

6003-G MEMBER INQUIRY AND GRIEVANCE RESOLUTION

REVISION DATES: 1/10/2024, 4/29/2020, 8/14/2019, 4/10/2019,
6/10/2016, 3/2/2015

REVIEW DATES: 11/24/2025, 6/13/2024, 6/3/2023

EFFECTIVE DATE: July 31, 1993

REFERENCES: 45 CFR Part 164, 42 CFR Part 438, Subpart F, 42 CFR §§
438.408(a) and (b), A.A.C. Chapter 34: R9-34-202, R9-34-209,
R9-34-210 and R9-34-212, AHCCCS Contract, Section D, Program
Requirements, 20 Grievance and Appeal System, AHCCCS Contract,
Section F, Attachment F1.

PURPOSE

This policy outlines the Division's responsibilities when an Inquiry is received or a Grievance is filed with the Division's Customer Service Center (CSC).

DEFINITIONS

1. "Business Days" means 8:00 a.m. to 5:00 p.m., Monday through Friday, excluding holidays listed in A.R.S. § 1-301.
2. "Complainant" means the person(s) expressing the dissatisfaction or requesting to file a grievance.
3. "Functional Area" means a business unit or department within the Division.

4. "Grievance" means a verbal or written expression of dissatisfaction with any matter, other than an adverse benefit determination.
5. "Grievance Manager" means the individual who is assigned to work with the complainant through resolution.
6. "Inquiry" means a question received by the Customer Service Center.
7. "Planning Team" means a defined group of individuals comprised of the Member, the Responsible Person if other than the Member, and, with the Responsible Person's consent, any individuals important in the member's life, including extended family members, friends, service providers, community resource providers, representatives from religious/spiritual organizations, and agents from other service systems.
8. "Member" means the same as "Client" as defined in A.R.S. § 36-551.
9. "Quality of Care Concern" or "QOC Concern" means an

allegation that any aspect of care or treatment, utilization of behavioral health services, or utilization of physical health care services that:

- a. Caused or could have caused an acute medical or psychiatric condition or an exacerbation of a chronic medical or psychiatric condition; and
 - b. May ultimately cause the risk of harm to a member.
10. "Resolution System" means the application within Focus used to document Member and Provider Grievances.
 11. "Responsible Person" means the parent or guardian of a minor with a developmental disability, the guardian of an adult with a developmental disability or an adult with a developmental disability who is a Member or an applicant for whom no guardian has been appointed.
 12. "Support Coordinator" means the same as "Case Manager" under A.R.S. § 36-551.

POLICY

A. INTAKE TRIAGE

1. The Division's Customer Service Center (CSC) shall receive Inquiries and Grievances by:

- a. Phone - 1-844-770-9500 option 1, or
- b. Email - DDDCustomerServiceCenter@azdes.gov, or
- c. Mail - DES/DDD Customer Service Center

1789 W. Jefferson St.

Mail Drop 2HB3

Phoenix, AZ 85007

- d. Referral from Division staff
2. The CSC shall evaluate each phone call, email, or letter received to determine if the correspondence is a Quality of Care Concern (QOC), an Inquiry, or a Grievance.
 3. The CSC, when a QOC has been identified, shall:
 - a. Notify the appropriate Functional Area immediately,

- but no later than the close of the next business day, when an imminent health, safety, or clinically urgent risk exists.
- b. Inform the individual who contacted the CSC that the concern will be elevated as a QOC and that the QOC triage process will be followed per Division Medical Policy 960.
4. The CSC shall respond to the Inquiry or inform the individual who contacted the CSC that they will be contacted within five Business Days when the Inquiry or Complaint is related to the Division, its contracted entities, or authorized services.
5. The CSC shall not disclose any confidential information in accordance with 45 CFR Part 164 Health Insurance Portability and Accountability Act (HIPAA) and in accordance with A.R.S. § 36-2917.
6. The CSC shall provide the individual who contacted the CSC with the contact information for the appropriate organization(s) when the Inquiry or Complaint is not

related to the Division, its contracted entities, or authorized services.

7. The CSC, when a Grievance is filed, shall provide the individual who contacted the CSC with their Grievance number and inform them they will be assigned a Grievance Manager who will work with them through resolution.

B. INQUIRY RESOLUTION

1. The CSC shall monitor Inquiries to ensure the individual who contacted the CSC is assisted timely.
2. The CSC shall maintain tracking logs that record the receipt, relevant information, and resolution of Inquiries.
3. The CSC shall request technical assistance when an Inquiry cannot be resolved timely.
4. The CSC shall resolve the Inquiry and provide the individual who contacted the CSC with a response.

C. GRIEVANCE RESOLUTION

1. The CSC shall provide the Complainant with a verbal

receipt of the Grievance at the time the Grievance is made and when requested by the Complainant, provide a written receipt of the Grievance.

2. The CSC shall document the receipt of the Grievance and the substance of the Grievance in the Division's Resolution System.
3. The CSC shall provide updates to the complainant on the progress of the Grievance.
4. The CSC shall ensure the person completing the Grievance investigation has no involvement in any previous level of review or decision-making regarding the Grievance.
5. The CSC shall ensure healthcare professionals have the appropriate clinical expertise to complete an investigation and make the decision when:
 - a. A Grievance regarding a denial of an expedited resolution of appeal is received, or
 - b. A Grievance involves clinical issues.

6. The CSC shall ensure all applicable documentation, including all aspects of care, is reviewed prior to making a decision.
7. The CSC shall engage additional Functional Areas when necessary to resolve the Grievance.
8. The CSC shall resolve the Grievance within 10 Business Days, but not to exceed 90 days, after the CSC receives the Grievance.
9. The CSC shall contact the Complainant to inform them of the resolution.
10. The CSC shall mail the Grievance disposition closure letter to the Complainant within 10 Business Days of resolution.
11. The CSC shall provide a Grievance disposition closure letter that includes a summary of the Grievance submitted and the resolution.
12. The CSC shall not provide the resolution in the Grievance disposition closure letter when the Grievance is closed due

to a QOC escalation.

13. The CSC shall ensure documentation of the Grievance, investigation steps, and actions taken for resolution are documented in the Division's Resolution System.

E. SUPPLEMENTAL INFORMATION

1. Refer to Division Operations Policy 446 for Grievances and Investigations concerning persons designated with a Serious Mental Illness.
2. For Provider Inquiries and Grievances, refer to Division Operations Policy 6003-H.

Angie Venne

CARES Bureau Chief

Feb 18, 2026