



Section 5.1 **Title XIX/XXI Notice and Appeal Requirements for Title XIX and Title XXI Eligible Persons**

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5.1.1 Introduction

- a. Title XIX/XXI eligible persons shall be provided notice and the opportunity to appeal when an action is taken regarding a Title XIX/XXI covered service.
- b. Title XIX/XXI eligible persons who have been adversely affected by a Pre-Admission Screening and Resident Review (PASRR) determination in the context of either a preadmission screening or a resident review shall be provided notice and the opportunity to appeal.
- c. This policy applies to the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS), Tribal and Regional Behavioral Health Authorities (T/RBHAs), T/RBHA subcontracted providers, including the Arizona State Hospital (ASH) and Title XIX/XXI eligible persons. T/RBHAs shall ensure that all subcontracted providers adhere to the requirements of this policy.

5.1.2 Terms

Definitions for terms are located online at <http://www.azdhs.gov/bhs/definitions/index.php> or <http://www.narbha.org/for-providers/provider-resources/provider-policy-manual/definitions>. The following terms are referenced in this section:

[Action](#)

[Appeal Section 5.1](#)

[Appeal Resolution](#)

[Complaint](#)

[Day](#)

[Denial](#)

[Health Care Professional](#)

[Limited Authorization](#)

[PASRR](#)



[Prior Authorization](#)

[Service Authorization Request](#)

5.1.3 Procedures

- a. General Requirements for Notices and Appeals
 - i. "Day" is defined as a calendar day unless otherwise specified.
 - ii. Computation of Time
 1. Computation of time for appeals begins the day after the act, event or decision and includes the final day of the period. For purposes of computing all timeframes, with the exception of the standard service authorization time frames and extensions thereof, if the final day of the period is a weekend day (Saturday or Sunday) or legal holiday, the period is extended until the end of the next day that is not a weekend day or a legal holiday.
 2. For a standard service authorization with or without an extension, if the final day of the period is a weekend day or legal holiday the period is shortened to the last working day immediately preceding the weekend day or legal holiday. (For more information see the Arizona Health Care Cost Containment System ([AHCCCS Contractor Operation Manual \(ACOM\) Section 414, II. Definitions](#)).
 3. Computation of time in calendar days includes all calendar days.
 4. Computation of time in workdays includes all working days, i.e. non-weekend and non-holiday days.
 - iii. Language and Format Requirements
 1. Notice and written documents generated through the appeals process shall be available in each prevalent, non-English language spoken within the geographic service area.
 2. ADHS/DBHS, the T/RBHA and T/RBHA subcontracted providers must provide free oral interpretation services to explain information contained in the notice or as part of the appeal process for all non-English languages.
 3. Notice and written documents generated through the appeals process shall be available in alternative formats, such as Braille, large font, or enhanced audio, and take into consideration the special communication needs of the Title XIX/XXI eligible person.
 4. Notice and written documents must be written using an easily understood language and format.
 5. If a Title XIX/XXI member complains about the adequacy of a Notice of Action or its ability to be understood, the issuer of the Notice shall review it against the contract requirements of this policy and the AHCCCS Contractor Operations Manual (ACOM). If the issuer determines that the original Notice is inadequate or deficient, the issuer must issue an amended Notice consistent with the requirements of this policy and the ACOM. If an amended Notice is required, the timeframe for the member to appeal and request continuation of services starts from the date of the amended Notice.
 6. If a member complains to the issuer regarding the adequacy of the amended Notice of Action, the issuer must promptly inform ADHS/DBHS and the AHCCCS Division of Health Care Management/Medical Management Unit (DHCM/MM) of the complaint. Additionally, the issuer must inform the member of their right to contact



