

Members enrolled in the Arizona Long Term Care System (ALTCS) who are determined to have a serious mental illness (SMI) are entitled to extensive rights, including, but not limited to:

- The right to be free from mistreatment and abuse.
- The right to a written service plan that may include case management, crisis services, peer support, family support, medication, and inpatient/outpatient services.
- The right to consent or refuse treatment unless under a court order or guardianship.
- The right to review your medical records unless a physician determines it is not in your best interest.



An SMI grievance is a request to investigate whether or not a member’s rights may have been violated. Anyone can file an SMI grievance within one year from the date of the incident. Include all details such as events, names of individuals involved, titles, agencies, and dates. When describing the grievance, focus on the facts and include the solution you want.

HOW TO FILE

While grievances may be filed in writing or by phone, we recommend filing in writing. Use the SMI grievance form AHCCCS ACOM Policy 446, Attachment A. Your ALTCS health plan or behavioral health provider can provide this form. Keep a copy for your records. To file by phone, call your ALTCS health plan.

If you need help writing your grievance, contact your behavioral health provider or the AHCCCS Office of Human Rights (OHR), at 602-364-4585 (Phoenix), 520-770-3100 (Tucson) or 928-214-8231 (Flagstaff). If you need documents, such as medical records or individual service plans, to support your grievance, you have the right to request these records.

The Office of Grievance and Appeals will notify you within five days of receipt of the grievance. In most cases, an investigator from your health plan will interview everyone involved, review records, and make a decision based on the evidence. If you disagree with the decision, you have the right to appeal (with a few exceptions). If your grievance is validated, a plan will be developed to correct any violations that were found.

File your written or verbal grievance with your health plan’s Customer Service Department or Office of Grievance & Appeals as follows:

| LONG TERM CARE HEALTH PLANS (PROGRAM CONTRACTORS) | |
|--|--|
| <p>Banner – University Family Care LTC Customer Service 1-833-318-4146 www.bannerufc.com</p> | <p>Mercy Care LTC Customer Services 1-800-624-3879 www.mercycareaz.org</p> |
| <p>United Healthcare LTC Customer Service 1-800-293-3740 www.uhccommunityplan.com</p> | <p>Department of Economic Security/ Division of Developmental Disabilities (DES/DDD) Customer Service 1-844-770-9500 www.azdes.gov/ddd/</p> |

The Arizona Health Care Cost Containment System (AHCCCS) is committed to ensuring the availability of timely, quality health care. If you know of an AHCCCS member who is unable to access health services, or if you have a concern about the quality of care, please call your AHCCCS health care plan’s Member Services number. If your concern is not resolved, please call AHCCCS Clinical Resolution Unit at 602-364-4558, or 1-800-867-5308.