

PM FORM 5.5.1

**NOTICE OF DECISION AND RIGHT TO APPEAL
(FOR INDIVIDUALS WITH A SERIOUS MENTAL ILLNESS)**

TO: [APPLICANT/CLIENT'S NAME/ADDRESS]
[REPRESENTATIVE NAME/ADDRESS]

FROM: (Name of agency)
(Address)
CONTACT PERSON/NUMBER

OUR DECISION:

This decision concerns:

- | | |
|--|--|
| <input type="checkbox"/> your eligibility for SMI services | <input type="checkbox"/> your outpatient or inpatient service plan |
| <input type="checkbox"/> fees | <input type="checkbox"/> a change in your services |
| <input type="checkbox"/> your clinical assessment | <input type="checkbox"/> 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 1 (800) 564-5465, or in writing by completing [PM Form 5.3.1, ADHS/DBHS Appeal or SMI Grievance Form](#) and sending it to Magellan Health Services of Arizona, P.O. Box 68110, Phoenix, AZ 85082-8110. Your appeal will begin at the RBHA or ADHS/DBHS for T/RBHA-related issues. If your appeal is not resolved by the RBHA, you have a right to request an administrative hearing pursuant to A.R.S. §36-111-112, A.R.S. §41-1061 *et seq* of the Administrative Procedure Act.

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 client or client's legal guardian may represent himself, 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 1-800-922-1447 in Tucson and 1-800-927-2260 in Phoenix, or the Office of Human Rights at 1-602-364-4574 or 1-800-421-2124. You may also refer to your member handbook for more information about the appeals process.

Name and Signature of Individual Completing this Form

**For translation or alternative format requests, call 1-800-564-5465
Para recibir esta forma en español, llame a: 1-800-564-5465**