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- the AHCCCS DHCM/MM unit if the issue is not resolved to the member's satisfaction.
- iv. Delivery of Notices
 1. All notices identified herein, including those provided during the appeal process, shall be personally delivered or mailed by certified mail to the required party at their last known residence or place of business. In the event that it may be unsafe to contact the person at his or her home address, or the person has indicated that he or she does not want to receive mail at home, the alternate methods identified by the individual for communicating notices shall be used.
 - v. Prohibition of Punitive Action
 1. ADHS/DBHS, T/RBHAs and their providers are prohibited from taking punitive action against either a Title XIX/XXI eligible person in exercising his/her right to appeal or provider who either requests an expedited resolution or supports a Title XIX/XXI eligible person's appeal.
- b. Notice Requirements
- i. Responsible Entity for Providing Notice
 1. Following an action requiring notice to a Title XIX/XXI eligible person, the entity responsible for the action must ensure that notice is provided according to the requirements stated within this policy.
 2. ADHS/DBHS will provide notice, pursuant to [Policy 1106, Pre-Admission Screening and Resident Review \(PASRR\)](#), to Title XIX/XXI eligible persons who are enrolled in a Tribal RBHA when ADHS/DBHS takes an action on behalf of the Tribal RBHA and to Title XIX/XXI eligible persons who have been adversely affected by a PASRR determination in the context of either a preadmission screening or a resident review.
 - ii. Content and Delivery of the Notice of Action
 1. When a Notice of Action is required herein, ADHS/DBHS, the T/RBHA or T/RBHA subcontracted provider must utilize the Notice of Action form ([NARBHA PM Form 5.1.1](#)). ADHS/DBHS, the T/RBHA or T/RBHA subcontracted provider must comply with the Content of Notice of Action requirements in the [AHCCCS ACOM, Chapter 414](#), and insert the following information, which shall be complete and written in commonly understood language and specific to the person receiving services:
 - a. The requested service;
 - b. The reason/purpose of that request in layperson terms;
 - c. The action taken or intended to be taken (denial, limited authorization, reduction, suspension or termination) with respect to the service request;
 - d. The effective date of the action;
 - e. The reason(s) for the action, including member- specific facts and alternative services recommended, if appropriate;
 - f. The legal basis for the action;
 - i. General citations are not sufficient; an explanation must be provided in easily understood language);
 - g. Where members can find copies of the legal basis:
 - i. When a legal authority, including an internal policy manual, is available online, the Notice shall state the accurate website link to enable the member to find the legal authority online.
 - h. The right to and process for appealing the decision; and



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- i. Legal resources for members for help with appeals, as prescribed by the AHCCCS. (Please see [AHCCCS ACOM, 414, Attachment "B"](#)).
 2. Notices of Action must cite AHCCCS Early Periodic Screening, Diagnosis and Treatment (EPSDT) Rule A.A.C. R9-22-213 and federal law 42 USC 1396d(r)(5) when denying, reducing or terminating a service for a Title XIX member who is younger than 21 years of age when these provisions are applicable. When the T/RBHA or the T/RBHA provider denies, reduces, or terminates services that have been requested for Title XIX members under the age of 21, the T/RBHA or the T/RBHA provider must explain why the requested services do not meet the conditions as described in this Policy and the AHCCCS Medical Policy Manual (AMPM) Chapter 400, Policy 430. The T/RBHA or the T/RBHA provider must specify why the requested services do not meet the EPSDT criteria and are not covered and must also specify that EPSDT services include coverage of screening services, vision services, dental services, hearing services and such other necessary health care, diagnostic services, treatment and other measures described in federal law subsection 42 USC 1396(d)(a) to correct or ameliorate (make better) defects and physical and mental illnesses and conditions discovered by the screening services, whether or not such services are covered under the AHCCCS State Plan.
 3. The notice of action shall be delivered to:
 - a. The Title XIX/XXI eligible person; and, when applicable;
 - b. The person's legal or authorized representative (e.g., Arizona Department of Economic Security/Arizona Department of Child Safety (DES/DCS) Specialist).
 4. Provision of notice shall be evidenced by retaining a copy of the Notice of Action in the comprehensive clinical record of the person receiving or requesting services.
 - iii. Notice of Action Timeframe for Service Authorization Requests
 1. For an authorization decision, not covered under subsection (2) below, for a service requested on behalf of a Title XIX/XXI eligible person, a Notice of Action shall be delivered within 14 days following the receipt of the Title XIX/XXI eligible person's request.
 2. For an authorization request in which the requesting provider indicates or ADHS/DBHS, the T/RBHA or T/RBHA provider determines, that following the timeframe in subsection (1) above could seriously jeopardize the Title XIX/XXI person's life or health or ability to attain, maintain, or regain maximum function, ADHS/DBHS, the T/RBHA or T/RBHA provider shall make an expedited authorization decision and deliver the Notice of Action as expeditiously as the Title XIX/XXI person's health condition requires, but not later than three (3) working days after receipt of the request for service.
 3. If ADHS/DBHS, a T/RBHA or a T/RBHA provider receives a request for an expedited service authorization decision, and the requested service is not of an urgent medical nature, the expedited request may be downgraded to a standard request. ADHS/DBHS, the T/RBHA and/or T/RBHA provider must have a process, included in its policy for prior authorization, which describes how the requesting provider will be notified of the downgrade and given an opportunity to disagree. The requesting provider must be allowed to send additional documentation supporting the need for an expedited authorization.
 4. If the Title XIX/XXI eligible person requests an extension of the timeframe in subsection (1) or (2) above, ADHS/DBHS, the T/RBHA or T/RBHA provider shall



