



# Appeal Rights for Title 19/AHCCCS Children’s Behavioral Health Services

## A Self-Advocacy Guide

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Federal and state law can change at any time. If there is any question about the continued validity of any information in the handbook, contact the Arizona Center for Disability Law or an attorney in your community.

The purpose of this guide is to provide general information to individuals regarding their rights and protections under the law. It is not intended as a substitute for legal advice. You may wish to contact the Arizona Center for Disability Law or consult with a lawyer in your community if you require further information.

**Any questions or requests for legal assistance should be directed to the Phoenix office of the Arizona Center for Disability Law.**

This guide is available in alternative formats upon request.

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# I. THE APPEALS PROCESS

AHCCCS (Arizona Health Care Cost Containment System) is Arizona’s public health care (Medicaid) program. Most children who are on AHCCCS and who need behavioral health services are enrolled with a Regional Behavioral Health Authority (RBHA) or a Tribal RBHA (TRBHA). The term T/RBHA is used to refer to RBHAs and TRBHAs.

The T/RBHAs for the different regions of Arizona are:

- Magellan Health Services of Arizona (Magellan),
- Community Partnership for Southern Arizona (CPSA),
- Cenpatico Behavioral Health of Arizona (Cenpatico),
- Northern Arizona RBHA (NARBHA),
- Gila River RBHA (GRRBHA),
- Navajo Nation Department of Behavioral Health Services,
- Pascua Yaqui Tribe of Arizona, and
- White Mountain Apache Tribe (WMARBHA).

The Division of Behavioral Health Services (DBHS) and the AHCCCS Administration oversee the T/RBHAs. Each T/RBHA contracts with mental health provider networks that provide direct services to children and their families.

This guide gives you information about what you can do if your child is enrolled with AHCCCS and your child’s mental health provider says “no” to a request for services or stops providing a service that your child had been receiving.

## **1. Ask in Writing for the Services Your Child Needs and Use the Child and Family Team (CFT) Process**

The first step is to ask your child’s mental health provider to include all the services your child needs in your child’s Behavioral Health Service Plan.

Your child should have a Child and Family Team (CFT). The CFT is responsible for developing an appropriate service plan for your child. Parents are a key part of the CFT. Decisions regarding your child’s care should not be made outside of CFT meetings and should not be made without your involvement. You can request a CFT meeting to discuss your child’s needs and to request services.

AHCCCS, DBHS, the T/RBHAs, and the mental health providers are obligated to follow the Arizona Vision for Children and the 12 Principles of Children’s Health when providing services to your child. (See the DBHS website at <http://www.azdhs.gov/bhs/principles.pdf>). These principles include the need for providers to collaborate with children and their families, to provide accessible services that are tailored to individual families and children, to use best practices, to provide services in the most appropriate and most integrated, family-like setting possible, and to respect every family’s cultural and traditional heritage.

As part of the Arizona Vision, you have rights in the CFT process. For more information about how CFT's are supposed to work, you can read DBHS's protocol titled "The Child and Family Team" (<http://www.azdhs.gov/bhs/guidance/cft.pdf>).

Before a CFT meeting, it is often a good idea to write a letter to the CFT members stating the services you would like to see included in the plan. If there is a doctor or mental health professional involved who supports your child's need for a particular service, it would be helpful to have the professional request the service in writing. Be sure the professional gives you a copy of any written request for services.

If the CFT members do not agree to include a behavioral health service in your child's plan even though you think it is necessary, you should check the box at the bottom of the Behavioral Health Service Plan to show that you do not agree with all or part of the plan as it is written. Write a note on the plan that team members are signing that explains: (1) what part of the plan you do not agree with or what service you requested that was not included, and (2) what part(s) of the plan you are accepting. You can accept some or all listed services and still appeal the denial of other services not included in the plan. Keep a copy of the Behavioral Health Service Plan and any letters you send to the provider and/or CFT members. [You can review a blank Behavioral Health Service Plan form at pages 28 and 29 of the service planning document on DBHS' website ([www.azdhs.gov/bhs/provider/forms/pm3-9-1.pdf](http://www.azdhs.gov/bhs/provider/forms/pm3-9-1.pdf)).]

**Note:** Even if you write on the Behavioral Health Service Plan that you do not agree with the plan, you still need to file an appeal to start the appeal process and protect your child's rights. The steps for filing an appeal are explained below.

