

**Arizona Department of Health Services**  
**Division of Behavioral Health Services**  
**PROVIDER MANUAL**  
***Magellan Health Services of Arizona Edition***

**Section 5.2**      **Member Complaints**

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**5.2.1      Introduction**

A complaint is defined as an expression of dissatisfaction with any aspect of member care, other than an action (see definition for “action”). Issues involving an action are subject to appeal, see [Section 5.1, Notice Requirements and Appeal Process for Title XIX and Title XXI Eligible Persons](#). For persons determined to have a Serious Mental Illness (SMI), appealing a decision regarding SMI eligibility, or Non-TXIX/XXI behavioral health recipients appealing the need for a covered service, see [Section 5.5 Notice and Appeal Requirements \(SMI and Non-SMI/Non-Title XIX/XXI\)](#). Possible subjects for complaints include, but are not limited to, the quality of care or services provided, and aspects of interpersonal relationships such as rudeness of a provider or employee or failure to respect the enrollee’s rights.

For allegations of rights violations involving persons determined to have a Serious Mental Illness see [PM 5.3 Grievance and Requests for Investigation for Persons Determined to have a Serious Mental Illness](#). While any behavioral health recipient can file a complaint, the SMI grievance/request for investigation process is available only to persons determined to have a Serious Mental Illness.

All persons enrolled in, or seeking services from, the ADHS/DBHS behavioral health system have access to the same complaint process for expressions of dissatisfaction with any aspect of their care. Persons seeking or receiving behavioral health services are encouraged to resolve issues at the lowest possible level, but are not required to do so before utilizing T/RBHA complaint, SMI grievance, and appeal processes. Issues that are handled through the complaint resolution process may still be managed through applicable grievance and appeal processes in the event they remain unresolved.

The intent of this section is to present information for behavioral health providers describing the member complaint process. Although the T/RBHAs are directly responsible for processing all member complaints, it is important for behavioral health providers to understand how a complaint can be filed, reviewed and resolved to the satisfaction of the behavioral health recipient. Behavioral health providers’ responsibilities include educating persons about the complaint, appeal, and SMI grievance processes and assisting persons to negotiate the necessary steps to make a complaint.

**5.2.2      References**

The following citations can serve as additional resources for this content area:

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[42 CFR 431.200 et seq.](#)

[42 CFR 438.210](#)

[42 CFR 438.400 et seq.](#)

[A.R.S. 12-2297](#)

[9 A.A.C. 21](#)

[A.A.C. R9-21-402 \(B\)](#)

[A.A.C. R9-21-403 \(C\)](#)

[9 A.A.C. 34, Article 2](#)

[AHCCCS/ADHS Contract](#)

[ADHS/RBHA Contracts](#)

[ADHS/TRBHA IGAs](#)

[Section 3.14, Securing Services and Prior Authorization](#)

[Section 3.6, Member Handbooks](#)

[Section 4.1, Disclosure of Behavioral Health Information](#)

[Section 5.1, Notice Requirements and Appeal Process for Title XIX and Title XXI Eligible Persons](#)

[Section 5.3, Grievance and Requests for Investigation for Persons Determined to have a Serious Mental Illness \(SMI\)](#)

### **5.2.3 Scope**

#### **To whom does this apply?**

This applies to all persons who are:

- Seeking behavioral health services through the ADHS/DBHS behavioral health system; or
- Enrolled with the ADHS/DBHS behavioral health system.

### **5.2.4 Did you know...?**

- All T/RBHAs are required to staff a customer services manager who is responsible for coordinating communications with eligible and enrolled persons and acts as, or coordinates with advocates, behavioral health providers, internal staff resources and others to resolve issues.
- The T/RBHA complaint process must:
  - Educate and notify persons about their rights and the process for filing complaints, appeals and SMI grievances/investigations in a manner that is understandable, including providing interpreter services and toll-free numbers that have adequate TTY/TTD and interpreter capability;
  - Handle any complaints which involve potential fraud or abuse in accordance with applicable agency reporting requirements;
  - Promptly identify and resolve complaints in the most expeditious and equitable manner with due regard for the dignity and rights of all persons;
  - Maintain confidentiality and privacy of complaint matters and records at all times;

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- Communicate, as appropriate, information on matters and decisions related to the complaint to affected parties, in a timely manner;
- Involve the active cooperation and participation, as deemed appropriate, of providers with a direct interest in the matter under review;
- Provide education and training to T/RBHA and provider staff regarding member rights and the complaint process, including the obligation to report suspected right's violations of persons determined to have a Serious Mental Illness pursuant to 9 A.A.C., 21-403(C); and
- Track the types and volume of complaints, regardless of whom within the organization receives the complaint or whether the complaint is received orally or in writing, in order to identify potential deficiencies in the delivery system for which corrective action plans can be developed;
- Refrain from referring complainants to AHCCCS Administration for issues related to the behavioral health delivery system.

### **5.2.5 Definitions**

**Action** - The denial or limited authorization of a requested service, including the type or level of service;

- The reduction, suspension or termination of a previously authorized service;
- The denial, in whole or in part, of payment of services;
- The failure to provide services in a timely manner;
- The failure to act within established timeframes for resolving an appeal or complaint and providing notice to affected parties; and
- The denial of the Title XIX/XXI eligible person's request to obtain services outside the network

**Appeal** - A request for review of an action, and for a person determined to have a serious mental illness, an adverse decision by a T/RBHA or ADHS/DBHS.