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- extend the timeframe up to an additional 14 days as requested by the Title XIX/XXI person.
5. If ADHS/DBHS, the T/RBHA or T/RBHA provider need additional information and the extension is in the best interest of the Title XIX/XXI eligible person, ADHS/DBHS, the T/RBHA or T/RBHA provider shall:
 - a. Complete and deliver a Notice of Extension of Timeframe for Service Authorization Decision Regarding Title XIX/XXI Services (See [NARBHA PM Form 5.1.2 Extension of Timeframes](#)), and
 - b. Issue and carry out the determination as expeditiously as the Title XIX/XXI eligible person's condition requires and no later than the date the extension expires.
 6. For service authorization decisions not reached within the maximum time frame in this section, the authorization shall be considered denied on the date that the timeframe expires.
 7. ADHS/DBHS, the T/RBHA or T/RBHA provider shall provide the requesting provider notification of a decision to deny a service authorization. The notification must be in writing.
- iv. Notice of Action Timeframe for Service Termination, Suspension or Reduction
1. For termination, suspension or reduction of previously authorized AHCCCS covered service, ADHS/DBHS, the T/RBHA or T/RBHA provider shall deliver a Notice of Action at least 10 days before the date of action, except as provided in subsections (2), (3) or (4) below.
 2. ADHS/DBHS, the T/RBHA or T/RBHA provider shall provide a Notice of Action no later than the date of action when:
 - a. Factual information has been obtained confirming the death of a Title XIX/XXI eligible person;
 - b. The Title XIX/XXI eligible person signs a clear, written statement indicating that the services are no longer wanted, or provides information that requires termination or reduction of services and indicates an understanding that this shall be the result of supplying that information;
 - c. The Title XIX/XXI eligible person is an inmate of a public institution that does not receive federal financial participation and the person becomes ineligible for Title XIX/XXI;
 - d. The Title XIX/XXI eligible person's whereabouts are unknown and the post office returns mail, directed to the Title XIX/XXI eligible person, to ADHS/DBHS, the T/RBHA or T/RBHA provider, indicating no forwarding address;
 - e. Factual information has been obtained that the Title XIX/XXI eligible person has been accepted for Medicaid by another state; a change in the level of medical care is prescribed by the member's physician.
 3. ADHS/DBHS, the T/RBHA or T/RBHA provider may shorten the period of advance notice to five (5) working days before the date of action if there are verified facts indicating probable fraud, waste or program abuse by the Title XIX/XXI eligible person.
 4. ADHS/DBHS, the T/RBHA or the T/RBHA provider may shorten the period of advance notice to two (2) working days before the date of the action for the termination of non-emergency inpatient services, as a result of a denial of a continued stay request.
 5. The requesting provider shall be notified of a decision to reduce, suspend or terminate a service authorization. The notification must be in writing.



