|  |  |
| --- | --- |
| **To:** |  |
|  | ***Applicant/Member’s Name*** |
|  |  |
|  | ***Applicant/Member’s Address*** |
|  |  |
|  | ***Representative’s Name*** |
|  |  |
|  | ***Representative’s Address*** |

|  |  |
| --- | --- |
| **From:** |  |
|  | ***Name of agency*** |
|  |  |
|  | ***Address*** |
|  |  |
|  | ***Contact Person/Number*** |

**Our Decision:**

This decision concerns:

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ | **Your eligibility for SMI services** | ☐ | **Your outpatient or inpatient service plan** |
|  |  |  |  |
| ☐ | **Fees** | ☐ | **A change in your services** |
|  |  |  |  |
| ☐ | **Your clinical assessment** | ☐ | **Other** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Our decision is:** |  | | |
|  | | | |
|  | | | |
| **The effective date of this decision is:** | | |  |
| **The reason for our decision is:** | |  | |
|  | | | |
|  | | | |
| **Date of Decision:** |  | | **(AN APPEAL MUST BE FILED WITHIN 60 DAYS OF THIS DATE)** |

# Your Right to Appeal:

## How to Appeal

Within 60 days of this decision, you may appeal orally by calling [local number] or [toll free number], or in writing by completing the AHCCCS Appeal or Serious Mental Illness Grievance Form, and sending it to [address]. Your appeal will begin at the RBHA. If your appeal is not resolved, you have a right to request an administrative hearing.

## Continued Benefits

If this decision concerns services you are currently receiving and if you appeal, your services will continue throughout the appeal process, unless a qualified clinician determines that the change is required to avoid a serious or immediate threat to your health or safety, or that of another person.

## 

## How To Get Help With Your Appeal:

Any adult member or member’s legal guardian may represent himself/herself, use a designated representative or legal counsel. To get help with this appeal you may contact the State Protection and Advocacy System, the Arizona Center for Disability Law, at 1-800-922-1447 in Tucson and 1-800-927-2260 in Phoenix. You may also contact the AHCCCS Office of Human Rights at (602) 364-4585 or 1-800-421-2124 in Phoenix, (928) 214-8231 or 1-877-744-2250 in Flagstaff, and (520) 770-3100 or 1-877-524-6882 in Tucson. You may also refer to your member handbook for more information about the appeals process.

|  |
| --- |
|  |
| ***Name of Individual Completing this Form*** |
| ***Signature of Individual Completing this form*** |

For translation or alternative format requests, call [insert 1-800 and local number]