**Behavioral Health Professional** - An individual who meets the applicable requirements in A.A.C. R9-20-204 and is a:

- a. Psychiatrist
- b. Behavioral health medical practitioner
- c. Psychologist
- d. Social Worker
- e. Counselor
- f. Marriage and family therapist
- g. Substance abuse counselor, or
- h. Registered nurse with at least one year of full-time behavioral health work

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- experience and
- I. Meets the requirements of 9 A.A.C. 20.

**Complaint** - An expression of dissatisfaction with any aspect of care other than the appeal of an action for Title XIX/XXI behavioral health recipients. Complaints include, but are not limited to; concerns about the quality of care or services provided, aspects of interpersonal relationships with behavioral health service providers; and lack of respect for behavioral health recipients' rights.

**Grievance or Request for Investigation** - For purposes of this section a complaint that is filed by a person with SMI or other concerned person's regarding a violation of the person with SMI's rights or a condition requiring an investigation.

**Serious Mental Illness (SMI)** - A condition of persons who are eighteen years of age or older and who, as a result of a mental disorder as defined in A.R.S. 36-501, exhibit emotional or behavioral functioning which is so impaired as to interfere substantially with their capacity to remain in the community without supportive treatment or services of a long-term or indefinite duration. In these persons mental disability is severe and persistent, resulting in a long-term limitation of their functional capacities for primary activities of daily living such as interpersonal relationships, homemaking, self-care, employment and recreation.

### **5.2.6 Objectives**

To ensure that all persons seeking or receiving behavioral health services have access to a complaint process that fairly and efficiently resolves identified issues in a timely manner.

### **5.2.7 Procedures**

#### **5.2.7-A. Complaint process**

##### Who can file a complaint?

- A complaint may be filed by persons enrolled in or seeking services through the ADHS/DBHS behavioral health system, a person's family member, legal guardian, or authorized representative, and/or a behavioral health provider.
- Complaints may be filed orally or in writing.

##### Where must complaints be directed?

Each T/RBHA is directly responsible for the complaint process and may not delegate this function to a behavioral health provider.

Complaints may be filed directly with the person's respective T/RBHA, as identified below, or initiated with the ADHS/DBHS Customer Service Unit at (602) 364-4558.

- For oral complaints: Call Magellan at this toll free telephone number 800-564-5465. The TTY/TDD number is 602-914-5809.

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To submit a written complaint: Mail the complaint to Magellan at Magellan Health Services of Arizona

Attention: QI Dept/Complaints  
P.O. Box 68110  
Phoenix, AZ 85085-8110

All complaints must be acknowledged. Complaints filed orally shall be considered acknowledged at the time of filing. Written complaints must be acknowledged to the complainant within 5 working days of receipt by the T/RBHA.

How long does the T/RBHA have to resolve a complaint?

T/RBHAs are required to dispose of each complaint and provide oral or written notice as expeditiously as the issue or behavioral health condition requires, however, within a timeframe that does not exceed 90 days from the day the T/RBHA receives the complaint.

Who makes decisions regarding a complaint?

The T/RBHA must ensure that the individuals who make decisions regarding complaints are not involved in any previous level of review or decision-making. Individuals must be behavioral health professionals (see definition) with the appropriate clinical expertise in treating the behavioral health recipient's behavioral health condition when making a decision regarding:

- A complaint related to the denial of expedited resolution of an appeal; or
- Complaints involving clinical issues.

What needs to be in the complaint record?

- At a minimum, the complaint record must include the following documentation:
  - The date the complaint was made,
  - The behavioral health recipient's first and last name,
  - Title XIX/XXI eligibility status,
  - The behavioral health enrollment category: SMI, GMH, Child/Adolescent, Substance Abuse treatment, not enrolled,
  - The name of the person making the complaint,
  - A description of the complaint,
  - Any identified communication needs,
  - That the complaint was acknowledged to the originator of the concern and when,
  - All steps utilized during the investigation of the complaint and of the resolution,
  - Steps taken to assist in ensuring immediate health care needs are met,
  - That the resolution was communicated to affected parties, in accordance with confidentiality requirements, and when,
  - Implemented corrective action plan(s) or action(s) taken to resolve the concern(s),
  - Supporting evidence that the resolution was implemented,
  - Evidence that identified issues were referred, as indicated, to the appropriate committees, departments, and regulatory agencies.

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Complaint records must be maintained for a minimum of six years from the date of resolution or disposition.

What if the complainant is not satisfied with the resolution to the complaint?

The T/RBHA will notify the complainant of further alternatives if they are dissatisfied with the complaint determination, including the option to contact AHDS/DBHS at 602-364-4558.

What is the role of behavioral health providers?

The T/RBHA and contracted providers must be available to assist a person in the filing of a complaint and must not retaliate against any persons who file such complaints. Behavioral health providers are also expected to cooperate and participate as requested by the T/RBHA in the resolution of the complaints.