

## How to Submit a Complaint/Grievance

It is the policy of the Aurora Mental Health & Recovery (AMHR) to support the rights of clients, family members and interested others to submit complaints/grievances regarding any issue related to the care received through AMHR. You may assign an individual to serve as your Designated Client Representative (DCR) to represent your interests related to grievances or appeals about behavioral health care benefits and services. A DCR must be authorized in writing.

If you are unhappy with AMHR, you or your DCR can speak with a Client Representative who will try to resolve your concern:

Jennifer McBride or Danielle Wilham
Client Representative, Civil Rights (Section 1557) Coordinator
1290 Chambers Road, Aurora, CO 80011
303-617-2343 (all callers, including deaf/hard of hearing)
grievance@auroramhr.org

## **Review Process:**

1. You may file a complaint/grievance about your services at any time, in writing or verbally, directly to AMHR or the following:

Entity Name	Mailing Address	Phone	Email	Online
CO Behavioral Health	Behavioral Health Administration, Attn:	(303) 866-	CDHS_BHA_co	https://bha.colorado.gov/help
Administration (BHA)	Complaints, 710 S. Ash St. Suite C140, Denver,	7191	mplaint@state.c	<u>/contact-us</u>
	CO 80246		<u>o.us</u>	
CO Department of Health	Department of Health Care Policy and	1-(800)-	Hcpf_memberc	https://hcpf.colorado.gov/cou
Care Policy and Finance	Financing, 303 E. 17th Avenue, Suite 1100,	221-3943	omplaints@stat	nty-member-complaints
(HCPF)	Denver, CO 80203		<u>e.co.us</u>	
US Office of Civil Rights	Centralized Case Management Operations, U.S.	N/A	OCRcomplaint@	https://www.hhs.gov/civil-
	Department of Health and Human Services, 200		hhs.gov	<u>rights/filing-a-</u>
	Independence Avenue, S.W., Room 509F HHH			complaint/index.html
	Bldg., Washington, D.C. 20201			
Behavioral Health	N/A	(303) 866-	ombuds@bhoco	www.bhoco.org
Ombudsman Office of		2789	<u>.org</u>	
Colorado (Medicaid Only)				
Colorado Access	Colorado Access Grievance Department, PO	(303) 751-	grievance@coac	https://www.coaccess.com/m
(Medicaid Only)	Box 17950, Denver, CO 80217-0950	9005	<u>cess.com</u>	embers/services/grievances/
Colorado Department of	Colorado Department of Regulatory Agencies	N/A	N/A	https://apps2.colorado.gov/dor
Regulatory Agencies	Division of Professions and Occupations			a/licensing/activities/complain
(DORA)	1560 Broadway, Suite 1350			<u>t.aspx</u>
	Denver, CO 80202			

- 2. If you choose to file a formal grievance directly with AMHR, you will receive a letter in writing within two (2) business days indicating our receipt of your formal grievance. A resolution will be provided to you in writing within fifteen (15) business days.
  - Occasionally, AMHR will need to request an additional 14 business days and will notify you
    of the extension in writing.
- 3. If you disagree with the AMHR resolution, you may have the decision reviewed by HCPF, Colorado Access (or other regional organization), the BHA, Medicaid Managed Care Ombudsman, or OCR.
  - For clients with Medicaid, your assigned regional organization will coordinate all Notices of Action and, if needed, the appeal process. It is not the role of AMHR staff to perform the action of denial or limiting authorization set by the regional organization about Medicaid services including:
    - The type or level of service.
    - The reduction, suspension, or termination of previously authorized services,
    - The failure to provide services in a timely manner,
    - The failure to act within required timeframes for the grievance and appeal processes,
    - The denial, in whole or in part, of payment for a service if the provider of the service may seek reimbursement from the Medicaid member.

Grievance Procedures Rev: 2.3.25