

POLICY GA 3.6 COMPLAINT RESOLUTION

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- A. PURPOSE: To establish the process for Tribal Behavioral Health Authorities/Regional Behavioral Health Authorities (T/RBHAs), and Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) to ensure the resolution and tracking of complaints reported by eligible and enrolled persons, their families or legal guardian(s), authorized representatives, other agencies, and the public.
- B. SCOPE: ADHS/DBHS and T/RBHAs.
- C. POLICY: ADHS/DBHS and T/RBHAs shall:
- Respond to all complaints consistent with the requirements contained herein; and
  - Track complaints for use as a source of information for quality improvement of the behavioral health service delivery system.

General questions or requests for information are not considered complaints.

An action that is subject to appeal through the Title XIX/XXI Member Appeal process shall not be handled as a complaint; rather it must be responded to as an appeal pursuant to [ADHS/DBHS Policy and Procedure GA 3.3, Title XIX/XXI Notice and Appeal Requirements](#).

For persons determined to have a Serious Mental Illness (SMI) who are 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 \(SMI and Non-SMI/Non-Title XIX/XXI\)](#). For allegations of rights violations concerning persons determined to have a serious mental illness see [Section 5.3 Grievance and Requests for Investigation for Persons Determined to have a Serious Mental Illness](#).

Issues that are handled through the complaint resolution process may still be handled through appeal and SMI grievance processes, as applicable, in the event the complainant is dissatisfied with the resolution of their complaint.

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- D. REFERENCES: [42 CFR § 431.200 et seq.](#)  
[42 CFR § 438.240](#)  
[42 CFR § 438.400 et seq](#)  
[9 A.A.C. 34, Article 2](#)  
[R9-20-203](#)  
[R9-20-701](#)  
[AHCCCS/ADHS Contract](#)  
[ADHS/RBHA Contracts](#)  
[ADHS/Tribal IGAs](#)  
[ADHS/DBHS Policy and Procedures Manual Section GA 3.3, Title XIX/XXI Notice and Appeal Requirements](#)  
[ADHS/DBHS Policy and Procedures Manual Section GA 3.5, Notice and Appeal Requirements \(SMI and Non-SMI/Non-TXIX/XXI\)](#)  
[ADHS/DBHS Provider Manual Section 3.1, Conduct of Investigations Concerning Persons with Serious Mental Illness](#)  
[ADHS/DBHS Provider Manual Section 3.23 Cultural Competence](#)

E. DEFINITIONS:

[Action](#)

[Appeal](#)

[Behavioral Health Professional](#)

[Complaint](#)

[Grievance or Request for Investigation](#)

[Serious Mental Illness \(SMI\)](#)

F. PROCEDURES:

1. T/RBHA Requirements for Handling Complaints:

Regardless of who within the organization receives a complaint or whether it is filed orally or in writing, each T/RBHA shall have a centralized complaint resolution process and

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designate an individual or individuals to whom all complaints shall be referred. The individual(s) must be trained to distinguish a complaint from a Title XIX/XXI appeal of an action (see [ADHS/DBHS Policy and Procedure GA 3.3, Title XIX/XXI Notice and Appeal Requirements](#)) and otherwise facilitate grievance and appeal processes as indicated. (See [ADHS/DBHS Policy GA 3.5, Notice and Appeal Requirements \(SMI and Non-SMI/Non-Title XIX/XXI\)](#) and [ADHB/DBHS Policy 3.1, Conduct of Investigations Concerning Persons with Serious Mental Illness.](#))

- a. Behavioral health providers are not precluded from attempting to resolve behavioral health recipient complaints. Persons seeking or receiving behavioral health services are encouraged to resolve issues at the lowest possible level. However, each T/RBHA and behavioral health provider must ensure that individuals understand they are not required to utilize provider complaint processes; but may at any point access the T/RBHA complaint, appeal, and SMI grievance processes.
- b. The responsibilities for resolving complaints pursuant to requirements of this policy shall not be delegated by the T/RBHA.
- c. The T/RBHA shall respond to all complaints according to the requirements contained in this policy, DBHS/RBHA contracts or DBHS Tribal IGAs.
- d. In the event that the T/RBHA receives a complaint referred from ADHS/DBHS, the T/RBHA will provide ADHS/DBHS with a written summary that describes the steps taken to resolve the complaint, including the findings, plan for resolution, and any plan for correction within the timeframe specified by ADHS/DBHS.
- e. The T/RBHA shall ensure that any specific corrective action or other action directed by ADHS/DBHS is implemented.
- f. When information is received, either orally or in writing, that the individual has Limited English Proficiency (LEP) or any other communication need, providers must follow requirements outlined in [Provider Manual Section 3.23 Cultural Competence](#), regarding oral interpretation services, translation of written materials, and services for the deaf and hard of hearing:
  - (1) For all individuals with LEP, the provider must make available oral interpretation services.
  - (2) For individuals needing translation in the prevalent non-English language

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within the region, the T/RBHA shall provide a written translation in accordance with the requirements of [Section 3.23 Cultural Competence](#).

