



## **Appeals for SMI Determination and for Other SMI Reasons**

*This information can also be found in your Member Handbook on pages 64-65.*

A serious mental illness (SMI) is a mental disorder in persons 18 years of age or older that's severe and persistent. Crisis Response Network (CRN), a provider that has a contract with UnitedHealthcare Community Plan, will make a determination of serious mental illness upon referral or request.

Members asking for a determination of serious mental illness and members who have been determined to have a serious mental illness can appeal the result of a serious mental illness determination.

CRN will send you a letter by mail to let you know the final decision on your SMI determination. This letter is called a Notice of Decision. The letter will include information about your rights and how to appeal the decision. To file an appeal, you can call CRN at 1-855-832-2866.

Persons who have been determined to have a serious mental illness can also appeal certain aspects of their treatment plan.

Persons determined to have a serious mental illness may also appeal the following adverse decisions:

- A decision regarding fees or waivers.
- The assessment report and recommended services in the service plan or individual treatment or discharge plan.
- The denial, reduction, suspension or termination of any service that is a covered service funded through Non-Title XIX/XXI funds.\*
- Capacity to make decisions, need for guardianship or other protective services or need for special assistance.

*\*Persons determined to have a serious mental illness cannot appeal a decision to deny, suspend or terminate services that are no longer available due to a reduction in State funding.*

### **What happens after I file an SMI appeal?**

If you file an appeal, you will get written notice that your appeal was received within 5 working days of UnitedHealthcare Community Plan's receipt. You will have an informal conference with UnitedHealthcare Community Plan within 7 working days of filing the appeal. The informal



conference must happen at a time and place that is convenient for you. You have the right to have a designated representative of your choice assist you at the conference. You and any other participants will be informed of the time and location of the conference in writing at least 2 working days before the conference. You can participate in the conference over the telephone.

For an appeal that needs to be expedited, you will get written notice that your appeal was received within 1 working day of UnitedHealthcare Community Plan's receipt, and the informal conference must occur within 2 working days of filing the appeal.

If the appeal is resolved to your satisfaction at the informal conference, you will get a written notice that describes the reason for the appeal, the issues involved, the resolution achieved and the date that the resolution will be implemented. If there is no resolution of the appeal during this informal conference, the next step is a second informal conference with AHCCCS. You may waive the second level informal conference and proceed to a State Fair Hearing, however. If you waive the second level informal conference with AHCCCS, UnitedHealthcare Community Plan will assist you in filing a request for State Fair Hearing at the conclusion of the UnitedHealthcare Community Plan informal conference.

If there is no resolution of the appeal during the second informal conference with AHCCCS, you will be given information that will tell you how to get a State Fair Hearing. The Office of Grievance and Appeals at AHCCCS handles requests for State Fair Hearings upon the conclusion of second level informal conferences.

### **Will my services continue during the appeal process?**

If you file an appeal, you will continue to get any services you were already getting unless a qualified clinician decides that reducing or terminating services is best for you, or you agree in writing to reducing or terminating services. If the appeal is not decided in your favor, UnitedHealthcare Community Plan may require you to pay for the services you received during the appeal process.

## **Questions and Answers on Appeals**

### **Q: What if I need help in filing an appeal or need an interpreter?**

**A:** If you need help in filing a grievance because you do not speak English and need an interpreter, or have a hearing or vision impairment, contact your Case Manager or call Member Services at 1-800-293-3740, TTY 711.



**Q: How do I file an appeal?**

**A:** You may file an appeal over the phone or in writing. All letters of appeal must be sent to:

**UnitedHealthcare Community Plan Appeal Manager**

1 East Washington, Suite 900

Phoenix, AZ 85004

Or call Member Services at 1-800-293-3740, TTY 711.