## **2. What kinds of decisions about your child's behavioral health services can you appeal?**

You have a right to appeal a decision about your child's behavioral health services when one of the following has happened:

- Your child is denied a behavioral health service;
- There are unreasonable delays in getting services;
- You disagree with a decision made by the provider or T/RBHA about services; or
- You disagree with changes in your child's services.

## **3. You Have a Right to be Notified if the Provider Changes Your Child's Mental Health Services or Denies a Request for Services.**

You have a right to written notice when the provider or T/RBHA changes behavioral health services for your child or denies a request for services for your child.

#### **(A) Advance Written Notice of a Change in Services**

Notice of a change in services must describe the change, the date of the change, the reasons for the change, and the law that supports the decision to change services. The provider or RBHA must give you written notice 10 days before the change with a few limited exceptions.

The main exception to the 10-day advance notice is when your child's doctor ordered the change in mental health services. In that case, you can get written notice as late as the day of the change.

#### **(B) Written Notice of a Denial of a Request for Services**

Your child's mental health provider is also required to provide you with a written Notice of Action within 14 days of receiving a request for services from you for services that your child is not yet receiving. The Notice of Action should tell you whether the provider said "yes" or "no" to the service. If the answer is "no," the Notice of Action should state the reason for the denial. The Notice of Action should also explain your right to appeal and how long you have to appeal.

If the provider or RBHA does not mail you a Notice of Action within 14 days after you request a service, you can consider your request to have been denied. You can then file an appeal.

Decisions to reduce or terminate services or to deny a request for services are **not valid** if the provider failed to give you the required written notice. You can make the provider's failure to give you notice one of the issues in an appeal.

#### **4. If You Want Your Child's Services To Continue During the Appeal, You Must File Your Appeal Within 10 Days and Specifically Request that the Services Continue During the Appeal.**

Your child is entitled to have a service that he or she had been receiving continue during the appeal **if:** (a) you file your appeal on or before the later of the following: **within ten (10) days** after the mental health provider, RBHA, or for TRBHA members, DBHS mails the notification of a change in services or the effective date of the action you are appealing; and (b) you request in writing that the services continue during the appeal.

The exception is that your child's services will not continue during the appeal if your child's doctor ordered the change or termination of the services. When your child's doctor ordered the change, you can still appeal, but the services will not continue during the appeals process. If you win your appeal, the services can be reinstated.

## **5. How to File an Appeal:**

If your child is enrolled with a RBHA (that is, Magellan, CPSA, Cenpatico, or NARBHA), then you should file your appeal with the RBHA Appeals Coordinator. If your child is enrolled with a TRBHA (that is, GRRBHA, the Navajo Nation Department of Behavioral Health Services, the Pascua Yaqui Tribe of Arizona, or the White Mountain Apache RBHA), then you should file your appeal with the Office of Grievance and Appeals at DBHS. Addresses for the RBHA Appeals Coordinators and for DBHS are listed at the back of this guide (see Section III below). You can appeal in writing or orally but it is best to file in writing. You can use the Appeal Form at the end of this guide. The RBHA (or DBHS for TRBHA members) has an obligation to help you file an appeal. If you do file an appeal orally, we recommend that you follow up with a letter referencing the date that you orally filed an appeal.

Be sure to keep copies of what you file with the RBHA and/or DBHS. It is best to mail your appeal with a return receipt requested so you have proof of when the RBHA and/or DBHS received it. You can also deliver it in person and ask the RBHA staff to date-stamp your copy.

### **All your appeal needs to contain is:**

- Your child's name, address, and telephone number;
- The name, address, and telephone number of the person appealing (you or your designated representative);
- The reason for the appeal;
- The decision being appealed; and,
- The desired solution.

You can also state that you are appealing the violation of your right to notice if the provider failed to give you (a) the proper written notice that it was denying your request for a service, or (b) the proper advance written notice that it was ending a service your child had been receiving.