- (3) For individuals who need translation in a language that is not considered a prevalent non-English language within the region or who require alternative formats (such as TTY/TTD), the T/RBHA shall provide oral interpretation of written materials or make alternative communication formats available as indicated.
- g. Complaints may be made to the T/RBHA orally or in writing by eligible and enrolled persons, their families or legal guardian(s), authorized representatives, other agencies, or the public. The T/RBHA shall not route or otherwise encourage the direct filing of complaints with Arizona Health Care Cost Containment System (AHCCCS) unless the person is AHCCCS or ALTCS eligible and enrolled and the complaint is specific or directly relates to the acute care health plan/provider.
- h. The T/RBHA must establish and make available a toll free telephone number that can be used to file oral complaints. Complaints filed orally shall be considered acknowledged at the time of filing.
- i. Complaints filed in writing must be acknowledged within 5 working days from receipt of the complaint.
- j. Complaints filed in writing will be responded to in writing. The resolution letter will provide sufficient detail to demonstrate that the issue(s) have been adequately reviewed and the individual care needs are being met. The letter will also include a contact name and a phone number to call for additional assistance, or to express unresolved concerns.
- k. In the event the complainant is dissatisfied with the T/RBHAs resolution of their complaint, the T/RBHA will advise the complainant that they may contact the ADHS/DBHS for additional review. ADHS/DBHS will review the complaint and the T/RBHAs efforts to resolve the complaint and intervene as indicated by the review.
- l. The T/RBHA must provide a decision to the person who brought the complaint as expeditiously as the person's behavioral health condition requires; however, T/RBHAs are required to dispose of each complaint and provide oral or written notice within a timeframe that does not exceed 90 days.
- m. The T/RBHA shall ensure that:

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- (1) Individuals who make decisions regarding complaints are not involved in any previous level of review or decision-making; and
  - (2) Individuals making decisions about complaints that involve the denial of an expedited resolution of an appeal, or that involve clinical issues must be behavioral health professionals with the appropriate clinical expertise in treating the behavioral health recipient's condition.
- n. The T/RBHA shall:
- (1) Ensure that the complaint file includes adequate documentation, including but not limited to:
    - a. Copies of all communication generated during the resolution process;
    - b. Documentation of actions taken to ensure that immediate health care needs are met;
    - c. Documentation of all steps taken to resolve the concern;
    - d. Documentation of the plans for resolution;
    - e. Documentation of plans for correction;
    - f. Evidence that the resolution and any plans for correction have been implemented; and
    - g. Evidence that identified issues are referred for additional follow up as indicated, including referrals to Quality Management, Network Management, Grievance and Appeals, and/or regulatory agencies.
  - (2) Maintain a log of all complaints received utilizing a set of fields (see [Complaint Log Fields and Categories](#)) which documents the following information
    - (a) The behavioral health recipient's first and last name,
    - (b) The date the complaint was made,

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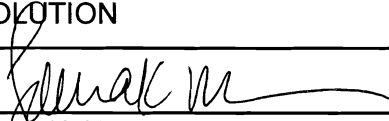
- (c) Title XIX/XXI eligibility status,
  - (d) The source of the complaint,
  - (e) A description of the complaint,
  - (f) Any identified communication need (e.g., need for translator),
  - (g) The outcome reached,
  - (h) The length of time for outcome as indicated in Section F.1.j. of this policy,
  - (i) Covered service category,
  - (j) Treatment setting, and
  - (k) Behavioral health category.
- (3) Routinely review the data collected through the complaint process as part of the T/RBHAs quality improvement strategy and network sufficiency review.

2. ADHS/DBHS Requirements for Handling Complaints:

- a. Complaints made to ADHS/DBHS Issue Resolution staff will be referred, as appropriate, to the T/RBHA staff designated to respond to complaints according to the protocol established with the T/RBHA and consistent with the process described in Section F.1. of this policy.
- b. ADHS/DBHS staff shall enter information regarding complaints into the automated ADHS/DBHS complaint database.
- c. ADHS/DBHS shall routinely review the data collected through the complaint process as part of its quality improvement strategy.

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G. APPROVED BY:

  
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Laura K. Nelson, M.D.  
Acting Deputy Director  
Arizona Department of Health Services/  
Division of Behavioral Health Services

12/14/09  
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Date