Aurora Mental Health & Recovery

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:

Izzy Nix or Jen McBride
Client Representative, Civil Rights 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 organizations listed on the next page.
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.
    a. 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 any of the organizations listed on the next page.
    a. For clients with Medicaid, your assigned regional accountable entity (RAE) 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 RAE about Medicaid services including:
        i. The type or level of service,
        ii. The reduction, suspension, or termination of previously authorized services,
        iii. The failure to provide services in a timely manner,
        iv. The failure to act within required timeframes for the grievance and appeal processes,
        v. 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.

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Other Contact Information for Grievances

Behavioral Health Administration (BHA)

Address: Behavioral Health Administration, Attn: Complaints, 710 S. Ash St. Suite C140, Denver, CO 80246

Phone Number: (303) 866-7191
Email: CDHS_BHA_complaint@state.co.us
Website: https://bha.colorado.gov/help/contact-us

Behavioral Health Administration Service Organization (BHASO) - Signal

Phone Number: (720)279-8700
Email: Quality@signalbhn.org

Behavioral Health Ombudsman of Colorado (BHOCO)

Phone Number: (303) 866-2789
Email: ombuds@bhoco.org
Website: www.bhoco.org

Department of Regulatory Agencies (DORA)

Address: CO Dept. of Regulatory Agencies, Division of Professions and Occupations, 1560 Broadway, Suite 1350, Denver, CO 80202
Website: https://apps2.colorado.gov/dora/licensing/activities/complaint.aspx

Health Care Policy and Finance (HCPF)

Address: Dept. of Health Care Policy and Financing, 303 E. 17th Avenue, Suite 1100, Denver, CO 80203
Phone Number: 1-(800)-221-3943
Email: Hcpf_membercomplaints@state.co.us
Website: https://hcpf.colorado.gov/county-member-complaints

U.S. Office of Civil Rights (OCR)

Address: Centralized Case Management Operations, U.S. Department of Health & Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201
Email: OCRcomplaint@hhs.gov
Website: https://www.hhs.gov/civil-rights/filing-a-complaint/index.html

RAE 1 - Rocky Mountain Health Plans (RMHP)

Address: Rocky Mountain Health Plans, Attn: CMA, 2775 Crossroads Blvd., Grand Junction, CO 81506
Phone Number: (970) 243-7050
Email: CMA_RMHP@uhc.com

RAE 2 - Northeast Health Partners (NHP)

Phone Number: (800) 541-6870
Email: nhpmembersupport@nhpllc.org

RAE 3 - Colorado Community Health Alliance (CCHA)

Address: Colorado Community Health Alliance, Attn: CCHA Complaint/Grievance Department, PO Box 13406, Denver, CO 80202
Phone Number: (303) 256-1717
Website: https://www.cchacares.com/for-members/member-benefits-services/grievance-form/

RAE 4 - Colorado Access (CoA)

Address: Colorado Access Grievance Department, PO Box 17950, Denver, CO 80217-0950
Phone Number: (303) 751-9005
Email: grievance@coaccess.com
Website: https://www.coaccess.com/members/services/grievances/