## **6. Appeal Options:**

You may file an appeal using one of the following options:

- **AHCCCS Appeal (Most Common):**  
File a written or oral appeal with the RBHA (or for TRBHA members, with DBHS). In order to have the services at issue continued during the appeals process, you must file the appeal within 10 days after the mental health provider or RBHA mails the notification of a change in services (or, if it is later, on or before the effective date of the action you are appealing) and you must specifically request that the services be continued during the appeals process. If you do not want services to continue while the appeal is pending you have 60 days to file the appeal.
- **Expedited AHCCCS Appeal (Faster Appeal for Emergencies):**  
You can request an expedited appeal. The RBHA (or for TRBHA members, DBHS) is

required to conduct an expedited appeal if they are provided with documentation showing that taking the standard time for an appeal could put your child's health or ability to function in jeopardy.

- **DBHS SMI Appeal:**

For individual clients 18 years of age and over you may also be able to file an appeal with the Division of Behavioral Health Services (DBHS) under the rules for the state system for adults with a serious mental illness (SMI). Providers should make arrangements before children reach the age of 18 to determine whether the child has a serious mental illness. An adult enrolled in AHCCCS who is also designated as having an SMI may choose to file an appeal either under the AHCCCS appeals process or under DBHS's appeals process for individuals with SMI. You would file either type of appeal with the RBHA (or for TRBHA members, with DBHS). If you have a preference, you should specify which appeals process you are selecting. SMI appeals are reviewed by DBHS. AHCCCS appeals are reviewed by the AHCCCS Administration. Somewhat different procedures and timeframes apply to the two appeals processes. One main difference is that you need to request that services continue within 10 days in the AHCCCS appeals process but in the DBHS appeals process for adults with SMI the rule is that most current services should automatically continue during the appeal. You can also ask to have an SMI appeal expedited.

## **7. What is the deadline for filing an appeal?**

If you want to keep the services unchanged, you must file your appeal with the RBHA (or, if your child is enrolled with a TRBHA then with DBHS) on or before the later of the following: (a) within **10 days** after the date that the provider mails a notice of changes in services, or (b) the effective date of the action that is indicated in the Notice of Action. Also, you must specifically request that the services continue. The appeal is considered "filed" on the day the RBHA (or, for TRBHA members, DBHS) receives it. If the services are changed without notice to you and you want to reinstate them, file as soon as you learn of the change. The latest date to file an appeal is **60 days** after the effective date of the decision or action that you disagree with, but if you wait more than 10 days, your child's service will be stopped or changed.

If your child's doctor ordered the change in services, you generally will not be able to have the services continue during the appeal.

## **8. Who can appeal on behalf of a child who's eligible for Title 19/AHCCCS mental health services?**

- The child's legal guardian or parent, or the parent's/guardian's designated representative, for a child under 18;
- The child's court appointed guardian *ad litem* or attorney for a child under 18;
- The state or governmental agency that has legal custody of a child under 18;

- People who are over eighteen can file their own appeal or designate a representative to file it for them.

**9. Can you be asked to pay for services that your child gets during the appeals process if you lose the appeal?**

If you lose your appeal and the judge decides the services were not necessary, the provider or T/RBHA can ask you to pay for the cost of services provided during the appeal period. If you are the parent, you are personally financially responsible for your child's bills. If you are the child's legal guardian (i.e. court appointed), you are not personally financially responsible for your ward's bills. However, the provider or T/RBHA rarely ever requests repayment.

**10. You have the right to have an advocate during the appeal.**

You have the right to have an advocate, an attorney, or someone else that you designate, help you with your appeal. You bear the cost if the advocate charges a fee for his or her services. You can also do the appeal on your own. The T/RBHA may have an attorney represent them at the hearing.

**11. Where can you go for help with your appeal?**

**MIKID (Mentally Ill Kids in Distress)**

1-800-35-MIKID (statewide number)

Statewide advocacy agency that provides advice and assistance on children's mental health issues.

**Community Legal Services**

-- Maricopa County

P.O. Box 21538

Phoenix, AZ 85036-1538

Phone: (602) 258-3434 / 1-800-852-9075

--La Paz & Yuma Counties

201 S. 1<sup>st</sup> Ave.

Yuma, AZ 85364-2250

Phone: (928) 782-7511 / 1-800-424-7962

--Mohave County

1720 Beverly, Ste. A

Kingman, AZ 86409

Phone: (928) 681-1177 / 1-800-255-9031

--Yavapai County

401 N. Mt. Vernon

Prescott, AZ 86301

Phone: (928) 445-9240 / 1-800-233-5114

## **The Arizona Center for Disability Law**

Contact the Phoenix office at 1-800-927-2260 or (602) 274-6287 to request assistance and begin the intake process. Due to limited resources, the ACDL is not able to represent every caller.

