

**PM FORM 5.5.1**

**NOTICE OF DECISION AND RIGHT TO APPEAL  
(FOR INDIVIDUALS WITH A SERIOUS MENTAL ILLNESS)**

**TO:** [APPLICANT/CLIENT'S NAME/ADDRESS]  
[REPRESENTATIVE NAME/ADDRESS]

**FROM:** (Name of agency)  
(Address)  
CONTACT PERSON/NUMBER

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**OUR DECISION:**

This decision concerns:

- |  |  |
|--|--|
| <input type="checkbox"/> your eligibility for SMI services | <input type="checkbox"/> your outpatient or inpatient service plan |
| <input type="checkbox"/> fees                              | <input type="checkbox"/> a change in your services                 |
| <input type="checkbox"/> your clinical assessment          | <input type="checkbox"/> other                                     |

Our decision is: \_\_\_\_\_

The effective date of this decision is: \_\_\_\_\_

The reason for our decision is: \_\_\_\_\_

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DATE OF DECISION: \_\_\_\_\_ (AN APPEAL MUST BE FILED WITHIN 60 DAYS OF THIS DATE)

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**YOUR RIGHT TO APPEAL:**

**How to Appeal**

Within 60 days of this decision, you may appeal orally by calling [local number] or [toll free number], or in writing by completing [PM Form 5.3.1, ADHS/DBHS Appeal or SMI Grievance Form](#) and sending it to [address]. Your appeal will begin at the RBHA or ADHS/DBHS for T/RBHA-related issues. If your appeal is not resolved by the RBHA, you have a right to request an administrative hearing pursuant to A.R.S. §36-111-112, A.R.S. §41-1061 et seq of the Administrative Procedure Act.

**Continued Benefits**

If this decision concerns services you are currently receiving and if you appeal, your services will continue throughout the appeal process, unless a qualified clinician determines that the change is required to avoid a serious or immediate threat to your health or safety, or that of another person.

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**HOW TO GET HELP WITH YOUR APPEAL:**

Any adult client or client's legal guardian may represent himself, use a designated representative or legal counsel. To get help with this appeal you may contact the State Protection and Advocacy System, the Arizona Center for Disability Law 1-800-922-1447 in Tucson and 1-800-927-2260 in Phoenix, or the Office of Human Rights at 1-602-364-4574 or 1-800-421-2124. You may also refer to your member handbook for more information about the appeals process.

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Name and Signature of Individual Completing this Form

**For translation or alternative format requests, call [insert 1-800 and local number]  
Para recibir esta forma en español, llame a: [insert 1-800 and local number]**