

The Services for individuals determined to have a Serious Mental Illness (SMI) are provided through the AHCCCS Complete Care-Regional Behavioral Health Agreements (ACC-RBHAs), Arizona Long Term Care for the Elderly and/or Physically Disabled (ALTCS E/PPD), and Department of Economic Services Division of Developmental Disabilities (DES DDD) (DDD) Contractors. Should you need to file an SMI grievance/request an investigation, or to file an appeal, the following process is followed:

### **SERIOUS MENTAL ILLNESS GRIEVANCE/REQUEST FOR INVESTIGATION**

Any person may file an SMI grievance or request an investigation regarding any act or omission by an ACC-RBHA or one of its providers, ALTCS E/PPD, and/or a DDD Contractor or one of its providers alleging that a rights violation or a condition requiring investigation has occurred or currently exists. (Please note: allegations about the need for, or appropriateness of behavioral health services should not be considered an SMI grievance but should be addressed through the SMI appeal process described below.) The request may be verbal or written and must be initiated no later than one year after the date of the alleged rights violation or condition requiring investigation. Forms for filing are available at AHCCCS, the Arizona State Hospital, the ACC-RBHAs, ALTCS E/PPD, or DDD Contractors case management sites and at all provider sites.

The SMI grievances/requests for investigation may be filed with the ACC-RBHA, ALTCS E/PPD, or DDD Contractor. The SMI grievances/requests for investigation related to physical or sexual abuse or death will be forwarded to and addressed by AHCCCS. All other SMI grievances/requests for investigation will be addressed by the appropriate ACC-RBHA, ALTCS E/PPD, or DDD Contractor. The SMI Grievances/requests for investigation related to abuse or death may also be filed directly with AHCCCS at 150 N. 18th Avenue, MD MC15009, Phoenix, AZ 85007, (602) 364-4575. Within five days of the date the SMI grievance/request for investigation is received, you will be sent an acknowledgment letter and, if appropriate, an investigator will be assigned to investigate the matter. When a decision is reached, you will receive a written decision.

### **SERIOUS MENTAL ILLNESS APPEAL**

Any person, age 18 or older, or their guardian or designated representative, may file an appeal related to services applied for or services currently being received. The matters of appeal are generally related to:

1. A denial of services.
2. Disagreement with the findings of an evaluation or assessment.
3. Any part of the Individual Service Plan.
4. The Individual Treatment and Discharge Plan.
5. Recommended services or actual services provided.
6. Barriers or unreasonable delay in accessing services under Title XIX.
7. Fee assessments.

The Appeals must be filed with the ACC-RBHA, ALTCS E/PD, or DDD Contractor and must be initiated no later than 60 days after the decision or action being appealed. The Contractor shall acknowledge the appeal in writing within five days of receipt. Appeal forms are available at AHCCCS, the ACC-RBHAs, ALTCS E/PD, DDD Contractors, case management sites, and at all provider sites.

The ACC-RBHA, ALTCS E/PD, or DDD Contractor will attempt to resolve all appeals within seven days through an informal process. If the problem cannot be resolved, the matter will be forwarded to AHCCCS for further appeal. If the ACC-RBHA, ALTCS E/PD, or DDD Contractor will not accept your appeal or dismisses your appeal without consideration, you may request an Administrative Review by AHCCCS of that decision.

For SMI grievances/requests for investigation and appeals, to the greatest extent possible, please include:

1. Name of person filing the SMI grievance/request for investigation or appeal.
2. Name of the person receiving services, if different.
3. Mailing address and phone number.
4. Date of issue being appealed or incident requiring investigation.
5. Brief description of issue or incident.
6. Resolution or solution desired.

For either process above, you may represent yourself, designate a representative or use legal counsel. You may contact the State Protection and Advocacy System, the Arizona Center for Disability Law 1-800-922-1447 in Tucson and 1-800-927-2260 in Phoenix. You may also contact the Office of Human Rights (OHR) at 1-800-421-2124.

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**MEMBER SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**STAFF SIGNATURE**

\_\_\_\_\_  
**DATE**

[Please insert ACC-RBHA, ALTCS E/PD, or DDD NAME]

[Please insert ACC-RBHA, ALTCS E/PD, or DDD address and phone number in English and Spanish]