You can also request assistance with filing an appeal from the RBHA's Office of Grievance and Appeals, from the RBHA's Member Services Department, and (if the child is enrolled with a TRBHA, from the Office of Grievance and Appeals at DBHS). See the list of RBHA and DBHS contacts at the end of this guide.

If you have questions regarding situations involving one of the TRBHAs, you may also want to contact the Protection & Advocacy Center that specializes in assisting Native Americans with disability-related issues.

Native American Disability Law Center  
3535 E. 30<sup>th</sup> St., Ste. 201  
Farmington, NM 87402  
Phone: (505) 566-5880 or 1-800-862-7271

## **12. The Time the RBHA or DBHS Has to Issue a Decision Resolving the Appeal**

For a standard (not expedited) AHCCCS appeal, the RBHA or DBHS must mail a written Notice of Appeal Resolution to you within 30 days from the date it received the appeal. This time-frame can be extended an additional 14 days. Some RBHAs will contact you to arrange an informal conference before issuing a decision.

For an expedited AHCCCS appeal, the RBHA or DBHS must mail a written Notice of Appeal Resolution to you within 3 working days after receiving the expedited appeal. This time-frame could be extended for an additional 14 days under certain circumstances.

For an SMI appeal through DBHS (only for clients 18 years and over), the process and timing are slightly different. Within 7 days after receiving your written appeal, the RBHA will arrange an informal conference with you, your designated representative, the case manager and representatives of the clinical team, and a representative of the service provider, if appropriate. You also have the option of a second informal conference facilitated by DBHS. You can refer to the RBHA's Provider Manual for the time-frames that apply to an SMI appeal.

Appeals can be resolved earlier if you reach an agreement before the RBHA or DBHS issues a decision.

### **13. You Can Request a State Fair Hearing if You Disagree with the RBHA's Decision.**

If you disagree with the decision of the RBHA (or DBHS for TRBHA members), you can request a State Fair Hearing by sending a letter to the RBHA's Appeals Coordinator **within 30 days** from the date you received the RBHA's Notice of Appeal Resolution. If your child is enrolled with a TRBHA, you would request a hearing by sending a letter to DBHS. After you request a fair hearing, AHCCCS will mail you a "Notice of Fair Hearing." The hearing should take place within 20-40 days. (In the SMI Appeals Process, you can request a fair hearing after the informal conference held by the RBHA or after a second informal conference held by DBHS.)

**If you want services to continue while you wait for the hearing, make sure you ask for that in your letter requesting the hearing.**

If you filed an expedited appeal, you can request an expedited State Fair Hearing. Again, the appeal may be resolved before the hearing if you reach an agreement with the T/RBHA and/or provider.

### **14. What happens at the administrative hearing?**

The "Notice of Fair Hearing" from AHCCCS will tell you the date, time, and place of the hearing. You must appear at the hearing in person (or you can request to appear by telephone). The hearing to challenge the decision of the RBHA (or DBHS) takes place at the Office of Administrative Hearings (OAH). An administrative law judge, who does not work for the T/RBHA, AHCCCS, or DBHS holds a hearing at which both sides can present proof in their cases. The proof can be in the form of written records, other documents, and the testimony of witnesses who know the facts of your child's case.

Prior to the hearing, you can request copies of your child's records from his or her mental health providers, the T/RBHA, and from DBHS. You can also review the file at the Office of Administrative Hearings. Your evidence has to be stronger than the T/RBHA's in order for you to win the appeal.

For more information about preparing for the hearing, go to the ACDL's website ([www.azdisabilitylaw.org](http://www.azdisabilitylaw.org)) and read the Health Care Self-Advocacy Guide titled, "How to Represent Yourself at an Administrative Hearing." You can also visit the website of the Office of Administrative Hearings at [www.azoah.com](http://www.azoah.com).

### **15. The Hearing Decision**

After the hearing, the administrative law judge will write a recommended decision. If you filed an AHCCCS appeal, the administrative law judge will make a recommendation to the AHCCCS Director about how to resolve your appeal. The AHCCCS Director can agree or disagree with all or part of the administrative law judge's recommendations.

