

AHCCCS members who have a Serious Mental Illness (SMI) designation have specific rights when it comes to behavioral health services. As stated in Arizona Administrative Code, individuals with an SMI designation have the right to:

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

When a member feels that these rights may have been violated, they can request an investigation by filing a grievance. Anyone can file an SMI grievance within one year from the date of the incident. When filing, include all details (events, names of individuals involved, titles, agencies, and dates). Describe the specific right that was violated and include the desired solution.

How To File

Grievances may be filed verbally or in writing by contacting your health plan. AHCCCS recommends filing a written SMI grievance form, available from your health plan or provider. Keep a copy for your records. To file your grievance verbally, call your health plan's Member Services department or Office of Grievance & Appeals.

If you need assistance writing your grievance, contact a behavioral health agency or the AHCCCS Office of Human Rights at 1-800-421-2142. If you need documents to support your grievance, such as medical records or individual service plans, you have the right to request these records.

If you disagree with the grievance decision, you have the right to appeal. If your grievance is substantiated, a plan will be developed to correct any violations that were found.

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.

GRIEVANCE CHECKLIST

- Step 1. File grievance**
Date Filed _____
- Step 2. Receive in writing from the health plan that the grievance was received.**
Date of Acknowledgment Letter _____
- Step 3. You will be notified that the health plan has started the investigation or has requested an extension,(unless the grievance is dismissed or resolved).**
Date received _____
- Step 4. Health plan investigator assigned and interview/appointment with the filer will be scheduled (an extension can be requested).**
Date investigator assigned in applicable _____
Date of interview if applicable _____
- Step 5. Health plan contacts the person who filed the grievance to confirm information and request additional information if needed.**
Date _____
- Step 6. Grievance investigation completed and notified in writing of the outcome.**
Date of Resolution Letter _____