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- v. Notice of Action for Denial of Claim for Payment
ADHS/DBHS, the T/RBHA or T/RBHA provider designated to authorize services shall send a Notice of Action to the Title XIX/XXI eligible person if they deny a claim for payment to the provider for a service that is not Title XIX/XXI covered.
- c. Title XIX/XXI Appeals
 - i. A Title XIX/XXI eligible person may appeal the following actions with respect to Title XIX/XXI covered services:
 - 1. The denial or limited authorization of a requested service, including the type or level of service;
 - 2. The reduction, suspension, or termination of a previously authorized service;
 - 3. The denial, in whole or in part, of payment for a service that is not Title XIX/XXI covered;
 - 4. The failure to provide Title XIX/XXI services in a timely manner;
 - 5. The failure to act within the timeframes required for standard and expedited resolution of appeals and standard disposition of grievances; and
 - 6. The denial of a Title XIX/XXI enrollee's request to obtain services outside the T/RBHA's provider network.
 - ii. A Title XIX/XXI eligible person adversely affected by PASRR determination in the context of either a preadmission screening or a resident review may file an appeal under this policy.
 - iii. Responsibility for Processing Appeals
 - 1. Each Regional Behavioral Health Authority (RBHA) is responsible for processing appeals of actions of the RBHA, or of the RBHA's subcontracted providers, pursuant to the requirements of this policy. The processing of appeals shall not be delegated by the RBHA.
 - 2. Appeals that are related to a Tribal RBHA or one of their subcontracted providers' actions and appeals that relate to PASRR determinations must be filed with and are processed by ADHS/DBHS. Throughout this policy, where the RBHA is identified as responsible for acting under this policy, ADHS/DBHS retains responsibility for the Tribal RBHAs and PASRR appeals.
 - 3. Throughout this policy, whenever there is a reference to the RBHA, the ASH shall have the same responsibility when the appeal is filed with the ASH and concerns services provided at the ASH.
 - 4. The RBHA shall provide reasonable assistance to Title XIX/XXI eligible persons in completing forms and taking other procedural steps during the appeal process.
 - 5. The RBHA shall establish a mailing address for written appeals; and local and toll-free telephone numbers for oral appeals. This oral and written contact information shall be included on all appeal notices and written documents provided to the Title XIX/XXI eligible person.
 - iv. Timeframes for Filing an Appeal
Appeals must be filed orally or in writing with the responsible RBHA within 60 days after the date of the Notice of Action being appealed.
 - v. Who may file an Appeal?
 - 1. A Title XIX/XXI eligible person; or
 - 2. The person's legal or authorized representative, including a provider, acting on the Title XIX/XXI eligible person's behalf with the person's or legal representative's written consent.
 - vi. Individuals Responsible for Resolving Appeals



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1. The RBHA shall ensure that individuals who make decisions regarding appeals have not been involved in any previous level of review or decision-making. For appeals of medical necessity decisions, denials of expedited resolution of appeals, and appeals involving clinical issues, the individual(s) making the decision regarding the appeal must be a health care professional with the appropriate clinical expertise in treating the Title XIX/XXI eligible person's condition.
 2. The RBHA shall include, as a party to the appeal, the Title XIX/XXI eligible person, legal representative, or the legal representative of a deceased Title XIX/XXI eligible person's estate.
- vii. Case Docketing Requirements
1. The RBHA shall establish a unique ADHS/DBHS Docket Number for each appeal filed. The Docket Number shall be established as follows:
 - a. The RBHA letter code (See [NARBHA PM Attachment 5.1.1 T/RBHA Codes for Docket Numbers](#));
 - b. The date of receipt of the appeal using the MMDDYY format;
 - c. The letter code for the program in which the Title XIX/XXI eligible person is enrolled;
 - d. A four-digit sequential number, which is auto assigned by the Office of Grievance and Appeals (OGA) database; and
 - e. A letter "A" shall be used to designate a Title XIX/XXI Appeals described in this policy.
- viii. Examination of Appeal Case Record
1. Upon request, the Title XIX/XXI eligible person and his/her legal or authorized representative shall be given an opportunity to examine the contents of the appeal case file prior to and during the appeal process. In addition, the Title XIX/XXI eligible person shall be given an opportunity to examine all documents and records considered during the appeal process that are not protected from disclosure by law.
 2. The RBHA shall provide the Title XIX/XXI eligible person and his/her legal or authorized representative a reasonable opportunity to present evidence and allegations of fact or law in person and in writing. The RBHA shall allow appellants who elect to present their appeal "in person" to attend telephonically upon request. The RBHA shall inform the Title XIX/XXI eligible person of the limited time available for this in the case of an expedited resolution.
- ix. Appeal Case Records
1. The RBHA will maintain appeal case records in the following manner:
 - a. All documentation received for entry into the appeal case record will be date stamped on the day received.
 - b. An appeal case record shall be maintained for each request to file an appeal. The case record shall include:
 - i. An ADHS/DBHS docket number;
 - ii. The relevant Notice of Action;
 - iii. The original request for appeal. If the appeal was filed orally or the appeal is not on the NARBHA [PM Form 5.1.1 Notice of Action](#), the form shall be completed by the RBHA for each appeal filed;
 - iv. Copies of all documents generated or acquired through the appeal process; and
 - v. All records pertaining to an appeal shall be maintained in a secure and locked place until the Title XIX/XXI eligible person's administrative and legal remedies are exhausted or time allowed for an appeal has expired.



Thereafter, appeal records shall be maintained in a secure designated area and retained for at least 5 years.