Within 30 days of the Judge’s decision, you will receive a final decision from AHCCCS that states whether the mental health provider will have to provide the service. If AHCCCS says the provider can still deny the service, the letter will tell you about your right to go to Superior Court for further review. If you filed an SMI appeal with DBHS, you will receive a final decision from DBHS. That decision letter will also tell you about your right to go to Superior Court for further review.

## **II. HELPFUL SOURCES OF INFORMATION: LAWS, REGULATIONS, AND POLICIES**

As described above in Section 5, you only need to include basic information in your appeal. You do **not** need to mention any laws, regulations, or policies. If you like, you can skip this section of the self-advocacy guide. However, for those of you who would like to look at some of the applicable laws, regulations, and policies for yourselves, below you will find a description of some of the applicable legal sources and some links to those sources.

Please understand that this information is very general, is not a substitute for legal assistance, and does not explain how to apply the law to the facts of particular situations.

### **A. AHCCCS-eligible Children Have a Right to Medically Necessary Behavioral Health Services**

Generally, children who are eligible for AHCCCS have special rights under the federal Medicaid program. Early Periodic Screening, Diagnosis, and Treatment Services (EPSDT) is a federal mandate for children under 21 years of age to receive all Medicaid-covered services that are medically necessary to treat their conditions, even if those services are not actually listed in the state plan.

You can find links to the federal statutes and regulations that govern Medicaid programs and appeal processes, the state statutes and regulations, and Arizona’s State Plan for AHCCCS at the AHCCCS website (<http://www.ahcccs.state.az.us/Regulations/LawsRegulations/>).

For more information about EPSDT services and developments in the law, you can visit the websites of the National Health Law Program ([www.healthlaw.org/library/folder.104986-Childrens\\_Health](http://www.healthlaw.org/library/folder.104986-Childrens_Health)) and The Bazelon Center for Mental Health Law ([www.bazelon.org](http://www.bazelon.org)).

## **B. AHCCCS, DBHS, the T/RBHAs, and the Providers Have Obligations Under the J.K. v. Eden Settlement Agreement**

In 2001, AHCCCS and ADHS/DBHS entered a Settlement Agreement with the Arizona Center for Disability Law and the Arizona Center for Law in the Public Interest about the provision of behavioral health services to AHCCCS-eligible children. The term of the Settlement Agreement has been extended until 2011. You can read the Settlement Agreement and related documents on the DBHS website at <http://www.azdhs.gov/bhs/jk.htm>.

Any appeal you file will not be a part of the J.K. lawsuit. However, you can use the 12 Principles for Children's Health (<http://www.azdhs.gov/bhs/principles.pdf>) and the other J.K. documents in your appeal to show that the provider did not meet its obligations when it denied or terminated services for your child.

## **C. Arizona's Regulations that Govern Administrative Appeals**

The state regulations that govern the administrative appeals processes are contained in the Arizona Administrative Code (A.A.C.). These regulations contain important information such as what constitutes an action that can be appealed, the time-frames and deadlines in the appeals process, the required content of Notices of Action, and a parent's right to review documents during the appeal process.

- The AHCCCS Appeal Rules are in Title 9, Chapter 34, Article 2 of the A.A.C. You can find them online at [http://www.azsos.gov/PUBLIC\\_SERVICES/Title\\_09/9-34.htm](http://www.azsos.gov/PUBLIC_SERVICES/Title_09/9-34.htm).
- The DBHS Appeal Rules for Individuals with SMI are in Title 9, Chapter 21, Article 4 of the A.A.C. at [http://www.azsos.gov/PUBLIC\\_SERVICES/Title\\_09/9-21.htm](http://www.azsos.gov/PUBLIC_SERVICES/Title_09/9-21.htm).

## **D. Policies, Procedures, and Protocols**

The RBHAs, the GRRBHA, and the WMARBHA have their Member Handbooks and Provider Manuals on their websites. These handbooks and manuals explain the appeals process and how to get services in a way that is easier to understand than the regulations.

