

6003-E ADMINISTRATIVE REVIEW PROCESS (STATE ONLY)

REVISION DATE: 8/28/2019, 3/2/2015

EFFECTIVE DATE: July 31, 1993

REFERENCES: A.R.S. § 36-563; A.A.C. R6-6-1803

If the member or his/her responsible person does not wish to pursue informal resolution of his/her complaint, or the informal resolution process was not successful, a request for administrative review can be made. This request must be made within 35 calendar days of the attempted informal resolution or written notice of intended action. If there was no informal resolution process or written notice, the member or his/her responsible person has 35 calendar days from the date of the initial problem to request an administrative review.

The request should be made either in writing or by telephone to the Office of Administrative Review (OAR). Verbal requests will not be accepted.

Whatever manner of request for a review is used, the following information must be given:

- A. Member's name, date of incident, address, identification number, birth date and health plan, if appropriate.
- B. Responsible person's name, relationship, and telephone number.
- C. Support Coordinator's name and telephone number.
- D. Physician's name, if applicable.
- E. Statement of the nature of the complaint and the action requested.

All written requests for Administrative review should be sent to:

DES/DDD
Office of Administrative Review
4000 North Central Avenue
3rd Floor, Suite 301 - Mail Drop 2HE5
Phoenix, Arizona 85012

OAR will complete a review and investigation of the stated issues. OAR staff will submit a request for facts to the District office. Any documentation of the administrative review must be returned to OAR within 5 calendar days. OAR staff will then contact the member or his/her responsible person, medical providers, service providers and/or District staff to obtain additional information. Relevant policies will be reviewed and Central Office staff will be consulted as necessary. Once the fact finding is complete, a written decision will be rendered to the member or his/her responsible person within thirty (30) calendar days of receipt of the member's administrative review request.

There will be no change in the member's status or the services he/she receives while the administrative review is occurring. An exception may be allowed under certain circumstances (i.e., a member may need additional services and/or care if necessitated by a change in health status).