- x. Standard and Burden of Proof
 - 1. The standard of proof on all issues on appeal shall be the preponderance, or the greater weight, of the evidence.
 - 2. The burden of proof for all issues on appeal is on the complainant (individual or agency) appealing.
- xi. Denial of Request for Appeal
 - 1. In the event the RBHA refuses to accept a late appeal or determines that the decision being appealed does not constitute an action subject to these appeal requirements, the RBHA must inform the appellant in writing by sending a Notice of Appeal Resolution consistent with the requirements under c. xv. of this policy.
 - a. A RBHA does not have the authority to refuse an appeal request; however, untimely filed appeals and requests filed for actions not subject to appeal are denied.
- xii. Timeframe for Standard Resolution of an Appeal
 - 1. The RBHA shall acknowledge the receipt of a standard appeal in writing within 5 working days of receipt.
 - 2. For the standard resolution of an appeal, the appeal shall be resolved and a written Notice of Appeal Resolution shall be delivered within 30 days after the day the appeal is received.
 - 3. If the Title XIX/XXI eligible person requests an extension of the 30 day timeframe in subsection (2) above, the timeframes shall be extended up to an additional 14 days.
 - 4. If the RBHA needs additional information and an extension is in the best interest of the Title XIX/XXI eligible person, the RBHA shall extend the timeframe in subsection (2) above to an additional 14 days. If the RBHA extends the timeframe, the RBHA must provide a written notice to the Title XIX/XXI eligible person of the reason for the delay, and issue and carry out its decision as expeditiously as the person's health condition requires, but no later than the date the extension expires.
 - 5. If the Notice of Appeal Resolution is not sent within the timeframe in this section, the appeal shall be considered denied on the date that the timeframe expires.
- xiii. Process for an Expedited Resolution of an Appeal
 - 1. The RBHA shall conduct an expedited appeal if:
 - a. The RBHA receives a request for an appeal from a Title XIX/XXI eligible person and determines that taking the time for a standard resolution could seriously jeopardize the person's life or health, or ability to attain, maintain, or regain maximum function; or
 - b. The RBHA receives a request for an expedited appeal from a Title XIX/XXI eligible person supported with documentation from the provider that taking the time for a standard resolution could seriously jeopardize the person's life or health, or ability to attain, maintain, or regain maximum function; or
 - c. The RBHA receives a request for an expedited appeal directly from a provider, with the written consent of the Title XIX/XXI eligible person, and the provider indicates that taking the time for a standard resolution could seriously jeopardize the person's life or health, or ability to attain, maintain, or regain maximum function.
 - d. If the RBHA denies a request for expedited resolution of an appeal from an enrollee, the RBHA shall:



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- iii. In the event a request for a State Fair Hearing is filed, the RBHA shall forward a written summary of the following information to AHCCCS, Office of Administrative Legal Services (OALS):
 - 1. Title XIX/XXI eligible person's name;
 - 2. Title XIX/XXI eligible person's AHCCCS ID number;
 - 3. Title XIX/XXI eligible person's current address;
 - 4. Title XIX/XXI eligible person's current phone number (if applicable);
 - 5. Date of receipt of the appeal;
 - 6. Summary of the actions to resolve the appeal; and
 - 7. Summary of the appeal resolution.
- iv. The following materials shall be included in the appeal case record, which shall be delivered to the OALS as specified by the OALS:
 - 1. The Title XIX/XXI eligible person's written request for a State Fair Hearing;
 - 2. Copies of the entire appeal case record, which includes all supporting documentation, pertinent findings, and medical records;
 - 3. The Notice of Appeal Resolution; and
 - 4. Any other information relevant to the resolution of the appeal.
- e. AHCCCS Timeframe for Resolution of a State Fair Hearing
 - i. AHCCCS will send a Notice of State Fair Hearing according to [A.R.S. §41-1092.05](#) if a timely request for a State Fair Hearing is received.
 - ii. For appeals resolved pursuant to the standard resolution timeframes, AHCCCS will send an AHCCCS Director's decision to the Title XIX/XXI person no later than 30 days after the date of the Administrative Law Judge's recommended decision and within 90 days after the date that the appeal was filed with the RBHA, not including the number of days the Title XIX/XXI eligible person took to file for a State Fair Hearing, and days for continuances granted at the Title XIX/XXI eligible person's request.
 - iii. For appeals resolved pursuant to the expedited resolution timeframes, within 3 working days after the date AHCCCS receives the case file and information from the RBHA concerning an expedited appeal resolution, AHCCCS will send the Title XIX/XXI eligible person the AHCCCS Director's decision which results from the State Fair Hearing and the Administrative Law Judge's Recommended Decision. AHCCCS will make reasonable efforts to provide oral notice of the AHCCCS Director's decision.
- f. Continuation of Benefits
 - i. The RBHA shall ensure that benefits under appeal continue, unless continuation of services would jeopardize the health or safety of the person or another person, only if:
 - 1. The appeal is filed before the later of 10 days after the delivery of the Notice of Action or the effective date of the action, as indicated in the Notice of Action;
 - 2. The appeal involves the termination, suspension, or reduction of a previously authorized course of treatment or, the appeal involves a denial if the provider asserts the denial represents a necessary continuation of a previously authorized service;
 - 3. The services were ordered by an authorized provider; and
 - 4. The Title XIX/XXI eligible person requests a continuation of services.