The Division of Behavioral Health Services (DBHS) has a website (<http://www.azdhs.gov/bhs/>) that contains a lot of helpful information. From the main page of the DBHS website, you can click on the link titled "For Providers" (<http://www.azdhs.gov/bhs/4providers.htm>) to access many useful documents such as:

- The **Provider Manual** for each RBHA (<http://www.azdhs.gov/bhs/provider/index.htm>);
- The **Policies and Procedures Manual** for DBHS (<http://www.azdhs.gov/bhs/policy.htm>); and
- The **Covered Services Guide** for DBHS (<http://www.azdhs.gov/bhs/covserv.htm>) which provides definitions of the behavioral health services that DBHS covers.
- You can also look up covered services in the **AHCCCS Behavioral Health Covered Services Guide** on the AHCCCS website (<http://www.ahcccs.state.az.us/Publications/GuidesManuals/BehavioralHealth/index.asp>).

The Clinical Guidance Documents (<http://www.azdhs.gov/bhs/guidance/guidance.htm>) published by DBHS contain specific protocols that T/RBHAs and mental health providers *must* follow with regard to a number of topics, including the following:

- The Child and Family Team
- Neuropsychological Evaluations
- Assessing Suicidal Risk
- The Unique Behavioral Health Service Needs of Children, Youth, and Families Involved with CPS
- Psychotropic Medication Use in Children, Adolescents and Young Adults
- Informed Consent for Psychotropic Medication Treatment
- Disturbances and Disorders of Attachment
- Out of Home Services
- Home Care Training to Home Care Client Services for Children
- The Child and Family Team Process
- Pervasive Developmental Disorders and Developmental Disabilities
- Children and Adolescents Who Act Out Sexually
- Providing Services to Children in Detention
- Substance Abuse Treatment in Children
- Transitioning to Adult Services
- Attention Deficit Hyperactivity Disorder

### III. RBHA APPEALS COORDINATORS

Office of Grievance and Appeals  
 Magellan Health Services of Arizona  
 P.O. Box 68110  
 Phoenix, AZ 85082-8110  
 Phone: 1-800-564-5465 (Member Services)  
 TTY: 1-800-424-9831  
 Fax: 1-800-424-4258  
 Website: [www.magellanofaz.com](http://www.magellanofaz.com)

Office of Grievance and Appeals  
Community Partnership of Southern Arizona (CPSA)  
535 N. Wilmot Rd., Suite 201  
Tucson, AZ 85711  
Phone: (520) 325-4268 For Member Services: (520) 318-6946 or 1-800-771-9889  
TTY: 1-866-318-6960  
Fax: (520) 318-6939  
Website: w3.cpsa-rbha.org

Grievance and Appeals Administrator  
Cenpatico Behavioral Health of Arizona  
1501 W. Fountainhead Corporate Park, Suite 295  
Tempe, AZ 85282  
Phone: 1-866-495-6738  
TDD/TTY: 1-877-613-2070  
Fax: 1-866-687-0559  
Website: www.cenpaticoaz.com

Office of Grievance and Appeals  
Northern Arizona Regional Behavioral Health Authority (NARBHA)  
1300 S. Yale Street  
Flagstaff, AZ 86001  
Phone: (928) 774-7128 or 1-800-640-2123 (Member Services)  
TTY (Arizona Relay Service): 1-800-367-8939  
Fax: (928) 774-5665  
Website: www.narbha.org

## **TRIBAL RHBA CONTACT INFORMATION**

### **IMPORTANT:**

Appeals for children enrolled with the Tribal RBHAs (not the RBHAs listed above) should be filed directly with the:

Office of Grievance and Appeals  
Division of Behavioral Health Services  
150 N. 18<sup>th</sup> Ave., 2<sup>nd</sup> Floor  
Phoenix, AZ 85007  
Phone: (602) 364-4575 or 1-800-421-2124  
TTY (Arizona Relay Service) 1-800-367-8939  
Fax: (602) 364-4591

You can call the Office of Grievance and Appeals of DBHS for assistance with filing an appeal. The following addresses of the TRBHAs are listed for your information but *not* as the locations to send appeals. You can send the TRBHA a *copy* of your appeal.

