Concern that staff took advantage or allowed another to take advantage of a client or a client's resources for profit or gain.
	Mistreatment	Concern of staff neglect or other ill treatment. (Not to include abuse or exploitation.)
	Verbal Abuse	Concern that staff, as a result of a verbal communication to the client, exposes a client to risk of emotional harm. (i.e., Threats,

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		belittling, name calling or yelling.)
	Dangerous Condition	Concern that a condition exists that poses a danger to the health or safety of a client.
	Other - Rights Violation	Catch all for any other client rights violation not otherwise specified.
	Unlawful Conduct by a Provider	Concern involving unlawful conduct of a provider.
	Mortality	Concern relating to the death of a client.
	Lack of Required Notice	A denial, reduction, suspension, or termination of service has occurred, but client was not provided with required Notice.
	Service Contingency	Client was informed that receipt of one service is contingent on participation in another service.
Coordination of Care	Coordination Between Health Care Systems	Concern related to who is responsible for providing or paying for a specific service.
	Continuity of Care	Concern of failure to ensure the client's smooth transition between levels of care and agencies or the coordination of services between other state agencies and providers.
	Inter-RBHA Transfer	Concern of failure to ensure the client's smooth transition in event of an Inter-RBHA Transfer. Concern that requirements in Transition of Persons Provider Manual Section is not followed.
	Intra-RBHA Transfer	Concern of failure to ensure the client's smooth transition in event of an Intra-RBHA (between RBHA sub-contracted providers) Transfer.
	MMA Issues	Concerns related to medication complications involving the Medicare Modernization Act.
	Prior Authorization	Concern that prior authorization was required for a service for which prior authorization should not be required; lack of timely completion of the prior authorization process when appropriate to use prior authorization.
Customer Service	Unable to contact RBHA staff/not receiving return calls	Concern that attempts to contact a RBHA staff are unsuccessful; concern that phone messages are not returned.
	Unable to contact Provider staff/not receiving return calls	Concern that attempts to contact a Provider staff are unsuccessful; concern that phone messages are not returned.
	Needs information about services/procedures	Calling to obtain information about covered services/procedures that should have been provided through the assigned provider/clinical team.
	Appointment Cancelled Without Notice	Concern that a scheduled appointment was cancelled without adequate notice to the client.
	Flexibility of Agency Service Hours	Concerns that services are not offered with flexible hours (no service availability outside routine business hours).
	Staffing Pattern	Complaint about insufficient staffing or high turnover with staff.
	Other - No Rights Violation	Catch all for generalized complaints that do not constitute a rights violation including consumer belief that they were not treated respectfully.

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Financial	Fees/Co-pays	Concern relating to assessed fees and co-pays to the client for behavioral health services.
	Claims	Concerns by provider/insurance carrier regarding claims.
	Billing	Concerns by client/guardian that they have been inappropriately billed for services.
	Claim Payment	Concern of a provider relating to the payment for services (non-payment, incorrect payment, denial).
	Entitlements	Concern that a person is not receiving services because they do not fall into an entitled category (SMI, TXIX/XXI).
Information Sharing	Request for Medical Records	Concerns that client/guardian has requested, but not received, medical records.
	Family Involvement	Concerns that family members are not involved in treatment; families are concerned that they cannot get information about the enrolled client.
	Restrict Access to Health Information	Request to restrict access to health information.
f. Any identified communication need:		
Category	Definition*	
NA	No special communication needs are identified.	
Interpretation - Spanish	Requires Spanish interpretation to participate in the complaint process.	
Interpretation - Other	Requires language interpretation (other than Spanish) to participate in the complaint process.	
Visually Impaired	Requires additional assistance to participate in the complaint process due to visual impairment.	
Hearing Impaired	Requires additional assistance to participate in the complaint process due to hearing impairment (e.g., Sign Language).	
Possible Need for Special Assistance	Person about whom the complaint is placed is a person with Serious Mental Illness and the person appears to be unable to: communicate preferences for services; participate in individual service planning (ISP) or inpatient treatment discharge planning (ITDP); and/or participate in a grievance, appeal or an investigation process. The person's limitations must be due to: cognitive ability/Intellectual capacity (such as cognitive impairment, borderline intellectual functioning, or diminished intellectual capacity); language barrier (an inability to communicate, other than the need for an interpreter/translator); or medical condition (including, but not limited to traumatic brain injury, dementia or severe psychiatric symptoms).	
g. The outcome reached:		
Category	Definition*	
Resolved	Used when the complaint issues have been resolved (i.e., client places complaint about lack of transportation to therapy; then transportation is coordinated and provided).	
Transferred to Office of Grievance and Appeals (OGA)	Used when a call or written communication comes to DBHS and a determination is made that the person does not want to utilize the complaint process, but does want to speak with the Grievance and Appeals office.	

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Transferred to Office of Human Rights (OHR)	Used when a call or written communication comes to DBHS and a determination is made that the person is already assigned an advocate who is assisting with an issue, or the person is requesting an advocate.
Referred to Another Agency	Used when the issue or inquiry is not relevant to the Division of Behavioral Health Services, but the DBHS staff identifies the agency that has jurisdiction or that may otherwise be able to assist the person.
Closed with Plan of Correction	Used when the TBHA/RBHA submits a plan detailing the actions they plan to take to address/resolve the complaint; DBHS assesses the plan as adequate and a conclusion is drawn that monitoring the plan through completion is not required.
Closed without Merit	Used when information gathered from the RBHA identifies the complaint placed requires no action or correction.
Resolved without Client Satisfaction	Used when the complainant is not satisfied with the outcome of the complaint, but grievance and appeal processes are not applicable.
Referred to Appeal Process	Used when complaint is not resolved to satisfaction and client is referred to the grievance or appeals process.

h. The length of time for outcome (business days)

i. Covered services category:

Category	Subcategory
Behavioral Health Day Programs	Medical Day Program
	Supervised Day Program
	Therapeutic Day Program
Crisis Intervention Services	Crisis Services - Mobile
	Crisis Services - Phone
	Crisis Services - Stabilization
	Detoxification Services
Inpatient Services	Hospital
	Sub-acute Facility
	Residential Treatment Center
Medical Services	Laboratory, Radiology, and Medical Imaging
	Medical Management
	Medication Services
	Electro-Convulsive Therapy
Rehabilitation Services	Skills Training
	Cognitive Rehabilitation
	Health Promotion
	Psycho-educational Services and Support to Maintain Employment
Residential Services	Level II Residential
	Level III Residential
	Mental Health Services NOS (Room and Board)
Support Services	Case Management

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	Personal Care Services
	Home Care Training Family (Family Support)
	Self-Help/Peer Services (Peer Support)
	Therapeutic Foster Care Services
	Unskilled Respite Care
	Supported Housing
	Sign Language or Oral Interpretive Services
	Flex Funds
	Transportation
Treatment Services	Counseling and Therapy
	Assessment, Evaluation, and Screening Services
	Other Professional
j. Treatment setting	
Arizona State Hospital	
Crisis Stabilization Unit	
Group Home (24 hour)	
Inpatient	
Outpatient	
Not Applicable	
PHF	
In Region/Network Residential Treatment	
Therapeutic Foster Home	
Out of Region Residential Treatment	
k. Program Type (Population)	
Child	
GMH (General Mental Health)	
Prevention / Early Intervention	
SED (Seriously Emotionally Disturbed)	
SMI (Seriously Mentally Ill)	
Substance abuse and Treatment	
Not Enrolled	

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