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- ii. The RBHA will continue extended benefits pursuant to provision (a) above, until any of the following occurs:
 - 1. The Title XIX/XXI eligible person withdraws the appeal;
 - 2. The Title XIX/XXI eligible person makes no request for continued benefits within 10 days of the delivery of the Notice of Appeal Resolution; or
 - 3. The AHCCCS Administration issues a State Fair Hearing decision adverse to the Title XIX/XXI eligible person.
 - iii. The RBHA may recover the cost of those services continued pursuant to subsections (a) and (b) above if the RBHA or the AHCCCS Director's decision upholds a decision to deny authorization of services, and if the services were furnished solely because of the requirements of those sections.
 - iv. The RBHA must maintain evidence in the case record supporting that the RBHA continued the benefits under appeal pending the RBHA or State Fair Hearing decision when required to do so pursuant to this policy.
- g. Implementation of Appeal Resolution
- i. If the RBHA or the State Fair Hearing decision reverses a decision to deny, limit or delay services not furnished while the appeal was pending, the RBHA shall authorize or provide the services promptly and as expeditiously as the Title XIX/XXI eligible person's health condition requires.
 - ii. If the RBHA or AHCCCS Director's Decision reverses a decision to deny, limit, or delay authorization of services, and the member received the disputed services while an appeal was pending, the RBHA shall process a claim for payment from the provider in a manner consistent with the RBHA or Director's Decision and applicable statutes, rules, policies, and contract terms. (See [A.R.S. § 36-2904](#))
 - 1. In the event that a decision to deny, limit or delay authorization of services is reversed, the RBHA is responsible for notifying the provider that a decision was reversed and that the provider must submit a clean claim within 90 days of the date the decision was reversed.
 - 2. The provider shall have 90 days from the date of the reversed decision to submit a clean claim to the RBHA for payment. For all claims submitted as a result of a reversed decision, the RBHA is prohibited from denying claims as untimely if they are submitted within the 90 day timeframe.
 - 3. RBHAs are also prohibited from denying claims submitted by providers as a result of a reversed decision because the member did not request continuation of services during the appeals/hearing process: a member's failure to request continuation of services during the appeals/hearing process is not a valid basis to deny the claim.
 - iii. The RBHA must maintain evidence in the case record of the authorization or payment of services supporting that the RBHA or State Fair Hearing decision has been fully implemented.

5.1.4 References

The following citations can serve as additional resources for this content area:

[42 C.F.R. § 431.200 et seq.](#)

[42 C.F.R. § 438.400 et seq.](#)

[42 C.F.R. § 438.10](#)

[A.R.S. § 41-1092.05](#)



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[9 A.A.C. 21](#)

[9 A.A.C. 34, Article 2](#)

[AHCCCS/ADHS Contract](#)

[ADHS/RBHA Contracts](#)

[ADHS/TRBHA IGAs](#)

[AHCCCS Contractor Operations Manual \(ACOM\)](#)

[Policy 1804, Notice and Appeal Requirements \(SMI and Non-SMI/Non-Title XIX/XXI\)](#)

5.1.5 PM Forms

[PM Form 5.1.1 Notice of Action](#)

[PM Form 5.1.2 Extension of Timeframe](#)

5.1.6 PM Attachments

[PM Attachment 5.1.1 T/RBHA Codes for Docket Numbers](#)

[PM Attachment 5.1.2 Notice of Extension](#)

Signature on file	10/01/14
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Mary Jo Gregory President and Chief Executive Officer	Date

Signature on file	10/01/14
<hr/>	
Teresa Bertsch, MD Chief Medical Officer	Date

Reference [ADHS/DBHS Policy 1801](#)