Director  
Gila River Regional Behavioral Health Authority  
Hu Hu Kam Memorial Hospital  
P.O. Box 38  
Sacaton, AZ 85247  
Phone: 1-888-484-8526  
Website: [www.gilariverrbha.org](http://www.gilariverrbha.org)

Navajo Nation Department of Behavioral Health Services  
P.O. Drawer 709  
Window Rock, AZ 86515  
Phone: (928) 871-6235  
Website: [www.navajo.org](http://www.navajo.org)

Pascua Yaqui Tribe of Arizona/Social Sys.  
7474 S. Camino De Oeste  
Tucson, AZ 85757  
Phone: (520) 879-6060 or (520) 883-5020 ext. 6060  
Website: [www.pascuayaqui-nsn.gov/departments/healthservices](http://www.pascuayaqui-nsn.gov/departments/healthservices)

White Mountain Apache Regional Behavioral Health Authority  
Apache Behavioral Health Services  
P.O. Box 1089  
249 W. Ponderosa Drive  
Whiteriver, AZ 85941  
Phone: (928) 338-4811  
Website: [www.wmabhs.org](http://www.wmabhs.org)

**OTHER NATIVE AMERICAN NATIONS THAT RECEIVE FUNDING  
FROM DBHS TO PROVIDE BEHAVIORAL HEALTH  
SERVICES BUT ARE NOT TRBHAs**

Colorado River Indian Tribes  
Behavioral Health Services  
Rt. 1, Box 23-B  
Parker, AZ 85344  
Phone: (928) 669-3256  
Fax: (928) 669-3252

Tohono O'odham Nation/Behavioral Health  
P.O. Box 837  
Sells, AZ 85634  
Phone (520) 383-6165  
Fax: (520) 295-2570  
Website: [www.tonation-nsn.gov](http://www.tonation-nsn.gov)

## **OTHER IMPORTANT ADDRESSES**

Arizona Department of Health Services  
Division of Behavioral Health Services  
150 N. 18th Ave, 2nd-floor  
Phoenix, AZ 85007  
Phone: (602) 364-4558  
Fax: (602) 364-4570

Centers for Medicare and Medicaid Services  
CMS – Region 9  
90 Seventh Street, Suite 5-300 (5W)  
San Francisco, CA 94103-6706  
Phone: (415) 744-3501  
Fax: (415) 744-3517

Arizona Health Care Cost Containment  
System (AHCCCS)  
Administration  
801 E. Jefferson  
Phoenix, AZ 85034  
Telephone (602) 417-4000  
Fax: (602) 252-6536

Grievance and  
Appeal Coordinator  
Arizona State Hospital  
2500 E. Van Buren  
Phoenix, AZ 85008  
Phone: (602) 244-1331  
Fax: (602) 220-6355

# Member Request to File an AHCCCS Appeal

## AHCCCS Member Information:

Member Name: \_\_\_\_\_ AHCCCS ID #: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ T/RBHA: \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone: \_\_\_\_\_

## Information about Person Filing Appeal (if different from above):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to Member:  Parent  Guardian

City, State, Zip \_\_\_\_\_  Other \_\_\_\_\_

## Information about Appeal:

I am requesting an appeal of my behavioral health care provider's decision to:

Behavioral Health Provider: \_\_\_\_\_ Date of Provider Decision: \_\_\_\_\_

Deny or limit a request for a new service, including limiting type and scope of service

Reduce, suspend, or terminate an existing / current service

Failure to provide an approved service in a timely way

Other \_\_\_\_\_

I am appealing this decision because:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (Please use back of form or attach additional sheets if you need more room.)

## Continuation of Services During Appeal

I would like my services continued during the appeal:  Yes  No

\*\*To continue services, appeal must be (1) filed within 10 days of decision & (2) involve existing or current services

## Expedited Appeal

I am requesting an expedited appeal:  Yes  No

\*\*RBHA must expedite the appeal & issue a decision in 3 working days if it is determined that the time of a regular appeal could seriously jeopardize the member's life or health or ability to attain, maintain, or regain maximum function.

Recommended: provide supporting documentation from member's doctor about need for expedited appeal.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

AHCCCS Member  Guardian  Parent  Other \_\_\_\_\_

\*\*If form is signed by someone other than member or parent of child under 18, please attach your written authority to act on behalf of the member (i.e. Letters of Guardianship, Designation of Representative).

**Appeal Filed with:** Grievance and Appeals Coordinator

RBHA (for TRBHA Members, file appeal with DBHS): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**Appeal Filed by:**  Certified Mail or fax (NO. \_\_\_\_\_) (recommended)

US Mail  Hand Delivered

**Make sure to keep a copy of this completed form for your records!**