

NOTICE OF OUR DECISION ABOUT YOUR REQUEST FOR HEALTH SERVICES

TO:

FROM: Pinal/Gila Long Term Care, Utilization Management Section
P.O. Box 2140
Florence, AZ 85232
(520) 868-6709

Your Request for _____

is denied because _____

Our decision is based on this law: ARS § 36-2907

You have the right to appeal our decision.

You have the choice of two ways to appeal our decision.

1. You can ask us, Pinal/Gila Long Term Care, to review the decision by filing a grievance.
2. You can appeal directly to the AHCCCS Administration for a hearing and skip the grievance.

No. 1 Grievance: To ask us to review the decision, you must ask for the review by calling or writing a letter to:

Irma Potter, Grievance Coordinator
Pinal/Gila Long Term Care
P.O. Box 2140
Florence, AZ 85232
(520) 868-6788

You can also request a grievance review by us by sending the attached form to the above address after filling it out and signing where it states "I request a grievance." You must call or have your letter or form postmarked by _____ (60 days). We will try to reach a solution with you informally within ten days, but we are allowed 30 days to decide. If you are not satisfied with our decision, you may appeal for a hearing by the AHCCCS Administration.

No. 2 Appeal: To appeal directly to the AHCCCS Administration and skip the grievance, you must ask for a hearing either by calling or writing a letter to:

AHCCCS Administration
P.O. Box 25520
Mail Drop 6200
Phoenix, AZ 85002

(602) 717-4232

You can also appeal by sending the attached form to the above address of the AHCCCS Administration after filling it out and signing where it states "I request an appeal." You must call or have your letter or form postmarked by _____ (15 days from postmark).

If you appeal directly to AHCCCS, the hearing will be held between 20 and 40 days from the date AHCCCS receives your request for an appeal hearing. If there is a possibility of substantial harm if the hearing is not held sooner, you can ask in your request that the hearing be held sooner than 20 days, and AHCCCS will decide whether the hearing will be held sooner than 20 days. AHCCCS will decide your appeal in no more than 90 days after it receives your request for a hearing.

You may designate a relative, friend or legal counsel to help you. Adult members can represent themselves at that hearing.

HOW TO GET HELP TO REPRESENT YOU

To get help with this appeal you may contact Legal Aid, at (520) 723-5419 or call the Arizona Center for Disability Law at 1-800-922-1447 in Southern Arizona and 1-800-927-2260 in Northern Arizona and Phoenix.

To learn more about the reasons for our decision or about the process, you may contact the person whose name and address appear at the top of the first page. You may also refer to your member handbook for more information about the process.

Marlene Bluestein, MD
Medical Director, Pinal/Gila Long Term Care

Date of Notice